PSYCHOLOGY

Psychology 2009

DRAFT NATIONAL REFERENCE PRICE LIST FOR SERVICES BY PSYCHOLOGISTS WITH EFFECT FROM 1 JANUARY 2009

The following reference price list is not a set of tariffs that must be applied by medical schemes and/or providers. It is rather intended to serve as a baseline against which medical schemes can individually determine benefit levels and health service providers can individually determine fees charged to patients. Medical schemes may, for example, determine in their rules that their benefit in respect of a particular health service is equivalent to a specified percentage of the national health reference price list. It is especially intended to serve as a basis for negotiation between individual funders and individual health care providers with a view to facilitating agreements which will minimise balance billing against members of medical schemes. Should individual medical schemes wish to determine benefit structures, and individual providers determine fee structures, on some other basis without reference to this list, they may do so as well.

In calculating the prices in this schedule, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10cent. Modifier values are rounded to the nearest cent. When new item prices are calculated, e.g. when applying a modifier, the same rounding scheme should be followed.

VAT EXCLUSIVE PRICES APPEAR IN BRACKETS

GENERAL RULES

B	Where emergency treatment is provided: a. during working hours, and the provision of such treatment requires the practitioner to leave her or his practice to attend to the patient at another venue; or b. after working hours the fee for such visits shall be the total fee plus 50%. For purposes of this rule: a. "emergency treatment" means a bona fide justifiable emergency psychological procedure, where failure to provide the service immediately would result in serious or irreparable psychological or functional impairment b. "working hours" means 8h00 to 17h00, Monday to Friday. Modifier 0003 must be quoted after the appropriate code number(s) to indicate that this rule is applicable.	04.00
C	It is recommended that, when such benefits are granted, drugs, consumables and disposable items used during a procedure or issued to a patient on discharge will only be reimbursed by a medical scheme if the appropriate code is supplied on the account.	04.00
D	Every account shall contain the following particulars: a) The surname and initials of the member; b) The surname, first name and other initials, if any, of the patient; c) The name of the scheme concerned d) The membership number of the member; e) The practice code number, group practice number and individual provider registration number issued by the registering authorities for providers, if applicable, of the supplier of service and, in the case of a group practice, the name of the practitioner who provided the service; f) The date on which each relevant health service was rendered; g) The relevant diagnostic codes and NHRPL item code numbers relating to the health service rendered.	05.03
E	Compilation of reports is only to be included within billable time if these reports are for purposes of motivating for therapy and/or giving a progress report and/or a pre-authorisation report, and where such a report is specifically required by the medical scheme. Maximum billable time for such a report is 15 minutes.	05.03
F	With the exception of compilation of reports as per Rule E, time charged in terms of the codes in this schedule only includes time spent in direct interaction with the patient.	05.05

MODIFIERS

	Modifier governing the section Psychological Services	04.00
0003	Emergency treatments - Relevant fee plus 50%	04.00
0004	Psychology services rendered to an in-patient in a nursing home or hospital.	04.00

CONSULTATIVE AND THERAPEUTIC SERVICES

Code	Description	Ver	Add	Psychology RVU	Psychology Fee
007	Appointment not kept (schemes will not necessarily grant benefits in respect of this item, it will fall into the "By arrangement with the scheme" or "Patient own account" category).	05.02			
200	Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration 1 - 10min.	05.04		5.000	49.60 (43.50)
201	Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration 11 - 20min.	05.04		15.000	148.80 (130.50)
202	Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration 21 - 30min.	05.04		25.000	248.00 (217.50)
203	Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration 31 - 40min.	05.04		35.000	347.20 (304.60)
204	Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration 41 - 50min.	05.04		45.000	446.40 (391.60)
205	Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration 51 - 60min.	05.04		55.000	545.60 (478.60)
206	Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration 61 - 70min.	05.04		65.000	644.80 (565.60)
207	Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration 71 - 80min.	05.04		75.000	744.00 (652.60)
208	Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration 81 - 90min.	05.04		85.000	843.20 (739.60)

Code	Description	Ver	Add	Psychology	
				RVU	Fee
209	Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration: 91-100min.	05.04		95.000	942.40 (826.70)
210	Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration: 101-110min.	05.04		105.000	1041.60 (913.70)
211	Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration: 111-120min.	05.04		115.000	1140.80 (1000.70)
	This code would be used in addition to code 211.	06.02			
290	Extended assessment, consultation, counselling and/or therapy (individual or family) - per full 15 minutes in excess of 120 minutes	05.05	+	7.500	74.40 (65.30)
GROUP SERVICES					
300	Psychology group consultation, counselling and/or therapy, per patient. Duration: 1-10min	05.03		1.000	9.92 (8.70)
301	Psychology group consultation, counselling and/or therapy, per patient. Duration: 11-20min	05.03		3.000	29.80 (26.10)
302	Psychology group consultation, counselling and/or therapy, per patient. Duration: 21-30min	05.03		5.000	49.60 (43.50)
303	Psychology group consultation, counselling and/or therapy, per patient. Duration: 31-40min	05.03		7.000	69.40 (60.90)
304	Psychology group consultation, counselling and/or therapy, per patient. Duration: 41-50min	05.03		9.000	89.30 (78.30)
305	Psychology group consultation, counselling and/or therapy, per patient. Duration: 51-60min	05.03		11.000	109.10 (95.70)
306	Psychology group consultation, counselling and/or therapy, per patient. Duration: 61-70min	05.03		13.000	129.00 (113.20)
307	Psychology group consultation, counselling and/or therapy, per patient. Duration: 71-80min	05.03		15.000	148.80 (130.50)
308	Psychology group consultation, counselling and/or therapy, per patient. Duration: 81-90min	05.03		17.000	168.60 (147.90)
309	Psychology group consultation, counselling and/or therapy, per patient. Duration: 91-100min.	05.03		19.000	188.50 (165.40)
310	Psychology group consultation, counselling and/or therapy, per patient. Duration: 101-110min.	05.03		21.000	208.30 (182.70)
311	Psychology group consultation, counselling and/or therapy, per patient. Duration: 111-120min.	05.03		23.000	228.20 (200.20)

PSYCHOMETRY AND REGISTERED COUNSELLORS

Psychometry & Registered Counsellors 2009

DRAFT NATIONAL REFERENCE PRICE LIST FOR SERVICES BY PSYCHOMETRISTS WITH EFFECT FROM 1 JANUARY 2009

The following reference price list is not a set of tariffs that must be applied by medical schemes and/or providers. It is rather intended to serve as a baseline against which medical schemes can individually determine benefit levels and health service providers can individually determine fees charged to patients. Medical schemes may, for example, determine in their rules that their benefit in respect of a particular health service is equivalent to a specified percentage of the national health reference price list. It is especially intended to serve as a basis for negotiation between individual funders and individual health care providers with a view to facilitating agreements which will minimise balance billing against members of medical schemes. Should individual medical schemes wish to determine benefit structures, and individual providers determine fee structures, on some other basis without reference to this list, they may do so as well.

In calculating the prices in this schedule, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10cent. Modifier values are rounded to the nearest cent. When new item prices are calculated, e.g. when applying a modifier, the same rounding scheme should be followed.

VAT EXCLUSIVE PRICES APPEAR IN BRACKETS.

GENERAL RULES

A	Every account shall contain the following particulars: a) The surname and initials of the member; b) The surname, first name and other initials, if any, of the patient; c) The name of the scheme concerned;. d) The membership number of the member; e) The practice code number, group practice number and individual provider registration number issued by the registering authorities for providers, if applicable, of the supplier of service and, in the case of a group practice, the name of the practitioner who provided the service; f) The date on which each relevant health service was rendered; g) The relevant diagnostic codes and NHRPL item code numbers relating to the health service rendered.	05.04
B	Compilation of reports is only to be included within billable time if these reports are for purposes of motivating for therapy and/or giving a progress report and/or a pre-authorisation report, and where such a report is specifically required by the medical scheme. Maximum billable time for such a report is 15 minutes.	05.04

PSYCHOMETRIC SERVICES

Code	Description	Ver	Add	Registered Counsellors RVU	Registered Counsellors Fee	Psychometry RVU	Psychometry Fee
007	Appointment not kept (schemes will not necessarily grant benefits in respect of this item, it will fall into the "By arrangement with the scheme" or "Patient own account" category).	05.04					
200	Psychometric testing. Duration: 1-10min	05.04				0.500	24.80 (21.80)
201	Psychometric testing. Duration: 11-20min	05.04				1.500	74.40 (65.30)
202	Psychometric testing. Duration: 21-30min	05.04				2.500	124.00 (108.80)
203	Psychometric testing. Duration: 31-40min	05.04				3.500	173.60 (152.30)
204	Psychometric testing. Duration: 41-50min	05.04				4.500	223.20 (195.80)
205	Psychometric testing. Duration: 51-60min	05.04				5.500	272.80 (239.30)
206	Psychometric testing. Duration: 61-70min	05.04				6.500	322.40 (282.80)
207	Psychometric testing. Duration: 71-80min	05.04				7.500	372.00 (326.30)
208	Psychometric testing. Duration: 81-90min	05.04				8.500	421.60 (369.80)
209	Psychometric testing. Duration: 91-100min	05.04				9.500	471.20 (413.30)
210	Psychometric testing. Duration: 101-110min	05.04				10.500	520.80 (456.80)
211	Psychometric testing. Duration: 111-120min	05.04				11.500	570.40 (500.40)
290	Psychometric testing - per full 15 minutes in excess of 120 minutes.	06.05	+			0.750	37.20 (32.60)
SERVICES RENDERED BY REGISTERED COUNSELLORS							
300	Assessment, consultation, counselling and/or therapy (individual or family). Duration: 1-10min.	06.06		0.500	24.80 (21.80)		
301	Assessment, consultation, counselling and/or therapy (individual or family). Duration: 11-20min.	06.06		1.500	74.40 (65.30)		
302	Assessment, consultation, counselling and/or therapy (individual or family). Duration: 21-30min.	06.06		2.500	124.00 (108.80)		
303	Assessment, consultation, counselling and/or therapy (individual or family). Duration: 31-40min.	06.06		3.500	173.60 (152.30)		
304	Assessment, consultation, counselling and/or therapy (individual or family). Duration: 41-50min.	06.06		4.500	223.20 (195.80)		

Code	Description	Ver	Add	Registered Counsellors		Psychometry	
				RVU	Fee	RVU	Fee
305	Assessment, consultation, counselling and/or therapy (individual or family). Duration: 51-60min.	06.06		5.500	272.80 (239.30)		
306	Assessment, consultation, counselling and/or therapy (individual or family). Duration: 61-70min.	06.06		6.500	322.40 (282.80)		
307	Assessment, consultation, counselling and/or therapy (individual or family). Duration: 71-80min.	06.06		7.500	372.00 (326.30)		
308	Assessment, consultation, counselling and/or therapy (individual or family). Duration: 81-90min.	06.06		8.500	421.60 (369.80)		
400	Group consultation, counselling and/or therapy, per patient. Duration: 1-10min.	06.06		0.100	4.96 (4.35)		
401	Group consultation, counselling and/or therapy, per patient. Duration: 11-20min.	06.06		0.300	14.90 (13.10)		
402	Group consultation, counselling and/or therapy, per patient. Duration: 21-30min.	06.06		0.500	24.80 (21.80)		
403	Group consultation, counselling and/or therapy, per patient. Duration: 31-40min.	06.06		0.700	34.70 (30.40)		
404	Group consultation, counselling and/or therapy, per patient. Duration: 41-50min.	06.06		0.900	44.60 (39.10)		
405	Group consultation, counselling and/or therapy, per patient. Duration: 51-60min.	06.06		1.100	54.60 (47.90)		
406	Group consultation, counselling and/or therapy, per patient. Duration: 61-70min.	06.06		1.300	64.50 (56.60)		
407	Group consultation, counselling and/or therapy, per patient. Duration: 71-80min.	06.06		1.500	74.40 (65.30)		
408	Group consultation, counselling and/or therapy, per patient. Duration: 81-90min.	06.06		1.700	84.30 (73.90)		
409	Group consultation, counselling and/or therapy, per patient. Duration: 91-100min.	06.06		1.900	94.20 (82.60)		
410	Group consultation, counselling and/or therapy, per patient. Duration: 101-110min.	06.06		2.100	104.20 (91.40)		
411	Group consultation, counselling and/or therapy, per patient. Duration: 111-120min.	06.06		2.300	114.10 (100.10)		
490	Extended group consultation, counselling and/or therapy - per patient per full 15 minutes in excess of 120 minutes	06.06		0.150	7.44 (6.53)		

RADIOGRAPHY

Radiography 2009

DRAFT NATIONAL REFERENCE PRICE LIST FOR SERVICES BY RADIOGRAPHERS EFFECTIVE FROM 1 JANUARY 2009

The following reference price list is not a set of tariffs that must be applied by medical schemes and/or providers. It is rather intended to serve as a baseline against which medical schemes can individually determine benefit levels and health service providers can individually determine fees charged to patients. Medical schemes may, for example, determine in their rules that their benefit in respect of a particular health service is equivalent to a specified percentage of the national health reference price list. It is especially intended to serve as a basis for negotiation between individual funders and individual health care providers with a view to facilitating agreements which will minimise balance billing against members of medical schemes. Should individual medical schemes wish to determine benefit structures, and individual providers determine fee structures, on some other basis without reference to this list, they may do so as well.

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VAT EXCLUSIVE PRICES APPEAR IN BRACKETS

DIAGNOSTIC PROCEDURES

Note : Items 015, 029, 031, 033, 037, 065, 071, 073, 075, 077, 079, 081, 083, 085, 087, 089, 091, 093, 095, 097, 099, 101, 115, 117, 119, 121, 129, 131, 133, 135, 137, 139, 141, 149, 167, 171 and 173 should be only be paid on condition that the radiographer submits the name of the supervising clinician and his/her BHF practice number. Schemes should not pay the radiographer if she/he is supervised by a radiologist.

GENERAL RULES

1000	It is recommended that, when such benefits are granted, drugs, consumables and disposable items used during a procedure or issued to a patient on discharge will only be reimbursed by a medical scheme if the appropriate code is supplied on the account.	04.00

MODIFIERS

0001	The specified call-out fee may be charged for any bona-fide, justifiable emergency occurring at any hour which requires the practitioner to travel to the patient. Individual medical schemes may require a motivation to accompany the claim.	06.02		12.490	38.26 (33.56)
0021	Services rendered to hospital patients: Quote modifier 0021 on all accounts for services performed on hospital or day clinic patients.				04.00
0080	Multiple examinations: Full fees				
0081	Repeat examinations: No reduction				04.00
0084	Films should be charged under code 300				04.00
1	**SKELETON**				06.02

Code	Description	Ver	Add	Radiography RVU	Radiography Fee
1.1	**LIMBS**				
001	Finger, toe	04.00		12.300	37.70 (33.10)
003	Limb per region, e.g. shoulder, elbow, knee, foot, hand, wrist or ankle (an adjacent part which does not require an additional set of views should not be added, e.g. wrist or hand)	04.00		16.200	49.60 (43.50)
005	Smith-Petersen or equivalent control, in theatre	04.00		134.600	412.30 (361.70)
007	Stress studies, e.g. joint	04.00		16.200	49.60 (43.50)
009	Length studies per right and left pair of long bones	04.00		16.200	49.60 (43.50)
011	Skeletal survey under 5 years	04.00		48.500	148.60 (130.40)
013	Skeletal survey over 5 years	04.00		52.300	160.20 (140.50)
015	Arthrography per joint	04.00		39.500	121.00 (106.10)
1.2	**SPINAL COLUMN**				
017	Per region, e.g. cervical, sacral, coccygeal, one region thoracic	04.00		24.600	75.30 (66.10)
021	Stress studies	04.00		10.000	30.60 (26.80)
025	Scoliosis studies	04.00		39.300	120.40 (105.60)
027	Pelvis (sacro-iliac or hip joints only to be added where an extra set of views is required)	04.00		17.000	52.10 (45.70)
MYELOGRAPHY					
029	Lumbar	04.00		43.100	132.00 (115.80)
031	Thoracic	04.00		40.100	122.80 (107.70)
033	Cervical	04.00		59.400	181.90 (159.60)
035	Multiple (lumbar, thoracic, cervical): Same fee as for first segment (no additional introduction of contrast medium)	04.00		-	-
037	Discography	04.00		31.500	96.50 (84.60)
1.3	**SKULL**				
039	Skull studies	04.00		32.300	98.90 (86.80)

Code	Description	Ver	Add	Radiography	
				RVU	Fee
041	Paranasal sinuses	04.00		17.000	52.10 (45.70)
043	Facial bones and/or orbits	04.00		34.900	106.90 (93.80)
045	Mandible	04.00		26.000	79.60 (69.80)
047	Nasal bone	04.00		16.200	49.60 (43.50)
049	Mastoid: Bilateral	04.00		50.000	153.20 (134.40)
TEETH					
051	One quadrant	04.00		7.700	23.60 (20.70)
053	Two quadrants	04.00		8.500	26.00 (22.80)
055	Full mouth	04.00		10.800	33.10 (29.00)
057	Rotation tomography of the teeth and jaws	04.00		14.600	44.70 (39.20)
059	Temporo-mandibular joints: Per side	04.00		19.200	58.80 (51.60)
061	Tomography: Per side	04.00		30.500	93.40 (81.90)
063	Localisation of foreign body in the eye	04.00		30.700	94.00 (82.50)
065	Ventriculography	04.00		37.400	114.60 (100.50)
067	Post-nasal studies: Lateral neck	04.00		10.000	30.60 (26.80)
069	Maxillo-facial cephalometry	04.00		26.900	82.40 (72.30)
071	Dacryocystography	04.00		24.200	74.10 (65.00)
2	**ALIMENTARY TRACT**				
073	Sialography (plus 80% for each additional gland)	04.00		24.600	75.30 (66.10)
075	Pharynx and oesophagus	04.00		22.800	69.80 (61.20)
077	Oesophagus, stomach and duodenum (control film of abdomen included) and limited follow through	04.00		31.500	96.50 (84.60)
079	Small bowel meal (control film of abdomen included, except when part of item 081)	04.00		27.700	84.80 (74.40)
081	Barium meal and dedicated gastro-intestinal tract follow through (including control film of the abdomen, oesophagus, duodenum, small bowel and colon)	04.00		47.200	144.60 (126.80)
083	Barium enema (control film of abdomen included)	04.00		50.900	155.90 (136.80)
085	Biliary tract: ERCP (choledogram and/or pancreatography screening included)	04.00		47.000	144.00 (126.30)
087	Gastric/oesophageal/duodenal intubation control	04.00		20.800	63.70 (55.90)
089	Hypotonic duodenography (077 included)	04.00		57.300	175.50 (153.90)
3	**BILIARY TRACT**				
091	Oral cholecystography	04.00		47.800	146.40 (128.40)
093	Intravenous	04.00		58.600	179.50 (157.50)
095	Operative: First series	04.00		58.100	178.00 (156.10)
097	Subsequent series	04.00		24.000	73.50 (64.50)
099	Post-operative: T-tube	04.00		20.100	61.60 (54.00)
101	Trans-hepatic, percutaneous	04.00		34.600	106.00 (93.00)
103	Tomography of biliary tract: Add	04.00		21.500	65.90 (57.80)
CHEST					
105	Larynx (tomography included)	04.00		42.400	129.90 (113.90)

Code	Description	Ver	Add	Radiography RVU	Radiography Fee
107	Chest (item 167 included)	04.00		19.200	58.80 (51.60)
109	Chest and cardiac studies (item 167 included)	04.00		23.100	70.80 (62.10)
111	Ribs	04.00		19.200	58.80 (51.60)
113	Sternum or sterno-clavicular joints	04.00		24.600	75.30 (66.10)
BRONCHOGRAPHY					
115	Unilateral	04.00		33.500	102.60 (90.00)
117	Bilateral	04.00		56.500	173.10 (151.80)
119	Pleurography	04.00		15.700	48.10 (42.20)
121	Laryngography	04.00		15.700	48.10 (42.20)
123	Thoracic inlet	04.00		15.700	48.10 (42.20)
5	**ABDOMEN**				
125	Control films of the abdomen (not being part of examination for barium meal, barium enema, pyelogram, cholecystogram, cholangiogram, etc.)	04.00		17.000	52.10 (45.70)
127	Acute abdomen or equivalent studies	04.00		30.700	94.00 (82.50)
6	**URINARY TRACT**				
129	Control film included and bladder views before and after micturition	04.00		67.000	205.20 (180.00)
133	Waterload test: Add	04.00		20.100	61.60 (54.00)
135	Cystography only or urethrography only (retrograde)	04.00		37.600	115.20 (101.10)
CYSTO-URETHROGRAPHY					
137	Retrograde	04.00		33.100	101.40 (88.90)
139	Retrograde-prograde pyelography	04.00		42.400	129.90 (113.90)
141	Aspiration renal cyst	04.00		17.000	52.10 (45.70)
143	Tomography of renal tract: Add	04.00		19.200	58.80 (51.60)
7	**GYNAECOLOGY AND OBSTETRICS**				
145	Pregnancy	04.00		19.200	58.80 (51.60)
147	Pelvimetry	04.00		35.500	108.70 (95.40)
149	Hysterosalpingography	04.00		32.000	98.00 (86.00)
8	**TOMOGRAPHY AND CINEMATOGRAPHY**				
151	Tomography (conventional except where otherwise specified): Add 100% provided that if it is more than one dimension, fees shall be charged for the additional investigation at 50% of the rate with a maximum of two additional investigations	04.00		-	-
153	Tomography (multi-dimensional in motion): Add 150%	04.00		-	-
9	**COMPUTED TOMOGRAPHY**				
155	Head, single examination, full series	04.00		262.700	804.70 (705.90)
157	Head, repeat examination at the same visit, after contrast, full series	04.00		90.200	276.30 (242.40)
159	Chest	04.00		303.700	930.20 (816.00)
161	Abdomen (including base of chest and/or pelvis)	04.00		353.000	1081.20 (948.40)
163	Multiple examinations: For an additional part, the lesser fee shall be reduced to	04.00		82.100	251.50 (220.60)
165	Limbs and other limited examinations	04.00		82.100	251.50 (220.60)
MODIFIER GOVERNING THIS SPECIFIC SECTION OF THE TARIFFS					
0089	The number of sections of each examination and the matrix number must be specified. A full series of sections would be 8 or more for brain examinations, 12 or more for chest examinations, and 16 or more for abdomen examinations. Fees for examinations on a matrix number of less than 250 shall be reduced by 50%	04.00			

Code	Description	Ver	Add	Radiography	
				RVU	Fee
10	**MISCELLANEOUS**				
167	Fluoroscopy: Per half hour: Add (not applicable to items 107 and 109)	04.00		21.400	65.50 (57.50)
169	Where a C-arm portable x-ray unit is used in hospital or theatre: Per half hour: Add	04.00		29.600	90.70 (79.60)
171	Sinography	04.00		44.300	135.70 (119.00)
173	Bone densitometry	05.03		80.900	247.80 (217.40)
175	Mammography: Unilateral or bilateral	04.00		58.100	178.00 (156.10)
177	Repeat mammography, unilateral or bilateral for localisation of tumour	04.00		58.100	178.00 (156.10)
179	Attendance at operation in theatre or at radiological procedure performed by a surgeon or physician in x-ray department except 005: Per 1/2 hour: Plus fee for examination performed	04.00		17.600	53.90 (47.30)
181	Setting of sterile trays	04.00		3.000	9.19 (8.06)
	Films are to be charged (exclusive of VAT) at net acquisition price plus - * 26% of the net acquisition price where the net acquisition price of that material is less than one hundred rands; and * a maximum of twenty six rands where the net acquisition price of that material is greater than or equal to one hundred rands.	06.02			
300	X-Ray films	06.02			
ATTENDANCE IN CATHETERISATION LABORATORY					
	Use codes 191 to 193 to charge for radiographer input where that is not included in cath lab facility fee				04.00
191	Preparation in catheterisation laboratory for purposes of cardiac catheterisation and/or invasive intravascular procedures.	04.00		43.000	131.70 (115.50)
192	Post-processing in catheterisation laboratory for purposes of cardiac catheterisation and/or invasive intravascular procedures	04.00		43.000	131.70 (115.50)
193	Coronary angiogram per 30 minutes or part thereof provided that such part comprises 50% or more of the time	04.00		43.000	131.70 (115.50)
194	Right heart investigation of valve and venous system of the right heart	04.00		43.000	131.70 (115.50)
195	PTCA per 30 minutes or part thereof provided that such part comprises 50% or more of the time	04.00		43.000	131.70 (115.50)
196	Left heart investigation of valve of the left heart and ventrical	04.00		43.100	132.00 (115.80)
197	Stent procedure per 30 minutes or part thereof provided that such part comprises 50% or more of the time	04.00		43.000	131.70 (115.50)
199	Vascular Study per 30 minutes or part thereof provided that such part comprises 50% or more of the time	04.00		43.000	131.70 (115.50)
201	Temporary pacemaker procedure per 30 minutes or part thereof provided that such part comprises 50% or more of the time	04.00		43.000	131.70 (115.50)
203	Permanent pacemaker procedure in catheterisation laboratory per 30 minutes or part thereof provided that such part comprises 50% or more of the time	04.00		43.000	131.70 (115.50)
205	Intra-aortic balloon pump procedure per 30 minutes or part thereof provided that such part comprises 50% or more of the time	04.00		43.000	131.70 (115.50)
207	Electro-physiological studies per 30 minutes or part thereof provided that such part comprises 50% or more of the time	04.00		43.000	131.70 (115.50)
209	Bleomycine and other studies per 30 minutes or part thereof provided that such part comprises 50% or more of the time	04.00		43.000	131.70 (115.50)
211	Intra vascular ultrasound per 30 minutes or part thereof provided that such part comprises 50% or more of the time	04.00		43.000	131.70 (115.50)
213	Rotablator/Laser procedures per 30 minutes or part thereof provided that such part comprises 50% or more of the time	04.00		43.000	131.70 (115.50)
215	Embolisation per 30 minutes or part thereof provided that such part comprises 50% or more of the time	04.00		43.000	131.70 (115.50)
RULES					
Z	No fee to be subject to more than one reduction				
11	**PORTABLE UNIT EXAMINATIONS**				04.00
185	Where portable x-ray unit is used in the hospital or theatre: Add	04.00		19.400	59.40 (52.10)
187	Theatre investigations with fixed installation : Add	04.00		8.300	25.40 (22.30)

RADIOLOGY

Radiology 2009

DRAFT NATIONAL REFERENCE PRICE LIST FOR RADIOLOGISTS, EFFECTIVE FROM 1 JANUARY 2009

The following reference price list is not a set of tariffs that must be applied by medical schemes and/or providers. It is rather intended to serve as a baseline against which medical schemes can individually determine benefit levels and health service providers can individually determine fees charged to patients. Medical schemes may, for example, determine in their rules that their benefit in respect of a particular health service is equivalent to a specified percentage of the national health reference price list. It is especially intended to serve as a basis for negotiation between individual funders and individual health care providers with a view to facilitating agreements which will minimise balance billing against members of medical schemes. Should individual medical schemes wish to determine benefit structures, and individual providers determine fee structures, on some other basis without reference to this list, they may do so as well.

In calculating the prices in this schedule, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10cent. Modifier values are rounded to the nearest cent. When new item prices are calculated, e.g. when applying a modifier, the same rounding scheme should be followed.

VAT EXCLUSIVE PRICES APPEAR IN BRACKETS.

This schedule is for the exclusive use of registered specialist radiology practices (Pr No "038") and nuclear medicine practices (Pr No "025"). "025" practices may only charge the codes with a 3rd digit of 9. "038" practices may charge all codes except codes with a 3rd digit of 9. Practitioners registered as both radiologists and nuclear physicians may charge all codes.

This schedule must be used in conjunction with the Radiological Society of S A Guidelines. Please refer to the PET guidelines in Annexure D.

Code Structure Framework

a. The tariff code consists of 5 digits

i. 1st digit indicates the main anatomical region or procedural category.

- 0 = General (non specific)
- 1 = Head
- 2 = Neck
- 3 = Thorax
- 4 = Abdomen and Pelvis (soft tissue)
- 5 = Spine, Pelvis and Hips
- 6 = Upper limbs
- 7 = Lower limbs
- 8 = Interventional
- 9 = Soft tissue regions (nuclear medicine
- eg "Head" = 1xxxx

ii. 2nd digit indicates the sub region within a main region or category eg.

- "Head / Skull and Brain" = 10xxx

iii. 3rd digit indicates modality

- 1 = General (Black and White) x-rays
- 2 = Ultrasound
- 3 = Computed Tomography
- 4 = Magnetic Resonance Imaging
- 5 = Angiography
- 6 = Interventional radiology
- 9 = Nuclear Medicine (Isotopes)

eg:

"Head / Skull and Brain / General x-ray" = 101xx

iv. 4th and 5th digits are specific to a procedure / examination, eg

"Head / Skull and Brain / General / X-ray of the skull" = 10100.

Guidelines for use of coding structure

- The vast majority of the codes describe complete procedures / examination and their use for the appropriate studies is self-explanatory.
- Some codes may have multiple applications and their use is described in notes associated with each code
- Codes 00510 to 00560 (Angiography machine codes) may only be used by owners of the equipment and who have registered such equipment with the Board of Healthcare Funders / RSSA.
- The machine codes 00510, 00520, 00530, 00540, 00550, 00560 may not be added to 60540, 60550, 70530, 70535 (Antegrade Venography, upper and lower limbs)
- Where public sector hospital equipment is used for a procedure, the units will be reduced by 33.33%.

Consumables

- Contrast Medium
  - o Prior to the implementation of Act 90, contrast will be billed according to the official 2004 RSSA reimbursement price list, without mark up.
  - o After the implementation of Act 90, contrast medium will be billed according to the suppliers list price, without mark up.
- Angiography catheters, angioplasty balloons, stents, coils and other embolisation materials, guide wires and drains are to be billed at net acquisition cost, without mark up, until the implementation of Act 90.
- All other consumables are to be billed at net acquisition price, until the implementation of Act 90. Thereafter Act 90 regulations apply.
- The cost of film is included in the comprehensive procedure codes and is not billed for separately.
- Appropriate codes must be provided for consumables.

General Comments on Procedural Codes

- All x-ray tomography codes are stand alone studies and may be used as a unique study or in combination with the appropriate regional study if done simultaneously. May not be added to 20130, 42110, 42115.
- Setting of sterile tray is included in all appropriate procedure codes.
- Where introduction of contrast is necessary eg. sialography, arthrography, angiography, etc the codes used for the procedures are comprehensive and include the introduction of contrast or isotopes.
- The use of Doppler or Colour Doppler as an adjunct to a study (eg small parts thyroid) is included in the code for that study.
- CT Angiography (10330, 20330, 32300, 32310, 44300, 44310, 44320, 44330, 60310, 70310, 70320) are stand alone studies and may not be added to the regional contrasted studies (see 10335, 20340, 20350, 44325 for combined studies).
- Angiography and interventional procedures include selective and super selective catheterization of vessels as are necessary to perform the procedures.

Code	Description	Ver	Add	Nuclear Medicine		Radiology	
				RVU	Fee	RVU	Fee
Codes 00230 (Ultrasound guidance), 00320 (CT guidance) and 00430 (MR guidance) are stand alone procedures that include the regional study and may not be added to any of the ultrasound, CT or MR regional studies							
General Codes							
Modifiers							
00091	Radiology and nuclear medicine services rendered to hospital inpatients						04.00
00092	Radiology and nuclear medicine services rendered to outpatients						04.00
00093	A reduction of one third (33.33%) will apply to radiological examinations where hospital equipment it used						04.00
Equipment / Diagnostic							

Code	Description	Ver	Add	Nuclear Medicine		Radiology	
				RVU	Fee	RVU	Fee
00090	Consumables used in radiology procedures cost price PLUS 26% (up to a maximum of R26,00). (Where applicable, VAT should be added to the above).	05.04				-	-
	Appropriate code to be provided. See separate codes for contrast and isotopes	04.00					
00110	X-ray skeletal survey under five years	04.00				6.260	456.40 (400.40)
00115	X-ray skeletal survey over five years	04.00				10.400	758.30 (665.20)
00120	X-ray sinogram any region	04.00				10.890	794.00 (696.50)
00130	X-ray with mobile unit in other facility	09.00	+			1.900	138.50 (121.50)
	To be added to applicable procedure codes eg 30100.	04.00					
00135	X-ray control view in theatre any region	04.00				5.260	383.50 (336.40)
00140	X-ray fluoroscopy any region	09.00	+			2.260	164.80 (144.60)
	May only be added to the examination when fluoroscopy is not included in the standard procedure code. May not be added to • any angiography, venography, lymphangiography or interventional codes. • any contrasted fluoroscopy examination.	04.00					
00145	X-ray fluoroscopy guidance for biopsy, any region	09.00	+			5.300	386.40 (338.90)
	Add to the procedure eg. 80600, 80605, 80610	04.00					
00150	X-ray C-Arm (equipment fee only, not procedure) per half hour	04.00				2.420	176.40 (154.70)
	Only to be used if equipment is owned by the radiologist.	04.00					
00155	X-ray C-arm fluoroscopy in theatre per half hour (procedure only)	04.00				2.300	167.70 (147.10)
00160	X-ray fixed theatre installation (equipment fee only)	04.00				2.260	164.80 (144.60)
	Only to be used if equipment is owned by the radiologist.	04.00					
00190	X-ray examination contrast material	04.00				-	-
	Identification code for the use of contrast with a procedure. Appropriate codes to be supplied.	04.00					
00210	Ultrasound with mobile unit in other facility	09.00	+			1.840	134.20 (117.70)
	Add to the relevant ultrasound examination codes eg 10200.	04.00					
00220	Ultrasound intra-operative study	04.00				7.320	533.70 (468.20)
	Covers all regions studied. Single code per operative procedure.	04.00					
00230	Ultrasound guidance	09.00	+			12.100	882.20 (773.90)
	Comprehensive ultrasound code including regional study and guidance. Guided procedure code to be added eg. 80600, 80605, 80610.	04.00					
00240	Ultrasound guidance for tissue ablation	04.00				11.240	819.50 (718.90)
	Comprehensive ultrasound code including regional study and guidance. Radiologist assistance (01030) may be added if procedure is performed by a non-radiologist. Guided procedure code to be added if performed by a radiologist. 80620 or 80630.	04.00					
00250	Ultrasound limited Doppler study any region	05.03				6.500	473.90 (415.70)
	Stand alone code may not be added to any other code.	05.03					
00290	Ultrasound examination contrast material	04.00				-	-

Code	Description	Ver	Add	Nuclear Medicine		Radiology	
				RVU	Fee	RVU	Fee
	Identification code for the use of contrast with a procedure. Appropriate codes to be supplied.	04.00					
00310	CT planning study for radiotherapy	04.00				21.370	1558.10 (1366.80)
00591	Radiology prosthetic device	06.02					
	To be used once per planning session for any region	04.00					
00320	CT guidance (separate procedure)	04.00				16.920	1233.70 (1082.20)
	Comprehensive CT code including regional study and guidance. Guided procedure code to be added eg 80600, 80605, and 80610.	04.00					
00330	CT guidance, with diagnostic procedure	09.00	+			8.460	616.80 (541.10)
	To be added to the diagnostic procedure code. Guided procedure code to be added eg 80600, 80605, 80610.	04.00					
00340	CT guidance and monitoring for tissue ablation	04.00				21.150	1542.10 (1352.70)
	May only be used once per procedure for a region. Radiologist assistance (01030) may be added if procedure is performed by a non-radiologist. If performed by radiologist, add procedural code 80620, or 80630.	04.00					
00390	CT examination contrast material	04.00				-	-
	Identification code for the use of contrast with a procedure. Appropriate codes to be supplied.	04.00					
00410	MR study of the whole body for metastases screening	04.00				70.400	5133.00 (4502.60)
00420	MR Spectroscopy any region	09.00	+			28.900	2107.20 (1848.40)
	May be added to the regional study once only.	04.00					
00430	MR guidance for needle replacement	09.00	+			42.560	3103.10 (2722.00)
	Comprehensive MRI code including region studied and guidance. Guided procedure code to be added eg 80600 80605, 80610.	04.00					
00440	MR low field strength imaging of peripheral joint any region	04.00				12.000	874.90 (767.50)
00450	MR planning study for radiotherapy or surgical procedure	04.00				38.000	2770.70 (2430.40)
00455	MR planning study for radiotherapy or surgical procedure, with contrast	04.00				47.000	3426.90 (3006.10)
00490	MR examination contrast material	04.00				-	-
	Identification code for the use of contrast with a procedure. Appropriate codes to be supplied.	04.00					
00510	Analogue monoplane screening table	09.00	+			41.010	2990.10 (2622.90)
	A machine code may be added once per complete procedure / patient visit.	04.00					
00520	Analogue monoplane table with DSA attachment	09.00	+			47.500	3463.30 (3038.00)
	A machine code may be added once per complete procedure / patient visit.	04.00					
00530	Dedicated angiography suite: Analogue monoplane unit. Once off charge per patient by owner of equipment.	09.00	+			47.500	3463.30 (3038.00)
	A machine code may be added once per complete procedure / patient visit.	04.00					
00540	Digital monoplane screening table	09.00	+			79.920	5827.10 (5111.50)
	A machine code may be added once per complete procedure / patient visit.	04.00					
00550	Dedicated angiography suite: Digital monoplane unit. Once off charge per patient by owner of equipment.	09.00	+			93.030	6783.00 (5950.00)
	A machine code may be added once per complete procedure / patient visit.	04.00					
00560	Dedicated angiography suite: Digital bi-plane unit. Once off charge per patient by owner of equipment.	09.00	+			125.000	9114.00 (7994.70)
	A machine code may be added once per complete procedure / patient visit.	04.00					
00590	Angiography and interventional examination contrast material	04.00				-	-
	Identification code for the use of contrast with a procedure. Appropriate codes to be supplied.	04.00					
00900	Nuclear Medicine study - Bone, whole body, appendicular and axial skeleton	04.00		34.920	2546.10 (2233.40)		
00903	Nuclear Medicine study - Bone, whole body, appendicular and axial skeleton and SPECT	04.00		48.330	3523.80 (3091.10)		
00906	Nuclear Medicine study - Venous thrombosis regional	04.00		21.540	1570.50 (1377.60)		

Code	Description	Ver	Add	Nuclear Medicine		Radiology	
				RVU	Fee	RVU	Fee
00909	Nuclear Medicine study - Tumour whole body	04.00		34 150	2489.90 (2184.10)		
00912	Nuclear Medicine study - Tumour whole body multiple studies	04.00		47 560	3467.70 (3041.80)		
00915	Nuclear Medicine study - Tumour whole body and SPECT	04.00		47 560	3467.70 (3041.80)		
00918	Nuclear Medicine study - Tumour whole body multiple studies & SPECT	04.00		60 980	4446.20 (3900.20)		
00921	Nuclear Medicine study – Infection whole body	04.00		31 450	2293.10 (2011.50)		
00924	Nuclear Medicine study – infection whole body with SPECT	04.00		44 860	3270.80 (2869.10)		
00927	Nuclear Medicine study – infection whole body multiple studies	04.00		44 860	3270.80 (2869.10)		
00930	Nuclear Medicine study – infection whole body with SPECT multiple studies	04.00		58 270	4248.60 (3726.80)		
00933	Nuclear Medicine study - Bone marrow imaging limited area	04.00		24 100	1757.20 (1541.40)		
00936	Nuclear Medicine study - Bone marrow imaging whole body	04.00		37 510	2734.90 (2399.00)		
00939	Nuclear Medicine study - Bone marrow imaging limited area multiple studies	04.00		37 510	2734.90 (2399.00)		
00942	Nuclear Medicine study - Bone marrow imaging whole body multiple studies	04.00		50 920	3712.70 (3256.80)		
00945	Nuclear Medicine study - Spleen imaging only - haematopoietic	04.00		24 100	1757.20 (1541.40)		
00960	Nuclear Medicine therapy – Hyperthyroidism	04.00		11 990	874.20 (766.80)		
00965	Nuclear Medicine therapy - Thyroid carcinoma and metastases	04.00		6.470	471.70 (413.80)		
00970	Nuclear Medicine therapy – Intra-cavity radio-active colloid therapy	04.00		6.470	471.70 (413.80)		
00975	Nuclear Medicine therapy - Interstitial radio-active colloid therapy	04.00		6.470	471.70 (413.80)		
00980	Nuclear Medicine therapy - Intravascular radio pharmaceutical therapy particulate	04.00		6.470	471.70 (413.80)		
00985	Nuclear Medicine therapy - Intra-articular radio pharmaceutical therapy	04.00		6.470	471.70 (413.80)		
00990	Nuclear Medicine Isotope	04.00		-	-		
	Identification code for the use of isotope with a procedure. Appropriate codes to be supplied.	04.00					
00991	Nuclear Medicine Substrate	04.00		-	-		
00956	PET/CT scan whole body without contrast	09.00				165.130	-
00957	PET/CT scan whole body with contrast	09.00				163.190	-
00950	PET scan local	09.00				-	-
00951	PET/CT local	09.00				120.000	-
00952	PET/CT local with contrast	09.00				124.680	-
00955	PET scan whole body	09.00				-	-
Call and assistance							
	• Emergency call out code 01010 only to be used if radiologist is called out to the rooms to report on an examination after normal working hours. May not be used for routine reporting during extended working hours. • Emergency call out code 01020 only to be used when a radiologist reports on subsequent cases after having been called out to the rooms to report an initial after hours procedure. This code may also be used for home tele-radiology reporting of an emergency procedure. May not be used for routine reporting during normal or extended working hours. • Radiologist assistance in theatre code 01030 only to be used if the radiologist is actively involved in assisting another radiologist or clinician with a procedure. • Radiographer assistance in theatre 01040 may not be used for procedures performed in facilities owned by the radiologist; ie only for attendance in hospital theatres etc. Does not apply to Bed Side Unit (BSU) examinations. • Second opinion consultations only to be used if a written report is provided as indicated in codes 01050, 01055, 01060. Not intended for ad hoc verbal consultations.	05.05					
01010	Emergency call out fee, first case	04.00				3.000	218.70 (191.80)
01020	Emergency call out fee, subsequent cases same trip	04.00				2.000	145.80 (127.90)
01030	Radiologist assistance in theatre, per half hour	04.00				6.000	437.50 (383.80)
01040	Radiographer attendance in theatre, per half hour	04.00				1.600	116.70 (102.40)
01050	Written report on study done elsewhere, short	04.00				1.500	109.40 (96.00)

Code	Description	Ver	Add	Nuclear Medicine		Radiology	
				RVU	Fee	RVU	Fee
01055	Written report on study done elsewhere, extensive	04.00				4.200	306.20 (268.60)
01060	Written report for medico legal purposes, per hour	04.00				9.720	708.70 (621.70)
01070	Consultation for pre-assessment of interventional procedure	04.00				4.860	354.40 (310.90)
01100	X-ray procedure after hours, per procedure	04.00				2.000	-
01200	Ultrasound procedure after hours, per procedure	04.00				4.000	-
01300	CT procedure after hours, per procedure	04.00				10.000	-
01400	MR procedure after hours, per procedure	04.00				14.000	-
01500	Angiography procedure after hours, per procedure	04.00				20.000	-
01600	Interventional procedure after hours, per procedure	04.00				26.000	-
01970	Consultation for nuclear medicine study	04.00		2.200	160.40 (140.70)		
Monitoring							
	• ECG / Pulse oximetry monitoring (02010). Use for monitoring patients requiring conscious sedation during imaging procedure. Not to be used as a routine	04.00					
02010	ECG/pulse Oximeter monitoring	04.00				2.000	145.80 (127.90)
Head							
Skull and Brain							
	Codes 10100 (skull) and 10110 (tomography) may be combined.	04.00					
10100	X-ray of the skull	04.00				3.860	281.40 (246.80)
10110	X-ray tomography of the skull	04.00				4.300	313.50 (275.00)
10120	X-ray shuntogram for VP shunt	04.00				15.360	1119.90 (982.40)
10200	Ultrasound of the brain – Neonatal	04.00				7.380	538.10 (472.00)
10210	Ultrasound of the brain including doppler	04.00				13.220	963.90 (845.50)
10220	Ultrasound of the intracranial vasculature, including B mode, pulse and colour doppler	04.00				15.040	1096.60 (961.90)
10300	CT Brain uncontrasted	04.00				22.650	1651.50 (1448.70)
10310	CT Brain with contrast only	04.00				33.280	2426.50 (2128.50)
10320	CT Brain pre and post contrast	04.00				40.480	2951.50 (2589.00)
10325	CT brain pre and post contrast for perfusion studies	05.03				49.100	3580.00 (3140.40)
	Stand alone code may not be added to any other CT studies of the brain, except for code 10330	05.03					
10330	CT angiography of the brain	04.00				77.580	5656.50 (4961.80)
10335	CT of the brain pre and post contrast with angiography	04.00				97.910	7138.80 (6262.10)
10340	CT brain for cranio-stenosis including 3D	04.00				34.160	2490.70 (2184.80)
10350	CT Brain stereotactic localisation	04.00				19.360	1411.60 (1238.20)
10360	CT base of skull coronal high resolution study for CSF leak	05.03				34.900	2544.60 (2232.10)
10400	MR of the brain, limited study	04.00				43.560	3176.00 (2786.00)
10410	MR of the brain uncontrasted	04.00				63.800	4651.80 (4080.50)
10420	MR of the brain with contrast	04.00				75.940	5536.90 (4856.90)
10430	MR of the brain pre and post contrast	04.00				104.040	7585.80 (6654.20)
10440	MR of the brain pre and post contrast for perfusion studies	04.00				107.440	7833.70 (6871.70)
10450	MR of the brain plus angiography	04.00				92.200	6722.50 (5896.90)
10460	MR of the brain pre and post contrast plus angiography	04.00				121.230	8839.10 (7753.60)
10470	MR angiography of the brain uncontrasted	04.00				58.500	4265.40 (3741.60)

Code	Description	Ver	Add	Nuclear Medicine		Radiology	
				RVU	Fee	RVU	Fee
10480	MR angiography of the brain contrasted	04.00				74.020	5396.90 (4734.10)
10485	MR of the brain, with diffusion studies	04.00				79.000	5760.00 (5052.60)
10490	MR of the brain, pre and post contrast, with diffusion studies,	04.00				110.640	8067.00 (7076.30)
10492	MR study of the brain plus angiography plus diffusion, uncontrasted	04.00				95.000	6926.60 (6076.00)
10495	MR of the brain pre and post contrast plus angiography and diffusion	04.00				125.440	9146.10 (8022.90)
10500	Arteriography of intracranial vessels: 1 - 2 vessels	04.00				48.600	3543.50 (3108.30)
10510	Arteriography of intracranial vessels: 3 - 4 vessels	04.00				82.330	6002.80 (5265.60)
10520	Arteriography of extra-cranial (non-cervical) vessels	04.00				48.440	3531.90 (3098.20)
10530	Arteriography of intracranial and extra-cranial (non-cervical) vessels	04.00				118.090	8610.20 (7552.80)
10540	Arteriography of intracranial vessels (4) plus 3 D rotational angiography	04.00				97.570	7114.00 (6240.40)
10550	Arteriography of intracranial vessels (1) plus 3D rotational angiography	04.00				37.290	2718.90 (2385.00)
10560	Venography of dural sinuses	04.00				52.230	3808.20 (3340.50)
10900	Nuclear Medicine study – Bone regional, static	04.00		21.500	1567.60 (1375.10)		
10905	Nuclear Medicine study – Bone regional, static with flow	04.00		27.530	2007.30 (1760.80)		
10910	Nuclear Medicine study – Bone regional, static with SPECT	04.00		34.920	2546.10 (2233.40)		
10915	Nuclear Medicine study – Bone regional, static with flow, with SPECT	04.00		40.940	2985.00 (2618.40)		
10920	Nuclear Medicine study – Brain, planar, complete static	04.00		16.920	1233.70 (1082.20)		
10925	Nuclear Medicine study – Brain complete static with vascular flow	04.00		22.950	1673.30 (1467.80)		
10930	Nuclear Medicine study – Brain, planar, complete static, with SPECT	04.00		30.330	2211.40 (1939.80)		
10935	Nuclear Medicine study – Brain, planar, complete static, with flow, with SPECT	04.00		36.360	2651.10 (2325.50)		
10940	Nuclear Medicine study - CSF flow imaging cisternography	04.00		21.600	1574.90 (1381.50)		
10945	Nuclear Medicine study – Ventriculography	04.00		13.410	977.70 (857.60)		
10950	Nuclear Medicine study - Shunt evaluation static planar	04.00		13.410	977.70 (857.60)		
10955	Nuclear Medicine study - CFS leakage detection and localisation	04.00		13.410	977.70 (857.60)		
10960	Nuclear medicine study - CSF SPECT	04.00		13.410	977.70 (857.60)		
10970	PET scan of the brain	09.00				-	-
10971	PET/CT scan of the brain uncontrasted	09.00				110.120	-
10972	PET/CT of the brain contrasted	09.00				116.110	-
10980	PET perfusion scan of the brain	09.00				-	-
10981	PET/CT perfusion scan of the brain	09.00				131.070	-
Facial bones and nasal bones							
	Codes 11100 (facial bones) and 11110 (tomography) may be combined						04.00
11100	X-ray of the facial bones	04.00				3.930	286.50 (251.30)
11110	X-ray tomography of the facial bones	04.00				4.300	313.50 (275.00)
11120	X-ray of the nasal bones	04.00				2.390	174.30 (152.90)
11300	CT of the facial bones	04.00				20.960	1528.20 (1340.50)
11310	CT of the facial bones with 3D reconstructions	04.00				30.400	2216.50 (1944.30)
11320	CT of the facial bones/soft tissue, pre and post contrast	04.00				41.260	3008.30 (2638.90)

Code	Description	Ver	Add	Nuclear Medicine		Radiology	
				RVU	Fee	RVU	Fee
11400	MR of the facial soft tissue	04.00				62.400	4549.70 (3991.00)
11410	MR of the facial soft tissue pre and post contrast	04.00				100.600	7334.90 (6434.10)
11420	MR of the facial soft tissue plus angiography, with contrast	04.00				110.300	8042.20 (7054.60)
11430	MR angiography of the facial soft tissue	04.00				74.020	5396.90 (4734.10)
Orbits, lacrimal glands and tear ducts							
	Code 12130 (tomography) may be added to 12100 or 12110 or 12120 (orbits) or 12140 (dacrocystography).						04.00
12100	X-ray orbits less than three views	04.00				3.560	259.60 (227.70)
12110	X-ray of the orbits, three or more views including foramina	04.00				5.300	386.40 (338.90)
12120	X-ray of the orbits for foreign body	04.00				3.560	259.60 (227.70)
12130	X-ray tomography of the orbits	04.00				4.300	313.50 (275.00)
12140	X-ray dacrocystography	04.00				11.200	816.60 (716.30)
12200	Ultrasound of the orbit/eye	04.00				5.130	374.00 (328.10)
12210	Ultrasound of the orbit/eye including doppler	04.00				10.970	799.80 (701.60)
12300	CT of the orbits single plane	04.00				15.700	1144.70 (1004.10)
12310	CT of the orbits, more than one plane	04.00				20.590	1501.30 (1316.90)
12320	CT of the orbits pre and post contrast single plane	04.00				36.030	2627.00 (2304.40)
12330	CT of the orbits pre and post contrast multiple planes	04.00				39.700	2894.60 (2539.10)
12400	MR of the orbits	04.00				62.460	4554.10 (3994.80)
12410	MR of the orbitae, pre and post contrast	04.00				100.640	7337.90 (6436.80)
12900	Nuclear Medicine study – Dacrocystography	04.00		20.770	1514.40 (1328.40)		
Paranasal sinuses							
	Code 13120 (tomography) may be added to 13100, 13110 (paranasal sinuses), 13130 (nasopharyngeal).						04.00
13100	X-ray of the paranasal sinuses, single view	04.00				2.740	199.80 (175.30)
13110	X-ray of the paranasal sinuses, two or more views	04.00				3.660	266.90 (234.10)
13120	X-ray tomography of the paranasal sinuses	04.00				4.300	313.50 (275.00)
13130	X-ray of the naso-pharyngeal soft tissue	04.00				2.740	199.80 (175.30)
13300	CT of the paranasal sinuses single plane, limited study	04.00				7.200	525.00 (460.50)
13310	CT of the paranasal sinuses, two planes, limited study	04.00				12.400	904.10 (793.10)
13320	CT of the paranasal sinuses, any plane complete study	04.00				15.420	1124.30 (986.20)
13330	CT of the paranasal sinuses, more than one plane, complete study	04.00				20.770	1514.40 (1328.40)
13340	CT of the paranasal sinuses, any plane complete study: pre and post contrast	04.00				34.740	2533.00 (2221.90)
13350	CT of the paranasal sinuses, more than one plane, complete study; pre and post contrast	04.00				41.010	2990.10 (2622.90)
13400	MR of the paranasal sinuses	04.00				60.270	4394.40 (3854.70)
13410	MR of the paranasal sinuses, pre and post contrast	04.00				96.590	7042.60 (6177.70)