



**REVISED PROCEDURE/SERVICE BASED ON CCSA:
CODE, DESCRIPTOR AND UNIT ALLOCATION REQUEST ONLY**

(Kindly note that separate forms are available for procedures not based on CCSA,
equipment and pathology requests)

2020 MEDICAL DOCTORS' CODING MANUAL

IMPORTANT INFORMATION:

*Please use the correct form, complete all fields and supply supporting evidence.
Collaborate with associated disciplines and special interest groups and our coding team to
facilitate the application.*

SECTION I- PRWU

Date:

Requested by:

Name

Group

Address.....

..... Code

Telephone Fax

E-mail

CURRENT CODE AND SECTION	REVISED DESCRIPTION TO BE INCLUDED IN THE MEDICAL DOCTORS' CODING MANUAL	PROPOSED UNITS (If required)
Section:	English:	Units:
Item:		
MOST APPROPRIATE EQUIVALENT CPT® CODE(S):		

**Please do not use the code numbers of previously discontinued CPT® codes for the introduction of new codes*

CURRENT CODE AND SECTION	CURRENT DESCRIPTION IN THE MEDICAL DOCTORS' CODING MANUAL	CURRENT UNITS
Section:	English:	Units:
Item:		

Signature of person submitting the request:



CODING CONSIDERATIONS

Procedures(s)/services included: To prevent unbundling of codes for a stand-alone procedure/service, indicate which other procedure(s)/service(s) are included.

Procedure(s) included:				
Service(s) included:				
Modifier(s) included:				

Additions: Indicate which other procedure(s)/service(s) may be added to this item.

Procedure(s) to be charged with:				
Service(s) to be charged with:				
Modifier(s) to be charged with:				

Incidental codes: Indicate which codes are incidental to this item and should therefore not be added to this item.

Procedure(s) not to be added to:				
Service(s) not to be added to:				
Modifier(s) not to be added to:				

Comments on services included / excluded or incidental and indicate modifiers applicable:

RELATIONSHIPS WITH OTHER GROUPS/DISCIPLINES

- **Other disciplines:** Indicate which **other disciplines** may be affected by the addition of the proposed new code.
- ***Please note that if use of the procedure/service overlaps with other groups it is essential that these groups be contacted to negotiate common intent and purpose.***

Specify discipline and utilisation patterns:
Discipline(s)

Utilisation patterns

MOTIVATION, UTILISATION AND REFERENCES

- Please append as much clinical and technical information as possible to support your request.



- National and international procedural guidelines must be included where available.
- Detailed description of the procedure or service and included steps must be provided; note exceptions and special scenarios. Indicate average intra-procedure time where possible.
- CPT coding rules on what is included and excluded must be respected.
- Detailed technical motivation is required for any aspect that differs from the CPT description, unit values and practice variations.
- Provide South African recommendations on place of service, assistants, associated equipment utilisation, average length of stay and follow up services (consulting, pathology, radiology, referrals).
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SUBMISSION OF APPLICATION

Submit your application and electronic supporting documents via e-mail to **coding@samedical.org**

Forward supporting documents that are **not available in electronic format** to:

Submissions for changes to SAMA MDCM
Medical Coding Division
Private Practice Department
South African Medical Association
Block F Castlewalk Corporate Park
Nossob Street (entrance in Kuiseb Street)
ERASMUSKLOOF x3
0183

If you have any questions regarding the above requirements, please contact the SAMA Medical Coding Division at (012) 481 2073 or via e-mail at coding@samedical.org, *prior* to submitting your application.