

Radiography 2005

NATIONAL REFERENCE PRICE LIST FOR SERVICES BY RADIOGRAPHERS EFFECTIVE FROM 1 JANUARY 2005

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.				C
MODIFIERS					
0001	A call-out fee of R30.35 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.				U
0021	Services rendered to hospital patients: Quote modifier 0021 on all accounts for services performed on hospital or day clinic patients.				C
0080	Multiple examinations: Full fees				C
0081	Repeat examinations: No reduction				C
0084	Film charges as per radiologists				C
1	SKELETON				
1.1	LIMBS				
Code	Description	St	Add	33900	
				RVU	Value
001	Finger, toe	C		12.300	29.90 (26.20)
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)	C		16.200	39.40 (34.60)
005	Smith-Petersen or equivalent control, in theatre	C		134.600	327.10 (286.90)
007	Stress studies, e.g. joint	C		16.200	39.40 (34.60)
009	Length studies per right and left pair of long bones	C		16.200	39.40 (34.60)
011	Skeletal survey under 5 years	C		48.500	117.90 (103.40)
013	Skeletal survey over 5 years	C		52.300	127.10 (111.50)
015	Arthrography per joint	C		39.500	96.00 (84.20)
1.2	SPINAL COLUMN				
017	Per region, e.g. cervical, sacral, coccygeal, one region thoracic	C		24.600	59.80 (52.50)
021	Stress studies	C		10.000	24.30 (21.30)
025	Scoliosis studies	C		39.300	95.50 (83.80)
027	Pelvis (sacro-iliac or hip joints only to be added where an extra set of views is required)	C		17.000	41.30 (36.20)

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MYELOGRAPHY					
029	Lumbar	C		43.100	104.70 (91.80)
031	Thoracic	C		40.100	97.40 (85.40)
033	Cervical	C		59.400	144.30 (126.60)
035	Multiple (lumbar, thoracic, cervical): Same fee as for first segment (no additional introduction of contrast medium)	C		-	-
037	Discography	C		31.500	76.50 (67.10)
1.3	SKULL				
039	Skull studies	C		32.300	78.50 (68.90)
041	Paranasal sinuses	C		17.000	41.30 (36.20)
043	Facial bones and/or orbits	C		34.900	84.80 (74.40)
045	Mandible	C		26.000	63.20 (55.40)
047	Nasal bone	C		16.200	39.40 (34.60)
049	Mastoid: Bilateral	C		50.000	121.50 (106.60)
TEETH					
051	One quadrant	C		7.700	18.70 (16.40)
053	Two quadrants	C		8.500	20.70 (18.20)
055	Full mouth	C		10.800	26.20 (23.00)
057	Rotation tomography of the teeth and jaws	C		14.600	35.50 (31.10)
059	Temporo-mandibular joints: Per side	C		19.200	46.70 (41.00)
061	Tomography: Per side	C		30.500	74.10 (65.00)
063	Localisation of foreign body in the eye	C		30.700	74.60 (65.40)
065	Ventriculography	C		37.400	90.90 (79.70)
067	Post-nasal studies: Lateral neck	C		10.000	24.30 (21.30)
069	Maxillo-facial cephalometry	C		26.900	65.40 (57.40)
071	Dacryocystography	C		24.200	58.80 (51.60)
2	ALIMENTARY TRACT				
073	Sialography (plus 80% for each additional gland)	C		24.600	59.80 (52.50)
075	Pharynx and oesophagus	C		22.800	55.40 (48.60)
077	Oesophagus, stomach and duodenum (control film of abdomen included) and limited follow through	C		31.500	76.50 (67.10)
079	Small bowel meal (control film of abdomen included, except when part of item 081)	C		27.700	67.30 (59.00)
081	Barium meal and dedicated gastro-intestinal tract follow through (including control film of the abdomen, oesophagus, duodenum, small bowel and colon)	C		47.200	114.70 (100.60)

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083	Barium enema (control film of abdomen included)	C		50.900	123.70 (108.50)
085	Biliary tract: ERCP (choledogram and/or pancreatography screening included)	C		47.000	114.20 (100.20)
087	Gastric/oesophageal/duodenal intubation control	C		20.800	50.50 (44.30)
089	Hypotonic duodenography (077 included)	C		57.300	139.20 (122.10)
3	BILIARY TRACT				
091	Oral cholecystography	C		47.800	116.20 (101.90)
093	Intravenous	C		58.600	142.40 (124.90)
095	Operative: First series	C		58.100	141.20 (123.90)
097	Subsequent series	C		24.000	58.30 (51.10)
099	Post-operative: T-tube	C		20.100	48.80 (42.80)
101	Trans-hepatic, percutaneous	C		34.600	84.10 (73.80)
103	Tomography of biliary tract: Add	C		21.500	52.20 (45.80)
CHEST					
105	Larynx (tomography included)	C		42.400	103.00 (90.40)
107	Chest (item 167 included)	C		19.200	46.70 (41.00)
109	Chest and cardiac studies (item 167 included)	C		23.100	56.10 (49.20)
111	Ribs	C		19.200	46.70 (41.00)
113	Sternum or sterno-clavicular joints	C		24.600	59.80 (52.50)
BRONCHOGRAPHY					
115	Unilateral	C		33.500	81.40 (71.40)
117	Bilateral	C		56.500	137.30 (120.40)
119	Pleurography	C		15.700	38.20 (33.50)
121	Laryngography	C		15.700	38.20 (33.50)
123	Thoracic inlet	C		15.700	38.20 (33.50)
5	ABDOMEN				
125	Control films of the abdomen (not being part of examination for barium meal, barium enema, pyelogram, cholecystogram, cholangiogram, etc.)	C		17.000	41.30 (36.20)
127	Acute abdomen or equivalent studies	C		30.700	74.60 (65.40)
6	URINARY TRACT				
129	Control film included and bladder views before and after micturition	C		67.000	162.80 (142.80)
133	Waterload test: Add	C		20.100	48.80 (42.80)
135	Cystography only or urethrography only (retrograde)	C		37.600	91.40 (80.20)
CYSTO-URETHROGRAPHY					

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137	Retrograde	C		33.100	80.40 (70.50)
139	Retrograde-prograde pyelography	C		42.400	103.00 (90.40)
141	Aspiration renal cyst	C		17.000	41.30 (36.20)
143	Tomography of renal tract: Add	C		19.200	46.70 (41.00)
7	GYNAECOLOGY AND OBSTETRICS				
145	Pregnancy	C		19.200	46.70 (41.00)
147	Pelvimetry	C		35.500	86.30 (75.70)
149	Hysterosalpingography	C		32.000	77.80 (68.20)
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	C		-	-
153	Tomography (multi-dimensional in motion): Add 150%	C		-	-
9	COMPUTED TOMOGRAPHY				
155	Head, single examination, full series	C		262.700	638.40 (560.00)
157	Head, repeat examination at the same visit, after contrast, full series	C		90.200	219.20 (192.30)
159	Chest	C		303.700	738.00 (647.40)
161	Abdomen (including base of chest and/or pelvis)	C		353.000	857.80 (752.50)
163	Multiple examinations: For an additional part, the lesser fee shall be reduced to	C		82.100	199.50 (175.00)
165	Limbs and other limited examinations	C		82.100	199.50 (175.00)
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%	C			
10	MISCELLANEOUS				
167	Fluoroscopy: Per half hour: Add (not applicable to items 107 and 109)	C		21.400	52.00 (45.60)
169	Where a C-arm portable x-ray unit is used in hospital or theatre: Per half hour: Add	C		29.600	71.90 (63.10)
171	Sinography	C		44.300	107.60 (94.40)
173	Bone densitometry	U		80.900	196.60 (172.50)
175	Mammography: Unilateral or bilateral	C		58.100	141.20 (123.90)
177	Repeat mammography, unilateral or bilateral for localisation of tumour	C		58.100	141.20 (123.90)
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	C		17.600	42.80 (37.50)
181	Setting of sterile trays	C		3.000	7.29 (6.39)
ATTENDANCE IN CATHETERISATION LABORATORY					
	Use codes 191 to 193 to charge for radiographer input where that is not included in cath lab facility fee	C			

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191	Preparation in catheterisation laboratory for purposes of cardiac catheterisation and/or invasive intravascular procedures.	C		43.000	104.50 (91.70)
192	Post-processing in catheterisation laboratory for purposes of cardiac catheterisation and/or invasive intravascular procedures	C		43.000	104.50 (91.70)
193	Coronary angiogram per 30 minutes or part thereof provided that such part comprises 50% or more of the time	C		43.000	104.50 (91.70)
194	Right heart investigation of valve and venous system of the right heart	C		43.000	104.50 (91.70)
195	PTCA per 30 minutes or part thereof provided that such part comprises 50% or more of the time	C		43.000	104.50 (91.70)
196	Left heart investigation of valve of the left heart and ventricle	C		43.100	104.70 (91.80)
197	Stent procedure per 30 minutes or part thereof provided that such part comprises 50% or more of the time	C		43.000	104.50 (91.70)
199	Vascular Study per 30 minutes or part thereof provided that such part comprises 50% or more of the time	C		43.000	104.50 (91.70)
201	Temporary pacemaker procedure per 30 minutes or part thereof provided that such part comprises 50% or more of the time	C		43.000	104.50 (91.70)
203	Permanent pacemaker procedure in catheterisation laboratory per 30 minutes or part thereof provided that such part comprises 50% or more of the time	C		43.000	104.50 (91.70)
205	Intra-aortic balloon pump procedure per 30 minutes or part thereof provided that such part comprises 50% or more of the time	C		43.000	104.50 (91.70)
207	Electro-physiological studies per 30 minutes or part thereof provided that such part comprises 50% or more of the time	C		43.000	104.50 (91.70)
209	Bleomycin and other studies per 30 minutes or part thereof provided that such part comprises 50% or more of the time	C		43.000	104.50 (91.70)
211	Intra vascular ultrasound per 30 minutes or part thereof provided that such part comprises 50% or more of the time	C		43.000	104.50 (91.70)
213	Rotablator/Laser procedures per 30 minutes or part thereof provided that such part comprises 50% or more of the time	C		43.000	104.50 (91.70)
215	Embolisation per 30 minutes or part thereof provided that such part comprises 50% or more of the time	C		43.000	104.50 (91.70)
RULES					
Z	No fee to be subject to more than one reduction	C			
11	PORTABLE UNIT EXAMINATIONS				
185	Where portable x-ray unit is used in the hospital or theatre: Add	C		19.400	47.10 (41.30)
187	Theatre investigations with fixed installation : Add	C		8.300	20.20 (17.70)