

### Radiography codes vs. SAMA codes and COIDA rate for Film per code

Radiogr aphy code	Description	SAMA code	Description	2011 Discovery Health Rate	2011 COIDA rate for film
39001	Finger, toe	3305	Finger, toe	R 43.40	R 55.40
39003	Limb per region, e.g. shoulder, elbow, knee,	Codes 6500 -	X-Rays of different regions	R 57.20	R 67.26
39005	Smith-Petersen or equivalent control, in theatre	3309	Smith-Petersen or equivalent control, in theatre	R 475.40	R 336.53
39007	Stress studies, e.g. joint	3311	Stress studies, e.g. joint	R 57.20	R 67.26
39009	Length studies per right and left pair of long bones	3313	Full length study, both legs	R 57.20	R 134.41
39011	Skeletal survey under 5 years	3315	Skeletal survey <b>under 5 years</b>	R 171.30	R 172.94
39013	Skeletal survey over 5 years	3317	Skeletal survey <b>over 5 years</b>	R 184.70	R 243.73
39015	Arthrography per joint	3319	Arthrography per joint	R 139.40	R 134.29
39017	Per region, e.g. cervical, sacral, coccygeal, one region thoracic	3321	Per region, e.g. cervical, sacral, lumbar coccygeal, one region thoracic	R 87.00	R 96.10
39021	Stress studies	3325	Stress studies	R 35.40	R 96.10
39025	Scoliosis studies	3329	Scoliosis studies	R 138.80	R 183.20
39027	Pelvis (sacro-iliac or hip joints only to be added where an extra set of views is required)	3331	Pelvis (Sacro-iliac or hip joints only to be added where an extra set of view is required)	R 60.00	R 96.10
39029	Lumbar	3333	Myelography: Lumbar	R 152.20	R 251.14
39031	Thoracic	3334	Myelography: Thoracic	R 141.60	R 193.00
39033	Cervical	3335	Myelography: Cervical	R 209.70	R 308.94

39035	Multiple (lumbar, thoracic, cervical): Same fee as for first segment (no additional introduction of contrast medium)	3336	Myelography: Multiple (lumbar, thoracic, cervical): Same fee as for first segment (no additional introduction of contrast medium)	R 0.00	R 0.00
39037	Discography	3345	Discography	R 111.30	R 300.85
39039	Skull studies	3349	Skull studies	R 114.10	R 136.12
39041	Paranasal sinuses	3351	Paranasal sinuses	R 60.00	R 95.87
39043	Facial bones and/or orbits	3353	Facial bones and/or orbits	R 123.30	R 109.78
39045	Mandible	3355	Mandible	R 91.80	R 81.85
39047	Nasal bone	3357	Nasal bone	R 57.20	R 67.72
39049	Mastoid: Bilateral	3359	Mastoid: Bilateral	R 176.50	R 156.64
39051	One quadrant	3361	Teeth: One quadrant	R 27.20	R 32.15
39053	Two quadrants	3363	Teeth: Two quadrants	R 30.00	R 54.95
39055	Full mouth	3365	Teeth: Full mouth	R 38.20	R 95.87
39057	Rotation tomography of the teeth and jaws	3366	Teeth: Rotation tomography of the teeth and jaws	R 51.60	R 115.82
39059	Temporo-mandibular joints: Per side	3367	Teeth: Temporo-mandibular joints: Per side	R 67.80	R 95.87
39061	Tomography: Per side	3369	Teeth: Tomography: Per side	R 107.70	R 95.87
39063	Localisation of foreign body in the eye	3371	Localisation of foreign body in the eye	R 108.50	R 136.12
39065	Ventriculography	3381	Ventriculography	R 132.10	R 237.23
39067	Post-nasal studies: Lateral neck	3385	Post-nasal studies: Lateral neck	R 35.40	R 54.95
39069	Maxillo-facial cephalometry	3387	Maxillo-facial cephalometry	R 94.90	R 76.49

39071	Dacryocystography	3389	Dacryocystography	R 85.50	R 95.99
39073	Sialography (plus 80% for each additional gland)	3395	Sialography (plus 80% for each additional gland)	R 87.00	R 110.35
39075	Pharynx and oesophagus	3399	Pharynx and oesophagus	R 80.50	R 110.35
39077	Oesophagus, stomach and duodenum (control film of abdomen included) and limited follow through	3403	Oesophagus, stomach and duodenum (control film of abdomen included) and limited follow through	R 111.30	R 173.85
39079	Small bowel meal (control film of abdomen included, except when part of item 081)	3406	Small bowel meal (control film of abdomen included except when part of item 3408)	R 97.80	R 173.85
39081	Barium meal and dedicated gastro-intestinal tract follow through (including control film of the abdomen, oesophagus, duodenum, small bowel and colon)	3408	Barium meal and dedicated gastro-intestinal tract follow through (including control film of the abdomen, oesophagus, duodenum, small bowel and colon)	R 166.70	R 251.14
39083	Barium enema (control film of abdomen included)	3409	Barium enema (control film of abdomen included)	R 179.70	R 159.71
39085	Biliary tract: ERCP (choledogram and/or pancreatography screening included)	3415	Biliary Tract: ERCP own equipment: Choledogram and/or pancreatography screening included	R 166.00	R 203.03
39087	Gastric/oesophageal/duodenal intubation control	3417	Gatric, oesophageal or duodenal intubation control	R 73.40	no COID rate
39089	Hypotonic duodenography (077 included)	3423	Hypotonic duodenography (item 3403 and item 3405 included)	R 202.40	R 255.25
39091	Oral cholecystography	3425	Oral cholecystography	R 168.80	R 136.12
39093	Intravenous	3427	Cholangiography: Intravenous	R 206.90	R 191.41

39095	Operative: First series	3431	Operative cholangiography: First series: ADD item 3607 only when the Radiologist	R 205.20	R 183.20
39097	Subsequent series	no code	no description	R 84.80	<b>no COID rate</b>
39099	Post-operative: T-tube	3433	Post operative: T-tube	R 71.00	R 144.89
39101	Trans-hepatic, percutaneous	3437	Trans hepatic, percutaneous	R 122.20	R 159.71
39103	Tomography of biliary tract: Add	3441	Tomography of biliary tract: ADD	R 75.90	R 81.85
39105	Larynx (tomography included)	3443	Larynx (Tomography included)	R 149.80	R 108.98
39107	Chest (item 167 included)	3445	Chest (item 3601 included)	R 67.80	R 81.85
39109	Chest and cardiac studies (item 167 included)	3447	Chest and cardiac studies (item 3601)	R 81.60	R 109.78
39111	Ribs	3449	Ribs	R 67.80	R 107.16
39113	Sternum or sterno-clavicular joints	3451	Sternum or sterno-clavicular joints	R 87.00	R 109.78
39115	Unilateral	3453	Bronchography: Unilateral	R 118.30	R 109.78
39117	Bilateral	3455	Bronchography: Bilateral	R 199.50	R 191.86
39119	Pleurography	3461	Pleurography	R 55.50	R 109.78
39121	Laryngography	3465	Laryngography	R 55.50	R 95.87
39123	Thoracic inlet	3468	Thoracic inlet	R 55.50	R 54.95
39125	Control films of the abdomen (not being part of examination for barium meal, barium enema, pyelogram, cholecystogram, cholangiogram, etc.)	3477	Control films of the Abdomen (not being part of examination for barium meal, barium enema, pyelogram, cholecystogram, cholangiogram etc.)	R 60.00	R 81.85
39127	Acute abdomen or equivalent studies	3479	Acute abdomen or equivalent studies	R 108.50	R 136.12

39129	Control film included and bladder views before and after micturition	3487	Excretory urogram: Control film included and bladder views before and after micturition (intravenous pyelogram) (item 0206 not applicable)	R 236.50	R 217.97
39133	Waterload test: Add	3493	Waterload test: ADD	R 71.00	R 106.25
39135	Cystography only or urethrography only (retrograde)	3497	Cystography only or urethrography only (retrograde)	R 132.80	R 168.15
39137	Retrograde	3499	Cysto-urethrography: Retrograde	R 117.00	R 277.36
39139	Retrograde-prograde pyelography	3505	Retrograde-prograde pyelography	R 149.80	R 159.71
39141	Aspiration renal cyst	3511	Aspiration renal cyst	R 60.00	R 0.00
39143	Tomography of renal tract: Add	3513	Tomography of renal tract: ADD	R 67.80	R 81.85
39145	Pregnancy	3515	Pregnancy	R 67.80	R 81.85
39147	Pelvimetry	3517	Pelvimetry	R 125.50	R 151.28
39149	Hysterosalpingography	3519	Hysterosalpingography	R 113.00	R 108.30
39151	Tomography (conventional except where otherwise specified): Add 100% provided that if it is more than one dimension, fees shall be charged for the additional investigation at 50% of the rate with a maximum of two additional investigations	3577	Tomography (conventional except where otherwise specified): ADD 100% of the fee provided that if it is more than one dimension, the fee shall be charged for the additional investigation at 50% of the tariff with a maximum of two additional investigations	R 0.00	R 0.00
39153	Tomography (multi-dimensional in motion): Add 150%	3579	Tomography (multi-dimensional in motion): ADD 150% of the fee	R 0.00	R 0.00

39155	Head, single examination, full series	6409	CT brain uncontrasted (including posterior fossa)	R 927.60	R 266.76
39157	Head, repeat examination at the same visit, after contrast, full series	6410	CT brain with contrast only (including posterior fossa)	R 318.50	R 266.76
39159	Chest	6443	CT chest uncontrasted	R 1,072.50	R 266.76
39161	Abdomen (including base of chest and/or pelvis)	6448	CT abdomen uncontrasted	R 1,246.60	R 133.38
39163	Multiple examinations: For an additional part, the lesser fee shall be reduced to	no code	no description	R 0.00	R 0.00
39165	Limbs and other limited examinations	6403	CT limb without contrast	R 289.90	R 533.63
39167	Fluoroscopy: Per half hour: Add (not applicable to items 107 and 109)	3601	Fluoroscopy: Per half hour: ADD (not applicable for items 3445 and 3447)	R 75.60	<b>no COID rate</b>
39169	Where a C-arm portable x-ray unit is used in hospital or theatre: Per half hour: Add	3602	Where a C-arm portable X-ray unit is used in hospital or theatre: Per half hour: ADD	R 104.60	<b>no COID rate</b>
39171	Sinography	3603	Sinography	R 156.40	R 160.51
39173	Bone densitometry	3604	Bone densitometry (to be charged once only for one or more levels done at the same session)	R 285.60	<b>no COID rate</b>
39175	Mammography: Unilateral or bilateral	3605	Mammography: Unilateral or bilateral, including ultrasound and doppler ultrasound examination, where necessary. This item may not be used together with an item from the ultrasound section. Note that when an ultrasound of the breast is requested without mammography, item 3629 is used	R 205.20	R 199.84

39177	Repeat mammography, unilateral or bilateral for localisation of tumour	3606	Repeat mammography, unilateral or bilateral, for localisation of tumour	R 205.20	R 149.00
39179	Attendance at operation in theatre or at radiological procedure performed by a surgeon or physician in x-ray department except 005: Per 1/2 hour: Plus fee for examination performed	3607	Attendance at operation in theatre or at radiological procedure performed by a surgeon or physician in x-ray department (except item 3309): Per half hour: Plus fee for examination performed (Only to be used by radiological technical staff)	R 62.10	<b>no COID rate - Film charges to be added to "examination performed".</b>
39181	Setting of sterile trays	3613	Setting of sterile trays	R 10.60	<b>no COID rate</b>
39185	Where portable x-ray unit is used in the hospital or theatre: Add	3639	Where a portable X-ray unit is used in the hospital or theatre: ADD	R 68.50	<b>no COID rate</b>
39187	Theatre investigations with fixed installation : Add	3640	Theatre investigations with fixed installation	R 29.30	<b>no COID rate</b>
39191	Preparation in catheterisation laboratory for purposes of cardiac catheterisation and/or invasive intravascular procedures.	no code	no description	R 151.90	<b>no COID rate</b>
39192	Post-processing in catheterisation laboratory for purposes of cardiac catheterisation and/or invasive intravascular procedures	no code	no description	R 151.90	<b>no COID rate</b>
39193	Coronary angiogram per 30 minutes or part thereof provided that such part comprises 50% or more of the time	no code	no description	R 151.90	<b>no COID rate</b>
39194	Right heart investigation of valve and venous system of the right heart	no code	no description	R 151.90	<b>no COID rate</b>

39195	PTCA per 30 minutes or part thereof provided that such part comprises 50% or more of the time	no code	no description	R 151.90	<b>no COID rate</b>
39196	Left heart investigation of valve of the left heart and ventricular	no code	no description	R 151.90	<b>no COID rate</b>
39197	Stent procedure per 30 minutes or part thereof provided that such part comprises 50% or more of the time	no code	no description	R 151.90	<b>no COID rate</b>
39199	Vascular Study per 30 minutes or part thereof provided that such part comprises 50% or more of the time	no code	no description	R 151.90	<b>no COID rate</b>
39201	Temporary pacemaker procedure per 30 minutes or part thereof provided that such part comprises 50% or more of the time	no code	no description	R 151.90	<b>no COID rate</b>
39203	Permanent pacemaker procedure in catheterisation laboratory per 30 minutes or part thereof provided that such part comprises 50% or more of the time	no code	no description	R 151.90	<b>no COID rate</b>
39205	Intra-aortic balloon pump procedure per 30 minutes or part thereof provided that such part comprises 50% or more of the time	no code	no description	R 151.90	<b>no COID rate</b>
39207	Electro-physiological studies per 30 minutes or part thereof provided that such part comprises 50% or more of the time	no code	no description	R 151.90	<b>no COID rate</b>

39209	Bleomycine and other studies per 30 minutes or part thereof provided that such part comprises 50% or more of the time	no code	no description	R 151.90	no COID rate
39211	Intra vascular ultrasound per 30 minutes of part thereof provided that such part comprises 50% or more of the time	no code	no description	R 151.90	no COID rate
39213	Rotablator/Laser procedures per 30 minutes or part thereof provided that such part comprises 50% or more of the time	no code	no description	R 151.90	no COID rate
39215	Embolisation per 30 minutes or part thereof provided that such part comprises 50% or more of the time	no code	no description	R 151.90	no COID rate
39300	X-ray Films	GP's and Specialists use Mod. 84			