

Radiography 2006

NATIONAL REFERENCE PRICE LIST FOR SERVICES BY RADIOGRAPHERS EFFECTIVE FROM 1 JANUARY 2006					
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 31.84 (27.93)
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	31.40 (27.50)
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	41.30 (36.20)
005	Smith-Petersen or equivalent control, in theatre	04.00		134.600	343.10 (301.00)
007	Stress studies, e.g. joint	04.00		16.200	41.30 (36.20)
009	Length studies per right and left pair of long bones	04.00		16.200	41.30 (36.20)
011	Skeletal survey under 5 years	04.00		48.500	123.60 (108.40)
013	Skeletal survey over 5 years	04.00		52.300	133.30 (116.90)
015	Arthrography per joint	04.00		39.500	100.70 (88.30)
1.2	SPINAL COLUMN				
017	Per region, e.g. cervical, sacral, coccygeal, one region thoracic	04.00		24.600	62.70 (55.00)
021	Stress studies	04.00		10.000	25.50 (22.40)
025	Scoliosis studies	04.00		39.300	100.20 (87.90)
027	Pelvis (sacro-iliac or hip joints only to be added where an extra set of views is required)	04.00		17.000	43.30 (38.00)
MYELOGRAPHY					
029	Lumbar	04.00		43.100	109.90 (96.40)
031	Thoracic	04.00		40.100	102.20 (89.60)
033	Cervical	04.00		59.400	151.40 (132.80)
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	80.30 (70.40)
1.3	SKULL				
039	Skull studies	04.00		32.300	82.30 (72.20)

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041	Paranasal sinuses	04.00		17.000	43.30 (38.00)
043	Facial bones and/or orbits	04.00		34.900	89.00 (78.10)
045	Mandible	04.00		26.000	66.30 (58.20)
047	Nasal bone	04.00		16.200	41.30 (36.20)
049	Mastoid: Bilateral	04.00		50.000	127.50 (111.80)
TEETH					
051	One quadrant	04.00		7.700	19.60 (17.20)
053	Two quadrants	04.00		8.500	21.70 (19.00)
055	Full mouth	04.00		10.800	27.50 (24.10)
057	Rotation tomography of the teeth and jaws	04.00		14.600	37.20 (32.60)
059	Temporo-mandibular joints: Per side	04.00		19.200	48.90 (42.90)
061	Tomography: Per side	04.00		30.500	77.70 (68.20)
063	Localisation of foreign body in the eye	04.00		30.700	78.30 (68.70)
065	Ventriculography	04.00		37.400	95.30 (83.60)
067	Post-nasal studies: Lateral neck	04.00		10.000	25.50 (22.40)
069	Maxillo-facial cephalometry	04.00		26.900	68.60 (60.20)
071	Dacryocystography	04.00		24.200	61.70 (54.10)
2 ALIMENTARY TRACT					
073	Sialography (plus 80% for each additional gland)	04.00		24.600	62.70 (55.00)
075	Pharynx and oesophagus	04.00		22.800	58.10 (51.00)
077	Oesophagus, stomach and duodenum (control film of abdomen included) and limited follow through	04.00		31.500	80.30 (70.40)
079	Small bowel meal (control film of abdomen included, except when part of item 081)	04.00		27.700	70.60 (61.90)
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	120.30 (105.50)
083	Barium enema (control film of abdomen included)	04.00		50.900	129.70 (113.80)
085	Biliary tract: ERCP (choledogram and/or pancreatography screening included)	04.00		47.000	119.80 (105.10)
087	Gastric/oesophageal/duodenal intubation control	04.00		20.800	53.00 (46.50)
089	Hypotonic duodenography (077 included)	04.00		57.300	146.10 (128.20)
3 BILIARY TRACT					
091	Oral cholecystography	04.00		47.800	121.80 (106.80)
093	Intravenous	04.00		58.600	149.40 (131.10)
095	Operative: First series	04.00		58.100	148.10 (129.90)
097	Subsequent series	04.00		24.000	61.20 (53.70)
099	Post-operative: T-tube	04.00		20.100	51.20 (44.90)
101	Trans-hepatic, percutaneous	04.00		34.600	88.20 (77.40)
103	Tomography of biliary tract: Add	04.00		21.500	54.80 (48.10)
CHEST					
105	Larynx (tomography included)	04.00		42.400	108.10 (94.80)

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107	Chest (item 167 included)	04.00		19.200	48.90 (42.90)
109	Chest and cardiac studies (item 167 included)	04.00		23.100	58.90 (51.70)
111	Ribs	04.00		19.200	48.90 (42.90)
113	Sternum or sterno-clavicular joints	04.00		24.600	62.70 (55.00)
BRONCHOGRAPHY					
115	Unilateral	04.00		33.500	85.40 (74.90)
117	Bilateral	04.00		56.500	144.00 (126.30)
119	Pleurography	04.00		15.700	40.00 (35.10)
121	Laryngography	04.00		15.700	40.00 (35.10)
123	Thoracic inlet	04.00		15.700	40.00 (35.10)
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	43.30 (38.00)
127	Acute abdomen or equivalent studies	04.00		30.700	78.30 (68.70)
6 URINARY TRACT					
129	Control film included and bladder views before and after micturition	04.00		67.000	170.80 (149.80)
133	Waterload test: Add	04.00		20.100	51.20 (44.90)
135	Cystography only or urethrography only (retrograde)	04.00		37.600	95.80 (84.00)
CYSTO-URETHROGRAPHY					
137	Retrograde	04.00		33.100	84.40 (74.00)
139	Retrograde-prograde pyelography	04.00		42.400	108.10 (94.80)
141	Aspiration renal cyst	04.00		17.000	43.30 (38.00)
143	Tomography of renal tract: Add	04.00		19.200	48.90 (42.90)
7 GYNAECOLOGY AND OBSTETRICS					
145	Pregnancy	04.00		19.200	48.90 (42.90)
147	Pelvimetry	04.00		35.500	90.50 (79.40)
149	Hysterosalpingography	04.00		32.000	81.60 (71.60)
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	669.60 (587.40)
157	Head, repeat examination at the same visit, after contrast, full series	04.00		90.200	229.90 (201.70)
159	Chest	04.00		303.700	774.10 (679.00)
161	Abdomen (including base of chest and/or pelvis)	04.00		353.000	899.80 (789.30)
163	Multiple examinations: For an additional part, the lesser fee shall be reduced to	04.00		82.100	209.30 (183.60)
165	Limbs and other limited examinations	04.00		82.100	209.30 (183.60)
MODIFIER GOVERNING THIS SPECIFIC SECTION OF THE TARIFFS					
0089	The number of sections of each examination and the matrix number must be specified. A full series of sections would be 8 or more for brain examinations, 12 or more for chest examinations, and 16 or more for abdomen examinations. Fees for examinations on a matrix number of less than 250 shall be reduced by 50%				04.00

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10	MISCELLANEOUS				
167	Fluoroscopy: Per half hour: Add (not applicable to items 107 and 109)	04.00		21.400	54.50 (47.80)
169	Where a C-arm portable x-ray unit is used in hospital or theatre: Per half hour: Add	04.00		29.600	75.50 (66.20)
171	Sinography	04.00		44.300	112.90 (99.00)
173	Bone densitometry	05.03		80.900	206.20 (180.90)
175	Mammography: Unilateral or bilateral	04.00		58.100	148.10 (129.90)
177	Repeat mammography, unilateral or bilateral for localisation of tumour	04.00		58.100	148.10 (129.90)
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	04.00		17.600	44.90 (39.40)
181	Setting of sterile trays	04.00		3.000	7.65 (6.71)
	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	109.60 (96.10)
192	Post-processing in catheterisation laboratory for purposes of cardiac catheterisation and/or invasive intravascular procedures	04.00		43.000	109.60 (96.10)
193	Coronary angiogram per 30 minutes or part thereof provided that such part comprises 50% or more of the time	04.00		43.000	109.60 (96.10)
194	Right heart investigation of valve and venous system of the right heart	04.00		43.000	109.60 (96.10)
195	PTCA per 30 minutes or part thereof provided that such part comprises 50% or more of the time	04.00		43.000	109.60 (96.10)
196	Left heart investigation of valve of the left heart and ventricle	04.00		43.100	109.90 (96.40)
197	Stent procedure per 30 minutes or part thereof provided that such part comprises 50% or more of the time	04.00		43.000	109.60 (96.10)
199	Vascular Study per 30 minutes or part thereof provided that such part comprises 50% or more of the time	04.00		43.000	109.60 (96.10)
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	109.60 (96.10)
203	Permanent pacemaker procedure in catheterisation laboratory per 30 minutes or part thereof provided that such part comprises 50% or more of the time	04.00		43.000	109.60 (96.10)
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	109.60 (96.10)
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	109.60 (96.10)
209	Bleomycin and other studies per 30 minutes or part thereof provided that such part comprises 50% or more of the time	04.00		43.000	109.60 (96.10)
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	109.60 (96.10)
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	109.60 (96.10)
215	Embolisation per 30 minutes or part thereof provided that such part comprises 50% or more of the time	04.00		43.000	109.60 (96.10)
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	49.50 (43.40)
187	Theatre investigations with fixed installation : Add	04.00		8.300	21.20 (18.60)