

1 July 2021

## RADIOLOGY TARIFFS

PULA RADIOLOGY TARIFFS EFFECTIVE		Units	2021-22
General Codes			
00110	X-ray skeletal survey under five years		<b>593.00</b>
00115	X-ray skeletal survey over five years		<b>985.40</b>
00120	X-ray sinogram any region		<b>1031.50</b>
00130	X-ray with mobile unit in other facility		<b>180.00</b>
00135	X-ray control view in theatre any region		<b>498.30</b>
00140	X-ray fluoroscopy any region		<b>214.10</b>
	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"> <li>any angiography, venography, lymphangiography or interventional codes.</li> <li>any contrasted fluoroscopy examination.</li> </ul>		
00145	X-ray fluoroscopy guidance for biopsy, any region		<b>502.00</b>
	Add to the procedure eg. 80600, 80605, 80610.		
00150	X-ray C-Arm (equipment fee only, not procedure) per half hour		<b>229.50</b>
	Only to be used if equipment is owned by the radiologist.		
00155	X-ray C-arm fluoroscopy in theatre per half hour (procedure only)		<b>218.10</b>
00160	X-ray fixed theatre installation (equipment fee only)		<b>214.10</b>
	Only to be used if equipment is owned by the radiologist.		
	Identification code for the use of contrast with a procedure. Appropriate codes to be supplied.		
00210	Ultrasound with mobile unit in other facility		<b>174.20</b>
	Add to the relevant ultrasound examination codes eg 10200.		
00220	Ultrasound intra-operative study		<b>693.50</b>
	Covers all regions studied. Single code per operative procedure.		
00230	Ultrasound guidance		<b>1146.20</b>
	Comprehensive ultrasound code including regional study and guidance. Guided procedure code to be added eg. 80600, 80605, 80610.		
00240	Ultrasound guidance for tissue ablation		<b>1064.50</b>
	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		<b>615.60</b>

00310	CT planning study for radiotherapy	<b>2024.30</b>
00320	CT guidance (separate procedure)	<b>1602.80</b>
	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	<b>801.40</b>
	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	<b>2003.70</b>
	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.	
	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	<b>6669.30</b>
00420	MR Spectroscopy any region	<b>2737.70</b>
00430	MR guidance for needle replacement	<b>4031.70</b>
	Comprehensive MRI code including region studied and guidance. Guided procedure code to be added eg 80600, 80605, 80610.	
00440	MR low field strength imaging of peripheral joint any region	<b>1136.80</b>
00450	MR planning study for radiotherapy or surgical procedure	<b>3599.90</b>
00455	MR planning study for radiotherapy or surgical procedure, with contrast	<b>4452.40</b>
	Identification code for the use of contrast with a procedure. Appropriate codes to be supplied.	
00510	Analogue monoplane screening table	<b>3885.20</b>
	A machine code may be added once per complete procedure / patient visit.	
00520	Analogue monoplane table with DSA attachment	<b>4499.90</b>
	A machine code may be added once per complete procedure / patient visit.	
00530	Dedicated angiography suite: Analogue monoplane unit. Once off charge per patient by owner of equipment.	<b>4499.90</b>
	A machine code may be added once per complete procedure / patient visit.	
00540	Digital monoplane screening table	<b>7571.20</b>
	A machine code may be added once per complete procedure / patient visit.	
00550	Dedicated angiography suite: Digital monoplane unit. Once off charge per patient by owner of equipment.	<b>8812.90</b>
00560	Dedicated angiography suite: Digital bi-plane unit. Once off charge per patient by owner of equipment.	<b>11841.60</b>
	A machine code may be added once per complete procedure / patient visit.	
00590	Angiography and interventional examination contrast material	<b>7972.10</b>
	Identification code for the use of contrast with a procedure. Appropriate codes to be supplied.	
01010	Emergency call out fee, first case	<b>284.20</b>

01020	Emergency call out fee, subsequent cases same trip	189.50
01050	Written report on study done elsewhere short	162.10
01055	Written report on study done elsewhere extensive	453.60
<b>Head</b>		
<b>Skull and Brain</b>		
10100	X-ray of the skull	365.40
10110	X-ray tomography of the skull	407.50
10120	X-ray shuntogram for VP shunt	1455.10
10200	Ultrasound of the brain – Neonatal	699.20
10210	Ultrasound of the brain including doppler	1252.20
10220	Ultrasound of the intracranial vasculature, including B mode, pulse and colour doppler	1424.80
10300	CT Brain uncontrasted	2145.50
10310	CT Brain with contrast only	3152.80
10320	CT Brain pre and post contrast	3834.70
10325	CT brain pre and post contrast for perfusion studies	4651.20
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	7349.20
10335	CT of the brain pre and post contrast with angiography	9275.30
10340	CT brain for cranio-stenosis including 3D	3236.00
10350	CT Brain stereotactic localisation	1834.10
10360	CT base of skull coronal high resolution study for CSF leak	3306.10
10400	MR of the brain, limited study	4126.60
10410	MR of the brain uncontrasted	6044.00
10420	MR of the brain with contrast	7193.70
10430	MR of the brain pre and post contrast	9856.10
10440	MR of the brain pre and post contrast, for perfusion studies	10178.20
10450	MR of the brain plus angiography	8734.30
10460	MR of the brain pre and post contrast plus angiography	11484.50
10470	MR angiography of the brain uncontrasted	5542.00
10480	MR angiography of the brain contrasted	7012.30
10485	MR of the brain, with diffusion studies	7483.70
10490	MR of the brain, pre and post contrast, with diffusion studies,	10481.30
10492	MR study of the brain plus angiography plus diffusion, uncontrasted	8999.70
10495	MR of the brain pre and post contrast plus angiography and diffusion	11883.20
10500	Arteriography of intracranial vessels: 1 - 2 vessels	4604.10
10510	Arteriography of intracranial vessels: 3 - 4 vessels	7799.50
10520	Arteriography of extra-cranial (non-cervical) vessels	4589.10
10530	Arteriography of intracranial and extra-cranial (non-cervical) vessels	11186.90
10540	Arteriography of intracranial vessels (4) plus 3 D rotational angiography	9243.30
10550	Arteriography of intracranial vessels (1) plus 3D rotational angiography	3532.40
10560	Venography of dural sinuses	4947.90

## Facial bones and nasal bones

Codes 11100 (facial bones) and 11110 (tomography) may be combined

11100	X-ray of the facial bones	372.20
11110	X-ray tomography of the facial bones	407.50
11120	X-ray of the nasal bones	226.20
11300	CT of the facial bones	1985.50
11310	CT of the facial bones with 3D reconstructions	2879.90
11320	CT of the facial bones/soft tissue, pre and post contrast	3908.70
11400	MR of the facial soft tissue	5911.60
11410	MR of the facial soft tissue pre and post contrast	9530.00
11420	MR of the facial soft tissue plus angiography, with contrast	10449.00
11430	MR angiography of the facial soft tissue	7012.30

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	337.30
12110	X-ray of the orbits, three or more views, including foramina	502.00
12120	X-ray of the orbits for foreign body	337.30
12130	X-ray tomography of the orbits	407.50
12140	X-ray dacrocystography	1061.00
12200	Ultrasound of the orbit/eye	486.20
12210	Ultrasound of the orbit/eye including doppler	1039.40
12300	CT of the orbits single plane	1487.30
12310	CT of the orbits, more than one plane	1950.50
12320	CT of the orbits pre and post contrast single plane	3413.50
12330	CT of the orbits pre and post contrast multiple planes	3761.10
12400	MR of the orbits	5917.00
12410	MR of the orbitae, pre and post contrast	9534.00

## Paranasal sinuses

Code 13120 (tomography) may be added to 13100, 13110 (paranasal sinuses), 13130 (nasopharyngeal).

13100	X-ray of the paranasal sinuses, single view	259.70
13110	X-ray of the paranasal sinuses, two or more views	346.70
13120	X-ray tomography of the paranasal sinuses	407.50
13130	X-ray of the naso-pharyngeal soft tissue	259.70
13300	CT of the paranasal sinuses single plane, limited study	682.00
13310	CT of the paranasal sinuses, two planes, limited study	1174.80
13320	CT of the paranasal sinuses, any plane, complete study	1460.80
13330	CT of the paranasal sinuses, more than one plane, complete study	1967.50
13340	CT of the paranasal sinuses, any plane, complete study: pre and post contrast	3291.00
13350	CT of the paranasal sinuses, more than one plane, complete study; pre and post contrast	3885.20
13400	MR of the paranasal sinuses	5709.60
13410	MR of the paranasal sinuses, pre and post contrast	9150.10

## 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	346.70
14110	X-ray orthopantomogram of the jaws and teeth	384.80
14120	X-ray maxillofacial cephalometry	262.30
14130	X-ray of the teeth single quadrant	189.50
14140	X-ray of the teeth more than one quadrant	239.60
14150	X-ray of the teeth full mouth	343.00
14160	X-ray tomography of the teeth per side	306.10
14300	CT of the mandible	2110.60
14310	CT of the mandible, pre and post contrast	3908.70
14320	CT mandible with 3D reconstructions	2879.90
14330	CT for dental implants in the mandible	2600.40
14340	CT for dental implants in the maxilla	2600.40
14400	MR of the mandible/maxilla	6044.00
14410	MR of the mandible/maxilla, pre and post contrast	9344.50

#### 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 temporo-mandibular joint, left	337.30
15110	X-ray temporo-mandibular joint, right	337.30
15120	X-ray tomography temporo-mandibular joint, left	407.50
15130	X-ray tomography temporo-mandibular joint, right	407.50
15140	X-ray arthrography of the temporo-mandibular joint, left	1459.80
15150	X-ray arthrography of the temporo-mandibular joint, right	1459.80
15200	Ultrasound temporo-mandibular joints, one or both sides	621.70
15300	CT of the temporo-mandibular joints	2404.30
15310	CT of the temporo-mandibular joints plus 3D reconstructions	3268.20
15320	CT arthrogram of the temporo-mandibular joints	3406.70
15400	MR of the temporo-mandibular joints	6044.00

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15410	MR of the temporo-mandibular joints, pre and post contrast	9553.00
15420	MR arthrogram of the temporo-mandibular joints	7077.40
<b>Mastoids and internal auditory canal</b>		
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	340.00
16110	X-ray of the mastoids, bilateral	680.30
16120	X-ray tomography of the petro-temporal bone, unilateral	407.50
16130	X-ray tomography of the petro-temporal bone, bilateral	814.40
16140	X-ray internal auditory canal, bilateral	495.40
16150	X-ray tomography of the internal auditory canal, bilateral	407.50
16300	CT of the mastoids	1193.90
16310	CT of the internal auditory canal	2033.90
16320	CT of the internal auditory canal, pre and post contrast	3239.90
16330	CT of the ear structures, limited study	1269.50
16340	CT of the middle and inner ear structures, high definition including all reconstructions in various planes	4106.70
16400	MR of the internal auditory canals, limited study	4126.60
16410	MR of the internal auditory canals, pre and post contrast, limited study	6530.00
16420	MR of the internal auditory canals, pre and post contrast, complete study	9723.40
16430	MR of the ear structures	6100.80
16440	MR of the ear structures, pre and post contrast	9723.40
<b>Sella turcica</b>		
Code 17100 (sella) and 17110 (tomography) may be combined.		
17100	X-ray of the sella turcica	291.80
17110	X-ray tomography of the sella turcica	407.50
17300	CT of the sella turcica/hypophysis	1653.00
17310	CT of the sella turcica/hypophysis, pre and post contrast	4003.30
17400	MR of the hypophysis	4126.60
17410	MR of the hypophysis, pre and post contrast	7013.10
<b>Salivary glands and floor of the mouth</b>		
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	269.00
18110	X-ray of the salivary ducts, open mouth for calculus	180.00
18120	X-ray sialography, per gland	1334.00
18200	Ultrasound of the salivary glands/floor of the mouth	621.70
18300	CT of the salivary glands, uncontrasted	1193.90
18310	CT of the salivary glands/floor of the mouth, pre and post contrast	3988.50
18320	CT sialography	2489.70

18400	MR of the salivary glands/floor of the mouth	<b>5986.90</b>
18410	MR of the salivary glands/floor of the mouth, pre and post contrast	<b>9553.00</b>
	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	<b>259.70</b>
20110	X-ray of the larynx including tomography	<b>889.60</b>
20120	X-ray laryngography	<b>784.70</b>
20130	X-ray evaluation of pharyngeal movement and speech by screening and / or cine with or without video recording	<b>786.30</b>
20200	Ultrasound of the thyroid	<b>621.70</b>
20210	Ultrasound of soft tissue of the neck	<b>621.70</b>
20220	Ultrasound of the carotid arteries, bilateral including B mode, pulsed and colour doppler	<b>1421.10</b>
20230	Ultrasound of the entire extracranial vascular tree including carotids, vertebral and subclavian vessels with B mode, pulse and colour doppler	<b>2068.90</b>
20240	Ultrasound study of the venous system of the neck including pulse and colour Doppler	<b>1023.30</b>
20300	CT of the soft tissues of the neck	<b>1729.00</b>
20310	CT of the soft tissues of the neck, with contrast	<b>3614.00</b>
20320	CT of the soft tissues of the neck, pre and post contrast	<b>4150.30</b>
20330	CT angiography of the extracranial vessels in the neck	<b>7518.10</b>
20340	CT angiography of the extracranial vessels in the neck and intracranial vessels of the brain	<b>10183.60</b>
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	<b>11787.60</b>
20400	Mr of the soft tissue of the neck	<b>6024.90</b>
20410	MR of the soft tissue of the neck, pre and post contrast	<b>9666.40</b>
20420	MR of the soft tissue of the neck and uncontrasted angiography	<b>8772.30</b>
20430	MR angiography of the extracranial vessels in the neck, without contrast	<b>5646.00</b>
20440	MR angiography of the extracranial vessels in the neck, with contrast	<b>7012.30</b>
20450	MR angiography of the extra and intracranial vessels with contrast	<b>10993.60</b>
20460	MR angiography of the intra and extra cranial vessels plus brain, without contrast	<b>12805.10</b>
20470	MR angiography of the intra and extra cranial vessels plus brain, with contrast	<b>14783.10</b>
20500	Arteriography of cervical vessels: carotid 1 - 2 vessels	<b>4208.90</b>
20510	Arteriography of cervical vessels: vertebral 1 - 2 vessels	<b>4805.90</b>
20520	Arteriography of cervical vessels: carotid and vertebral	<b>7354.20</b>
20530	Arteriography of aortic arch and cervical vessels	<b>8712.50</b>

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20540	Arteriography of aortic arch, cervical and intracranial vessels	10313.50
20550	Venography of jugular and vertebral veins	4637.10

## 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	287.80
30110	X-ray of the chest two views, PA and lateral	363.90
30120	X-ray of the chest complete with additional views	401.70
30130	X-ray of the chest complete including fluoroscopy	424.30
30140	X-ray tomography of the chest	407.50
30150	X-ray of the ribs	453.60
30155	X-ray of the chest and ribs	608.10
30160	X-ray of the thoracic inlet	242.70
30170	X-ray of the sterno-clavicular joints	398.80
30175	X-ray tomography of the sterno-clavicular joint	407.50
30180	X-ray of the sternum	398.80
30185	X-ray tomography of the sternum	407.50
30200	Ultrasound of the chest wall, any region	621.70
30210	Ultrasound of the pleural space	621.70
30220	Ultrasound of the mediastinal structures	621.70
30300	CT of the chest, limited study	899.90
30310	CT of the chest uncontrasted	2519.90
30320	CT of the chest contrasted	4019.50
30330	CT of the chest, pre and post contrast	4329.30
30340	CT of the chest, limited high resolution study	1061.00
30350	CT of the chest, complete high resolution study	2274.50
30355	CT of the chest, complete high resolution study with additional prone and expiratory studies	3154.70
30360	CT of the chest for pulmonary embolism	5411.10
30370	CT of the chest for pulmonary embolism with CT venography of abdomen, pelvis and lower limbs	7605.40
30400	MR of the chest	6024.90
30410	MR of the chest with uncontrasted angiography	8772.30



30420	MR of the chest, pre and post contrast	9666.40
<b>Oesophagus</b>		
Codes 31100, 31110, 31120 (swallow) include fluoroscopy (00140 may not be added).		
31100	X-ray barium swallow	625.30
31105	Xray 3 phase dynamic contrasted swallow	1193.90
31110	X-ray barium swallow, double contrast	750.30
31120	X-ray barium swallow with cinematography	954.00
<b>Aorta and large vessels</b>		
Codes 32210 and 32220 (Ivus) may be combined		
32200	Ultrasound intravascular arterial or venous assessment for intervention, once per complete procedure	397.90
32210	Ultrasound intravascular (IVUS) first vessel	799.40
32220	Ultrasound intravascular (IVUS) subsequent vessels	502.00
32300	CT angiography of the aorta and branches	7491.40
32305	CT angiography of the thoracic and abdominal aorta and branches	9994.30
32310	CT angiography of the pulmonary vasculature	7491.40
32400	MR angiography of the aorta and branches	7436.60
32410	MR angiography of the pulmonary vasculature	9972.70
32500	Arteriography of thoracic aorta	2677.00
32510	Arteriography of bronchial intercostal vessels alone	4750.70
32520	Arteriography of thoracic aorta, bronchial and intercostal vessels	6387.80
32530	Arteriography of pulmonary vessels	5993.50
32540	Arteriography of heart chambers, coronary arteries	4193.70
32550	Venography of thoracic vena cava	2688.60
32560	Venography of vena cava, azygos system	5334.40
32570	Venography patency of A-port or other central line	1860.40
<b>Heart</b>		
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	1165.10
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	776.70
33210	Ultrasound study of the heart trans-oesophageal	996.70
33220	Ultrasound intravascular imaging to guide placement of intracoronary stent once per vessel	492.40
33300	CT anatomical/functional study of the heart	3278.70
33310	CT angiography of heart vessels	7699.90
33400	MR of the heart, anatomical study	5892.20
33410	MR of the heart, anatomical and functional study	6536.80
33420	MR of the heart, pre and post contrast	9761.40
33430	MR angiography of the heart vessels	6698.30
33440	MR of the heart, anatomical, functional and coronary angiography	10121.30
<b>Mammogram</b>		

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 (mammotome)

Code 34205 (U/S FNA) includes the procedural code (may not be combined with 34150).

34100	X-ray mammography including ultrasound	<b>989.10</b>
34101	X-Ray mammography unilateral, including ultrasound	<b>791.10</b>
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	<b>890.40</b>
Once off fee per visit. May be added to 34100		
34110	X-ray mammography study for localisation	<b>685.80</b>
34120	X-ray stereotactic mammography – localisation	<b>985.40</b>
34130	X-ray stereotactic mammography – biopsy	<b>1099.00</b>
34140	X-ray of biopsy specimen of the mamma	<b>259.70</b>
34150	X-ray Mammotome hand held biopsy apparatus	<b>928.40</b>
34200	Ultrasound study of the breast	<b>748.20</b>
34205	Ultrasound guided aspiration FNA/localisation of the breast	<b>1146.20</b>
34300	Computer assisted diagnosis for mammography	<b>132.50</b>
34400	MR study of the breast	<b>5930.30</b>
34410	MR study of the breast pre and post contrast	<b>9553.00</b>

## **Soft Tissue**

### **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	<b>314.60</b>
40105	X-ray of the abdomen supine and erect, or decubitus	<b>507.90</b>
40110	X-ray of the abdomen multiple views including chest	<b>767.40</b>
40120	X-ray tomography of the abdomen	<b>407.50</b>
40140	X-ray barium meal single contrast	<b>840.50</b>
40143	X-ray barium meal double contrast	<b>1135.90</b>
40147	X-ray barium meal double contrast with follow through	<b>1496.90</b>
40150	X-ray small bowel enteroclysis (meal)	<b>2411.00</b>
Code 40150 excludes duodenal intubation and 40175 (Duodenal intubation) may be added.		
40153	X-ray small bowel meal follow through single contrast	<b>1852.00</b>
40157	X-ray small bowel meal with pneumocolon	<b>2428.00</b>
40160	X-ray large bowel enema single contrast	<b>1229.10</b>
40165	X-ray large bowel enema double contrast	<b>1859.70</b>

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40170	X-ray guided gastro oesophageal intubation	151.60
40175	X-ray guided duodenal intubation	265.30
40180	X-ray defaecogram	1229.10
40190	X-ray guided reduction of intussusception	1541.30
40200	Ultrasound study of the abdominal wall	524.80
40210	Ultrasound study of the whole abdomen including the pelvis	780.50
40300	CT study of the abdomen	2501.80
40310	CT study of the abdomen with contrast	4246.00
40313	CT study of the abdomen pre and post contrast	5020.00
40320	CT of the pelvis	2475.40
40323	CT of the pelvis with contrast	4498.00
40327	CT of the pelvis pre and post contrast	5103.20
40330	CT of the abdomen and pelvis	3647.20
40333	CT of the abdomen and pelvis with contrast	5889.40
40337	CT of the abdomen and pelvis pre and post contrast	6387.80
40340	CT triphasic study of the liver, abdomen and pelvis pre and post contrast	7020.80
40345	CT of the chest, abdomen and pelvis without contrast	6642.50
40350	CT of the chest, abdomen and pelvis with contrast	8369.60
40355	CT of the chest triphasic of the liver, abdomen and pelvis with contrast	8814.80
40360	CT of the base of skull to symphysis pubis with contrast	9732.00
40365	CT colonoscopy	3294.90
40400	MR of the abdomen	6117.80
40410	MR of the abdomen pre and post contrast	9553.00
40420	MR of the pelvis, soft tissue	6117.80
40430	MR of the pelvis, soft tissue, pre and post contrast	9666.40
	Code 41110, 41120 and 41130 (cholangiography) include fluoroscopy (00140 may not be added).	
41100	X-ray ERCP including screening	1790.40
41105	X-ray ERCP reporting on images done in theatre	227.30
41110	X-ray cholangiography intra-operative	800.60
41120	X-ray T-tube cholangiography post operative	1331.10
41130	X-ray transhepatic percutaneous cholangiography	3063.60
41200	Ultrasound study of the upper abdomen	663.20
41210	Ultrasound doppler of the hepatic and splenic veins and inferior vena cava in assessment of portal venous hypertension or thrombosis	928.40
	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	5200.80
41400	MR study of the liver/pancreas	6136.80
41410	MR study of the liver/pancreas pre and post contrast	9553.00
41420	MRCP	4660.90
41430	MR study of the abdomen with MRCP	8808.50
41440	MR study of the abdomen pre and post contrast with MRCP	12656.20
	<b>Renal tract</b>	
42100	X-ray tomography of the renal tract	407.50

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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	2355.10
42115	X-ray excretory urogram including tomography with micturating study	3112.80
42120	X-ray cystography	1425.60
42130	X-ray urethrography	1455.90
42140	X-ray micturating cysto-urethrography	1828.50
42150	X-ray retrograde/prograde pyelography	1187.10
42155	X-ray retrograde/prograde pyelography reporting on images done in theatre	228.20
42160	X-ray prograde pyelogram – percutaneous	3094.90
42200	Ultrasound study of the renal tract including bladder	703.10
42205	Ultrasound doppler for resistive index in vessels of transplanted kidney	359.80
	Code 42205 is a stand alone study and may not be added to 42200	
42210	Ultrasound study of the renal arteries including Doppler	1004.40
42300	CT of the renal tract for a stone	2382.40
42400	MR of the renal tract for obstruction	4452.40
42410	MR of the kidneys without contrast	6117.80
42420	MR of the kidneys pre and post contrast	9685.50

### **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	378.90
43110	X-ray pelvimetry multiple views	549.30
43120	X-ray hystero-salpingography	950.20
43130	X-ray hystero-salpingography with introduction of contrast	1281.60
43200	Ultrasound study of the pelvis transabdominal	540.10
43205	Ultrasound study of the female pelvis transvaginal	683.10
43210	Ultrasound study of the prostate transrectal	699.20
43215	Ultrasound transrectal prostate volume for brachytherapy	985.40
43220	Ultrasound study of the testes	699.20
43225	Ultrasound study for male impotence including doppler and injection of vaso constrictor	1421.10

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	1278.60
43240	Ultrasound guided amniocentesis	553.20
43250	Ultrasound study of the pregnant uterus, first trimester	397.90
43260	Ultrasound study of the pregnant uterus, second trimester	602.30
43270	Ultrasound study of the pregnant uterus, third trimester, first visit	602.30
43273	Ultrasound study of the pregnant uterus, third trimester, follow-up visit	397.90
43277	Ultrasound study of the pregnant uterus, multiple gestation, second or third trimester, first visit	774.00
43280	Ultrasound doppler of the umbilical cord for resistive index	359.80
	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	623.30
43400	MR study of pelvic reproductive organs - limited study	4509.30
43405	MR study for pelvimetry	1894.80
43410	MR study of pelvic reproductive organs - complete – uncontrasted	6117.80
43420	MR study of pelvic reproductive organs - complete – pre and post contrast	9685.50
<b>Aorta and vessels</b>		
	Code 44400 (MR Angiography) may be combined with 40400 (MR abdomen).	
44200	Ultrasound study of abdominal aorta and branches including doppler	1735.60
44205	Ultrasound study of the IVC and pelvic veins including Doppler	1326.30
	This is a stand alone code and may not be added to 44200.	
44300	CT angiography of abdominal aorta and branches	7268.00
44305	CT angiography of the abdominal aorta and branches and pre and post contrast study of the upper abdomen	8935.30
44310	CT angiography of the pelvis	7450.00
44320	CT angiography of the abdominal aorta and pelvis	8482.50
44325	CT angiography of the abdominal aorta and pelvis and pre and post contrast study of the upper abdomen and pelvis	11287.40
44330	CT portogram	7048.00
44400	MR angiography of abdominal aorta and branches	7260.30
44500	Arteriography of abdominal aorta alone	2663.90
44503	Arteriography of aorta plus coeliac, mesenteric branches	7164.60
44505	Arteriography of aorta plus renal, adrenal branches	5969.10
44507	Arteriography of aorta plus non-visceral branches	5758.70
44510	Arteriography of coeliac, mesenteric vessels alone	6096.00
44515	Arteriography of renal, adrenal vessels alone	4688.10
44517	Arteriography of non-visceral abdominal vessels alone	5201.70
44520	Arteriography of internal and external iliac vessels alone	5373.20
44525	Venography of internal and external iliac veins alone	5883.90
44530	Corpora cavernosography	2374.00
44535	Vasography, vesiculography	2765.00
44540	Venography of inferior vena cava	2474.50
44543	Venography of hepatic veins alone	5093.70
44545	Venography of inferior vena cava and hepatic veins	6528.10

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44550	Venography of lumbar azygos system alone	4158.00
44555	Venography of inferior vena cava and lumbar azygos veins	6201.20
44560	Venography of renal, adrenal veins alone	4167.10
44565	Venography of inferior vena cava and renal/adrenal veins	6478.90
44570	Venography of spermatic, ovarian veins alone	3826.30
44573	Venography of inferior vena cava, renal, spermatic, ovarian veins	7009.40
44580	Venography indirect splenoportogram	4610.80
44583	Venography direct splenoportogram	2992.50
44587	Venography transhepatic portogram	6323.30

### Soft Tissue

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).

50100	X-ray of the spine scoliosis view AP only	663.20
50105	X-ray of the spine scoliosis view AP and lateral	1136.80
50110	X-ray of the spine scoliosis view AP and lateral including stress views	1756.40
50120	X-ray bone densitometry	1091.50
50130	X-ray guided lumbar puncture	455.00
50140	X-ray guided cisternal puncture cisternogram	2177.00
50300	CT quantitative bone mineral density	1120.60
50500	Arteriogram of the spinal column and cord, all vessels	12052.80
50510	Venography of the spinal, paraspinal veins	5537.30

### Cervical

#VALUE!

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	392.20
51110	X-ray of the cervical spine, one or two views	285.10
51120	X-ray of the cervical spine, more than two views	405.30
51130	X-ray of the cervical spine, more than two views including stress views	718.00
51140	X-ray Tomography cervical spine	407.50
51160	X-ray myelography of the cervical spine	2601.40
51170	X-ray discography cervical spine per level	2384.60
51300	CT of the cervical spine limited study	899.90
51310	CT of the cervical spine – regional study	1318.00
51320	CT of the cervical spine – complete study	3517.60
51330	CT of the cervical spine pre and post contrast	5575.20
51340	CT myelography of the cervical spine	4470.50
51350	CT myelography of the cervical spine following myelogram	2054.60
51400	MR of the cervical spine, limited study	4206.20
51410	MR of the cervical spine and cranio-cervical junction	6140.70
51420	MR of the cervical spine and cranio-cervical junction pre and post contrast	9675.90

### 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	303.90
52110	X-ray of the thoracic spine, more than two views	378.90
52120	X-ray tomography thoracic spine	407.50
52140	X-ray of the thoracic spine, more than two views including stress views	629.10
52150	X-ray myelography of the thoracic spine	1764.00
52300	CT of the thoracic spine limited study	899.90
52305	CT of the thoracic spine – regional study	1318.00
52310	CT of the thoracic spine complete study	3389.30
52320	CT of the thoracic spine pre and post contrast	5575.20
52330	CT myelography of the thoracic spine	4555.60
52340	CT myelography of the thoracic spine following myelogram	1929.70
52400	MR of the thoracic spine, limited study	4414.50
52410	MR of the thoracic spine	6095.10
52420	MR of the thoracic spine pre and post contrast	9607.70

## 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	392.20
53110	X-ray of the lumbar spine, one or two views	337.30
53120	X-ray of the lumbar spine, more than two views	422.70
53130	X-ray of the lumbar spine, more that two views including stress views	712.30
53140	X-ray tomography lumbar spine	407.50
53160	X-ray myelography of the lumbar spine	2268.00
53170	X-ray discography lumbar spine per level	2384.60
53300	CT of the lumbar spine limited study	899.90
53310	CT of the lumbar spine – regional study	1318.00
53320	Ct of the lumbar spine complete study	3565.80
53330	CT of the lumbar spine pre and post contrast	5575.20
53340	CT myelography of the lumbar spine	4652.50
53350	CT myelography of the lumbar spine following myelogram	2222.60
53400	MR of the lumbar spine, limited study	4376.80
53410	MR of the lumbar spine	6093.20
53420	MR of the lumbar spine pre and post contrast	9785.00

## 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	339.30
54110	X-ray of the sacro-iliac joints	388.50
54120	X-ray tomography – sacrum and/or coccyx	407.50
54300	CT of the sacrum – limited study	720.00
54310	CT of the sacrum – complete study – uncontrasted	2426.20



54320	CT of the sacrum with contrast	4445.70
54330	CT of the sacrum pre and post contrast	5018.10
54400	MR of the sacrum	6157.40
54410	MR of the sacrum pre and post contrast	9571.80

### **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	346.70
55110	X-ray tomography – pelvis	407.50
55300	CT of the bony pelvis limited	899.90
55310	CT of the bony pelvis complete uncontrasted	2426.20
55320	CT of the bony pelvis complete 3D recon	3549.80
55330	CT of the bony pelvis with contrast	4445.70
55340	CT of the bony pelvis – pre and post contrast	5018.10
55400	MR of the bony pelvis	6157.40
55410	MR of the bony pelvis pre and post contrast	9685.50

### **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	301.20
56110	X-ray of the right hip	301.20
56120	X-ray pelvis and hips	570.30
56130	X-ray tomography – hip	407.50
56140	X-ray of the hip/s – stress study	415.00
56150	X-ray arthrography of the hip joint including introduction contrast	1492.20
56160	X-ray guidance and introduction of contrast into hip joint only	701.80
56200	Ultrasound of the hip joints	615.60
56300	CT of hip – limited	899.90
56310	CT of hip – complete	2593.00
56320	CT of hip – complete with 3D recon	3768.60
56330	CT of hip with contrast	4098.10
56340	CT of hip pre and post contrast	4535.80
56400	MR of the hip joint/s, limited study	4253.40
56410	MR of the hip joint/s	6072.40
56420	MR of the hip joint/s, pre and post contrast	9628.70

### **Upper limbs**

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## 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	428.30
60110	X-ray upper limbs - any region – tomography	407.50
60200	Ultrasound upper limb – soft tissue - any region	699.20
60210	Ultrasound of the peripheral arterial system of the left arm including B mode, pulse and colour doppler	1291.90
60220	Ultrasound of the peripheral arterial system of the right arm including B mode, pulse and colour doppler	1291.90
60230	Ultrasound peripheral venous system upper limbs including pulse and colour doppler for deep vein thrombosis	1187.90
60240	Ultrasound peripheral venous system upper limbs including pulse and colour doppler	1634.90
60300	CT of the upper limbs limited study	899.90
60310	CT angiography of the upper limb	7415.60
60400	MR of the upper limbs limited study, any region	4243.80
60410	MR angiography of the upper limb	7072.70
60500	Arteriogram of subclavian, upper limb arteries alone, unilateral	4326.30
60510	Arteriogram of subclavian, upper limb arteries alone, bilateral	7831.40
60520	Arteriogram of aortic arch, subclavian, upper limb, unilateral	5376.20
60530	Arteriogram of aortic arch, subclavian, upper limb, bilateral	8346.80
60540	Venography, antegrade of upper limb veins, unilateral	2474.50
60550	Venography, antegrade of upper limb veins, bilateral	4682.70
60560	Venography, retrograde of upper limb veins, unilateral	2937.70
60570	Venography, retrograde of upper limb veins, bilateral	5192.10
60580	Venography, shuntogram, dialysis access shunt	2253.60

## 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	287.80
61105	X-ray of the right clavicle	287.80
61110	X-ray of the left scapula	287.80
61115	X-ray of the right scapula	287.80
61120	X-ray of the left acromio-clavicular joint	297.40

61125	X-ray of the right acromio-clavicular joint	297.40
61128	X-ray of acromio-clavicular joints plus stress studies bilateral	727.60
61130	X-ray of the left shoulder	329.70
61135	X-ray of the right shoulder	329.70
61140	X-ray of the left shoulder plus subacromial impingement views	560.90
61145	X-ray of the right shoulder plus subacromial impingement views	560.90
61150	X-ray of the left subacromial impingement views only	307.00
61155	X-ray of the right subacromial impingement views only	307.00
61160	X-ray arthrography shoulder joint including introduction of contrast	1499.60
61170	X-ray guidance and introduction of contrast into shoulder joint only	701.80
61200	Ultrasound of the left shoulder joint	615.60
61210	Ultrasound of the right shoulder joint	615.60
61300	CT of the left shoulder joint – uncontrasted	2307.50
61305	CT of the right shoulder joint – uncontrasted	2307.50
61310	CT of the left shoulder – complete with 3D recon	3567.70
61315	CT of the right shoulder – complete with 3D recon	3567.70
61320	CT of the left shoulder joint - pre and post contrast	4607.20
61325	CT of the right shoulder joint - pre and post contrast	4607.20
61400	MR of the left shoulder	6123.60
61405	MR of the right shoulder	6123.60
61410	MR of the left shoulder pre and post contrast	9571.80
61415	MR of the right shoulder pre and post contrast	9571.80

#### **Humerus**

62100	X-ray of the left humerus	278.60
62105	X-ray of the right humerus	278.60
62300	CT of the left upper arm	2307.50
62305	CT of the right upper arm	2307.50
62310	CT of the left upper arm contrasted	3786.50
62315	CT of the right upper arm contrasted	3786.50
62320	CT of the left upper arm pre and post contrast	4602.10
62325	CT of the right upper arm pre and post contrast	4602.10
62400	MR of the left upper arm	6081.90
62405	MR of the right upper arm	6081.90
62410	MR of the left upper arm pre and post contrast	9666.40
62415	MR of the right upper arm pre and post contrast	9666.40

#### **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	297.40
63105	X-ray of the right elbow	297.40
63110	X-ray of the left elbow with stress	411.10
63115	X-ray of the right elbow with stress	411.10
63120	X-ray arthrography elbow joint including introduction of contrast	1505.40

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63130	X-ray guidance and introduction of contrast into elbow joint only	701.80
63200	Ultrasound of the left elbow joint	615.60
63205	Ultrasound of the right elbow joint	615.60
63300	CT of the left elbow	2307.50
63305	CT of the right elbow	2307.50
63310	CT of the left elbow – complete with 3D recon	3567.70
63315	CT of the right elbow – complete with 3D recon	3567.70
63320	CT of the left elbow contrasted	3786.50
63325	CT of the right elbow contrasted	3786.50
63330	CT of the left elbow pre and post contrast	4607.20
63335	CT of the right elbow pre and post contrast	4607.20
63400	MR of the left elbow	6123.60
63405	MR of the right elbow	6123.60
63410	MR of the left elbow pre and post contrast	9571.80
63415	MR of the right elbow pre and post contrast	9571.80

### Forearm

64100	X-ray of the left forearm	278.60
64105	X-ray of the right forearm	278.60
64110	X-ray peripheral bone densitometry	185.70
64300	CT of the left forearm	2307.50
64305	CT of the right forearm	2307.50
64310	CT of the left forearm contrasted	3786.50
64315	CT of the right forearm contrasted	3786.50
64320	CT of the left forearm pre and post contrast	4602.10
64325	CT of the right forearm pre and post contrast	4602.10
64400	MR of the left forearm	6081.90
64405	MR of the right forearm	6081.90
64410	MR of the left forearm pre and post contrast	9287.70
64415	MR of the right forearm pre and post contrast	9287.70

### 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.

65100	X-ray of the left hand	291.80
65105	X-ray of the right hand	291.80
65110	X-ray of the left hand – bone age	291.80
65120	X-ray of a finger	252.80
65130	X-ray of the left wrist	301.20
65135	X-ray of the right wrist	301.20
65140	X-ray of the left scaphoid	312.60

65145	X-ray of the right scaphoid	312.60
65150	X-ray of the left wrist, scaphoid and stress views	716.30
65155	X-ray of the right wrist, scaphoid and stress views	716.30
65160	X-ray arthrography wrist joint including introduction of contrast	1508.80
65170	X-ray guidance and introduction of contrast into wrist joint only	701.80
65200	Ultrasound of the left wrist	615.60
65210	Ultrasound of the right wrist	615.60
65300	CT of the left wrist and hand	2307.50
65305	CT of the right wrist and hand	2307.50
65310	CT of the left wrist and hand - complete with 3D recon	3567.70
65315	CT of the right wrist and hand - complete with 3D recon	3567.70
65320	CT of the left wrist and hand contrasted	3786.50
65325	CT of the right wrist and hand contrasted	3786.50
65330	CT of the left wrist and hand pre and post contrast	4607.20
65335	CT of the right wrist and hand pre and post contrast	4607.20
65400	MR of the left wrist and hand	6123.60
65405	MR of the right wrist and hand	6123.60
65410	MR of the left wrist and hand pre and post contrast	9571.80
65415	MR of the right wrist and hand pre and post contrast	9571.80

### Soft Tissue

#### 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.

Code 70410 and 70420 (MR angiography) may not be combined.

70100	X-ray lower limbs - any region- stress studies only	428.30
70110	X-ray lower limbs - any region-tomography	407.50
70120	X-ray of the lower limbs full length study	611.80
70200	Ultrasound lower limb – soft tissue - any region	699.20
70210	Ultrasound of the peripheral arterial system of the left leg including B mode, pulse and colour Doppler	1291.90
70220	Ultrasound of the peripheral arterial system of the right leg including B mode, pulse and colour Doppler	1291.90
70230	Ultrasound peripheral venous system lower limbs including pulse and colour doppler for deep vein thrombosis	1291.90

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	1862.50
70300	CT of the lower limbs limited study	899.90
70310	CT angiography of the lower limb	7524.80
70320	CT angiography abdominal aorta and outflow lower limbs	9316.00
70400	MR of the lower limbs limited study	4395.80
70410	MR angiography of the lower limb	7262.30
70420	MR angiography of the abdominal aorta and lower limbs	11260.10
70500	Angiography of pelvic and lower limb arteries unilateral	3845.10
70505	Angiography of pelvic and lower limb arteries bilateral	7192.30
70510	Angiography of abdominal aorta, pelvic and lower limb vessels unilateral	5800.50
70515	Angiography of abdominal aorta, pelvic and lower limb vessels bilateral	8114.90
70520	Angiography translumbar aorta with full peripheral study	4327.40
70530	Venography, antegrade of lower limb veins, unilateral	2411.80
70535	Venography, antegrade of lower limb veins, bilateral	4682.70
70540	Venography, retrograde of lower limb veins, unilateral	2952.70
70545	Venography, retrograde of lower limb veins, bilateral	5379.90
70560	Lymphangiography, lower limb, unilateral	4835.20
70565	Lymphangiography, lower limb, bilateral	7954.70
<b>Femur</b>		
71100	X-ray of the left femur	278.60
71105	X-ray of the right femur	278.60
71300	CT of the left femur	2322.70
71305	CT of the right femur	2322.70
71310	CT of the left upper leg contrasted	3962.70
71315	CT of the right upper leg contrasted	3962.70
71320	CT of the left upper leg pre and post contrast	4709.40
71325	CT of the right upper leg pre and post contrast	4709.40
71400	MR of the left upper leg	6138.70
71405	MR of the right upper leg	6138.70
71410	MR of the left upper leg pre and post contrast	9666.40
71415	MR of the right upper leg pre and post contrast	9666.40
<b>Knee</b>		
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	262.30
72105	X-ray of the right knee one or two views	262.30

72110	X-ray of the left knee, more than two views	314.60
72115	X-ray of the right knee, more than two views	314.60
72120	X-ray of the left knee including patella	437.60
72125	X-ray of the right knee including patella	437.60
72130	X-ray of the left knee with stress views	551.50
72135	X-ray of the right knee with stress views	551.50
72140	X-ray of left patella	262.30
72145	X-ray of right patella	262.30
72150	X-ray both knees standing – single view	265.30
72160	X-ray arthrography knee joint including introduction of contrast	1497.70
72170	X-ray guidance and introduction of contrast into knee joint only	701.80
72200	Ultrasound of the left knee joint	615.60
72205	Ultrasound of the right knee joint	615.60
72300	CT of the left knee	2322.70
72305	CT of the right knee	2322.70
72310	CT of the left knee complete study with 3D reconstructions	3403.90
72315	CT of the right knee complete study with 3D reconstructions	3403.90
72320	CT of the left knee contrasted	3962.70
72325	CT of the right knee contrasted	3962.70
72330	CT of the left knee pre and post contrast	4714.20
72335	CT of the right knee pre and post contrast	4714.20
72400	MR of the left knee	6072.40
72405	MR of the right knee	6072.40
72410	MR of the left knee pre and post contrast	9553.00
72415	MR of the right knee pre and post contrast	9553.00
<b>Lower Leg</b>		
73100	X-ray of the left lower leg	278.60
73105	X-ray of the right lower leg	278.60
73300	CT of the left lower leg	2322.70
73305	CT of the right lower leg	2322.70
73310	CT of the left lower leg contrasted	3962.70
73315	CT of the right lower leg contrasted	3962.70
73320	CT of the left lower leg pre and post contrast	4709.40
73325	CT of the right lower leg pre and post contrast	4709.40
73400	MR of the left lower leg	6081.90
73405	MR of the right lower leg	6081.90
73410	MR of the left lower leg pre and post contrast	9666.40
73415	MR of the right lower leg pre and post contrast	9666.40

### **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	314.60
74105	X-ray of the right ankle	314.60
74110	X-ray of the left ankle with stress views	428.30
74115	X-ray of the right ankle with stress views	428.30
74120	X-ray of the left foot	265.30
74125	X-ray of the right foot	265.30
74130	X-ray of the left calcaneus	259.70
74135	X-ray of the right calcaneus	259.70
74140	X-ray of both feet – standing – single view	265.30
74145	X-ray of a toe	252.80
74150	X-ray of the sesamoid bones one or both sides	265.30
74160	X-ray arthrography ankle joint including introduction of contrast	1507.40
74170	X-ray guidance and introduction of contrast into ankle joint	701.80
74210	Ultrasound of the left ankle	615.60
74215	Ultrasound of the right ankle	615.60
74220	Ultrasound of the left foot	615.60
74225	Ultrasound of the right foot	615.60
74290	Ultrasound bone densitometry	193.40
74300	CT of the left ankle/foot	2322.70
74305	CT of the right ankle/foot	2322.70
74310	CT of the left ankle/foot – complete with 3D recon	3581.80
74315	CT of the right ankle/foot – complete with 3D recon	3581.80
74320	CT of the left ankle/foot contrasted	3962.70
74325	CT of the right ankle/foot contrasted	3962.70
74330	CT of the left ankle/foot pre and post contrast	4709.40
74335	CT of the right ankle/foot pre and post contrast	4709.40
74400	MR of the left ankle	6072.40
74405	MR of the right ankle	6072.40
74410	MR of the left ankle pre and post contrast	9534.00
74415	MR of the right ankle pre and post contrast	9534.00
74420	MR of the left foot	6081.90
74425	MR of the right foot	6081.90
74430	MR of the left foot pre and post contrast	9666.40
74435	MR of the right foot pre and post contrast	9666.40

#### Intervention

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## 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	<b>887.60</b>
80605	Fine needle aspiration biopsy, any region	<b>399.80</b>
80610	Cutting needle, trochar biopsy, any region	<b>602.30</b>
80620	Tumour/cyst ablation chemical	<b>2403.40</b>
80630	Tumour ablation radio frequency, per lesion	<b>2009.30</b>
80640	Insertion of CVP line in radiology suite	<b>851.70</b>
80645	Peripheral central venous line insertion	<b>1148.20</b>
80650	Infiltration of a peripheral joint, any region	<b>606.30</b>

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.

## Neuro intervention

81600	Intracranial aneurysm occlusion, direct	<b>20322.10</b>
81605	Intracranial arteriovenous shunt occlusion	<b>24139.80</b>
81610	Dural sinus arteriovenous shunt occlusion	<b>25040.60</b>
81615	Extracranial arteriovenous shunt occlusion	<b>14899.40</b>
81620	Extracranial arterial embolisation (head and neck)	<b>15452.70</b>
81625	Carotidocavernous fistula occlusion	<b>18216.10</b>
81630	Intracranial angioplasty for stenosis, vasospasm	<b>12023.40</b>
81632	Intracranial stent placement (including PTA)	<b>12667.60</b>
81635	Temporary balloon occlusion test	<b>7902.70</b>

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)	<b>16879.30</b>
81645	Intracranial aneurysm occlusion with balloon remodelling	<b>20495.50</b>
81650	Intracranial aneurysm occlusion with stent assistance	<b>21831.10</b>
81655	Intracranial thrombolysis, catheter directed	<b>5583.60</b>

Code 81655 may be combined with any of the other neuro interventional codes 81600 to 81650

81660	Nerve block, head and neck, per level	725.50
81665	Neurolysis, head and neck, per level	1908.00
81670	Nerve block, head and neck, radio frequency, per level	1803.60
81680	Nerve block, coeliac plexus or other regions, per level	879.20
<b>Thorax</b>		
82600	Chest drain insertion	835.40
82605	Trachial, bronchial stent insertion	2876.30
<b>Gastrointestinal</b>		
83600	Oesophageal stent insertion	2957.40
83605	GIT balloon dilation	2307.50
83610	GIT stent insertion (non-oesophageal)	3033.50
83615	Percutaneous gastrostomy, jejunostomy	2402.40
<b>Hepatobiliary</b>		
84600	Percutaneous biliary drainage, external	3219.20
84605	Percutaneous external/internal biliary drainage	3525.10
84610	Permanent biliary stent insertion	4852.10
84615	Drainage tube replacement	1915.70
84620	Percutaneous bile duct stone or foreign object removal	4734.70
84625	Percutaneous gall bladder drainage	2802.20
84630	Percutaneous gallstone removal, including drainage	6560.40
84635	Transjugular liver biopsy	2362.00
84640	Transjugular intrahepatic Portosystemic shunt	11317.50
84645	Transhepatic Portogram including venous sampling, pressure studies	7757.80
84650	Transhepatic Portogram with embolisation of varices	9550.10
84655	Percutaneous hepatic tumour ablation	1485.40
84660	Percutaneous hepatic abscess, cyst drainage	1250.40
84665	Hepatic chemoembolisation	5630.90
84670	Hepatic arterial infusion catheter placement	5712.40
<b>Urogenital</b>		
85600	Percutaneous nephrostomy, external drainage	2839.30
85605	Percutaneous double J stent insertion including access	3867.00
85610	Percutaneous renal stone, foreign body removal including access	6327.30
85615	Percutaneous nephrostomy tract establishment	2772.90
85620	Change of nephrostomy tube	1506.20
85625	Percutaneous cystostomy	1564.90
85630	Urethral balloon dilatation	1349.20
85635	Urethral stent insertion	2957.40
85640	Renal cyst ablation	1129.40
85645	Renal abscess, cyst drainage	1436.20
85655	Fallopian tube recanalisation	4268.40
<b>Spinal</b>		
86600	Spinal vascular malformation embolisation	26066.60
86605	Vertebroplasty per level	2112.40
86610	Facet joint block per level, uni- or bilateral	903.80
	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	772.90

86620	Epidural block	892.50
86625	Chemonucleolysis, including discogram	1735.60
86630	Spinal nerve ablation per level	1099.00
<b>Vascular</b>		
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	5358.20
87601	Percutaneous transluminal angioplasty: iliac	5282.40
87602	Percutaneous transluminal angioplasty: femoropopliteal	5699.00
87603	Percutaneous transluminal angioplasty: subpopliteal	6947.70
87604	Percutaneous transluminal angioplasty: brachiocephalic	6358.40
87605	Percutaneous transluminal angioplasty: subclavian, axillary	5699.00
87606	Percutaneous transluminal angioplasty: extracranial carotid	6784.90
87607	Percutaneous transluminal angioplasty: extracranial vertebral	6944.10
87608	Percutaneous transluminal angioplasty: renal	8307.20
87609	Percutaneous transluminal angioplasty: coeliac, mesenteric	8307.20
87620	Aorta stent-graft placement	11439.10
87621	Stent insertion (including PTA): aorta, IVC	6998.00
87622	Stent insertion (including PTA): iliac	7235.10
87623	Stent insertion (including PTA): femoropopliteal	7386.40
87624	Stent insertion (including PTA): subpopliteal	8009.80
87625	Stent insertion (including PTA): brachiocephalic	9328.20
87626	Stent insertion (including PTA): subclavian, axillary	8212.40
87627	Stent insertion (including PTA): extracranial carotid	10135.40
87628	Stent insertion (including PTA): extracranial vertebral	9525.20
87629	Stent insertion (including PTA): renal	9339.60
87630	Stent insertion (including PTA): coeliac, mesenteric	9339.60
87631	Stent-graft placement: iliac	7235.10
87632	Stent-graft placement: femoropopliteal	7386.40
87633	Stent-graft placement: brachiocephalic	9328.20
87634	Stent-graft placement: subclavian, axillary	7841.00
87635	Stent-graft placement: extracranial carotid	11408.60
87636	Stent-graft placement: extracranial vertebral	10868.80
87637	Stent-graft placement: renal	9339.60
87638	Stent-graft placement: coeliac, mesenteric	9339.60
87650	Thrombolysis in angiography suite, per 24 hours	4340.60
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	7357.80
87652	Atherectomy, per vessel	8705.00

87653	Percutaneous tunnelled / subcutaneous arterial or venous central or other line insertion	<b>2666.70</b>
87654	Thrombolysis follow-up	<b>2232.70</b>
87655	Percutaneous sclerotherapy, vascular malformation	<b>1998.80</b>
87660	Embolisation, mesenteric	<b>9513.80</b>
87661	Embolisation, renal	<b>9412.70</b>
87662	Embolisation, bronchial, intercostal	<b>10263.20</b>
87663	Embolisation, pulmonary arteriovenous shunt	<b>9778.20</b>
87664	Embolisation, abdominal, other vessels	<b>9609.80</b>
87665	Embolisation, thoracic, other vessels	<b>9246.00</b>
87666	Embolisation, upper limb	<b>8613.20</b>
87667	Embolisation, lower limb	<b>8728.60</b>
87668	Embolisation, pelvis, non-uterine	<b>11095.10</b>
87669	Embolisation, uterus	<b>10788.10</b>
87670	Embolisation, spermatic, ovaria veins	<b>8130.00</b>
87680	Inferior vena cava filter placement	<b>5858.50</b>
87681	Intravascular foreign body removal	<b>8055.20</b>
87682	Revision of access port (tunnelled or implantable)	<b>1337.60</b>
87683	Removal of access port (tunnelled or implantable)	<b>1053.30</b>
87690	Superior petrosal venous sampling	<b>6916.60</b>
87691	Pancreatic stimulation test	<b>8505.90</b>
87692	Transportal venous sampling	<b>7289.50</b>
87693	Adrenal venous sampling	<b>5211.30</b>
87694	Parathyroid venous sampling	<b>8209.50</b>
87695	Renal venous sampling	<b>5211.30</b>