Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Day clinics	
				RVU	Fee	RVU	Fee	RVU	Fee
ANNEXURES									

ENDOSCOPIC (laparoscopic & thoracoscopic) GENERIC LIST 09.05

Category 1 Procedures **Laparoscopy and Thoracoscopy, per case**	Category 2 Procedures **Interventional laparoscopy, Thoracic and Urological procedures, per case**
Standard Charges • 360 Laparoscopic Equipment Fee, per case - Telescope - Light Guide Cable - Camera - Monitor - Hi –frequency Cord • **Includes** laparoscopic instrumentation, per case. All equivalents included - Scissors - Graspers (clamp, clinch, babcock) - Dissectors - Electro surgical Instrument - Suction irrigation shafts	**Standard Charges:** • 364 Laparoscopic Equipment Fee, per case - Telescope - Light Guide Cable - Camera - Monitor - Hi –frequency Cord • INCLUDES Laparoscopic Instrumentation, per case. All equivalents included - Endoscopic needle holder and knot pusher - Scissors - Graspers (clamp, clinch, babcock) - Dissectors - Retractors - Suction irrigation shaft - Electro surgical Instrument
Recoverable Disposable Products " single-use" allowed • Insuflation Needle • Trocars	**Recoverable Disposable Products "single –use" allowed** • Insuflation Needle • Trocars • Ligating Clip Appliers • Ultrasonic or electro surgical cutting and coagulation accessories (instrumentation and accessories) • **Endoscopic Staplers/Cutters**
NOTE: • Category 1 procedures are predominantly diagnostic and the listed re-usable instruments are considered relevant and appropriate for category 1 procedures	• Should a diagnostic procedure move to a 'therapeutic intervention , then the procedure would become a category 2 procedure
Part Chargeable Products: • Ultrasonic Handpiece and Cable = 1%	

Notes: Refer to detailed Endoscopic Disposable Product list.
Procedure to be applied per CPT code – list attached.

Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Day clinics		
				RVU	Fee	RVU	Fee	RVU	Fee	
	Comments 1. Optical, blunt, Hasson cannula, trocar – may substitute the primary port trocar and eliminate the use of verres needles. 2. Harmonic scalpel shears and and blades – not to be charged together with disposable electrosurgical probes, argon beam coagulator, clip appliers, bipolar forceps and Tripolar forceps. 3. Harmonic scalpel shears and blades – not to be used for laparoscopic cholecystectomy and sterilisation 4. Tripolar forceps – not to be used together with electrosurgical probes, harmonic scalpel, clip appliers 5. Autosuture Endostitch – to be motivated and 1 suture assistant per procedure allowed. 6. Specimen retrieval bags – to motivate use (used when specimen needs to be captured and removed to avoid site contamination); procedure related – histology report required.									
	APPENDIX A LAPAROSCOPIC AND THORACOSCOPIC CPT CODES AND CATEGORIES CATEGORY 1 (CPT4 2000 code numbers included where possible) Diagnostic laparoscopy (49320) Laparoscopy, surgical; with fulgeration of oviducts (with/without transection) (58670) Laparoscopy, surgical; with occlusion of oviducts (e.g.band, clip, Falope ring) (58771) Hysteroscopy diagnostic (58555) Hysteroscopy, with sampling of endometrium and/or polypectomy, with/without D&C (58558) THORACOSCOPY, DIAGNOSTIC THORACOSCOPY, DIAGNOSTIC with biopsy THORACOSCOPY, DIAGNOSTIC lungs and pleural space, with biopsy THORACOSCOPY, DIAGNOSTIC pericardial sac, without biopsy THORACOSCOPY, DIAGNOSTIC pericardial sac with biopsy THORACOSCOPY, DIAGNOSTIC mediastinal space without biopsy THORACOSCOPY, DIAGNOSTIC mediastinal space with biopsy CATEGORY 2 Laparoscopy, surgical; with salpingostomy (salpingoneostomy) (58673) Laparoscopy, surgical; with fimbrioplasty (58672) Laparoscopy, surgical; with fulgeration or excision of the ovary, pelvic viscera or peritoneal surface, any method (58662) Laparoscopy, surgical; with lysis of adhesions (changed 1998 to salpigolysis, ovariolysis) (58660) Laparoscopy, surgical; with removal leiomyomata (58551) Laparoscopy surgical; withenterolysis (freeing intestinal adhesion) (44200) Laparoscopy, surgical; with retropritoneal node sampling (biopsy) (38570) Laparoscopy,surgical, abdomen, peritoneum, omentum; with drainage lymphocele to peritoneal cavity (49323) Laparoscopy, surgical; appendectomy (44970) Laparoscopy, surgical, abdomen, peritoneum and omentum; with biopsy (49321) Laparoscopy, surgical, abdominal, peritoneum and omentum; with aspiration of cavity or cyst (e.g. ovarian cyst) single or multiple (49322) Laparoscopy, surgical; with removal of adnexal structures (partial or total oopherectomy and/or salpingectomy) (58661) Laparoscopy, surgical; orchiopexy for intra-abdominal testis (54692) Laparoscopy, surgical; ligation spermatic veins for varicocele (55550) Laparoscopy, surgical; ablation of renal cysts (50541) Laparoscopy, surgical; urethral suspension for stress incontinence (51990) Laparoscopy, surgical; sling operation for stress incontinence (51992) Hysteroscopy with lysis intra-uterine adhesions (58559) Hysteroscopy with removal impacted foreign body (58562) Hysteroscopy with removal leiomyomata \ (58561)									09.05

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Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Day clinics	
				RVU	Fee	RVU	Fee	RVU	Fee
	Hysteroscopy with endometrial ablation \ (58563)								
	Laparoscopic treatment of ectopic pregnancy, without salpingectomy and/or oopherectomy (59150)								
	Laparoscopic treatment of ectopic pregnancy; with salpingectomy and/or oopherectomy (59151)								
	Laparoscopy, surgical; with vaginal hysterectomy. (Lap assisted vag. Hyst) (58550)								
	Laparoscopy, surgical; with bilat. Total pelvic lymphadenectomy (38571)								
	Laparoscopy, surgical; with bilat. Total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy) (38572)								
	Laparoscopy with adrenalectomy (60650)								
	Laparoscopy, surgical; pyeloplasty (50544)								
	Laparoscopy, surgical; nephrectomy (50540)								
	Laparoscopy, surgical; donor nephrectomy (50547)								
	Laparoscopically assisted nephroureterectomy (50548)								
	Laparoscopy, surgical, ureterolithotomy 50945)								
	Laparoscopy, surgical; transection of Vagus nerve, truncal (43651)								
	Laparoscopy, surgical; transection of Vagus nerves, selective or highly selective (43652)								
	Laparoscopy, surgical; with guided transhepatic cholangiography, without biopsy (47560)								
	Laparoscopy, surgical; with guided transhepatic cholangiography, with biopsy (47561)								
	Laparoscopy, surgical; cholecystoenterostomy (47570)								
	Laparoscopy, surgical; cholecystectomy with cholangiography (47563)								
	Laparoscopy, surgical; cholecystectomy with explor, common bile duct (47564)								
	Laparoscopy, surgical; splenectomy (38120)								
	Laparoscopy, surgical; gastrostomy, without construction of gastric tube (e.g. Stamm procedure) (43653)								
	Laparoscopy, surgical; jejunostomy (44201)								
	Laparoscopy, surgical; intestinal resection, with anastomosis (44202)								
	Laparoscopy, surgical; oesophagogastric fundoplasty eg Nissen, Toupet procedures) (43280)								
	Unlisted laparoscopic procedure, uterus (58578)								
	Unlisted hysteroscopy procedure, uterus (58579)								
	Unlisted laparoscopic procedure, oviduct, ovary (58679)								
	Unlisted laparoscopic spleen procedure (38129)								
	Unlisted laparoscopic lymphatic procedure (38589)								
	Unlisted laparoscopic oesophagus procedure (43289)								
	Unlisted laparoscopic stomach procedure (43659)								
	Unlisted laparoscopic intestinal procedure (except rectum) (44209)								
	Unlisted laparoscopic appendix procedure (44979)								
	Unlisted laparoscopic biliary tract procedure (47579)								
	Unlisted laparoscopy procedure, abdomen, peritoneum & omentum (49329)								
	Unlisted laparoscopic hernia procedure (49659)								
	Unlisted laparoscopic renal procedure (50549)								
	Unlisted laparoscopic procedure, testis (54699)								
	Unlisted laparoscopic procedure, spermatic cord (55559)								
	Unlisted laparoscopic procedure, maternity care and delivery (59898)								
	Unlisted laparoscopic endocrine procedure (60659)								
	THORACOSCOPY, SURGICAL								
	THORACOSCOPY, SURGICAL pleurodesis								
	THORACOSCOPY, SURGICAL partial pulmonary decortication								
	THORACOSCOPY, SURGICAL total pulm. Decortication								
	THORACOSCOPY, SURGICAL removal interpleural foreign body								
	THORACOSCOPY, SURGICAL control traum. Haemorrhage								
	THORACOSCOPY, SURGICAL exc./plication bullae								
	THORACOSCOPY, SURGICAL parietal pleurectomy								

Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Day clinics		
				RVU	Fee	RVU	Fee	RVU	Fee	
	THORACOSCOPY, SURGICAL wedge resection THORACOSCOPY, SURGICAL removal clot/foreign body from pericardial space THORACOSCOPY, SURGICAL creation pericardial window THORACOSCOPY, SURGICAL total pericardectomy THORACOSCOPY, SURGICAL exc pericard. Cyst, tumor, mass THORACOSCOPY, SURGICAL exc mediastinal cyst, tumor, mass THORACOSCOPY, SURGICAL lobectomy, total or segmental THORACOSCOPY, SURGICAL with sympathectomy THORACOSCOPY, SURGICAL with esophagomyotomy New codes for Category 2 CPT42000 CPT4 2001 Laparoscopy, surgical; radical nephrectomy 50545 Laparoscopy, surgical; nephrectomy including partial ureterectomy 50546 Laparoscopy, surgical; nephrectomy with total ureterectomy 50548 Laparoscopy, surgical; ureteroneocystostomy with cystoscopy and ureteral stent placement 50948 Laparoscopy, surgical; ureteroneocystostomy without cystoscopy and ureteral stent placement 50948 Unlisted laparoscopic procedure, ureter 50949									
	APPENDIX B PRINCIPLES The following principles are applicable: 1. At all times best clinical practice must be adhered too. 2. Items listed in the Recommended Guide to Reimbursement for Consumable and Disposable Items Charged by Private Hospitals and Same Day Surgery Facilities are described generically according to product classification and function. Trade names may be included, by means of example, for clarification purposes only. Photocopies of all documents pertaining to the patients account must be provided on request. Medical schemes shall have the right to inspect the original source documentation at the hospital/sameday surgical facilities concerned. The Recommended Guide to Reimbursement for Consumable and Disposable Items Charged by Sub-Acute Facilities, Private Hospitals and Sameday Surgery Facilities will be reviewed half-yearly. 3. The cost of consumable and disposable items used on a patient in a hospital must be recovered by means of a charge mechanism as follows: ¢ Items included in the per minute theatre fee. ¢ Items included in the per day ward or unit fee. ¢ Items are charged to the patient's account where reimbursement is not granted by a medical scheme. 4. Any agreed difference on the basic interpretation of the Recommended Guide to Reimbursement for Consumable and Disposable Items Charged by Private Hospitals and Same Day Surgery Facilities list will be made in accordance with the approval of the duly appointed representatives of the individual contractor, medical aid, MCO and representatives of private hospitals. Such approval shall be ratified in writing and circulated to all parties concerned. Where the hospital uses an excessively priced product, a review process should be conducted, and appropriate price adjustment made. 5. Disposable items are single use only and must never be reused. ¢ Single use items will be charged at 100%. ¢ Hospitals will sign an ethical undertaking that single use items will only be used once. If a hospital does not conform it may be reported to the group head office. If an acceptable explanation is not supplied within 14 days, payment on that account may be withheld. 6. Limited life re-usable products are products intended for multiple use and endorsed as such by the manufacturers. Such products will be charged according to the "Fractional" charges as detailed and are under continual review. The item will be considered life re-usable (limited multiple use) if it can re re-used less than 100 times (endorsed as such by the manufacturer).									09.05

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Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Day clinics	
				RVU	Fee	RVU	Fee	RVU	Fee

7. Where a hospital uses an excessively priced product, a review process with the parties as listed under 3 above should be conducted, and appropriate price adjustment made.

8. TTO's will be issued and charged according to the rules of the scheme.

9. All prescribed items will be recoverable according to the rules of the scheme.

Key Indicators

The different key indicators in the Recommended Guide to Reimbursement for Consumable and Disposable Items charged by Private Hospitals and Same Day Surgery Facilities List are as follows:

All prescribed items dispensed in wards or theatre are fully recoverable according to scheme's rules.

Key	Description
THR	Theatre consumable and disposable items
WRD	Ward consumable and disposable items
NR	Item is non-recoverable
C	Item is chargeable under certain circumstance
R	Item is recoverable
P	Item is recoverable from patient
F	Fractional (re-usable) and is charged out on a pro-rata basis (as per 5.5.1-5.5.4).
N/A	Not used/not applicable
Disposable	Means the manufacturer states one time use only.
S/U(Single use) ItemPayable	100%
Medical Prescribed Meals	See List

Practice Code References to the NRPL-HS includes 57/58, 76 and 77

	PRODUCT	THR	WRD	COMMENT
1.	Accessories for AV impulse, Flowtron DVT and similar (Impads, sequential stockings, calf garments, sleeves, cuffs and equivalents);	C	C	Subject to scheme rules and authorisation criteria;
2.	Adapters disposable	C	C	
3.	Adapters re-usable	NR	NR	
4.	Adhesive/non-adhesive bandages and rolls (Elastoplast, Micropore, Transpore and similar);	C	C	Fractional use is non-chargeable; Full rolls are chargeable when procedure related; Non-chargeable if used for restraining or strapping;
5.	Aerochamber	NR	NR	Chargeable as TTO
6.	Alcohol Swabs (Preptic, Webcol and similar)	NR	NR	Chargeable as TTO on prescription;
7.	Alcohol/Spirits	NR	NR	
8.	Amalgam Caplets and all dental composites	NR	N/A	
9.	Anaesthetic accessories (circuits, masks, trays);	NR	N/A	Blue and Green gauze chargeable separately
10.	Antipeol Ointment	NR	C	When prescribed by a doctor as a full unit or part of mixture.
11.	Antiseptic solutions (Hibiscrub, Betadine and similar);	NR	C	Chargeable for use in Burns and Haemorrhoidectomy. On prescriptions for therapeutic reasons only. Non-chargeable when used by staff or for prepping of skin.

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					RVU	Fee	RVU	Fee	RVU	Fee
12.	Aortic/Vascular Punch - disposable	R	N/A							
13.	Aortic/Vascular Punch - re-usable	NR	NR							
14.	Aqueous Cream - other uses	NR	C	Chargeable when used as a therapeutic agent, as part of the mixture and prescribed by a doctor.						
15.	Aqueous Cream - used as body lotion	NR	NR							
16.	Arm Immobiliser (Sling and similar)	NR	C	Subject to Scheme rules when procedure related						
17.	Artificial Tears and eye lubricants (Duratears, Cleargel, Tears plus natural and similar)	NR	C	For long term sedated ventilated patients. (Only when full tube is used.) Prescribed by a doctor.						
18.	Arthrowand (Disposable instrument): (a) Arthrowand (b) Spinal Arthrowand (c) Plansmowand/Entecwand	C	NR	Chargeable if used in the following Procedures Arthroscopy – Knee, Shoulder, Ankle Acromioplasty Sinovectomy – Wrist Lateral Release – Knee, Wrist Acromioclavicular release Decompresion of Shoulder "Frozen" Shoulder Meniscectomy ACL reconstruction PCL reconstruction *Arthrowand can be used together with Dyonic Blades or Burrs for different requirements per procedure eg. Tissue and Bone.* Spinal and Revision surgery Lumbar discectomy Cervical discectomy Spinal tumour removal Intra-cranial tumour removal Pliff-cage procedure Lumbar Revision surgery Lumbar instrumentation and fusion Cervical cage infusion Percutaneous Lumbar disc coblation Tonsilotomy Soft Palate Channelling Tonsilectomy Nasal passage channeling						
19.	Baby Food	NR	NR							
20.	Baby Packs	NR	NR							
21.	Baby Toiletries	NR	NR							
22.	Bacterial/Viral Breathing Filters and Humidifier Moisture Breathing Filters	C	C	One per theatre case. One per 24 hours ventilation in Specialised Units						
23.	Beaver blades in Myringotomy	NR	NR							
24.	Bentley Connectors- disposable	C	C	To be specified if not a part of a pack.						
25.	Bentley Connectors- re-useable	NR	NR							
26.	Biocide	NR	NR							
27.	Biopsy Forceps – disposable	R	N/A							
28.	Bipolar Forceps (disposable);	NR	NR	Excluding endoscopic surgery;						

Code		Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Day clinics	
					RVU	Fee	RVU	Fee	RVU	Fee
	29.	Blades (arthroscopic)-Disposable	R	N/A	Guideline maximum of 3 blades/burrs for an appropriate shoulder procedure or 2 for an appropriate knee procedure. The use of more to be motivated.					
	30.	Blades (arthroscopic)-Limited life reusable	F	N/A	Part chargeable as per section 5.3.1;					
	31.	Blades (ENT)-Disposable	R	N/A	Maximum 2 per procedure;					
	32.	Blades (surgical knives, scalpel) – Disposable	R	R						
	33.	Blades Saw – Limited life reusable	F	NA	As per section 5.3.1;					
	34.	Blades Saw -Disposable	R	N/A						
	35.	Blades-Limited life reusable	F	N/A	Part chargeable as per section 5.3.1;					
	36.	Blankets: Warm Air, disposable	C	C	Chargeable 100% when complying to the criteria as per section 5.3.4 1 per stay					
	37.	Blood pressure cuffs-Disposable (Cuffable cuffs, Disposa-Cuff and similar);	C	C	Neonates only; One per stay;					
	38.	Blood pressure machine (Baumanometer, Dinamapp and similar)	NR	NR						
	39.	Breast Pads	N/A	NR						
	40.	Breast Pump	N/A	NR						
	41.	Breathing/ventilator circuits and disposable accessories (tubing, catheter mounts, connectors and similar)- Reusable	NR	NR						
	42.	Breathing/ventilator circuits and disposable accessories (tubing, catheter mounts, connectors and similar)-Disposable	NR	NR						
	43.	Bulb Syringes - disposable	R	C	One per patient per stay. Bladder irrigation only in wards.					
	44.	Bulb Syringes - glass	NR	NR						
	45.	Burrs – Disposable	R	N/A						
	46.	Burrs - Limited life reusable	F	N/A	Fractional as per BHF Schedule 5.3.1;					
	47.	Burrs (Dental surgery)-reusable and disposable	NR	NR	Included in the Dental Practitioners Fee					
	48.	Burrs (ENT surgery)-disposable	R	N/A						
	49.	Capnograph Set – disposable	NR	NR						
	50.	Cardiac Monitors	NR	C	Equipment fee chargeable in High Care and Wards when a patient is monitored. Item 231. Non-Chargeable in ICU.					
	51.	Cardiotocography paper	NR	NR						
	52.	Catheters (Jacques, Nelaton and similar)- Reusable	NR	NR						
	53.	Cetavlon	NR	NR						
	54.	Chlorhexidine Solution	NR	NR						
	55.	Chlorine Antiseptics (Biocide and similar)	NR	NR						
	56.	Chloromycetin Applicaps	R	C	Two per day in ICU for unconscious or sedated ventilated patients on prescription.					
	57.	Cidex	NR	NR						
	58.	Clip Removers	NR	NR	Included in Practitioners fee for post-operative care for four weeks					

Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Day clinics	
				RVU	Fee	RVU	Fee	RVU	Fee
59.	Collection Charges - Pathology	NR	NR						
60.	Connectors - disposable	C	C	To be specified if not a part of pack. (e.g. Bentley or Cobe)					
61.	Connectors - re-usable	NR	NR						
62.	Cosmetic products (body lotions, powders, creams, oils and shampoos);	N/A	NR						
63.	Cutters – Disposable	R	N/A	*Single Use*					
64.	Cutters (bone)-Limited life re useable	F	N/A	Fractional chargeable as per BHF Schedule 5.3.1;					
65.	Cytology Brushes – Disposable	C	N/A	Fully recoverable if supplied by hospital.					
66.	Daylee Towels	NR	NR						
67.	Depilatory Creams	NR	NR						
68.	Dettol	NR	NR						
69.	Diagnostic Strips – Blood	N/A	C	Diabetic patients -account to state Diabetic. Chargeable in Pancreatitis not Substance abuse related Patients receiving hyperalimentation Patients in ICU/HC /NICU/ NHC units					
70.	Diagnostic Strips – Blood & Urine (Routine Testing)	NR	NR						
71.	Diathermy Equipment	NR	NR						
72.	Diathermy electrosurgical instruments (pencil, handles)- disposable	R	N/A						
73.	Diathermy electrosurgical instruments (pencils, handles)-Limited life reusable	F	N/A	Part charge as per section 5.3.5;					
74.	Diathermy Plates – disposable	R	N/A	Chargeable to a maximum of R79.50 each;					
75.	Disinfectants	NR	NR						
76.	Disposable cables and cords	NR	NR						
77.	Disposable Humidifiers (Aquapak, Respiflo, Sterimist or equivalent);	N/A	C	One per 24 hours or part thereof with administration of oxygen.					
78.	Douch Bottles - Disposable	NR	C	Gynaecology Non chargeable for prepping					
79.	Douche Cans – Reusable	NR	NR						
80.	Drills – Disposable	R	N/A						
81.	Drills (Dental Surgery)-Disposable	NR	NR	Included in the Dental Practitioner fee					
82.	Drills –Limited life reusable	F	N/A	Part chargeable as per section 5.3.1;					
83.	Drops (Eye/Ear/Nose)- fractional use	C	NR	Fractional use is non-chargeable; Only Eye drops are chargeable in theatre;					
84.	EABS	NR	NR						
85.	ECG – Electrodes	R	R						
86.	ECG – Equipment	NR	NR						
87.	ECG – Paper	NR	R						
88.	Electrode Tip Cleaner (Scrape Eeze, Friction Pads and similar)-Disposable	NR	NR						
89.	Endoscopic – disposables	C	N/A	See Endoscopic Procedure List – attached.					

Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Day clinics	
				RVU	Fee	RVU	Fee	RVU	Fee
90.	Endotracheal Introducers	NR	NR						
91.	Epidural Fee	C	C	Only applicable for Maternity					
92.	Epidural Kit/Set	C	N/A	Epidural Kit chargeable in all cases except Maternity. Not to be charged when fee is charged.					
93.	Ether	NR	NR						
94.	Eusol	NR	C	For septic wound dressing					
95.	External Fixators	R	N/A	Pre-Authorised by scheme. Benefit to be confirmed by scheme.					
96.	Eye patches (opticlude and similar) in theatre	NR		Eye pads are included in theatre basket;					
97.	Face Masks	NR	C	For reverse barrier nursing only (Head covers and overshoes non-chargeable);					
98.	Films, Video Prints, Compact Discs – disposables (Endoscopic Procedures)	NR	NR						
99.	Films, Video Prints, Compact Discs, Thermal Paper	C	NR	Refer section 3.3 - item 075 one fee per procedure					
100.	Fluoroshield Gloves	F	N/A	As per section 5.3.5 item 441					
101.	Foley's Temp Catheter	C	N/A	On motivation Maximum of R500 Cardiac only					
102.	Formalin in Saline	NR	NR						
103.	Fosenema / Len-o-lax	N/A	R	When prescribed.					
104.	Glass Syringes	NR	NR						
105.	Gloves - Sterile (Examination)	N/A	C	For minor sterile procedures in the ward e.g. suction, catheterisation. Non-chargeable with tray					
106.	Gloves – Non-Sterile	NR	C	Chargeable only for reverse barrier nursing, motivation required.					
107.	Gloves – Sterile (Surgical)	R	C	Chargeable for incisional procedures, e.g. CVP lines and major wound dressing (burns). Not chargeable with tray					
108.	Glucometer	N/A	N/A	TTO only if authorised by scheme. Otherwise for patient's private account.					
109.	Gowns in theatre (barrier SABS approved with breathable and fluid impermeable polymer membrane)-Limited life reusable	C	N/A	Chargeable for specific procedures only Hip, knee, shoulder and elbow joint replacements Open heart and cardiac bypass surgery Vascular Surgery Neuro-Surgery (Brain and spinal cord) Arthroscopy of hip, shoulder, knee or elbow joints Spinal surgery Recommended price R80.00 per gown For surgical team only (max 4).					

Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Day clinics	
				RVU	Fee	RVU	Fee	RVU	Fee
110.	Gowns in theatre (barrier SABS approved)-Disposable	C	N/A	Chargeable for specific procedures only Hip, knee, shoulder and elbow joint replacements Open heart and cardiac bypass surgery Vascular Surgery Neuro-Surgery (Brain and spinal cord) Arthroscopy of hip, shoulder, knee or elbow joints Spinal surgery For surgical team only (max 4). Maximum price R135.00 per gown (To be revised with price changes.)					
111.	Gowns in theatre with hoods and shields (Charnley and similar having breathable and fluid impermeable polymer membrane for single use according to recommendations by the supplier, as approved by SABS)- Disposable	R	N/A	Chargeable with modifiers 0002 and 0003 up to R520 per set to a maximum of 3 sets;					
112.	Gowns in theatre with hoods and shields (Charnley and similar Reusable Barrier Gowns having breathable and fluid impermeable polymer membrane for multiple use according to recommendations by the supplier, as approved by SABS)- Limited life reusable	R	N/A	Chargeable with modifiers 0002 and 0003 up to R135 per set to a maximum of 3 sets;					
113.	Gowns in ward (barrier SABS approved)- Disposable	N/A	C	Chargeable for reverse barrier nursing and severe burns – motivation to accompany account.					
114.	Harmonic Scalpel, or equivalent - disposable components	R	N/A	Refer to endoscopic list;					
115.	Harmonic Scalpel, or equivalent components – reusable.	F	N/A	Chargeable as per section 5.3.3;					
116.	Head covers (bonnets, caps and similar)	NR	NR						
117.	Head Strap for CPAP	N/A	C	Chargeable when diagnosis- related, e.g. Burns/infectious diseases.					
118.	Heart/Lung Machine	NR	NR						
119.	Heath reflective pads (Critter covers, Neospot and similar);	N/A	C	One daily in Neonatal Specialised Units;					
120.	Heel Hugger-infant	NR	NR	As per scheme arrangement;					
121.	Hibitane Obstetric Cream	N/A	R	Registered ethical product.					
122.	Hibitane Solution - sachets	NR	NR						
123.	Humidifying Chamber (Fisher&Paykel and similar)-Disposable	N/A	C	Adults and neonates – one per LOS in specialised units;					
124.	Hydrogen Peroxide	NR	NR						
125.	I.V. Support	C	C	Neonates and Paediatrics < 6 years only - One per LOS per limb and when disorientated in Theatre More to be motivated					
126.	Ice Pack/Cold Pack - disposable	N/A	C	Appropriate procedures only. Payable according to scheme rules;					
127.	Incontinence Products - Draw Sheet	NR	NR						

Code		Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Day clinics	
					RVU	Fee	RVU	Fee	RVU	Fee
	128.	Incontinence Products - Linen Savers	NR	C	Chargeable to scheme for incontinent patients only. Procedure related e.g. Haemorrhoidectomy or to replace the dressing. Subject to medical scheme rules.					
	129.	Incontinence Products - Pads (e.g. sanitary)	C	C	Procedure related e.g. Haemorrhoidectomies, etc., or to replace the dressing; Gynaecological Procedures (D&C) Others to be charged to patient's private account. Subject to medical scheme rules.					
	130.	Incontinence Products - Diapers/ Nappies	NR	C	Paediatric or Geriatrics : Gastro only Others to be charged to patient's private account.					
	131.	Incontinence Products – Pads e.g. Besure/Molicare	N/A	P						
	132.	Jellies and Creams (Terracortril, KY and similar)- fractional use	NR	NR						
	133.	K Y Jelly – Sachets	R	R	Procedure related					
	134.	Lancets, Autolets, Softclix	NR	C	For Diabetic patient's -account to state Diabetic. For hyperalimentation Chargeable in Pancreatitis not substance abuse related In ICU /NICU /HC /NHC A&B Units					
	135.	Laryngeal Masks	F	N/A	2.5% As pe r section 5.3.5 – item 435					
	136.	Laser Components - disposable	R	N/A						
	137.	Laser Components - re-usable	F	N/A	Part chargeable as per section 5.3.2					
	138.	Laundry Bags - Soluble	NR	C	Chargeable for Barrier nursing (septic cases only) 2 Bags per day per patient as per item 269					
	139.	Ligasure Electrode – Disposable	NR	N/A	Preauthorisation required;					
	140.	Limb Holder (restrainer) – Disposable	N/A	C	1 per limb per patient per stay on motivation.					
	141.	Loan Set Fee	NR	NR						
	142.	Marking Pen – sterile (Codman Marker and similar)	C	NR	Procedure related: Craniotomy, Neuro & Spinal. Skin flaps Keratotomy					
	143.	Maternity Per Diem Fee	C	N/A	Includes surgical items listed in BHF Schedule Ethical products are chargeable					
	144.	Meal Supplements	NR	NR	On motivation					
	145.	Meals, Baby Foods, Milk Substitutes	NR	NR						
	146.	Medically prescribed meals	N/A	C	By arrangement based on diagnosis Refer to attached Medically Prescribed Meals list					
	147.	Medicine Glasses, Spoons and Syringes	NR	C	Syringe chargeable for tube feeding and medicine dosing in Neonatal Specialised Units One syringe per day.					
	148.	Mentor Cable - disposable	NR	NR						
	149.	Mentor Cable - re-usable	NR	NR						
	150.	Mercurochrome & Methiolate	NR	NR						
	151.	Micro Retractor	NR	NR						
	152.	Milk Substitutes	NR	NR						
	153.	Milton	NR	NR						

Code		Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Day clinics	
					RVU	Fee	RVU	Fee	RVU	Fee
	154.	Mixing Systems for Cement	C	N/A	Chargeable as part of Prosthesis, to be included in prosthesis invoice, which accompanies account. Note: Cement containing Antibiotic to be charged separately					
	155.	Mother & Baby Pack	NR	NR						
	156.	Nasal Cannula – disposable	N/A	C	One per stay if oxygen is administered.					
	157.	Nebulising Mask - disposable	N/A	C	One per stay if patient is nebulised.					
	158.	Nebulising Mask - Trachea	N/A	C	One per stay if patient is nebulised.					
	159.	Neuro Sucker – disposable	C	N/A	Neuro cases only					
	160.	Nursing Services	NR	NR						
	161.	Operating Instruments - reusable	NR	NR						
	162.	Overshoes	NR	NR						
	163.	Oximeter	NR	NR						
	164.	Oxisensor – disposable	NR	C	One per stay for neonates in specialised units; Not paying if equipment not suitable/ compatible. Not to be charged with Oxitip;					
	165.	Oxitip	NR	C	One per stay for neonates in specialised units; Not to be charged with Oxisensor;					
	166.	Oxygen Analysers, Hoods, Attachments – disposable	C	C						
	167.	Oxygen Analysers, Hoods, Attachments – re-usable	NR	NR						
	168.	Oxygen Mask + tubing– disposable	C	C	In recovery if oxygen is administered post operatively. One per patient per stay;					
	169.	Pacing Wire and Cables – disposable	C	N/A	Must be procedure related. Maximum 1 cable and 2 wires. excess to be motivated. Subject to medical scheme rules.					
	170.	Packing Fee	NR	NR						
	171.	PCA Pump – reusable	NR	C	As per item 230 One per patient per day, maximum 48 hours. Not applicable in Specialised units, ICU and High Care units. 1 per patient for maximum of 48 hours in ward Chargeable in the following instances: Major joint replacement Open, upper abdominal surgery Severe burns Paediatrics in special cases on motivation Thoracotomies (motivation by practitioner) Intractable pain associated with malignancy					

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Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Day clinics	
				RVU	Fee	RVU	Fee	RVU	Fee
172.	PCA Pumps – disposable	C	C	As per section 5.16 One per patient per 48 hours. Chargeable in theatre if patient goes directly into ward. Not to be charged in Specialised units, ICU and High Care units Chargeable in the following instances: Major joint replacement Open, upper abdominal surgery Severe burns Paediatrics in special cases on motivation Thoracotomies (motivation by practitioner) Intractable pain associated with malignancy					
173.	Peak Flow Meter	NR	NR						
174.	Peak Flow Meter – disposable Mouth Piece	N/A	R						
175.	Peep Valve and/or CPAP mask – disposable	N/A	C	Max of one CPAP mask per patient per stay Max of two valves per patient per stay More to be motivated					
176.	Plastic Bags	NR	NR						
177.	Pour Bottle – Saline	C	C	Chargeable when procedure related, e.g. for wound irrigation. Excessive usage to be motivated. Not to be charged with pour bottle water					
178.	Pour Bottle – Water	C	C	Not to be charged with pour bottle saline Only chargeable for patient related conditions: flushing of wounds, under water drains and bladder irrigation in theatre and wards *Ventilated Patients 1 litre per 24 hours*					
179.	Preparation Items (Shaving Trays, Razor, Scrub Brush)	NR	NR						
180.	Pressure Monitoring Kit - disposable	R	R						
181.	Pressure relieving mattress (Nimbus and similar)	NR	NR						
182.	Pressure relieving products (Novogel, Reston foam and similar)	N/A	C	Subject to scheme rules;					
183.	Probe Covers	N/A	C	One daily in Neonatal Specialised Units					
184.	Prosthesis	C	N/A	Pre-authorised and benefit to be confirmed by scheme. Supplier's invoice to accompany account. Refer section 5.9 (change)					
185.	Razors	NR	NR						
186.	Re-breathing bags (ambubag and equivalents)	NR	NR						
187.	Receptal Liners & Shut Off Valves	NR	C	Chargeable in ICU, Specialized units and High Care for patients with severe respiratory complications					
188.	Recovery Room	NR	NR						
189.	Safety Pins	NR	NR						
190.	Sampling Lines (Datex and similar)	NR	NR						
191.	Savlon & Savlodil	NR	NR						

Code		Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Day clinics	
					RVU	Fee	RVU	Fee	RVU	Fee
	192.	Servo Ventilator (equipment)	N/A	C	Chargeable only in ICU and High Care where applicable.					
	193.	Sheepskin	NR	NR						
	194.	Skin Prep Solutions	NR	NR						
	195.	Space blanket	R	R	Not to be charged with a warm air blanket					
	196.	Spatulas, Tongue Depressors	NR	NR						
	197.	Specimen Containers	NR	NR						
	198.	Spigots	NR	NR						
	199.	Spirometer (Incentive and similar)-Dispoasble	NR	NR	Chargeable as TTO					
	200.	Spray Top Bottles	NR	NR						
	201.	Sprays (Opsite, Disidine)- fractional use	NR	NR						
	202.	Sputum Cups	NR	NR						
	203.	Sterilising of Instruments or Materials	NR	NR						
	204.	Sterilising Solutions, Gases and Tablets	NR	NR						
	205.	Steripeel & Equivalents	NR	NR						
	206.	Sternal support products (Heart Hugger and similar)	NR	NR	As per scheme arrangement;					
	207.	Stethoscopes	NR	NR						
	208.	Stitch Cutter	NR	NR						
	209.	Stone Baskets – Disposable	R	N/A	1 basket only to a max of R2496 May not be used together item 224 in tariff schedule					
	210.	Stone Baskets – re-useable	NR		Re-usable chargeable as per item 224 in tariff schedule					
	211.	Suction Nozzle – disposable	R	R						
	212.	Swivel Connector – disposable	NR	NR	Part of Ventilator Circuit					
	213.	Swivel Connector – re-usable	NR	NR						
	214.	Tantol Cleanser / Lotion	N/A	P						
	215.	Taps & Reamers	NR	N/A						
	216.	Temperature Probe Covers	C	C	One daily in Neonatal Specialised units Not to be charged together with disposable probe.					
	217.	Theatre Drapes - Incise	R	N/A	As per section 5.15					
	218.	Theatre Drapes - Ophthalmic	R	N/A	As per section 5.15					
	219.	Theatre Drapes- Equipment (Microscope, camera, drill sleeve, Mayo and similar)	NR	N/A	Included in the Tariff					
	220.	Theatre Drapes– Patient Isolation (Non-woven, paper, plastic, polyethylene based)-Disposable	C	N/A	Chargeable when used in the following Procedures: Hip, knee, shoulder and elbow joint replacements. Open heart and cardiac bypass surgery. Vascular Surgery (Excluding Catheterisation Laboratory procedures) Neuro-Surgery (Brain and Spinal cord) Arthroscopy of hip, shoulder, knee or elbow joints Spinal surgery					
	221.	Theatre Drapes-Instrument holders (1018 and similar)	C	N/A	Cranial Procedures only;					
	222.	Thermometer- Reusable	NR	NR						

Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Day clinics	
				RVU	Fee	RVU	Fee	RVU	Fee
223.	Thermometers/Temperature Probes (Oesophageal or Rectal)-Disposable	C	C	Chargeable in Cardio-Thoracic cases (one rectal and one oesophageal) or theatre cases longer than 3 hours at anaesthetist's discretion One per patient per every 3 weeks in Neonatal Specialised Units Probe Covers one per day					
224.	Thoraguide Kit (for underwater drainage)	R	C	Chargeable in I.C.U and Emergency Room					
225.	Toiletries (face cloths, toothbrush, soaps and similar)	NR	NR						
226.	Topical Anaesthetics (Remicaine and similar)	C	C	When full tube used per patient. Procedure related (Male catheterisation in ward, Haemorrhoidectomy, TUR)					
227.	Topical anaesthetics (Remicaine, Xylocaine , Anethaine and similar)-fractional use	NR	NR						
228.	Transducers – disposable	R	R						
229.	Trays – sterile	NR	C	Tray and contents not to be charged together If price exceeds max. then contents must be charged Disposable contents only chargeable Ready made packs – list of contents and price to be supplied. Small trays, swabbing, ENT – R9.00 Large trays – dressing, cath, multipack – R15.60					
230.	Tubing – reusable	NR	NR						
231.	Tubing –disposable	C	C	Maximum R31 payable on tubing per stay unless patient returns to Theatre then an additional R31 may be charged per additional visit					
232.	Ung Emulsificans	NR	C	When used in treatment on prescription.					
233.	Vascular sealing devices (Angioseal, Vasoseal, Perclose, The Closer, and similar);	NR	NR						
234.	Vaseline	NR	NR						
235.	Ventilators (Servo, Bennett) - equipment	N/A	C	Chargeable only in ICU and High Care where applicable.					
236.	Water Bottle – Pour			Refer Pour Bottles					
237.	Wipes (unisolve, baby and similar)	NR	NR						
238.	X ray swabs in the ward (abdominal swabs and similar);	R	C	Chargeable in the ward for: Severe septic cases (laparotomy, burns and similar); Unsutured chests in Cardio- thoracic ICU. Subject to case management.					
239.	Xylocaine Spray	NR	NR						
240.	Yankauer Suction – Plain Yankauer Suction with Control	C	C	Disposable max. 2 per case. (One of each) In ward for resuscitation and trauma only					
241.	Zinc & Castor Oil Cream	N/A	N/A						

Code	Description	Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Day clinics	
				RVU	Fee	RVU	Fee	RVU	Fee
	APPENDIX C								09.05
	Infectious Diseases CONDITION Acute Flaccid Paralysis Anthrax Chicken Pox Diptheria Haemophyllis Influenza Haemorrhagic fevers of Africa: ¢ Crimean-Congo Ebola ¢ Lassa ¢ Marburg ¢ Rift Valley ¢ Dengue Herpes Zoster HIV/AIDS Legionnaires Disease Measles: ¢ Rubeola ¢ Rubella Meningococcal infections Multi-drug Resistant Bacteria: ¢ MRSA ¢ VRE ¢ MRSE Poliomyelitis Pyrexia unknown origin Rabies Small Pox Tuberculosis Pulmonary Typhus Fever Viral Hepatitis Whooping Cough (Pertussis) Note: The above is a general list and the clinical appropriate use of items for specific conditions is subject to Case Management.								
	APPENDIX D Medically Prescribed Meals:								09.05

ORAL SUPPLEMENTS	Standard	Ensure
(oral and tube feeds)		Fortisip
		Fortimel
		Fresubin Original drink (Vanilla)
		Nutren And Nutren Jnr (Gluten -free)

Code	Description		Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Day clinics	
					RVU	Fee	RVU	Fee	RVU	Fee
		Standard & Fibre	Ensure with Fibre							
			Nutren with Fibre							
		Isotonic	Fresubin Original							
		Isotonic &Fibre	Fresubin Original Fibre							
			Jevity							
			Osmolite							
		Low Residue	Modulen N							
			Osmolite HN							
			Peptamen & Peptamen Jnr							
		High Energy, High Protein & Fibre	Fresubin Energy Fibre drink (Lemon, Banana, Chocolate & Capuchino)							
		High Energy & High Protein	Fresubin Energy drink							
			(Strawberry & Vanilla)							
	TUBE FEEDS	Semi-Elemental	Alitraq							
			Peptamen & Peptamen Jnr RTH							
			Peptisorb							
			Survimed OPD (Liquid)							
			Vital							
		Standard	Nutren RTH							
			Nutrison							
			Nutrison Energy							
			Nutrison Paediatric							
		High Energy & High Protein	Fresubin 750 MCT(HP Energy)							
		Semi-Elemental High Protein & High Fibre	Perative,							
			Nutren Fibre RTH							
	DISEASE SPECIFIC	Maximum Glucose Tolerance	Fresubin Diabetes							
			Glucerna							
			Nutren Diabetes							
		Pulmonary Insufficiency	Pulmocare							
			Supportan							
		Renal Failure	Suplena							

Code	Description			Ver	Add	Private Hospitals ('A' - Status)		Private Hospitals ('B' - Status)		Approved U O T U / Day clinics	
						RVU	Fee	RVU	Fee	RVU	Fee
		HIV/Aids	Advera								
			Survimed OPD								
			Supportan								
		Cancer Patients	Supportan drink (Milk Coffee), Stresson Multi Fibre,								
			Peptisorb								
	MODULAR	Protein	Promod								
			Protifar								
		MCT Oil	MCT Oil								
			Fresubin 750MCT(HP Energy)								
		Glutamine	Glutapack-10								
			Dipeptiven 50ml & 100ml								
		Food thickener	Thick & Easy								
		Carbohydrate	Fantomalt								
			Polycose								
	Note: Or generic equivalents. All tubes feeds subject to Case Management										

PSYCHOLOGY

Psychology 2009

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	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	50.50 (44.30)
201	Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration: 11-20min.	05.04		15.000	151.50 (132.90)
202	Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration: 21-30min.	05.04		25.000	252.60 (221.50)
203	Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration: 31-40min.	05.04		35.000	353.60 (310.10)
204	Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration: 41-50min.	05.04		45.000	454.60 (398.80)
205	Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration: 51-60min.	05.04		55.000	555.60 (487.40)
206	Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration: 61-70min.	05.04		65.000	656.60 (576.00)
207	Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration: 71-80min.	05.04		75.000	757.70 (664.60)
208	Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration: 81-90min.	05.04		85.000	858.70 (753.20)

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	959.70 (841.80)
210	Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration: 101-110min.	05.04		105.000	1060.70 (930.40)
211	Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration: 111-120min.	05.04		115.000	1161.70 (1019.10)
	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	75.80 (66.50)
GROUP SERVICES					
300	Psychology group consultation, counselling and/or therapy, per patient. Duration: 1-10min.	05.03		1.000	10.10 (8.86)
301	Psychology group consultation, counselling and/or therapy, per patient. Duration: 11-20min.	05.03		3.000	30.30 (26.60)
302	Psychology group consultation, counselling and/or therapy, per patient. Duration: 21-30min.	05.03		5.000	50.50 (44.30)
303	Psychology group consultation, counselling and/or therapy, per patient. Duration: 31-40min.	05.03		7.000	70.70 (62.00)
304	Psychology group consultation, counselling and/or therapy, per patient. Duration: 41-50min.	05.03		9.000	90.90 (79.80)
305	Psychology group consultation, counselling and/or therapy, per patient. Duration: 51-60min.	05.03		11.000	111.10 (97.50)
306	Psychology group consultation, counselling and/or therapy, per patient. Duration: 61-70min.	05.03		13.000	131.30 (115.20)
307	Psychology group consultation, counselling and/or therapy, per patient. Duration: 71-80min.	05.03		15.000	151.50 (132.90)
308	Psychology group consultation, counselling and/or therapy, per patient. Duration: 81-90min.	05.03		17.000	171.70 (150.60)
309	Psychology group consultation, counselling and/or therapy, per patient. Duration: 91-100min.	05.03		19.000	191.90 (168.40)
310	Psychology group consultation, counselling and/or therapy, per patient. Duration: 101-110min.	05.03		21.000	212.10 (186.10)
311	Psychology group consultation, counselling and/or therapy, per patient. Duration: 111-120min.	05.03		23.000	232.30 (203.80)

PSYCHOMETERY

Psychometry & Registered Counsellors 2009

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		Psychometry	
				RVU	Fee	RVU	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	25.30 (22.20)
201	Psychometric testing. Duration: 11-20min.	05.04				1.500	75.80 (66.50)
202	Psychometric testing. Duration: 21-30min.	05.04				2.500	126.30 (110.80)
203	Psychometric testing. Duration: 31-40min.	05.04				3.500	176.80 (155.10)
204	Psychometric testing. Duration: 41-50min.	05.04				4.500	227.30 (199.40)
205	Psychometric testing. Duration: 51-60min.	05.04				5.500	277.80 (243.70)
206	Psychometric testing. Duration: 61-70min.	05.04				6.500	328.30 (288.00)
207	Psychometric testing. Duration: 71-80min.	05.04				7.500	378.80 (332.30)
208	Psychometric testing. Duration: 81-90min.	05.04				8.500	429.30 (376.60)
209	Psychometric testing. Duration: 91-100min.	05.04				9.500	479.80 (420.90)
210	Psychometric testing. Duration: 101-110min.	05.04				10.500	530.40 (465.20)
211	Psychometric testing. Duration: 111-120min.	05.04				11.500	580.90 (509.50)
290	Psychometric testing - per full 15 minutes in excess of 120 minutes.	06.05	+			0.750	37.90 (33.20)
SERVICES RENDERED BY REGISTERED COUNSELLORS							
300	Assessment, consultation, counselling and/or therapy (individual or family). Duration: 1-10min.	06.06		0.500	25.30 (22.20)		
301	Assessment, consultation, counselling and/or therapy (individual or family). Duration: 11-20min.	06.06		1.500	75.80 (66.50)		
302	Assessment, consultation, counselling and/or therapy (individual or family). Duration: 21-30min.	06.06		2.500	126.30 (110.80)		
303	Assessment, consultation, counselling and/or therapy (individual or family). Duration: 31-40min.	06.06		3.500	176.80 (155.10)		
304	Assessment, consultation, counselling and/or therapy (individual or family). Duration: 41-50min.	06.06		4.500	227.30 (199.40)		

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	277.80 (243.70)		
306	Assessment, consultation, counselling and/or therapy (individual or family). Duration: 61-70min.	06.06		6.500	328.30 (288.00)		
307	Assessment, consultation, counselling and/or therapy (individual or family). Duration: 71-80min.	06.06		7.500	378.80 (332.30)		
308	Assessment, consultation, counselling and/or therapy (individual or family). Duration: 81-90min.	06.06		8.500	429.30 (376.60)		
400	Group consultation, counselling and/or therapy, per patient. Duration: 1-10min.	06.06		0.100	5.05 (4.43)		
401	Group consultation, counselling and/or therapy, per patient. Duration: 11-20min.	06.06		0.300	15.20 (13.30)		
402	Group consultation, counselling and/or therapy, per patient. Duration: 21-30min.	06.06		0.500	25.30 (22.20)		
403	Group consultation, counselling and/or therapy, per patient. Duration: 31-40min.	06.06		0.700	35.40 (31.00)		
404	Group consultation, counselling and/or therapy, per patient. Duration: 41-50min.	06.06		0.900	45.50 (39.90)		
405	Group consultation, counselling and/or therapy, per patient. Duration: 51-60min.	06.06		1.100	55.60 (48.70)		
406	Group consultation, counselling and/or therapy, per patient. Duration: 61-70min.	06.06		1.300	65.70 (57.60)		
407	Group consultation, counselling and/or therapy, per patient. Duration: 71-80min.	06.06		1.500	75.80 (66.50)		
408	Group consultation, counselling and/or therapy, per patient. Duration: 81-90min.	06.06		1.700	85.90 (75.30)		
409	Group consultation, counselling and/or therapy, per patient. Duration: 91-100min.	06.06		1.900	96.00 (84.20)		
410	Group consultation, counselling and/or therapy, per patient. Duration: 101-110min.	06.06		2.100	106.10 (93.00)		
411	Group consultation, counselling and/or therapy, per patient. Duration: 111-120min.	06.06		2.300	116.20 (101.90)		
490	Extended group consultation, counselling and/or therapy - per patient per full 15 minutes in excess of 120 minutes	06.06		0.150	7.58 (6.65)		

RADIOGRAPHY

Radiography 2009

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.
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.

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	38.97 (34.18)
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				04.00
0081	Repeat examinations: No reduction				04.00
0084	Films should be charged under code 300.				06.02

1	**SKELETON**				
1.1	**LIMBS**				
Code	**Description**	**Ver**	**Add**	**Radiography**	
				RVU	**Fee**
001	Finger, toe	04.00		12.300	38.40 (33.70)
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	50.50 (44.30)
005	Smith-Petersen or equivalent control, in theatre	04.00		134.600	420.00 (368.40)
007	Stress studies, e.g. joint	04.00		16.200	50.50 (44.30)
009	Length studies per right and left pair of long bones	04.00		16.200	50.50 (44.30)
011	Skeletal survey under 5 years	04.00		48.500	151.30 (132.70)
013	Skeletal survey over 5 years	04.00		52.300	163.20 (143.10)
015	Arthrography per joint	04.00		39.500	123.20 (108.10)
1.2	**SPINAL COLUMN**				
017	Per region, e.g. cervical, sacral, coccygeal, one region thoracic	04.00		24.600	76.80 (67.30)
021	Stress studies	04.00		10.000	31.20 (27.40)
025	Scoliosis studies	04.00		39.300	122.60 (107.60)
027	Pelvis (sacro-iliac or hip joints only to be added where an extra set of views is required)	04.00		17.000	53.00 (46.50)
MYELOGRAPHY					
029	Lumbar	04.00		43.100	134.50 (118.00)
031	Thoracic	04.00		40.100	125.10 (109.70)
033	Cervical	04.00		59.400	185.30 (162.60)
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	98.30 (86.20)
1.3	**SKULL**				
039	Skull studies	04.00		32.300	100.80 (88.40)

Code	Description	Ver	Add	Radiography	
				RVU	Fee
041	Paranasal sinuses	04.00		17.000	53.00 (46.50)
043	Facial bones and/or orbits	04.00		34.900	108.90 (95.50)
045	Mandible	04.00		26.000	81.10 (71.20)
047	Nasal bone	04.00		16.200	50.50 (44.30)
049	Mastoid: Bilateral	04.00		50.000	156.00 (136.80)
TEETH					
051	One quadrant	04.00		7.700	24.00 (21.10)
053	Two quadrants	04.00		8.500	26.50 (23.30)
055	Full mouth	04.00		10.800	33.70 (29.60)
057	Rotation tomography of the teeth and jaws	04.00		14.600	45.60 (40.00)
059	Temporo-mandibular joints: Per side	04.00		19.200	59.90 (52.50)
061	Tomography: Per side	04.00		30.500	95.20 (83.50)
063	Localisation of foreign body in the eye	04.00		30.700	95.80 (84.00)
065	Ventriculography	04.00		37.400	116.70 (102.40)
067	Post-nasal studies: Lateral neck	04.00		10.000	31.20 (27.40)
069	Maxillo-facial cephalometry	04.00		26.900	83.90 (73.60)
071	Dacryocystography	04.00		24.200	75.50 (66.20)
2	**ALIMENTARY TRACT**				
073	Sialography (plus 80% for each additional gland)	04.00		24.600	76.80 (67.30)
075	Pharynx and oesophagus	04.00		22.800	71.10 (62.40)
077	Oesophagus, stomach and duodenum (control film of abdomen included) and limited follow through	04.00		31.500	98.30 (86.20)
079	Small bowel meal (control film of abdomen included, except when part of item 081)	04.00		27.700	86.40 (75.80)
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	147.30 (129.20)
083	Barium enema (control film of abdomen included)	04.00		50.900	158.80 (139.30)
085	Biliary tract: ERCP (choledogram and/or pancreatography screening included)	04.00		47.000	146.60 (128.60)
087	Gastric/oesophageal/duodenal intubation control	04.00		20.800	64.90 (56.90)
089	Hypotonic duodenography (077 included)	04.00		57.300	178.80 (156.80)
3	**BILIARY TRACT**				
091	Oral cholecystography	04.00		47.800	149.10 (130.80)
093	Intravenous	04.00		58.600	182.80 (160.40)
095	Operative: First series	04.00		58.100	181.30 (159.00)
097	Subsequent series	04.00		24.000	74.90 (65.70)
099	Post-operative: T-tube	04.00		20.100	62.70 (55.00)
101	Trans-hepatic, percutaneous	04.00		34.600	108.00 (94.70)
103	Tomography of biliary tract: Add	04.00		21.500	67.10 (58.80)
CHEST					
105	Larynx (tomography included)	04.00		42.400	132.30 (116.00)

Code	Description	Ver	Add	Radiography	
				RVU	Fee
107	Chest (item 167 included)	04.00		19.200	59.90 (52.50)
109	Chest and cardiac studies (item 167 included)	04.00		23.100	72.10 (63.20)
111	Ribs	04.00		19.200	59.90 (52.50)
113	Sternum or sterno-clavicular joints	04.00		24.600	76.80 (67.30)
BRONCHOGRAPHY					
115	Unilateral	04.00		33.500	104.50 (91.70)
117	Bilateral	04.00		56.500	176.30 (154.60)
119	Pleurography	04.00		15.700	49.00 (43.00)
121	Laryngography	04.00		15.700	49.00 (43.00)
123	Thoracic inlet	04.00		15.700	49.00 (43.00)
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	53.00 (46.50)
127	Acute abdomen or equivalent studies	04.00		30.700	95.80 (84.00)
6	**URINARY TRACT**				
129	Control film included and bladder views before and after micturition	04.00		67.000	209.00 (183.40)
133	Waterload test: Add	04.00		20.100	62.70 (55.00)
135	Cystography only or urethrography only (retrograde)	04.00		37.600	117.30 (102.90)
CYSTO-URETHROGRAPHY					
137	Retrograde	04.00		33.100	103.30 (90.60)
139	Retrograde-prograde pyelography	04.00		42.400	132.30 (116.00)
141	Aspiration renal cyst	04.00		17.000	53.00 (46.50)
143	Tomography of renal tract: Add	04.00		19.200	59.90 (52.50)
7	**GYNAECOLOGY AND OBSTETRICS**				
145	Pregnancy	04.00		19.200	59.90 (52.50)
147	Pelvimetry	04.00		35.500	110.80 (97.20)
149	Hysterosalpingography	04.00		32.000	99.80 (87.60)
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	819.60 (719.00)
157	Head, repeat examination at the same visit, after contrast, full series	04.00		90.200	281.40 (246.90)
159	Chest	04.00		303.700	947.50 (831.20)
161	Abdomen (including base of chest and/or pelvis)	04.00		353.000	1101.40 (966.10)
163	Multiple examinations: For an additional part, the lesser fee shall be reduced to	04.00		82.100	256.20 (224.70)
165	Limbs and other limited examinations	04.00		82.100	256.20 (224.70)
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	66.80 (58.60)
169	Where a C-arm portable x-ray unit is used in hospital or theatre: Per half hour: Add	04.00		29.600	92.40 (81.00)
171	Sinography	04.00		44.300	138.20 (121.20)
173	Bone densitometry	05.03		80.900	252.40 (221.40)
175	Mammography: Unilateral or bilateral	04.00		58.100	181.30 (159.00)
177	Repeat mammography, unilateral or bilateral for localisation of tumour	04.00		58.100	181.30 (159.00)
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	54.90 (48.20)
181	Setting of sterile trays	04.00		3.000	9.36 (8.21)
	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	134.20 (117.70)
192	Post-processing in catheterisation laboratory for purposes of cardiac catheterisation and/or invasive intravascular procedures	04.00		43.000	134.20 (117.70)
193	Coronary angiogram per 30 minutes or part thereof provided that such part comprises 50% or more of the time	04.00		43.000	134.20 (117.70)
194	Right heart investigation of valve and venous system of the right heart	04.00		43.000	134.20 (117.70)
195	PTCA per 30 minutes or part thereof provided that such part comprises 50% or more of the time	04.00		43.000	134.20 (117.70)
196	Left heart investigation of valve of the left heart and ventrical	04.00		43.100	134.50 (118.00)
197	Stent procedure per 30 minutes or part thereof provided that such part comprises 50% or more of the time	04.00		43.000	134.20 (117.70)
199	Vascular Study per 30 minutes or part thereof provided that such part comprises 50% or more of the time	04.00		43.000	134.20 (117.70)
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	134.20 (117.70)
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	134.20 (117.70)
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	134.20 (117.70)
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	134.20 (117.70)
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	134.20 (117.70)
211	Intra vascular ultrasound per 30 minutes of part thereof provided that such part comprises 50% or more of the time	04.00		43.000	134.20 (117.70)
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	134.20 (117.70)
215	Embolisation per 30 minutes or part thereof provided that such part comprises 50% or more of the time	04.00		43.000	134.20 (117.70)
RULES					
Z	No fee to be subject to more than one reduction				04.00
11	**PORTABLE UNIT EXAMINATIONS**				
185	Where portable x-ray unit is used in the hospital or theatre: Add	04.00		19.400	60.50 (53.10)
187	Theatre investigations with fixed installation : Add	04.00		8.300	25.90 (22.70)

RADIOLOGY

Radiology 2009

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.

Code	Description	Ver	Add	Nuclear Medicine		Radiology	
				RVU	Fee	RVU	Fee
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.						
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	464.80 (407.70)
00115	X-ray skeletal survey over five years	04.00				10.400	772.20 (677.30)
00120	X-ray sinogram any region	04.00				10.890	808.50 (709.20)
00130	X-ray with mobile unit in other facility	09.00	+			1.900	141.10 (123.70)
	To be added to applicable procedure codes eg 30100.	04.00					
00135	X-ray control view in theatre any region	04.00				5.260	390.50 (342.60)
00140	X-ray fluoroscopy any region	09.00	+			2.260	167.80 (147.20)
	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	393.50 (345.20)
	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	179.70 (157.60)
	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	170.80 (149.80)
00160	X-ray fixed theatre installation (equipment fee only)	04.00				2.260	167.80 (147.20)
	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	136.60 (119.80)
	Add to the relevant ultrasound examination codes eg 10200.	04.00					
00220	Ultrasound intra-operative study	04.00				7.320	543.50 (476.70)
	Covers all regions studied. Single code per operative procedure.	04.00					
00230	Ultrasound guidance	09.00	+			12.100	898.40 (788.00)
	Comprehensive ultrasound code including regional study and guidance. Guided procedure code to be added eg. 80600, 80605, 80610.	04.00					

Code	Description	Ver	Add	Nuclear Medicine		Radiology	
				RVU	Fee	RVU	Fee
00240	Ultrasound guidance for tissue ablation	04.00				11.240	834.50 (732.00)
	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	482.60 (423.30)
	Stand alone code may not be added to any other code.	05.03					
00290	Ultrasound examination contrast material	04.00				-	-
	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	1586.60 (1391.80)
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	1256.20 (1102.00)
	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	628.10 (551.00)
	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	1570.30 (1377.50)
	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	5226.90 (4585.00)
00420	MR Spectroscopy any region	09.00	+			28.900	2145.70 (1882.20)
	May be added to the regional study, once only.	04.00					
00430	MR guidance for needle replacement	09.00	+			42.560	3159.90 (2771.90)
	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	891.00 (781.50)
00450	MR planning study for radiotherapy or surgical procedure	04.00				38.000	2821.30 (2474.90)
00455	MR planning study for radiotherapy or surgical procedure, with contrast	04.00				47.000	3489.60 (3061.00)
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	3044.80 (2670.90)
	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	3526.70 (3093.60)
	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	3526.70 (3093.60)
	A machine code may be added once per complete procedure / patient visit.	04.00					
00540	Digital monoplane screening table	09.00	+			79.920	5933.70 (5205.00)
	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	6907.10 (6058.90)
	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	9280.80 (8141.00)

Code	Description	Ver	Add	Nuclear Medicine		Radiology	
				RVU	Fee	RVU	Fee
	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	2592.70 (2274.30)		
00903	Nuclear Medicine study - Bone, whole body, appendicular and axial skeleton and SPECT	04.00		48.330	3588.30 (3147.60)		
00906	Nuclear Medicine study - Venous thrombosis regional	04.00		21.540	1599.30 (1402.90)		
00909	Nuclear Medicine study - Tumour whole body	04.00		34.150	2535.50 (2224.10)		
00912	Nuclear Medicine study - Tumour whole body multiple studies	04.00		47.560	3531.10 (3097.50)		
00915	Nuclear Medicine study - Tumour whole body and SPECT	04.00		47.560	3531.10 (3097.50)		
00918	Nuclear Medicine study - Tumour whole body multiple studies & SPECT	04.00		60.980	4527.50 (3971.50)		
00921	Nuclear Medicine study – Infection whole body	04.00		31.450	2335.00 (2048.30)		
00924	Nuclear Medicine study – infection whole body with SPECT	04.00		44.860	3330.70 (2921.60)		
00927	Nuclear Medicine study – infection whole body multiple studies	04.00		44.860	3330.70 (2921.60)		
00930	Nuclear Medicine study – infection whole body with SPECT multiple studies	04.00		58.270	4326.30 (3795.00)		
00933	Nuclear Medicine study - Bone marrow imaging limited area	04.00		24.100	1789.30 (1569.60)		
00936	Nuclear Medicine study - Bone marrow imaging whole body	04.00		37.510	2785.00 (2443.00)		
00939	Nuclear Medicine study - Bone marrow imaging limited area multiple studies	04.00		37.510	2785.00 (2443.00)		
00942	Nuclear Medicine study - Bone marrow imaging whole body multiple studies	04.00		50.920	3780.60 (3316.30)		
00945	Nuclear Medicine study - Spleen imaging only - haematopoietic	04.00		24.100	1789.30 (1569.60)		
00960	Nuclear Medicine therapy – Hyperthyroidism	04.00		11.990	890.20 (780.90)		
00965	Nuclear Medicine therapy - Thyroid carcinoma and metastases	04.00		6.470	480.40 (421.40)		
00970	Nuclear Medicine therapy – Intra-cavity radio-active colloid therapy	04.00		6.470	480.40 (421.40)		
00975	Nuclear Medicine therapy - Interstitial radio-active colloid therapy	04.00		6.470	480.40 (421.40)		
00980	Nuclear Medicine therapy - Intravascular radio pharmaceutical therapy particulate	04.00		6.470	480.40 (421.40)		
00985	Nuclear Medicine therapy - Intra-articular radio pharmaceutical therapy	04.00		6.470	480.40 (421.40)		
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

Code	Description	Ver	Add	Nuclear Medicine		Radiology	
				RVU	Fee	RVU	Fee
01010	Emergency call out fee, first case	04.00				3.000	222.70 (195.40)
01020	Emergency call out fee, subsequent cases same trip	04.00				2.000	148.50 (130.30)
01030	Radiologist assistance in theatre, per half hour	04.00				6.000	445.50 (390.80)
01040	Radiographer attendance in theatre, per half hour	04.00				1.600	118.80 (104.20)
01050	Written report on study done elsewhere, short	04.00				1.500	111.40 (97.70)
01055	Written report on study done elsewhere, extensive	04.00				4.200	311.80 (273.50)
01060	Written report for medico legal purposes, per hour	04.00				9.720	721.70 (633.00)
01070	Consultation for pre-assessment of interventional procedure	04.00				4.860	360.80 (316.50)
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	163.30 (143.30)		
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	148.50 (130.30)
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	286.60 (251.40)
10110	X-ray tomography of the skull	04.00				4.300	319.30 (280.10)
10120	X-ray shuntogram for VP shunt	04.00				15.360	1140.40 (1000.40)
10200	Ultrasound of the brain – Neonatal	04.00				7.380	547.90 (480.60)
10210	Ultrasound of the brain including doppler	04.00				13.220	981.50 (861.00)
10220	Ultrasound of the intracranial vasculature, including B mode, pulse and colour doppler	04.00				15.040	1116.70 (979.50)
10300	CT Brain uncontrasted	04.00				22.650	1681.70 (1475.20)
10310	CT Brain with contrast only	04.00				33.280	2470.90 (2167.50)
10320	CT Brain pre and post contrast	04.00				40.480	3005.50 (2636.40)
10325	CT brain pre and post contrast for perfusion studies	05.03				49.100	3645.50 (3197.80)
	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	5760.00 (5052.60)
10335	CT of the brain pre and post contrast with angiography	04.00				97.910	7269.40 (6376.70)
10340	CT brain for cranio-stenosis including 3D	04.00				34.160	2536.20 (2224.80)
10350	CT Brain stereotactic localisation	04.00				19.360	1437.40 (1260.90)
10360	CT base of skull coronal high resolution study for CSF leak	05.03				34.900	2591.20 (2273.00)
10400	MR of the brain, limited study	04.00				43.560	3234.20 (2837.00)
10410	MR of the brain uncontrasted	04.00				63.800	4736.90 (4155.20)
10420	MR of the brain with contrast	04.00				75.940	5638.20 (4945.80)

Code	Description	Ver	Add	Nuclear Medicine		Radiology	
				RVU	Fee	RVU	Fee
10430	MR of the brain pre and post contrast	04.00				104.040	7724.60 (6775.90)
10440	MR of the brain pre and post contrast, for perfusion studies	04.00				107.440	7977.00 (6997.40)
10450	MR of the brain plus angiography	04.00				92.200	6845.50 (6004.80)
10460	MR of the brain pre and post contrast plus angiography	04.00				121.230	9000.80 (7895.50)
10470	MR angiography of the brain uncontrasted	04.00				58.500	4343.40 (3810.00)
10480	MR angiography of the brain contrasted	04.00				74.020	5495.70 (4820.80)
10485	MR of the brain, with diffusion studies	04.00				79.000	5865.40 (5145.10)
10490	MR of the brain, pre and post contrast, with diffusion studies,	04.00				110.640	8214.60 (7205.80)
10492	MR study of the brain plus angiography plus diffusion, uncontrasted	04.00				95.000	7053.40 (6187.20)
10495	MR of the brain pre and post contrast plus angiography and diffusion	04.00				125.440	9313.40 (8169.70)
10500	Arteriography of intracranial vessels: 1 - 2 vessels	04.00				48.600	3608.40 (3165.20)
10510	Arteriography of intracranial vessels: 3 - 4 vessels	04.00				82.330	6112.70 (5362.00)
10520	Arteriography of extra-cranial (non-cervical) vessels	04.00				48.440	3596.50 (3154.80)
10530	Arteriography of intracranial and extra-cranial (non-cervical) vessels	04.00				118.090	8767.70 (7691.00)
10540	Arteriography of intracranial vessels (4) plus 3 D rotational angiography	04.00				97.570	7244.20 (6354.50)
10550	Arteriography of intracranial vessels (1) plus 3D rotational angiography	04.00				37.290	2768.60 (2428.60)
10560	Venography of dural sinuses	04.00				52.230	3877.90 (3401.60)
10900	Nuclear Medicine study – Bone regional, static	04.00		21.500	1596.30 (1400.30)		
10905	Nuclear Medicine study – Bone regional, static, with flow	04.00		27.530	2044.00 (1793.00)		
10910	Nuclear Medicine study – Bone regional, static with SPECT	04.00		34.920	2592.70 (2274.30)		
10915	Nuclear Medicine study – Bone regional, static, with flow, with SPECT	04.00		40.940	3039.60 (2666.30)		
10920	Nuclear Medicine study – Brain, planar, complete, static	04.00		16.920	1256.20 (1102.00)		
10925	Nuclear Medicine study – Brain complete static with vascular flow	04.00		22.950	1703.90 (1494.70)		
10930	Nuclear Medicine study – Brain, planar, complete, static, with SPECT	04.00		30.330	2251.90 (1975.30)		
10935	Nuclear Medicine study – Brain, planar, complete, static, with flow, with SPECT	04.00		36.360	2699.60 (2368.10)		
10940	Nuclear Medicine study - CSF flow imaging cisternography	04.00		21.600	1603.70 (1406.80)		
10945	Nuclear Medicine study – Ventriculography	04.00		13.410	995.60 (873.40)		
10950	Nuclear Medicine study - Shunt evaluation static, planar	04.00		13.410	995.60 (873.40)		
10955	Nuclear Medicine study - CFS leakage detection and localisation	04.00		13.410	995.60 (873.40)		
10960	Nuclear medicine study - CSF SPECT	04.00		13.410	995.60 (873.40)		
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	291.80 (256.00)

Code	Description	Ver	Add	Nuclear Medicine		Radiology	
				RVU	Fee	RVU	Fee
11110	X-ray tomography of the facial bones	04.00				4.300	319.30 (280.10)
11120	X-ray of the nasal bones	04.00				2.390	177.40 (155.70)
11300	CT of the facial bones	04.00				20.960	1556.20 (1365.10)
11310	CT of the facial bones with 3D reconstructions	04.00				30.400	2257.10 (1979.90)
11320	CT of the facial bones/soft tissue, pre and post contrast	04.00				41.260	3063.40 (2687.20)
11400	MR of the facial soft tissue	04.00				62.400	4633.00 (4064.00)
11410	MR of the facial soft tissue pre and post contrast	04.00				100.600	7469.10 (6551.90)
11420	MR of the facial soft tissue plus angiography, with contrast	04.00				110.300	8189.30 (7183.60)
11430	MR angiography of the facial soft tissue	04.00				74.020	5495.70 (4820.80)
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	264.30 (231.90)
12110	X-ray of the orbits, three or more views, including foramina	04.00				5.300	393.50 (345.20)
12120	X-ray of the orbits for foreign body	04.00				3.560	264.30 (231.90)
12130	X-ray tomography of the orbits	04.00				4.300	319.30 (280.10)
12140	X-ray dacrocystography	04.00				11.200	831.60 (729.40)
12200	Ultrasound of the orbit/eye	04.00				5.130	380.90 (334.10)
12210	Ultrasound of the orbit/eye including doppler	04.00				10.970	814.50 (714.50)
12300	CT of the orbits single plane	04.00				15.700	1165.70 (1022.50)
12310	CT of the orbits, more than one plane	04.00				20.590	1528.70 (1341.00)
12320	CT of the orbits pre and post contrast single plane	04.00				36.030	2675.10 (2346.60)
12330	CT of the orbits pre and post contrast multiple planes	04.00				39.700	2947.60 (2585.60)
12400	MR of the orbits	04.00				62.460	4637.40 (4067.90)
12410	MR of the orbitae, pre and post contrast	04.00				100.640	7472.10 (6554.50)
12900	Nuclear Medicine study – Dacrocystography	04.00		20.770	1542.10 (1352.70)		
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	203.40 (178.50)
13110	X-ray of the paranasal sinuses, two or more views	04.00				3.660	271.70 (238.40)
13120	X-ray tomography of the paranasal sinuses	04.00				4.300	319.30 (280.10)
13130	X-ray of the naso-pharyngeal soft tissue	04.00				2.740	203.40 (178.50)
13300	CT of the paranasal sinuses single plane, limited study	04.00				7.200	534.60 (468.90)
13310	CT of the paranasal sinuses, two planes, limited study	04.00				12.400	920.70 (807.60)
13320	CT of the paranasal sinuses, any plane, complete study	04.00				15.420	1144.90 (1004.30)
13330	CT of the paranasal sinuses, more than one plane, complete study	04.00				20.770	1542.10 (1352.70)
13340	CT of the paranasal sinuses, any plane, complete study: pre and post contrast	04.00				34.740	2579.30 (2262.50)
13350	CT of the paranasal sinuses, more than one plane, complete study; pre and post contrast	04.00				41.010	3044.80 (2670.90)

Code	Description	Ver	Add	Nuclear Medicine		Radiology	
				RVU	Fee	RVU	Fee
13400	MR of the paranasal sinuses	04.00				60.270	4474.80 (3925.30)
13410	MR of the paranasal sinuses, pre and post contrast	04.00				96.590	7171.40 (6290.70)
Mandible, teeth and maxilla							
	Code 14110 (orthopantomogram) may be combined with 14100 (mandible) if two separate studies are performed. Code 14110 (orthopantomogram) may be combined with 15100 and / or 15110 (TM joint) if complete separate studies are performed. Code 14160 (tomography) may be combined with 14130 or 14140 or 14150 (teeth). Code 14160 (tomography) may be combined with 15100 and / or 15110 (TM joint) if complete separate studies are performed. Code 14330 and 14340 (Dental implants) may be combined if mandible and maxilla are examined at the same visit.						04.00
14100	X-ray of the mandible	04.00				3.660	271.70 (238.40)
14110	X-ray orthopantomogram of the jaws and teeth	04.00				4.060	301.40 (264.40)
14120	X-ray maxillofacial cephalometry	04.00				2.770	205.70 (180.40)
14130	X-ray of the teeth single quadrant	04.00				2.000	148.50 (130.30)
14140	X-ray of the teeth more than one quadrant	04.00				2.530	187.80 (164.80)
14150	X-ray of the teeth full mouth	04.00				3.620	268.80 (235.80)
14160	X-ray tomography of the teeth per side	04.00				3.230	239.80 (210.40)
14300	CT of the mandible	04.00				22.280	1654.20 (1451.10)
14310	CT of the mandible, pre and post contrast	04.00				41.260	3063.40 (2687.20)
14320	CT mandible with 3D reconstructions	04.00				30.400	2257.10 (1979.90)
14330	CT for dental implants in the mandible	04.00				27.450	2038.10 (1787.80)
14340	CT for dental implants in the maxilla	04.00				27.450	2038.10 (1787.80)
14400	MR of the mandible/maxilla	04.00				63.800	4736.90 (4155.20)
14410	MR of the mandible/maxilla, pre and post contrast	04.00				98.640	7323.60 (6424.20)
TM Joints							
	Code 15100 (TM joint) and 15120 (tomography) may be combined. Code 15110 (TM joint) and 15130 (tomography) may be combined. Code 15140 (arthrography) and 15120 (tomography) may be combined. Code 15150 (arthrography) and 15130 (tomography)may be combined. Codes 15320 (CT arthrogram) and 15420 (MR arthrogram) include introduction of contrast (00140 may not be added).						04.00
15100	X-ray tempero-mandibular joint, left	04.00				3.560	264.30 (231.90)
15110	X-ray tempero-mandibular joint, right	04.00				3.560	264.30 (231.90)
15120	X-ray tomography tempero-mandibular joint, left	04.00				4.300	319.30 (280.10)
15130	X-ray tomography tempero-mandibular joint, right	04.00				4.300	319.30 (280.10)
15140	X-ray arthrography of the tempero-mandibular joint, left	04.00				15.410	1144.10 (1003.60)
15150	X-ray arthrography of the tempero-mandibular joint, right	04.00				15.410	1144.10 (1003.60)
15200	Ultrasound tempero-mandibular joints, one or both sides	04.00				6.560	487.10 (427.20)
15300	CT of the tempero-mandibular joints	04.00				25.380	1884.40 (1653.00)
15310	CT of the tempero-mandibular joints plus 3D reconstructions	04.00				34.500	2561.50 (2246.90)
15320	CT arthrogram of the tempero-mandibular joints	04.00				35.960	2669.90 (2342.00)
15400	MR of the tempero-mandibular joints	04.00				63.800	4736.90 (4155.20)
15410	MR of the tempero-mandibular joints, pre and post contrast	04.00				100.840	7487.00 (6567.50)
15420	MR arthrogram of the tempero-mandibular joints	04.00				74.710	5546.90 (4865.70)

Code	Description	Ver	Add	Nuclear Medicine		Radiology	
				RVU	Fee	RVU	Fee
Mastoids and internal auditory canal							
	Code 16100 (mastoids) and 16120 (tomography) may be combined. Code 16110 (mastoids bilat) and 16130 (tomography) may be combined Code 16140 (IAM's) and 16150 (tomography) may be combined.						04.00
16100	X-ray of the mastoids, unilateral	04.00				3.590	266.50 (233.80)
16110	X-ray of the mastoids, bilateral	04.00				7.180	533.10 (467.60)
16120	X-ray tomography of the petro-temporal bone, unilateral	04.00				4.300	319.30 (280.10)
16130	X-ray tomography of the petro-temporal bone, bilateral	04.00				8.600	638.50 (560.10)
16140	X-ray internal auditory canal, bilateral	04.00				5.230	388.30 (340.60)
16150	X-ray tomography of the internal auditory canal, bilateral	04.00				4.300	319.30 (280.10)
16300	CT of the mastoids	04.00				12.600	935.50 (820.60)
16310	CT of the internal auditory canal	04.00				21.470	1594.10 (1398.30)
16320	CT of the internal auditory canal, pre and post contrast	04.00				34.200	2539.20 (2227.40)
16330	CT of the ear structures, limited study	04.00				13.400	994.90 (872.70)
16340	CT of the middle and inner ear structures, high definition including all reconstructions in various planes	04.00				43.350	3218.60 (2823.30)
16400	MR of the internal auditory canals, limited study	04.00				43.560	3234.20 (2837.00)
16410	MR of the internal auditory canals, pre and post contrast, limited study	04.00				68.930	5117.80 (4489.30)
16420	MR of the internal auditory canals, pre and post contrast, complete study	04.00				102.640	7620.60 (6684.70)
16430	MR of the ear structures	04.00				64.400	4781.40 (4194.20)
16440	MR of the ear structures, pre and post contrast	04.00				102.640	7620.60 (6684.70)
Sella turcica							
	Code 17100 (sella) and 17110 (tomography) may be combined.						04.00
17100	X-ray of the sella turcica	04.00				3.080	228.70 (200.60)
17110	X-ray tomography of the sella turcica	04.00				4.300	319.30 (280.10)
17300	CT of the sella turcica/hypophysis	04.00				17.450	1295.60 (1136.50)
17310	CT of the sella turcica/hypophysis, pre and post contrast	04.00				42.260	3137.60 (2752.30)
17400	MR of the hypophysis	04.00				43.560	3234.20 (2837.00)
17410	MR of the hypophysis, pre and post contrast	04.00				74.030	5496.40 (4821.40)
Salivary glands and floor of the mouth							
	Code 18100 (calculus) and 18110 (open mouth) may be combined. Codes 18120 (sialography) and 18320 (CT sialography) include introduction of contrast and fluoroscopy (00140 may not be added).						04.00
18100	X-ray of the salivary glands and ducts for calculus	04.00				2.840	210.90 (185.00)
18110	X-ray of the salivary ducts, open mouth for calculus	04.00				1.900	141.10 (123.70)
18120	X-ray sialography, per gland	04.00				14.080	1045.40 (917.00)
18200	Ultrasound of the salivary glands/floor of the mouth	04.00				6.560	487.10 (427.20)
18300	CT of the salivary glands, uncontrasted	04.00				12.600	935.50 (820.60)
18310	CT of the salivary glands/floor of the mouth, pre and post contrast	04.00				42.100	3125.80 (2741.90)
18320	CT sialography	04.00				26.280	1951.20 (1711.60)
18400	MR of the salivary glands/floor of the mouth	04.00				63.200	4692.30 (4116.10)

Code	Description	Ver	Add	Nuclear Medicine		Radiology	
				RVU	Fee	RVU	Fee
18410	MR of the salivary glands/floor of the mouth, pre and post contrast	04.00				100.840	7487.00 (6567.50)
18900	Nuclear Medicine study - Salivary gland imaging	04.00		20.770	1542.10 (1352.70)		
Soft Tissue							
19900	Nuclear Medicine study - Tumour localisation planar, static	04.00		20.740	1539.90 (1350.80)		
19905	Nuclear Medicine study - Tumour localisation planar, static, multiple studies	04.00		35.170	2611.20 (2290.60)		
19910	Nuclear Medicine study - Tumour localisation planar, static and SPECT	04.00		34.150	2535.50 (2224.10)		
19915	Nuclear Medicine study - Tumour localisation planar, static, multiple studies and SPECT	04.00		47.560	3531.10 (3097.50)		
19920	Nuclear medicine study - Infection localisation planar, static	04.00		18.040	1339.40 (1174.90)		
19925	Nuclear medicine study - Infection localisation planar, static, multiple studies	04.00		31.450	2335.00 (2048.30)		
19930	Nuclear medicine study - Infection localisation planar, static and SPECT	04.00		31.450	2335.00 (2048.30)		
19935	Nuclear medicine study - Infection localisation planar, static, multiple studies and SPECT	04.00		44.860	3330.70 (2921.60)		
Neck							
	Code 20120 (laryngography) includes fluoroscopy (00140 may not be added). Code 20130 (speech) includes tomography and cinematography (00140 may not be added). Code 20450 (MR Angiography) may be combined with 10410 (MR brain).						04.00
20100	X-ray of soft tissue of the neck	04.00				2.740	203.40 (178.50)
20110	X-ray of the larynx including tomography	04.00				9.390	697.20 (611.60)
20120	X-ray laryngography	04.00				8.280	614.80 (539.30)
20130	X-ray evaluation of pharyngeal movement and speech by screening and / or cine with or without video recording	04.00				8.300	616.20 (540.60)
20200	Ultrasound of the thyroid	04.00				6.560	487.10 (427.20)
20210	Ultrasound of soft tissue of the neck	04.00				6.560	487.10 (427.20)
20220	Ultrasound of the carotid arteries, bilateral including B mode, pulsed and colour doppler	04.00				15.000	1113.70 (976.90)
20230	Ultrasound of the entire extracranial vascular tree including carotids, vertebral and subclavian vessels with B mode, pulse and colour doppler	04.00				21.840	1621.50 (1422.40)
20240	Ultrasound study of the venous system of the neck including pulse and colour Doppler	05.03				10.800	801.90 (703.40)
20300	CT of the soft tissues of the neck	04.00				18.250	1355.00 (1188.60)
20310	CT of the soft tissues of the neck, with contrast	04.00				38.150	2832.50 (2484.60)
20320	CT of the soft tissues of the neck, pre and post contrast	04.00				43.810	3252.70 (2853.30)
20330	CT angiography of the extracranial vessels in the neck	04.00				79.360	5892.20 (5168.60)
20340	CT angiography of the extracranial vessels in the neck and intracranial vessels of the brain	04.00				107.500	7981.40 (7001.30)
20350	CT angiography of the extracranial vessels in the neck and intracranial vessels of the brain plus a pre and post contrast study of the brain	04.00				124.430	9238.40 (8103.90)
20400	Mr of the soft tissue of the neck	04.00				63.600	4722.00 (4142.10)
20410	MR of the soft tissue of the neck, pre and post contrast	04.00				102.040	7576.10 (6645.70)
20420	MR of the soft tissue of the neck and uncontrasted angiography	04.00				92.600	6875.20 (6030.90)
20430	MR angiography of the extracranial vessels in the neck, without contrast	04.00				59.600	4425.10 (3881.60)
20440	MR angiography of the extracranial vessels in the neck, with contrast	04.00				74.020	5495.70 (4820.80)
20450	MR angiography of the extra and intracranial vessels with contrast	04.00				116.050	8616.20 (7558.10)
20460	MR angiography of the intra and extra cranial vessels plus brain, without contrast	05.05				135.170	10035.80 (8803.40)
20470	MR angiography of the intra and extra cranial vessels plus brain, with contrast	04.00				156.050	11586.10 (10163.20)