

## Radiography 2004

### NATIONAL REFERENCE PRICE LIST FOR SERVICES BY RADIOGRAPHERS EFFECTIVE FROM 1 JANUARY 2004

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.	
	MODIFIERS	
0001	A call-out fee of R28.85 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.	
0021	Services rendered to hospital patients: Quote modifier 0021 on all accounts for services performed on hospital or day clinic patients.	
0080	Multiple examinations: Full fees	
0081	Repeat examinations: No reduction	
0084	Film charges as per radiologists	
1	SKELETON	
1.1	LIMBS	
Code	Description	39
001	Finger, toe	28.40 (24.90)
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)	37.40 (32.80)
005	Smith-Petersen or equivalent control, in theatre	310.90 (272.70)
007	Stress studies, e.g. joint	37.40 (32.80)
009	Length studies per right and left pair of long bones	37.40 (32.80)
011	Skeletal survey under 5 years	112.00 (98.20)
013	Skeletal survey over 5 years	120.80 (106.00)
015	Arthrography per joint	91.20 (80.00)
1.2	SPINAL COLUMN	
017	Per region, e.g. cervical, sacral, coccygeal, one region thoracic	56.80 (49.80)
021	Stress studies	23.10 (20.30)
025	Scoliosis studies	90.80 (79.60)
027	Pelvis (sacro-iliac or hip joints only to be added where an extra set of views is required)	39.30 (34.50)
	MYELOGRAPHY	
029	Lumbar	99.60 (87.40)

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031	Thoracic	92.60 (81.20)
033	Cervical	137.20 (120.40)
035	Multiple (lumbar, thoracic, cervical): Same fee as for first segment (no additional introduction of contrast medium)	- (-)
037	Discography	72.80 (63.90)
1.3	SKULL	
039	Skull studies	74.60 (65.40)
041	Paranasal sinuses	39.30 (34.50)
043	Facial bones and/or orbits	80.60 (70.70)
045	Mandible	60.10 (52.70)
047	Nasal bone	37.40 (32.80)
049	Mastoid: Bilateral	115.50 (101.30)
	TEETH	
051	One quadrant	17.80 (15.60)
053	Two quadrants	19.60 (17.20)
055	Full mouth	24.90 (21.80)
057	Rotation tomography of the teeth and jaws	33.70 (29.60)
059	Temporo-mandibular joints: Per side	44.40 (38.90)
061	Tomography: Per side	70.50 (61.80)
063	Localisation of foreign body in the eye	70.90 (62.20)
065	Ventriculography	86.40 (75.80)
067	Post-nasal studies: Lateral neck	23.10 (20.30)
069	Maxillo-facial cephalometry	62.10 (54.50)
071	Dacryocystography	55.90 (49.00)
2	ALIMENTARY TRACT	
073	Sialography (plus 80% for each additional gland)	56.80 (49.80)
075	Pharynx and oesophagus	52.70 (46.20)
077	Oesophagus, stomach and duodenum (control film of abdomen included) and limited follow through	72.80 (63.90)
079	Small bowel meal (control film of abdomen included, except when part of item 081)	64.00 (56.10)
081	Barium meal and dedicated gastro-intestinal tract follow through (including control film of the abdomen, oesophagus, duodenum, small bowel and colon)	109.00 (95.60)
083	Barium enema (control film of abdomen included)	117.60 (103.20)
085	Biliary tract: ERCP (choledogram and/or pancreatography screening included)	108.60 (95.30)

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087	Gastric/oesophageal/duodenal intubation control	48.00 (42.10)
089	Hypotonic duodenography (077 included)	132.40 (116.10)
3	BILIARY TRACT	
091	Oral cholecystography	110.40 (96.80)
093	Intravenous	135.40 (118.80)
095	Operative: First series	134.20 (117.70)
097	Subsequent series	55.40 (48.60)
099	Post-operative: T-tube	46.40 (40.70)
101	Trans-hepatic, percutaneous	79.90 (70.10)
103	Tomography of biliary tract: Add	49.70 (43.60)
	CHEST	
105	Larynx (tomography included)	97.90 (85.90)
107	Chest (item 167 included)	44.40 (38.90)
109	Chest and cardiac studies (item 167 included)	53.40 (46.80)
111	Ribs	44.40 (38.90)
113	Sternum or sterno-clavicular joints	56.80 (49.80)
	BRONCHOGRAPHY	
115	Unilateral	77.40 (67.90)
117	Bilateral	130.50 (114.50)
119	Pleurography	36.30 (31.80)
121	Laryngography	36.30 (31.80)
123	Thoracic inlet	36.30 (31.80)
5	ABDOMEN	
125	Control films of the abdomen (not being part of examination for barium meal, barium enema, pyelogram, cholecystogram, cholangiogram, etc.)	39.30 (34.50)
127	Acute abdomen or equivalent studies	70.90 (62.20)
6	URINARY TRACT	
129	Control film included and bladder views before and after micturition	154.80 (135.80)
133	Waterload test: Add	46.40 (40.70)
135	Cystography only or urethrography only (retrograde)	86.90 (76.20)
	CYSTO-URETHROGRAPHY	
137	Retrograde	76.50 (67.10)
139	Retrograde-prograde pyelography	97.90 (85.90)

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141	Aspiration renal cyst	39.30 (34.50)
143	Tomography of renal tract: Add	44.40 (38.90)
7	GYNAECOLOGY AND OBSTETRICS	
145	Pregnancy	44.40 (38.90)
147	Pelvimetry	82.00 (71.90)
149	Hysterosalpingography	73.90 (64.80)
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	- (-)
153	Tomography (multi-dimensional in motion): Add 150%	- (-)
9	COMPUTED TOMOGRAPHY	
155	Head, single examination, full series	606.80 (532.30)
157	Head, repeat examination at the same visit, after contrast, full series	208.40 (182.80)
159	Chest	701.50 (615.40)
161	Abdomen (including base of chest and/or pelvis)	815.40 (715.30)
163	Multiple examinations: For an additional part, the lesser fee shall be reduced to	189.70 (166.40)
165	Limbs and other limited examinations	189.70 (166.40)
	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%	
10	MISCELLANEOUS	
167	Fluoroscopy: Per half hour: Add (not applicable to items 107 and 109)	49.40 (43.30)
169	Where a C-arm portable x-ray unit is used in hospital or theatre: Per half hour: Add	68.40 (60.00)
171	Sinography	102.30 (89.70)
173	Bone densitometry	124.50 (109.20)
175	Mammography: Unilateral or bilateral	134.20 (117.70)
177	Repeat mammography, unilateral or bilateral for localisation of tumour	134.20 (117.70)
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	40.70 (35.70)
181	Setting of sterile trays	6.93 (6.08)
	ATTENDANCE IN CATHETERISATION LABORATORY	
	Use codes 191 to 193 to charge for radiographer input where that is not included in cath lab facility fee	
191	Preparation in catheterisation laboratory for purposes of cardiac catheterisation and/or invasive intravascular procedures.	99.30 (87.10)
192	Post-processing in catheterisation laboratory for purposes of cardiac catheterisation and/or invasive intravascular procedures	99.30 (87.10)
193	Coronary angiogram per 30 minutes or part thereof provided that such part comprises 50% or more of the time	99.30 (87.10)

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194	Right heart investigation of valve and venous system of the right heart	99.30 (87.10)
195	PTCA per 30 minutes or part thereof provided that such part comprises 50% or more of the time	99.30 (87.10)
196	Left heart investigation of valve of the left heart and ventricular	99.60 (87.40)
197	Stent procedure per 30 minutes or part thereof provided that such part comprises 50% or more of the time	99.30 (87.10)
199	Vascular Study per 30 minutes or part thereof provided that such part comprises 50% or more of the time	99.30 (87.10)
201	Temporary pacemaker procedure per 30 minutes or part thereof provided that such part comprises 50% or more of the time	99.30 (87.10)
203	Permanent pacemaker procedure in catheterisation laboratory per 30 minutes or part thereof provided that such part comprises 50% or more of the time	99.30 (87.10)
205	Intra-aortic balloon pump procedure per 30 minutes or part thereof provided that such part comprises 50% or more of the time	99.30 (87.10)
207	Electro-physiological studies per 30 minutes or part thereof provided that such part comprises 50% or more of the time	99.30 (87.10)
209	Bleomycine and other studies per 30 minutes or part thereof provided that such part comprises 50% or more of the time	99.30 (87.10)
211	Intra vascular ultrasound per 30 minutes of part thereof provided that such part comprises 50% or more of the time	99.30 (87.10)
213	Rotablator/Laser procedures per 30 minutes or part thereof provided that such part comprises 50% or more of the time	99.30 (87.10)
215	Embolisation per 30 minutes or part thereof provided that such part comprises 50% or more of the time	99.30 (87.10)
	RULES	
Z	No fee to be subject to more than one reduction	
11	PORTABLE UNIT EXAMINATIONS	
185	Where portable x-ray unit is used in the hospital or theatre: Add	44.80 (39.30)
187	Theatre investigations with fixed installation : Add	19.20 (16.80)