

# ZOOM

## myFED Procedure Codes

All Fedhealth members on the myFED option must use healthcare professionals that are part of the myFED network and any additional treatment required must be referred by a myFED network doctor. The following treatments/ procedures are covered in full on the myFED option and the healthcare professional must ensure that the correct tariff code is used on all claims in order to be reimbursed. Our myFED option covers certain treatments and procedures in full as long as members use myFED network providers, and the correct procedure and tariff codes are used at all times. Let's find out more:

### List of procedures included in standard fixed fee consultation rate

TARIFF CODE	DESCRIPTION
0201	Cost of material in treatment
0316-0317	Fine needle aspiration/ Aspiration of cyst or tumour
1136	Nebulisation (in rooms)
1186-1192	Flow volume test
3304	All other physical treatments

### Fixed GP codes payable

TARIFF CODE	DESCRIPTION
0190-0192	GP visit (dispensing)
0190-0192	GP visit (non-dispensing)
0300	Stitching of wound (additional code for setting sterile tray)
0307 / 0308	Excision and repair
0255	Drainage of abscess and avulsion of nail
0259	Removal of foreign body
0887	Limb cast
0202	Setting of sterile tray
0210	Collecting blood specimen
0206-0207	Intravenous treatment
0222-0223	Intralesional injection into areas of pathology
0233-0237	Biopsy
0241-0243	Treatment of benign skin lesion by chemo-cryotherapy
0244	Repair of nail bed
0245-0246	Removal of benign lesion by curretting
1037	Diathermy to nose or pharynx
1228-1234	ECG/ Multi-stage treadmill test
2129-2131	Electrodesiccation
2271-2272	Removal of tag or polyp or benign lesions
2316-2318	Destruction of condylomata
2399-2404	Biopsy/ Wedge biopsy
3171	Excision of Meibomian cyst
3287	Spinal joint and ligament injection



### CONTACT DETAILS

For more information, please visit [fedhealth.co.za](http://fedhealth.co.za), or use the Fedhealth Family Room, WhatsApp service or Fedhealth Member App. You can also call the Fedhealth Customer Contact Centre on **0860 002 153**.

Disease Management : Europ Assistance : MVA Third Party Recovery Department : Fedhealth Baby  
0860 101 306 : 0860 333 432 : 012 431 9718 : 0861 116 016

Dental codes payable (Dentists and Dental Therapists)

CODE	CODE DESCRIPTION	LIMITATIONS
8101	Consultation	2 per beneficiary per year
8104	Examination for a specific problem not requiring full mouth examination	1 per beneficiary per year
8107/8112	Intra oral radiographs, per film	Maximum of two per beneficiary per year
8159	Scaling and polishing	2 per beneficiary per year
8161	Topical application of fluoride	Between the ages of 3-12 years. 2 per beneficiary per year
8163	Fissure sealant, per tooth	Patients younger than 14; maximum of 8 per year; 2 per quadrant
8341	Amalgam one surface	Any four amalgam fillings per beneficiary per year
8342	Amalgam two surfaces	
8343	Amalgam three surfaces	
8344	Amalgam four and more surfaces	
8351	Resin restoration, one surface anterior	Any four resin fillings per beneficiary per year (anterior)
8352	Resin restoration, two surface anterior	
8353	Resin restoration, three surface anterior	
8354	Resin restoration, four and more surfaces	
8367	Resin restoration, one surface posterior	Any four resin fillings per beneficiary per year (posterior)
8368	Resin restoration, two surface posterior	
8369	Resin restoration, three surface posterior	
8370	Resin restoration, four and more surfaces	
8307	Amputation of pulp (pulpotomy)	Only on primary teeth
8132	Root canal therapy - gross pulpal debridement	1 per beneficiary per year
8201	Extraction, single tooth. Code 8201 is charged for the first extraction in a quadrant	Any 4 non-surgical extractions per beneficiary per year
8202	Extraction, each add tooth. Code 8202 is charged for each additional extraction in the same quadrant	
8937	Surgical removal of tooth	Quantity limit of 4, restricted to posterior permanent teeth
8935	Treatment of septic socket	1 per beneficiary per year
8109	Infection control barrier techniques. Code 8109 includes the provision by the dentist of new rubber gloves, masks, etc for each patient	4 per year, 2 per visit
8110	Sterilised instrumentation	2 per year, 1 per visit
8145	Local anaesthetic	2 per year, 1 per visit
8231	Complete dentures - maxillary and mandibular	1 (one) set of dentures allowed per beneficiary per 24 months ONLY members and beneficiaries over the age of 21 years No metal base to complete or partial dentures allowed
8232	Complete dentures - maxillary or mandibular	
8233	Partial denture (resin base) - one tooth	
8234	Partial denture (resin base) - two teeth	
8235	Partial denture (resin base) - three teeth	
8236	Partial denture (resin base) - four teeth	
8237	Partial denture (resin base) - five teeth	
8238	Partial denture (resin base) - six teeth	
8239	Partial denture (resin base) - seven teeth	
8240	Partial denture (resin base) - eight teeth	
8241	Partial denture (resin base) - nine teeth and more	
8259	Rebase complete or partial dentures (Lab)	
8269	Repair denture	
8263	Reline complete or partial dentures (chair side)	
8271	Add tooth to existing partial dentures	
8273	Impression to repair / addition	
8140	Fee for treatment at a venue	Only if clinically indicated & authorised

Radiology codes payable

TARIFF CODE	DESCRIPTION
<b>Skull and Brain</b>	
10100	X-ray of the skull
<b>Facial bones and nasal bones</b>	
11100	X-ray of the facial bones
11120	X-ray of the nasal bones
<b>Orbits, lachrymal glands and tear ducts</b>	
12100	X-ray orbits
<b>Paranasal sinuses</b>	
13100	X-ray of the paranasal sinuses, single view
13110	X-ray of the paranasal sinuses, two or more views
<b>Mandible, teeth and maxilla</b>	
14100	X-ray of the mandible
14130	X-ray of the teeth single quadrant
14140	X-ray of the teeth more than one quadrant
14150	X-ray of the teeth full mouth
15100	X-ray tempero-mandibular joint, left
15110	X-ray tempero-mandibular joint, right
16100	X-ray of the mastoids, unilateral
16110	X-ray of the mastoids, bilateral

Radiology codes payable

TARIFF CODE	DESCRIPTION
<b>Thorax</b>	
30100	X-ray of the chest, single view
30110	X-ray of the chest two views, PA and lateral
30150	X-ray of the ribs
<b>Abdomen and Pelvis</b>	
40100	X-ray of the abdomen
40105	X-ray of the abdomen supine and erect, or decubitus
40110	X-ray of the abdomen multiple views including chest Skeleton: Spinal column - per region, e.g. cervical, sacral, lumbar coccygeal, one region thoracic
50100	X-ray of the spine scoliosis view AP only
<b>Cervical</b>	
51110	X-ray of the cervical spine, one or two views
<b>Thoracic</b>	
52100	X-ray of the thoracic spine, one or two views
<b>Skull and Brain</b>	
10100	X-ray of the skull
<b>Facial bones and nasal bones</b>	
11100	X-ray of the facial bones
11120	X-ray of the nasal bones

Radiology codes payable	
TARIFF CODE	DESCRIPTION
12100	X-ray orbits
<b>Paranasal sinuses</b>	
13100	X-ray of the paranasal sinuses, single view
13110	X-ray of the paranasal sinuses, two or more views
<b>Mandible, teeth and maxilla</b>	
14100	X-ray of the mandible
14130	X-ray of the teeth single quadrant
14140	X-ray of the teeth more than one quadrant
14150	X-ray of the teeth full mouth
15100	X-ray temporo-mandibular joint, left
15110	X-ray temporo-mandibular joint, right
16100	X-ray of the mastoids, unilateral
16110	X-ray of the mastoids, bilateral
<b>Thorax</b>	
30100	X-ray of the chest, single view
30110	X-ray of the chest two views, PA and lateral
30150	X-ray of the ribs
<b>Abdomen and Pelvis</b>	
40100	X-ray of the abdomen
40105	X-ray of the abdomen supine and erect, or decubitus
40110	X-ray of the abdomen multiple views including chest Skeleton: Spinal column - per region, e.g. cervical, sacral, lumbar coccygeal, one region thoracic
50100	X-ray of the spine scoliosis view AP only
<b>Cervical</b>	
51110	X-ray of the cervical spine, one or two views
<b>Thoracic</b>	
52100	X-ray of the thoracic spine, one or two views
<b>Lumbar</b>	
53110	X-ray of the lumbar spine, one or two views
54100	X-ray of the sacrum and coccyx
54110	X-ray of the sacro-iliac joints
<b>Pelvis</b>	
55100	X-ray of the pelvis
56120	X-ray pelvis and hips
<b>Hips</b>	
56100	X-ray of the left hip
56110	X-ray of the right hip
<b>Shoulder</b>	
61100	X-ray of the left clavicle
61105	X-ray of the right clavicle
61110	X-ray of the left scapula
61115	X-ray of the right scapula
61120	X-ray of the left acromio-clavicular joint
61125	X-ray of the right acromio-clavicular joint
61130	X-ray of the left shoulder
61135	X-ray of the right shoulder
<b>Lower Leg</b>	
73100	X-ray of the left lower leg
73105	X-ray of the right lower leg

Radiology codes payable	
TARIFF CODE	DESCRIPTION
<b>Humerus</b>	
62100	X-ray of the left humerus
62105	X-ray of the right humerus
<b>Elbow</b>	
63100	X-ray of the left elbow
63105	X-ray of the right elbow
<b>Forearm</b>	
64100	X-ray of the left forearm
64105	X-ray of the right forearm
<b>Hand and Wrist</b>	
65100	X-ray of the left hand
65105	X-ray of the right hand
65120	X-ray of a finger
65130	X-ray of the left wrist
65135	X-ray of the right wrist
65140	X-ray of the left scaphoid
65145	X-ray of the right scaphoid
<b>Ankle and Foot</b>	
74100	X-ray of the left ankle
74105	X-ray of the right ankle
74120	X-ray of the left foot
74125	X-ray of the right foot
74130	X-ray of the left calcaneus
74135	X-ray of the right calcaneus
74140	X-ray of both feet - standing - single view
74145	X-ray of a toe
<b>Femur</b>	
71100	X-ray of the left femur
71105	X-ray of the right femur
72100	X-ray of the left knee one or two views
72105	X-ray of the right knee one or two views
72120	X-ray of the left knee including patella
72125	X-ray of the right knee including patella
72140	X-ray of left patella
72145	X-ray of right patella
72150	X-ray both knees standing - single view
74150	X-ray of the sesamoid bones one or both sides
<b>Ultrasound Abdomen and Pelvis</b>	
41200	Ultrasound study of the upper abdomen
40210	Ultrasound study of the whole abdomen including the pelvis
43200	Ultrasound study of the pelvis trans abdominal
43250	Ultrasound study of the pregnant uterus, first trimester
43260	Routine obstetric ultrasound at 20 to 24 weeks to include detailed anatomical assessment
43270	Ultrasound study of the pregnant uterus, third trimester, first visit
43273	Ultrasound study of the pregnant uterus, third trimester, follow-up visit
43277	Ultrasound study of the pregnant uterus, multiple gestation, second or third trimester, first visit

Pathology codes payable	
TARIFF CODE	DESCRIPTION
<b>CHEMISTRY</b>	
<b>Cardia/ Muscle</b>	
4152	CK-MB: Mass determination: Quantitative (Automated)
4161	Troponin isoforms: Each
<b>Diabetes</b>	
4057	Glucose: Quantitative
4064	HbA1C
<b>Inflammation/ Immune</b>	
3947	C-reactive protein
<b>Lipids</b>	
4027	Cholesterol total
4026	LDL cholesterol
4028	HDL cholesterol
4147	Triglyceride
4132	Creatinine Kinase (CK)
<b>Liver/ Pancreas</b>	
3999	Albumin
4001	Alkaline phosphatase
4006	Amylase
4009	Bilirubin: Total
4010	Bilirubin: Conjugated
4117	Protein: Total
4130	Aspartate aminotransferase (AST)
4131	Alanine aminotransferase (ALT)
4133	Lactate dehydrogenase (LD)
4134	Gamma glutamyl transferase (GGT)
<b>Renal/ Electrolytes/ Bone</b>	
4017	Calcium: Spectrophotometric
4032	Creatinine

Pathology codes payable	
TARIFF CODE	DESCRIPTION
<b>Renal/ Electrolytes/ Bone</b>	
4086	Lactate
4094	Magnesium: Spectrophotometric
4109	Phosphate
4113	Potassium
4114	Sodium
4155	Uric acid
4151	Urea
<b>HAEMATOLOGY</b>	
3709	Antiglobulin test (Coombs' or trypsinized red cells)
3716	Mean cell volume
3739	Erythrocyte count
3743	Erythrocyte sedimentation rate
3755	Full blood count (including items 3739, 3762, 3783, 3785, 3791)
3762	Haemoglobin estimation
3764	Grouping: A B and O antigens
3765	Grouping: Rh antigen
3783	Leucocyte differential count
3785	Leucocyte total count
3791	Packed cell volume: haematocrit
3797	Platelet count
3805	Prothrombin index
3809	Reticulocyte count
3865	Parasites in blood smear
4071	Iron
4144	Transferrin
4491	Vitamin B12
4528	Ferritin
4533	Folic acid

Pathology codes payable	
TARIFF CODE	DESCRIPTION
<b>ENDOCRINE - REPRODUCTIVE</b>	
4450	HCG: Monoclonal immunological: Qualitative
4537	Prolactin
<b>Endocrine - Thyroid</b>	
4482	Free thyroxin (FT4)
4507	Thyrotropin (TSH)
<b>Other Endocrine</b>	
4519	Prostate specific antigen
<b>SEROLOGY</b>	
<b>Auto immune</b>	
3934	Auto antibodies by labelled antibodies: FOR ANF ONLY
3939	Agglutination test per antigen
4155	Uric acid
4182	Quantitative protein estimation: Nephelometer or Turbidometric method: FOR RHEUMATOID FACTOR ONLY
<b>Hepatitis tests</b>	
4531	Hepatitis: Per antigen or antibody
4531	Acute Hepatitis A (IgM)
4531	Chronic Hepatitis A (IgG)
4531	Acute Hepatitis B (BsAG)
4531	Hepatitis B: carrier/ immunity (BsAB)
<b>HIV tests</b>	
3816	T and B-cells EAC markers (limited to ONE marker only for CD4/8 counts)
3932	Antibodies to human immunodeficiency virus (HIV): ELISA
3974	Qualitative PCR (only for children < age 6 months)
4429	Quantitative PCR (DNA/RNA)
<b>Infectious Diseases and Others</b>	
3946	IgM: Specific antibody titer: ELISA/EMIT: RUBELLA
3948	IgG: Specific antibody titer: ELISA/EMIT: RUBELLA
3949	Qualitative Kahn, VDRL or other flocculation
3951	Quantitative Kahn, VDRL or other flocculation
<b>CYTOLOGY</b>	
4566	Vaginal or cervical smears, each
<b>HISTOLOGY</b>	
4567	Histology per sample
<b>G.MISCELLANEOUS</b>	
4352	Faecal occult blood test (FOB)
<b>MICROBIOLOGY</b>	
<b>MCS</b>	
3909	Anaerobe culture: Limited procedure
3901	Fungal culture
3918	Mycoplasma culture: Comprehensive
4401	Cell count

Pathology codes payable	
TARIFF CODE	DESCRIPTION
4188	Urine dipstick, per stick (irrespective of the number of tests on stick)
3928	Antimicrobial substances
3893	Bacteriological culture: Miscellaneous
3867	Miscellaneous (body fluids, urine, exudate, fungi, puss, scrapings, etc.)
3922	Viable cell count
3879	Campylobacter in stool: Fastidious culture
3895	Bacteriological culture: Fastidious organisms
3928	Antimicrobial substances
3887	Antibiotic susceptibility test: Per organism
3924	Biochemical identification of bacterium: Extended
3869	Faeces (including parasites)
3868	Fungus identification
3881	Mycobacteria
3901	Fungal culture
3868	Fungus identification
<b>AFB fluorochrome auramine (ZN) only</b>	
3885	Cytochemical stain
3881	Antigen detection with monoclonal antibodies
<b>TB culture</b>	
3881	Antigen detection with monoclonal antibodies
4433	Bacteriological DNA identification (LCR)
3916	Radiometric tuberculosis culture
3867	Miscellaneous (body fluids, urine, exudate, fungi, puss, scrapings, etc.)
3895	Bacteriological culture: Fastidious organisms
<b>TB sensitivity</b>	
3887	Antibiotic susceptibility test: Per organism
3974	Polymerase chain reaction
<b>Parasites</b>	
3869	Faeces (including parasites)
3883	Concentration techniques for parasites
3865	Parasites in blood smear
<b>Bilharzia micro</b>	
3980	Bilharzia Ag Serum/Urine
3867	Miscellaneous (body fluids, urine, exudate, fungi, puss, scrapings, etc.)
3946	IgM: Specific antibody titer: ELISA/EMIT: Per Ag
3883	Concentration techniques for parasites

**Optometry**  
**Use the ISO LESO network**  
 Frame to the value of R230 or R230 off any other frame. 1 pair of single vision clear CR39 lenses or 1 pair of bifocal clear CR39 lenses. 1 comprehensive consultation. This benefit is available per beneficiary in a 2-year benefit cycle.

**CONTACT DETAILS**

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