

**BOMAID RADIOGRAPHER & SONOGRAPHER TARRIFS**  
**EFFECTIVE 01/01/2017**

Service Code	Description	Triff Vat Excl	Reimbursable Portion	Member Out Of Pocket
39009	LENGTH STUDIES PER	261.00	235.00	26.00
39011	SKELETAL SURVEY UNDE	780.00	702.00	78.00
39013	SKELETAL SURVEY OVE	842.00	758.00	84.00
39015	ARTHROGRAPHY PER JOI	0.00	0.00	0.00
39017	PER REGION	396.00	356.00	40.00
39021	STRESS STUDIES	0.00	0.00	0.00
39025	SCOLIOSIS STUDIES	634.00	571.00	63.00
39027	PELVIS	274.00	247.00	27.00
39029	LUMBAR	693.00	624.00	69.00
39031	THORACIC	646.00	581.00	65.00
39033	CERVICAL	957.00	861.00	96.00
39008	STRESS STUDIES, E.G.	261.00	235.00	26.00
39007	STRESS STUDIES E.G	0.00	0.00	0.00
39005	SMITH-PETERSEN OR EQ	0.00	0.00	0.00
39003	LIMB PER REGION, E.G	261.00	235.00	26.00
39002	LIMB PER REGION	0.00	0.00	0.00
39001	FINGER, TOE	198.00	178.00	20.00
9999	NOT CLAIMABLE	0.00	0.00	0.00
5114	PERIPHERAL VENOUS UL	1,114.00	1,003.00	111.00
5113	PERIPHERAL VENOUS UL	0.00	0.00	0.00
5107	ULTRASOUND AFTER 24W	197.00	177.00	20.00
5106	OBSTETRIC ULTRASOUND	197.00	177.00	20.00
5100	PELVIS ORGANS ULTRAS	391.00	352.00	39.00
3645	GATED BLOODPOOL	0.00	0.00	0.00
3637	PLUS COLOUR DOPPLER	611.00	550.00	61.00
3629	HIGH DEFINITION SCAN	391.00	352.00	39.00
3627	ULTRASOUND EXAMINATI	469.00	422.00	47.00
3625	CARDIAC EXAMINATION	391.00	352.00	39.00
3622	CARDIAC EXAMINATION	197.00	177.00	20.00
3621	CARDIAC EXAMINATION(	197.00	177.00	20.00
3620	CARDIAC EXAMINATION	391.00	352.00	39.00
39075	PHARYNX AND OESOPHAG	367.00	330.00	37.00
39077	OESOPHAGUS STOMACH	0.00	0.00	0.00
39079	SMALL BOWEL MEAL	0.00	0.00	0.00
39081	BARIUM MEAL AND DEDI	0.00	0.00	0.00
39083	BARIUM ENEMA	0.00	0.00	0.00
39085	BILIARY TRACT: ERCP	0.00	0.00	0.00
39087	GASTRIC/CESCPHAGEAL	0.00	0.00	0.00
39089	HYPOTONIC DUODENOGRA	0.00	0.00	0.00
39091	ORAL CHOLECYSTOGRAP	0.00	0.00	0.00
39093	INTRAVENOUS	0.00	0.00	0.00
39095	OPERATIVE: FIRST SER	0.00	0.00	0.00
39097	SUBSEQUENT SERIES	0.00	0.00	0.00
39099	POST-CPERATIVE: T-TU	0.00	0.00	0.00
39101	TRANS-HEPATIC PERCU	0.00	0.00	0.00
39103	TOMOGRAPHY OF BILIAR	0.00	0.00	0.00
39105	LARYNX (TOMOGRAPHY I	0.00	0.00	0.00
39107	CHEST (ITEM 167 INCL	310.00	279.00	31.00
3618	PELVIS ORGANS ULTRAS	313.00	282.00	31.00
3617	ROUTINE OBSTETRIC UL	391.00	352.00	39.00
0084	FILM COST	0.00	0.00	0.00
39035	MULTIPLE (LUMBAR, TH	0.00	0.00	0.00
39037	DISCOGRAPHY	0.00	0.00	0.00
39119	PLEURCGRAPHY	0.00	0.00	0.00
39121	LARYNGCGRAPHY	0.00	0.00	0.00
39123	THORACIC INLET	252.00	227.00	25.00
39125	ONTROL FILMS OF	274.00	247.00	27.00
39127	ACUTE ABDOMEN OR EQU	494.00	445.00	49.00
39129	CONTROL FILM INCLUDE	1,078.00	970.00	108.00
39133	WATERLOAD TEST: ADD	0.00	0.00	0.00
39135	CYSTOGRAPHY ONLY OR	0.00	0.00	0.00
39137	RETROGRADE	0.00	0.00	0.00
39139	RETROGRADE-PROGRADE	0.00	0.00	0.00
39141	ASPIRATION RENAL CYS	0.00	0.00	0.00
39143	TOMOGRAPHY OF RENAL	0.00	0.00	0.00
39145	PREGNANCY	310.00	279.00	31.00
39147	PELVIMETRY	571.00	514.00	57.00
39149	HYSTEOSALPINGOGRAPH	0.00	0.00	0.00

**BOMAID RADIOGRAPHER & SONOGRAPHER TARRIFS**  
**EFFECTIVE 01/01/2017**

Service Code	Description	Triff Vat Excl	Reimbursable Portion	Member Out Of Pocket
39151	TOMOGRAPHY (CONVENTI	0.00	0.00	0.00
39153	TOMOGRAPHY (MULTI-DI	0.00	0.00	0.00
39155	HEAD SINGLE EXAMIN	0.00	0.00	0.00
39157	HEAD. REPEAT EXAMINA	1,451.00	1,306.00	145.00
39159	CHEST	4,887.00	4,398.00	489.00
39161	ABDOMEN INCLUDING	5,680.00	5,112.00	568.00
39163	MULTIPLE EXAMINATIO	1,323.00	1,191.00	132.00
39165	LIMBS AND OTHER LIMI	1,323.00	1,191.00	132.00
39167	FLUOROSCOPY: PER HAL	343.00	309.00	34.00
39169	WHERE A C-ARM PORTA	476.00	428.00	48.00
39171	SINOGRAPHY	714.00	643.00	71.00
39173	BONE DENSITOMETRY	1,301.00	1,171.00	130.00
39175	MAMMOGRAPHY: UNILATE	936.00	842.00	94.00
39177	REPEAT MAMMOGRAPHY,	936.00	842.00	94.00
39179	ATTENDANCE AT OPERAT	283.00	255.00	28.00
39180	ATTENDANCE IN CATHET	0.00	0.00	0.00
39181	SETTING OF STERILE	47.00	42.00	5.00
39039	SKULL STUDIES	519.00	467.00	52.00
39041	PARANASAL SINUSES	274.00	247.00	27.00
39043	FACIAL BONES AND/CR	562.00	506.00	56.00
39045	MANDIBLE	419.00	377.00	42.00
39047	NASAL BONE	261.00	235.00	26.00
39049	MASTOID: BILATERAL	806.00	725.00	81.00
3615	ROUTINE OBSTETRIC UL	391.00	352.00	39.00
39117	BILATERAL	909.00	818.00	91.00
39051	ONE QUADRANT	124.00	112.00	12.00
39053	TWO QUADRANTS	136.00	122.00	14.00
39055	FULL MOUTH	173.00	156.00	17.00
39057	ROTATION TOMOGRAPHY	236.00	212.00	24.00
39059	TEMPORO-MANDIBULAR J	310.00	279.00	31.00
39061	TOMOGRAPHY: PER SIDE	492.00	443.00	49.00
39063	LOCALISATION OF FORE	494.00	445.00	49.00
39065	VENTRICULOGRAPHY	0.00	0.00	0.00
39067	POST-NASAL STUDIES:	162.00	146.00	16.00
39069	MAXILLO-FACIAL CEPHA	434.00	391.00	43.00
39071	DACRYOCYSTOGRAPHY	0.00	0.00	0.00
39073	SIALOGRAPHY (PLUS 80	0.00	0.00	0.00
39109	CHEST AND CARDIAC ST	0.00	0.00	0.00
39111	RIBS	310.00	279.00	31.00
39113	STERNUM CR STERNCL	396.00	356.00	40.00
39115	UNILATERAL	540.00	486.00	54.00
39185	WHERE PORTABLE X-RA	312.00	281.00	31.00
39187	THEATRE INVESTIGATI	133.00	120.00	13.00
39191	PREPARATION IN CATHE	692.00	623.00	69.00
39192	POST-PROCESSING IN C	692.00	623.00	69.00
39193	CARDIAC CATHETERISAT	692.00	623.00	69.00
39194	RIGHT HEART INVESTIG	692.00	623.00	69.00
39195	PTCA PER 30 MINUTES	692.00	623.00	69.00
39196	LEFT HEART INVESTIGA	693.00	624.00	69.00
39197	STENT PROCEDURE PER	692.00	623.00	69.00
39199	VASCULAR STUDY PER 3	692.00	623.00	69.00
39201	TEMPORARY PACEMAKER	692.00	623.00	69.00
39203	PERMANENT PACEMAKER	692.00	623.00	69.00
39205	INTRA-AORTIC BALLOON	692.00	623.00	69.00
39207	ELECTRO-PHYSIOLOGICA	692.00	623.00	69.00
39209	BLEOMYCINE AND OTHER	692.00	623.00	69.00
39211	INTRA VASCULAR ULTRA	692.00	623.00	69.00
39213	ROTABLATOR/LASER PRO	692.00	623.00	69.00
39215	EMBOLISATION PER 30	692.00	623.00	69.00
39300	X-RAY FILMS	0.00	0.00	0.00
M0084	FILM COST	0.00	0.00	0.00
BONUS	BONUS	0.00	0.00	0.00