Tariff codes for Diagnostic Radiographers in Private Practice

Discipline 039

Tariff Code	Official Description	Contrast Used	Fluoro Included	Is Add-On Code	Time-Based Code	Standalone Billing Allowed	Requires Auth	Notes / Billing Rules / Modifiers
Head and Neck								
39039	Skull studies	No	No	No	No	Yes	Sometimes	
39041	Paranasal sinuses	No	No	No	No	Yes	Sometimes	
39043	Facial bones and/or orbits	No	No	No	No	Yes	Sometimes	
39045	Mandible	No	No	No	No	Yes	Sometimes	
39047	Nasal bone	No	No	No	No	Yes	Sometimes	
39049	Mastoid: Bilateral	No	No	No	No	Yes	Sometimes	
39059	Temporo-mandibular joints: Per side	No	No	No	No	Yes	Sometimes	
39063	Localisation of foreign body in the eye	No	No	No	No	Yes	Sometimes	
39067	Post-nasal studies: Lateral neck	No	No	No	No	Yes	Sometimes	
39105	Larynx	No	No	No	No	Yes	Sometimes	
Chest & Thorax and Ribs								
39107	Chest (You cannot add 39167)	No	No	No	No	Yes	Sometimes	
39109	Chest and cardiac studies (You cannot add 39167 or 39185)	No	No	No	No	Yes	Sometimes	
39111	Ribs	No	No	No	No	Yes	Sometimes	
39113	Sternum or sterno-clavicular joints	No	No	No	No	Yes	Sometimes	
39123	Thoracic inlet	No	No	No	No	Yes	Sometimes	
39115	Unilateral	No	No	No	No	Yes	Sometimes	This may be used for: One-sided pleural investigations, One lung/chest cavity examination, One-sided contrast studies, Unilateral thoracic pathology One side examined: one-sided sternoclavicular joint, one-sided pleural space, one-sided thoracic study
39117	Bilateral	No	No	No	No	Yes	Sometimes	Both sides examined: both sternoclavicular joints, bilateral thoracic/pleural assessment
Mammo								
39175	Mammography: Unilateral or bilateral	No	No	No	No	Yes	Yes	
39177	Repeat mammography	No	No	No	No	Yes	Yes	Repeat studies usually require clinical justification.
Abdomen								
39125	Control films of the abdomen (not being part of examination for barium meal, barium enema, pyelogram, cholecystogram, cholangiogram, ect)	No	No	No	No	Yes	Sometimes	
39127	Acute abdomen or equivalent studies	No	No	No	No	Yes	Sometimes	
39093	Intravenous	No	No	No	No	Yes	Yes	
OBS & GYN								
39149	Hysterosalpingography	Yes	Yes	No	No	Yes	Sometimes	
39145	Pregnancy	No	No	No	No	Yes	Sometimes	
39147	Pelvimetry	No	No	No	No	Yes	Sometimes	
39173	Bone densitometry	No	No	No	No	Yes	Yes	
Spine								
39033	Cervical	No	No	No	No	Yes	Sometimes	
39031	Thoracic	No	No	No	No	Yes	Sometimes	
39029	Lumbar	No	No	No	No	Yes	Sometimes	
39027	Pelvis (sacro-iliac or hip joints only to be added where an extra set of views is required)	No	No	No	No	Yes	Sometimes	
39017	Per region, e.g. cervical, sacral, coccygeal, one region thoracic	No	No	No	No	Yes	Sometimes	
39021	Stress studies	No	No	No	No	Yes	Sometimes	Spine stress studies
39025	Scoliosis studies	No	No	No	No	Yes	Sometimes	

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Extremity								
39001	Finger, toe	No	No	No	No	Yes	Sometimes	
39003	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)	No	No	No	No	Yes	Sometimes	
39007	Stress studies, e.g. joint	No	No	No	No	Yes	Sometimes	
39009	Length studies per right and left pair of long bones	No	No	No	No	Yes	Sometimes	
Skeletal Survey								
39011	Skeletal survey under 5 years	No	No	No	No	Yes	Sometimes	Requires a documented clinical indication (e.g., suspected non-accidental injury / NAI in pediatrics, or myeloma staging in adults). Ensure the total number of individual anatomical views is detailed in the report to justify the code
39013	Skeletal survey over 5 years	No	No	No	No	Yes	Sometimes	Requires a documented clinical indication (e.g., suspected non-accidental injury / NAI in pediatrics, or myeloma staging in adults). Ensure the total number of individual anatomical views is detailed in the report to justify the code
Tomography								
39103	Tomography of biliary tract: Add	No	No	Yes	No	No	Yes	This code is an additional charge and not billed alone.
39143	Tomography of renal tract: Add	No	No	No	No	Yes	Yes	This code is an additional charge and not billed alone.
39151	Tomography (conventional): 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	No	No	Yes	No	No	Sometimes	This code is an additional charge and not billed alone.
39153	Tomography (multi-dimensional in motion): Add 150%	No	No	Yes	No	No	Sometimes	This code is an additional charge and not billed alone.
Fluoroscopy / Theatre								
39005	Smith-Petersen or equivalent control, in theatre	No	No	No	No	Yes	Sometimes	Used in addition to the primary examination fee.
39015	Arthrography per joint	Yes	Yes	No	No	Yes	Sometimes	
39035	Multiple (lumbar, thoracic, cervical): Same fee as for first segment (no additional introduction of contrast medium)	Yes	Yes	No	No	Yes	Sometimes	This code is an additional charge and not billed alone.
39037	Discography	No	No	No	No	Yes	Sometimes	
39071	Dacryocystography	Yes	Yes	No	No	Yes	Sometimes	
39073	Sialography (plus 80% for each additional gland)	No	No	No	No	Yes	Sometimes	This code is an additional charge and not billed alone.
39075	Pharynx and oesophagus	No	No	No	No	Yes	Yes	
39077	Oesophagus, stomach and duodenum	No	No	No	No	Yes	Yes	
39079	Small bowel meal (control film of abdomen included, except when part of 39081)	No	No	No	No	Yes	Yes	
39081	Barium meal and dedicated gastro-intestinal tract follow through (including control film of the abdomen, oesophagus, duodenum, small bowel and colon)	Yes	Yes	No	No	Yes	Yes	
39083	Barium enema (control film of abdomen included)	Yes	Yes	No	No	Yes	Yes	
39085	Biliary tract: ERCP (choledogram and/or pancreatography screening included)	No	No	No	No	Yes	Yes	
39087	Gastric/oesophageal/duodenal intubation control	No	No	No	No	Yes	Yes	
39089	Hypotonic duodenography (39077 included)	No	No	No	No	Yes	Yes	
39091	Oral cholecystography	Yes	Yes	No	No	Yes	Yes	
39095	Operative: First series	No	No	No	No	Yes	Yes	General x-rays with no fluoroscopy This code is commonly used during: Cholangiograms in theatre, Urological procedures, Biliary surgery, Catheter procedures, Contrast studies done during surgery
39097	Subsequent series	No	No	No	No	Yes	Yes	General x-rays with no fluoroscopy This code is commonly used during: Cholangiograms in theatre, Urological procedures, Biliary surgery, Catheter procedures, Contrast studies done during surgery
39099	Post-operative: T-tube	No	No	No	No	Yes	Yes	

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39101	Trans-hepatic, percutaneous	No	No	No	No	Yes	Yes	
39119	Pleurography	No	No	No	No	Yes	Sometimes	
39121	Laryngography	No	No	No	No	Yes	Sometimes	
39129	Control film included and bladder views before and after micturition	No	No	No	No	Yes	Yes	This code is an additional charge and not billed alone.
39133	Waterload test: Add	No	No	Yes	No	No	Yes	This code is an additional charge and not billed alone.
39135	Cystography only or urethrography only	Yes	Yes	No	No	Yes	Yes	
39137	Retrograde	No	No	No	No	Yes	Yes	
39139	Retrograde-prograde pyelography	Yes	Yes	No	No	Yes	Yes	
39141	Aspiration renal cyst	No	No	No	No	Yes	Yes	
39167	Fluoroscopy: Per half hour: Add (not applicable to 39107 and 39109)	No	No	Yes	Yes	No	Sometimes	This code is an additional charge and not billed alone. Example, a barium swallow, an arthrogram, or a complex screening study)
39169	Where a C-arm portable x-ray unit is used in hospital or theatre: Per half hour: Add	No	No	Yes	Yes	No	Sometimes	Used in addition to the primary examination fee. (This covers the specialized mobile machine operational levy). Billed per 30-minute block or part thereof. Any fraction into the next block (e.g., a 35-minute total case duration) legally justifies 2 units. Ensure exact theatre log start/end times match the invoice line items to pass a medical scheme clinical audit.
39171	Sinography	No	No	No	No	Yes	Sometimes	
39179	Attendance at operation in theatre, Except 39005: Per half hour. Plus fee for examination performed.	No	No	Yes	Yes	No	Sometimes	Used in addition to the primary examination fee. (This covers your professional time standing by, waiting for the surgeon to call for an image sequence) Billed per 30-minute block or part thereof. Any fraction into the next block (e.g., a 35-minute total case duration) legally justifies 2 units. Ensure exact theatre log start/end times match the invoice line items to pass a medical scheme clinical audit.
39187	Theatre investigations with fixed installation : Add	No	No	Yes	No	No	Sometimes	This code is an additional charge and not normally billed alone. Only for Cathlab and/or Vascular/Interventional Theatre Suites
Cath Lab / Interventional								
39065	Ventriculography	No	No	No	No	Yes	Sometimes	
39191	Preparation in catheterisation laboratory for purposes of cardiac catheterisation and/or invasive intravascular procedures.	No	No	Yes	No	No	Yes	
39192	Post-processing in catheterisation laboratory	No	No	Yes	No	No	Yes	
39193	Coronary angiogram	No	No	Yes	Yes	No	Yes	
39194	Right heart investigation	No	No	No	No	Yes	Yes	
39195	PTCA	No	No	Yes	Yes	No	Yes	
39196	Left heart investigation	No	No	No	No	Yes	Yes	
39197	Stent procedure	No	No	Yes	Yes	No	Yes	
39199	Vascular Study	No	No	Yes	Yes	No	Yes	
39201	Temporary pacemaker procedure	No	No	Yes	Yes	No	Yes	
39203	Permanent pacemaker procedure	No	No	Yes	Yes	No	Yes	
39205	Intra-aortic balloon pump procedure	No	No	Yes	Yes	No	Yes	
39207	Electro-physiological studies	No	No	Yes	Yes	No	Yes	
39209	Bleomycine and other studies	No	No	Yes	Yes	No	Yes	
39211	Intra vascular ultrasound	No	No	Yes	Yes	No	Yes	
39213	Rotablator/Laser procedures	No	No	Yes	Yes	No	Yes	
39215	Embolisation	No	No	Yes	Yes	No	Yes	

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Other								
39XEQ	Radiography X-Ray equipment fee	No	No	No	No	Yes	Sometimes	Code 39XEQ is an interim, administrative tracking code introduced by Discovery Health specifically for independent radiography practices in South Africa. It is utilized when an independent radiography practice (Discipline 039) owns the physical X-ray equipment and performs the technical imaging component of a general plain-film X-ray study, but the clinical report/interpretation is written by an independent radiologist. It is billed by radiographers who are registered on Discovery's dedicated
39181	Setting of sterile trays	No	No	Yes	No	No	Sometimes	You do not use this for standard plain-film imaging (like a routine chest X-ray or an extremity series). It is reserved for settings where a strict sterile barrier must be maintained to introduce contrast media, guide needles, or assist with surgical fields, Strictly limited to a maximum of 1 unit per patient encounter/sitting, regardless of how many individual joints or anatomical lines are accessed during that session.
39185	Where portable x-ray unit is used in the hospital or theatre: Add	No	No	Yes	No	No	Sometimes	This code is an additional charge and not billed alone.
Dental								
39051	One quadrant	No	No	No	No	Yes	Sometimes	
39053	Two quadrants	No	No	No	No	Yes	Sometimes	
39055	Full mouth	No	No	No	No	Yes	Sometimes	
39057	Rotation tomography of the teeth and jaws	No	No	No	No	Yes	Sometimes	
39061	Tomography: Per side	No	No	No	No	Yes	Sometimes	
39069	Maxillo-facial cephalometry	No	No	No	No	Yes	Sometimes	
CT								
39155	Head, single examination, full series	No	No	No	No	Yes	Yes	
39157	Head, repeat examination at the same visit, after contrast, full series	Yes	Yes	No	No	Yes	Yes	Repeat studies usually require clinical justification.
39159	Chest	No	No	No	No	Yes	Yes	
39161	Abdomen	No	No	No	No	Yes	Yes	
39163	Multiple examinations	No	No	Yes	No	No	Yes	
39165	Limbs and other limited examinations	No	No	No	No	Yes	Yes	