

GEMS TARIFF FOR RADIOLOGISTS AND NUCLEAR MEDICINE WITH EFFECT FROM 1 JANUARY 2020

Practice Type: **Nuclear Medicine**

Practice Type: **Radiology**

Code: **025**

Code: **038**

TARIFF CODE	TARIFF DESCRIPTION	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE
	<p>In calculating the GEMS Tariff, 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.</p> <p>ALL GEMS TARIFFS ARE VAT INCLUSIVE.</p>										
	<p>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. Neurosurgeons accredited by the RSSA may charge for the neuro-interventional studies at 100% of the published radiology rate subject to preauthorisation and this excludes equipment fees or any other claims for the same event.</p>										
	<p>This schedule must be used in conjunction with the Radiological Society of S A Guidelines. Please refer to the PET guidelines in Annexure D.</p>										
CODE STRUCTURE FRAMEWORK											
	<p>a. The tariff code consists of 5 digits</p> <p>i. 1st digit indicates the main anatomical region or procedural category.</p> <ul style="list-style-type: none"> • 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 										

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	<p>ii. 2nd digit indicates the sub region within a main region or category eg.</p> <ul style="list-style-type: none"> Head / Skull and Brain" = 10xxx <p>iii. 3rd digit indicates modality</p> <ul style="list-style-type: none"> 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) <p>eg: Head / Skull and Brain / General x-ray" = 101xx</p> <p>iv. 4th and 5th digits are specific to a procedure / examination, eg "Head / Skull and Brain / General / X-ray of the skull" = 10100.</p>										
GUIDELINES FOR USE OF CODING STRUCTURE											
	<ul style="list-style-type: none"> 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%. 										

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CONSUMABLES											
	<ul style="list-style-type: none"> • Contrast Medium <ul style="list-style-type: none"> – Prior to the implementation of Act 90, contrast will be billed according to the official 2004 RSSA reimbursement price list, without mark up. – 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. 										
GENERAL COMMENTS ON PROCEDURAL CODES											
	<ul style="list-style-type: none"> • 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. 										

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	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										
00092	Radiology and nuclear medicine services rendered to outpatients										
00093	A reduction of one third (33.33%) will apply to radiological examinations where hospital equipment it used										
	Equipment / Diagnostic										
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).						410	1,00	0,000		
	Appropriate code to be provided. See separate codes for contrast and isotopes										
00110	X-ray skeletal survey under five years						410	1,00	6,260		R856,90
00115	X-ray skeletal survey over five years						410	1,00	10,400		R1 423,50
00120	X-ray sinogram any region						410	1,00	10,890		R1 490,60
00130	X-ray with mobile unit in other facility						410	1,00	1,900		R259,90
	To be added to applicable procedure codes eg 30100.										
00135	X-ray control view in theatre any region						410	1,00	5,260		R719,90
00140	X-ray fluoroscopy any region						410	1,00	2,260		R309,30

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	May only be added to the examination when fluoroscopy is not included in the standard procedure code. May not be added to: <ul style="list-style-type: none"> any angiography, venography, lymphangiography or interventional codes. any contrasted fluoroscopy examination. 										
00145	X-ray fluoroscopy guidance for biopsy, any region Add to the procedure eg. 80600, 80605, 80610.						410	1,00	5,300		R725,60
00150	X-ray C-Arm (equipment fee only, not procedure) per half hour Only to be used if equipment is owned by the radiologist.						410	1,00	2,420		R331,30
00155	X-ray C-arm fluoroscopy in theatre per half hour (procedure only)						410	1,00	2,300		R314,50
00160	X-ray fixed theatre installation (equipment fee only) Only to be used if equipment is owned by the radiologist.						410	1,00	2,260		R309,30
00190	X-ray examination contrast material Identification code for the use of contrast with a procedure. Appropriate codes to be supplied.						410	1,00	0,000		
00210	Ultrasound with mobile unit in other facility Add to the relevant ultrasound examination codes eg 10200.						410	1,00	1,840		R251,70
00220	Ultrasound intra-operative study Covers all regions studied. Single code per operative procedure.						410	1,00	7,320		R1 001,80
00230	Ultrasound guidance Comprehensive ultrasound code including regional study and guidance. Guided procedure code to be added eg. 80600, 80605, 80610.						410	1,00	12,100		R1 656,60
00240	Ultrasound guidance for tissue ablation						410	1,00	11,240		R1 538,70

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	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.										
00250	Ultrasound limited Doppler study any region						410	1,00	6,500	Z	R889,70
	Stand alone code may not be added to any other code.										
00290	Ultrasound examination contrast material						410	1,00	0,000		
	Identification code for the use of contrast with a procedure. Appropriate codes to be supplied.										
00310	CT planning study for radiotherapy						410	1,00	21,370		R2 925,30
00591	Radiology prosthetic device										
	To be used once per planning session for any region										
00320	CT guidance (separate procedure)						410	1,00	16,920		R2 316,20
	Comprehensive CT code including regional study and guidance. Guided procedure code to be added eg 80600, 80605, and 80610.										
00330	CT guidance, with diagnostic procedure						410	1,00	8,460		R1 157,80
	To be added to the diagnostic procedure code. Guided procedure code to be added eg 80600, 80605, 80610.										
00340	CT guidance and monitoring for tissue ablation						410	1,00	21,150		R2 895,00
	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.										
00390	CT examination contrast material						410	1,00	0,000		
	Identification code for the use of contrast with a procedure. Appropriate codes to be supplied.										
00410	MR study of the whole body for metastases screening						410	1,00	70,400		R9 636,50

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00420	MR Spectroscopy any region May be added to the regional study, once only.						410	1,00	28,900		R3 955,90
00430	MR guidance for needle replacement Comprehensive MRI code including region studied and guidance. Guided procedure code to be added eg 80600, 80605, 80610.						410	1,00	42,560		R5 825,60
00440	MR low field strength imaging of peripheral joint any region						410	1,00	12,000		R1 642,70
00450	MR planning study for radiotherapy or surgical procedure						410	1,00	38,000		R5 201,50
00455	MR planning study for radiotherapy or surgical procedure, with contrast						410	1,00	47,000		R6 433,50
00490	MR examination contrast material Identification code for the use of contrast with a procedure. Appropriate codes to be supplied.						410	1,00	0,000		
00510	Analogue monoplane screening table A machine code may be added once per complete procedure / patient visit.						410	1,00	41,010		R5 613,60
00520	Analogue monoplane table with DSA attachment A machine code may be added once per complete procedure / patient visit.						410	1,00	47,500		R6 502,00
00530	Dedicated angiography suite: Analogue monoplane unit. Once off charge per patient by owner of equipment. A machine code may be added once per complete procedure / patient visit.						410	1,00	47,500		R6 502,00
00540	Digital monoplane screening table A machine code may be added once per complete procedure / patient visit.						410	1,00	79,920		R10 939,50
00550	Dedicated angiography suite: Digital monoplane unit. Once off charge per patient by owner of equipment.						410	1,00	93,030		R12 734,10

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	A machine code may be added once per complete procedure / patient visit.										
00560	Dedicated angiography suite: Digital bi-plane unit. Once off charge per patient by owner of equipment.						410	1,00	125,000		R17 110,40
	A machine code may be added once per complete procedure / patient visit.										
00590	Angiography and interventional examination contrast material						410	1,00	0,000		
	Identification code for the use of contrast with a procedure. Appropriate codes to be supplied.										
00900	Nuclear Medicine study - Bone, whole body, appendicular and axial skeleton	410	1,00	34,920		R4 779,80					
00903	Nuclear Medicine study - Bone, whole body, appendicular and axial skeleton and SPECT	410	1,00	48,330		R6 615,60					
00906	Nuclear Medicine study - Venous thrombosis regional	410	1,00	21,540		R2 948,50					
00909	Nuclear Medicine study - Tumour whole body	410	1,00	34,150		R4 674,70					
00912	Nuclear Medicine study - Tumour whole body multiple studies	410	1,00	47,560		R6 509,90					
00915	Nuclear Medicine study - Tumour whole body and SPECT	410	1,00	47,560		R6 509,90					
00918	Nuclear Medicine study - Tumour whole body multiple studies & SPECT	410	1,00	60,980		R8 347,10					
00921	Nuclear Medicine study – Infection whole body	410	1,00	31,450		R4 305,00					
00924	Nuclear Medicine study – infection whole body with SPECT	410	1,00	44,860		R6 140,50					
00927	Nuclear Medicine study – infection whole body multiple studies	410	1,00	44,860		R6 140,50					
00930	Nuclear Medicine study – infection whole body with SPECT multiple studies	410	1,00	58,270		R7 976,20					
00933	Nuclear Medicine study - Bone marrow imaging limited area	410	1,00	24,100		R3 298,80					
00936	Nuclear Medicine study - Bone marrow imaging whole body	410	1,00	37,510		R5 134,40					

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00939	Nuclear Medicine study - Bone marrow imaging limited area multiple studies	410	1,00	37,510		R5 134,40					
00942	Nuclear Medicine study - Bone marrow imaging whole body multiple studies	410	1,00	50,920		R6 969,90					
00945	Nuclear Medicine study - Spleen imaging only - haematopoietic	410	1,00	24,100		R3 298,80					
00960	Nuclear Medicine therapy – Hyperthyroidism	410	1,00	11,990		R1 641,30					
00965	Nuclear Medicine therapy - Thyroid carcinoma and metastases	410	1,00	6,470		R885,70					
00970	Nuclear Medicine therapy – Intra-cavity radio-active colloid therapy	410	1,00	6,470		R885,70					
00975	Nuclear Medicine therapy - Interstitial radio-active colloid therapy	410	1,00	6,470		R885,70					
00980	Nuclear Medicine therapy - Intravascular radio pharmaceutical therapy particulate	410	1,00	6,470		R885,70					
00985	Nuclear Medicine therapy - Intra-articular radio pharmaceutical therapy	410	1,00	6,470		R885,70					
00990	Nuclear Medicine Isotope	410	1,00	0,000							
	Identification code for the use of isotope with a procedure. Appropriate codes to be supplied.										
00991	Nuclear Medicine Substrate	410	1,00	0,000							
00956	PET/CT scan whole body without contrast			181,020			411	1,00	181,020		
00957	PET/CT scan whole body with contrast			185,080			411	1,00	185,080		
00950	PET scan local						411	1,00	0,000		
00951	PET/CT local			133,660			411	1,00	133,660		
00952	PET/CT local with contrast			137,730			411	1,00	137,730		
00955	PET scan whole body						411	1,00	0,000		

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CALL AND ASSISTANCE											
	<ul style="list-style-type: none"> 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. 										
01010	Emergency call out fee, first case						410	1,00	3,000		R410,80
01020	Emergency call out fee, subsequent cases same trip						410	1,00	2,000		R273,70
01030	Radiologist assistance in theatre, per half hour						410	1,00	6,000		R821,30
01040	Radiographer attendance in theatre, per half hour						410	1,00	1,600		R218,90
01050	Written report on study done elsewhere, short						410	1,00	1,500		R205,20
01055	Written report on study done elsewhere, extensive						410	1,00	4,200		R574,70
01060	Written report for medico legal purposes, per hour						410	1,00	9,720		R1 330,30
01070	Consultation for pre-assessment of interventional procedure						410	1,00	4,860		R665,50

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01100	X-ray procedure after hours, per procedure						410	0,00	2,000		R273,70
01200	Ultrasound procedure after hours, per procedure						410	0,00	4,000		R547,50
01300	CT procedure after hours, per procedure						410	0,00	10,000		R1 368,70
01400	MR procedure after hours, per procedure						410	0,00	14,000		R1 916,40
01500	Angiography procedure after hours, per procedure						410	0,00	20,000		R2 737,80
01600	Interventional procedure after hours, per procedure						410	0,00	26,000		R3 559,00
01970	Consultation for nuclear medicine study	410	1,00	2,200		R301,20					
MONITORING											
	ECG / Pulse oximetry monitoring (02010). Use for monitoring patients requiring conscious sedation during imaging procedure. Not to be used as a routine.										
02010	ECG/pulse Oximeter monitoring						410	1,00	2,000		R273,70
	HEAD										
	SKULL AND BRAIN										
	Codes 10100 (skull) and 10110 (tomography) may be combined.										
10100	X-ray of the skull						410	1,00	3,860		R528,30
10110	X-ray tomography of the skull						410	1,00	4,300		R588,70
10120	X-ray shuntogram for VP shunt						410	1,00	15,360		R2 102,40
10200	Ultrasound of the brain – Neonatal						410	1,00	7,380		R1 010,30
10210	Ultrasound of the brain including doppler						410	1,00	13,220		R1 809,50
10220	Ultrasound of the intracranial vasculature, including B mode, pulse and colour doppler						410	1,00	15,040		R2 058,70
10300	CT Brain uncontrasted						410	1,00	22,650		R3 100,60
10310	CT Brain with contrast only						410	1,00	33,280		R4 555,60
10320	CT Brain pre and post contrast						410	1,00	40,480		R5 541,20

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10325	CT brain pre and post contrast for perfusion studies						410	1,00	49,100	Z	R6 720,90
	Stand alone code may not be added to any other CT studies of the brain, except for code 10330										
10330	CT angiography of the brain						410	1,00	77,580		R10 619,50
10335	CT of the brain pre and post contrast with angiography						410	1,00	97,910		R13 402,00
10340	CT brain for cranio-stenosis including 3D						410	1,00	34,160		R4 675,90
10350	CT Brain stereotactic localisation						410	1,00	19,360		R2 650,00
10360	CT base of skull coronal high resolution study for CSF leak						410	1,00	34,900	Z	R4 777,10
10400	MR of the brain, limited study						410	1,00	43,560		R5 962,60
10410	MR of the brain uncontrasted						410	1,00	63,800		R8 733,10
10420	MR of the brain with contrast						410	1,00	75,940		R10 395,10
10430	MR of the brain pre and post contrast						410	1,00	104,040		R14 241,30
10440	MR of the brain pre and post contrast, for perfusion studies						410	1,00	107,440		R14 706,60
10450	MR of the brain plus angiography						410	1,00	92,200		R12 620,30
10460	MR of the brain pre and post contrast plus angiography						410	1,00	121,230		R16 594,20
10470	MR angiography of the brain uncontrasted						410	1,00	58,500		R8 007,60
10480	MR angiography of the brain contrasted						410	1,00	74,020		R10 131,80
10485	MR of the brain, with diffusion studies						410	1,00	79,000		R10 813,60
10490	MR of the brain, pre and post contrast, with diffusion studies,						410	1,00	110,640		R15 144,60
10492	MR study of the brain plus angiography plus diffusion, uncontrasted						410	1,00	95,000		R13 003,80
10495	MR of the brain pre and post contrast plus angiography and diffusion						410	1,00	125,440		R17 170,40
10500	Arteriography of intracranial vessels: 1 - 2 vessels						410	1,00	48,600		R6 652,30
10510	Arteriography of intracranial vessels: 3 - 4 vessels						410	1,00	82,330		R11 269,30

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10520	Arteriography of extra-cranial (non-cervical) vessels						410	1,00	48,440		R6 630,30
10530	Arteriography of intracranial and extra-cranial (non-cervical) vessels						410	1,00	118,090		R16 164,50
10540	Arteriography of intracranial vessels (4) plus 3 D rotational angiography						410	1,00	97,570		R13 355,70
10550	Arteriography of intracranial vessels (1) plus 3D rotational angiography						410	1,00	37,290		R5 104,30
10560	Venography of dural sinuses						410	1,00	52,230		R7 149,30
10900	Nuclear Medicine study – Bone regional, static	410	1,00	21,500		R2 943,00					
10905	Nuclear Medicine study – Bone regional, static, with flow	410	1,00	27,530		R3 768,50					
10910	Nuclear Medicine study – Bone regional, static with SPECT	410	1,00	34,920		R4 779,80					
10915	Nuclear Medicine study – Bone regional, static, with flow, with SPECT	410	1,00	40,940		R5 604,00					
10920	Nuclear Medicine study – Brain, planar, complete, static	410	1,00	16,920		R2 316,20					
10925	Nuclear Medicine study – Brain complete static with vascular flow	410	1,00	22,950		R3 141,70					
10930	Nuclear Medicine study – Brain, planar, complete, static, with SPECT	410	1,00	30,330		R4 151,70					
10935	Nuclear Medicine study – Brain, planar, complete, static, with flow, with SPECT	410	1,00	36,360		R4 977,10					
10940	Nuclear Medicine study - CSF flow imaging cisternography	410	1,00	21,600		R2 956,80					
10945	Nuclear Medicine study – Ventriculography	410	1,00	13,410		R1 835,50					
10950	Nuclear Medicine study - Shunt evaluation static, planar	410	1,00	13,410		R1 835,50					
10955	Nuclear Medicine study - CFS leakage detection and localisation	410	1,00	13,410		R1 835,50					
10960	Nuclear medicine study - CSF SPECT	410	1,00	13,410		R1 835,50					
10970	PET scan of the brain						411	1,00	0,000		

**GEMS TARIFF FOR RADIOLOGISTS AND NUCLEAR MEDICINE
 WITH EFFECT FROM 1 JANUARY 2020**

 Practice Type: **Nuclear Medicine**

 Practice Type: **Radiology**

 Code: **025**

 Code: **038**

TARIFF CODE	TARIFF DESCRIPTION	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE
10971	PET/CT scan of the brain uncontrasted						411	1,00	130,460		
10972	PET/CT of the brain contrasted						411	1,00	134,840		
10980	PET perfusion scan of the brain						411	1,00	0,000		
10981	PET/CT perfusion scan of the brain						411	1,00	155,170		
	FACIAL BONES AND NASAL BONES										
	Codes 11100 (facial bones) and 11110 (tomography) may be combined										
11100	X-ray of the facial bones						410	1,00	3,930		R538,10
11110	X-ray tomography of the facial bones						410	1,00	4,300		R588,70
11120	X-ray of the nasal bones						410	1,00	2,390		R327,30
11300	CT of the facial bones						410	1,00	20,960		R2 869,00
11310	CT of the facial bones with 3D reconstructions						410	1,00	30,400		R4 161,20
11320	CT of the facial bones/soft tissue, pre and post contrast						410	1,00	41,260		R5 647,70
11400	MR of the facial soft tissue						410	1,00	62,400		R8 541,30
11410	MR of the facial soft tissue pre and post contrast						410	1,00	100,600		R13 770,40
11420	MR of the facial soft tissue plus angiography, with contrast						410	1,00	110,300		R15 098,10
11430	MR angiography of the facial soft tissue						410	1,00	74,020		R10 131,80
	Orbits, lacrimal glands and tear ducts										
	Code 12130 (tomography) may be added to 12100 or 12110 or 12120 (orbits) or 12140 (dacrocystography).										
12100	X-ray orbits less than three views						410	1,00	3,560		R487,20
12110	X-ray of the orbits, three or more views, including foramina						410	1,00	5,300		R725,60
12120	X-ray of the orbits for foreign body						410	1,00	3,560		R487,20
12130	X-ray tomography of the orbits						410	1,00	4,300		R588,70
12140	X-ray dacrocystography						410	1,00	11,200		R1 533,10

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TARIFF CODE	TARIFF DESCRIPTION	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE
12200	Ultrasound of the orbit/eye						410	1,00	5,130		R702,30
12210	Ultrasound of the orbit/eye including doppler						410	1,00	10,970		R1 501,60
12300	CT of the orbits single plane						410	1,00	15,700		R2 149,10
12310	CT of the orbits, more than one plane						410	1,00	20,590		R2 818,20
12320	CT of the orbits pre and post contrast single plane						410	1,00	36,030		R4 931,80
12330	CT of the orbits pre and post contrast multiple planes						410	1,00	39,700		R5 434,20
12400	MR of the orbits						410	1,00	62,460		R8 549,80
12410	MR of the orbitae, pre and post contrast						410	1,00	100,640		R13 775,80
12900	Nuclear Medicine study – Dacrocystography	410	1,00	20,770		R2 842,90					
	PARANASAL SINUSES										
	Code 13120 (tomography) may be added to 13100, 13110 (paranasal sinuses), 13130 (nasopharyngeal).										
13100	X-ray of the paranasal sinuses, single view						410	1,00	2,740		R375,00
13110	X-ray of the paranasal sinuses, two or more views						410	1,00	3,660		R501,20
13120	X-ray tomography of the paranasal sinuses						410	1,00	4,300		R588,70
13130	X-ray of the naso-pharyngeal soft tissue						410	1,00	2,740		R375,00
13300	CT of the paranasal sinuses single plane, limited study						410	1,00	7,200		R985,60
13310	CT of the paranasal sinuses, two planes, limited study						410	1,00	12,400		R1 697,40
13320	CT of the paranasal sinuses, any plane, complete study						410	1,00	15,420		R2 110,70
13330	CT of the paranasal sinuses, more than one plane, complete study						410	1,00	20,770		R2 842,90
13340	CT of the paranasal sinuses, any plane, complete study: pre and post contrast						410	1,00	34,740		R4 755,50
13350	CT of the paranasal sinuses, more than one plane, complete study; pre and post contrast						410	1,00	41,010		R5 613,60
13400	MR of the paranasal sinuses						410	1,00	60,270		R8 249,70

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TARIFF CODE	TARIFF DESCRIPTION	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE
13410	MR of the paranasal sinuses, pre and post contrast						410	1,00	96,590		R13 221,40
	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.										
14100	X-ray of the mandible						410	1,00	3,660		R501,20
14110	X-ray orthopantomogram of the jaws and teeth						410	1,00	4,060		R555,80
14120	X-ray maxillofacial cephalometry						410	1,00	2,770		R379,10
14130	X-ray of the teeth single quadrant						410	1,00	2,000		R273,70
14140	X-ray of the teeth more than one quadrant						410	1,00	2,530		R346,50
14150	X-ray of the teeth full mouth						410	1,00	3,620		R495,60
14160	X-ray tomography of the teeth per side						410	1,00	3,230		R442,10
14300	CT of the mandible						410	1,00	22,280		R3 049,60
14310	CT of the mandible, pre and post contrast						410	1,00	41,260		R5 647,70
14320	CT mandible with 3D reconstructions						410	1,00	30,400		R4 161,20
14330	CT for dental implants in the mandible						410	1,00	27,450		R3 757,30

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TARIFF CODE	TARIFF DESCRIPTION	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE
14340	CT for dental implants in the maxilla						410	1,00	27,450		R3 757,30
14400	MR of the mandible/maxilla						410	1,00	63,800		R8 733,10
14410	MR of the mandible/maxilla, pre and post contrast						410	1,00	98,640		R13 502,20
	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).										
15100	X-ray tempero-mandibular joint, left						410	1,00	3,560		R487,20
15110	X-ray tempero-mandibular joint, right						410	1,00	3,560		R487,20
15120	X-ray tomography tempero-mandibular joint, left						410	1,00	4,300		R588,70
15130	X-ray tomography tempero-mandibular joint, right						410	1,00	4,300		R588,70
15140	X-ray arthrography of the tempero-mandibular joint, left						410	1,00	15,410		R2 109,40
15150	X-ray arthrography of the tempero-mandibular joint, right						410	1,00	15,410		R2 109,40
15200	Ultrasound tempero-mandibular joints, one or both sides						410	1,00	6,560		R898,00
15300	CT of the tempero-mandibular joints						410	1,00	25,380		R3 474,20
15310	CT of the tempero-mandibular joints plus 3D reconstructions						410	1,00	34,500		R4 722,50
15320	CT arthrogram of the tempero-mandibular joints						410	1,00	35,960		R4 922,10
15400	MR of the tempero-mandibular joints						410	1,00	63,800		R8 733,10
15410	MR of the tempero-mandibular joints, pre and post contrast						410	1,00	100,840		R13 803,20
15420	MR arthrogram of the tempero-mandibular joints						410	1,00	74,710		R10 226,40

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TARIFF CODE	TARIFF DESCRIPTION	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE
	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.										
16100	X-ray of the mastoids, unilateral						410	1,00	3,590		R491,50
16110	X-ray of the mastoids, bilateral						410	1,00	7,180		R982,80
16120	X-ray tomography of the petro-temporal bone, unilateral						410	1,00	4,300		R588,70
16130	X-ray tomography of the petro-temporal bone, bilateral						410	1,00	8,600		R1 177,10
16140	X-ray internal auditory canal, bilateral						410	1,00	5,230		R715,90
16150	X-ray tomography of the internal auditory canal, bilateral						410	1,00	4,300		R588,70
16300	CT of the mastoids						410	1,00	12,600		R1 724,90
16310	CT of the internal auditory canal						410	1,00	21,470		R2 938,90
16320	CT of the internal auditory canal, pre and post contrast						410	1,00	34,200		R4 681,50
16330	CT of the ear structures, limited study						410	1,00	13,400		R1 834,30
16340	CT of the middle and inner ear structures, high definition including all reconstructions in various planes						410	1,00	43,350		R5 933,80
16400	MR of the internal auditory canals, limited study						410	1,00	43,560		R5 962,60
16410	MR of the internal auditory canals, pre and post contrast, limited study						410	1,00	68,930		R9 435,20
16420	MR of the internal auditory canals, pre and post contrast, complete study						410	1,00	102,640		R14 049,60
16430	MR of the ear structures						410	1,00	64,400		R8 815,20
16440	MR of the ear structures, pre and post contrast						410	1,00	102,640		R14 049,60

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Practice Type: **Nuclear Medicine**

Practice Type: **Radiology**

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TARIFF CODE	TARIFF DESCRIPTION	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE
	SELLA TURCICA										
	Code 17100 (sella) and 17110 (tomography) may be combined.										
17100	X-ray of the sella turcica						410	1,00	3,080		R421,50
17110	X-ray tomography of the sella turcica						410	1,00	4,300		R588,70
17300	CT of the sella turcica/hypophysis						410	1,00	17,450		R2 388,60
17310	CT of the sella turcica/hypophysis, pre and post contrast						410	1,00	42,260		R5 784,50
17400	MR of the hypophysis						410	1,00	43,560		R5 962,60
17410	MR of the hypophysis, pre and post contrast						410	1,00	74,030		R10 133,50
	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).										
18100	X-ray of the salivary glands and ducts for calculus						410	1,00	2,840		R388,80
18110	X-ray of the salivary ducts, open mouth for calculus						410	1,00	1,900		R259,90
18120	X-ray sialography, per gland						410	1,00	14,080		R1 927,40
18200	Ultrasound of the salivary glands/floor of the mouth						410	1,00	6,560		R898,00
18300	CT of the salivary glands, uncontrasted						410	1,00	12,600		R1 724,90
18310	CT of the salivary glands/floor of the mouth, pre and post contrast						410	1,00	42,100		R5 762,90
18320	CT sialography						410	1,00	26,280		R3 597,40
18400	MR of the salivary glands/floor of the mouth						410	1,00	63,200		R8 650,90
18410	MR of the salivary glands/floor of the mouth, pre and post contrast						410	1,00	100,840		R13 803,20
18900	Nuclear Medicine study - Salivary gland imaging	410	1,00	20,770		R2 842,90					

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 Practice Type: **Nuclear Medicine**

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TARIFF CODE	TARIFF DESCRIPTION	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE
	SOFT TISSUE										
19900	Nuclear Medicine study - Tumour localisation planar, static	410	1,00	20,740		R2 839,00					
19905	Nuclear Medicine study - Tumour localisation planar, static, multiple studies	410	1,00	35,170		R4 814,10					
19910	Nuclear Medicine study - Tumour localisation planar, static and SPECT	410	1,00	34,150		R4 674,70					
19915	Nuclear Medicine study - Tumour localisation planar, static, multiple studies and SPECT	410	1,00	47,560		R6 509,90					
19920	Nuclear medicine study - Infection localisation planar, static	410	1,00	18,040		R2 469,40					
19925	Nuclear medicine study - Infection localisation planar, static, multiple studies	410	1,00	31,450		R4 305,00					
19930	Nuclear medicine study - Infection localisation planar, static and SPECT	410	1,00	31,450		R4 305,00					
19935	Nuclear medicine study - Infection localisation planar, static, multiple studies and SPECT	410	1,00	44,860		R6 140,50					
	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).										
20100	X-ray of soft tissue of the neck						410	1,00	2,740		R375,00
20110	X-ray of the larynx including tomography						410	1,00	9,390		R1 285,20
20120	X-ray laryngography						410	1,00	8,280		R1 133,40
20130	X-ray evaluation of pharyngeal movement and speech by screening and / or cine with or without video recording						410	1,00	8,300		R1 136,10
20200	Ultrasound of the thyroid						410	1,00	6,560		R898,00
20210	Ultrasound of soft tissue of the neck						410	1,00	6,560		R898,00
20220	Ultrasound of the carotid arteries, bilateral including B mode, pulsed and colour doppler						410	1,00	15,000		R2 053,50

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TARIFF CODE	TARIFF DESCRIPTION	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE
20230	Ultrasound of the entire extracranial vascular tree including carotids, vertebral and subclavian vessels with B mode, pulse and colour doppler						410	1,00	21,840		R2 989,60
20240	Ultrasound study of the venous system of the neck including pulse and colour Doppler						410	1,00	10,800	Z	R1 478,20
20300	CT of the soft tissues of the neck						410	1,00	18,250		R2 498,00
20310	CT of the soft tissues of the neck, with contrast						410	1,00	38,150		R5 221,90
20320	CT of the soft tissues of the neck, pre and post contrast						410	1,00	43,810		R5 997,00
20330	CT angiography of the extracranial vessels in the neck						410	1,00	79,360		R10 863,00
20340	CT angiography of the extracranial vessels in the neck and intracranial vessels of the brain						410	1,00	107,500		R14 714,90
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						410	1,00	124,430		R17 032,30
20400	Mr of the soft tissue of the neck						410	1,00	63,600		R8 705,60
20410	MR of the soft tissue of the neck, pre and post contrast						410	1,00	102,040		R13 967,50
20420	MR of the soft tissue of the neck and uncontrasted angiography						410	1,00	92,600		R12 675,40
20430	MR angiography of the extracranial vessels in the neck, without contrast						410	1,00	59,600		R8 158,40
20440	MR angiography of the extracranial vessels in the neck, with contrast						410	1,00	74,020		R10 131,80
20450	MR angiography of the extra and intracranial vessels with contrast						410	1,00	116,050		R15 885,20
20460	MR angiography of the intra and extra cranial vessels plus brain, without contrast						410	1,00	135,170		R18 502,30
20470	MR angiography of the intra and extra cranial vessels plus brain, with contrast						410	1,00	156,050		R21 360,50
20500	Arteriography of cervical vessels: carotid 1 - 2 vessels						410	1,00	44,430		R6 081,80

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20510	Arteriography of cervical vessels: vertebral 1 - 2 vessels						410	1,00	50,730		R6 944,00
20520	Arteriography of cervical vessels: carotid and vertebral						410	1,00	77,630		R10 626,00
20530	Arteriography of aortic arch and cervical vessels						410	1,00	91,970		R12 589,20
20540	Arteriography of aortic arch, cervical and intracranial vessels						410	1,00	108,870		R14 902,30
20550	Venography of jugular and vertebral veins						410	1,00	48,950		R6 700,20
THYROID (NUCLEAR MEDICINE)											
21900	Nuclear Medicine study - Thyroid, single uptake	410	1,00	9,680		R1 325,10					
21910	Nuclear medicine study - Thyroid, multiple uptake	410	1,00	14,690		R2 010,70					
21920	Nuclear medicine study - Thyroid imaging with uptake	410	1,00	17,720		R2 425,60					
21930	Nuclear medicine study - Thyroid imaging	410	1,00	12,720		R1 741,30					
21940	Nuclear medicine study - Thyroid imaging with vascular flow	410	1,00	18,740		R2 565,20					
21950	Nuclear medicine study - Thyroid suppression/stimulation	410	1,00	12,720		R1 741,30					
21960	PET scan of the thyroid						411	1,00	0,000		
PARATHYROID (NUCLEAR MEDICINE)											
22900	Nuclear Medicine study - Parathyroid, planar, static	410	1,00	16,520		R2 261,50					
22910	Nuclear medicine study - Parathyroid, planar, static, multiple	410	1,00	28,910		R3 957,10					
22920	Nuclear medicine study - Parathyroid, planar, static with subtraction technique	410	1,00	21,880		R2 994,90					
22930	Nuclear medicine study - Parathyroid SPECT	410	1,00	13,410		R1 835,50					
22940	PET scan of the parathyroid						411	1,00	0,000		
SOFT TISSUE											
29900	Nuclear Medicine study - Tumour localisation planar, static	410	1,00	20,740		R2 839,00					
29905	Nuclear medicine study - Tumour localisation planar, static, multiple studies	410	1,00	35,170		R4 814,10					

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29910	Nuclear medicine study - Tumour localisation planar, static and SPECT	410	1,00	34,150		R4 674,70					
29915	Nuclear medicine study - Tumour localisation planar, static, multiple studies and SPECT	410	1,00	47,560		R6 509,90					
29920	Nuclear medicine study - Tumour localisation planar, static	410	1,00	18,040		R2 469,40					
29925	Nuclear medicine study - Infection localisation planar, static, multiple studies	410	1,00	31,450		R4 305,00					
29930	Nuclear medicine study - Infection localisation planar, static and SPECT	410	1,00	31,450		R4 305,00					
29935	Nuclear medicine study - Infection localisation planar, static, multiple studies and SPECT	410	1,00	44,860		R6 140,50					
29940	Nuclear medicine study - Regional lymph node mapping, static, planar	410	1,00	24,100		R3 298,80					
29945	Nuclear medicine study - Regional lymph node mapping, static, planar, multiple	410	1,00	36,490		R4 994,80					
29950	Nuclear medicine study – Lymph node localisation with gamma probe	410	1,00	12,390		R1 695,80					
29960	PET scan of the soft tissue of the neck						411	1,00	0,000		
29961	PET/CT scan of the soft tissue of the neck uncontrasted						411	1,00	132,060		
29962	PET/CT scan of the soft tissue of the neck contrasted						411	1,00	136,450		

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TARIFF CODE	TARIFF DESCRIPTION	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE
THORAX											
CHEST WALL, PLEURA, LUNGS AND MEDIASTINUM											
	Code 30140 (tomography) may be combined with 30100 or 30110 (chest) or 30150 or 30155 (ribs) or 30160 (thoracic inlet). Codes 30170 (Sterno-clavicular) and 30175 (tomography) may be combined. Code 30180 (sternum) and 30185 (tomography) may be combined. Code 30340 (CT limited high resolution) may be combined with 30310 or 30320 or 30330 (CT chest). Motivation may be required. Code 30350 (high resolution) is a stand alone study. Code 30360, (CT chest for pulmonary embolism) is a complete examination and includes the preceding uncontrasted CT scan of the chest, and may not be combined with 40330 or 40333 (CT abdomen and pelvis). Code 30370 (CT pulmonary embolism plus CT venography) may not be combined with 70230 (Doppler).										
30100	X-ray of the chest, single view						410	1,00	3,040		R416,40
30110	X-ray of the chest two views, PA and lateral						410	1,00	3,840		R525,60
30120	X-ray of the chest complete with additional views						410	1,00	4,240		R580,50
30130	X-ray of the chest complete including fluoroscopy						410	1,00	4,480		R613,30
30140	X-ray tomography of the chest						410	1,00	4,300		R588,70
30150	X-ray of the ribs						410	1,00	4,790		R655,80
30155	X-ray of the chest and ribs						410	1,00	6,420		R878,60
30160	X-ray of the thoracic inlet						410	1,00	2,560		R350,20
30170	X-ray of the sterno-clavicular joints						410	1,00	4,210		R576,50
30175	X-ray tomography of the sterno-clavicular joint						410	1,00	4,300		R588,70
30180	X-ray of the sternum						410	1,00	4,210		R576,50

GEMS TARIFF FOR RADIOLOGISTS AND NUCLEAR MEDICINE WITH EFFECT FROM 1 JANUARY 2020

Practice Type: **Nuclear Medicine**

Practice Type: **Radiology**

Code: **025**

Code: **038**

TARIFF CODE	TARIFF DESCRIPTION	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE
30185	X-ray tomography of the sternum						410	1,00	4,300		R588,70
30200	Ultrasound of the chest wall, any region						410	1,00	6,560		R898,00
30210	Ultrasound of the pleural space						410	1,00	6,560		R898,00
30220	Ultrasound of the mediastinal structures						410	1,00	6,560		R898,00
30300	CT of the chest, limited study						410	1,00	9,500		R1 300,30
30310	CT of the chest uncontrasted						410	1,00	26,600		R3 641,10
30320	CT of the chest contrasted						410	1,00	42,430		R5 807,80
30330	CT of the chest, pre and post contrast						410	1,00	45,700		R6 255,40
30340	CT of the chest, limited high resolution study						410	1,00	11,200		R1 533,10
30350	CT of the chest, complete high resolution study						410	1,00	24,010		R3 286,70
30355	CT of the chest, complete high resolution study with additional prone and expiratory studies						410	1,00	33,300	Z	R4 558,20
30360	CT of the chest for pulmonary embolism						410	1,00	57,120		R7 818,80
30370	CT of the chest for pulmonary embolism with CT venography of abdomen, pelvis and lower limbs						410	1,00	80,280		R10 988,90
30400	MR of the chest						410	1,00	63,600		R8 705,60
30410	MR of the chest with uncontrasted angiography						410	1,00	92,600		R12 675,40
30420	MR of the chest, pre and post contrast						410	1,00	102,040		R13 967,50
30900	Nuclear Medicine study - Lung perfusion	410	1,00	21,540		R2 948,50					
30910	Nuclear Medicine study - Lung ventilation, aerosol	410	1,00	21,500		R2 943,00					
30920	Nuclear Medicine study - Lung perfusion and ventilation	410	1,00	42,030		R5 753,20					
30930	Nuclear Medicine study - Lung ventilation using radio-active gas	410	1,00	14,170		R1 939,70					
30940	Nuclear Medicine study - Lung perfusion and ventilation using radio-active gas	410	1,00	34,690		R4 748,40					

GEMS TARIFF FOR RADIOLOGISTS AND NUCLEAR MEDICINE WITH EFFECT FROM 1 JANUARY 2020

Practice Type: **Nuclear Medicine**

Practice Type: **Radiology**

Code: **025**

Code: **038**

TARIFF CODE	TARIFF DESCRIPTION	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE
30950	Nuclear medicine study - Muco-ciliary clearance study dynamic	410	1,00	26,510	Z	R3 628,90					
30960	Nuclear medicine study - alveolar permeability	410	1,00	26,510	Z	R3 628,90					
	Stand alone code. Not to be combined with 30910.										
30970	Nuclear medicine study - quantitative evaluation of lung perfusion and ventilation	410	1,00	6,020	Z	R824,10					
	Stand alone code. Not to be combined with 30920.										
30980	PET scan of the chest						411	1,00	0,000		
30981	PET/CT scan of the chest uncontrasted						411	1,00	132,060		
30982	PET/CT scan of the chest contrasted						411	1,00	136,450		
30983	PET/CT scan of the chest pre and post contrast						411	1,00	181,180		
OESOPHAGUS											
	Codes 31100, 31110, 31120 (swallow) include fluoroscopy (00140 may not be added).										
31100	X-ray barium swallow						410	1,00	6,600		R903,50
31105	Xray 3 phase dynamic contrasted swallow						410	1,00	12,600	Z	R1 724,90
31110	X-ray barium swallow, double contrast						410	1,00	7,920		R1 083,90
31120	X-ray barium swallow with cinematography						410	1,00	10,070		R1 378,30
AORTA AND LARGE VESSELS											
	Codes 32210 and 32220 (Ivus) may be combined										
32200	Ultrasound intravascular arterial or venous assessment for intervention, once per complete procedure						410	1,00	4,200		R574,70
32210	Ultrasound intravascular (IVUS) first vessel						410	1,00	8,440		R1 155,20
32220	Ultrasound intravascular (IVUS) subsequent vessels						410	1,00	5,300		R725,60
32300	CT angiography of the aorta and branches						410	1,00	79,080		R10 824,90

GEMS TARIFF FOR RADIOLOGISTS AND NUCLEAR MEDICINE WITH EFFECT FROM 1 JANUARY 2020

Practice Type: **Nuclear Medicine**

Practice Type: **Radiology**

Code: **025**

Code: **038**

TARIFF CODE	TARIFF DESCRIPTION	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE
32305	CT angiography of the thoracic and abdominal aorta and branches						410	1,00	105,500	Z	R14 441,10
32310	CT angiography of the pulmonary vasculature						410	1,00	79,080		R10 824,90
32400	MR angiography of the aorta and branches						410	1,00	78,500		R10 745,40
32410	MR angiography of the pulmonary vasculature						410	1,00	105,270		R14 409,50
32500	Arteriography of thoracic aorta						410	1,00	28,260		R3 868,20
32510	Arteriography of bronchial intercostal vessels alone						410	1,00	50,150		R6 864,70
32520	Arteriography of thoracic aorta, bronchial and intercostal vessels						410	1,00	67,430		R9 230,10
32530	Arteriography of pulmonary vessels						410	1,00	63,270		R8 660,60
32540	Arteriography of heart chambers, coronary arteries						410	1,00	44,270		R6 059,90
32550	Venography of thoracic vena cava						410	1,00	28,380		R3 884,70
32560	Venography of vena cava, azygos system						410	1,00	56,310		R7 707,80
32570	Venography patency of A-port or other central line						410	1,00	19,640		R2 688,40
HEART											
	Codes 33300 (CT anatomy / function) and 33310 (CT Angiography) may be done as stand alone studies or as additive studies if both are performed at the same time.										
33205	Ultrasound study of the heart for foetal or paediatric cases including doppler						410	1,00	12,300		R1 683,70
	Code 33205 is a stand alone study and may not be added to 33200 or 33210. This code is intended for paediatric and foetal cases only										
33200	Ultrasound study of the heart, including Doppler						410	1,00	8,200		R1 122,40
33210	Ultrasound study of the heart trans-oesophageal						410	1,00	10,520		R1 440,10
33220	Ultrasound intravascular imaging to guide placement of intracoronary stent once per vessel						410	1,00	5,200		R711,90

GEMS TARIFF FOR RADIOLOGISTS AND NUCLEAR MEDICINE WITH EFFECT FROM 1 JANUARY 2020

Practice Type: **Nuclear Medicine**

Practice Type: **Radiology**

Code: **025**

Code: **038**

TARIFF CODE	TARIFF DESCRIPTION	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE
33300	CT anatomical/functional study of the heart						410	1,00	34,610		R4 737,70
33310	CT angiography of heart vessels						410	1,00	81,280		R11 126,10
33400	MR of the heart, anatomical study						410	1,00	62,200		R8 514,30
33410	MR of the heart, anatomical and functional study						410	1,00	69,000		R9 444,90
33420	MR of the heart, pre and post contrast						410	1,00	103,040		R14 104,40
33430	MR angiography of the heart vessels						410	1,00	70,710		R9 678,90
33440	MR of the heart, anatomical, functional and coronary angiography						410	1,00	106,840		R14 624,60
33900	Nuclear Medicine study - Cardiac shunt detection	410	1,00	21,500		R2 943,00					
33905	Nuclear Medicine study - Cardiac blood pool imaging, ejection fraction plus wall motion single study	410	1,00	26,510		R3 628,90					
33910	Nuclear Medicine study - Cardiac blood pool imaging, ejection fraction plus wall motion multiple studies	410	1,00	34,920		R4 779,80					
33915	Nuclear Medicine study - Cardiac blood pool imaging, gated SPECT	410	1,00	13,410		R1 835,50					
33920	Nuclear medicine study - Cardiac blood pool imaging, first pass technique	410	1,00	26,510		R3 628,90					
33925	Nuclear medicine study - Myocardial perfusion, single, rest (thallium/mibi) planar, non gated	410	1,00	16,520		R2 261,50					
33930	Nuclear medicine study - Myocardial perfusion, single, stress (thallium/mibi) planar, non gated	410	1,00	16,520		R2 261,50					
33935	Nuclear medicine study - Myocardial perfusion, single, rest (thallium/mibi), SPECT (non gated)	410	1,00	16,520		R2 261,50					
33940	Nuclear medicine study - Myocardial perfusion, single, stress (thallium/mibi), SPECT non gated	410	1,00	16,520		R2 261,50					
33945	Nuclear medicine study - Myocardial perfusion, single, rest (thallium/mibi), SPECT (gated)	410	1,00	28,910		R3 957,10					

GEMS TARIFF FOR RADIOLOGISTS AND NUCLEAR MEDICINE WITH EFFECT FROM 1 JANUARY 2020

Practice Type: **Nuclear Medicine**

Practice Type: **Radiology**

Code: **025**

Code: **038**

TARIFF CODE	TARIFF DESCRIPTION	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE
33950	Nuclear medicine study - Myocardial perfusion, single, stress (thallium/mibi), SPECT (gated)	410	1,00	28,910		R3 957,10					
33955	Nuclear medicine study - Plus wall movement and ejection fraction, SPECT	410	1,00	6,020		R824,10					
33960	Nuclear medicine study - Cardiac hot spot imaging (infarction) planar	410	1,00	21,500		R2 943,00					
33965	Nuclear medicine study - Cardiac hot spot imaging (infarction) SPECT	410	1,00	13,410		R1 835,50					
33970	Nuclear Medicine study - Multi stage treadmill ECG test	410	1,00	6,660		R911,70					
33980	PET scan of the heart						411	1,00	0,000		
33981	PET/CT scan of the heart?						411	1,00	145,780		
MAMMA											
	Codes 34110 (localization), 34120 (stereo-tactic localization) and 34130 (stereo-tactic biopsy) may not be combined. Code 34130 (stereo-tactic biopsy). Add procedural code 80610 (cutting needle) or 34150 (mamotome) Code 34205 (U/S FNA) includes the procedural code (may not be combined with 34150).										
34100	X-ray mammography including ultrasound						410	1,00	10,440		R1 428,80
34101	X-Ray mammography unilateral, including ultrasound						410	1,00	8,352		R1 143,30
	Code 34100 may not be combined with 34205 when these two procedures are done in the same sitting. Code 34100 includes ultrasound. In this situation use code 80605 (fine needle aspiration) with 34100										
34105	X-ray mammography galactography						410	1,00	9,400		R1 286,60
	Once off fee per visit. May be added to 34100										
34110	X-ray mammography study for localisation						410	1,00	7,240		R990,90
34120	X-ray stereotactic mammography – localisation						410	1,00	10,400		R1 423,50
34130	X-ray stereotactic mammography – biopsy						410	1,00	11,600		R1 587,90

**GEMS TARIFF FOR RADIOLOGISTS AND NUCLEAR MEDICINE
 WITH EFFECT FROM 1 JANUARY 2020**

 Practice Type: **Nuclear Medicine**

 Practice Type: **Radiology**

 Code: **025**

 Code: **038**

TARIFF CODE	TARIFF DESCRIPTION	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE
34140	X-ray of biopsy specimen of the mamma						410	1,00	2,740		R375,00
34150	X-ray Mamotome hand held biopsy apparatus						410	1,00	9,800		R1 341,10
34200	Ultrasound study of the breast						410	1,00	7,900		R1 081,20
34205	Ultrasound guided aspiration FNA/localisation of the breast						410	1,00	12,100		R1 656,60
34300	Computer assisted diagnosis for mammography						410	1,00	1,400		R191,90
34400	MR study of the breast						410	1,00	62,600		R8 568,80
34410	MR study of the breast pre and post contrast						410	1,00	100,840		R13 803,20
34900	PET scan of the breast/mamma						411	1,00	0,000		
SOFT TISSUE											
39900	Nuclear medicine study - Tumour localisation planar, static	410	1,00	20,740		R2 839,00					
39905	Nuclear medicine study - Tumour localisation planar, static, multiple studies	410	1,00	35,170		R4 814,10					
39910	Nuclear medicine study - Tumour localisation planar, static and SPECT	410	1,00	34,150		R4 674,70					
39915	Nuclear medicine study - Tumour localisation planar, static, multiple studies and SPECT	410	1,00	47,560		R6 509,90					
39920	Nuclear medicine study - Infection localisation planar, static	410	1,00	18,040		R2 469,40					
39925	Nuclear medicine study - Infection localisation planar, static, multiple studies	410	1,00	31,450		R4 305,00					
39930	Nuclear medicine study - Infection localisation planar, static and SPECT	410	1,00	31,450		R4 305,00					
39935	Nuclear medicine study - Infection localisation planar, static, multiple studies, SPECT	410	1,00	44,860		R6 140,50					
39940	Nuclear medicine study - Regional lymph node mapping, static, planar	410	1,00	24,100		R3 298,80					
39945	Nuclear medicine study - Regional lymph node mapping, static, planar, multiple	410	1,00	36,490		R4 994,80					

GEMS TARIFF FOR RADIOLOGISTS AND NUCLEAR MEDICINE WITH EFFECT FROM 1 JANUARY 2020

Practice Type: **Nuclear Medicine**

Practice Type: **Radiology**

Code: **025**

Code: **038**

TARIFF CODE	TARIFF DESCRIPTION	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE
39950	Nuclear medicine study – Lymph node localisation with gamma probe	410	1,00	12,390		R1 695,80					
ABDOMEN AND PELVIS											
ABDOMEN/STOMACH/BOWEL											
	Code 40120 (tomography) may be combined with 40100 or 40105 or 40110 (abdomen). Codes 40140 to 40190 (barium studies) include fluoroscopy (00140 may not be added). Code 40190 (intussusception) is a stand alone code and may not be combined with 40160 or 40165 (barium enema), (00140 may not be added).										
40100	X-ray of the abdomen						410	1,00	3,320		R454,50
40105	X-ray of the abdomen supine and erect, or decubitus						410	1,00	5,360		R733,60
40110	X-ray of the abdomen multiple views including chest						410	1,00	8,100		R1 108,90
40120	X-ray tomography of the abdomen						410	1,00	4,300		R588,70
40140	X-ray barium meal single contrast						410	1,00	8,870		R1 214,10
40143	X-ray barium meal double contrast						410	1,00	11,990		R1 641,30
40147	X-ray barium meal double contrast with follow through						410	1,00	15,800		R2 162,60
40150	X-ray small bowel enteroclysis (meal)						410	1,00	25,450		R3 483,80
	Code 40150 excludes duodenal intubation and 40175 (Duodenal intubation) may be added.										
40153	X-ray small bowel meal follow through single contrast						410	1,00	19,550		R2 676,00
40157	X-ray small bowel meal with pneumocolon						410	1,00	25,630		R3 508,20
40160	X-ray large bowel enema single contrast						410	1,00	12,970		R1 775,50
40165	X-ray large bowel enema double contrast						410	1,00	19,630		R2 687,20
40170	X-ray guided gastro oesophageal intubation						410	1,00	1,600		R218,90
40175	X-ray guided duodenal intubation						410	1,00	2,800		R383,20

GEMS TARIFF FOR RADIOLOGISTS AND NUCLEAR MEDICINE WITH EFFECT FROM 1 JANUARY 2020

Practice Type: **Nuclear Medicine**

Practice Type: **Radiology**

Code: **025**

Code: **038**

TARIFF CODE	TARIFF DESCRIPTION	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE
40180	X-ray defaecogram						410	1,00	12,970		R1 775,50
40190	X-ray guided reduction of intussusception						410	1,00	16,270		R2 226,90
40200	Ultrasound study of the abdominal wall						410	1,00	5,540		R758,40
40210	Ultrasound study of the whole abdomen including the pelvis						410	1,00	8,240		R1 127,80
40300	CT study of the abdomen						410	1,00	26,410		R3 615,00
40310	CT study of the abdomen with contrast						410	1,00	44,820		R6 135,20
40313	CT study of the abdomen pre and post contrast						410	1,00	52,990		R7 253,20
40320	CT of the pelvis						410	1,00	26,130		R3 576,80
40323	CT of the pelvis with contrast						410	1,00	47,480		R6 499,30
40327	CT of the pelvis pre and post contrast						410	1,00	53,870		R7 373,80
40330	CT of the abdomen and pelvis						410	1,00	38,500		R5 269,80
40333	CT of the abdomen and pelvis with contrast						410	1,00	62,170		R8 509,80
40337	CT of the abdomen and pelvis pre and post contrast						410	1,00	67,430		R9 230,10
40340	CT triphasic study of the liver, abdomen and pelvis pre and post contrast						410	1,00	74,110		R10 144,40
40345	CT of the chest, abdomen and pelvis without contrast						410	1,00	70,120		R9 598,00
40350	CT of the chest, abdomen and pelvis with contrast						410	1,00	88,350		R12 093,70
40355	CT of the chest triphasic of the liver, abdomen and pelvis with contrast						410	1,00	93,050		R12 736,70
40360	CT of the base of skull to symphysis pubis with contrast						410	1,00	102,730		R14 061,80
40365	CT colonoscopy						410	1,00	34,780		R4 760,80
	Stand alone study, may not be added to any code between 40300 and 40360										
40400	MR of the abdomen						410	1,00	64,580		R8 839,90
40410	MR of the abdomen pre and post contrast						410	1,00	100,840		R13 803,20

GEMS TARIFF FOR RADIOLOGISTS AND NUCLEAR MEDICINE WITH EFFECT FROM 1 JANUARY 2020

Practice Type: **Nuclear Medicine**

Practice Type: **Radiology**

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Code: **038**

TARIFF CODE	TARIFF DESCRIPTION	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE
40420	MR of the pelvis, soft tissue						410	1,00	64,580		R8 839,90
40430	MR of the pelvis, soft tissue, pre and post contrast						410	1,00	102,040		R13 967,50
40900	Nuclear Medicine study - Gastro oesophageal reflux and emptying	410	1,00	21,500		R2 943,00					
40905	Nuclear Medicine study - Gastro oesophageal reflux and emptying multiple studies	410	1,00	34,920		R4 779,80					
40910	Nuclear Medicine study - Gastro intestinal protein loss	410	1,00	21,500		R2 943,00					
40915	Nuclear Medicine study - Gastro intestinal protein loss multiple studies	410	1,00	34,920		R4 779,80					
40920	Nuclear Medicine study – Acute GIT bleed static/dynamic	410	1,00	21,500		R2 943,00					
40925	Nuclear medicine study – Acute GIT bleed multiple studies	410	1,00	34,920		R4 779,80					
40930	Nuclear medicine study - Meckel's localisation	410	1,00	20,770		R2 842,90					
40935	Nuclear medicine study - Gastric mucosa imaging	410	1,00	20,770		R2 842,90					
40940	Nuclear medicine study - colonic transit multiple studies	410	1,00	44,860	Z	R6 140,50					
STAND ALONE CODE											
40950	PET scan of the abdomen and pelvis						411	1,00	0,000		
40951	PET/CT scan of the abdomen and pelvis uncontrasted						411	1,00	163,590		
40952	PET/CT scan of the abdomen and pelvis contrasted						411	1,00	167,970		
40953	PET/CT scan of the abdomen and pelvis pre and post contrast						411	1,00	203,700		
LIVER, SPLEEN, GALL BLADDER AND PANCREAS											
	Code 41110, 41120 and 41130 (cholangiography) include fluoroscopy (00140 may not be added).										
41100	X-ray ERCP including screening						410	1,00	18,900		R2 587,00
41105	X-ray ERCP reporting on images done in theatre						410	1,00	2,400		R328,50
41110	X-ray cholangiography intra-operative						410	1,00	8,450		R1 156,70
41120	X-ray T-tube cholangiography post operative						410	1,00	14,050		R1 923,10
41130	X-ray transhepatic percutaneous cholangiography						410	1,00	32,340		R4 426,60
41200	Ultrasound study of the upper abdomen						410	1,00	7,000		R958,00

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Practice Type: **Nuclear Medicine**

Practice Type: **Radiology**

Code: **025**

Code: **038**

TARIFF CODE	TARIFF DESCRIPTION	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE
41210	Ultrasound doppler of the hepatic and splenic veins and inferior vena cava in assessment of portal venous hypertension or thrombosis						410	1,00	9,800		R1 341,10
	Code 41210 is a stand alone study and may not be added to 40200, 40210, 41200 or 42200										
41300	CT of the abdomen triphasic study – liver						410	1,00	54,900		R7 515,00
41400	MR study of the liver/pancreas						410	1,00	64,780		R8 867,10
41410	MR study of the liver/pancreas pre and post contrast						410	1,00	100,840		R13 803,20
41420	MRCP						410	1,00	49,200		R6 734,50
41430	MR study of the abdomen with MRCP						410	1,00	92,980		R12 727,20
41440	MR study of the abdomen pre and post contrast with MRCP						410	1,00	133,600		R18 287,40
41900	Nuclear Medicine study - Liver and spleen, planar views only	410	1,00	21,500		R2 943,00					
41905	Nuclear Medicine study - Liver and spleen, with flow study	410	1,00	27,530		R3 768,50					
41910	Nuclear Medicine study - Liver and spleen, planar views SPECT	410	1,00	34,920		R4 779,80					
41915	Nuclear Medicine study - Liver and spleen, with flow study and SPECT	410	1,00	40,940		R5 604,00					
41920	Nuclear Medicine study - Hepatobiliary system planar static/dynamic	410	1,00	21,500		R2 943,00					
41925	Nuclear Medicine study – hepatobiliary tract including flow	410	1,00	26,510		R3 628,90					
41930	Nuclear medicine study – Hepatobiliary system planar, static/dynamic multiple studies	410	1,00	34,920		R4 779,80					
41935	Nuclear medicine study – Hepatobiliary tract including flow multiple studies	410	1,00	39,920		R5 464,30					
41940	Nuclear medicine study - Gall bladder ejection fraction	410	1,00	6,020		R824,10					
41945	Nuclear medicine study – Biliary gastric reflux study	410	1,00	20,770		R2 842,90					
RENAL TRACT											
42100	X-ray tomography of the renal tract						410	1,00	4,300		R588,70

GEMS TARIFF FOR RADIOLOGISTS AND NUCLEAR MEDICINE WITH EFFECT FROM 1 JANUARY 2020

Practice Type: **Nuclear Medicine**

Practice Type: **Radiology**

Code: **025**

Code: **038**

TARIFF CODE	TARIFF DESCRIPTION	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE
	Code 42100 (tomography) may not be added to 42110 or 42115 (IVP). Codes 42115 (IVP), 42120 (cystography), 42130 (urethrography), 42140 (MCU), 42150 (retrograde), and 42160 (prograde) include fluoroscopy (00140 may not be added).										
42110	X-ray excretory urogram including tomography						410	1,00	24,860		R3 402,80
42115	X-ray excretory urogram including tomography with micturating study						410	1,00	32,860		R4 498,00
42120	X-ray cystography						410	1,00	15,050		R2 060,10
42130	X-ray urethrography						410	1,00	15,370		R2 103,80
42140	X-ray micturating cysto-urethrography						410	1,00	19,300		R2 641,80
42150	X-ray retrograde/prograde pyelography						410	1,00	12,530		R1 715,20
42155	X-ray retrograde/prograde pyelography reporting on images done in theatre						410	1,00	2,410		R330,00
42160	X-ray prograde pyelogram – percutaneous						410	1,00	32,670		R4 472,10
42200	Ultrasound study of the renal tract including bladder						410	1,00	7,420		R1 015,60
42205	Ultrasound doppler for resistive index in vessels of transplanted kidney						410	1,00	3,800		R520,20
	Code 42205 is a stand alone study and may not be added to 42200										
42210	Ultrasound study of the renal arteries including Doppler						410	1,00	10,600	Z	R1 450,90
42300	CT of the renal tract for a stone						410	1,00	25,150		R3 442,80
42400	MR of the renal tract for obstruction						410	1,00	47,000		R6 433,50
42410	MR of the kidneys without contrast						410	1,00	64,580		R8 839,90
42420	MR of the kidneys pre and post contrast						410	1,00	102,240		R13 995,00
42900	Nuclear Medicine study - Renal imaging, static (e.g. DMSA)	410	1,00	21,940		R3 003,40					

GEMS TARIFF FOR RADIOLOGISTS AND NUCLEAR MEDICINE WITH EFFECT FROM 1 JANUARY 2020

Practice Type: **Nuclear Medicine**

Practice Type: **Radiology**

Code: **025**

Code: **038**

TARIFF CODE	TARIFF DESCRIPTION	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE
42905	Nuclear Medicine study - Renal imaging, static (e.g. DMSA) with flow	410	1,00	27,960		R3 827,10					
42910	Nuclear Medicine study - Renal imaging, static (e.g. DMSA) with SPECT	410	1,00	35,350		R4 838,80					
42915	Nuclear Medicine study - Renal imaging, static (e.g. DMSA), with flow, with SPECT	410	1,00	41,370		R5 662,80					
42920	Nuclear Medicine study - Renal imaging dynamic (renogram) and vascular flow	410	1,00	26,510		R3 628,90					
42930	Nuclear Medicine study – Renovascular study, baseline	410	1,00	26,510		R3 628,90					
42940	Nuclear Medicine study – Renovascular study, with intervention	410	1,00	26,510		R3 628,90					
42950	Nuclear medicine study - indirect voiding cystogram	410	1,00	6,020	Z	R824,10					
REPRODUCTIVE SYSTEM											
	Codes 43120 and 43130 (hystero-salpingography) include fluoroscopy (00140 may not be added). Codes 43230 (U/S ova aspiration) and 43240 (amniocentesis) are complete procedure codes.										
	Codes 43230 (U/S ova aspiration) and 43240 (amniocentesis) are complete procedures and may not be combined with 00230 (ultrasound guidance) or 80605 (fine needle aspiration). Code 43240 may be combined with 43260 (second trimester), 43270 (third trimester) and 43273 (third trimester follow up)										
43100	X-ray pelvimetry single						410	1,00	4,000		R547,50
43110	X-ray pelvimetry multiple views						410	1,00	5,800		R793,80
43120	X-ray hystero-salpingography						410	1,00	10,030		R1 373,00
43130	X-ray hystero-salpingography with introduction of contrast						410	1,00	13,530		R1 852,00
43200	Ultrasound study of the pelvis transabdominal						410	1,00	5,700		R780,20
43205	Ultrasound study of the female pelvis transvaginal						410	1,00	7,210		R986,80

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TARIFF CODE	TARIFF DESCRIPTION	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE
43210	Ultrasound study of the prostate transrectal						410	1,00	7,380		R1 010,30
43215	Ultrasound transrectal prostate volume for brachytherapy						410	1,00	10,400		R1 423,50
43220	Ultrasound study of the testes						410	1,00	7,380		R1 010,30
43225	Ultrasound study for male impotence including doppler and injection of vaso constrictor						410	1,00	15,000		R2 053,50
	Code 43225 is a stand alone study and may not be added to 43200, 43210, 43220 or 44200										
43230	Ultrasound guided transvaginal aspiration for ova						410	1,00	13,500		R1 847,90
43240	Ultrasound guided amniocentesis						410	1,00	5,840		R799,30
43250	Ultrasound study of the pregnant uterus, first trimester						410	1,00	4,200		R574,70
43260	Ultrasound study of the pregnant uterus, second trimester						410	1,00	6,360		R870,50
43270	Ultrasound study of the pregnant uterus, third trimester, first visit						410	1,00	6,360		R870,50
43273	Ultrasound study of the pregnant uterus, third trimester, follow-up visit						410	1,00	4,200		R574,70
43277	Ultrasound study of the pregnant uterus, multiple gestation, second or third trimester, first visit						410	1,00	8,170		R1 118,60
43280	Ultrasound doppler of the umbilical cord for resistive index						410	1,00	3,800		R520,20
	Code 43280 is a stand alone study and may not be added to the following codes: 43250, 43260, 43270, 43273 or 43277										
43300	CT pelvimetry – Topogram						410	1,00	6,580		R900,70
43400	MR study of pelvic reproductive organs - limited study						410	1,00	47,600		R6 515,60
43405	MR study for pelvimetry						410	1,00	20,000		R2 737,80
43410	MR study of pelvic reproductive organs - complete – uncontrasted						410	1,00	64,580		R8 839,90
43420	MR study of pelvic reproductive organs - complete – pre and post contrast						410	1,00	102,240		R13 995,00

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Practice Type: **Nuclear Medicine**

Practice Type: **Radiology**

Code: **025**

Code: **038**

TARIFF CODE	TARIFF DESCRIPTION	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE
43950	Nuclear medicine study - Radio pharmaceutical voiding cystogram	410	1,00	21,500		R2 943,00					
43960	Nuclear medicine study - Testicular imaging	410	1,00	26,510		R3 628,90					
43970	Nuclear medicine study - hystero-salpingography	410	1,00	26,510	Z	R3 628,90					
43961	PET scan of the testis						411	1,00	0,000		
AORTA AND VESSELS											
	Code 44400 (MR Angiography) may be combined with 40400 (MR abdomen).										
44200	Ultrasound study of abdominal aorta and branches including doppler						410	1,00	18,320		R2 507,70
44205	Ultrasound study of the IVC and pelvic veins including Doppler						410	1,00	14,000	Z	R1 916,40
	This is a stand alone code and may not be added to 44200.										
44300	CT angiography of abdominal aorta and branches						410	1,00	76,720		R10 501,50
44305	CT angiography of the abdominal aorta and branches and pre and post contrast study of the upper abdomen						410	1,00	94,320		R12 910,70
44310	CT angiography of the pelvis						410	1,00	78,640		R10 764,40
44320	CT angiography of the abdominal aorta and pelvis						410	1,00	89,540		R12 256,30
44325	CT angiography of the abdominal aorta and pelvis and pre and post contrast study of the upper abdomen and pelvis						410	1,00	119,150		R16 309,50
44330	CT portogram						410	1,00	74,400		R10 183,80
44400	MR angiography of abdominal aorta and branches						410	1,00	76,640		R10 490,50
44500	Arteriography of abdominal aorta alone						410	1,00	28,120		R3 849,20
44503	Arteriography of aorta plus coeliac, mesenteric branches						410	1,00	75,630		R10 352,30
44505	Arteriography of aorta plus renal, adrenal branches						410	1,00	63,010		R8 624,80
44507	Arteriography of aorta plus non-visceral branches						410	1,00	60,790		R8 321,00

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Practice Type: **Nuclear Medicine**

Practice Type: **Radiology**

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TARIFF CODE	TARIFF DESCRIPTION	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE
44510	Arteriography of coeliac, mesenteric vessels alone						410	1,00	64,350		R8 808,20
44515	Arteriography of renal, adrenal vessels alone						410	1,00	49,490		R6 774,50
44517	Arteriography of non-visceral abdominal vessels alone						410	1,00	54,910		R7 516,10
44520	Arteriography of internal and external iliac vessels alone						410	1,00	56,720		R7 763,90
44525	Venography of internal and external iliac veins alone						410	1,00	62,110		R8 501,60
44530	Corpora cavernosography						410	1,00	25,060		R3 430,30
44535	Vasography, vesciculography						410	1,00	29,190		R3 995,50
44540	Venography of inferior vena cava						410	1,00	26,120		R3 575,20
44543	Venography of hepatic veins alone						410	1,00	53,770		R7 360,30
44545	Venography of inferior vena cava and hepatic veins						410	1,00	68,910		R9 432,70
44550	Venography of lumbar azygos system alone						410	1,00	43,890		R6 007,80
44555	Venography of inferior vena cava and lumbar azygos veins						410	1,00	65,460		R8 960,20
44560	Venography of renal, adrenal veins alone						410	1,00	43,990		R6 021,30
44565	Venography of inferior vena cava and renal/adrenal veins						410	1,00	68,390		R9 361,20
44570	Venography of spermatic, ovarian veins alone						410	1,00	40,390		R5 528,70
44573	Venography of inferior vena cava, renal, spermatic, ovarian veins						410	1,00	73,990		R10 127,80
44580	Venography indirect splenoportogram						410	1,00	48,670		R6 661,90
44583	Venography direct splenoportogram						410	1,00	31,590		R4 324,10
44587	Venography transhepatic portogram						410	1,00	66,750		R9 136,80
SOFT TISSUE											
49900	Nuclear Medicine study – Tumour localisation planar, static	410	1,00	20,740		R2 839,00					
49905	Nuclear Medicine study – Tumour localisation planar, static, multiple studies	410	1,00	35,170		R4 814,10					

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TARIFF CODE	TARIFF DESCRIPTION	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE
49910	Nuclear Medicine study – Tumour localisation planar, static and SPECT	410	1,00	34,150		R4 674,70					
49915	Nuclear medicine study – Tumour localisation planar, static, multiple studies and SPECT	410	1,00	47,560		R6 509,90					
49920	Nuclear medicine study – Infection localisation planar, static	410	1,00	18,040		R2 469,40					
49930	Nuclear medicine study – Infection localisation planar, static, multiple studies	410	1,00	31,450		R4 305,00					
49940	Nuclear medicine study – Infection localisation planar, static and SPECT	410	1,00	31,450		R4 305,00					
49950	Nuclear medicine study – Infection localisation planar, static, multiple studies and SPECT	410	1,00	44,860		R6 140,50					
49960	Nuclear medicine study – Regional lymph node mapping dynamic	410	1,00	5,010		R685,80					
49965	Nuclear medicine study – Regional lymph node mapping, static, planar	410	1,00	24,100		R3 298,80					
49970	Nuclear medicine study – Regional lymph node mapping, static, planar, multiple	410	1,00	37,510		R5 134,40					
49975	Nuclear medicine study – Regional lymph node mapping SPECT	410	1,00	13,410		R1 835,50					
49980	Nuclear medicine study – Lymph node localisation with gamma probe	410	1,00	13,410		R1 835,50					
SPINE, PELVIS AND HIPS											
	Code 51340 (CT myelography, cervical), 52330 (CT myelography thoracic) and 53340 (CT myelography lumbar) are stand alone studies and may not be combined with the conventional myelography codes viz. 51160, 52150, 53160										
GENERAL											
	Code 50130 (Lumbar puncture) and 50140 (cisternal puncture) include fluoroscopy and introduction of contrast (00140 may not be added).										

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50100	X-ray of the spine scoliosis view AP only						410	1,00	7,000		R958,00
50105	X-ray of the spine scoliosis view AP and lateral						410	1,00	12,000		R1 642,70
50110	X-ray of the spine scoliosis view AP and lateral including stress views						410	1,00	18,540		R2 538,00
50120	X-ray bone densitometry						410	1,00	11,520		R1 577,10
50130	X-ray guided lumbar puncture						410	1,00	4,800		R656,90
50140	X-ray guided cisternal puncture cisternogram						410	1,00	22,980		R3 145,60
50300	CT quantitative bone mineral density						410	1,00	11,830		R1 619,20
50500	Arteriogram of the spinal column and cord, all vessels						410	1,00	127,230		R17 415,40
50510	Venography of the spinal, paraspinal veins						410	1,00	58,450		R8 000,70
CERVICAL											
	Code 51100 (stress) is a stand alone study and may not be added to 51110, 51120 (cervical spine), 51160 (myelography) and 51170 (discography). Code 51140 (tomography) may be combined with 51110 or 51120 (spine). Code 51160s (myelography) and 51170 (discography) include fluoroscopy and introduction of contrast (00140 may not be added). Code 51300 (CT) limited - limited to a single cervical vertebral body. Code 51310 (CT) regional study - 2 vertebral bodies and intervertebral disc spaces. Code 51320 (CT) complete study - an extensive study of the cervical spine. Code 51340 (CT myelography) – post myelographic study and includes all disc levels, includes fluoroscopy and introduction of contrast (00140 may not be added).										
51100	X-ray of the cervical spine, stress views only						410	1,00	4,140		R566,60
51110	X-ray of the cervical spine, one or two views						410	1,00	3,010		R412,10

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51120	X-ray of the cervical spine, more than two views						410	1,00	4,280		R586,00
51130	X-ray of the cervical spine, more than two views including stress views						410	1,00	7,580		R1 037,60
51140	X-ray Tomography cervical spine						410	1,00	4,300		R588,70
51160	X-ray myelography of the cervical spine						410	1,00	27,460		R3 758,90
51170	X-ray discography cervical spine per level						410	1,00	25,170		R3 445,50
51300	CT of the cervical spine limited study						410	1,00	9,500		R1 300,30
51310	CT of the cervical spine – regional study						410	1,00	13,910		R1 903,90
51320	CT of the cervical spine – complete study						410	1,00	37,130		R5 082,50
51330	CT of the cervical spine pre and post contrast						410	1,00	58,850		R8 055,60
51340	CT myelography of the cervical spine						410	1,00	47,190		R6 459,50
51350	CT myelography of the cervical spine following myelogram						410	1,00	21,690		R2 969,10
51400	MR of the cervical spine, limited study						410	1,00	44,400		R6 077,50
51410	MR of the cervical spine and crano-cervical junction						410	1,00	64,820		R8 872,90
51420	MR of the cervical spine and crano-cervical junction pre and post contrast						410	1,00	102,140		R13 981,20
51900	Nuclear Medicine study – Bone regional cervical	410	1,00	21,500		R2 943,00					
51910	Nuclear Medicine study – Bone tomography regional cervical	410	1,00	13,410		R1 835,50					
51920	Nuclear Medicine study – with flow	410	1,00	6,020		R824,10					

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TARIFF CODE	TARIFF DESCRIPTION	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE
THORACIC											
	Code 52120 (tomography) may be combined with 52100 or 52110 (spine). Code 52150 (myelography) includes fluoroscopy and introduction of contrast (00140 may not be added). Code 52300 (CT) limited study – limited to a single thoracic vertebral body. Code 52305 (CT) regional study - 2 vertebral bodies and intervertebral disc spaces. Code 52310 (CT) complete study - an extensive study of the thoracic spine. Code 52330 (CT myelography) - post myelographic study and includes all disc levels, fluoroscopy and introduction of contrast (00140 may not be added).										
52100	X-ray of the thoracic spine, one or two views						410	1,00	3,210		R439,40
52110	X-ray of the thoracic spine, more than two views						410	1,00	4,000		R547,50
52120	X-ray tomography thoracic spine						410	1,00	4,300		R588,70
52140	X-ray of the thoracic spine, more than two views including stress views						410	1,00	6,640		R908,70
52150	X-ray myelography of the thoracic spine						410	1,00	18,620		R2 548,70
52300	CT of the thoracic spine limited study						410	1,00	9,500		R1 300,30
52305	CT of the thoracic spine – regional study						410	1,00	13,910		R1 903,90
52310	CT of the thoracic spine complete study						410	1,00	35,780		R4 897,80
52320	CT of the thoracic spine pre and post contrast						410	1,00	58,850		R8 055,60
52330	CT myelography of the thoracic spine						410	1,00	48,090		R6 582,60
52340	CT myelography of the thoracic spine following myelogram						410	1,00	20,370		R2 788,20
52400	MR of the thoracic spine, limited study						410	1,00	46,600		R6 378,60
52410	MR of the thoracic spine						410	1,00	64,340		R8 806,90
52420	MR of the thoracic spine pre and post contrast						410	1,00	101,420		R13 882,70

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52900	Nuclear Medicine study – Bone regional dorsal	410	1,00	21,500		R2 943,00					
52910	Nuclear Medicine study – Bone tomography regional dorsal	410	1,00	13,410		R1 835,50					
52920	Nuclear Medicine study – with flow	410	1,00	6,020		R824,10					
LUMBAR											
	Code 53100 (stress) is a stand alone study and may not be added to 53110, 53120 (lumbar spine), 53160 (myelography) and 53170 (discography). Code 53140 (tomography) may be combined with 53110 or 53120 (spine). Codes 53160 (myelography) and 53170 (discography) include fluoroscopy and introduction of contrast (00140 may not be added). Code 53300 (CT) limited study – limited to a single lumbar vertebral body. Code 53310 (CT) regional study - 2 vertebral bodies and intervertebral disc spaces. Code 53320 (CT) complete study - an extensive study of the lumbar spine. Code 53340 (CT myelography) - post myelographic study and includes all disc levels, fluoroscopy and introduction of contrast (00140 may not be added).										
53100	X-ray of the lumbar spine – stress study only						410	1,00	4,140		R566,60
53110	X-ray of the lumbar spine, one or two views						410	1,00	3,560		R487,20
53120	X-ray of the lumbar spine, more than two views						410	1,00	4,460		R610,50
53130	X-ray of the lumbar spine, more that two views including stress views						410	1,00	7,520		R1 029,40
53140	X-ray tomography lumbar spine						410	1,00	4,300		R588,70
53160	X-ray myelography of the lumbar spine						410	1,00	23,940		R3 276,90
53170	X-ray discography lumbar spine per level						410	1,00	25,170		R3 445,50
53300	CT of the lumbar spine limited study						410	1,00	9,500		R1 300,30

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53310	CT of the lumbar spine – regional study						410	1,00	13,910		R1 903,90
53320	Ct of the lumbar spine complete study						410	1,00	37,640		R5 152,40
53330	CT of the lumbar spine pre and post contrast						410	1,00	58,850		R8 055,60
53340	CT myelography of the lumbar spine						410	1,00	49,110		R6 722,40
53350	CT myelography of the lumbar spine following myelogram						410	1,00	23,460		R3 211,10
53400	MR of the lumbar spine, limited study						410	1,00	46,200		R6 324,00
53410	MR of the lumbar spine						410	1,00	64,320		R8 804,30
53420	MR of the lumbar spine pre and post contrast						410	1,00	103,290		R14 138,20
53900	Nuclear medicine study – Bone regional lumbar	410	1,00	21,500		R2 943,00					
53910	Nuclear medicine study – Bone tomography regional lumbar	410	1,00	13,410		R1 835,50					
53920	Nuclear medicine study – with flow	410	1,00	6,020		R824,10					
SACRUM											
	Code 54120 (tomography) may be combined with 54100 (sacrum) or 54110 (SI joints). Code 54300 (CT) limited study - limited to single sacral vertebral body. Code 54310 (CT) complete study - an extensive study of the sacral spine.										
54100	X-ray of the sacrum and coccyx						410	1,00	3,580		R490,00
54110	X-ray of the sacro-iliac joints						410	1,00	4,100		R561,20
54120	X-ray tomography – sacrum and/or coccyx						410	1,00	4,300		R588,70
54300	CT of the sacrum – limited study						410	1,00	7,600		R1 040,20
54310	CT of the sacrum – complete study – uncontrasted						410	1,00	25,610		R3 505,60
54320	CT of the sacrum with contrast						410	1,00	46,930		R6 424,00
54330	CT of the sacrum pre and post contrast						410	1,00	52,970		R7 250,70
54400	MR of the sacrum						410	1,00	65,000		R8 897,50

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TARIFF CODE	TARIFF DESCRIPTION	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE
54410	MR of the sacrum pre and post contrast						410	1,00	101,040		R13 830,60
PELVIS											
	Codes 55110 (tomography) and 55100 (pelvis) may be combined. Code 55300 (CT) limited study – limited to a small region of interest of the pelvis eg. acetabular roof or pubic ramus.										
55100	X-ray of the pelvis						410	1,00	3,660		R501,20
55110	X-ray tomography – pelvis						410	1,00	4,300		R588,70
55300	CT of the bony pelvis limited						410	1,00	9,500		R1 300,30
55310	CT of the bony pelvis complete uncontrasted						410	1,00	25,610		R3 505,60
55320	CT of the bony pelvis complete 3D recon						410	1,00	37,470		R5 129,00
55330	CT of the bony pelvis with contrast						410	1,00	46,930		R6 424,00
55340	CT of the bony pelvis – pre and post contrast						410	1,00	52,970		R7 250,70
55400	MR of the bony pelvis						410	1,00	65,000		R8 897,50
55410	MR of the bony pelvis pre and post contrast						410	1,00	102,240		R13 995,00
55900	Nuclear medicine study – Bone regional pelvis	410	1,00	21,500		R2 943,00					
55910	Nuclear medicine study – Bone tomography regional pelvis	410	1,00	13,410		R1 835,50					
55920	Nuclear medicine study – with flow	410	1,00	6,020		R824,10					

GEMS TARIFF FOR RADIOLOGISTS AND NUCLEAR MEDICINE WITH EFFECT FROM 1 JANUARY 2020

 Practice Type: **Nuclear Medicine**

 Practice Type: **Radiology**

 Code: **025**

 Code: **038**

TARIFF CODE	TARIFF DESCRIPTION	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE
HIPS											
	Code 56130 (tomography) may be combined with 56100 or 56110 or 56120 (hip). Code 56140 (stress) may be combined with 56100 or 56110 or 56120 (hip). Code 56150 (arthrography) includes fluoroscopy and introduction of contrast (00140 may not be added). Code 56160 (introduction of contrast into hip joint) to be used with 56310 (CT hip) and 56410 (MR hip) and includes fluoroscopy. The combination of 56150 and 56310 and 56410 is not supported except in exceptional circumstances with motivation. Code 56300 (CT) study limited to small region of interest eg part of femur head.										
56100	X-ray of the left hip						410	1,00	3,180		R435,00
56110	X-ray of the right hip						410	1,00	3,180		R435,00
56120	X-ray pelvis and hips						410	1,00	6,020		R824,10
56130	X-ray tomography – hip						410	1,00	4,300		R588,70
56140	X-ray of the hip/s – stress study						410	1,00	4,380		R599,40
56150	X-ray arthrography of the hip joint including introduction contrast						410	1,00	15,750		R2 156,00
56160	X-ray guidance and introduction of contrast into hip joint only						410	1,00	7,410		R1 014,20
56200	Ultrasound of the hip joints						410	1,00	6,500		R889,70
56300	CT of hip – limited						410	1,00	9,500		R1 300,30
56310	CT of hip – complete						410	1,00	27,370		R3 746,70
56320	CT of hip – complete with 3D recon						410	1,00	39,780		R5 445,20
56330	CT of hip with contrast						410	1,00	43,260		R5 921,50
56340	CT of hip pre and post contrast						410	1,00	47,880		R6 554,00
56400	MR of the hip joint/s, limited study						410	1,00	44,900		R6 145,90

GEMS TARIFF FOR RADIOLOGISTS AND NUCLEAR MEDICINE WITH EFFECT FROM 1 JANUARY 2020

Practice Type: **Nuclear Medicine**

Practice Type: **Radiology**

Code: **025**

Code: **038**

TARIFF CODE	TARIFF DESCRIPTION	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE
56410	MR of the hip joint/s						410	1,00	64,100		R8 774,20
56420	MR of the hip joint/s, pre and post contrast						410	1,00	101,640		R13 912,90
56900	Nuclear medicine study – Bone regional pelvis	410	1,00	21,500		R2 943,00					
56910	Nuclear medicine study – Bone limited static plus flow	410	1,00	27,530		R3 768,50					
56920	Nuclear medicine study – Bone tomography regional	410	1,00	13,410		R1 835,50					
UPPER LIMBS											
	GENERAL										
	Code 60100 (stress only) is a stand alone study and may not be combined with other codes. Code 60110 (tomography) may be combined with any one of the defined regional x-ray studies of the upper limb. Motivation may be required for more than one regional tomographic study per visit. Code 60200 (U/S) may only be used once per visit. Code 60300 (CT) limited study – limited to a small region of interest eg. part of humeral head. Code 60400 (MR limited) may only be used once per visit.										
60100	X-ray upper limbs - any region - stress studies only						410	1,00	4,520		R618,60
60110	X-ray upper limbs - any region – tomography						410	1,00	4,300		R588,70
60200	Ultrasound upper limb – soft tissue - any region						410	1,00	7,380		R1 010,30
60210	Ultrasound of the peripheral arterial system of the left arm including B mode, pulse and colour doppler						410	1,00	13,640		R1 867,20
60220	Ultrasound of the peripheral arterial system of the right arm including B mode, pulse and colour doppler						410	1,00	13,640		R1 867,20
60230	Ultrasound peripheral venous system upper limbs including pulse and colour doppler for deep vein thrombosis						410	1,00	12,540		R1 716,50
60240	Ultrasound peripheral venous system upper limbs including pulse and colour doppler						410	1,00	17,260		R2 362,70
60300	CT of the upper limbs limited study						410	1,00	9,500		R1 300,30

GEMS TARIFF FOR RADIOLOGISTS AND NUCLEAR MEDICINE WITH EFFECT FROM 1 JANUARY 2020

Practice Type: **Nuclear Medicine**

Practice Type: **Radiology**

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TARIFF CODE	TARIFF DESCRIPTION	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE
60310	CT angiography of the upper limb						410	1,00	78,280		R10 715,10
60400	MR of the upper limbs limited study, any region						410	1,00	44,800		R6 132,40
60410	MR angiography of the upper limb						410	1,00	74,660		R10 219,30
60500	Arteriogram of subclavian, upper limb arteries alone, unilateral						410	1,00	45,670		R6 251,40
60510	Arteriogram of subclavian, upper limb arteries alone, bilateral						410	1,00	82,670		R11 315,80
60520	Arteriogram of aortic arch, subclavian, upper limb, unilateral						410	1,00	56,750		R7 768,20
60530	Arteriogram of aortic arch, subclavian, upper limb, bilateral						410	1,00	88,110		R12 060,80
60540	Venography, antegrade of upper limb veins, unilateral						410	1,00	26,120		R3 575,20
60550	Venography, antegrade of upper limb veins, bilateral						410	1,00	49,430		R6 766,30
60560	Venography, retrograde of upper limb veins, unilateral						410	1,00	31,010		R4 244,50
60570	Venography, retrograde of upper limb veins, bilateral						410	1,00	54,810		R7 502,50
60580	Venography, shuntogram, dialysis access shunt						410	1,00	23,790		R3 256,50
60900	Nuclear medicine study – Venogram upper limb	410	1,00	37,120		R5 081,10					
SHOULDER											
	Code 61160 (arthrography) includes fluoroscopy and introduction of contrast (00140 may not be added). Code 61170 (introduction of contrast into the shoulder joint) may be combined with 61300 and 61305 (CT), or 61400 and 61405 (MR). The combination of 61160 (arthrography) and 61300 and 61305 (CT) or 61400 and 61405 (MR) is not supported except in exceptional circumstances with motivation.										
61100	X-ray of the left clavicle						410	1,00	3,040		R416,40
61105	X-ray of the right clavicle						410	1,00	3,040		R416,40
61110	X-ray of the left scapula						410	1,00	3,040		R416,40
61115	X-ray of the right scapula						410	1,00	3,040		R416,40
61120	X-ray of the left acromio-clavicular joint						410	1,00	3,140		R429,70

GEMS TARIFF FOR RADIOLOGISTS AND NUCLEAR MEDICINE WITH EFFECT FROM 1 JANUARY 2020

Practice Type: **Nuclear Medicine**

Practice Type: **Radiology**

Code: **025**

Code: **038**

TARIFF CODE	TARIFF DESCRIPTION	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE
61125	X-ray of the right acromio-clavicular joint						410	1,00	3,140		R429,70
61128	X-ray of acromio-clavicular joints plus stress studies bilateral						410	1,00	7,680		R1 051,10
61130	X-ray of the left shoulder						410	1,00	3,480		R476,20
61135	X-ray of the right shoulder						410	1,00	3,480		R476,20
61140	X-ray of the left shoulder plus subacromial impingement views						410	1,00	5,920		R810,40
61145	X-ray of the right shoulder plus subacromial impingement views						410	1,00	5,920		R810,40
61150	X-ray of the left subacromial impingement views only						410	1,00	3,240		R443,50
61155	X-ray of the right subacromial impingement views only						410	1,00	3,240		R443,50
61160	X-ray arthrography shoulder joint including introduction of contrast						410	1,00	15,830		R2 166,80
61170	X-ray guidance and introduction of contrast into shoulder joint only						410	1,00	7,410		R1 014,20
61200	Ultrasound of the left shoulder joint						410	1,00	6,500		R889,70
61210	Ultrasound of the right shoulder joint						410	1,00	6,500		R889,70
61300	CT of the left shoulder joint – uncontrasted						410	1,00	24,360		R3 334,50
61305	CT of the right shoulder joint – uncontrasted						410	1,00	24,360		R3 334,50
61310	CT of the left shoulder – complete with 3D recon						410	1,00	37,660		R5 155,00
61315	CT of the right shoulder – complete with 3D recon						410	1,00	37,660		R5 155,00
61320	CT of the left shoulder joint - pre and post contrast						410	1,00	48,630		R6 656,60
61325	CT of the right shoulder joint - pre and post contrast						410	1,00	48,630		R6 656,60
61400	MR of the left shoulder						410	1,00	64,640		R8 848,20
61405	MR of the right shoulder						410	1,00	64,640		R8 848,20
61410	MR of the left shoulder pre and post contrast						410	1,00	101,040		R13 830,60
61415	MR of the right shoulder pre and post contrast						410	1,00	101,040		R13 830,60

GEMS TARIFF FOR RADIOLOGISTS AND NUCLEAR MEDICINE WITH EFFECT FROM 1 JANUARY 2020

Practice Type: **Nuclear Medicine**

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TARIFF CODE	TARIFF DESCRIPTION	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE
HUMERUS											
62100	X-ray of the left humerus						410	1,00	2,940		R402,40
62105	X-ray of the right humerus						410	1,00	2,940		R402,40
62300	CT of the left upper arm						410	1,00	24,360		R3 334,50
62305	CT of the right upper arm						410	1,00	24,360		R3 334,50
62310	CT of the left upper arm contrasted						410	1,00	39,970		R5 471,10
62315	CT of the right upper arm contrasted						410	1,00	39,970		R5 471,10
62320	CT of the left upper arm pre and post contrast						410	1,00	48,580		R6 649,70
62325	CT of the right upper arm pre and post contrast						410	1,00	48,580		R6 649,70
62400	MR of the left upper arm						410	1,00	64,200		R8 787,90
62405	MR of the right upper arm						410	1,00	64,200		R8 787,90
62410	MR of the left upper arm pre and post contrast						410	1,00	102,040		R13 967,50
62415	MR of the right upper arm pre and post contrast						410	1,00	102,040		R13 967,50
62900	Nuclear medicine study – Bone limited/regional static	410	1,00	21,500		R2 943,00					
62905	Nuclear medicine study – Bone limited static plus flow	410	1,00	27,530		R3 768,50					
62910	Nuclear medicine study – Bone tomography regional	410	1,00	13,410		R1 835,50					
ELBOW											
	Code 63120 (arthrography) includes fluoroscopy and introduction of contrast (00140 may not be added). Code 63130 (introduction of contrast) may be combined with 63300 and 63305 (CT) or 63400 and 63405 (MR). The combination of 63120 (arthrography) and 63300 and 63305 or 63400 and 63405 (MR) is not supported except in exceptional circumstances with motivation.										
63100	X-ray of the left elbow						410	1,00	3,140		R429,70
63105	X-ray of the right elbow						410	1,00	3,140		R429,70

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TARIFF CODE	TARIFF DESCRIPTION	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE
63110	X-ray of the left elbow with stress						410	1,00	4,340		R594,10
63115	X-ray of the right elbow with stress						410	1,00	4,340		R594,10
63120	X-ray arthrography elbow joint including introduction of contrast						410	1,00	15,890		R2 175,00
63130	X-ray guidance and introduction of contrast into elbow joint only						410	1,00	7,410		R1 014,20
63200	Ultrasound of the left elbow joint						410	1,00	6,500		R889,70
63205	Ultrasound of the right elbow joint						410	1,00	6,500		R889,70
63300	CT of the left elbow						410	1,00	24,360		R3 334,50
63305	CT of the right elbow						410	1,00	24,360		R3 334,50
63310	CT of the left elbow – complete with 3D recon						410	1,00	37,660		R5 155,00
63315	CT of the right elbow – complete with 3D recon						410	1,00	37,660		R5 155,00
63320	CT of the left elbow contrasted						410	1,00	39,970		R5 471,10
63325	CT of the right elbow contrasted						410	1,00	39,970		R5 471,10
63330	CT of the left elbow pre and post contrast						410	1,00	48,630		R6 656,60
63335	CT of the right elbow pre and post contrast						410	1,00	48,630		R6 656,60
63400	MR of the left elbow						410	1,00	64,640		R8 848,20
63405	MR of the right elbow						410	1,00	64,640		R8 848,20
63410	MR of the left elbow pre and post contrast						410	1,00	101,040		R13 830,60
63415	MR of the right elbow pre and post contrast						410	1,00	101,040		R13 830,60
63905	Nuclear medicine study – Bone limited/regional static	410	1,00	21,500		R2 943,00					
63910	Nuclear medicine study – Bone limited static plus flow	410	1,00	27,530		R3 768,50					
63915	Nuclear medicine study – Bone tomography regional	410	1,00	13,410		R1 835,50					
FOREARM											
64100	X-ray of the left forearm						410	1,00	2,940		R402,40

**GEMS TARIFF FOR RADIOLOGISTS AND NUCLEAR MEDICINE
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 Practice Type: **Nuclear Medicine**

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TARIFF CODE	TARIFF DESCRIPTION	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE
64105	X-ray of the right forearm						410	1,00	2,940		R402,40
64110	X-ray peripheral bone densitometry						410	1,00	1,960		R268,30
64300	CT of the left forearm						410	1,00	24,360		R3 334,50
64305	CT of the right forearm						410	1,00	24,360		R3 334,50
64310	CT of the left forearm contrasted						410	1,00	39,970		R5 471,10
64315	CT of the right forearm contrasted						410	1,00	39,970		R5 471,10
64320	CT of the left forearm pre and post contrast						410	1,00	48,580		R6 649,70
64325	CT of the right forearm pre and post contrast						410	1,00	48,580		R6 649,70
64400	MR of the left forearm						410	1,00	64,200		R8 787,90
64405	MR of the right forearm						410	1,00	64,200		R8 787,90
64410	MR of the left forearm pre and post contrast						410	1,00	98,040		R13 419,80
64415	MR of the right forearm pre and post contrast						410	1,00	98,040		R13 419,80
64900	Nuclear medicine study – Bone limited/regional static	410	1,00	21,500		R2 943,00					
64905	Nuclear medicine study – Bone limited static plus flow	410	1,00	27,530		R3 768,50					
64910	Nuclear medicine study – Bone tomography regional	410	1,00	13,410		R1 835,50					
HAND AND WRIST											
	Code 65120 (finger) may not be combined with 65100 or 65105 (hands). Codes 65130 and 65135 (wrists) may be combined with 65140 or 65145 (scaphoid) respectively if requested and additional views done. Code 65160 (arthrography) includes fluoroscopy and the introduction of contrast (00140 may not be added). Code 65170 (contrast) may be combined with 65300 and 65305 (CT) or 65400 and 65405 (MR). The combination of 65160 (arthrography) and 65300 and 65305 or 65400 and 65405 is not supported except in exceptional circumstances with motivation.										

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Practice Type: **Nuclear Medicine**

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TARIFF CODE	TARIFF DESCRIPTION	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE
65100	X-ray of the left hand						410	1,00	3,080		R421,50
65105	X-ray of the right hand						410	1,00	3,080		R421,50
65110	X-ray of the left hand – bone age						410	1,00	3,080		R421,50
65120	X-ray of a finger						410	1,00	2,670		R365,50
65130	X-ray of the left wrist						410	1,00	3,180		R435,00
65135	X-ray of the right wrist						410	1,00	3,180		R435,00
65140	X-ray of the left scaphoid						410	1,00	3,300		R451,70
65145	X-ray of the right scaphoid						410	1,00	3,300		R451,70
65150	X-ray of the left wrist, scaphoid and stress views						410	1,00	7,560		R1 035,00
65155	X-ray of the right wrist, scaphoid and stress views						410	1,00	7,560		R1 035,00
65160	X-ray arthrography wrist joint including introduction of contrast						410	1,00	15,930		R2 180,60
65170	X-ray guidance and introduction of contrast into wrist joint only						410	1,00	7,410		R1 014,20
65200	Ultrasound of the left wrist						410	1,00	6,500		R889,70
65210	Ultrasound of the right wrist						410	1,00	6,500		R889,70
65300	CT of the left wrist and hand						410	1,00	24,360		R3 334,50
65305	CT of the right wrist and hand						410	1,00	24,360		R3 334,50
65310	CT of the left wrist and hand - complete with 3D recon						410	1,00	37,660		R5 155,00
65315	CT of the right wrist and hand - complete with 3D recon						410	1,00	37,660		R5 155,00
65320	CT of the left wrist and hand contrasted						410	1,00	39,970		R5 471,10
65325	CT of the right wrist and hand contrasted						410	1,00	39,970		R5 471,10
65330	CT of the left wrist and hand pre and post contrast						410	1,00	48,630		R6 656,60
65335	CT of the right wrist and hand pre and post contrast						410	1,00	48,630		R6 656,60
65400	MR of the left wrist and hand						410	1,00	64,640		R8 848,20

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TARIFF CODE	TARIFF DESCRIPTION	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE
65405	MR of the right wrist and hand						410	1,00	64,640		R8 848,20
65410	MR of the left wrist and hand pre and post contrast						410	1,00	101,040		R13 830,60
65415	MR of the right wrist and hand pre and post contrast						410	1,00	101,040		R13 830,60
65900	Nuclear Medicine study – bone limited/regional static	410	1,00	21,500		R2 943,00					
65905	Nuclear Medicine study – bone limited static plus flow	410	1,00	27,530		R3 768,50					
65910	Nuclear Medicine study – bone tomography regional	410	1,00	13,410		R1 835,50					
SOFT TISSUE											
69900	Nuclear medicine study – Tumour localisation planar, static	410	1,00	20,740		R2 839,00					
69905	Nuclear medicine study – Tumour localisation planar, static, multiple studies	410	1,00	35,170		R4 814,10					
69910	Nuclear medicine study – Tumour localisation planar, static and SPECT	410	1,00	34,150		R4 674,70					
69915	Nuclear medicine study – Tumour localisation planar, static, multiple studies and SPECT	410	1,00	47,560		R6 509,90					
69920	Nuclear medicine study – Infection localisation planar, static	410	1,00	18,040		R2 469,40					
69925	Nuclear medicine study – Infection localisation planar, static, multiple studies	410	1,00	31,450		R4 305,00					
69930	Nuclear medicine study – Infection localisation planar, static and SPECT	410	1,00	31,450		R4 305,00					
69935	Nuclear medicine study – Infection localisation planar, static, multiple studies and SPECT	410	1,00	44,860		R6 140,50					
69940	Nuclear medicine study – Regional lymph node mapping dynamic	410	1,00	6,020		R824,10					
69945	Nuclear medicine study – Regional lymph node mapping, static, planar	410	1,00	24,100		R3 298,80					
69950	Nuclear medicine study – Regional lymph node mapping, static, planar, multiple	410	1,00	37,510		R5 134,40					

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TARIFF CODE	TARIFF DESCRIPTION	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE
69955	Nuclear medicine study – Regional lymph node mapping SPECT	410	1,00	13,410		R1 835,50					
69960	Nuclear medicine study – Lymph node localisation with gamma probe	410	1,00	13,410		R1 835,50					
LOWER LIMBS											
	GENERAL										
	Code 70100 (stress) is a stand alone study and may not be combined with other codes. Code 70110 (tomography) may be combined with any one of the defined regional x-ray studies of the lower limb. Motivation may be required for more than one regional tomographic study per visit. Code 70200 (U/S) may only be billed once per visit. Code 70300 ((CT) limited study – limited to a small region of interest eg part of condyle of the knee. Codes 70310 and 70320 (CT angiography) may not be combined. Code 70400 (MR limited) may only be used once per visit.										
70100	X-ray lower limbs - any region- stress studies only						410	1,00	4,520		R618,60
70110	X-ray lower limbs - any region-tomography						410	1,00	4,300		R588,70
70120	X-ray of the lower limbs full length study						410	1,00	6,460		R884,20
70200	Ultrasound lower limb – soft tissue - any region						410	1,00	7,380		R1 010,30
70210	Ultrasound of the peripheral arterial system of the left leg including B mode, pulse and colour Doppler						410	1,00	13,640		R1 867,20
70220	Ultrasound of the peripheral arterial system of the right leg including B mode, pulse and colour Doppler						410	1,00	13,640		R1 867,20
70230	Ultrasound peripheral venous system lower limbs including pulse and colour doppler for deep vein thrombosis						410	1,00	13,640		R1 867,20

GEMS TARIFF FOR RADIOLOGISTS AND NUCLEAR MEDICINE WITH EFFECT FROM 1 JANUARY 2020

Practice Type: **Nuclear Medicine**

Practice Type: **Radiology**

Code: **025**

Code: **038**

TARIFF CODE	TARIFF DESCRIPTION	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE
70240	Ultrasound peripheral venous system lower limbs including pulse and colour doppler in erect and supine position including all compression and reflux manoeuvres, deep and superficial systems bilaterally						410	1,00	19,660		R2 690,90
70300	CT of the lower limbs limited study						410	1,00	9,500		R1 300,30
70310	CT angiography of the lower limb						410	1,00	79,430		R10 872,70
70320	CT angiography abdominal aorta and outflow lower limbs						410	1,00	98,340		R13 461,00
70400	MR of the lower limbs limited study						410	1,00	46,400		R6 351,50
70410	MR angiography of the lower limb						410	1,00	76,660		R10 493,20
70420	MR angiography of the abdominal aorta and lower limbs						410	1,00	118,860		R16 269,70
70500	Angiography of pelvic and lower limb arteries unilateral						410	1,00	40,590		R5 556,00
70505	Angiography of pelvic and lower limb arteries bilateral						410	1,00	75,920		R10 391,80
70510	Angiography of abdominal aorta, pelvic and lower limb vessels unilateral						410	1,00	61,230		R8 381,30
70515	Angiography of abdominal aorta, pelvic and lower limb vessels bilateral						410	1,00	85,660		R11 725,20
70520	Angiography translumbar aorta with full peripheral study						410	1,00	45,680		R6 252,80
70530	Venography, antegrade of lower limb veins, unilateral						410	1,00	25,460		R3 485,00
70535	Venography, antegrade of lower limb veins, bilateral						410	1,00	49,430		R6 766,30
70540	Venography, retrograde of lower limb veins, unilateral						410	1,00	31,170		R4 266,70
70545	Venography, retrograde of lower limb veins, bilateral						410	1,00	56,790		R7 773,40
70560	Lymphangiography, lower limb, unilateral						410	1,00	51,040		R6 986,40
70565	Lymphangiography, lower limb, bilateral						410	1,00	83,970		R11 494,00
70900	Nuclear medicine study – Venogram lower limb	410	1,00	37,120		R5 081,10					
FEMUR											
71100	X-ray of the left femur						410	1,00	2,940		R402,40

GEMS TARIFF FOR RADIOLOGISTS AND NUCLEAR MEDICINE WITH EFFECT FROM 1 JANUARY 2020

Practice Type: **Nuclear Medicine**

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TARIFF CODE	TARIFF DESCRIPTION	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE
71105	X-ray of the right femur						410	1,00	2,940		R402,40
71300	CT of the left femur						410	1,00	24,520		R3 356,30
71305	CT of the right femur						410	1,00	24,520		R3 356,30
71310	CT of the left upper leg contrasted						410	1,00	41,830		R5 725,70
71315	CT of the right upper leg contrasted						410	1,00	41,830		R5 725,70
71320	CT of the left upper leg pre and post contrast						410	1,00	49,710		R6 804,40
71325	CT of the right upper leg pre and post contrast						410	1,00	49,710		R6 804,40
71400	MR of the left upper leg						410	1,00	64,800		R8 870,00
71405	MR of the right upper leg						410	1,00	64,800		R8 870,00
71410	MR of the left upper leg pre and post contrast						410	1,00	102,040		R13 967,50
71415	MR of the right upper leg pre and post contrast						410	1,00	102,040		R13 967,50
71900	Nuclear Medicine study – bone limited/regional static	410	1,00	21,500		R2 943,00					
71905	Nuclear Medicine study – Bone limited static plus flow	410	1,00	27,530		R3 768,50					
71910	Nuclear Medicine study – Bone tomography regional	410	1,00	13,410		R1 835,50					
KNEE											
	Codes 72140 and 72145 (patella) may not be added to 72100, 72105, 72110, 72115, 72130, 72135 (knee views) Code 72160 (arthrography) includes fluoroscopy and introduction of contrast (00140 may not be added). Code 72170 (introduction of contrast) may be combined with 72300 and 72305 (CT) or 72400 and 72405 (MR). The combination of 72160 (arthrography) and 72300 and 72305 (CT) or 72400 and 72405 (MR) is not supported except in exceptional circumstances with motivation.										
72100	X-ray of the left knee one or two views						410	1,00	2,770		R379,10
72105	X-ray of the right knee one or two views						410	1,00	2,770		R379,10
72110	X-ray of the left knee, more than two views						410	1,00	3,320		R454,50

GEMS TARIFF FOR RADIOLOGISTS AND NUCLEAR MEDICINE WITH EFFECT FROM 1 JANUARY 2020

Practice Type: **Nuclear Medicine**

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Code: **038**

TARIFF CODE	TARIFF DESCRIPTION	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE
72115	X-ray of the right knee, more than two views						410	1,00	3,320		R454,50
72120	X-ray of the left knee including patella						410	1,00	4,620		R632,30
72125	X-ray of the right knee including patella						410	1,00	4,620		R632,30
72130	X-ray of the left knee with stress views						410	1,00	5,820		R796,60
72135	X-ray of the right knee with stress views						410	1,00	5,820		R796,60
72140	X-ray of left patella						410	1,00	2,770		R379,10
72145	X-ray of right patella						410	1,00	2,770		R379,10
72150	X-ray both knees standing – single view						410	1,00	2,800		R383,20
72160	X-ray arthrography knee joint including introduction of contrast						410	1,00	15,810		R2 164,20
72170	X-ray guidance and introduction of contrast into knee joint only						410	1,00	7,410		R1 014,20
72200	Ultrasound of the left knee joint						410	1,00	6,500		R889,70
72205	Ultrasound of the right knee joint						410	1,00	6,500		R889,70
72300	CT of the left knee						410	1,00	24,520		R3 356,30
72305	CT of the right knee						410	1,00	24,520		R3 356,30
72310	CT of the left knee complete study with 3D reconstructions						410	1,00	35,930		R4 918,20
72315	CT of the right knee complete study with 3D reconstructions						410	1,00	35,930		R4 918,20
72320	CT of the left knee contrasted						410	1,00	41,830		R5 725,70
72325	CT of the right knee contrasted						410	1,00	41,830		R5 725,70
72330	CT of the left knee pre and post contrast						410	1,00	49,760		R6 811,20
72335	CT of the right knee pre and post contrast						410	1,00	49,760		R6 811,20
72400	MR of the left knee						410	1,00	64,100		R8 774,20
72405	MR of the right knee						410	1,00	64,100		R8 774,20
72410	MR of the left knee pre and post contrast						410	1,00	100,840		R13 803,20

**GEMS TARIFF FOR RADIOLOGISTS AND NUCLEAR MEDICINE
 WITH EFFECT FROM 1 JANUARY 2020**

 Practice Type: **Nuclear Medicine**

 Practice Type: **Radiology**

 Code: **025**

 Code: **038**

TARIFF CODE	TARIFF DESCRIPTION	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE
72415	MR of the right knee pre and post contrast						410	1,00	100,840		R13 803,20
72900	Nuclear Medicine study – Bone limited/regional static	410	1,00	21,500		R2 943,00					
72905	Nuclear Medicine study – Bone limited static plus flow	410	1,00	27,530		R3 768,50					
72910	Nuclear Medicine study – Bone tomography regional	410	1,00	13,410		R1 835,50					
LOWER LEG											
73100	X-ray of the left lower leg						410	1,00	2,940		R402,40
73105	X-ray of the right lower leg						410	1,00	2,940		R402,40
73300	CT of the left lower leg						410	1,00	24,520		R3 356,30
73305	CT of the right lower leg						410	1,00	24,520		R3 356,30
73310	CT of the left lower leg contrasted						410	1,00	41,830		R5 725,70
73315	CT of the right lower leg contrasted						410	1,00	41,830		R5 725,70
73320	CT of the left lower leg pre and post contrast						410	1,00	49,710		R6 804,40
73325	CT of the right lower leg pre and post contrast						410	1,00	49,710		R6 804,40
73400	MR of the left lower leg						410	1,00	64,200		R8 787,90
73405	MR of the right lower leg						410	1,00	64,200		R8 787,90
73410	MR of the left lower leg pre and post contrast						410	1,00	102,040		R13 967,50
73415	MR of the right lower leg pre and post contrast						410	1,00	102,040		R13 967,50

GEMS TARIFF FOR RADIOLOGISTS AND NUCLEAR MEDICINE WITH EFFECT FROM 1 JANUARY 2020

Practice Type: **Nuclear Medicine**

Practice Type: **Radiology**

Code: **025**

Code: **038**

TARIFF CODE	TARIFF DESCRIPTION	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE
73900	Nuclear Medicine study – bone limited/regional static	410	1,00	21,500		R2 943,00					
73905	Nuclear Medicine study – bone limited static plus flow	410	1,00	27,530		R3 768,50					
73910	Nuclear Medicine study – bone tomography regional	410	1,00	13,410		R1 835,50					
	ANKLE AND FOOT										
	Code 74145 (toe) may not be combined with 74120 or 74125 (foot). Code 71450 (sesamoid bones) may be combined with 74120 or 74125 (foot) if requested. Codes 74120 and 74125 (foot) may only be combined with 74130 and 74135 (calcaneus) if specifically requested. Code 74160 (arthrography) includes fluoroscopy and introduction of contrast (00140 may not be added). Code 74170 (introduction of contrast) may be combined with 74300 and 74305 (CT) or 74400 and 74405 (MR). The combination of 74160 (arthrography) and 74300 and 74305 (CT) or 74400 and 74405 (MR) are not supported except in exceptional circumstances with motivation.										
74100	X-ray of the left ankle						410	1,00	3,320		R454,50
74105	X-ray of the right ankle						410	1,00	3,320		R454,50
74110	X-ray of the left ankle with stress views						410	1,00	4,520		R618,60
74115	X-ray of the right ankle with stress views						410	1,00	4,520		R618,60
74120	X-ray of the left foot						410	1,00	2,800		R383,20
74125	X-ray of the right foot						410	1,00	2,800		R383,20
74130	X-ray of the left calcaneus						410	1,00	2,740		R375,00
74135	X-ray of the right calcaneus						410	1,00	2,740		R375,00
74140	X-ray of both feet – standing – single view						410	1,00	2,800		R383,20
74145	X-ray of a toe						410	1,00	2,670		R365,50
74150	X-ray of the sesamoid bones one or both sides						410	1,00	2,800		R383,20

GEMS TARIFF FOR RADIOLOGISTS AND NUCLEAR MEDICINE WITH EFFECT FROM 1 JANUARY 2020

Practice Type: **Nuclear Medicine**

Practice Type: **Radiology**

Code: **025**

Code: **038**

TARIFF CODE	TARIFF DESCRIPTION	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE
74160	X-ray arthrography ankle joint including introduction of contrast						410	1,00	15,910		R2 177,60
74170	X-ray guidance and introduction of contrast into ankle joint						410	1,00	7,410		R1 014,20
74210	Ultrasound of the left ankle						410	1,00	6,500		R889,70
74215	Ultrasound of the right ankle						410	1,00	6,500		R889,70
74220	Ultrasound of the left foot						410	1,00	6,500		R889,70
74225	Ultrasound of the right foot						410	1,00	6,500		R889,70
74290	Ultrasound bone densitometry						410	1,00	2,040		R279,40
74300	CT of the left ankle/foot						410	1,00	24,520		R3 356,30
74305	CT of the right ankle/foot						410	1,00	24,520		R3 356,30
74310	CT of the left ankle/foot – complete with 3D recon						410	1,00	37,810		R5 175,40
74315	CT of the right ankle/foot – complete with 3D recon						410	1,00	37,810		R5 175,40
74320	CT of the left ankle/foot contrasted						410	1,00	41,830		R5 725,70
74325	CT of the right ankle/foot contrasted						410	1,00	41,830		R5 725,70
74330	CT of the left ankle/foot pre and post contrast						410	1,00	49,710		R6 804,40
74335	CT of the right ankle/foot pre and post contrast						410	1,00	49,710		R6 804,40
74400	MR of the left ankle						410	1,00	64,100		R8 774,20
74405	MR of the right ankle						410	1,00	64,100		R8 774,20
74410	MR of the left ankle pre and post contrast						410	1,00	100,640		R13 775,80
74415	MR of the right ankle pre and post contrast						410	1,00	100,640		R13 775,80
74420	MR of the left foot						410	1,00	64,200		R8 787,90
74425	MR of the right foot						410	1,00	64,200		R8 787,90
74430	MR of the left foot pre and post contrast						410	1,00	102,040		R13 967,50
74435	MR of the right foot pre and post contrast						410	1,00	102,040		R13 967,50

GEMS TARIFF FOR RADIOLOGISTS AND NUCLEAR MEDICINE WITH EFFECT FROM 1 JANUARY 2020

Practice Type: **Nuclear Medicine**

Practice Type: **Radiology**

Code: **025**

Code: **038**

TARIFF CODE	TARIFF DESCRIPTION	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE
74900	Nuclear Medicine study – Bone limited/regional static	410	1,00	21,500		R2 943,00					
74905	Nuclear Medicine study – Bone limited static plus flow	410	1,00	27,530		R3 768,50					
74910	Nuclear Medicine study – Bone tomography regional	410	1,00	13,410		R1 835,50					
SOFT TISSUE											
79900	Nuclear Medicine study – Tumour localisation planar, static	410	1,00	20,740		R2 839,00					
79905	Nuclear Medicine study – Tumour localisation planar, static, multiple studies	410	1,00	35,170		R4 814,10					
79910	Nuclear Medicine study – Tumour localisation planar, static and SPECT	410	1,00	34,150		R4 674,70					
79915	Nuclear Medicine study – Tumour localisation planar, static, multiple studies & SPECT	410	1,00	47,560		R6 509,90					
79920	Nuclear Medicine study – Infection localisation planar, static	410	1,00	18,430		R2 522,90					
79925	Nuclear Medicine study – Infection localisation planar, static, multiple studies	410	1,00	31,840		R4 358,10					
79930	Nuclear Medicine study – Infection localisation planar, static and SPECT	410	1,00	31,840		R4 358,10					
79935	Nuclear Medicine study – Infection localisation planar, static, multiple studies and SPECT	410	1,00	45,250		R6 193,80					
79940	Nuclear Medicine study – Regional lymph node mapping dynamic	410	1,00	6,020		R824,10					
79945	Nuclear Medicine study – Regional lymph node mapping, static, planar	410	1,00	24,100		R3 298,80					
79950	Nuclear Medicine study – Regional lymph node mapping, static, planar, multiple studies	410	1,00	37,510		R5 134,40					
79955	Nuclear Medicine study – Regional lymph node mapping and SPECT	410	1,00	13,410		R1 835,50					
79960	Nuclear Medicine study – Lymph node localisation with gamma probe	410	1,00	13,410		R1 835,50					

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Practice Type: **Nuclear Medicine**

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TARIFF CODE	TARIFF DESCRIPTION	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE
INTERVENTION											
	GENERAL										
	Codes 80600, 80605, 80610, 80620, 80630, 81660, 81680, 82600, 84660, 85640, 85645, 86610, 86615, 86620, 86630, (aspiration / biopsy / ablations etc) may be combined with the relevant guidance codes (fluoroscopy, ultrasound, CT, MR) as previously described. The machine codes 00510, 00520, 00530, 00540, 00550, 00560 may not be combined with these codes. If ultrasound guidance (00230) is used for a procedure which also attracts one of the machine codes (00510, 00520, 00530, 00540, 00550, 00560), it may not be billed for separately. Codes 80640, 80645, 87682, 87683 include fluoroscopy. Machine fees may not be added. All other interventional procedures are complete unique procedures describing a whole comprehensive procedure and combinations of different codes will only be supported when motivated.										
80600	Percutaneous abscess, cyst drainage, any region						410	1,00	9,370		R1 282,60
80605	Fine needle aspiration biopsy, any region						410	1,00	4,220		R577,50
80610	Cutting needle, trochar biopsy, any region						410	1,00	6,360		R870,50
80620	Tumour/cyst ablation chemical						410	1,00	25,370		R3 472,70
80630	Tumour ablation radio frequency, per lesion						410	1,00	21,210		R2 903,30
80640	Insertion of CVP line in radiology suite						410	1,00	8,990		R1 230,50
80645	Peripheral central venous line insertion						410	1,00	12,120	Z	R1 659,10
80650	Infiltration of a peripheral joint, any region						410	1,00	6,400	Z	R876,00
	May be combined with relevant guidance (fluoroscopy, ultrasound, CT and MR). May not be combined with machine codes 00510, 00520, 00530, 00540, 00550, 00560 or 86610 (facet joint or SI joint) or arthrogram codes.										

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Practice Type: **Radiology**

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TARIFF CODE	TARIFF DESCRIPTION	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE
NEURO INTERVENTION											
81600	Intracranial aneurysm occlusion, direct						410	1,00	214,520		R29 363,80
81605	Intracranial arteriovenous shunt occlusion						410	1,00	254,820		R34 880,40
81610	Dural sinus arteriovenous shunt occlusion						410	1,00	264,330		R36 181,80
81615	Extracranial arteriovenous shunt occlusion						410	1,00	157,280		R21 528,80
81620	Extracranial arterial embolisation (head and neck)						410	1,00	163,120		R22 328,10
81625	Carotocavernous fistula occlusion						410	1,00	192,290		R26 320,80
81630	Intracranial angioplasty for stenosis, vasospasm						410	1,00	126,920		R17 373,10
81632	Intracranial stent placement (including PTA)						410	1,00	133,720	Z	R18 303,90
81635	Temporary balloon occlusion test						410	1,00	83,420		R11 418,70
	Code 81635 does not include the relevant preceding diagnostic study and may be combined with codes 10500, 10510, 10530, 10540, 10550.										
81640	Permanent carotid or vertebral artery occlusion (including occlusion test)						410	1,00	178,180		R24 389,60
81645	Intracranial aneurysm occlusion with balloon remodelling						410	1,00	216,350		R29 614,40
81650	Intracranial aneurysm occlusion with stent assistance						410	1,00	230,450		R31 544,30
81655	Intracranial thrombolysis, catheter directed						410	1,00	58,940		R8 067,90
	Code 81655 may be combined with any of the other neuro interventional codes 81600 to 81650										
81660	Nerve block, head and neck, per level						410	1,00	7,660		R1 048,50
81665	Neurolysis, head and neck, per level						410	1,00	20,140		R2 756,80
81670	Nerve block, head and neck, radio frequency, per level						410	1,00	19,040		R2 606,30
81680	Nerve block, coeliac plexus or other regions, per level						410	1,00	9,280		R1 270,60
THORAX											
82600	Chest drain insertion						410	1,00	8,820		R1 207,30

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TARIFF CODE	TARIFF DESCRIPTION	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE
82605	Trachial, bronchial stent insertion						410	1,00	30,360		R4 155,80
	GASTROINTESTINAL										
83600	Oesophageal stent insertion						410	1,00	31,220		R4 273,20
83605	GIT balloon dilation						410	1,00	24,360		R3 334,50
83610	GIT stent insertion (non-oesophageal)						410	1,00	32,020		R4 382,90
83615	Percutaneous gastrostomy, jejunostomy						410	1,00	25,360		R3 471,40
	HEPATOBIILIARY										
84600	Percutaneous biliary drainage, external						410	1,00	33,980		R4 651,30
84605	Percutaneous external/internal biliary drainage						410	1,00	37,210		R5 093,40
84610	Permanent biliary stent insertion						410	1,00	51,220		R7 010,90
84615	Drainage tube replacement						410	1,00	20,220		R2 767,90
84620	Percutaneous bile duct stone or foreign object removal						410	1,00	49,980		R6 841,40
84625	Percutaneous gall bladder drainage						410	1,00	29,580		R4 048,90
84630	Percutaneous gallstone removal, including drainage						410	1,00	69,250		R9 479,30
84635	Transjugular liver biopsy						410	1,00	24,930		R3 412,50
84640	Transjugular intrahepatic Portosystemic shunt						410	1,00	119,470		R16 353,10
84645	Transhepatic Portogram including venous sampling, pressure studies						410	1,00	81,890		R11 209,20
84650	Transhepatic Portogram with embolisation of varices						410	1,00	100,810		R13 799,10
84655	Percutaneous hepatic tumour ablation						410	1,00	15,680		R2 146,50
84660	Percutaneous hepatic abscess, cyst drainage						410	1,00	13,200		R1 806,90
84665	Hepatic chemoembolisation						410	1,00	59,440		R8 136,30
84670	Hepatic arterial infusion catheter placement						410	1,00	60,300		R8 254,10

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Practice Type: **Nuclear Medicine**

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TARIFF CODE	TARIFF DESCRIPTION	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE
UROGENITAL											
85600	Percutaneous nephrostomy, external drainage						410	1,00	29,970		R4 102,30
85605	Percutaneous double J stent insertion including access						410	1,00	40,820		R5 587,40
85610	Percutaneous renal stone, foreign body removal including access						410	1,00	66,790		R9 142,50
85615	Percutaneous nephrostomy tract establishment						410	1,00	29,270		R4 006,60
85620	Change of nephrostomy tube						410	1,00	15,900		R2 176,60
85625	Percutaneous cystostomy						410	1,00	16,520		R2 261,50
85630	Urethral balloon dilatation						410	1,00	14,240		R1 949,00
85635	Urethral stent insertion						410	1,00	31,220		R4 273,20
85640	Renal cyst ablation						410	1,00	11,920		R1 631,90
85645	Renal abscess, cyst drainage						410	1,00	15,160		R2 075,20
85655	Fallopian tube recanalisation						410	1,00	45,060		R6 167,80
SPINAL											
86600	Spinal vascular malformation embolisation						410	1,00	275,160		R37 664,50
86605	Vertebroplasty per level						410	1,00	22,300		R3 052,50
86610	Facet joint block per level, uni- or bilateral						410	1,00	9,540		R1 305,50
	Code 86610 may only be billed once per level, and not per left and right side per level										
86615	Spinal nerve block per level, uni- or bilateral						410	1,00	8,160		R1 116,70
86620	Epidural block						410	1,00	9,420		R1 289,30
86625	Chemoneucleolysis, including discogram						410	1,00	18,320		R2 507,70
86630	Spinal nerve ablation per level						410	1,00	11,600		R1 587,90

GEMS TARIFF FOR RADIOLOGISTS AND NUCLEAR MEDICINE WITH EFFECT FROM 1 JANUARY 2020

Practice Type: **Nuclear Medicine**

Practice Type: **Radiology**

Code: **025**

Code: **038**

TARIFF CODE	TARIFF DESCRIPTION	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	FLAG	TARIFF VALUE
VASCULAR											
	Code 87654 (Thrombolysis follow up) may only be used on the days following the initial procedure, 87650 (thrombolysis). If a balloon angioplasty and / or stent placement is performed at more that one defined anatomical site at the same sitting the relevant codes may be combined. However multiple balloon dilatations or stent placements at one defined site will only attract one procedure code.										
87600	Percutaneous transluminal angioplasty: aorta, IVC						410	1,00	56,560		R7 742,10
87601	Percutaneous transluminal angioplasty: iliac						410	1,00	55,760		R7 632,50
87602	Percutaneous transluminal angioplasty: femoropopliteal						410	1,00	60,160		R8 234,70
87603	Percutaneous transluminal angioplasty: subpopliteal						410	1,00	73,340		R10 038,80
87604	Percutaneous transluminal angioplasty: brachiocephalic						410	1,00	67,120		R9 187,50
87605	Percutaneous transluminal angioplasty: subclavian, axillary						410	1,00	60,160		R8 234,70
87606	Percutaneous transluminal angioplasty: extracranial carotid						410	1,00	71,620		R9 803,40
87607	Percutaneous transluminal angioplasty: extracranial vertebral						410	1,00	73,300		R10 033,50
87608	Percutaneous transluminal angioplasty: renal						410	1,00	87,690		R12 003,10
87609	Percutaneous transluminal angioplasty: coeliac, mesenteric						410	1,00	87,690		R12 003,10
87620	Aorta stent-graft placement						410	1,00	120,750		R16 528,50
87621	Stent insertion (including PTA): aorta, IVC						410	1,00	73,870		R10 111,50
87622	Stent insertion (including PTA): iliac						410	1,00	76,370		R10 453,70
87623	Stent insertion (including PTA): femoropopliteal						410	1,00	77,970		R10 672,60
87624	Stent insertion (including PTA): subpopliteal						410	1,00	84,550		R11 573,30
87625	Stent insertion (including PTA): brachiocephalic						410	1,00	98,470		R13 478,90
87626	Stent insertion (including PTA): subclavian, axillary						410	1,00	86,690		R11 866,00
87627	Stent insertion (including PTA): extracranial carotid						410	1,00	106,990		R14 644,90

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87628	Stent insertion (including PTA): extracranial vertebral						410	1,00	100,550		R13 763,50
87629	Stent insertion (including PTA): renal						410	1,00	98,590		R13 495,30
87630	Stent insertion (including PTA): coeliac, mesenteric						410	1,00	98,590		R13 495,30
87631	Stent-graft placement: iliac						410	1,00	76,370		R10 453,70
87632	Stent-graft placement: femoropopliteal						410	1,00	77,970		R10 672,60
87633	Stent-graft placement: brachiocephalic						410	1,00	98,470		R13 478,90
87634	Stent-graft placement: subclavian, axillary						410	1,00	82,770		R11 329,60
87635	Stent-graft placement: extracranial carotid						410	1,00	120,430		R16 484,80
87636	Stent-graft placement: extracranial vertebral						410	1,00	114,730		R15 704,40
87637	Stent-graft placement: renal						410	1,00	98,590		R13 495,30
87638	Stent-graft placement: coeliac, mesenteric						410	1,00	98,590		R13 495,30
87650	Thrombolysis in angiography suite, per 24 hours						410	1,00	45,820		R6 272,00
	Code 87650 may be combined with any of the relevant non neuro interventional angiography and interventional codes 10520, 20500, 20510, 20520, 20530, 20540,32500,32530,44500, 44503, 44505, 44507, 44510, 44515, 44517, 44520, 60500, 60510, 60520, 60530, 70500, 70505, 70510, 70515, 87600 to 87638.										
87651	Aspiration, rheolytic thrombectomy						410	1,00	77,670		R10 631,70
87652	Atherectomy, per vessel						410	1,00	91,890		R12 578,20
87653	Percutaneous tunnelled / subcutaneous arterial or venous central or other line insertion						410	1,00	28,150		R3 853,30
87654	Thrombolysis follow-up						410	1,00	23,570		R3 226,40
87655	Percutaneous sclerotherapy, vascular malformation						410	1,00	21,100		R2 888,20
87660	Embolisation, mesenteric						410	1,00	100,430		R13 747,00
87661	Embolisation, renal						410	1,00	99,360		R13 600,60

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87662	Embolisation, bronchial, intercostal						410	1,00	108,340		R14 829,90
87663	Embolisation, pulmonary arteriovenous shunt						410	1,00	103,220		R14 129,00
87664	Embolisation, abdominal, other vessels						410	1,00	101,440		R13 885,30
87665	Embolisation, thoracic, other vessels						410	1,00	97,600		R13 359,60
87666	Embolisation, upper limb						410	1,00	90,920		R12 445,20
87667	Embolisation, lower limb						410	1,00	92,140		R12 612,20
87668	Embolisation, pelvis, non-uterine						410	1,00	117,120		R16 031,50
87669	Embolisation, uterus						410	1,00	113,880		R15 588,00
87670	Embolisation, spermatic, ovaria veins						410	1,00	85,820		R11 747,20
87680	Inferior vena cava filter placement						410	1,00	61,840		R8 464,80
87681	Intravascular foreign body removal						410	1,00	85,030		R11 639,10
87682	Revision of access port (tunnelled or implantable)						410	1,00	14,120	Z	R1 932,80
87683	Removal of access port (tunnelled or implantable)						410	1,00	11,120	Z	R1 522,10
87690	Superior petrosal venous sampling						410	1,00	73,010		R9 993,80
87691	Pancreatic stimulation test						410	1,00	89,790		R12 290,60
87692	Transportal venous sampling						410	1,00	76,950		R10 533,00
87693	Adrenal venous sampling						410	1,00	55,010		R7 529,90
87694	Parathyroid venous sampling						410	1,00	86,660		R11 862,10
87695	Renal venous sampling						410	1,00	55,010		R7 529,90

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ANNEXURE A											
	Radiology tariff Contrast price effective 1 January 2004 PER VIAL										
	For use in conjunction with codes: 00190 X-ray examination contrast material 00290 Ultrasound examination contrast material 00390 CT examination contrast material 00490 MR examination contrast material 00590 Angiography and interventional examination contrast material										
ANNEXURE B											
	Radiology tariff Contrast price effective 1 Jan 2004 PER VIAL										
	Contrast Index Price Range - 2004 contrast prices										
ANNEXURE C											
	Recommended Isotope and Kit Prices for Nuclear Medicine for 2004 by the Association of Nuclear Medicine Physicians For use in conjunction with codes: 00990 Nuclear Medicine Isotope 00991 Nuclear Medicine Substrate										
ANNEXURE D. PET GUIDELINES											
A.	INDICATIONS										
	For the purposes of this guideline, only established indications for PET-CT are included and this relates to the more common types of malignancies as seen in practice. While some of the less common forms of cancer may also yield advantages with PET-CT imaging, there is as yet insufficient published data to support the general use and these have been excluded in the list below. This situation may change as new research and information becomes available.										

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	<p>1. Non-small cell lung carcinoma (NSCC)</p> <p>a. Primary diagnosis of lesions</p> <p>i. >10mm diameter lesions where conventional imaging and biopsy have been inconclusive.</p> <p>b. Staging especially where curative surgery is planned</p> <p>ii. Evaluation of primary tumour (T-stage).</p> <p>iii. Suspected nodal disease or characterization of nodal disease</p> <p>iv. Suspected distal metastases of determining extent of metastases.</p> <p>v. Solitary distal metastasis where metastatectomy is considered. PET-CT is used to exclude additional lesions which would preclude surgery.</p> <p>c. Investigation of suspected recurrence (restaging)</p> <p>i. Local or regional recurrence</p> <p>ii. Nodal or distal recurrence</p> <p>iv. Determine the extent of proven recurrent disease</p> <p>iv. Differentiate fibrotic mass from active disease</p> <p>d. All patients with proven carcinoma of the lung, who are considered for curative resection, should be imaged with PETCT prior to surgery.</p> <p>e. Current available literature confirms that PET-CT is more accurate than CT or PET alone for staging and restaging of NSCC.</p>										

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	<p>2. Hodgkin's and Non-Hodgkin's Lymphoma</p> <p>a. Single most accurate imaging modality for Hodgkins and Non-Hodgkins lymphoma.</p> <p>b. Staging</p> <p>i. All patients prior to commencing treatment as baseline, following diagnosis.</p> <p>ii. Indicated at completion of therapy to confirm complete response.</p> <p>c. Monitoring of response to treatment</p> <p>i. Numerous studies have confirmed that mid-treatment PET scans predict clinical outcome.</p> <p>ii. Prognostic value and role in modification of therapeutic regime.</p> <p>d. Investigation of residual or recurrent disease (restaging)</p> <p>i. Where conventional imaging is equivocal for residual disease.</p> <p>ii. Suspected nodal recurrence.</p> <p>iii. Differentiating recurrent and residual disease from post-therapeutic fibrosis and scarring.</p>										
	<p>3. Thyroid carcinoma</p> <p>a. Not indicated for primary diagnosis.</p> <p>b. Staging</p> <p>i. Primary examination of choice is I-123 whole body scintigraphy.</p> <p>ii. Only indicated for differentiated and medullary carcinoma of the thyroid in patients with negative I-123, but with a high index of suspicion for nodal or distal metastases on cross sectional imaging or where whole body I-123 scan is equivocal.</p>										

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	c. Investigation of residual or recurrent disease (restaging) <ul style="list-style-type: none"> i. Elevated thyroglobulin despite negative whole body scintigraphy for differentiated thyroid carcinoma. ii. Elevated calcitonin levels and equivocal imaging findings for medullary thyroid carcinoma. iii. Solitary distal metastasis where metastatectomy is considered. PET-CT is used to exclude additional lesions which would preclude surgery. 										
	4. Head and neck carcinoma <ul style="list-style-type: none"> a. Primary diagnosis <ul style="list-style-type: none"> i. There is little, if any, role for PET-CT in primary diagnosis of mucosal lesions. ii. Limited to identifying primary tumour in histologically proven metastatic squamous cell carcinoma in cervical nodes. b. Staging of the primary tumour prior to therapy <ul style="list-style-type: none"> i. Local nodes which are equivocal on CI (conventional imaging). ii. Suspected distal adenopathy iii. Suspected distal metastases iv. All patients where uni- or bilateral surgery is planned (may alter management and approach by up to 50% and is significantly more accurate than CT alone). v. Excellent sensitivity (95%) for local and distal nodal disease (specificity in local disease may be affected by physiological uptake). 										

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	c. Investigation of residual or recurrent disease (restaging) <ul style="list-style-type: none"> i. Differentiating fibrosis and recurrence where routine imaging is equivocal and may reduce the number of equivocal findings by up to 50%. ii. Following neo-adjuvant therapy for re-staging. iii. Suspected local or distal recurrence. iv. Differentiating post-therapeutic changes from residual or recurrent tumours poses significant problems for CT and MRI. PET-CT is significantly more accurate than routine cross sectional imaging in this regard. 										
	5. Breast cancer <ul style="list-style-type: none"> a. There is no role for PET-CT in the primary diagnosis, sentinel node mapping or imaging of locally contained node negative tumours. b. No role for carcinoma-in-situ. c. PET-CT imaging is limited to patients with infiltrating ductal carcinoma. d. Staging <ul style="list-style-type: none"> i. Only indicated if there is a significant chance of distal disease as determined by axillary dissection or where conventional imaging is equivocal. ii. Can result in up to 57% change of stage and management compared to other CI (conventional imaging). iii. High accuracy (86% vs. 77% for CT alone) for nodal and distal metastases in patient with infiltrating ductal carcinoma.. 										

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	a. Investigation of recurrent disease (restaging) <ul style="list-style-type: none"> i. Suspected local or regional recurrence. ii. Suspected nodal or distal metastatic recurrence. iii. Differentiate post therapeutic fibrosis from recurrent or residual tumour. iv. Significantly more accurate for nodal and distal recurrence than conventional imaging 										
	6. Colorectal cancer <ul style="list-style-type: none"> a. No role in the diagnosis of the primary tumour. b. Accurate for staging (89%) and restaging (88%) c. Staging <ul style="list-style-type: none"> i. Suspected distal nodal metastases where conventional imaging is equivocal, particularly distal nodes. ii. Suspected distal metastases. iii. Evaluation of suspected single metastases considered for curative surgical resection to exclude concomitant disease. iv. May result in changes in treatment in up to 27% of patients. d. Investigation of residual or recurrent disease (restaging) <ul style="list-style-type: none"> i. Suspected local pelvic or distal recurrence. ii. Differentiate local and distal post therapeutic changes from residual and recurrent disease. iii. Evaluate and restage following neo-adjuvant therapy. iv. Evaluate patients with rising tumour markers and normal or equivocal conventional imaging. 										
	7. Stomach carcinoma - GIST <ul style="list-style-type: none"> a. In GIST tumours FDG tracer uptake is established. <ul style="list-style-type: none"> i. Indicated to determine response to treatment as determined by tumour activity on PET-CT measuring tracer uptake (SUV). ii. Paradigm shift in assessing tumour responses to treatment. 										

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	<ul style="list-style-type: none"> iv. Response to Imatinib (Gleevec) can be predicted with 18FFDG as early as 24h after commencing treatment and long before any change in tumour size is demonstrated on conventional imaging. v. Baseline study before commencing treatment is essential to determine degree of tracer uptake for post-treatment comparison. <p>b. Variable uptake of tracer in other stomach tumours, which is difficult to explain and to predict. Routine imaging is not supported in other types of stomach tumours, at this stage.</p>										
	<p>8. Testicular Carcinoma</p> <ul style="list-style-type: none"> a. Complex histology and variable uptake of different histological sub-groups. b. Limited to seminoma and teratoma in the following cases: <ul style="list-style-type: none"> i. Evaluate residual mass to differentiate residual/recurrent tumour from fibrosis. ii. Suspected recurrence but normal or equivocal conventional imaging findings. 										
	<p>9. Oesophageal carcinoma</p> <ul style="list-style-type: none"> a. Not indicated for primary diagnosis. b. Staging for nodal and distal metastases (90% accurate) <ul style="list-style-type: none"> i. Indicated for N-staging, particularly where there is suspected distal nodal disease or where conventional imaging is equivocal. ii. Indicated for M- staging where distal metastases are suspected. iii. Strongly indicated for patient undergoing curative surgery to exclude distal disease. c. Investigation of residual or recurrent disease (restaging) <ul style="list-style-type: none"> i. Restaging for patients who have undergone neo-adjuvant chemotherapy. ii. Suspected local or distal recurrent disease. iii. Differentiate post therapeutic fibrosis from recurrent or residual disease. 										

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	<p>10. Melanoma</p> <p>a. No role in primary diagnosis which is primarily a surgical/histological diagnosis.</p> <p>b. Staging is determined by depth of penetration of the primary tumour and presence of sentinel node at surgery.</p> <p>i. Indicated for Stage 3 and 4 disease where there is a high incidence of distal nodal and metastatic disease.</p> <p>ii. Solitary distal metastasis on conventional imaging where metastatectomy is considered. PET-CT is used to exclude additional lesions which would preclude surgery.</p> <p>iii. Overall N and M staging is significantly more accurate than conventional imaging (97% vs 80%).</p> <p>c. Investigation of recurrent disease (restaging)</p> <p>i. Modality of choice for recurrent nodal and distal metastatic disease.</p> <p>ii. Differentiate post therapeutic fibrosis from recurrent or residual disease.</p> <p>d. PET-CT may alter management in up to 34% of patients with Stage III and IV disease.</p>										
	<p>11. Ovarian carcinoma</p> <p>a. Most cases present as advanced disease.</p> <p>b. Recurrence is frequent and the overall 5-y survival for advanced disease is only 17%.</p> <p>c. Diagnosis and initial staging require a laparotomy as small peritoneal deposits may be difficult to demonstrate on imaging</p> <p>i. PET-CT is indicated where surgical or conventional imaging findings are equivocal for primary staging.</p> <p>ii. PET-CT is accurate for demonstrating nodal and distal disease.</p> <p>iii. Sensitivity is limited by size of peritoneal deposits. It is more accurate for macroscopic disease.</p>										

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	d. Investigation of recurrent disease (restaging) <ul style="list-style-type: none"> i. Superior to CT and MRI for recurrence (92% sens. and 75% spec.). ii. Alternative to a second look laparotomy (presents significant cost saving potential). iii. Definite role for patients with rising tumour marker where conventional imaging is negative for recurrence. 										
	12. Carcinoma of unknown primary <ul style="list-style-type: none"> a. By definition, unknown primary tumors are those that remain undetected after all diagnostic resources have been used. b. PET-CT may detect up to 57% primary tumours when conventional cross sectional imaging has been negative. c. PET-CT is indicated where conventional imaging has failed to identify a primary malignancy. 										
B	LIMITED VALUE AND RELATIVE CONTRAINDICATIONS										
	These conditions are those where there is variable or poor uptake of the tracer FDG or where imaging is routinely performed with tracers other than FDG which are not locally available. This may result in false negative findings using FDG and the routine use of PET-CT should be discouraged.										
	1. Urological Malignancy <ul style="list-style-type: none"> a. No role in diagnosis and staging of renal cell carcinoma b. Prostate limited to suspected recurrence in histologically proven high grade tumours. Prostate is ideally imaged with Choline as tracer. c. No role for diagnosis and staging of bladder carcinoma 2. Broncho-alveolar cell carcinoma 3. Small cell carcinoma of the lung 4. Hepatocellular carcinoma 5. Sarcomas 6. Neuro-endocrine tumours										

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	<p>7. Anaplastic thyroid carcinoma which is Grade 4 by definition, at diagnosis.</p> <p>8. Suspected brain tumours where MRI is more sensitive and specific.</p> <p>9. Tumours with large mucinous components.</p> <p>10. Lobular carcinoma of the breast</p>										
	In addition to these tumours, imaging should be used with caution in patients who are diabetic or who have recently used high doses of cortico-steroids.										