SONOGRAPHERS



GEMS TARIFF FOR SERVICES BY SONOGRAPHERS WITH EFFECT FROM 1 JANUARY 2020

Practice Type: **Sonographers**Code: **039**

TARIFF CODE	TARIFF DESCRIPTION	TARIFF VALUE
	Reimbursement for the tariff codes for procedures performed within the scope of practice for sonographers will be subject to referral by the medical practitioner, and according to scheme rules, managed care protocols and benefit limits. The following tariff codes 3620; 3621; 3622; 3625; 3629; 3637; 5100 and 5114 are subjected to Sapphire and Beryl formularies.	
	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. ALL GEMS TARIFFS ARE VAT INCLUSIVE.	
	It is recommended that, when such benefits are granted, drugs, consumables and disposable items used during a procedure or issued to a patient on discharge will only be reimbursed by a medical scheme if the appropriate code is supplied on the account. The cost of film is included in the comprehensive procedure codes and is not billed for separately.	
3615	Routine obstetric ultrasound at 10 to 20 weeks gestational age preferable at 10 to 14 weeks gestational age to include nuchal translucency assessment	R519,30
3617	Routine obstetric ultrasound at 20 to 24 weeks to include detailed anatomical assessment	R519,30
3618	Pelvic organs ultrasound transabdominal probe (this is a gynaecological ultrasound examination and may not be used in pregnancy)	R415,60
3620	Cardiac examination plus Doppler colour mapping	R519,30
3621	Cardiac examination (MMode)	R259,70
3622	Cardiac examination: 2 Dimensional	R519,30
3625	Cardiac examinations + doppler	R519,30
3627	Ultrasound examination includes whole abdomen and pelvic organs, where pelvic organs are clinically indicated (including liver, gall bladder, spleen, pancreas, abdominal vascular anatomy, paraaortic area, renal tract, pelvic organs)	R623,10
3629	High definition (small parts) scan: Thyroid, breast lump, scrotum, etc.	R519,30
3637	+ Colour Doppler (may be added onto any other regional exam, but not to be added to items 3605, 5110, 5111, 5112, 5113 or 5114)	R809,80
5100	Pelvic organs ultrasound: Transvaginal or trans rectal probe	R519,30
5106	Obstetric ultrasound before 10 weeks gestational age for complicated pregnancy i.e. suspected ectopic pregnancy abortion or discrepancy between gestational age and dates. Not to be used for routine diagnosis of pregnancy	R259,70
5107	Ultrasound after 24 weeks - motivation required	R259,70
5114	Peripheral venous ultrasound vascular study; B mode, pulsed and colour Doppler; in erect and supine position including compression manoeuvres and reflux in superficial and deep systems, bilaterally	R1 479,10

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	GENERAL RULE GOVERNING ULTRASONIC EXAMINATIONS DURING PREGNANCY	
	Ultrasound examinations: The international norm approved for use in South Africa for NORMAL PREGNANCY is two ultrasound exams: (a) The first scan should preferably include a nuchal thickness estimation and be performed between 10 and 14 weeks gestation. The second scan should be performed between 20 and 24 weeks and should include a full anatomical report. All subsequent ultrasound scans are excluded from the benefits of medical schemes unless accompanied by proper motivation. An ultrasound scan to assess an abnormal early pregnancy may be formed before 10 weeks but this scan may not be used to diagnose a normal uncomplicated pregnancy. Item 3618 is a gynaecological scan and its use is not approved for use in pregnancy. (b) In cases where the scan is performed by the attending practitioner, a clear indication for such a scan must be entered on the account rendered, or a letter of motivation must be attached to the account (the practitioner must elect one of the two options). (c) In case of a referral, the referring doctor must submit a letter of motivation to the radiologist or other practitioner doing the scan. A copy of the letter of motivation must be attached to the first account rendered to the patient (by the radiologist or the other practitioner doing the scan) and must be attached to the first account submitted to the medical scheme by the patient or the doctor, as the case may be. (d) In case of a referral to a radiologist, no motivation should be required from the radiologist.	