

RADIOGRAPHY GAZETTE 2026

| RADIOGRAPHY TARIFF OF FEES AS FROM 1 APRIL 2026 (PRACTICE TYPE 039) | | |
|--|--|---------------|
| DIAGNOSTIC PROCEDURES | | |
| General Rules | | |
| Rule | Rule Description | |
| 001 | Note: Items 015,029,031,033,037,065,071,075,077,079,081,087,089,115, 117,119,121,129,135, 137,139 and 167 should only be paid on condition that the radiographer submits the name of the supervising clinician and his/her BHF practice number. | |
| 002 | Radiographer invoices will only be paid on condition that there is a referral letter from a treating practitioner. | |
| Modifiers | | |
| Modifier | Modifier Description and Standards | Rand |
| Addition Modifier (AM) | This modifier will add a value by using a percentage value or a unit value to a procedure code. The modifier should be quoted on a separate line with its own value instead of adding its value to the code. | |
| Compound Modifiers (CM) | The modifier should be quoted on a separate line with its own value at the end of the invoice instead of adding its value to the code. It should be indicated on each procedure code where the modifier is applicable. | |
| Reduction Modifiers (RM) | This modifier reduces the value of a procedure code/s by using a percentage or unit value. It should be quoted on the procedure codes where the modifier is applicable. | |
| Information Modifier (IM) | This modifier provides additional information to a procedure code and carries no financial value. It should be indicated on each procedure codes where the modifier is applicable. | |
| M0001 | AM: Emergency fee | 92.37 |
| M0021 | IM: Services rendered to hospital patients: Quote modifier 0021 on all accounts for services performed on hospital or day clinic patients. | |
| M0080 | IM: Multiple examinations: Full fees | |
| M0081 | IM: Repeat examinations: No reduction | |
| M0084 | IM: Film Cost : The cost of film is included in the comprehensive procedure codes and is not billed separately. | |
| Tariff Codes | | |
| Code | Code Description | Rand |
| 1. | Skeleton | |
| 1.1 | Limbs | |
| 39001 | Finger, toe | 301.63 |
| 39201 | Limb per region: Shoulder, (an adjacent part which does not require an additional set of views should not be added, e.g. wrist or hand) | 424.56 |
| 39202 | Limb per region: Elbow (an adjacent part which does not require an additional set of views should not be added, e.g. wrist or hand) | 382.99 |
| 39203 | Limb per region: Knee (an adjacent part which does not require an additional set of views should not be added, e.g. wrist or hand) | 405.14 |
| 39204 | Limb per region: Foot, (an adjacent part which does not require an additional set of views should not be added, e.g. wrist or hand) | 341.54 |
| 39205 | Limb per region: Hand (an adjacent part which does not require an additional set of views should not be added, e.g. wrist or hand) | 375.77 |
| 39206 | Limb per region: Wrist (an adjacent part which does not require an additional set of views should not be added, e.g. wrist or hand) | 387.73 |

| | | |
|------------|---|----------|
| 39207 | Limb per region: Ankle (an adjacent part which does not require an additional set of views should not be added, e.g. wrist or hand) | 405.14 |
| 39208 | Limb per region: Scaphoid (an adjacent part which does not require an additional set of views should not be added, e.g. wrist or hand) | 402.77 |
| 39209 | Limb per region: Radius and ulna (an adjacent part which does not require an additional set of views should not be added, e.g. wrist or hand) | 358.84 |
| 39210 | Limb per region: Humerus (an adjacent part which does not require an additional set of views should not be added, e.g. wrist or hand) | 358.84 |
| 39211 | Limb per region: Acromio-Clavicula joint (an adjacent part which does not require an additional set of views should not be added, e.g. wrist or hand) | 382.99 |
| 39212 | Limb per region: Clavicle (an adjacent part which does not require an additional set of views should not be added, e.g. wrist or hand) | 371.27 |
| 39213 | Limb per region: Scapula (an adjacent part which does not require an additional set of views should not be added, e.g. wrist or hand) | 371.27 |
| 39214 | Limb per region: Calcaneus (an adjacent part which does not require an additional set of views should not be added, e.g. wrist or hand) | 334.32 |
| 39215 | Limb per region: Tibia and Fibula (an adjacent part which does not require an additional set of views should not be added, e.g. wrist or hand) | 358.84 |
| 39216 | Limb per region: Patella (an adjacent part which does not require an additional set of views should not be added, e.g. wrist or hand) | 337.99 |
| 39217 | Limb per region: Femur (an adjacent part which does not require an additional set of views should not be added, e.g. wrist or hand) | 358.84 |
| 39218 | Limb per region: Hip (an adjacent part which does not require an additional set of views should not be added, e.g. wrist or hand) | 387.73 |
| 39219 | Limb per region: Sesamoid Bone (an adjacent part which does not require an additional set of views should not be added, e.g. wrist or hand). | 341.54 |
| 39005 | Smith-Petersen or equivalent control, in theatre Use once per sitting | 1,005.52 |
| 39007 | Stress studies, e.g. joint | 381.32 |
| 39009 | Length studies per right and left pair of long bones Only use once for both pair of bones. | 520.37 |
| | | |
| 1.2 | Spinal Column | |
| 39017 | Per region, e.g. cervical, sacral, coccygeal, one region thoracic Code can be used multiple times for different anatomical sites of the spine. | 208.91 |
| 39301 | Cervical Spine - 2 or more views | 563.83 |
| 39302 | Per region, e.g. Sacral | 529.79 |
| 39303 | Per region, e.g. Coccygeal | 529.79 |
| 39304 | Thoracic Spine 2 Views | 422.79 |
| 39305 | Lumbar Spine - 2 or more views | 587.28 |
| 39021 | Stress studies | 75.13 |
| 39027 | Pelvis (sacro-iliac or hip joints only to be added where an extra set of views is required). | 431.57 |

| Myelography | | |
|----------------------------|--|--------|
| 39029 | Lumbar | 322.20 |
| 39031 | Thoracic | 299.66 |
| 39033 | Cervical | 444.01 |
| 39035 | Multiple (lumbar, thoracic, cervical): Same fee as for first segment (no additional introduction of contrast medium) Refer to general rule 001. | - |
| 39037 | Discography (Refer to general rule 001) | 235.24 |
| 1.3 Skull | | |
| 39039 | Skull studies | 454.85 |
| 39041 | Paranasal sinuses | 431.57 |
| 39043 | Facial bones and/or orbits | 463.22 |
| 39045 | Mandible | 431.57 |
| 39047 | Nasal bone | 281.80 |
| 39049 | Mastoid: Bilateral | 846.14 |
| 1.3.1 Teeth | | |
| 39051 | One quadrant | 235.74 |
| 39053 | Two quadrants | 298.30 |
| 39055 | Full mouth | 279.21 |
| 39057 | Rotation tomography of the teeth and jaws | 478.62 |
| 39059 | Temporo-mandibular joints: Per side | 419.50 |
| 39061 | Tomography: Per side | 227.73 |
| 39063 | Localisation of foreign body in the eye | 419.50 |
| 39065 | Ventriculography (Refer to general rule 001) | 279.58 |
| 39067 | Post-nasal studies: Lateral neck | 188.44 |
| 39069 | Maxillo-facial cephalometry | 195.06 |
| 39071 | Dacryocystography (Refer to general rule 001) | 175.51 |
| 2. Alimentary Tract | | |
| 39075 | Pharynx and oesophagus (Refer to general rule 001) | 170.34 |
| 39077 | Oesophagus, stomach and duodenum (control film of abdomen included) and limited follow through (Refer to general rule 001). | 235.24 |
| 39079 | Small bowel meal (control film of abdomen included, except when part of tariff code 39081) (Refer to general rule 001). | 207.04 |
| 39081 | Barium meal and dedicated gastro-intestinal tract follow through (including control film of the abdomen, oesophagus, duodenum, small bowel and colon) (Refer to general rule 001). | 352.87 |
| 39087 | Gastric/oesophageal/duodenal intubation control (Refer to general rule 001) | 155.31 |
| 3. Chest | | |
| 39105 | Larynx (tomography included) | 316.90 |
| 39107 | Chest (tariff code 39167 included) | 455.59 |
| 39109 | Chest and cardiac studies (tariff code 39167 included) | 172.55 |
| 39111 | Ribs | 508.18 |
| 39113 | Sternum or sterno-clavicular joints | 595.75 |

| | | |
|--|---|-----------------|
| 3.1 | Bronchography | |
| 39115 | Unilateral (Refer to general rule 001) | 241.77 |
| 39117 | Bilateral. Cannot be used with tariff code 39115 (Refer to general rule 001) | 422.45 |
| 39119 | Pleurography (Refer to general rule 001) | 117.38 |
| 39121 | Laryngography (Refer to general rule 001) | 117.38 |
| 39123 | Thoracic inlet | 301.51 |
| 4. | Abdomen | |
| 39125 | Control films of the abdomen (not being part of examination for barium meal, pyelogram, etc.). | 391.29 |
| 39127 | Acute abdomen or equivalent studies | 631.71 |
| 5. | Urinary Tract | |
| 39129 | Control film included and bladder views before and after micturition (Refer to general rule 001) | 500.79 |
| 39135 | Cystography only or urethrography only (retrograde) (Refer to general rule 001) | 280.94 |
| 5.1 | Cysto-Urethrography | |
| 39137 | Retrograde (Refer to general rule 001) | 247.31 |
| 39139 | Retrograde-prograde pyelography (Refer to general rule 001) | 316.90 |
| 39143 | Tomography of renal tract: Add to item for examination performed | 143.24 |
| 6. | Tomography and Cinematography | |
| 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. | - |
| 39153 | Tomography (multi-dimensional in motion): Add 150% | - |
| 7. | Computed Tomography | |
| Modifier governing this specific section of the Tariffs | | |
| Modifier | Modifier Description | |
| M0089 | RM: The number of sections of each examination and the matrix number must be specified. A full series of sections would be 8 or more for brain examinations, 12 or more for chest examinations, and 16 or more for abdomen examinations. Fees for examinations on a matrix number of less than 250 shall be reduced by 50%. | |
| 39155 | Head, single examination, full series | 1,963.00 |
| 39157 | Head, repeat examination at the same visit, after contrast, full series | 673.71 |
| 39159 | Chest | 2,269.43 |
| 39161 | Abdomen (including base of chest and/or pelvis) | 2,637.69 |
| 39163 | Multiple examinations: For an additional part, the lesser fee shall be reduced to 50% | 613.48 |
| 39165 | Limbs and other limited examinations | 613.48 |

| | | |
|---|---|---------------|
| 8. | Miscellaneous | |
| 39167 | Fluoroscopy: Per half hour: Add to item for examination performed (not applicable to tariff code 39107 and 39109) (Refer to Rule 001) Reflect time on the invoice. | 160.11 |
| 39169 | Where a C-arm portable x-ray unit is used in hospital or theatre: Per half hour: Add to item for examination performed Reflect time on the claim or invoice. | 221.08 |
| 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 Reflect time on the claim or invoice. | 131.54 |
| 39181 | Setting of sterile trays Use tariff code 39181 once per sitting regardless of the number of procedures done. | 22.42 |
| 39300 | X-Ray films (Refer to modifier 0084) | - |
| Attendance In Catheterisation Laboratory | | |
| | Use codes 191 to 192 to charge for radiographer input where that is not included in cath lab facility fee. | |
| 39191 | Preparation in catheterisation laboratory for purposes of invasive intravascular procedures. | 321.34 |
| 39192 | Post-processing in catheterisation laboratory for purposes of invasive intravascular procedures. | 321.34 |
| 39199 | Vascular Study per 30 minutes or part thereof provided that such part comprises 50% or more of the time Reflect time on the claim or invoice. | 321.34 |
| Rules | | |
| Z | No fee to be subject to more than one reduction | |
| 9. | Portable Unit Examinations | |
| 39185 | Where portable x-ray unit is used in the hospital or theatre: Add to tariff code for examination performed. | 144.96 |
| 39187 | Theatre investigations with fixed installation: Add to tariff code for examination performed. | 61.95 |