SASCI
South African Society of Cardiovascular Intervention

28 November 2025

Benita Naidoo

Acting Head SAMA Coding Department

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RE: GPPPC CHANGE REQUEST ON CODE 1231 - ECG

Dear Me Naidoo,

Thank you for the chance to relay SASCI's opinion regarding the above.

SASCI, the South African Society of Cardiovascular Intervention, is affiliated to the SA Heart Association. SASCI represents Cardiologists and Allied Health Care Practioners with a special interest in cardiovascular intervention. The society, a registered not for profit entity, also acts in an advisory capacity to funders, industry, members and government on subject matters relating to interventional cardiology.

SASCI received notice of the intended proposed change by General Practitioners Private Practice Committee (GP PPC) to MDCM code *1231 – Professional component for a physician interpreting an ECG: With and without effort.*

The GP PPC recommended changes are:

1. Amend Item 1231 to allow **General Practitioners to bill for interpretation of an ECG tracing referred to them by another medical doctor or clinical technician**.
2. Allocate 8.00 tariff units under the General Practitioners column.
3. Modify the code descriptor to read: *"A General Practitioner, Specialist Physician, or Paediatrician is entitled to a code for the interpretation of an ECG tracing referred to them by another medical doctor, cardiac technician, or allied professional legally permitted to perform ECGs. Item 1231 may not be used by the doctor performing the ECG."*

The need for referral of ECG's to specialists is common practice in the medical fraternity.

WorldView Ltd. defines a medical referral as "a formal request from one medical provider to another to assume care for a patient who needs specialized services or additional support". This can be verbal, written, or electronic, and is often required for continuity of *care (https://worldviewltd.com/blog/what-does-referral-mean-a-clear-explanation-for-patients-and-providers)*.

Should uncertainty present itself due to ECG findings, **a specialist referral** utilising modern technology such as WhatsApp and e-mail is already in use.

The phrase "with and without effort" in code 1231, 1232 and 1233 does not refer to a treadmill test or an ergonomic bicycle stress ECG. It refers to the patient walking with high knees in one place or climbing up and down the bedside steps in the consulting room. ECG stress tests, such as treadmill or ergonomic bicycle, already have GP RVU's attached to the MDCM codes. Please refer to the codes listed below:

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MDCM	Description	Specialist RVU	GP RVU
1231	Professional component for a physician interpreting an ECG: With and without effort	10.00	NA
1232	Electrocardiogram: Without effort (interpretation included)	9.00	9.00
1233	Electrocardiogram: With and without effort (Interpretation included)	13.00	13.00
1234	Effort electrocardiogram with the aid of a special bicycle ergometer, monitoring apparatus and the availability of associated apparatus (Interpretation included)	40.00	40.00
1235	Multi-stage treadmill test (Interpretation included)	60.00	60.00

Should a clinical technologist be requested by a GP to perform an ECG, the arrangement regarding the billing of the procedure should be an internal arrangement between the relevant parties. The Clinical technologist will receive payment from the GP and the GP bills code 1232. In this scenario, the clinical technologist functions as an extension to the GP. Should a second opinion be required, the ECG should be referred to a Specialist and not a second GP. Referral infers seeking guidance from a more qualified person pertaining to specific problem.

Modern technology has made it possible for a very accurate machine ECG interpretation, that can be verified by the GP. Should the GP remain uncertain, a Specialist should be contacted.

The addition of GP RVU's to code 1231 will create the opportunity for duplicate billing and unnecessarily increased Healthcare expenditure. Code 1231 remains a Specialist specific code and hence no change in description or addition of GP RVU's should be made.

SASCI does not support the proposed change to add a GP RVU to code 1231.

We remain available to supply additional perspective if required.

Your consideration is appreciated,

Dr Jean Vorster
Vice-President SASCI

Dr Chevaan Hendrickse
Chair SASCI PPC