

Radiology 2004

NATIONAL REFERENCE PRICE LIST FOR RADIOLOGISTS, EFFECTIVE FROM 1 JANUARY 2004

The following reference price list is not a set of tariffs that must be applied by medical schemes and/or providers. It is rather intended to serve as a baseline against which medical schemes can individually determine benefit levels and health service providers can individually determine fees charged to patients. Medical schemes may, for example, determine in their rules that their benefit in respect of a particular health service is equivalent to a specified percentage of the national health reference price list. It is especially intended to serve as a basis for negotiation between individual funders and individual health care providers with a view to facilitating agreements which will minimise balance billing against members of medical schemes. Should individual medical schemes wish to determine benefit structures, and individual providers determine fee structures, on some other basis without reference to this list, they may do so as well. In calculating the prices in this schedule, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10cent. Modifier values are rounded to the nearest cent. When new item prices are calculated, e.g. when applying a modifier, the same rounding scheme should be followed.

VAT EXCLUSIVE PRICES APPEAR IN BRACKETS.

This schedule is for the exclusive use of registered specialist radiology practices (Pr No "038") and nuclear medicine practices (Pr No "025").

This schedule must be used in conjunction with the Radiological Society of S A Guidelines.

Code Structure Framework

- a. The tariff code consists of 5 digits
- i. 1st digit indicates the main anatomical region or procedural category.
 - 0 = General (non specific)
 - 1 = Head
 - 2 = Neck
 - 3 = Thorax
 - 4 = Abdomen and Pelvis (soft tissue)
 - 5 = Spine, Pelvis and Hips
 - 6 = Upper limbs
 - 7 = Lower limbs
 - 8 = Interventional
 - 9 = Soft tissue regions (nuclear medicine)
 - eg "Head" = 1xxxx
- ii. 2nd digit indicates the sub region within a main region or category eg.
 - "Head / Skull and Brain" = 10xxx
- iii. 3rd digit indicates modality
 - 1 = General (Black and White) x-rays
 - 2 = Ultrasound
 - 3 = Computed Tomography
 - 4 = Magnetic Resonance Imaging
 - 5 = Angiography
 - 6 = Interventional radiology
 - 9 = Nuclear Medicine (Isotopes)

eg:
"Head / Skull and Brain / General x-ray" = 101xx
- iv. 4th and 5th digits are specific to a procedure / examination, eg
"Head / Skull and Brain / General / X-ray of the skull" = 10100.

Guidelines for use of coding structure

- The vast majority of the codes describe complete procedures / examination and their use for the appropriate studies is self-explanatory.
- Some codes may have multiple applications and their use is described in notes associated with each code
- Codes 00510 to 00560 (Angiography machine codes) may only be used by owners of the equipment and who have registered such equipment with the Board of Healthcare Funders / RSSA.
- The machine codes 00510, 00520, 00530, 00540, 00550, 00560 may not be added to 60540, 60550, 70530, 70535 (Antegrade Venography, upper and lower limbs)
- Where public sector hospital equipment is used for a procedure, the units will be reduced by 33.33%.

Consumables

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- Contrast Medium
- o Prior to the implementation of Act 90, contrast will be billed according to the official 2004 RSSA reimbursement price list, without mark up.
- o After the implementation of Act 90, contrast medium will be billed according to the suppliers' list price, without mark up.
- Angiography catheters, angioplasty balloons, stents, coils and other embolisation materials, guide wires and drains are to be billed at net acquisition cost, without mark up, until the implementation of Act 90.
- All other consumables are to be billed at net acquisition price, until the implementation of Act 90. Thereafter Act 90 regulations apply.
- The cost of film is included in the comprehensive procedure codes and is not billed for separately.
- Appropriate codes must be provided for consumables.

General Comments on Procedural Codes

- All x-ray tomography codes are stand alone studies and may be used as a unique study or in combination with the appropriate regional study if done simultaneously. May not be added to 20130, 42110, 42115.
- Setting of sterile tray is included in all appropriate procedure codes.
- Where introduction of contrast is necessary eg. sialography, arthrography, angiography, etc, the codes used for the procedures are comprehensive and include the introduction of contrast or isotopes.
- The use of Doppler or Colour Doppler as an adjunct to a study (eg small parts thyroid) is included in the code for that study.
- CT Angiography (10330, 20330, 32300, 32310, 44300, 44310, 44320, 44330, 60310, 70310, 70320) are stand alone studies and may not be added to the regional contrasted studies (see 10335, 20340, 20350, 44325 for combined studies).
- Angiography and interventional procedures include selective and super selective catheterization of vessels as are necessary to perform the procedures.

Codes 00230 (Ultrasound guidance), 00320 (CT guidance) and 00430 (MR guidance) are stand alone procedures that include the regional study and may not be added to any of the ultrasound, CT or MR regional studies

General Codes

Modifiers

00091	Radiology and nuclear medicine services rendered to hospital inpatients			A
00092	Radiology and nuclear medicine services rendered to outpatients			A
00093	A reduction of one third (33.33%) will apply to radiological examinations where hospital equipment it used			A
Equipment / Diagnostic				
Code	Description	RVU	Price	Status
00090	Consumables used in radiology procedures	0.00	- (-)	C
	Appropriate code to be provided. See separate codes for contrast and isotopes			
00110	X-ray skeletal survey under five years	6.26	344.10 (301.80)	C
00115	X-ray skeletal survey over five years	10.40	571.70 (501.50)	C
00120	X-ray sinogram any region	10.89	598.60 (525.10)	C
00130	X-ray with mobile unit in other facility	1.90	104.40 (91.60)	C
	To be added to applicable procedure codes eg 30100.			
00135	X-ray control view in theatre any region	5.26	289.10 (253.60)	C
00140	X-ray fluoroscopy any region	2.26	124.20 (108.90)	C
	May only be added to the examination when fluoroscopy is not included in the standard procedure code. May not be added to: <ul style="list-style-type: none"> • any angiography, venography, lymphangiography or interventional codes. • any contrasted fluoroscopy examination. 			
00145	X-ray fluoroscopy guidance for biopsy, any region	5.30	291.30 (255.50)	C
	Add to the procedure eg. 80600, 80605, 80610.			
00150	X-ray C-Arm (equipment fee only, not procedure) per half hour	2.42	133.00 (116.70)	U
	Only to be used if equipment is owned by the radiologist.			
00155	X-ray C-arm fluoroscopy in theatre per half hour (procedure only)	2.30	126.40 (110.90)	C

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00160	X-ray fixed theatre installation (equipment fee only)	2.26	124.20 (108.90)	C
	Only to be used if equipment is owned by the radiologist.			
00190	X-ray examination contrast material	0.00	- (-)	C
	Identification code for the use of contrast with a procedure. Appropriate codes to be supplied.			
00210	Ultrasound with mobile unit in other facility	1.84	101.10 (88.70)	C
	Add to the relevant ultrasound examination codes eg 10200.			
00220	Ultrasound intra-operative study	7.32	402.40 (353.00)	C
	Covers all regions studied. Single code per operative procedure.			
00230	Ultrasound guidance	12.10	665.10 (583.40)	C
	Comprehensive ultrasound code including regional study and guidance. Guided procedure code to be added eg. 80600, 80605, 80610.			
00240	Ultrasound guidance for tissue ablation	11.24	617.90 (542.00)	C
	Comprehensive ultrasound code including regional study and guidance. Radiologist assistance (01030) may be added if procedure is performed by a non-radiologist. Guided procedure code to be added if performed by a radiologist. 80620 or 80630.			
00290	Ultrasound examination contrast material	0.00	- (-)	C
	Identification code for the use of contrast with a procedure. Appropriate codes to be supplied.			
00310	CT planning study for radiotherapy	22.74	1250.00 (1096.50)	C
	To be used once per planning session for any region			
00320	CT guidance (separate procedure)	18.00	989.50 (868.00)	C
	Comprehensive CT code including regional study and guidance. Guided procedure code to be added eg 80600, 80605, and 80610.			
00330	CT guidance, with diagnostic procedure	9.00	494.70 (433.90)	C
	To be added to the diagnostic procedure code. Guided procedure code to be added eg 80600, 80605, 80610.			
00340	CT guidance and monitoring for tissue ablation	22.50	1236.80 (1084.90)	C
	May only be used once per procedure for a region. Radiologist assistance (01030) may be added if procedure is performed by a non-radiologist. If performed by radiologist, add procedural code 80620, or 80630.			
00390	CT examination contrast material	0.00	- (-)	C
	Identification code for the use of contrast with a procedure. Appropriate codes to be supplied.			
00410	MR study of the whole body for metastases screening	70.40	3869.90 (3394.60)	C
00420	MR Spectroscopy any region	28.90	1588.60 (1393.50)	C
	May be added to the regional study, once only.			
00430	MR guidance for needle replacement	42.56	2339.50 (2052.20)	C
	Comprehensive MRI code including region studied and guidance. Guided procedure code to be added eg 80600, 80605, 80610.			
00440	MR low field strength imaging of peripheral joint any region	12.00	659.60 (578.60)	C
00450	MR planning study for radiotherapy or surgical procedure	38.00	2088.90 (1832.40)	A

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00455	MR planning study for radiotherapy or surgical procedure, with contrast	47.00	2583.60 (2266.30)	A
00490	MR examination contrast material	0.00	- (-)	C
	Identification code for the use of contrast with a procedure. Appropriate codes to be supplied.			
00510	Analogue monoplane screening table	41.01	2254.30 (1977.50)	C
	A machine code may be added once per complete procedure / patient visit.			
00520	Analogue monoplane table with DSA attachment	47.50	2611.10 (2290.40)	C
	A machine code may be added once per complete procedure / patient visit.			
00530	Dedicated angiography suite: Analogue monoplane unit. Once off charge per patient by owner of equipment.	47.50	2611.10 (2290.40)	C
	A machine code may be added once per complete procedure / patient visit.			
00540	Digital monoplane screening table	79.92	4393.20 (3853.70)	C
	A machine code may be added once per complete procedure / patient visit.			
00550	Dedicated angiography suite: Digital monoplane unit. Once off charge per patient by owner of equipment.	93.03	5113.90 (4485.90)	C
	A machine code may be added once per complete procedure / patient visit.			
00560	Dedicated angiography suite: Digital bi-plane unit. Once off charge per patient by owner of equipment.	125.00	6871.20 (6027.40)	C
	A machine code may be added once per complete procedure / patient visit.			
00590	Angiography and interventional examination contrast material	0.00	- (-)	C
	Identification code for the use of contrast with a procedure. Appropriate codes to be supplied.			
00900	Nuclear Medicine study - Bone, whole body, appendicular and axial skeleton	34.92	1919.60 (1683.90)	C
00903	Nuclear Medicine study - Bone, whole body, appendicular and axial skeleton and SPECT	48.33	2656.70 (2330.40)	C
00906	Nuclear Medicine study - Venous thrombosis regional	21.54	1184.10 (1038.70)	C
00909	Nuclear Medicine study - Tumour whole body	34.15	1877.20 (1646.70)	C
00912	Nuclear Medicine study - Tumour whole body multiple studies	47.56	2614.40 (2293.30)	C
00915	Nuclear Medicine study - Tumour whole body and SPECT	47.56	2614.40 (2293.30)	C
00918	Nuclear Medicine study - Tumour whole body multiple studies & SPECT	60.98	3352.10 (2940.40)	C
00921	Nuclear Medicine study – Infection whole body	31.45	1728.80 (1516.50)	C
00924	Nuclear Medicine study – infection whole body with SPECT	44.86	2466.00 (2163.20)	C
00927	Nuclear Medicine study – infection whole body multiple studies	44.86	2466.00 (2163.20)	C

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00930	Nuclear Medicine study – infection whole body with SPECT multiple studies	58.27	3203.10 (2809.70)	C
00933	Nuclear Medicine study - Bone marrow imaging limited area	24.10	1324.80 (1162.10)	C
00936	Nuclear Medicine study - Bone marrow imaging whole body	37.51	2061.90 (1808.70)	C
00939	Nuclear Medicine study - Bone marrow imaging limited area multiple studies	37.51	2061.90 (1808.70)	C
00942	Nuclear Medicine study - Bone marrow imaging whole body multiple studies	50.92	2799.10 (2455.40)	C
00945	Nuclear Medicine study - Spleen imaging only - haematopoietic	24.10	1324.80 (1162.10)	C
00960	Nuclear Medicine therapy – Hyperthyroidism	11.99	659.10 (578.20)	C
00965	Nuclear Medicine therapy - Thyroid carcinoma and metastases	6.47	355.70 (312.00)	C
00970	Nuclear Medicine therapy – Intra-cavity radio-active colloid therapy	6.47	355.70 (312.00)	C
00975	Nuclear Medicine therapy - Interstitial radio-active colloid therapy	6.47	355.70 (312.00)	C
00980	Nuclear Medicine therapy - Intravascular radio pharmaceutical therapy particulate	6.47	355.70 (312.00)	C
00985	Nuclear Medicine therapy - Intra-articular radio pharmaceutical therapy	6.47	355.70 (312.00)	C
00990	Nuclear Medicine Isotope	0.00	- (-)	C
	Identification code for the use of isotope with a procedure. Appropriate codes to be supplied.			
00991	Nuclear Medicine Substrate	0.00	- (-)	C
Call and assistance				
	<ul style="list-style-type: none"> Emergency call out code 01010 only to be used if radiologist is called out to the rooms to report on an examination after normal working hours. May not be used for routine reporting during extended working hours. Emergency call out code 01020 only to be used when a radiologist reports on subsequent cases after having been called out to the rooms to report an initial after hours procedure. This code may also be used for home tele-radiology reporting of an emergency procedure. May not be used for routine reporting during normal or extended working hours. Radiologist assistance in theatre code 01030 only to be used if the radiologist is actively involved in assisting another radiologist or clinician with an interventional or other procedure. Radiographer assistance in theatre 01040 may not be used for procedures performed in facilities owned by the radiologist; ie only for attendance in hospital theatres etc. Does not apply to Bed Side Unit (BSU) examinations. Second opinion consultations only to be used if a written report is provided as indicated in codes 01050, 01055, 01060. Not intended for ad hoc verbal consultations. 			
01010	Emergency call out fee, first case	3.00	164.90 (144.60)	C
01020	Emergency call out fee, subsequent cases same trip	2.00	109.90 (96.40)	C
01030	Radiologist assistance in theatre, per half hour	6.00	329.80 (289.30)	C
01040	Radiographer attendance in theatre, per half hour	1.60	88.00 (77.20)	C
01050	Written report on study done elsewhere, short	1.50	82.50 (72.40)	C
01055	Written report on study done elsewhere, extensive	4.20	230.90 (202.50)	C

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01060	Written report for medico legal purposes, per hour	9.72	534.30 (468.70)	U
01070	Consultation for pre-assessment of interventional procedure	4.86	267.20 (234.40)	C
01100	X-ray procedure after hours, per procedure	2.00	- (-)	U
01200	Ultrasound procedure after hours, per procedure	4.00	- (-)	U
01300	CT procedure after hours, per procedure	10.00	- (-)	U
01400	MR procedure after hours, per procedure	14.00	- (-)	U
01500	Angiography procedure after hours, per procedure	20.00	- (-)	U
01600	Interventional procedure after hours, per procedure	26.00	- (-)	U
01970	Consultation for nuclear medicine study	2.20	120.90 (106.10)	C
Monitoring				
	• ECG / Pulse oximetry monitoring (02010). Use for monitoring patients requiring conscious sedation during imaging procedure. Not to be used as a routine.			
02010	ECG/pulse Oximeter monitoring	2.00	109.90 (96.40)	C
Head				
Skull and Brain				
	Codes 10100 (skull) and 10110 (tomography) may be combined.			
10100	X-ray of the skull	3.86	212.20 (186.10)	C
10110	X-ray tomography of the skull	4.30	236.40 (207.40)	C
10120	X-ray shuntogram for VP shunt	15.36	844.30 (740.60)	A
10200	Ultrasound of the brain – Neonatal	7.38	405.70 (355.90)	C
10210	Ultrasound of the brain including doppler	13.22	726.70 (637.50)	C
10220	Ultrasound of the intracranial vasculature, including B mode, pulse and colour doppler	15.04	826.70 (725.20)	C
10300	CT Brain uncontrasted	24.10	1324.80 (1162.10)	C
10310	CT Brain with contrast only	35.40	1945.90 (1706.90)	C
10320	CT Brain pre and post contrast	43.06	2367.00 (2076.30)	C
10330	CT angiography of the brain	88.16	4846.20 (4251.10)	C
10335	CT of the brain pre and post contrast with angiography	104.16	5725.70 (5022.50)	C
10340	CT brain for cranio-stenosis including 3D	36.34	1997.60 (1752.30)	C
10350	CT Brain stereotactic localisation	20.60	1132.40 (993.30)	C
10400	MR of the brain, limited study	43.56	2394.50 (2100.40)	C
10410	MR of the brain uncontrasted	63.80	3507.10 (3076.40)	C

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10420	MR of the brain with contrast	75.94	4174.40 (3661.80)	C
10430	MR of the brain pre and post contrast	104.04	5719.10 (5016.80)	C
10440	MR of the brain pre and post contrast, for perfusion studies	107.44	5906.00 (5180.70)	C
10450	MR of the brain plus angiography	92.20	5068.20 (4445.80)	C
10460	MR of the brain pre and post contrast plus angiography	121.23	6664.00 (5845.60)	C
10470	MR angiography of the brain uncontrasted	58.50	3215.70 (2820.80)	C
10480	MR angiography of the brain contrasted	74.02	4068.90 (3569.20)	C
10485	MR of the brain, with diffusion studies	79.00	4342.60 (3809.30)	C
10490	MR of the brain, pre and post contrast, with diffusion studies,	110.64	6081.90 (5335.00)	C
10492	MR study of the brain plus angiography plus diffusion, uncontrasted	95.00	5222.20 (4580.90)	A
10495	MR of the brain pre and post contrast plus angiography and diffusion	125.44	6895.40 (6048.60)	C
10500	Arteriography of intracranial vessels: 1 - 2 vessels	54.99	3022.80 (2651.60)	C
10510	Arteriography of intracranial vessels: 3 - 4 vessels	90.47	4973.10 (4362.40)	C
10520	Arteriography of extra-cranial (non-cervical) vessels	54.83	3014.00 (2643.90)	C
10530	Arteriography of intracranial and extra-cranial (non-cervical) vessels	125.70	6909.70 (6061.10)	C
10540	Arteriography of intracranial vessels (4) plus 3 D rotational angiography	105.71	5810.90 (5097.30)	C
10550	Arteriography of intracranial vessels (1) plus 3D rotational angiography	43.66	2400.00 (2105.30)	C
10560	Venography of dural sinuses	58.60	3221.20 (2825.60)	C
10900	Nuclear Medicine study – Bone regional, static	21.50	1181.90 (1036.80)	C
10905	Nuclear Medicine study – Bone regional, static, with flow	27.53	1513.30 (1327.50)	C
10910	Nuclear Medicine study – Bone regional, static with SPECT	34.92	1919.60 (1683.90)	C

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10915	Nuclear Medicine study – Bone regional, static, with flow, with SPECT	40.94	2250.50 (1974.10)	C
10920	Nuclear Medicine study – Brain, planar, complete, static	16.92	930.10 (815.90)	C
10925	Nuclear Medicine study – Brain complete static with vascular flow	22.95	1261.60 (1106.70)	C
10930	Nuclear Medicine study – Brain, planar, complete, static, with SPECT	30.33	1667.20 (1462.50)	C
10935	Nuclear Medicine study – Brain, planar, complete, static, with flow, with SPECT	36.36	1998.70 (1753.20)	C
10940	Nuclear Medicine study - CSF flow imaging cisternography	21.60	1187.40 (1041.60)	C
10945	Nuclear Medicine study – Ventriculography	13.41	737.10 (646.60)	C
10950	Nuclear Medicine study - Shunt evaluation static, planar	13.41	737.10 (646.60)	C
10955	Nuclear Medicine study - CFS leakage detection and localisation	13.41	737.10 (646.60)	C
10960	Nuclear medicine study - CSF SPECT	13.41	737.10 (646.60)	C
Facial bones and nasal bones				
	Codes 11100 (facial bones) and 11110 (tomography) may be combined			
11100	X-ray of the facial bones	3.93	216.00 (189.50)	C
11110	X-ray tomography of the facial bones	4.30	236.40 (207.40)	C
11120	X-ray of the nasal bones	2.39	131.40 (115.30)	C
11300	CT of the facial bones	22.30	1225.80 (1075.30)	C
11310	CT of the facial bones with 3D reconstructions	32.34	1777.70 (1559.40)	C
11320	CT of the facial bones/soft tissue, pre and post contrast	43.89	2412.60 (2116.30)	C
11400	MR of the facial soft tissue	62.40	3430.10 (3008.90)	C
11410	MR of the facial soft tissue pre and post contrast	100.60	5530.00 (4850.90)	C
11420	MR of the facial soft tissue plus angiography, with contrast	110.30	6063.20 (5318.60)	C
11430	MR angiography of the facial soft tissue	74.02	4068.90 (3569.20)	C
Orbits, lacrimal glands and tear ducts				
	Code 12130 (tomography) may be added to 12100 or 12110 or 12120 (orbits) or 12140 (dacryocystography).			
12100	X-ray orbits less than three views	3.56	195.70 (171.70)	C
12110	X-ray of the orbits, three or more views, including foramina	5.30	291.30 (255.50)	C

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12120	X-ray of the orbits for foreign body	3.56	195.70 (171.70)	C
12130	X-ray tomography of the orbits	4.30	236.40 (207.40)	C
12140	X-ray dacrocystography	11.20	615.70 (540.10)	C
12200	Ultrasound of the orbit/eye	5.13	282.00 (247.40)	C
12210	Ultrasound of the orbit/eye including doppler	10.97	603.00 (528.90)	C
12300	CT of the orbits single plane	16.70	918.00 (805.30)	C
12310	CT of the orbits, more than one plane	21.90	1203.80 (1056.00)	C
12320	CT of the orbits pre and post contrast single plane	38.33	2107.00 (1848.20)	C
12330	CT of the orbits pre and post contrast multiple planes	42.23	2321.40 (2036.30)	C
12400	MR of the orbits	62.46	3433.40 (3011.80)	C
12410	MR of the orbitae, pre and post contrast	100.64	5532.20 (4852.80)	C
12900	Nuclear Medicine study – Dacrocystography	20.77	1141.70 (1001.50)	C
Paranasal sinuses				
	Code 13120 (tomography) may be added to 13100, 13110 (paranasal sinuses), 13130 (nasopharyngeal).			
13100	X-ray of the paranasal sinuses, single view	2.74	150.60 (132.10)	C
13110	X-ray of the paranasal sinuses, two or more views	3.66	201.20 (176.50)	C
13120	X-ray tomography of the paranasal sinuses	4.30	236.40 (207.40)	C
13130	X-ray of the naso-pharyngeal soft tissue	2.74	150.60 (132.10)	C
13300	CT of the paranasal sinuses single plane, limited study	7.20	395.80 (347.20)	C
13310	CT of the paranasal sinuses, two planes, limited study	12.40	681.60 (597.90)	C
13320	CT of the paranasal sinuses, any plane, complete study	16.40	901.50 (790.80)	C
13330	CT of the paranasal sinuses, more than one plane, complete study	22.10	1214.80 (1065.60)	C
13340	CT of the paranasal sinuses, any plane, complete study: pre and post contrast	36.96	2031.70 (1782.20)	C
13350	CT of the paranasal sinuses, more than one plane, complete study; pre and post contrast	43.63	2398.30 (2103.80)	C
13400	MR of the paranasal sinuses	60.27	3313.00 (2906.10)	C

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13410	MR of the paranasal sinuses, pre and post contrast	96.59	5309.60 (4657.50)	C
Mandible, teeth and maxilla				
	Code 14110 (orthopantomogram) may be combined with 14100 (mandible) if two separate studies are performed. Code 14110 (orthopantomogram) may be combined with 15100 and / or 15110 (TM joint) if complete separate studies are performed. Code 14160 (tomography) may be combined with 14130 or 14140 or 14150 (teeth). Code 14160 (tomography) may be combined with 15100 and / or 15110 (TM joint) if complete separate studies are performed. Code 14330 and 14340 (Dental implants) may be combined if mandible and maxilla are examined at the same visit.			
14100	X-ray of the mandible	3.66	201.20 (176.50)	C
14110	X-ray orthopantomogram of the jaws and teeth	4.06	223.20 (195.80)	C
14120	X-ray maxillofacial cephalometry	2.77	152.30 (133.60)	C
14130	X-ray of the teeth single quadrant	2.00	109.90 (96.40)	C
14140	X-ray of the teeth more than one quadrant	2.53	139.10 (122.00)	C
14150	X-ray of the teeth full mouth	3.62	199.00 (174.60)	C
14160	X-ray tomography of the teeth per side	3.23	177.60 (155.80)	C
14300	CT of the mandible	23.70	1302.80 (1142.80)	C
14310	CT of the mandible, pre and post contrast	43.89	2412.60 (2116.30)	C
14320	CT mandible with 3D reconstructions	32.34	1777.70 (1559.40)	C
14330	CT for dental implants in the mandible	29.20	1605.10 (1408.00)	C
14340	CT for dental implants in the maxilla	29.20	1605.10 (1408.00)	C
14400	MR of the mandible/maxilla	63.80	3507.10 (3076.40)	C
14410	MR of the mandible/maxilla, pre and post contrast	98.64	5422.20 (4756.30)	C
TM Joints				
	Code 15100 (TM joint) and 15120 (tomography) may be combined. Code 15110 (TM joint) and 15130 (tomography) may be combined. Code 15140 (arthrography) and 15120 (tomography) may be combined. Code 15150 (arthrography) and 15130 (tomography) may be combined. Codes 15320 (CT arthrogram) and 15420 (MR arthrogram) include introduction of contrast (00140 may not be added).			
15100	X-ray temporo-mandibular joint, left	3.56	195.70 (171.70)	C
15110	X-ray temporo-mandibular joint, right	3.56	195.70 (171.70)	C
15120	X-ray tomography temporo-mandibular joint, left	4.30	236.40 (207.40)	C

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15130	X-ray tomography temporo-mandibular joint, right	4.30	236.40 (207.40)	C
15140	X-ray arthrography of the temporo-mandibular joint, left	15.41	847.10 (743.10)	C
15150	X-ray arthrography of the temporo-mandibular joint, right	15.41	847.10 (743.10)	C
15200	Ultrasound temporo-mandibular joints, one or both sides	6.56	360.60 (316.30)	C
15300	CT of the temporo-mandibular joints	27.00	1484.20 (1301.90)	C
15310	CT of the temporo-mandibular joints plus 3D reconstructions	36.70	2017.40 (1769.60)	C
15320	CT arthrogram of the temporo-mandibular joints	38.26	2103.20 (1844.90)	C
15400	MR of the temporo-mandibular joints	63.80	3507.10 (3076.40)	C
15410	MR of the temporo-mandibular joints, pre and post contrast	100.84	5543.20 (4862.50)	C
15420	MR arthrogram of the temporo-mandibular joints	74.71	4106.80 (3602.50)	C
Mastoids and internal auditory canal				
	Code 16100 (mastoids) and 16120 (tomography) may be combined. Code 16110 (mastoids bilat) and 16130 (tomography) may be combined. Code 16140 (IAM's) and 16150 (tomography) may be combined.			
16100	X-ray of the mastoids, unilateral	3.59	197.30 (173.10)	C
16110	X-ray of the mastoids, bilateral	7.18	394.70 (346.20)	C
16120	X-ray tomography of the petro-temporal bone, unilateral	4.30	236.40 (207.40)	C
16130	X-ray tomography of the petro-temporal bone, bilateral	8.60	472.70 (414.60)	C
16140	X-ray internal auditory canal, bilateral	5.23	287.50 (252.20)	C
16150	X-ray tomography of the internal auditory canal, bilateral	4.30	236.40 (207.40)	C
16300	CT of the mastoids	13.40	736.60 (646.10)	C
16310	CT of the internal auditory canal	22.84	1255.50 (1101.30)	C
16320	CT of the internal auditory canal, pre and post contrast	36.38	1999.80 (1754.20)	C
16330	CT of the ear structures, limited study	13.40	736.60 (646.10)	C
16340	CT of the middle and inner ear structures, high definition including all reconstructions in various planes	46.12	2535.20 (2223.90)	C
16400	MR of the internal auditory canals, limited study	43.56	2394.50 (2100.40)	C
16410	MR of the internal auditory canals, pre and post contrast, limited study	68.93	3789.10 (3323.80)	C

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16420	MR of the internal auditory canals, pre and post contrast, complete study	102.64	5642.10 (4949.20)	C
16430	MR of the ear structures	64.40	3540.10 (3105.40)	C
16440	MR of the ear structures, pre and post contrast	102.64	5642.10 (4949.20)	C
Sella turcica				
	Code 17100 (sella) and 17110 (tomography) may be combined.			
17100	X-ray of the sella turcica	3.08	169.30 (148.50)	C
17110	X-ray tomography of the sella turcica	4.30	236.40 (207.40)	C
17300	CT of the sella turcica/hypophysis	18.56	1020.20 (894.90)	C
17310	CT of the sella turcica/hypophysis, pre and post contrast	44.96	2471.50 (2168.00)	C
17400	MR of the hypophysis	43.56	2394.50 (2100.40)	C
17410	MR of the hypophysis, pre and post contrast	74.03	4069.40 (3569.60)	C
Salivary glands and floor of the mouth				
	Code 18100 (calculus) and 18110 (open mouth) may be combined. Codes 18120 (sialography) and 18320 (CT sialography) include introduction of contrast and fluoroscopy (00140 may not be added).			
18100	X-ray of the salivary glands and ducts for calculus	2.84	156.10 (136.90)	C
18110	X-ray of the salivary ducts, open mouth for calculus	1.90	104.40 (91.60)	C
18120	X-ray sialography, per gland	14.08	774.00 (678.90)	C
18200	Ultrasound of the salivary glands/floor of the mouth	6.56	360.60 (316.30)	C
18300	CT of the salivary glands, uncontrasted	13.40	736.60 (646.10)	C
18310	CT of the salivary glands/floor of the mouth, pre and post contrast	44.79	2462.10 (2159.70)	C
18320	CT sialography	27.96	1537.00 (1348.20)	C
18400	MR of the salivary glands/floor of the mouth	63.20	3474.10 (3047.50)	C
18410	MR of the salivary glands/floor of the mouth, pre and post contrast	100.84	5543.20 (4862.50)	C
18900	Nuclear Medicine study - Salivary gland imaging	20.77	1141.70 (1001.50)	C
Soft Tissue				
19900	Nuclear Medicine study - Tumour localisation planar, static	20.74	1140.10 (1000.10)	C

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19905	Nuclear Medicine study - Tumour localisation planar, static, multiple studies	35.17	1933.30 (1695.90)	C
19910	Nuclear Medicine study - Tumour localisation planar, static and SPECT	34.15	1877.20 (1646.70)	C
19915	Nuclear Medicine study - Tumour localisation planar, static, multiple studies and SPECT	47.56	2614.40 (2293.30)	C
19920	Nuclear medicine study - Infection localisation planar, static	18.04	991.70 (869.90)	C
19925	Nuclear medicine study - Infection localisation planar, static, multiple studies	31.45	1728.80 (1516.50)	C
19930	Nuclear medicine study - Infection localisation planar, static and SPECT	31.45	1728.80 (1516.50)	C
19935	Nuclear medicine study - Infection localisation planar, static, multiple studies and SPECT	44.86	2466.00 (2163.20)	C
Neck				
	Code 20120 (laryngography) includes fluoroscopy (00140 may not be added). Code 20130 (speech) includes tomography and cinematography (00140 may not be added). Code 20450 (MR Angiography) may be combined with 10410 (MR brain).			
20100	X-ray of soft tissue of the neck	2.74	150.60 (132.10)	C
20110	X-ray of the larynx including tomography	9.39	516.20 (452.80)	C
20120	X-ray laryngography	8.28	455.20 (399.30)	C
20130	X-ray evaluation of pharyngeal movement and speech by screening and / or cine with or without video recording	8.30	456.30 (400.30)	C
20200	Ultrasound of the thyroid	6.56	360.60 (316.30)	C
20210	Ultrasound of soft tissue of the neck	6.56	360.60 (316.30)	C
20220	Ultrasound of the carotid arteries, bilateral including B mode, pulsed and colour doppler	15.00	824.60 (723.30)	C
20230	Ultrasound of the entire extracranial vascular tree including carotids, vertebral and subclavian vessels with B mode, pulse and colour doppler	21.84	1200.50 (1053.10)	C
20300	CT of the soft tissues of the neck	19.42	1067.50 (936.40)	C
20310	CT of the soft tissues of the neck, with contrast	40.59	2231.20 (1957.20)	C
20320	CT of the soft tissues of the neck, pre and post contrast	46.61	2562.20 (2247.50)	C
20330	CT angiography of the extracranial vessels in the neck	90.18	4957.20 (4348.40)	C
20340	CT angiography of the extracranial vessels in the neck and intracranial vessels of the brain	122.16	6715.10 (5890.40)	C
20350	CT angiography of the extracranial vessels in the neck and intracranial vessels of the brain plus a pre and post contrast study of the brain	141.40	7772.80 (6818.20)	C
20400	Mr of the soft tissue of the neck	63.60	3496.10 (3066.80)	C

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20410	MR of the soft tissue of the neck, pre and post contrast	102.04	5609.10 (4920.30)	C
20420	MR of the soft tissue of the neck and uncontrasted angiography	92.60	5090.20 (4465.10)	C
20430	MR angiography of the extracranial vessels in the neck, without contrast	59.60	3276.20 (2873.90)	C
20440	MR angiography of the extracranial vessels in the neck, with contrast	74.02	4068.90 (3569.20)	C
20450	MR angiography of the extra and intracranial vessels with contrast	116.05	6379.30 (5595.90)	C
	MR angiography of the intra and extra cranial vessels plus brain, without contrast			
20470	MR angiography of the intra and extra cranial vessels plus brain, with contrast	156.05	8578.10 (7524.60)	A
20500	Arteriography of cervical vessels: carotid 1 - 2 vessels	50.80	2792.50 (2449.60)	C
20510	Arteriography of cervical vessels: vertebral 1 - 2 vessels	57.10	3138.80 (2753.30)	C
20520	Arteriography of cervical vessels: carotid and vertebral	85.77	4714.80 (4135.80)	C
20530	Arteriography of aortic arch and cervical vessels	100.78	5539.90 (4859.60)	C
20540	Arteriography of aortic arch, cervical and intracranial vessels	117.68	6468.90 (5674.50)	C
20550	Venography of jugular and vertebral veins	55.32	3040.90 (2667.50)	C
Thyroid (Nuclear Medicine)				
21900	Nuclear Medicine study - Thyroid, single uptake	9.68	532.10 (466.80)	C
21910	Nuclear medicine study - Thyroid, multiple uptake	14.69	807.50 (708.30)	C
21920	Nuclear medicine study - Thyroid imaging with uptake	17.72	974.10 (854.50)	C
21930	Nuclear medicine study - Thyroid imaging	12.72	699.20 (613.30)	C
21940	Nuclear medicine study - Thyroid imaging with vascular flow	18.74	1030.10 (903.60)	C
21950	Nuclear medicine study - Thyroid suppression/stimulation	12.72	699.20 (613.30)	C
Parathyroid (Nuclear Medicine)				
22900	Nuclear Medicine study - Parathyroid, planar, static	16.52	908.10 (796.60)	C
22910	Nuclear medicine study - Parathyroid, planar, static, multiple	28.91	1589.20 (1394.00)	C
22920	Nuclear medicine study - Parathyroid, planar, static with subtraction technique	21.88	1202.70 (1055.00)	C
22930	Nuclear medicine study - Parathyroid SPECT	13.41	737.10 (646.60)	C

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Soft Tissue				
29900	Nuclear Medicine study - Tumour localisation planar, static	20.74	1140.10 (1000.10)	C
29905	Nuclear medicine study - Tumour localisation planar, static, multiple studies	35.17	1933.30 (1695.90)	C
29910	Nuclear medicine study - Tumour localisation planar, static and SPECT	34.15	1877.20 (1646.70)	C
29915	Nuclear medicine study - Tumour localisation planar, static, multiple studies and SPECT	47.56	2614.40 (2293.30)	C
29920	Nuclear medicine study - Tumour localisation planar, static	18.04	991.70 (869.90)	C
29925	Nuclear medicine study - Infection localisation planar, static, multiple studies	31.45	1728.80 (1516.50)	C
29930	Nuclear medicine study - Infection localisation planar, static and SPECT	31.45	1728.80 (1516.50)	C
29935	Nuclear medicine study - Infection localisation planar, static, multiple studies and SPECT	44.86	2466.00 (2163.20)	C
29940	Nuclear medicine study - Regional lymph node mapping, static, planar	24.10	1324.80 (1162.10)	C
29945	Nuclear medicine study - Regional lymph node mapping, static, planar, multiple	36.49	2005.90 (1759.60)	C
29950	Nuclear medicine study – Lymph node localisation with gamma probe	12.39	681.10 (597.50)	C
Thorax				
Chest wall, pleura, lungs and mediastinum				
	Code 30140 (tomography) may be combined with 30100 or 30110 (chest) or 30150 or 30155 (ribs) or 30160 (thoracic inlet). Codes 30170 (Sterno-clavicular) and 30175 (tomography) may be combined. Code 30180 (sternum) and 30185 (tomography) may be combined. Code 30340 (CT limited high resolution) may be combined with 30310 or 30320 or 30330 (CT chest). Motivation may be required. Code 30350 (high resolution) is a stand alone study. Code 30360, (CT chest for pulmonary embolism) is a complete examination and includes the preceding uncontrasted CT scan of the chest, and may not be combined with 40330 or 40333 (CT abdomen and pelvis). Code 30370 (CT pulmonary embolism plus CT venography) may not be combined with 70230 (Doppler).			
30100	X-ray of the chest, single view	3.04	167.10 (146.60)	C
30110	X-ray of the chest two views, PA and lateral	3.84	211.10 (185.20)	C
30120	X-ray of the chest complete with additional views	4.24	233.10 (204.50)	C
30130	X-ray of the chest complete including fluoroscopy	4.48	246.30 (216.10)	C
30140	X-ray tomography of the chest	4.30	236.40 (207.40)	C
30150	X-ray of the ribs	4.79	263.30 (231.00)	C
30155	X-ray of the chest and ribs	6.42	352.90 (309.60)	C

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30160	X-ray of the thoracic inlet	2.56	140.70 (123.40)	C
30170	X-ray of the sterno-clavicular joints	4.21	231.40 (203.00)	C
30175	X-ray tomography of the sterno-clavicular joint	4.30	236.40 (207.40)	C
30180	X-ray of the sternum	4.21	231.40 (203.00)	C
30185	X-ray tomography of the sternum	4.30	236.40 (207.40)	C
30200	Ultrasound of the chest wall, any region	6.56	360.60 (316.30)	C
30210	Ultrasound of the pleural space	6.56	360.60 (316.30)	C
30220	Ultrasound of the mediastinal structures	6.56	360.60 (316.30)	C
30300	CT of the chest, limited study	9.50	522.20 (458.10)	C
30310	CT of the chest uncontrasted	28.30	1555.70 (1364.60)	C
30320	CT of the chest contrasted	45.14	2481.30 (2176.60)	C
30330	CT of the chest, pre and post contrast	48.62	2672.60 (2344.40)	C
30340	CT of the chest, limited high resolution study	11.20	615.70 (540.10)	C
30350	CT of the chest, complete high resolution study	25.54	1403.90 (1231.50)	C
30360	CT of the chest for pulmonary embolism	60.76	3340.00 (2929.80)	C
30370	CT of the chest for pulmonary embolism with CT venography of abdomen, pelvis and lower limbs	85.40	4694.40 (4117.90)	C
30400	MR of the chest	63.60	3496.10 (3066.80)	C
30410	MR of the chest with uncontrasted angiography	92.60	5090.20 (4465.10)	C
30420	MR of the chest, pre and post contrast	102.04	5609.10 (4920.30)	C
30900	Nuclear Medicine study - Lung perfusion	21.54	1184.10 (1038.70)	C
30910	Nuclear Medicine study - Lung ventilation, aerosol	21.50	1181.90 (1036.80)	C
30920	Nuclear Medicine study - Lung perfusion and ventilation	42.03	2310.40 (2026.70)	C
30930	Nuclear Medicine study - Lung ventilation using radio-active gas	14.17	778.90 (683.20)	C
30940	Nuclear Medicine study - Lung perfusion and ventilation using radio-active gas	34.69	1906.90 (1672.70)	C
Oesophagus				

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	Codes 31100, 31110, 31120 (swallow) include fluoroscopy (00140 may not be added).			
31100	X-ray barium swallow	6.60	362.80 (318.20)	C
31110	X-ray barium swallow, double contrast	7.92	435.40 (381.90)	C
31120	X-ray barium swallow with cinematography	10.07	553.50 (485.50)	C
Aorta and large vessels				
	Codes 32210 and 32220 (Ivus) may be combined			
32200	Ultrasound intravascular arterial or venous assessment for intervention, once per complete procedure	4.20	230.90 (202.50)	C
32210	Ultrasound intravascular (IVUS) first vessel	8.44	463.90 (406.90)	C
32220	Ultrasound intravascular (IVUS) subsequent vessels	5.30	291.30 (255.50)	C
32300	CT angiography of the aorta and branches	89.86	4939.60 (4333.00)	C
32310	CT angiography of the pulmonary vasculature	89.86	4939.60 (4333.00)	C
32400	MR angiography of the aorta and branches	78.50	4315.10 (3785.20)	C
32410	MR angiography of the pulmonary vasculature	105.27	5786.70 (5076.10)	C
32500	Arteriography of thoracic aorta	35.06	1927.20 (1690.50)	C
32510	Arteriography of bronchial intercostal vessels alone	57.76	3175.10 (2785.20)	C
32520	Arteriography of thoracic aorta, bronchial and intercostal vessels	76.24	4190.90 (3676.20)	C
32530	Arteriography of pulmonary vessels	71.41	3925.40 (3443.30)	C
32540	Arteriography of heart chambers, coronary arteries	53.08	2917.80 (2559.50)	C
32550	Venography of thoracic vena cava	35.18	1933.80 (1696.30)	C
32560	Venography of vena cava, azygos system	64.86	3565.40 (3127.50)	C
32570	Venography patency of A-port or other central line	19.64	1079.60 (947.00)	C
Heart				
	Codes 33300 (CT anatomy / function) and 33310 (CT Angiography) may be done as stand alone studies or as additive studies if both are performed at the same time.			
33205	Ultrasound study of the heart for foetal or paediatric cases including doppler	12.30	676.10 (593.10)	A
	Code 33205 is a stand alone study and may not be added to 33200 or 33210. This code is intended for paediatric and foetal cases only			
33200	Ultrasound study of the heart, including Doppler	8.20	450.80 (395.40)	C
33210	Ultrasound study of the heart trans-oesophageal	10.52	578.30 (507.30)	C

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33220	Ultrasound intravascular imaging to guide placement of intracoronary stent once per vessel	5.20	285.80 (250.70)	C
33300	CT anatomical/functional study of the heart	36.82	2024.00 (1775.40)	C
33310	CT angiography of heart vessels	92.36	5077.00 (4453.50)	C
33400	MR of the heart, anatomical study	62.20	3419.10 (2999.20)	C
33410	MR of the heart, anatomical and functional study	69.00	3792.90 (3327.10)	C
33420	MR of the heart, pre and post contrast	103.04	5664.10 (4968.50)	C
33430	MR angiography of the heart vessels	70.71	3886.90 (3409.60)	C
33440	MR of the heart, anatomical, functional and coronary angiography	106.84	5873.00 (5151.80)	C
33900	Nuclear Medicine study - Cardiac shunt detection	21.50	1181.90 (1036.80)	C
33905	Nuclear Medicine study - Cardiac blood pool imaging, ejection fraction plus wall motion single study	26.51	1457.30 (1278.30)	C
33910	Nuclear Medicine study - Cardiac blood pool imaging, ejection fraction plus wall motion multiple studies	34.92	1919.60 (1683.90)	C
33915	Nuclear Medicine study - Cardiac blood pool imaging, gated SPECT	13.41	737.10 (646.60)	C
33920	Nuclear medicine study - Cardiac blood pool imaging, first pass technique	26.51	1457.30 (1278.30)	C
33925	Nuclear medicine study - Myocardial perfusion, single, rest (thallium/mibi) planar, non gated	16.52	908.10 (796.60)	C
33930	Nuclear medicine study - Myocardial perfusion, single, stress (thallium/mibi) planar, non gated	16.52	908.10 (796.60)	C
33935	Nuclear medicine study - Myocardial perfusion, single, rest (thallium/mibi), SPECT (non gated)	16.52	908.10 (796.60)	C
33940	Nuclear medicine study - Myocardial perfusion, single, stress (thallium/mibi), SPECT non gated	16.52	908.10 (796.60)	C
33945	Nuclear medicine study - Myocardial perfusion, single, rest (thallium/mibi), SPECT (gated)	28.91	1589.20 (1394.00)	C
33950	Nuclear medicine study - Myocardial perfusion, single, stress (thallium/mibi), SPECT (gated)	28.91	1589.20 (1394.00)	C
33955	Nuclear medicine study - Plus wall movement and ejection fraction, SPECT	6.02	330.90 (290.30)	C
33960	Nuclear medicine study - Cardiac hot spot imaging (infarction) planar	21.50	1181.90 (1036.80)	C
33965	Nuclear medicine study - Cardiac hot spot imaging (infarction) SPECT	13.41	737.10 (646.60)	C
33970	Nuclear Medicine study - Multi stage treadmill ECG test	6.66	366.10 (321.10)	C
Mamma				

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	Codes 34110 (localization), 34120 (stereo-tactic localization) and 34130 (stereo-tactic biopsy) may not be combined. Code 34130 (stereo-tactic biopsy). Add procedural code 80610 (cutting needle) or 34150 (mammotome) Code 34205 (U/S FNA) includes the procedural code (may not be combined with 34150).			
34100	X-ray mammography including ultrasound	10.44	573.90 (503.40)	C
	Code 34100 may not be combined with 34205 when these two procedures are done in the same sitting. Code 34100 includes ultrasound. In this situation use code 80605 (fine needle aspiration) with 34100			
34105	X-ray mammography galactography	9.40	516.70 (453.20)	A
	Once off fee per visit. May be added to 34100			
34110	X-ray mammography study for localisation	7.24	398.00 (349.10)	C
34120	X-ray stereotactic mammography – localisation	10.40	571.70 (501.50)	C
34130	X-ray stereotactic mammography – biopsy	11.60	637.70 (559.40)	C
34140	X-ray of biopsy specimen of the mamma	2.74	150.60 (132.10)	C
34150	X-ray Mammotome hand held biopsy apparatus	9.80	538.70 (472.50)	C
34200	Ultrasound study of the breast	7.90	434.30 (381.00)	C
34205	Ultrasound guided aspiration FNA/localisation of the breast	12.10	665.10 (583.40)	C
34300	Computer assisted diagnosis for mammography	1.40	77.00 (67.50)	C
34400	MR study of the breast	62.60	3441.10 (3018.50)	C
34410	MR study of the breast pre and post contrast	100.84	5543.20 (4862.50)	C
Soft Tissue				
39900	Nuclear medicine study - Tumour localisation planar, static	20.74	1140.10 (1000.10)	C
39905	Nuclear medicine study - Tumour localisation planar, static, multiple studies	35.17	1933.30 (1695.90)	C
39910	Nuclear medicine study - Tumour localisation planar, static and SPECT	34.15	1877.20 (1646.70)	C
39915	Nuclear medicine study - Tumour localisation planar, static, multiple studies and SPECT	47.56	2614.40 (2293.30)	C
39920	Nuclear medicine study - Infection localisation planar, static	18.04	991.70 (869.90)	C
39925	Nuclear medicine study - Infection localisation planar, static, multiple studies	31.45	1728.80 (1516.50)	C
39930	Nuclear medicine study - Infection localisation planar, static and SPECT	31.45	1728.80 (1516.50)	C
39935	Nuclear medicine study - Infection localisation planar, static, multiple studies, SPECT	44.86	2466.00 (2163.20)	C

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39940	Nuclear medicine study - Regional lymph node mapping, static, planar	24.10	1324.80 (1162.10)	C
39945	Nuclear medicine study - Regional lymph node mapping, static, planar, multiple	36.49	2005.90 (1759.60)	C
39950	Nuclear medicine study – Lymph node localisation with gamma probe	12.39	681.10 (597.50)	C
Abdomen and Pelvis				
Abdomen/stomach/bowel				
	Code 40120 (tomography) may be combined with 40100 or 40105 or 40110 (abdomen). Codes 40140 to 40190 (barium studies) include fluoroscopy (00140 may not be added). Code 40190 (intussusception) is a stand alone code and may not be combined with 40160 or 40165 (barium enema), (00140 may not be added).			
40100	X-ray of the abdomen	3.32	182.50 (160.10)	C
40105	X-ray of the abdomen supine and erect, or decubitus	5.36	294.60 (258.40)	C
40110	X-ray of the abdomen multiple views including chest	8.10	445.30 (390.60)	C
40120	X-ray tomography of the abdomen	4.30	236.40 (207.40)	C
40140	X-ray barium meal single contrast	8.87	487.60 (427.70)	C
40143	X-ray barium meal double contrast	11.99	659.10 (578.20)	C
40147	X-ray barium meal double contrast with follow through	15.80	868.50 (761.80)	C
40150	X-ray small bowel enteroclysis (meal)	28.25	1552.90 (1362.20)	C
	Code 40150 includes duodenal intubation and may not be added to 40175 (Duodenal intubation)			
40153	X-ray small bowel meal follow through single contrast	19.55	1074.70 (942.70)	C
40157	X-ray small bowel meal with pneumocolon	25.63	1408.90 (1235.90)	C
40160	X-ray large bowel enema single contrast	12.97	713.00 (625.40)	C
40165	X-ray large bowel enema double contrast	19.63	1079.10 (946.60)	C
40170	X-ray guided gastro oesophageal intubation	1.60	88.00 (77.20)	C
40175	X-ray guided duodenal intubation	2.80	153.90 (135.00)	C
40180	X-ray defaecogram	12.97	713.00 (625.40)	C
40190	X-ray guided reduction of intussusception	16.27	894.40 (784.60)	C
40200	Ultrasound study of the abdominal wall	5.54	304.50 (267.10)	C
40210	Ultrasound study of the whole abdomen including the pelvis	8.24	453.00 (397.40)	C
40300	CT study of the abdomen	28.10	1544.70 (1355.00)	C
40310	CT study of the abdomen with contrast	47.68	2621.00 (2299.10)	C

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40313	CT study of the abdomen pre and post contrast	56.37	3098.70 (2718.20)	C
40320	CT of the pelvis	27.80	1528.20 (1340.50)	C
40323	CT of the pelvis with contrast	50.51	2776.50 (2435.50)	C
40327	CT of the pelvis pre and post contrast	57.31	3150.30 (2763.40)	C
40330	CT of the abdomen and pelvis	40.96	2251.60 (1975.10)	C
40333	CT of the abdomen and pelvis with contrast	66.14	3635.70 (3189.20)	C
40337	CT of the abdomen and pelvis pre and post contrast	71.74	3943.50 (3459.20)	C
40340	CT triphasic study of the liver, abdomen and pelvis pre and post contrast	78.84	4333.80 (3801.60)	C
40345	CT of the chest, abdomen and pelvis without contrast	74.60	4100.80 (3597.20)	A
40350	CT of the chest, abdomen and pelvis with contrast	93.99	5166.60 (4532.10)	C
40355	CT of the chest triphasic of the liver, abdomen and pelvis with contrast	98.99	5441.50 (4773.20)	C
40360	CT of the base of skull to symphysis pubis with contrast	109.29	6007.70 (5269.90)	C
40365	CT colonoscopy	37.00	2033.90 (1784.10)	A
	Stand alone study, may not be added to any code between 40300 and 40360			
40400	MR of the abdomen	64.58	3550.00 (3114.00)	C
40410	MR of the abdomen pre and post contrast	100.84	5543.20 (4862.50)	C
40420	MR of the pelvis, soft tissue	64.58	3550.00 (3114.00)	C
40430	MR of the pelvis, soft tissue, pre and post contrast	102.04	5609.10 (4920.30)	C
40900	Nuclear Medicine study - Gastro oesophageal reflux and emptying	21.50	1181.90 (1036.80)	C
40905	Nuclear Medicine study - Gastro oesophageal reflux and emptying multiple studies	34.92	1919.60 (1683.90)	C
40910	Nuclear Medicine study - Gastro intestinal protein loss	21.50	1181.90 (1036.80)	C

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40915	Nuclear Medicine study - Gastro intestinal protein loss multiple studies	34.92	1919.60 (1683.90)	C
40920	Nuclear Medicine study – Acute GIT bleed static/dynamic	21.50	1181.90 (1036.80)	C
40925	Nuclear medicine study – Acute GIT bleed multiple studies	34.92	1919.60 (1683.90)	C
40930	Nuclear medicine study - Meckel's localisation	20.77	1141.70 (1001.50)	C
40935	Nuclear medicine study - Gastric mucosa imaging	20.77	1141.70 (1001.50)	C
Liver, spleen, gall bladder and pancreas				
	Code 41110, 41120 and 41130 (cholangiography) include fluoroscopy (00140 may not be added).			
41100	X-ray ERCP including screening	18.90	1038.90 (911.30)	C
41105	X-ray ERCP reporting on images done in theatre	2.40	131.90 (115.70)	C
41110	X-ray cholangiography intra-operative	8.45	464.50 (407.50)	C
41120	X-ray T-tube cholangiography post operative	14.05	772.30 (677.50)	C
41130	X-ray transhepatic percutaneous cholangiography	32.34	1777.70 (1559.40)	C
41200	Ultrasound study of the upper abdomen	7.00	384.80 (337.50)	C
41210	Ultrasound doppler of the hepatic and splenic veins and inferior vena cava in assessment of portal venous hypertension or thrombosis	9.80	538.70 (472.50)	A
	Code 41210 is a stand alone study and may not be added to 40200, 40210, 41200 or 42200			
41300	CT of the abdomen triphasic study – liver	58.40	3210.20 (2816.00)	C
41400	MR study of the liver/pancreas	64.78	3561.00 (3123.70)	C
41410	MR study of the liver/pancreas pre and post contrast	100.84	5543.20 (4862.50)	C
41420	MRCP	49.20	2704.50 (2372.40)	C
41430	MR study of the abdomen with MRCP	92.98	5111.10 (4483.40)	C
41440	MR study of the abdomen pre and post contrast with MRCP	133.60	7344.00 (6442.10)	A
41900	Nuclear Medicine study - Liver and spleen, planar views only	21.50	1181.90 (1036.80)	C
41905	Nuclear Medicine study - Liver and spleen, with flow study	27.53	1513.30 (1327.50)	C
41910	Nuclear Medicine study - Liver and spleen, planar views SPECT	34.92	1919.60 (1683.90)	C

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41915	Nuclear Medicine study - Liver and spleen, with flow study and SPECT	40.94	2250.50 (1974.10)	C
41920	Nuclear Medicine study - Hepatobiliary system planar static/dynamic	21.50	1181.90 (1036.80)	C
41925	Nuclear Medicine study – hepatobiliary tract including flow	26.51	1457.30 (1278.30)	C
41930	Nuclear medicine study – Hepatobiliary system planar, static/dynamic multiple studies	34.92	1919.60 (1683.90)	C
41935	Nuclear medicine study – Hepatobiliary tract including flow multiple studies	39.92	2194.40 (1924.90)	C
41940	Nuclear medicine study - Gall bladder ejection fraction	6.02	330.90 (290.30)	U
41945	Nuclear medicine study – Biliary gastric reflux study	20.77	1141.70 (1001.50)	C
Renal tract				
42100	X-ray tomography of the renal tract	4.30	236.40 (207.40)	C
	Code 42100 (tomography) may not be added to 42110 or 42115 (IVP). Codes 42115 (IVP), 42120 (cystography), 42130 (urethrography), 42140 (MCU), 42150 (retrograde), and 42160 (prograde) include fluoroscopy (00140 may not be added).			
42110	X-ray excretory urogram including tomography	24.86	1366.60 (1198.80)	C
42115	X-ray excretory urogram including tomography with micturating study	32.86	1806.30 (1584.50)	C
42120	X-ray cystography	15.05	827.30 (725.70)	C
42130	X-ray urethrography	15.37	844.90 (741.10)	C
42140	X-ray micturating cysto-urethrography	19.30	1060.90 (930.60)	C
42150	X-ray retrograde/prograde pyelography	12.53	688.80 (604.20)	C
42155	X-ray retrograde/prograde pyelography reporting on images done in theatre	2.41	132.50 (116.20)	C
42160	X-ray prograde pyelogram – percutaneous	32.67	1795.90 (1575.40)	C
42200	Ultrasound study of the renal tract including bladder	7.42	407.90 (357.80)	C
42205	Ultrasound doppler for resistive index in vessels of transplanted kidney	3.80	208.90 (183.20)	A
	Code 42205 is a stand alone study and may not be added to 42200			
42300	CT of the renal tract for a stone	26.76	1471.00 (1290.40)	C
42400	MR of the renal tract for obstruction	47.00	2583.60 (2266.30)	C
42410	MR of the kidneys without contrast	64.58	3550.00 (3114.00)	C

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42420	MR of the kidneys pre and post contrast	102.24	5620.10 (4929.90)	C
42900	Nuclear Medicine study - Renal imaging, static (e.g. DMSA)	21.94	1206.00 (1057.90)	C
42905	Nuclear Medicine study - Renal imaging, static (e.g. DMSA) with flow	27.96	1537.00 (1348.20)	C
42910	Nuclear Medicine study - Renal imaging, static (e.g. DMSA) with SPECT	35.35	1943.20 (1704.60)	C
42915	Nuclear Medicine study - Renal imaging, static (e.g. DMSA), with flow, with SPECT	41.37	2274.10 (1994.80)	C
42920	Nuclear Medicine study - Renal imaging dynamic (renogram) and vascular flow	26.51	1457.30 (1278.30)	C
42930	Nuclear Medicine study – Renovascular study, baseline	26.51	1457.30 (1278.30)	C
42940	Nuclear Medicine study – Renovascular study, with intervention	26.51	1457.30 (1278.30)	C
Reproductive system				
	Codes 43120 and 43130 (hystero-salpingography) include fluoroscopy (00140 may not be added). Codes 43230 (U/S ova aspiration) and 43240 (amniocentesis) are complete procedure codes.			
	Codes 43230 (U/S ova aspiration) and 43240 (amniocentesis) are complete procedures and may not be combined with 00230 (ultrasound guidance) or 80605 (fine needle aspiration). Code 43240 may be combined with 43260 (second trimester), 43270 (third trimester) and 43273 (third trimester follow up)			
43100	X-ray pelvimetry single	4.00	219.90 (192.90)	C
43110	X-ray pelvimetry multiple views	5.80	318.80 (279.60)	C
43120	X-ray hystero-salpingography	10.03	551.30 (483.60)	C
43130	X-ray hystero-salpingography with introduction of contrast	13.53	743.70 (652.40)	C
43200	Ultrasound study of the pelvis transabdominal	5.70	313.30 (274.80)	U
43205	Ultrasound study of the female pelvis transvaginal	7.21	396.30 (347.60)	C
43210	Ultrasound study of the prostate transrectal	7.38	405.70 (355.90)	C
43215	Ultrasound transrectal prostate volume for brachytherapy	10.40	571.70 (501.50)	C
43220	Ultrasound study of the testes	7.38	405.70 (355.90)	C
43225	Ultrasound study for male impotence including doppler and injection of vaso constrictor	15.00	824.60 (723.30)	A
	Code 43225 is a stand alone study and may not be added to 43200, 43210, 43220 or 44200			
43230	Ultrasound guided transvaginal aspiration for ova	13.50	742.10 (651.00)	C
43240	Ultrasound guided amniocentesis	5.84	321.00 (281.60)	C
43250	Ultrasound study of the pregnant uterus, first trimester	4.20	230.90 (202.50)	C
43260	Ultrasound study of the pregnant uterus, second trimester	6.36	349.60 (306.70)	C

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43270	Ultrasound study of the pregnant uterus, third trimester, first visit	6.36	349.60 (306.70)	C
43273	Ultrasound study of the pregnant uterus, third trimester, follow-up visit	4.20	230.90 (202.50)	C
43277	Ultrasound study of the pregnant uterus, multiple gestation, second or third trimester, first visit	8.17	449.10 (393.90)	C
43280	Ultrasound doppler of the umbilical cord for resistive index	3.80	208.90 (183.20)	A
	Code 43280 is a stand alone study and may not be added to the following codes: 43250, 43260, 43270, 43273 or 43277			
43300	CT pelvimetry – Topogram	7.00	384.80 (337.50)	C
43400	MR study of pelvic reproductive organs - limited study	47.60	2616.60 (2295.30)	C
43405	MR study for pelvimetry	20.00	1099.40 (964.40)	A
43410	MR study of pelvic reproductive organs - complete – uncontrasted	64.58	3550.00 (3114.00)	C
43420	MR study of pelvic reproductive organs - complete – pre and post contrast	102.24	5620.10 (4929.90)	C
43950	Nuclear medicine study - Radio pharmaceutical voiding cystogram	21.50	1181.90 (1036.80)	C
43960	Nuclear medicine study - Testicular imaging	26.51	1457.30 (1278.30)	C
Aorta and vessels				
	Code 44400 (MR Angiography) may be combined with 40400 (MR abdomen).			
44200	Ultrasound study of abdominal aorta and branches including doppler	18.32	1007.10 (883.40)	C
44300	CT angiography of abdominal aorta and branches	87.18	4792.30 (4203.80)	C
44305	CT angiography of the abdominal aorta and branches and pre and post contrast study of the upper abdomen	107.18	5891.70 (5168.20)	C
44310	CT angiography of the pelvis	89.36	4912.10 (4308.90)	C
44320	CT angiography of the abdominal aorta and pelvis	101.75	5593.20 (4906.30)	C
44325	CT angiography of the abdominal aorta and pelvis and pre and post contrast study of the upper abdomen and pelvis	135.40	7442.90 (6528.90)	C
44330	CT portogram	95.75	5263.40 (4617.00)	C
44400	MR angiography of abdominal aorta and branches	76.64	4212.90 (3695.50)	C
44500	Arteriography of abdominal aorta alone	34.92	1919.60 (1683.90)	C
44503	Arteriography of aorta plus coeliac, mesenteric branches	86.83	4773.00 (4186.80)	C

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44505	Arteriography of aorta plus renal, adrenal branches	71.56	3933.70 (3450.60)	C
44507	Arteriography of aorta plus non-visceral branches	69.34	3811.60 (3343.50)	C
44510	Arteriography of coeliac, mesenteric vessels alone	72.49	3984.80 (3495.40)	C
44515	Arteriography of renal, adrenal vessels alone	55.86	3070.60 (2693.50)	C
44517	Arteriography of non-visceral abdominal vessels alone	63.05	3465.90 (3040.30)	C
44520	Arteriography of internal and external iliac vessels alone	63.53	3492.20 (3063.30)	C
44525	Venography of internal and external iliac veins alone	70.25	3861.60 (3387.40)	C
44530	Corpora cavernosography	30.59	1681.50 (1475.00)	C
44535	Vasography, vesciculography	29.19	1604.60 (1407.50)	C
44540	Venography of inferior vena cava	32.92	1809.60 (1587.40)	C
44543	Venography of hepatic veins alone	60.14	3305.90 (2899.90)	C
44545	Venography of inferior vena cava and hepatic veins	77.72	4272.30 (3747.60)	C
44550	Venography of lumbar azygos system alone	50.26	2762.80 (2423.50)	C
44555	Venography of inferior vena cava and lumbar azygos veins	74.27	4082.60 (3581.20)	C
44560	Venography of renal, adrenal veins alone	50.36	2768.30 (2428.30)	C
44565	Venography of inferior vena cava and renal/adrenal veins	77.20	4243.70 (3722.50)	C
44570	Venography of spermatic, ovarian veins alone	46.96	2581.40 (2264.40)	C
44573	Venography of inferior vena cava, renal, spermatic, ovarian veins	82.54	4537.20 (3980.00)	C
44580	Venography indirect splenoportogram	59.87	3291.10 (2886.90)	C
44583	Venography direct splenoportogram	37.13	2041.00 (1790.40)	C
44587	Venography transhepatic portogram	77.95	4284.90 (3758.70)	C

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Soft Tissue				
49900	Nuclear Medicine study – Tumour localisation planar, static	20.74	1140.10 (1000.10)	C
49905	Nuclear Medicine study – Tumour localisation planar, static, multiple studies	35.17	1933.30 (1695.90)	C
49910	Nuclear Medicine study – Tumour localisation planar, static and SPECT	34.15	1877.20 (1646.70)	C
49915	Nuclear medicine study – Tumour localisation planar, static, multiple studies and SPECT	47.56	2614.40 (2293.30)	C
49920	Nuclear medicine study – Infection localisation planar, static	18.04	991.70 (869.90)	C
49930	Nuclear medicine study – Infection localisation planar, static, multiple studies	31.45	1728.80 (1516.50)	C
49940	Nuclear medicine study – Infection localisation planar, static and SPECT	31.45	1728.80 (1516.50)	C
49950	Nuclear medicine study – Infection localisation planar, static, multiple studies and SPECT	44.86	2466.00 (2163.20)	C
49960	Nuclear medicine study – Regional lymph node mapping dynamic	5.01	275.40 (241.60)	C
49965	Nuclear medicine study – Regional lymph node mapping, static, planar	24.10	1324.80 (1162.10)	C
49970	Nuclear medicine study – Regional lymph node mapping, static, planar, multiple	37.51	2061.90 (1808.70)	C
49975	Nuclear medicine study – Regional lymph node mapping SPECT	13.41	737.10 (646.60)	C
49980	Nuclear medicine study – Lymph node localisation with gamma probe	13.41	737.10 (646.60)	C
Spine, Pelvis and Hips				
	Code 51340 (CT myelography, cervical), 52330 (CT myelography thoracic) and 53340 (CT myelography lumbar) are stand alone studies and may not be combined with the conventional myelography codes viz. 51160, 52150, 53160			
General				
	Code 50130 (Lumbar puncture) and 50140 (cisternal puncture) include fluoroscopy and introduction of contrast (00140 may not be added).			
50100	X-ray of the spine scoliosis view AP only	7.00	384.80 (337.50)	C
50105	X-ray of the spine scoliosis view AP and lateral	12.00	659.60 (578.60)	A
50110	X-ray of the spine scoliosis view AP and lateral including stress views	18.54	1019.10 (893.90)	C
50120	X-ray bone densitometry	11.52	633.30 (555.50)	C
50130	X-ray guided lumbar puncture	4.80	263.90 (231.50)	C
50140	X-ray guided cisternal puncture cisternogram	22.98	1263.20 (1108.10)	C
50300	CT quantitative bone mineral density	12.58	691.50 (606.60)	C
50500	Arteriogram of the spinal column and cord, all vessels	136.68	7513.30 (6590.60)	C

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50510	Venography of the spinal, paraspinal veins	64.82	3563.20 (3125.60)	C
Cervical				
	Code 51100 (stress) is a stand alone study and may not be added to 51110, 51120 (cervical spine), 51160 (myelography) and 51170 (discography). Code 51140 (tomography) may be combined with 51110 or 51120 (spine). Code 51160s (myelography) and 51170 (discography) include fluoroscopy and introduction of contrast (00140 may not be added). Code 51300 (CT) limited - limited to a single cervical vertebral body. Code 51310 (CT) regional study - 2 vertebral bodies and intervertebral disc spaces. Code 51320 (CT) complete study - an extensive study of the cervical spine. Code 51340 (CT myelography) – post myelographic study and includes all disc levels, includes fluoroscopy and introduction of contrast (00140 may not be added).			
51100	X-ray of the cervical spine, stress views only	4.14	227.60 (199.60)	C
51110	X-ray of the cervical spine, one or two views	3.01	165.50 (145.20)	C
51120	X-ray of the cervical spine, more than two views	4.28	235.30 (206.40)	C
51130	X-ray of the cervical spine, more than two views including stress views	7.58	416.70 (365.50)	C
51140	X-ray Tomography cervical spine	4.30	236.40 (207.40)	C
51160	X-ray myelography of the cervical spine	27.46	1509.50 (1324.10)	C
51170	X-ray discography cervical spine per level	25.17	1383.60 (1213.70)	C
51300	CT of the cervical spine limited study	9.50	522.20 (458.10)	C
51310	CT of the cervical spine – regional study	14.80	813.60 (713.70)	C
51320	CT of the cervical spine – complete study	39.50	2171.30 (1904.60)	C
51330	CT of the cervical spine pre and post contrast	62.61	3441.70 (3019.00)	C
51340	CT myelography of the cervical spine	50.20	2759.50 (2420.60)	C
51350	CT myelography of the cervical spine following myelogram	23.08	1268.70 (1112.90)	C
51400	MR of the cervical spine, limited study	44.40	2440.70 (2141.00)	C
51410	MR of the cervical spine and cranio-cervical junction	64.82	3563.20 (3125.60)	C
51420	MR of the cervical spine and cranio-cervical junction pre and post contrast	102.14	5614.60 (4925.10)	C
51900	Nuclear Medicine study – Bone regional cervical	21.50	1181.90 (1036.80)	U
51910	Nuclear Medicine study – Bone tomography regional cervical	13.41	737.10 (646.60)	C
51920	Nuclear Medicine study – with flow	6.02	330.90 (290.30)	C

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Thoracic				
	Code 52120 (tomography) may be combined with 52100 or 52110 (spine). Code 52150 (myelography) includes fluoroscopy and introduction of contrast (00140 may not be added). Code 52300 (CT) limited study – limited to a single thoracic vertebral body. Code 52305 (CT) regional study - 2 vertebral bodies and intervertebral disc spaces. Code 52310 (CT) complete study - an extensive study of the thoracic spine. Code 52330 (CT myelography) - post myelographic study and includes all disc levels, fluoroscopy and introduction of contrast (00140 may not be added).			
52100	X-ray of the thoracic spine, one or two views	3.21	176.50 (154.80)	C
52110	X-ray of the thoracic spine, more than two views	4.00	219.90 (192.90)	C
52120	X-ray tomography thoracic spine	4.30	236.40 (207.40)	C
52140	X-ray of the thoracic spine, more than two views including stress views	6.64	365.00 (320.20)	C
52150	X-ray myelography of the thoracic spine	18.62	1023.50 (897.80)	C
52300	CT of the thoracic spine limited study	9.50	522.20 (458.10)	C
52305	CT of the thoracic spine – regional study	14.80	813.60 (713.70)	C
52310	CT of the thoracic spine complete study	38.06	2092.20 (1835.30)	C
52320	CT of the thoracic spine pre and post contrast	62.61	3441.70 (3019.00)	C
52330	CT myelography of the thoracic spine	51.16	2812.30 (2466.90)	C
52340	CT myelography of the thoracic spine following myelogram	21.68	1191.70 (1045.40)	C
52400	MR of the thoracic spine, limited study	46.60	2561.60 (2247.00)	C
52410	MR of the thoracic spine	64.34	3536.80 (3102.50)	C
52420	MR of the thoracic spine pre and post contrast	101.42	5575.10 (4890.40)	C
52900	Nuclear Medicine study – Bone regional dorsal	21.50	1181.90 (1036.80)	C
52910	Nuclear Medicine study – Bone tomography regional dorsal	13.41	737.10 (646.60)	C
52920	Nuclear Medicine study – with flow	6.02	330.90 (290.30)	C
Lumbar				

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	<p>Code 53100 (stress) is a stand alone study and may not be added to 53110, 53120 (lumbar spine), 53160 (myelography) and 53170 (discography).</p> <p>Code 53140 (tomography) may be combined with 53110 or 53120 (spine).</p> <p>Codes 53160 (myelography) and 53170 (discography) include fluoroscopy and introduction of contrast (00140 may not be added).</p> <p>Code 53300 (CT) limited study – limited to a single lumbar vertebral body.</p> <p>Code 53310 (CT) regional study - 2 vertebral bodies and intervertebral disc spaces.</p> <p>Code 53320 (CT) complete study - an extensive study of the lumbar spine.</p> <p>Code 53340 (CT myelography) - post myelographic study and includes all disc levels, fluoroscopy and introduction of contrast (00140 may not be added).</p>			
53100	X-ray of the lumbar spine – stress study only	4.14	227.60 (199.60)	C
53110	X-ray of the lumbar spine, one or two views	3.56	195.70 (171.70)	C
53120	X-ray of the lumbar spine, more than two views	4.46	245.20 (215.10)	C
53130	X-ray of the lumbar spine, more that two views including stress views	7.52	413.40 (362.60)	C
53140	X-ray tomography lumbar spine	4.30	236.40 (207.40)	C
53160	X-ray myelography of the lumbar spine	23.94	1316.00 (1154.40)	C
53170	X-ray discography lumbar spine per level	25.17	1383.60 (1213.70)	C
53300	CT of the lumbar spine limited study	9.50	522.20 (458.10)	C
53310	CT of the lumbar spine – regional study	14.80	813.60 (713.70)	C
53320	Ct of the lumbar spine complete study	40.04	2201.00 (1930.70)	C
53330	CT of the lumbar spine pre and post contrast	62.61	3441.70 (3019.00)	C
53340	CT myelography of the lumbar spine	52.24	2871.60 (2518.90)	C
53350	CT myelography of the lumbar spine following myelogram	24.96	1372.10 (1203.60)	C
53400	MR of the lumbar spine, limited study	46.20	2539.60 (2227.70)	C
53410	MR of the lumbar spine	64.32	3535.70 (3101.50)	C
53420	MR of the lumbar spine pre and post contrast	103.29	5677.90 (4980.60)	C
53900	Nuclear medicine study – Bone regional lumbar	21.50	1181.90 (1036.80)	C
53910	Nuclear medicine study – Bone tomography regional lumbar	13.41	737.10 (646.60)	C
53920	Nuclear medicine study – with flow	6.02	330.90 (290.30)	C
Sacrum				

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	Code 54120 (tomography) may be combined with 54100 (sacrum) or 54110 (SI joints). Code 54300 (CT) limited study - limited to single sacral vertebral body. Code 54310 (CT) complete study - an extensive study of the sacral spine.			
54100	X-ray of the sacrum and coccyx	3.58	196.80 (172.60)	C
54110	X-ray of the sacro-iliac joints	4.10	225.40 (197.70)	C
54120	X-ray tomography – sacrum and/or coccyx	4.30	236.40 (207.40)	C
54300	CT of the sacrum – limited study	7.60	417.80 (366.50)	C
54310	CT of the sacrum – complete study – uncontrasted	27.24	1497.40 (1313.50)	C
54320	CT of the sacrum with contrast	49.93	2744.70 (2407.60)	C
54330	CT of the sacrum pre and post contrast	56.35	3097.60 (2717.20)	C
54400	MR of the sacrum	65.00	3573.00 (3134.20)	C
54410	MR of the sacrum pre and post contrast	101.04	5554.20 (4872.10)	C
Pelvis				
	Codes 55110 (tomography) and 55100 (pelvis) may be combined. Code 55300 (CT) limited study – limited to a small region of interest of the pelvis eg. acetabular roof or pubic ramus.			
55100	X-ray of the pelvis	3.66	201.20 (176.50)	C
55110	X-ray tomography – pelvis	4.30	236.40 (207.40)	C
55300	CT of the bony pelvis limited	9.50	522.20 (458.10)	C
55310	CT of the bony pelvis complete uncontrasted	27.24	1497.40 (1313.50)	C
55320	CT of the bony pelvis complete 3D recon	39.86	2191.10 (1922.00)	C
55330	CT of the bony pelvis with contrast	49.93	2744.70 (2407.60)	C
55340	CT of the bony pelvis – pre and post contrast	56.35	3097.60 (2717.20)	C
55400	MR of the bony pelvis	65.00	3573.00 (3134.20)	C
55410	MR of the bony pelvis pre and post contrast	102.24	5620.10 (4929.90)	C
55900	Nuclear medicine study – Bone regional pelvis	21.50	1181.90 (1036.80)	C
55910	Nuclear medicine study – Bone tomography regional pelvis	13.41	737.10 (646.60)	C
55920	Nuclear medicine study – with flow	6.02	330.90 (290.30)	C

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Hips				
	Code 56130 (tomography) may be combined with 56100 or 56110 or 56120 (hip). Code 56140 (stress) may be combined with 56100 or 56110 or 56120 (hip). Code 56150 (arthrography) includes fluoroscopy and introduction of contrast (00140 may not be added). Code 56160 (introduction of contrast into hip joint) to be used with 56310 (CT hip) and 56410 (MR hip) and includes fluoroscopy. The combination of 56150 and 56310 and 56410 is not supported except in exceptional circumstances with motivation. Code 56300 (CT) study limited to small region of interest eg part of femur head.			
56100	X-ray of the left hip	3.18	174.80 (153.30)	C
56110	X-ray of the right hip	3.18	174.80 (153.30)	C
56120	X-ray pelvis and hips	6.02	330.90 (290.30)	C
56130	X-ray tomography – hip	4.30	236.40 (207.40)	C
56140	X-ray of the hip/s – stress study	4.38	240.80 (211.20)	C
56150	X-ray arthrography of the hip joint including introduction contrast	15.75	865.80 (759.50)	C
56160	X-ray guidance and introduction of contrast into hip joint only	7.41	407.30 (357.30)	C
56200	Ultrasound of the hip joints	6.50	357.30 (313.40)	C
56300	CT of hip – limited	9.50	522.20 (458.10)	C
56310	CT of hip – complete contrasted	29.12	1600.70 (1404.10)	C
56320	CT of hip – complete with 3D recon	42.32	2326.30 (2040.60)	C
56330	CT of hip with contrast	46.02	2529.70 (2219.00)	C
56340	CT of hip pre and post contrast	50.94	2800.20 (2456.30)	C
56400	MR of the hip joint/s, limited study	44.90	2468.20 (2165.10)	C
56410	MR of the hip joint/s	64.10	3523.60 (3090.90)	C
56420	MR of the hip joint/s, pre and post contrast	101.64	5587.20 (4901.10)	C
56900	Nuclear medicine study – Bone regional pelvis	21.50	1181.90 (1036.80)	C
56910	Nuclear medicine study – Bone limited static plus flow	27.53	1513.30 (1327.50)	C
56920	Nuclear medicine study – Bone tomography regional	13.41	737.10 (646.60)	C
Upper limbs				
General				

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	Code 60100 (stress only) is a stand alone study and may not be combined with other codes. Code 60110 (tomography) may be combined with any one of the defined regional x-ray studies of the upper limb. Motivation may be required for more than one regional tomographic study per visit. Code 60200 (U/S) may only be used once per visit. Code 60300 (CT) limited study – limited to a small region of interest eg. part of humeral head. Code 60400 (MR limited) may only be used once per visit.			
60100	X-ray upper limbs - any region - stress studies only	4.52	248.50 (218.00)	C
60110	X-ray upper limbs - any region – tomography	4.30	236.40 (207.40)	C
60200	Ultrasound upper limb – soft tissue - any region	7.38	405.70 (355.90)	C
60210	Ultrasound of the peripheral arterial system of the left arm including B mode, pulse and colour doppler	13.64	749.80 (657.70)	C
60220	Ultrasound of the peripheral arterial system of the right arm including B mode, pulse and colour doppler	13.64	749.80 (657.70)	C
60230	Ultrasound peripheral venous system upper limbs including pulse and colour doppler for deep vein thrombosis	12.54	689.30 (604.60)	C
60240	Ultrasound peripheral venous system upper limbs including pulse and colour doppler	17.26	948.80 (832.30)	C
60300	CT of the upper limbs limited study	9.50	522.20 (458.10)	C
60310	CT angiography of the upper limb	88.96	4890.10 (4289.60)	C
60400	MR of the upper limbs limited study, any region	44.80	2462.70 (2160.30)	C
60410	MR angiography of the upper limb	74.66	4104.10 (3600.10)	C
60500	Arteriogram of subclavian, upper limb arteries alone, unilateral	51.21	2815.00 (2469.30)	C
60510	Arteriogram of subclavian, upper limb arteries alone, bilateral	88.21	4848.90 (4253.40)	C
60520	Arteriogram of aortic arch, subclavian, upper limb, unilateral	65.56	3603.80 (3161.20)	C
60530	Arteriogram of aortic arch, subclavian, upper limb, bilateral	96.92	5327.70 (4673.40)	C
60540	Venography, antegrade of upper limb veins, unilateral	26.12	1435.80 (1259.50)	C
60550	Venography, antegrade of upper limb veins, bilateral	49.43	2717.20 (2383.50)	C
60560	Venography, retrograde of upper limb veins, unilateral	36.55	2009.20 (1762.50)	C
60570	Venography, retrograde of upper limb veins, bilateral	60.35	3317.40 (2910.00)	C
60580	Venography, shuntogram, dialysis access shunt	29.33	1612.30 (1414.30)	C
60900	Nuclear medicine study – Venogram upper limb	37.12	2040.50 (1789.90)	C
Shoulder				

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	Code 61160 (arthrography) includes fluoroscopy and introduction of contrast (00140 may not be added). Code 61170 (introduction of contrast into the shoulder joint) may be combined with 61300 and 61305 (CT), or 61400 and 61405 (MR). The combination of 61160 (arthrography) and 61300 and 61305 (CT) or 61400 and 61405 (MR) is not supported except in exceptional circumstances with motivation.			
61100	X-ray of the left clavicle	3.04	167.10 (146.60)	C
61105	X-ray of the right clavicle	3.04	167.10 (146.60)	C
61110	X-ray of the left scapula	3.04	167.10 (146.60)	C
61115	X-ray of the right scapula	3.04	167.10 (146.60)	C
61120	X-ray of the left acromio-clavicular joint	3.14	172.60 (151.40)	C
61125	X-ray of the right acromio-clavicular joint	3.14	172.60 (151.40)	C
61128	X-ray of acromio-clavicular joints plus stress studies bilateral	7.68	422.20 (370.40)	C
61130	X-ray of the left shoulder	3.48	191.30 (167.80)	C
61135	X-ray of the right shoulder	3.48	191.30 (167.80)	C
61140	X-ray of the left shoulder plus subacromial impingement views	5.92	325.40 (285.40)	C
61145	X-ray of the right shoulder plus subacromial impingement views	5.92	325.40 (285.40)	C
61150	X-ray of the left subacromial impingement views only	3.24	178.10 (156.20)	C
61155	X-ray of the right subacromial impingement views only	3.24	178.10 (156.20)	C
61160	X-ray arthrography shoulder joint including introduction of contrast	15.83	870.20 (763.30)	C
61170	X-ray guidance and introduction of contrast into shoulder joint only	7.41	407.30 (357.30)	C
61200	Ultrasound of the left shoulder joint	6.50	357.30 (313.40)	C
61210	Ultrasound of the right shoulder joint	6.50	357.30 (313.40)	C
61300	CT of the left shoulder joint – uncontrasted	25.92	1424.80 (1249.80)	C
61305	CT of the right shoulder joint – uncontrasted	25.92	1424.80 (1249.80)	C
61310	CT of the left shoulder – complete with 3D recon	40.06	2202.10 (1931.70)	C
61315	CT of the right shoulder – complete with 3D recon	40.06	2202.10 (1931.70)	C
61320	CT of the left shoulder joint - pre and post contrast	51.74	2844.10 (2494.80)	C
61325	CT of the right shoulder joint - pre and post contrast	51.74	2844.10 (2494.80)	C
61400	MR of the left shoulder	64.64	3553.30 (3116.90)	C

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61405	MR of the right shoulder	64.64	3553.30 (3116.90)	C
61410	MR of the left shoulder pre and post contrast	101.04	5554.20 (4872.10)	C
61415	MR of the right shoulder pre and post contrast	101.04	5554.20 (4872.10)	C
Humerus				
62100	X-ray of the left humerus	2.94	161.60 (141.80)	C
62105	X-ray of the right humerus	2.94	161.60 (141.80)	C
62300	CT of the left upper arm	25.92	1424.80 (1249.80)	C
62305	CT of the right upper arm	25.92	1424.80 (1249.80)	C
62310	CT of the left upper arm contrasted	42.52	2337.30 (2050.30)	C
62315	CT of the right upper arm contrasted	42.52	2337.30 (2050.30)	C
62320	CT of the left upper arm pre and post contrast	51.68	2840.80 (2491.90)	C
62325	CT of the right upper arm pre and post contrast	51.68	2840.80 (2491.90)	C
62400	MR of the left upper arm	64.20	3529.10 (3095.70)	C
62405	MR of the right upper arm	64.20	3529.10 (3095.70)	C
62410	MR of the left upper arm pre and post contrast	102.04	5609.10 (4920.30)	C
62415	MR of the right upper arm pre and post contrast	102.04	5609.10 (4920.30)	C
62900	Nuclear medicine study – Bone limited/regional static	21.50	1181.90 (1036.80)	C
62905	Nuclear medicine study – Bone limited static plus flow	27.53	1513.30 (1327.50)	C
62910	Nuclear medicine study – Bone tomography regional	13.41	737.10 (646.60)	C
Elbow				
	Code 63120 (arthrography) includes fluoroscopy and introduction of contrast (00140 may not be added). Code 63130 (introduction of contrast) may be combined with 63300 and 63305 (CT) or 63400 and 63405 (MR). The combination of 63120 (arthrography) and 63300 and 63305 or 63400 and 63405 (MR) is not supported except in exceptional circumstances with motivation.			
63100	X-ray of the left elbow	3.14	172.60 (151.40)	C
63105	X-ray of the right elbow	3.14	172.60 (151.40)	C

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63110	X-ray of the left elbow with stress	4.34	238.60 (209.30)	C
63115	X-ray of the right elbow with stress	4.34	238.60 (209.30)	C
63120	X-ray arthrography elbow joint including introduction of contrast	15.89	873.50 (766.20)	C
63130	X-ray guidance and introduction of contrast into elbow joint only	7.41	407.30 (357.30)	C
63200	Ultrasound of the left elbow joint	6.50	357.30 (313.40)	C
63205	Ultrasound of the right elbow joint	6.50	357.30 (313.40)	C
63300	CT of the left elbow	25.92	1424.80 (1249.80)	C
63305	CT of the right elbow	25.92	1424.80 (1249.80)	C
63310	CT of the left elbow – complete with 3D recon	40.06	2202.10 (1931.70)	C
63315	CT of the right elbow – complete with 3D recon	40.06	2202.10 (1931.70)	C
63320	CT of the left elbow contrasted	42.52	2337.30 (2050.30)	C
63325	CT of the right elbow contrasted	42.52	2337.30 (2050.30)	C
63330	CT of the left elbow pre and post contrast	51.74	2844.10 (2494.80)	C
63335	CT of the right elbow pre and post contrast	51.74	2844.10 (2494.80)	C
63400	MR of the left elbow	64.64	3553.30 (3116.90)	C
63405	MR of the right elbow	64.64	3553.30 (3116.90)	C
63410	MR of the left elbow pre and post contrast	101.04	5554.20 (4872.10)	C
63415	MR of the right elbow pre and post contrast	101.04	5554.20 (4872.10)	C
63905	Nuclear medicine study – Bone limited/regional static	21.50	1181.90 (1036.80)	C
63910	Nuclear medicine study – Bone limited static plus flow	27.53	1513.30 (1327.50)	C
63915	Nuclear medicine study – Bone tomography regional	13.41	737.10 (646.60)	C
Forearm				
64100	X-ray of the left forearm	2.94	161.60 (141.80)	C
64105	X-ray of the right forearm	2.94	161.60 (141.80)	C

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64110	X-ray peripheral bone densitometry	1.96	107.70 (94.50)	C
64300	CT of the left forearm	25.92	1424.80 (1249.80)	C
64305	CT of the right forearm	25.92	1424.80 (1249.80)	C
64310	CT of the left forearm contrasted	42.52	2337.30 (2050.30)	C
64315	CT of the right forearm contrasted	42.52	2337.30 (2050.30)	C
64320	CT of the left forearm pre and post contrast	51.68	2840.80 (2491.90)	C
64325	CT of the right forearm pre and post contrast	51.68	2840.80 (2491.90)	C
64400	MR of the left forearm	64.20	3529.10 (3095.70)	C
64405	MR of the right forearm	64.20	3529.10 (3095.70)	C
64410	MR of the left forearm pre and post contrast	98.04	5389.30 (4727.50)	C
64415	MR of the right forearm pre and post contrast	98.04	5389.30 (4727.50)	C
64900	Nuclear medicine study – Bone limited/regional static	21.50	1181.90 (1036.80)	C
64905	Nuclear medicine study – Bone limited static plus flow	27.53	1513.30 (1327.50)	C
64910	Nuclear medicine study – Bone tomography regional	13.41	737.10 (646.60)	C
Hand and Wrist				
	Code 65120 (finger) may not be combined with 65100 or 65105 (hands). Codes 65130 and 65135 (wrists) may be combined with 65140 or 65145 (scaphoid) respectively if requested and additional views done. Code 65160 (arthrography) includes fluoroscopy and the introduction of contrast (00140 may not be added). Code 65170 (contrast) may be combined with 65300 and 65305 (CT) or 65400 and 65405 (MR). The combination of 65160 (arthrography) and 65300 and 65305 or 65400 and 65405 is not supported except in exceptional circumstances with motivation.			
65100	X-ray of the left hand	3.08	169.30 (148.50)	C
65105	X-ray of the right hand	3.08	169.30 (148.50)	C
65110	X-ray of the left hand – bone age	3.08	169.30 (148.50)	C
65120	X-ray of a finger	2.67	146.80 (128.80)	C
65130	X-ray of the left wrist	3.18	174.80 (153.30)	C
65135	X-ray of the right wrist	3.18	174.80 (153.30)	C

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65140	X-ray of the left scaphoid	3.30	181.40 (159.10)	C
65145	X-ray of the right scaphoid	3.30	181.40 (159.10)	C
65150	X-ray of the left wrist, scaphoid and stress views	7.56	415.60 (364.60)	C
65155	X-ray of the right wrist, scaphoid and stress views	7.56	415.60 (364.60)	C
65160	X-ray arthrography wrist joint including introduction of contrast	15.93	875.70 (768.20)	C
65170	X-ray guidance and introduction of contrast into wrist joint only	7.41	407.30 (357.30)	C
65200	Ultrasound of the left wrist	6.50	357.30 (313.40)	C
65210	Ultrasound of the right wrist	6.50	357.30 (313.40)	C
65300	CT of the left wrist and hand	25.92	1424.80 (1249.80)	C
65305	CT of the right wrist and hand	25.92	1424.80 (1249.80)	C
65310	CT of the left wrist and hand - complete with 3D recon	40.06	2202.10 (1931.70)	C
65315	CT of the right wrist and hand - complete with 3D recon	40.06	2202.10 (1931.70)	C
65320	CT of the left wrist and hand contrasted	42.52	2337.30 (2050.30)	C
65325	CT of the right wrist and hand contrasted	42.52	2337.30 (2050.30)	C
65330	CT of the left wrist and hand pre and post contrast	51.74	2844.10 (2494.80)	C
65335	CT of the right wrist and hand pre and post contrast	51.74	2844.10 (2494.80)	C
65400	MR of the left wrist and hand	64.64	3553.30 (3116.90)	C
65405	MR of the right wrist and hand	64.64	3553.30 (3116.90)	C
65410	MR of the left wrist and hand pre and post contrast	101.04	5554.20 (4872.10)	C
65415	MR of the right wrist and hand pre and post contrast	101.04	5554.20 (4872.10)	C
65900	Nuclear Medicine study – bone limited/regional static	21.50	1181.90 (1036.80)	C
65905	Nuclear Medicine study – bone limited static plus flow	27.53	1513.30 (1327.50)	C
65910	Nuclear Medicine study – bone tomography regional	13.41	737.10 (646.60)	C
Soft Tissue				

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69900	Nuclear medicine study – Tumour localisation planar, static	20.74	1140.10 (1000.10)	C
69905	Nuclear medicine study – Tumour localisation planar, static, multiple studies	35.17	1933.30 (1695.90)	C
69910	Nuclear medicine study – Tumour localisation planar, static and SPECT	34.15	1877.20 (1646.70)	C
69915	Nuclear medicine study – Tumour localisation planar, static, multiple studies and SPECT	47.56	2614.40 (2293.30)	C
69920	Nuclear medicine study – Infection localisation planar, static	18.04	991.70 (869.90)	C
69925	Nuclear medicine study – Infection localisation planar, static, multiple studies	31.45	1728.80 (1516.50)	C
69930	Nuclear medicine study – Infection localisation planar, static and SPECT	31.45	1728.80 (1516.50)	C
69935	Nuclear medicine study – Infection localisation planar, static, multiple studies and SPECT	44.86	2466.00 (2163.20)	C
69940	Nuclear medicine study – Regional lymph node mapping dynamic	6.02	330.90 (290.30)	C
69945	Nuclear medicine study – Regional lymph node mapping, static, planar	24.10	1324.80 (1162.10)	C
69950	Nuclear medicine study – Regional lymph node mapping, static, planar, multiple	37.51	2061.90 (1808.70)	C
69955	Nuclear medicine study – Regional lymph node mapping SPECT	13.41	737.10 (646.60)	C
69960	Nuclear medicine study – Lymph node localisation with gamma probe	13.41	737.10 (646.60)	C
Lower Limbs				
General				
	Code 70100 (stress) is a stand alone study and may not be combined with other codes. Code 70110 (tomography) may be combined with any one of the defined regional x-ray studies of the lower limb. Motivation may be required for more than one regional tomographic study per visit. Code 70200 (U/S) may only be billed once per visit. Code 70300 ((CT) limited study – limited to a small region of interest eg part of condyle of the knee. Codes 70310 and 70320 (CT angiography) may not be combined. Code 70400 (MR limited) may only be used once per visit. Code 70410 and 70420 (MR angiography) may not be combined.			
70100	X-ray lower limbs - any region- stress studies only	4.52	248.50 (218.00)	C
70110	X-ray lower limbs - any region-tomography	4.30	236.40 (207.40)	C
70120	X-ray of the lower limbs full length study	6.46	355.10 (311.50)	C
70200	Ultrasound lower limb – soft tissue - any region	7.38	405.70 (355.90)	C
70210	Ultrasound of the peripheral arterial system of the left leg including B mode, pulse and colour Doppler	13.64	749.80 (657.70)	C
70220	Ultrasound of the peripheral arterial system of the right leg including B mode, pulse and colour Doppler	13.64	749.80 (657.70)	C
70230	Ultrasound peripheral venous system lower limbs including pulse and colour doppler for deep vein thrombosis	13.64	749.80 (657.70)	C

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70240	Ultrasound peripheral venous system lower limbs including pulse and colour doppler in erect and supine position including all compression and reflux manoeuvres, deep and superficial systems bilaterally	19.66	1080.70 (948.00)	C
70300	CT of the lower limbs limited study	9.50	522.20 (458.10)	C
70310	CT angiography of the lower limb	90.26	4961.60 (4352.30)	C
70320	CT angiography abdominal aorta and outflow lower limbs	111.75	6142.90 (5388.50)	C
70400	MR of the lower limbs limited study	46.40	2550.60 (2237.40)	C
70410	MR angiography of the lower limb	76.66	4214.00 (3696.50)	C
70420	MR angiography of the abdominal aorta and lower limbs	118.86	6533.70 (5731.30)	C
70500	Angiography of pelvic and lower limb arteries unilateral	47.64	2618.80 (2297.20)	C
70505	Angiography of pelvic and lower limb arteries bilateral	82.96	4560.30 (4000.30)	C
70510	Angiography of abdominal aorta, pelvic and lower limb vessels unilateral	68.28	3753.40 (3292.50)	C
70515	Angiography of abdominal aorta, pelvic and lower limb vessels bilateral	92.70	5095.70 (4469.90)	C
70520	Angiography translumbar aorta with full peripheral study	52.72	2898.00 (2542.10)	C
70530	Venography, antegrade of lower limb veins, unilateral	25.46	1399.50 (1227.60)	C
70535	Venography, antegrade of lower limb veins, bilateral	49.43	2717.20 (2383.50)	C
70540	Venography, retrograde of lower limb veins, unilateral	36.71	2017.90 (1770.10)	C
70545	Venography, retrograde of lower limb veins, bilateral	62.33	3426.30 (3005.50)	C
70560	Lymphangiography, lower limb, unilateral	51.04	2805.70 (2461.10)	C
70565	Lymphangiography, lower limb, bilateral	83.97	4615.80 (4048.90)	C
70900	Nuclear medicine study – Venogram lower limb	37.12	2040.50 (1789.90)	C
Femur				
71100	X-ray of the left femur	2.94	161.60 (141.80)	C
71105	X-ray of the right femur	2.94	161.60 (141.80)	C

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71300	CT of the left femur	26.08	1433.60 (1257.50)	C
71305	CT of the right femur	26.08	1433.60 (1257.50)	C
71310	CT of the left upper leg contrasted	44.50	2446.20 (2145.80)	C
71315	CT of the right upper leg contrasted	44.50	2446.20 (2145.80)	C
71320	CT of the left upper leg pre and post contrast	52.88	2906.80 (2549.80)	C
71325	CT of the right upper leg pre and post contrast	52.88	2906.80 (2549.80)	C
71400	MR of the left upper leg	64.80	3562.10 (3124.60)	C
71405	MR of the right upper leg	64.80	3562.10 (3124.60)	C
71410	MR of the left upper leg pre and post contrast	102.04	5609.10 (4920.30)	C
71415	MR of the right upper leg pre and post contrast	102.04	5609.10 (4920.30)	C
71900	Nuclear Medicine study – bone limited/regional static	21.50	1181.90 (1036.80)	C
71905	Nuclear Medicine study – Bone limited static plus flow	27.53	1513.30 (1327.50)	C
71910	Nuclear Medicine study – Bone tomography regional	13.41	737.10 (646.60)	C
Knee				
	<p>Codes 72140 and 72145 (patella) may not be added to 72100, 72105, 72110, 72115, 72130, 72135 (knee views)</p> <p>Code 72160 (arthrography) includes fluoroscopy and introduction of contrast (00140 may not be added).</p> <p>Code 72170 (introduction of contrast) may be combined with 72300 and 72305 (CT) or 72400 and 72405 (MR). The combination of 72160 (arthrography) and 72300 and 72305 (CT) or 72400 and 72405 (MR) is not supported except in exceptional circumstances with motivation.</p>			
72100	X-ray of the left knee one or two views	2.77	152.30 (133.60)	C
72105	X-ray of the right knee one or two views	2.77	152.30 (133.60)	C
72110	X-ray of the left knee, more than two views	3.32	182.50 (160.10)	C
72115	X-ray of the right knee, more than two views	3.32	182.50 (160.10)	C
72120	X-ray of the left knee including patella	4.62	254.00 (222.80)	C
72125	X-ray of the right knee including patella	4.62	254.00 (222.80)	C
72130	X-ray of the left knee with stress views	5.82	319.90 (280.60)	U
72135	X-ray of the right knee with stress views	5.82	319.90 (280.60)	C

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72140	X-ray of left patella	2.77	152.30 (133.60)	C
72145	X-ray of right patella	2.77	152.30 (133.60)	C
72150	X-ray both knees standing – single view	2.80	153.90 (135.00)	C
72160	X-ray arthrography knee joint including introduction of contrast	15.81	869.10 (762.40)	C
72170	X-ray guidance and introduction of contrast into knee joint only	7.41	407.30 (357.30)	C
72200	Ultrasound of the left knee joint	6.50	357.30 (313.40)	C
72205	Ultrasound of the right knee joint	6.50	357.30 (313.40)	C
72300	CT of the left knee	26.08	1433.60 (1257.50)	C
72305	CT of the right knee	26.08	1433.60 (1257.50)	C
72310	CT of the left knee complete study with 3D reconstructions	38.22	2101.00 (1843.00)	C
72315	CT of the right knee complete study with 3D reconstructions	38.22	2101.00 (1843.00)	C
72320	CT of the left knee contrasted	44.50	2446.20 (2145.80)	C
72325	CT of the right knee contrasted	44.50	2446.20 (2145.80)	C
72330	CT of the left knee pre and post contrast	52.94	2910.10 (2552.70)	C
72335	CT of the right knee pre and post contrast	52.94	2910.10 (2552.70)	C
72400	MR of the left knee	64.10	3523.60 (3090.90)	C
72405	MR of the right knee	64.10	3523.60 (3090.90)	C
72410	MR of the left knee pre and post contrast	100.84	5543.20 (4862.50)	C
72415	MR of the right knee pre and post contrast	100.84	5543.20 (4862.50)	C
72900	Nuclear Medicine study – Bone limited/regional static	21.50	1181.90 (1036.80)	C
72905	Nuclear Medicine study – Bone limited static plus flow	27.53	1513.30 (1327.50)	C
72910	Nuclear Medicine study – Bone tomography regional	13.41	737.10 (646.60)	C
Lower Leg				
73100	X-ray of the left lower leg	2.94	161.60 (141.80)	C

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73105	X-ray of the right lower leg	2.94	161.60 (141.80)	C
73300	CT of the left lower leg	26.08	1433.60 (1257.50)	C
73305	CT of the right lower leg	26.08	1433.60 (1257.50)	C
73310	CT of the left lower leg contrasted	44.50	2446.20 (2145.80)	C
73315	CT of the right lower leg contrasted	44.50	2446.20 (2145.80)	C
73320	CT of the left lower leg pre and post contrast	52.88	2906.80 (2549.80)	C
73325	CT of the right lower leg pre and post contrast	52.88	2906.80 (2549.80)	C
73400	MR of the left lower leg	64.20	3529.10 (3095.70)	C
73405	MR of the right lower leg	64.20	3529.10 (3095.70)	C
73410	MR of the left lower leg pre and post contrast	102.04	5609.10 (4920.30)	C
73415	MR of the right lower leg pre and post contrast	102.04	5609.10 (4920.30)	C
73900	Nuclear Medicine study – bone limited/regional static	21.50	1181.90 (1036.80)	C
73905	Nuclear Medicine study – bone limited static plus flow	27.53	1513.30 (1327.50)	C
73910	Nuclear Medicine study – bone tomography regional	13.41	737.10 (646.60)	C
Ankle and Foot				
	Code 74145 (toe) may not be combined with 74120 or 74125 (foot). Code 71450 (sesamoid bones) may be combined with 74120 or 74125 (foot) if requested. Codes 74120 and 74125 (foot) may only be combined with 74130 and 74135 (calcaneus) if specifically requested. Code 74160 (arthrography) includes fluoroscopy and introduction of contrast (00140 may not be added). Code 74170 (introduction of contrast) may be combined with 74300 and 74305 (CT) or 74400 and 74405 (MR). The combination of 74160 (arthrography) and 74300 and 74305 (CT) or 74400 and 74405 (MR) are not supported except in exceptional circumstances with motivation.			
74100	X-ray of the left ankle	3.32	182.50 (160.10)	C
74105	X-ray of the right ankle	3.32	182.50 (160.10)	C
74110	X-ray of the left ankle with stress views	4.52	248.50 (218.00)	C
74115	X-ray of the right ankle with stress views	4.52	248.50 (218.00)	C
74120	X-ray of the left foot	2.80	153.90 (135.00)	C
74125	X-ray of the right foot	2.80	153.90 (135.00)	C

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74130	X-ray of the left calcaneus	2.74	150.60 (132.10)	C
74135	X-ray of the right calcaneus	2.74	150.60 (132.10)	C
74140	X-ray of both feet – standing – single view	2.80	153.90 (135.00)	C
74145	X-ray of a toe	2.67	146.80 (128.80)	C
74150	X-ray of the sesamoid bones one or both sides	2.80	153.90 (135.00)	C
74160	X-ray arthrography ankle joint including introduction of contrast	15.91	874.60 (767.20)	C
74170	X-ray guidance and introduction of contrast into ankle joint	7.41	407.30 (357.30)	C
74210	Ultrasound of the left ankle	6.50	357.30 (313.40)	C
74215	Ultrasound of the right ankle	6.50	357.30 (313.40)	C
74220	Ultrasound of the left foot	6.50	357.30 (313.40)	C
74225	Ultrasound of the right foot	6.50	357.30 (313.40)	C
74290	Ultrasound bone densitometry	2.04	112.10 (98.30)	C
74300	CT of the left ankle/foot	26.08	1433.60 (1257.50)	C
74305	CT of the right ankle/foot	26.08	1433.60 (1257.50)	C
74310	CT of the left ankle/foot – complete with 3D recon	40.22	2210.90 (1939.40)	C
74315	CT of the right ankle/foot – complete with 3D recon	40.22	2210.90 (1939.40)	C
74320	CT of the left ankle/foot contrasted	44.50	2446.20 (2145.80)	C
74325	CT of the right ankle/foot contrasted	44.50	2446.20 (2145.80)	C
74330	CT of the left ankle/foot pre and post contrast	52.88	2906.80 (2549.80)	C
74335	CT of the right ankle/foot pre and post contrast	52.88	2906.80 (2549.80)	C
74400	MR of the left ankle	64.10	3523.60 (3090.90)	C
74405	MR of the right ankle	64.10	3523.60 (3090.90)	C
74410	MR of the left ankle pre and post contrast	100.64	5532.20 (4852.80)	C
74415	MR of the right ankle pre and post contrast	100.64	5532.20 (4852.80)	C

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74420	MR of the left foot	64.20	3529.10 (3095.70)	C
74425	MR of the right foot	64.20	3529.10 (3095.70)	C
74430	MR of the left foot pre and post contrast	102.04	5609.10 (4920.30)	C
74435	MR of the right foot pre and post contrast	102.04	5609.10 (4920.30)	C
74900	Nuclear Medicine study – Bone limited/regional static	21.50	1181.90 (1036.80)	U
74905	Nuclear Medicine study – Bone limited static plus flow	27.53	1513.30 (1327.50)	U
74910	Nuclear Medicine study – Bone tomography regional	13.41	737.10 (646.60)	C
Soft Tissue				
79900	Nuclear Medicine study – Tumour localisation planar, static	20.74	1140.10 (1000.10)	C
79905	Nuclear Medicine study – Tumour localisation planar, static, multiple studies	35.17	1933.30 (1695.90)	C
79910	Nuclear Medicine study – Tumour localisation planar, static and SPECT	34.15	1877.20 (1646.70)	C
79915	Nuclear Medicine study – Tumour localisation planar, static, multiple studies & SPECT	47.56	2614.40 (2293.30)	C
79920	Nuclear Medicine study – Infection localisation planar, static	18.43	1013.10 (888.70)	C
79925	Nuclear Medicine study – Infection localisation planar, static, multiple studies	31.84	1750.20 (1535.30)	C
79930	Nuclear Medicine study – Infection localisation planar, static and SPECT	31.84	1750.20 (1535.30)	C
79935	Nuclear Medicine study – Infection localisation planar, static, multiple studies and SPECT	45.25	2487.40 (2181.90)	C
79940	Nuclear Medicine study – Regional lymph node mapping dynamic	6.02	330.90 (290.30)	C
79945	Nuclear Medicine study – Regional lymph node mapping, static, planar	24.10	1324.80 (1162.10)	C
79950	Nuclear Medicine study – Regional lymph node mapping, static, planar, multiple studies	37.51	2061.90 (1808.70)	C
79955	Nuclear Medicine study – Regional lymph node mapping and SPECT	13.41	737.10 (646.60)	C
79960	Nuclear Medicine study – Lymph node localisation with gamma probe	13.41	737.10 (646.60)	C
Intervention				
General				

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	<p>Codes 80600, 80605, 80610, 80620, 80630, 81660, 81680, 82600, 84660, 85640, 85645, 86610, 86615, 86620, 86630, (aspiration / biopsy / ablations etc) may be combined with the relevant guidance codes (fluoroscopy, ultrasound, CT, MR) as previously described. The machine codes 00510, 00520, 00530, 00540, 00550, 00560 may not be combined with these codes.</p> <p>If ultrasound guidance (00230) is used for a procedure which also attracts one of the machine codes (00510, 00520, 00530, 00540, 00550, 00560), it may not be billed for separately.</p> <p>Code 80640 (CVP line) includes fluoroscopy.</p> <p>All interventional procedures are complete unique procedures describing a whole comprehensive procedure and combinations of different codes will only be supported when motivated.</p>			
80600	Percutaneous abscess, cyst drainage, any region	20.59	1131.80 (992.80)	C
80605	Fine needle aspiration biopsy, any region	6.15	338.10 (296.60)	C
80610	Cutting needle, trochar biopsy, any region	8.94	491.40 (431.10)	C
80620	Tumour/cyst ablation chemical	25.37	1394.60 (1223.30)	C
80630	Tumour ablation radio frequency	21.21	1165.90 (1022.70)	C
80640	Insertion of CVP line in radiology suite	8.99	494.20 (433.50)	C
Neuro intervention				
81600	Intracranial aneurysm occlusion, direct	317.96	17478.30 (15331.80)	C
81605	Intracranial arteriovenous shunt occlusion	307.75	16917.00 (14839.50)	C
81610	Dural sinus arteriovenous shunt occlusion	310.53	17069.80 (14973.50)	C
81615	Extracranial arteriovenous shunt occlusion	182.42	10027.60 (8796.10)	C
81620	Extracranial arterial embolisation (head and neck)	188.26	10348.70 (9077.80)	C
81625	Carotocavernous fistula occlusion	230.13	12650.20 (11096.70)	C
81630	Intracranial angioplasty for stenosis, vasospasm	158.02	8686.40 (7619.60)	C
81635	Temporary balloon occlusion test	145.06	7973.90 (6994.60)	C
81640	Permanent carotid or vertebral artery occlusion (including occlusion test)	216.02	11874.60 (10416.30)	C
81645	Intracranial aneurysm occlusion with balloon remodelling	342.96	18852.50 (16537.30)	C

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81650	Intracranial aneurysm occlusion with stent assistance	397.17	21832.40 (19151.20)	C
81655	Intracranial thrombolysis, catheter directed	212.74	11694.30 (10258.20)	C
81660	Nerve block, head and neck	9.60	527.70 (462.90)	C
81665	Neurolysis, head and neck	22.08	1213.70 (1064.60)	C
81670	Nerve block, head and neck, radio frequency	19.04	1046.60 (918.10)	C
81680	Nerve block, coeliac plexus or other regions	11.22	616.80 (541.10)	C
Thorax				
82600	Chest drain insertion	20.04	1101.60 (966.30)	C
82605	Trachial, bronchial stent insertion	64.31	3535.10 (3101.00)	C
Gastrointestinal				
83600	Oesophageal stent insertion	65.17	3582.40 (3142.50)	C
83605	GIT balloon dilation	43.27	2378.60 (2086.50)	C
83610	GIT stent insertion (non-oesophageal)	65.97	3626.40 (3181.10)	C
83615	Percutaneous gastrostomy, jejunostomy	25.36	1394.00 (1222.80)	C
Hepatobiliary				
84600	Percutaneous biliary drainage, external	45.20	2484.60 (2179.50)	C
84605	Percutaneous external/internal biliary drainage	49.60	2726.50 (2391.70)	C
84610	Permanent biliary stent insertion	87.34	4801.10 (4211.50)	C
84615	Drainage tube replacement	39.02	2144.90 (1881.50)	C
84620	Percutaneous bile duct stone or foreign object removal	61.06	3356.50 (2944.30)	C
84625	Percutaneous gall bladder drainage	40.80	2242.80 (1967.40)	C
84630	Percutaneous gallstone removal, including drainage	91.55	5032.50 (4414.50)	C
84635	Transjugular liver biopsy	46.15	2536.90 (2225.40)	C

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84640	Transjugular intrahepatic Portosystemic shunt	150.53	8274.60 (7258.40)	C
84645	Transhepatic Portogram including venous sampling, pressure studies	93.09	5117.20 (4488.80)	C
84650	Transhepatic Portogram with embolisation of varices	125.52	6899.80 (6052.50)	C
84655	Percutaneous hepatic tumour ablation	15.68	861.90 (756.10)	C
84660	Percutaneous hepatic abscess, cyst drainage	20.00	1099.40 (964.40)	C
84665	Hepatic chemoembolisation	80.17	4406.90 (3865.70)	C
84670	Hepatic arterial infusion catheter placement	60.30	3314.70 (2907.60)	C
Urogenital				
85600	Percutaneous nephrostomy, external drainage	45.72	2513.20 (2204.60)	C
85605	Percutaneous double J stent insertion including access	58.06	3191.60 (2799.60)	C
85610	Percutaneous renal stone, foreign body removal including access	93.62	5146.30 (4514.30)	C
85615	Percutaneous nephrostomy tract establishment	29.27	1609.00 (1411.40)	C
85620	Change of nephrostomy tube	31.66	1740.40 (1526.70)	C
85625	Percutaneous cystostomy	27.74	1524.90 (1337.60)	C
85630	Urethral balloon dilatation	31.69	1742.00 (1528.10)	C
85635	Urethral stent insertion	62.28	3423.50 (3003.10)	C
85640	Renal cyst ablation	13.85	761.30 (667.80)	C
85645	Renal abscess, cyst drainage	26.38	1450.10 (1272.00)	C
85650	Spermatic vein embolisation including venogram	74.28	4083.20 (3581.80)	C
85655	Fallopian tube recanalisation	52.65	2894.20 (2538.80)	C
Spinal				
86600	Spinal vascular malformation embolisation	294.35	16180.4 0 (14193.3 0)	C
86605	Vertebroplasty per level	27.22	1496.30 (1312.50)	C

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86610	Facet joint block per level	11.48	631.10 (553.60)	C
	Code 86610 may only be billed once per level, and not per left and right side per level			
86615	Spinal nerve block per level	10.10	555.20 (487.00)	C
86620	Epidural block	11.36	624.50 (547.80)	C
86625	Chemonucleolysis, including discogram	20.26	1113.70 (976.90)	C
86630	Spinal nerve ablation per level	13.54	744.30 (652.90)	C
Vascular				
	Code 87654 (Thrombolysis follow up) may only be used on the days following the initial procedure, 87650 (thrombolysis). If a balloon angioplasty and / or stent placement is performed at more that one defined anatomical site at the same sitting the relevant codes may be combined. However multiple balloon dilatations or stent placements at one defined site will only attract one procedure code.			
87600	Percutaneous transluminal angioplasty: aorta, IVC	75.47	4148.60 (3639.10)	C
87601	Percutaneous transluminal angioplasty: iliac	74.67	4104.60 (3600.50)	C
87602	Percutaneous transluminal angioplasty: femoropopliteal	79.07	4346.50 (3812.70)	C
87603	Percutaneous transluminal angioplasty: subpopliteal	92.25	5071.00 (4448.20)	C
87604	Percutaneous transluminal angioplasty: brachiocephalic	86.03	4729.10 (4148.30)	C
87605	Percutaneous transluminal angioplasty: subclavian, axillary	79.07	4346.50 (3812.70)	C
87606	Percutaneous transluminal angioplasty: extracranial carotid	90.53	4976.40 (4365.30)	C
87607	Percutaneous transluminal angioplasty: extracranial vertebral	92.21	5068.80 (4446.30)	C
87608	Percutaneous transluminal angioplasty: renal	105.14	5779.50 (5069.70)	C
87609	Percutaneous transluminal angioplasty: coeliac, mesenteric	105.14	5779.50 (5069.70)	C
87620	Aorta stent-graft placement	301.15	16554.20 (14521.20)	C
87621	Stent insertion (including PTA): aorta, IVC	107.82	5926.90 (5199.00)	C
87622	Stent insertion (including PTA): iliac	110.32	6064.30 (5319.60)	C
87623	Stent insertion (including PTA): femoropopliteal	111.92	6152.20 (5396.70)	C

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87624	Stent insertion (including PTA): subpopliteal	118.50	6513.90 (5713.90)	C
87625	Stent insertion (including PTA): brachiocephalic	145.12	7977.20 (6997.50)	C
87626	Stent insertion (including PTA): subclavian, axillary	133.34	7329.70 (6429.60)	C
87627	Stent insertion (including PTA): extracranial carotid	165.08	9074.40 (7960.00)	C
87628	Stent insertion (including PTA): extracranial vertebral	147.20	8091.60 (7097.90)	C
87629	Stent insertion (including PTA): renal	129.65	7126.90 (6251.70)	C
87630	Stent insertion (including PTA): coeliac, mesenteric	129.65	7126.90 (6251.70)	C
87631	Stent-graft placement: iliac	110.32	6064.30 (5319.60)	C
87632	Stent-graft placement: femoropopliteal	111.92	6152.20 (5396.70)	C
87633	Stent-graft placement: brachiocephalic	145.12	7977.20 (6997.50)	C
87634	Stent-graft placement: subclavian, axillary	129.42	7114.20 (6240.50)	C
87635	Stent-graft placement: extracranial carotid	178.52	9813.20 (8608.10)	C
87636	Stent-graft placement: extracranial vertebral	161.38	8871.10 (7781.70)	C
87637	Stent-graft placement: renal	129.65	7126.90 (6251.70)	C
87638	Stent-graft placement: coeliac, mesenteric	129.65	7126.90 (6251.70)	C
87650	Thrombolysis in angiography suite, per 24 hours	90.11	4953.30 (4345.00)	C
87651	Aspiration, rheolytic thrombectomy	111.62	6135.80 (5382.30)	C
87652	Atherectomy, per vessel	125.84	6917.40 (6067.90)	C
87653	Percutaneous tunnelled/subcutaneous arterial or venous central line insertion	39.23	2156.50 (1891.70)	C
87654	Thrombolysis follow-up	24.69	1357.20 (1190.50)	C
87655	Percutaneous sclerotherapy, vascular malformation	26.81	1473.70 (1292.70)	C

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87660	Embolisation, mesenteric	125.14	6878.90 (6034.10)	C
87661	Embolisation, renal	123.49	6788.20 (5954.60)	C
87662	Embolisation, bronchial, intercostal	137.39	7552.30 (6624.80)	C
87663	Embolisation, pulmonary arteriovenous shunt	132.27	7270.90 (6378.00)	C
87664	Embolisation, abdominal, other vessels	125.57	6902.60 (6054.90)	C
87665	Embolisation, thoracic, other vessels	121.73	6691.50 (5869.70)	C
87666	Embolisation, upper limb	116.06	6379.80 (5596.30)	C
87667	Embolisation, lower limb	117.28	6446.90 (5655.20)	C
87668	Embolisation, pelvis, non-uterine	142.93	7856.90 (6892.00)	C
87669	Embolisation, uterus	130.69	7184.00 (6301.80)	C
87670	Embolisation, spermatic, ovaria veins	101.84	5598.10 (4910.60)	C
87680	Inferior vena cava filter placement	96.08	5281.50 (4632.90)	C
87681	Intravascular foreign body removal	96.11	5283.20 (4634.40)	C
87690	Superior petrosal venous sampling	79.38	4363.50 (3827.60)	C
87691	Pancreatic stimulation test	100.99	5551.40 (4869.60)	C
87692	Transportal venous sampling	88.15	4845.60 (4250.50)	C
87693	Adrenal venous sampling	61.38	3374.10 (2959.70)	C
87694	Parathyroid venous sampling	92.77	5099.60 (4473.30)	C
87695	Renal venous sampling	61.38	3374.10 (2959.70)	C
ANNEXURE A				

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	<p>Radiology tariff Contrast price effective 1 Jan 2004 PER VIAL For use in conjunction with codes:</p> <p>00190 X-ray examination contrast material 00290 Ultrasound examination contrast material 00390 CT examination contrast material 00490 MR examination contrast material 00590 Angiography and interventional examination contrast material</p> <p>Note to Funders: The following contrast items may be grouped into various categories e.g. Ionic, non-Ionic, and several items may be appropriate for use within a category. Funders may either reimburse as per identified item or may choose to apply a reference price within a category. For detail of methodology refer to Annexure B.</p>			
ANNEXURE B				
	Radiology tariff Contrast price effective 1 Jan 2004 PER VIAL			
	Contrast Index Price Range - 2004 contrast prices			
ANNEXURE C				
	<p>Recommended Isotope and Kit Prices for Nuclear Medicine for 2004 by the Association of Nuclear Medicine Physicians For use in conjunction with codes:</p> <p>00990 Nuclear Medicine Isotope 00991 Nuclear Medicine Substrate</p> <p><<Insert object table here>></p>			