

## Radiology 2005

### NATIONAL REFERENCE PRICE LIST FOR RADIOLOGISTS, EFFECTIVE FROM 1 JANUARY 2005

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. C

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"). C

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

### Code Structure Framework

- a. The tariff code consists of 5 digits C
- 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. C
- 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 C
  - 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. C
- 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 C

### General Codes

#### Modifiers

00091	Radiology and nuclear medicine services rendered to hospital inpatients	C
00092	Radiology and nuclear medicine services rendered to outpatients	C
00093	A reduction of one third (33.33%) will apply to radiological examinations where hospital equipment it used	C

#### Equipment / Diagnostic

Code	Description	St	Add	13800	
				RVU	Value
00090	Consumables used in radiology procedures: cost price PLUS 26% (up to a maximum of R26,00). (Where applicable, VAT should be added to the above).	U		-	-
	Appropriate code to be provided. See separate codes for contrast and isotopes	C			
00110	X-ray skeletal survey under five years	C		6.260	362.00 (317.50)
00115	X-ray skeletal survey over five years	C		10.400	601.40 (527.50)
00120	X-ray sinogram any region	C		10.890	629.70 (552.40)
00130	X-ray with mobile unit in other facility	C		1.900	109.90 (96.40)
	To be added to applicable procedure codes eg 30100.	C			
00135	X-ray control view in theatre any region	C		5.260	304.20 (266.80)
00140	X-ray fluoroscopy any region	C		2.260	130.70 (114.60)
	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"> <li>• any angiography, venography, lymphangiography or interventional codes.</li> <li>• any contrasted fluoroscopy examination.</li> </ul>	C			
00145	X-ray fluoroscopy guidance for biopsy, any region	C		5.300	306.50 (268.90)
	Add to the procedure eg. 80600, 80605, 80610.	C			
00150	X-ray C-Arm (equipment fee only, not procedure) per half hour	C		2.420	139.90 (122.70)

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	Only to be used if equipment is owned by the radiologist.	C			
00155	X-ray C-arm fluoroscopy in theatre per half hour (procedure only)	C		2.300	133.00 (116.70)
00160	X-ray fixed theatre installation (equipment fee only)	C		2.260	130.70 (114.60)
	Only to be used if equipment is owned by the radiologist.	C			
00190	X-ray examination contrast material	C		-	-
	Identification code for the use of contrast with a procedure. Appropriate codes to be supplied.	C			
00210	Ultrasound with mobile unit in other facility	C		1.840	106.40 (93.30)
	Add to the relevant ultrasound examination codes eg 10200.	C			
00220	Ultrasound intra-operative study	C		7.320	423.30 (371.30)
	Covers all regions studied. Single code per operative procedure.	C			
00230	Ultrasound guidance	C		12.100	699.70 (613.80)
	Comprehensive ultrasound code including regional study and guidance. Guided procedure code to be added eg. 80600, 80605, 80610.	C			
00240	Ultrasound guidance for tissue ablation	C		11.240	650.00 (570.20)
	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.	C			
00250	Ultrasound limited Doppler study any region	A		6.500	375.90 (329.70)
	Stand alone code may not be added to any other code.	A			
00290	Ultrasound examination contrast material	C		-	-
	Identification code for the use of contrast with a procedure. Appropriate codes to be supplied.	C			
00310	CT planning study for radiotherapy	C		21.370	1235.80 (1084.00)
	To be used once per planning session for any region	C			
00320	CT guidance (separate procedure)	C		16.920	978.40 (858.20)
	Comprehensive CT code including regional study and guidance. Guided procedure code to be added eg 80600, 80605, and 80610.	C			
00330	CT guidance, with diagnostic procedure	C		8.460	489.20 (429.10)
	To be added to the diagnostic procedure code. Guided procedure code to be added eg 80600, 80605, 80610.	C			
00340	CT guidance and monitoring for tissue ablation	C		21.150	1223.10 (1072.90)
	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.	C			
00390	CT examination contrast material	C		-	-
	Identification code for the use of contrast with a procedure. Appropriate codes to be supplied.	C			
00410	MR study of the whole body for metastases screening	C		70.400	4071.10 (3571.10)
00420	MR Spectroscopy any region	C		28.900	1671.20 (1466.00)
	May be added to the regional study, once only.	C			
00430	MR guidance for needle replacement	C		42.560	2461.20 (2158.90)
	Comprehensive MRI code including region studied and guidance. Guided procedure code to be added eg 80600, 80605, 80610.	C			

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00440	MR low field strength imaging of peripheral joint any region	C		12.000	693.90 (608.70)
00450	MR planning study for radiotherapy or surgical procedure	C		38.000	2197.50 (1927.60)
00455	MR planning study for radiotherapy or surgical procedure, with contrast	C		47.000	2717.90 (2384.10)
00490	MR examination contrast material	C		-	-
	Identification code for the use of contrast with a procedure. Appropriate codes to be supplied.	C			
00510	Analogue monoplaner screening table	C		41.010	2371.50 (2080.30)
	A machine code may be added once per complete procedure / patient visit.	C			
00520	Analogue monoplaner table with DSA attachment	C		47.500	2746.80 (2409.50)
	A machine code may be added once per complete procedure / patient visit.	C			
00530	Dedicated angiography suite: Analogue monoplaner unit. Once off charge per patient by owner of equipment.	C		47.500	2746.80 (2409.50)
	A machine code may be added once per complete procedure / patient visit.	C			
00540	Digital monoplaner screening table	C		79.920	4621.60 (4054.00)
	A machine code may be added once per complete procedure / patient visit.	C			
00550	Dedicated angiography suite: Digital monoplaner unit. Once off charge per patient by owner of equipment.	C		93.030	5379.70 (4719.00)
	A machine code may be added once per complete procedure / patient visit.	C			
00560	Dedicated angiography suite: Digital bi-plane unit. Once off charge per patient by owner of equipment.	C		125.000	7228.50 (6340.80)
	A machine code may be added once per complete procedure / patient visit.	C			
00590	Angiography and interventional examination contrast material	C		-	-
	Identification code for the use of contrast with a procedure. Appropriate codes to be supplied.	C			
00900	Nuclear Medicine study - Bone, whole body, appendicular and axial skeleton	C		34.920	2019.40 (1771.40)
00903	Nuclear Medicine study - Bone, whole body, appendicular and axial skeleton and SPECT	C		48.330	2794.80 (2451.60)
00906	Nuclear Medicine study - Venous thrombosis regional	C		21.540	1245.60 (1092.60)
00909	Nuclear Medicine study - Tumour whole body	C		34.150	1974.80 (1732.30)
00912	Nuclear Medicine study - Tumour whole body multiple studies	C		47.560	2750.30 (2412.50)
00915	Nuclear Medicine study - Tumour whole body and SPECT	C		47.560	2750.30 (2412.50)
00918	Nuclear Medicine study - Tumour whole body multiple studies & SPECT	C		60.980	3526.40 (3093.30)
00921	Nuclear Medicine study – Infection whole body	C		31.450	1818.70 (1595.40)
00924	Nuclear Medicine study – infection whole body with SPECT	C		44.860	2594.20 (2275.60)
00927	Nuclear Medicine study – infection whole body multiple studies	C		44.860	2594.20 (2275.60)
00930	Nuclear Medicine study – infection whole body with SPECT multiple studies	C		58.270	3369.60 (2955.80)
00933	Nuclear Medicine study - Bone marrow imaging limited area	C		24.100	1393.70 (1222.50)
00936	Nuclear Medicine study - Bone marrow imaging whole body	C		37.510	2169.10 (1902.70)
00939	Nuclear Medicine study - Bone marrow imaging limited area multiple studies	C		37.510	2169.10 (1902.70)

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00942	Nuclear Medicine study - Bone marrow imaging whole body multiple studies	C		50.920	2944.60 (2583.00)
00945	Nuclear Medicine study - Spleen imaging only - haematopoietic	C		24.100	1393.70 (1222.50)
00960	Nuclear Medicine therapy – Hyperthyroidism	C		11.990	693.40 (608.20)
00965	Nuclear Medicine therapy - Thyroid carcinoma and metastases	C		6.470	374.10 (328.20)
00970	Nuclear Medicine therapy – Intra-cavity radio-active colloid therapy	C		6.470	374.10 (328.20)
00975	Nuclear Medicine therapy - Interstitial radio-active colloid therapy	C		6.470	374.10 (328.20)
00980	Nuclear Medicine therapy - Intravascular radio pharmaceutical therapy particulate	C		6.470	374.10 (328.20)
00985	Nuclear Medicine therapy - Intra-articular radio pharmaceutical therapy	C		6.470	374.10 (328.20)
00990	Nuclear Medicine Isotope	C		-	-
	Identification code for the use of isotope with a procedure. Appropriate codes to be supplied.	C			
00991	Nuclear Medicine Substrate	C		-	-
Call and assistance					
	<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>Radiologist assistance in theatre code 01030 only to be used if the radiologist is actively involved in assisting another radiologist or clinician with a procedure.</li> <li>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.</li> <li>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.</li> </ul>	U			
01010	Emergency call out fee, first case	C		3.000	173.50 (152.20)
01020	Emergency call out fee, subsequent cases same trip	C		2.000	115.70 (101.50)
01030	Radiologist assistance in theatre, per half hour	C		6.000	347.00 (304.40)
01040	Radiographer attendance in theatre, per half hour	C		1.600	92.50 (81.10)
01050	Written report on study done elsewhere, short	C		1.500	86.70 (76.10)
01055	Written report on study done elsewhere, extensive	C		4.200	242.90 (213.10)
01060	Written report for medico legal purposes, per hour	C		9.720	562.10 (493.10)
01070	Consultation for pre-assessment of interventional procedure	C		4.860	281.00 (246.50)
01100	X-ray procedure after hours, per procedure	C		2.000	-
01200	Ultrasound procedure after hours, per procedure	C		4.000	-
01300	CT procedure after hours, per procedure	C		10.000	-
01400	MR procedure after hours, per procedure	C		14.000	-
01500	Angiography procedure after hours, per procedure	C		20.000	-
01600	Interventional procedure after hours, per procedure	C		26.000	-

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01970	Consultation for nuclear medicine study	C		2.200	127.20 (111.60)
Monitoring					
	• ECG / Pulse oximetry monitoring (02010). Use for monitoring patients requiring conscious sedation during imaging procedure. Not to be used as a routine.	C			
02010	ECG/pulse Oximeter monitoring	C		2.000	115.70 (101.50)
Head					
Skull and Brain					
	Codes 10100 (skull) and 10110 (tomography) may be combined.	C			
10100	X-ray of the skull	C		3.860	223.20 (195.80)
10110	X-ray tomography of the skull	C		4.300	248.70 (218.20)
10120	X-ray shuntogram for VP shunt	C		15.360	888.20 (779.10)
10200	Ultrasound of the brain – Neonatal	C		7.380	426.80 (374.40)
10210	Ultrasound of the brain including doppler	C		13.220	764.50 (670.60)
10220	Ultrasound of the intracranial vasculature, including B mode, pulse and colour doppler	C		15.040	869.70 (762.90)
10300	CT Brain uncontrasted	C		22.650	1309.80 (1148.90)
10310	CT Brain with contrast only	C		33.280	1924.50 (1688.20)
10320	CT Brain pre and post contrast	C		40.480	2340.90 (2053.40)
10325	CT brain pre and post contrast for perfusion studies	A		49.100	2839.40 (2490.70)
	Stand alone code may not be added to any other CT studies of the brain, except for code 10330	A			
10330	CT angiography of the brain	C		77.580	4486.30 (3935.40)
10335	CT of the brain pre and post contrast with angiography	C		97.910	5661.90 (4966.60)
10340	CT brain for cranio-stenosis including 3D	C		34.160	1975.40 (1732.80)
10350	CT Brain stereotactic localisation	C		19.360	1119.60 (982.10)
10360	CT base of skull coronal high resolution study for CSF leak	A		34.900	2018.20 (1770.40)
10400	MR of the brain, limited study	C		43.560	2519.00 (2209.60)
10410	MR of the brain uncontrasted	C		63.800	3689.40 (3236.30)
10420	MR of the brain with contrast	C		75.940	4391.50 (3852.20)
10430	MR of the brain pre and post contrast	C		104.040	6016.40 (5277.50)
10440	MR of the brain pre and post contrast, for perfusion studies	C		107.440	6213.00 (5450.00)
10450	MR of the brain plus angiography	C		92.200	5331.70 (4676.90)
10460	MR of the brain pre and post contrast plus angiography	C		121.230	7010.50 (6149.60)
10470	MR angiography of the brain uncontrasted	C		58.500	3382.90 (2967.50)

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10480	MR angiography of the brain contrasted	C		74.020	4280.40 (3754.70)
10485	MR of the brain, with diffusion studies	C		79.000	4568.40 (4007.40)
10490	MR of the brain, pre and post contrast, with diffusion studies,	C		110.640	6398.10 (5612.40)
10492	MR study of the brain plus angiography plus diffusion, uncontrasted	C		95.000	5493.70 (4819.00)
10495	MR of the brain pre and post contrast plus angiography and diffusion	C		125.440	7253.90 (6363.10)
10500	Arteriography of intracranial vessels: 1 - 2 vessels	C		48.600	2810.40 (2465.30)
10510	Arteriography of intracranial vessels: 3 - 4 vessels	C		82.330	4761.00 (4176.30)
10520	Arteriography of extra-cranial (non-cervical) vessels	C		48.440	2801.20 (2457.20)
10530	Arteriography of intracranial and extra-cranial (non-cervical) vessels	C		118.090	6828.90 (5990.30)
10540	Arteriography of intracranial vessels (4) plus 3 D rotational angiography	C		97.570	5642.30 (4949.40)
10550	Arteriography of intracranial vessels (1) plus 3D rotational angiography	C		37.290	2156.40 (1891.60)
10560	Venography of dural sinuses	C		52.230	3020.40 (2649.50)
10900	Nuclear Medicine study – Bone regional, static	C		21.500	1243.30 (1090.60)
10905	Nuclear Medicine study – Bone regional, static, with flow	C		27.530	1592.00 (1396.50)
10910	Nuclear Medicine study – Bone regional, static with SPECT	C		34.920	2019.40 (1771.40)
10915	Nuclear Medicine study – Bone regional, static, with flow, with SPECT	C		40.940	2367.50 (2076.80)
10920	Nuclear Medicine study – Brain, planar, complete, static	C		16.920	978.40 (858.20)
10925	Nuclear Medicine study – Brain complete static with vascular flow	C		22.950	1327.20 (1164.20)
10930	Nuclear Medicine study – Brain, planar, complete, static, with SPECT	C		30.330	1753.90 (1538.50)
10935	Nuclear Medicine study – Brain, planar, complete, static, with flow, with SPECT	C		36.360	2102.60 (1844.40)
10940	Nuclear Medicine study - CSF flow imaging cisternography	C		21.600	1249.10 (1095.70)
10945	Nuclear Medicine study – Ventriculography	C		13.410	775.50 (680.30)
10950	Nuclear Medicine study - Shunt evaluation static, planar	C		13.410	775.50 (680.30)
10955	Nuclear Medicine study - CFS leakage detection and localisation	C		13.410	775.50 (680.30)
10960	Nuclear medicine study - CSF SPECT	C		13.410	775.50 (680.30)
Facial bones and nasal bones					
	Codes 11100 (facial bones) and 11110 (tomography) may be combined	C			
11100	X-ray of the facial bones	C		3.930	227.30 (199.40)
11110	X-ray tomography of the facial bones	C		4.300	248.70 (218.20)
11120	X-ray of the nasal bones	C		2.390	138.20 (121.20)

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11300	CT of the facial bones	C		20.960	1212.10 (1063.20)
11310	CT of the facial bones with 3D reconstructions	C		30.400	1758.00 (1542.10)
11320	CT of the facial bones/soft tissue, pre and post contrast	C		41.260	2386.00 (2093.00)
11400	MR of the facial soft tissue	C		62.400	3608.50 (3165.40)
11410	MR of the facial soft tissue pre and post contrast	C		100.600	5817.50 (5103.10)
11420	MR of the facial soft tissue plus angiography, with contrast	C		110.300	6378.40 (5595.10)
11430	MR angiography of the facial soft tissue	C		74.020	4280.40 (3754.70)
Orbits, lacrimal glands and tear ducts					
	Code 12130 (tomography) may be added to 12100 or 12110 or 12120 (orbits) or 12140 (dacrocystography).	C			
12100	X-ray orbits less than three views	C		3.560	205.90 (180.60)
12110	X-ray of the orbits, three or more views, including foramina	C		5.300	306.50 (268.90)
12120	X-ray of the orbits for foreign body	C		3.560	205.90 (180.60)
12130	X-ray tomography of the orbits	C		4.300	248.70 (218.20)
12140	X-ray dacrocystography	C		11.200	647.70 (568.20)
12200	Ultrasound of the orbit/eye	C		5.130	296.70 (260.30)
12210	Ultrasound of the orbit/eye including doppler	C		10.970	634.40 (556.50)
12300	CT of the orbits single plane	C		15.700	907.90 (796.40)
12310	CT of the orbits, more than one plane	C		20.590	1190.70 (1044.50)
12320	CT of the orbits pre and post contrast single plane	C		36.030	2083.50 (1827.60)
12330	CT of the orbits pre and post contrast multiple planes	C		39.700	2295.80 (2013.90)
12400	MR of the orbits	C		62.460	3611.90 (3168.30)
12410	MR of the orbitae, pre and post contrast	C		100.640	5819.80 (5105.10)
12900	Nuclear Medicine study – Dacrocystography	C		20.770	1201.10 (1053.60)
Paranasal sinuses					
	Code 13120 (tomography) may be added to 13100, 13110 (paranasal sinuses), 13130 (nasopharyngeal).	C			
13100	X-ray of the paranasal sinuses, single view	C		2.740	158.40 (138.90)
13110	X-ray of the paranasal sinuses, two or more views	C		3.660	211.70 (185.70)
13120	X-ray tomography of the paranasal sinuses	C		4.300	248.70 (218.20)
13130	X-ray of the naso-pharyngeal soft tissue	C		2.740	158.40 (138.90)
13300	CT of the paranasal sinuses single plane, limited study	C		7.200	416.40 (365.30)



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13310	CT of the paranasal sinuses, two planes, limited study	C		12.400	717.10 (629.00)
13320	CT of the paranasal sinuses, any plane, complete study	C		15.420	891.70 (782.20)
13330	CT of the paranasal sinuses, more than one plane, complete study	C		20.770	1201.10 (1053.60)
13340	CT of the paranasal sinuses, any plane, complete study: pre and post contrast	C		34.740	2008.90 (1762.20)
13350	CT of the paranasal sinuses, more than one plane, complete study; pre and post contrast	C		41.010	2371.50 (2080.30)
13400	MR of the paranasal sinuses	C		60.270	3485.30 (3057.30)
13410	MR of the paranasal sinuses, pre and post contrast	C		96.590	5585.60 (4899.60)
<b>Mandible, teeth and maxilla</b>					
	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.	C			
14100	X-ray of the mandible	C		3.660	211.70 (185.70)
14110	X-ray orthopantomogram of the jaws and teeth	C		4.060	234.80 (206.00)
14120	X-ray maxillofacial cephalometry	C		2.770	160.20 (140.50)
14130	X-ray of the teeth single quadrant	C		2.000	115.70 (101.50)
14140	X-ray of the teeth more than one quadrant	C		2.530	146.30 (128.30)
14150	X-ray of the teeth full mouth	C		3.620	209.30 (183.60)
14160	X-ray tomography of the teeth per side	C		3.230	186.80 (163.90)
14300	CT of the mandible	C		22.280	1288.40 (1130.20)
14310	CT of the mandible, pre and post contrast	C		41.260	2386.00 (2093.00)
14320	CT mandible with 3D reconstructions	C		30.400	1758.00 (1542.10)
14330	CT for dental implants in the mandible	C		27.450	1587.40 (1392.50)
14340	CT for dental implants in the maxilla	C		27.450	1587.40 (1392.50)
14400	MR of the mandible/maxilla	C		63.800	3689.40 (3236.30)
14410	MR of the mandible/maxilla, pre and post contrast	C		98.640	5704.20 (5003.70)
<b>TM Joints</b>					
	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).	C			

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15100	X-ray tempero-mandibular joint, left	C		3.560	205.90 (180.60)
15110	X-ray tempero-mandibular joint, right	C		3.560	205.90 (180.60)
15120	X-ray tomography tempero-mandibular joint, left	C		4.300	248.70 (218.20)
15130	X-ray tomography tempero-mandibular joint, right	C		4.300	248.70 (218.20)
15140	X-ray arthrography of the tempero-mandibular joint, left	C		15.410	891.10 (781.70)
15150	X-ray arthrography of the tempero-mandibular joint, right	C		15.410	891.10 (781.70)
15200	Ultrasound tempero-mandibular joints, one or both sides	C		6.560	379.40 (332.80)
15300	CT of the tempero-mandibular joints	C		25.380	1467.70 (1287.50)
15310	CT of the tempero-mandibular joints plus 3D reconstructions	C		34.500	1995.10 (1750.10)
15320	CT arthrogram of the tempero-mandibular joints	C		35.960	2079.50 (1824.10)
15400	MR of the tempero-mandibular joints	C		63.800	3689.40 (3236.30)
15410	MR of the tempero-mandibular joints, pre and post contrast	C		100.840	5831.40 (5115.30)
15420	MR arthrogram of the tempero-mandibular joints	C		74.710	4320.30 (3789.70)
<b>Mastoids and internal auditory canal</b>					
	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.	C			
16100	X-ray of the mastoids, unilateral	C		3.590	207.60 (182.10)
16110	X-ray of the mastoids, bilateral	C		7.180	415.20 (364.20)
16120	X-ray tomography of the petro-temporal bone, unilateral	C		4.300	248.70 (218.20)
16130	X-ray tomography of the petro-temporal bone, bilateral	C		8.600	497.30 (436.20)
16140	X-ray internal auditory canal, bilateral	C		5.230	302.40 (265.30)
16150	X-ray tomography of the internal auditory canal, bilateral	C		4.300	248.70 (218.20)
16300	CT of the mastoids	C		12.600	728.60 (639.10)
16310	CT of the internal auditory canal	C		21.470	1241.60 (1089.10)
16320	CT of the internal auditory canal, pre and post contrast	C		34.200	1977.70 (1734.80)
16330	CT of the ear structures, limited study	C		13.400	774.90 (679.70)
16340	CT of the middle and inner ear structures, high definition including all reconstructions in various planes	C		43.350	2506.80 (2198.90)
16400	MR of the internal auditory canals, limited study	C		43.560	2519.00 (2209.60)
16410	MR of the internal auditory canals, pre and post contrast, limited study	C		68.930	3986.10 (3496.60)
16420	MR of the internal auditory canals, pre and post contrast, complete study	C		102.640	5935.50 (5206.60)

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16430	MR of the ear structures	C		64.400	3724.10 (3266.80)
16440	MR of the ear structures, pre and post contrast	C		102.640	5935.50 (5206.60)
<b>Sella turcica</b>					
	Code 17100 (sella) and 17110 (tomography) may be combined.	C			
17100	X-ray of the sella turcica	C		3.080	178.10 (156.20)
17110	X-ray tomography of the sella turcica	C		4.300	248.70 (218.20)
17300	CT of the sella turcica/hypophysis	C		17.450	1009.10 (885.20)
17310	CT of the sella turcica/hypophysis, pre and post contrast	C		42.260	2443.80 (2143.70)
17400	MR of the hypophysis	C		43.560	2519.00 (2209.60)
17410	MR of the hypophysis, pre and post contrast	C		74.030	4281.00 (3755.30)
<b>Salivary glands and floor of the mouth</b>					
	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).	C			
18100	X-ray of the salivary glands and ducts for calculus	C		2.840	164.20 (144.00)
18110	X-ray of the salivary ducts, open mouth for calculus	C		1.900	109.90 (96.40)
18120	X-ray sialography, per gland	C		14.080	814.20 (714.20)
18200	Ultrasound of the salivary glands/floor of the mouth	C		6.560	379.40 (332.80)
18300	CT of the salivary glands, uncontrasted	C		12.600	728.60 (639.10)
18310	CT of the salivary glands/floor of the mouth, pre and post contrast	C		42.100	2434.60 (2135.60)
18320	CT sialography	C		26.280	1519.70 (1333.10)
18400	MR of the salivary glands/floor of the mouth	C		63.200	3654.70 (3205.90)
18410	MR of the salivary glands/floor of the mouth, pre and post contrast	C		100.840	5831.40 (5115.30)
18900	Nuclear Medicine study - Salivary gland imaging	C		20.770	1201.10 (1053.60)
<b>Soft Tissue</b>					
19900	Nuclear Medicine study - Tumour localisation planar, static	C		20.740	1199.40 (1052.10)
19905	Nuclear Medicine study - Tumour localisation planar, static, multiple studies	C		35.170	2033.80 (1784.00)
19910	Nuclear Medicine study - Tumour localisation planar, static and SPECT	C		34.150	1974.80 (1732.30)
19915	Nuclear Medicine study - Tumour localisation planar, static, multiple studies and SPECT	C		47.560	2750.30 (2412.50)
19920	Nuclear medicine study - Infection localisation planar, static	C		18.040	1043.20 (915.10)
19925	Nuclear medicine study - Infection localisation planar, static, multiple studies	C		31.450	1818.70 (1595.40)
19930	Nuclear medicine study - Infection localisation planar, static and SPECT	C		31.450	1818.70 (1595.40)
19935	Nuclear medicine study - Infection localisation planar, static, multiple studies and SPECT	C		44.860	2594.20 (2275.60)

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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).	C			
20100	X-ray of soft tissue of the neck	C		2.740	158.40 (138.90)
20110	X-ray of the larynx including tomography	C		9.390	543.00 (476.30)
20120	X-ray laryngography	C		8.280	478.80 (420.00)
20130	X-ray evaluation of pharyngeal movement and speech by screening and / or cine with or without video recording	C		8.300	480.00 (421.10)
20200	Ultrasound of the thyroid	C		6.560	379.40 (332.80)
20210	Ultrasound of soft tissue of the neck	C		6.560	379.40 (332.80)
20220	Ultrasound of the carotid arteries, bilateral including B mode, pulsed and colour doppler	C		15.000	867.40 (760.90)
20230	Ultrasound of the entire extracranial vascular tree including carotids, vertebral and subclavian vessels with B mode, pulse and colour doppler	C		21.840	1263.00 (1107.90)
20240	Ultrasound study of the venous system of the neck including pulse and colour Doppler	A		10.800	624.50 (547.80)
20300	CT of the soft tissues of the neck	C		18.250	1055.40 (925.80)
20310	CT of the soft tissues of the neck, with contrast	C		38.150	2206.10 (1935.20)
20320	CT of the soft tissues of the neck, pre and post contrast	C		43.810	2533.40 (2222.30)
20330	CT angiography of the extracranial vessels in the neck	C		79.360	4589.20 (4025.60)
20340	CT angiography of the extracranial vessels in the neck and intracranial vessels of the brain	C		107.500	6216.50 (5453.10)
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	C		124.430	7195.50 (6311.80)
20400	Mr of the soft tissue of the neck	C		63.600	3677.90 (3226.20)
20410	MR of the soft tissue of the neck, pre and post contrast	C		102.040	5900.80 (5176.10)
20420	MR of the soft tissue of the neck and uncontrasted angiography	C		92.600	5354.90 (4697.30)
20430	MR angiography of the extracranial vessels in the neck, without contrast	C		59.600	3446.50 (3023.20)
20440	MR angiography of the extracranial vessels in the neck, with contrast	C		74.020	4280.40 (3754.70)
20450	MR angiography of the extra and intracranial vessels with contrast	C		116.050	6710.90 (5886.80)
20460	MR angiography of the intra and extra cranial vessels plus brain, without contrast	U		135.170	7816.60 (6856.70)
20470	MR angiography of the intra and extra cranial vessels plus brain, with contrast	C		156.050	9024.10 (7915.90)
20500	Arteriography of cervical vessels: carotid 1 - 2 vessels	C		44.430	2569.30 (2253.80)
20510	Arteriography of cervical vessels: vertebral 1 - 2 vessels	C		50.730	2933.60 (2573.30)
20520	Arteriography of cervical vessels: carotid and vertebral	C		77.630	4489.20 (3937.90)
20530	Arteriography of aortic arch and cervical vessels	C		91.970	5318.40 (4665.30)

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20540	Arteriography of aortic arch, cervical and intracranial vessels	C		108.870	6295.70 (5522.50)
20550	Venography of jugular and vertebral veins	C		48.950	2830.70 (2483.10)
Thyroid (Nuclear Medicine)					
21900	Nuclear Medicine study - Thyroid, single uptake	C		9.680	559.80 (491.10)
21910	Nuclear medicine study - Thyroid, multiple uptake	C		14.690	849.50 (745.20)
21920	Nuclear medicine study - Thyroid imaging with uptake	C		17.720	1024.70 (898.90)
21930	Nuclear medicine study - Thyroid imaging	C		12.720	735.60 (645.30)
21940	Nuclear medicine study - Thyroid imaging with vascular flow	C		18.740	1083.70 (950.60)
21950	Nuclear medicine study - Thyroid suppression/stimulation	C		12.720	735.60 (645.30)
Parathyroid (Nuclear Medicine)					
22900	Nuclear Medicine study - Parathyroid, planar, static	C		16.520	955.30 (838.00)
22910	Nuclear medicine study - Parathyroid, planar, static, multiple	C		28.910	1671.80 (1466.50)
22920	Nuclear medicine study - Parathyroid, planar, static with subtraction technique	C		21.880	1265.30 (1109.90)
22930	Nuclear medicine study - Parathyroid SPECT	C		13.410	775.50 (680.30)
Soft Tissue					
29900	Nuclear Medicine study - Tumour localisation planar, static	C		20.740	1199.40 (1052.10)
29905	Nuclear medicine study - Tumour localisation planar, static, multiple studies	C		35.170	2033.80 (1784.00)
29910	Nuclear medicine study - Tumour localisation planar, static and SPECT	C		34.150	1974.80 (1732.30)
29915	Nuclear medicine study - Tumour localisation planar, static, multiple studies and SPECT	C		47.560	2750.30 (2412.50)
29920	Nuclear medicine study - Tumour localisation planar, static	C		18.040	1043.20 (915.10)
29925	Nuclear medicine study - Infection localisation planar, static, multiple studies	C		31.450	1818.70 (1595.40)
29930	Nuclear medicine study - Infection localisation planar, static and SPECT	C		31.450	1818.70 (1595.40)
29935	Nuclear medicine study - Infection localisation planar, static, multiple studies and SPECT	C		44.860	2594.20 (2275.60)
29940	Nuclear medicine study - Regional lymph node mapping, static, planar	C		24.100	1393.70 (1222.50)
29945	Nuclear medicine study - Regional lymph node mapping, static, planar, multiple	C		36.490	2110.10 (1851.00)
29950	Nuclear medicine study – Lymph node localisation with gamma probe	C		12.390	716.50 (628.50)
Thorax					
Chest wall, pleura, lungs and mediastinum					

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	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).	C			
30100	X-ray of the chest, single view	C		3.040	175.80 (154.20)
30110	X-ray of the chest two views, PA and lateral	C		3.840	222.10 (194.80)
30120	X-ray of the chest complete with additional views	C		4.240	245.20 (215.10)
30130	X-ray of the chest complete including fluoroscopy	C		4.480	259.10 (227.30)
30140	X-ray tomography of the chest	C		4.300	248.70 (218.20)
30150	X-ray of the ribs	C		4.790	277.00 (243.00)
30155	X-ray of the chest and ribs	C		6.420	371.30 (325.70)
30160	X-ray of the thoracic inlet	C		2.560	148.00 (129.80)
30170	X-ray of the sterno-clavicular joints	C		4.210	243.50 (213.60)
30175	X-ray tomography of the sterno-clavicular joint	C		4.300	248.70 (218.20)
30180	X-ray of the sternum	C		4.210	243.50 (213.60)
30185	X-ray tomography of the sternum	C		4.300	248.70 (218.20)
30200	Ultrasound of the chest wall, any region	C		6.560	379.40 (332.80)
30210	Ultrasound of the pleural space	C		6.560	379.40 (332.80)
30220	Ultrasound of the mediastinal structures	C		6.560	379.40 (332.80)
30300	CT of the chest, limited study	C		9.500	549.40 (481.90)
30310	CT of the chest uncontrasted	C		26.600	1538.20 (1349.30)
30320	CT of the chest contrasted	C		42.430	2453.60 (2152.30)
30330	CT of the chest, pre and post contrast	C		45.700	2642.70 (2318.20)
30340	CT of the chest, limited high resolution study	C		11.200	647.70 (568.20)
30350	CT of the chest, complete high resolution study	C		24.010	1388.50 (1218.00)
30355	CT of the chest, complete high resolution study with additional prone and expiratory studies	A		33.300	1925.70 (1689.20)
30360	CT of the chest for pulmonary embolism	C		57.120	3303.10 (2897.50)
30370	CT of the chest for pulmonary embolism with CT venography of abdomen, pelvis and lower limbs	C		80.280	4642.40 (4072.30)

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30400	MR of the chest	C		63.600	3677.90 (3226.20)
30410	MR of the chest with uncontrasted angiography	C		92.600	5354.90 (4697.30)
30420	MR of the chest, pre and post contrast	C		102.040	5900.80 (5176.10)
30900	Nuclear Medicine study - Lung perfusion	C		21.540	1245.60 (1092.60)
30910	Nuclear Medicine study - Lung ventilation, aerosol	C		21.500	1243.30 (1090.60)
30920	Nuclear Medicine study - Lung perfusion and ventilation	C		42.030	2430.50 (2132.00)
30930	Nuclear Medicine study - Lung ventilation using radio-active gas	C		14.170	819.40 (718.80)
30940	Nuclear Medicine study - Lung perfusion and ventilation using radio-active gas	C		34.690	2006.10 (1759.70)
30950	Nuclear medicine study - Muco-ciliary clearance study dynamic	A		26.510	1533.00 (1344.70)
30960	Nuclear medicine study - alveolar permeability	A		26.510	1533.00 (1344.70)
	Stand alone code. Not to be combined with 30910.	A			
30970	Nuclear medicine study - quantitative evaluation of lung perfusion and ventilation	A		6.020	348.10 (305.40)
	Stand alone code. Not to be combined with 30920.	A			
<b>Oesophagus</b>					
	Codes 31100, 31110, 31120 (swallow) include fluoroscopy (00140 may not be added).	C			
31100	X-ray barium swallow	C		6.600	381.70 (334.80)
31105	X-ray 3 phase dynamic contrasted swallow	A		12.600	728.60 (639.10)
31110	X-ray barium swallow, double contrast	C		7.920	458.00 (401.80)
31120	X-ray barium swallow with cinematography	C		10.070	582.30 (510.80)
<b>Aorta and large vessels</b>					
	Codes 32210 and 32220 (Ivus) may be combined	C			
32200	Ultrasound intravascular arterial or venous assessment for intervention, once per complete procedure	C		4.200	242.90 (213.10)
32210	Ultrasound intravascular (IVUS) first vessel	C		8.440	488.10 (428.20)
32220	Ultrasound intravascular (IVUS) subsequent vessels	C		5.300	306.50 (268.90)
32300	CT angiography of the aorta and branches	C		79.080	4573.00 (4011.40)
32305	CT angiography of the thoracic and abdominal aorta and branches	A		105.500	6100.90 (5351.70)
32310	CT angiography of the pulmonary vasculature	C		79.080	4573.00 (4011.40)
32400	MR angiography of the aorta and branches	C		78.500	4539.50 (3982.00)
32410	MR angiography of the pulmonary vasculature	C		105.270	6087.60 (5340.00)
32500	Arteriography of thoracic aorta	C		28.260	1634.20 (1433.50)
32510	Arteriography of bronchial intercostal vessels alone	C		50.150	2900.10 (2543.90)
32520	Arteriography of thoracic aorta, bronchial and intercostal vessels	C		67.430	3899.30 (3420.40)

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32530	Arteriography of pulmonary vessels	C		63.270	3658.80 (3209.50)
32540	Arteriography of heart chambers, coronary arteries	C		44.270	2560.00 (2245.60)
32550	Venography of thoracic vena cava	C		28.380	1641.20 (1439.60)
32560	Venography of vena cava, azygos system	C		56.310	3256.30 (2856.40)
32570	Venography patency of A-port or other central line	C		19.640	1135.70 (996.20)
<b>Heart</b>					
	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.	C			
33205	Ultrasound study of the heart for foetal or paediatric cases including doppler	C		12.300	711.30 (623.90)
	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	C			
33200	Ultrasound study of the heart, including Doppler	C		8.200	474.20 (416.00)
33210	Ultrasound study of the heart trans-oesophageal	C		10.520	608.40 (533.70)
33220	Ultrasound intravascular imaging to guide placement of intracoronary stent once per vessel	C		5.200	300.70 (263.80)
33300	CT anatomical/functional study of the heart	C		34.610	2001.40 (1755.60)
33310	CT angiography of heart vessels	C		81.280	4700.30 (4123.10)
33400	MR of the heart, anatomical study	C		62.200	3596.90 (3155.20)
33410	MR of the heart, anatomical and functional study	C		69.000	3990.10 (3500.10)
33420	MR of the heart, pre and post contrast	C		103.040	5958.60 (5226.80)
33430	MR angiography of the heart vessels	C		70.710	4089.00 (3586.80)
33440	MR of the heart, anatomical, functional and coronary angiography	C		106.840	6178.30 (5419.60)
33900	Nuclear Medicine study - Cardiac shunt detection	C		21.500	1243.30 (1090.60)
33905	Nuclear Medicine study - Cardiac blood pool imaging, ejection fraction plus wall motion single study	C		26.510	1533.00 (1344.70)
33910	Nuclear Medicine study - Cardiac blood pool imaging, ejection fraction plus wall motion multiple studies	C		34.920	2019.40 (1771.40)
33915	Nuclear Medicine study - Cardiac blood pool imaging, gated SPECT	C		13.410	775.50 (680.30)
33920	Nuclear medicine study - Cardiac blood pool imaging, first pass technique	C		26.510	1533.00 (1344.70)
33925	Nuclear medicine study - Myocardial perfusion, single, rest (thallium/mibi) planar, non gated	C		16.520	955.30 (838.00)
33930	Nuclear medicine study - Myocardial perfusion, single, stress (thallium/mibi) planar, non gated	C		16.520	955.30 (838.00)
33935	Nuclear medicine study - Myocardial perfusion, single, rest (thallium/mibi), SPECT (non gated)	C		16.520	955.30 (838.00)
33940	Nuclear medicine study - Myocardial perfusion, single, stress (thallium/mibi), SPECT non gated	C		16.520	955.30 (838.00)
33945	Nuclear medicine study - Myocardial perfusion, single, rest (thallium/mibi), SPECT (gated)	C		28.910	1671.80 (1466.50)
33950	Nuclear medicine study - Myocardial perfusion, single, stress (thallium/mibi), SPECT (gated)	C		28.910	1671.80 (1466.50)



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33955	Nuclear medicine study - Plus wall movement and ejection fraction, SPECT	C		6.020	348.10 (305.40)
33960	Nuclear medicine study - Cardiac hot spot imaging (infarction) planar	C		21.500	1243.30 (1090.60)
33965	Nuclear medicine study - Cardiac hot spot imaging (infarction) SPECT	C		13.410	775.50 (680.30)
33970	Nuclear Medicine study - Multi stage treadmill ECG test	C		6.660	385.10 (337.80)
<b>Mamma</b>					
	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).	C			
34100	X-ray mammography including ultrasound	C		10.440	603.70 (529.60)
	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	C			
34105	X-ray mammography galactography	C		9.400	543.60 (476.80)
	Once off fee per visit. May be added to 34100	C			
34110	X-ray mammography study for localisation	C		7.240	418.70 (367.30)
34120	X-ray stereotactic mammography – localisation	C		10.400	601.40 (527.50)
34130	X-ray stereotactic mammography – biopsy	C		11.600	670.80 (588.40)
34140	X-ray of biopsy specimen of the mamma	C		2.740	158.40 (138.90)
34150	X-ray Mammotome hand held biopsy apparatus	C		9.800	566.70 (497.10)
34200	Ultrasound study of the breast	C		7.900	456.80 (400.70)
34205	Ultrasound guided aspiration FNA/localisation of the breast	C		12.100	699.70 (613.80)
34300	Computer assisted diagnosis for mammography	C		1.400	81.00 (71.10)
34400	MR study of the breast	C		62.600	3620.00 (3175.40)
34410	MR study of the breast pre and post contrast	C		100.840	5831.40 (5115.30)
<b>Soft Tissue</b>					
39900	Nuclear medicine study - Tumour localisation planar, static	C		20.740	1199.40 (1052.10)
39905	Nuclear medicine study - Tumour localisation planar, static, multiple studies	C		35.170	2033.80 (1784.00)
39910	Nuclear medicine study - Tumour localisation planar, static and SPECT	C		34.150	1974.80 (1732.30)
39915	Nuclear medicine study - Tumour localisation planar, static, multiple studies and SPECT	C		47.560	2750.30 (2412.50)
39920	Nuclear medicine study - Infection localisation planar, static	C		18.040	1043.20 (915.10)
39925	Nuclear medicine study - Infection localisation planar, static, multiple studies	C		31.450	1818.70 (1595.40)
39930	Nuclear medicine study - Infection localisation planar, static and SPECT	C		31.450	1818.70 (1595.40)
39935	Nuclear medicine study - Infection localisation planar, static, multiple studies, SPECT	C		44.860	2594.20 (2275.60)

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39940	Nuclear medicine study - Regional lymph node mapping, static, planar	C		24.100	1393.70 (1222.50)
39945	Nuclear medicine study - Regional lymph node mapping, static, planar, multiple	C		36.490	2110.10 (1851.00)
39950	Nuclear medicine study – Lymph node localisation with gamma probe	C		12.390	716.50 (628.50)
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).	C			
40100	X-ray of the abdomen	C		3.320	192.00 (168.40)
40105	X-ray of the abdomen supine and erect, or decubitus	C		5.360	310.00 (271.90)
40110	X-ray of the abdomen multiple views including chest	C		8.100	468.40 (410.90)
40120	X-ray tomography of the abdomen	C		4.300	248.70 (218.20)
40140	X-ray barium meal single contrast	C		8.870	512.90 (449.90)
40143	X-ray barium meal double contrast	C		11.990	693.40 (608.20)
40147	X-ray barium meal double contrast with follow through	C		9.830	568.40 (498.60)
40150	X-ray small bowel enteroclysis (meal)	C		25.450	1471.70 (1291.00)
	Code 40150 includes duodenal intubation and may not be added to 40175 (Duodenal intubation)	C			
40153	X-ray small bowel meal follow through single contrast	C		19.550	1130.50 (991.70)
40157	X-ray small bowel meal with pneumocolon	C		25.630	1482.10 (1300.10)
40160	X-ray large bowel enema single contrast	C		12.970	750.00 (657.90)
40165	X-ray large bowel enema double contrast	C		19.630	1135.20 (995.80)
40170	X-ray guided gastro oesophageal intubation	C		1.600	92.50 (81.10)
40175	X-ray guided duodenal intubation	C		2.800	161.90 (142.00)
40180	X-ray defaecogram	C		12.970	750.00 (657.90)
40190	X-ray guided reduction of intussusception	C		16.270	940.90 (825.40)
40200	Ultrasound study of the abdominal wall	C		5.540	320.40 (281.10)
40210	Ultrasound study of the whole abdomen including the pelvis	C		8.240	476.50 (418.00)
40300	CT study of the abdomen	C		26.410	1527.20 (1339.60)
40310	CT study of the abdomen with contrast	C		44.820	2591.90 (2273.60)
40313	CT study of the abdomen pre and post contrast	C		52.990	3064.30 (2688.00)
40320	CT of the pelvis	C		26.130	1511.00 (1325.40)

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40323	CT of the pelvis with contrast	C		47.480	2745.70 (2408.50)
40327	CT of the pelvis pre and post contrast	C		53.870	3115.20 (2732.60)
40330	CT of the abdomen and pelvis	C		38.500	2226.40 (1953.00)
40333	CT of the abdomen and pelvis with contrast	C		62.170	3595.20 (3153.70)
40337	CT of the abdomen and pelvis pre and post contrast	C		67.430	3899.30 (3420.40)
40340	CT triphasic study of the liver, abdomen and pelvis pre and post contrast	C		74.110	4285.60 (3759.30)
40345	CT of the chest, abdomen and pelvis without contrast	C		70.120	4054.90 (3556.90)
40350	CT of the chest, abdomen and pelvis with contrast	C		88.350	5109.10 (4481.70)
40355	CT of the chest triphasic of the liver, abdomen and pelvis with contrast	C		93.050	5380.90 (4720.10)
40360	CT of the base of skull to symphysis pubis with contrast	C		102.730	5940.70 (5211.10)
40365	CT colonoscopy	C		34.780	2011.30 (1764.30)
	Stand alone study, may not be added to any code between 40300 and 40360	C			
40400	MR of the abdomen	C		64.580	3734.50 (3275.90)
40410	MR of the abdomen pre and post contrast	C		100.840	5831.40 (5115.30)
40420	MR of the pelvis, soft tissue	C		64.580	3734.50 (3275.90)
40430	MR of the pelvis, soft tissue, pre and post contrast	C		102.040	5900.80 (5176.10)
40900	Nuclear Medicine study - Gastro oesophageal reflux and emptying	C		21.500	1243.30 (1090.60)
40905	Nuclear Medicine study - Gastro oesophageal reflux and emptying multiple studies	C		34.920	2019.40 (1771.40)
40910	Nuclear Medicine study - Gastro intestinal protein loss	C		21.500	1243.30 (1090.60)
40915	Nuclear Medicine study - Gastro intestinal protein loss multiple studies	C		34.920	2019.40 (1771.40)
40920	Nuclear Medicine study – Acute GIT bleed static/dynamic	C		21.500	1243.30 (1090.60)
40925	Nuclear medicine study – Acute GIT bleed multiple studies	C		34.920	2019.40 (1771.40)
40930	Nuclear medicine study - Meckel's localisation	C		20.770	1201.10 (1053.60)
40935	Nuclear medicine study - Gastric mucosa imaging	C		20.770	1201.10 (1053.60)
40940	Nuclear medicine study - colonic transit multiple studies	A		44.860	2594.20 (2275.60)
	Stand alone code	A			
Liver, spleen, gall bladder and pancreas					
	Code 41110, 41120 and 41130 (cholangiography) include fluoroscopy (00140 may not be added).	C			
41100	X-ray ERCP including screening	C		18.900	1092.90 (958.70)
41105	X-ray ERCP reporting on images done in theatre	C		2.400	138.80 (121.80)
41110	X-ray cholangiography intra-operative	C		8.450	488.60 (428.60)

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41120	X-ray T-tube cholangiography post operative	C		14.050	812.50 (712.70)
41130	X-ray transhepatic percutaneous cholangiography	C		32.340	1870.20 (1640.50)
41200	Ultrasound study of the upper abdomen	C		7.000	404.80 (355.10)
41210	Ultrasound doppler of the hepatic and splenic veins and inferior vena cava in assessment of portal venous hypertension or thrombosis	C		9.800	566.70 (497.10)
	Code 41210 is a stand alone study and may not be added to 40200, 40210, 41200 or 42200	C			
41300	CT of the abdomen triphasic study – liver	C		54.900	3174.80 (2784.90)
41400	MR study of the liver/pancreas	C		64.780	3746.10 (3286.10)
41410	MR study of the liver/pancreas pre and post contrast	C		100.840	5831.40 (5115.30)
41420	MRCP	C		49.200	2845.10 (2495.70)
41430	MR study of the abdomen with MRCP	C		92.980	5376.80 (4716.50)
41440	MR study of the abdomen pre and post contrast with MRCP	C		133.600	7725.80 (6777.00)
41900	Nuclear Medicine study - Liver and spleen, planar views only	C		21.500	1243.30 (1090.60)
41905	Nuclear Medicine study - Liver and spleen, with flow study	C		27.530	1592.00 (1396.50)
41910	Nuclear Medicine study - Liver and spleen, planar views SPECT	C		34.920	2019.40 (1771.40)
41915	Nuclear Medicine study - Liver and spleen, with flow study and SPECT	C		40.940	2367.50 (2076.80)
41920	Nuclear Medicine study - Hepatobiliary system planar static/dynamic	C		21.500	1243.30 (1090.60)
41925	Nuclear Medicine study – hepatobiliary tract including flow	C		26.510	1533.00 (1344.70)
41930	Nuclear medicine study – Hepatobiliary system planar, static/dynamic multiple studies	C		34.920	2019.40 (1771.40)
41935	Nuclear medicine study – Hepatobiliary tract including flow multiple studies	C		39.920	2308.50 (2025.00)
41940	Nuclear medicine study - Gall bladder ejection fraction	C		6.020	348.10 (305.40)
41945	Nuclear medicine study – Biliary gastric reflux study	C		20.770	1201.10 (1053.60)
<b>Renal tract</b>					
42100	X-ray tomography of the renal tract	C		4.300	248.70 (218.20)
	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).	C			
42110	X-ray excretory urogram including tomography	C		24.860	1437.60 (1261.10)
42115	X-ray excretory urogram including tomography with micturating study	C		32.860	1900.20 (1666.80)
42120	X-ray cystography	C		15.050	870.30 (763.40)
42130	X-ray urethrography	C		15.370	888.80 (779.60)
42140	X-ray micturating cysto-urethrography	C		19.300	1116.10 (979.00)

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42150	X-ray retrograde/prograde pyelography	C		12.530	724.60 (635.60)
42155	X-ray retrograde/prograde pyelography reporting on images done in theatre	C		2.410	139.40 (122.30)
42160	X-ray prograde pyelogram – percutaneous	C		32.670	1889.20 (1657.20)
42200	Ultrasound study of the renal tract including bladder	C		7.420	429.10 (376.40)
42205	Ultrasound doppler for resistive index in vessels of transplanted kidney	C		3.800	219.70 (192.70)
	Code 42205 is a stand alone study and may not be added to 42200	C			
42210	Ultrasound study of the renal arteries including Doppler	A		10.600	613.00 (537.70)
42300	CT of the renal tract for a stone	C		25.150	1454.40 (1275.80)
42400	MR of the renal tract for obstruction	C		47.000	2717.90 (2384.10)
42410	MR of the kidneys without contrast	C		64.580	3734.50 (3275.90)
42420	MR of the kidneys pre and post contrast	C		102.240	5912.30 (5186.20)
42900	Nuclear Medicine study - Renal imaging, static (e.g. DMSA)	C		21.940	1268.70 (1112.90)
42905	Nuclear Medicine study - Renal imaging, static (e.g. DMSA) with flow	C		27.960	1616.90 (1418.30)
42910	Nuclear Medicine study - Renal imaging, static (e.g. DMSA) with SPECT	C		35.350	2044.20 (1793.20)
42915	Nuclear Medicine study - Renal imaging, static (e.g. DMSA), with flow, with SPECT	C		41.370	2392.30 (2098.50)
42920	Nuclear Medicine study - Renal imaging dynamic (renogram) and vascular flow	C		26.510	1533.00 (1344.70)
42930	Nuclear Medicine study – Renovascular study, baseline	C		26.510	1533.00 (1344.70)
42940	Nuclear Medicine study – Renovascular study, with intervention	C		26.510	1533.00 (1344.70)
42950	Nuclear medicine study - indirect voiding cystogram	A		6.020	348.10 (305.40)
<b>Reproductive system</b>					
	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.	C			
	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)	C			
43100	X-ray pelvimetry single	C		4.000	231.30 (202.90)
43110	X-ray pelvimetry multiple views	C		5.800	335.40 (294.20)
43120	X-ray hystero-salpingography	C		10.030	580.00 (508.80)
43130	X-ray hystero-salpingography with introduction of contrast	C		13.530	782.40 (686.30)
43200	Ultrasound study of the pelvis transabdominal	C		5.700	329.60 (289.10)
43205	Ultrasound study of the female pelvis transvaginal	C		7.210	416.90 (365.70)
43210	Ultrasound study of the prostate transrectal	C		7.380	426.80 (374.40)

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43215	Ultrasound transrectal prostate volume for brachytherapy	C		10.400	601.40 (527.50)
43220	Ultrasound study of the testes	C		7.380	426.80 (374.40)
43225	Ultrasound study for male impotence including doppler and injection of vaso constrictor	C		15.000	867.40 (760.90)
	Code 43225 is a stand alone study and may not be added to 43200, 43210, 43220 or 44200	C			
43230	Ultrasound guided transvaginal aspiration for ova	C		13.500	780.70 (684.80)
43240	Ultrasound guided amniocentesis	C		5.840	337.70 (296.20)
43250	Ultrasound study of the pregnant uterus, first trimester	C		4.200	242.90 (213.10)
43260	Ultrasound study of the pregnant uterus, second trimester	C		6.360	367.80 (322.60)
43270	Ultrasound study of the pregnant uterus, third trimester, first visit	C		6.360	367.80 (322.60)
43273	Ultrasound study of the pregnant uterus, third trimester, follow-up visit	C		4.200	242.90 (213.10)
43277	Ultrasound study of the pregnant uterus, multiple gestation, second or third trimester, first visit	C		8.170	472.50 (414.50)
43280	Ultrasound doppler of the umbilical cord for resistive index	C		3.800	219.70 (192.70)
	Code 43280 is a stand alone study and may not be added to the following codes: 43250, 43260, 43270, 43273 or 43277	C			
43300	CT pelvimetry – Topogram	C		6.580	380.50 (333.80)
43400	MR study of pelvic reproductive organs - limited study	C		47.600	2752.60 (2414.60)
43405	MR study for pelvimetry	C		20.000	1156.60 (1014.60)
43410	MR study of pelvic reproductive organs - complete – uncontrasted	C		64.580	3734.50 (3275.90)
43420	MR study of pelvic reproductive organs - complete – pre and post contrast	C		102.240	5912.30 (5186.20)
43950	Nuclear medicine study - Radio pharmaceutical voiding cystogram	C		21.500	1243.30 (1090.60)
43960	Nuclear medicine study - Testicular imaging	C		26.510	1533.00 (1344.70)
43970	Nuclear medicine study - hystero-salpingography	A		26.510	1533.00 (1344.70)
<b>Aorta and vessels</b>					
	Code 44400 (MR Angiography) may be combined with 40400 (MR abdomen).	C			
44200	Ultrasound study of abdominal aorta and branches including doppler	C		18.320	1059.40 (929.30)
44205	Ultrasound study of the IVC and pelvic veins including Doppler	A		14.000	809.60 (710.20)
	This is a stand alone code and may not be added to 44200.	A			
44300	CT angiography of abdominal aorta and branches	C		76.720	4436.60 (3891.80)
44305	CT angiography of the abdominal aorta and branches and pre and post contrast study of the upper abdomen	C		94.320	5454.30 (4784.50)
44310	CT angiography of the pelvis	C		78.640	4547.60 (3989.10)
44320	CT angiography of the abdominal aorta and pelvis	C		89.540	5177.90 (4542.00)
44325	CT angiography of the abdominal aorta and pelvis and pre and post contrast study of the upper abdomen and pelvis	C		119.150	6890.20 (6044.00)

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44330	CT portogram	C		74.400	4302.40 (3774.00)
44400	MR angiography of abdominal aorta and branches	C		76.640	4431.90 (3887.60)
44500	Arteriography of abdominal aorta alone	C		28.120	1626.10 (1426.40)
44503	Arteriography of aorta plus coeliac, mesenteric branches	C		75.630	4373.50 (3836.40)
44505	Arteriography of aorta plus renal, adrenal branches	C		63.010	3643.70 (3196.20)
44507	Arteriography of aorta plus non-visceral branches	C		60.790	3515.40 (3083.70)
44510	Arteriography of coeliac, mesenteric vessels alone	C		64.350	3721.20 (3264.20)
44515	Arteriography of renal, adrenal vessels alone	C		49.490	2861.90 (2510.40)
44517	Arteriography of non-visceral abdominal vessels alone	C		54.910	3175.30 (2785.40)
44520	Arteriography of internal and external iliac vessels alone	C		56.720	3280.00 (2877.20)
44525	Venography of internal and external iliac veins alone	C		62.110	3591.70 (3150.60)
44530	Corpora cavernosography	C		25.060	1449.20 (1271.20)
44535	Vasography, vesciculography	C		29.190	1688.00 (1480.70)
44540	Venography of inferior vena cava	C		26.120	1510.50 (1325.00)
44543	Venography of hepatic veins alone	C		53.770	3109.40 (2727.50)
44545	Venography of inferior vena cava and hepatic veins	C		68.910	3984.90 (3495.50)
44550	Venography of lumbar azygos system alone	C		43.890	2538.10 (2226.40)
44555	Venography of inferior vena cava and lumbar azygos veins	C		65.460	3785.40 (3320.50)
44560	Venography of renal, adrenal veins alone	C		43.990	2543.90 (2231.50)
44565	Venography of inferior vena cava and renal/adrenal veins	C		68.390	3954.90 (3469.20)
44570	Venography of spermatic, ovarian veins alone	C		40.390	2335.70 (2048.90)
44573	Venography of inferior vena cava, renal, spermatic, ovarian veins	C		73.990	4278.70 (3753.20)
44580	Venography indirect splenoportogram	C		48.670	2814.50 (2468.90)
44583	Venography direct splenoportogram	C		31.590	1826.80 (1602.50)
44587	Venography transhepatic portogram	C		66.750	3860.00 (3386.00)
Soft Tissue					
49900	Nuclear Medicine study – Tumour localisation planar, static	C		20.740	1199.40 (1052.10)
49905	Nuclear Medicine study – Tumour localisation planar, static, multiple studies	C		35.170	2033.80 (1784.00)
49910	Nuclear Medicine study – Tumour localisation planar, static and SPECT	C		34.150	1974.80 (1732.30)
49915	Nuclear medicine study – Tumour localisation planar, static, multiple studies and SPECT	C		47.560	2750.30 (2412.50)

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49920	Nuclear medicine study – Infection localisation planar, static	C		18.040	1043.20 (915.10)
49930	Nuclear medicine study – Infection localisation planar, static, multiple studies	C		31.450	1818.70 (1595.40)
49940	Nuclear medicine study – Infection localisation planar, static and SPECT	C		31.450	1818.70 (1595.40)
49950	Nuclear medicine study – Infection localisation planar, static, multiple studies and SPECT	C		44.860	2594.20 (2275.60)
49960	Nuclear medicine study – Regional lymph node mapping dynamic	C		5.010	289.70 (254.10)
49965	Nuclear medicine study – Regional lymph node mapping, static, planar	C		24.100	1393.70 (1222.50)
49970	Nuclear medicine study – Regional lymph node mapping, static, planar, multiple	C		37.510	2169.10 (1902.70)
49975	Nuclear medicine study – Regional lymph node mapping SPECT	C		13.410	775.50 (680.30)
49980	Nuclear medicine study – Lymph node localisation with gamma probe	C		13.410	775.50 (680.30)
<b>Spine, Pelvis and Hips</b>					
	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	C			
<b>General</b>					
	Code 50130 (Lumbar puncture) and 50140 (cisternal puncture) include fluoroscopy and introduction of contrast (00140 may not be added).	C			
50100	X-ray of the spine scoliosis view AP only	C		7.000	404.80 (355.10)
50105	X-ray of the spine scoliosis view AP and lateral	C		12.000	693.90 (608.70)
50110	X-ray of the spine scoliosis view AP and lateral including stress views	C		18.540	1072.10 (940.40)
50120	X-ray bone densitometry	C		11.520	666.20 (584.40)
50130	X-ray guided lumbar puncture	C		4.800	277.60 (243.50)
50140	X-ray guided cisternal puncture cisternogram	C		22.980	1328.90 (1165.70)
50300	CT quantitative bone mineral density	C		11.830	684.10 (600.10)
50500	Arteriogram of the spinal column and cord, all vessels	C		127.230	7357.50 (6453.90)
50510	Venography of the spinal, paraspinal veins	C		58.450	3380.00 (2964.90)
<b>Cervical</b>					
	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).	C			
51100	X-ray of the cervical spine, stress views only	C		4.140	239.40 (210.00)
51110	X-ray of the cervical spine, one or two views	C		3.010	174.10 (152.70)



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51120	X-ray of the cervical spine, more than two views	C		4.280	247.50 (217.10)
51130	X-ray of the cervical spine, more than two views including stress views	C		7.580	438.30 (384.50)
51140	X-ray Tomography cervical spine	C		4.300	248.70 (218.20)
51160	X-ray myelography of the cervical spine	C		27.460	1588.00 (1393.00)
51170	X-ray discography cervical spine per level	C		25.170	1455.50 (1276.80)
51300	CT of the cervical spine limited study	C		9.500	549.40 (481.90)
51310	CT of the cervical spine – regional study	C		13.910	804.40 (705.60)
51320	CT of the cervical spine – complete study	C		37.130	2147.20 (1883.50)
51330	CT of the cervical spine pre and post contrast	C		58.850	3403.20 (2985.30)
51340	CT myelography of the cervical spine	C		47.190	2728.90 (2393.80)
51350	CT myelography of the cervical spine following myelogram	C		21.690	1254.30 (1100.30)
51400	MR of the cervical spine, limited study	C		44.400	2567.60 (2252.30)
51410	MR of the cervical spine and cranio-cervical junction	C		64.820	3748.40 (3288.10)
51420	MR of the cervical spine and cranio-cervical junction pre and post contrast	C		102.140	5906.60 (5181.20)
51900	Nuclear Medicine study – Bone regional cervical	C		21.500	1243.30 (1090.60)
51910	Nuclear Medicine study – Bone tomography regional cervical	C		13.410	775.50 (680.30)
51920	Nuclear Medicine study – with flow	C		6.020	348.10 (305.40)
<b>Thoracic</b>					
	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).	C			
52100	X-ray of the thoracic spine, one or two views	C		3.210	185.60 (162.80)
52110	X-ray of the thoracic spine, more than two views	C		4.000	231.30 (202.90)
52120	X-ray tomography thoracic spine	C		4.300	248.70 (218.20)
52140	X-ray of the thoracic spine, more than two views including stress views	C		6.640	384.00 (336.80)
52150	X-ray myelography of the thoracic spine	C		18.620	1076.80 (944.60)
52300	CT of the thoracic spine limited study	C		9.500	549.40 (481.90)
52305	CT of the thoracic spine – regional study	C		13.910	804.40 (705.60)
52310	CT of the thoracic spine complete study	C		35.780	2069.10 (1815.00)

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52320	CT of the thoracic spine pre and post contrast	C		58.850	3403.20 (2985.30)
52330	CT myelography of the thoracic spine	C		48.090	2780.90 (2439.40)
52340	CT myelography of the thoracic spine following myelogram	C		20.370	1178.00 (1033.30)
52400	MR of the thoracic spine, limited study	C		46.600	2694.80 (2363.90)
52410	MR of the thoracic spine	C		64.340	3720.70 (3263.80)
52420	MR of the thoracic spine pre and post contrast	C		101.420	5864.90 (5144.60)
52900	Nuclear Medicine study – Bone regional dorsal	C		21.500	1243.30 (1090.60)
52910	Nuclear Medicine study – Bone tomography regional dorsal	C		13.410	775.50 (680.30)
52920	Nuclear Medicine study – with flow	C		6.020	348.10 (305.40)
<b>Lumbar</b>					
	Code 53100 (stress) is a stand alone study and may not be added to 53110, 53120 (lumbar spine), 53160 (myelography) and 53170 (discography). Code 53140 (tomography) may be combined with 53110 or 53120 (spine). Codes 53160 (myelography) and 53170 (discography) include fluoroscopy and introduction of contrast (00140 may not be added). Code 53300 (CT) limited study – limited to a single lumbar vertebral body. Code 53310 (CT) regional study - 2 vertebral bodies and intervertebral disc spaces. Code 53320 (CT) complete study - an extensive study of the lumbar spine. Code 53340 (CT myelography) - post myelographic study and includes all disc levels, fluoroscopy and introduction of contrast (00140 may not be added).	C			
53100	X-ray of the lumbar spine – stress study only	C		4.140	239.40 (210.00)
53110	X-ray of the lumbar spine, one or two views	C		3.560	205.90 (180.60)
53120	X-ray of the lumbar spine, more than two views	C		4.460	257.90 (226.20)
53130	X-ray of the lumbar spine, more that two views including stress views	C		7.520	434.90 (381.50)
53140	X-ray tomography lumbar spine	C		4.300	248.70 (218.20)
53160	X-ray myelography of the lumbar spine	C		23.940	1384.40 (1214.40)
53170	X-ray discography lumbar spine per level	C		25.170	1455.50 (1276.80)
53300	CT of the lumbar spine limited study	C		9.500	549.40 (481.90)
53310	CT of the lumbar spine – regional study	C		13.910	804.40 (705.60)
53320	Ct of the lumbar spine complete study	C		37.640	2176.60 (1909.30)
53330	CT of the lumbar spine pre and post contrast	C		58.850	3403.20 (2985.30)
53340	CT myelography of the lumbar spine	C		49.110	2839.90 (2491.10)
53350	CT myelography of the lumbar spine following myelogram	C		23.460	1356.60 (1190.00)
53400	MR of the lumbar spine, limited study	C		46.200	2671.70 (2343.60)
53410	MR of the lumbar spine	C		64.320	3719.50 (3262.70)

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53420	MR of the lumbar spine pre and post contrast	C		103.290	5973.10 (5239.60)
53900	Nuclear medicine study – Bone regional lumbar	C		21.500	1243.30 (1090.60)
53910	Nuclear medicine study – Bone tomography regional lumbar	C		13.410	775.50 (680.30)
53920	Nuclear medicine study – with flow	C		6.020	348.10 (305.40)
<b>Sacrum</b>					
	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.	C			
54100	X-ray of the sacrum and coccyx	C		3.580	207.00 (181.60)
54110	X-ray of the sacro-iliac joints	C		4.100	237.10 (208.00)
54120	X-ray tomography – sacrum and/or coccyx	C		4.300	248.70 (218.20)
54300	CT of the sacrum – limited study	C		7.600	439.50 (385.50)
54310	CT of the sacrum – complete study – uncontrasted	C		25.610	1481.00 (1299.10)
54320	CT of the sacrum with contrast	C		46.930	2713.90 (2380.60)
54330	CT of the sacrum pre and post contrast	C		52.970	3063.10 (2686.90)
54400	MR of the sacrum	C		65.000	3758.80 (3297.20)
54410	MR of the sacrum pre and post contrast	C		101.040	5842.90 (5125.40)
<b>Pelvis</b>					
	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.	C			
55100	X-ray of the pelvis	C		3.660	211.70 (185.70)
55110	X-ray tomography – pelvis	C		4.300	248.70 (218.20)
55300	CT of the bony pelvis limited	C		9.500	549.40 (481.90)
55310	CT of the bony pelvis complete uncontrasted	C		25.610	1481.00 (1299.10)
55320	CT of the bony pelvis complete 3D recon	C		37.470	2166.80 (1900.70)
55330	CT of the bony pelvis with contrast	C		46.930	2713.90 (2380.60)
55340	CT of the bony pelvis – pre and post contrast	C		52.970	3063.10 (2686.90)
55400	MR of the bony pelvis	C		65.000	3758.80 (3297.20)
55410	MR of the bony pelvis pre and post contrast	C		102.240	5912.30 (5186.20)
55900	Nuclear medicine study – Bone regional pelvis	C		21.500	1243.30 (1090.60)
55910	Nuclear medicine study – Bone tomography regional pelvis	C		13.410	775.50 (680.30)
55920	Nuclear medicine study – with flow	C		6.020	348.10 (305.40)
<b>Hips</b>					

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	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.	C			
56100	X-ray of the left hip	C		3.180	183.90 (161.30)
56110	X-ray of the right hip	C		3.180	183.90 (161.30)
56120	X-ray pelvis and hips	C		6.020	348.10 (305.40)
56130	X-ray tomography – hip	C		4.300	248.70 (218.20)
56140	X-ray of the hip/s – stress study	C		4.380	253.30 (222.20)
56150	X-ray arthrography of the hip joint including introduction contrast	C		15.750	910.80 (798.90)
56160	X-ray guidance and introduction of contrast into hip joint only	C		7.410	428.50 (375.90)
56200	Ultrasound of the hip joints	C		6.500	375.90 (329.70)
56300	CT of hip – limited	C		9.500	549.40 (481.90)
56310	CT of hip – complete	U		27.370	1582.80 (1388.40)
56320	CT of hip – complete with 3D recon	C		39.780	2300.40 (2017.90)
56330	CT of hip with contrast	C		43.260	2501.60 (2194.40)
56340	CT of hip pre and post contrast	C		47.880	2768.80 (2428.80)
56400	MR of the hip joint/s, limited study	C		44.900	2596.50 (2277.60)
56410	MR of the hip joint/s	C		64.100	3706.80 (3251.60)
56420	MR of the hip joint/s, pre and post contrast	C		101.640	5877.60 (5155.80)
56900	Nuclear medicine study – Bone regional pelvis	C		21.500	1243.30 (1090.60)
56910	Nuclear medicine study – Bone limited static plus flow	C		27.530	1592.00 (1396.50)
56920	Nuclear medicine study – Bone tomography regional	C		13.410	775.50 (680.30)
Upper limbs					
General					
	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.	C			
60100	X-ray upper limbs - any region - stress studies only	C		4.520	261.40 (229.30)

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60110	X-ray upper limbs - any region – tomography	C		4.300	248.70 (218.20)
60200	Ultrasound upper limb – soft tissue - any region	C		7.380	426.80 (374.40)
60210	Ultrasound of the peripheral arterial system of the left arm including B mode, pulse and colour doppler	C		13.640	788.80 (691.90)
60220	Ultrasound of the peripheral arterial system of the right arm including B mode, pulse and colour doppler	C		13.640	788.80 (691.90)
60230	Ultrasound peripheral venous system upper limbs including pulse and colour doppler for deep vein thrombosis	C		12.540	725.20 (636.10)
60240	Ultrasound peripheral venous system upper limbs including pulse and colour doppler	C		17.260	998.10 (875.50)
60300	CT of the upper limbs limited study	C		9.500	549.40 (481.90)
60310	CT angiography of the upper limb	C		78.280	4526.80 (3970.90)
60400	MR of the upper limbs limited study, any region	C		44.800	2590.70 (2272.50)
60410	MR angiography of the upper limb	C		74.660	4317.40 (3787.20)
60500	Arteriogram of subclavian, upper limb arteries alone, unilateral	C		45.670	2641.00 (2316.70)
60510	Arteriogram of subclavian, upper limb arteries alone, bilateral	C		82.670	4780.60 (4193.50)
60520	Arteriogram of aortic arch, subclavian, upper limb, unilateral	C		56.750	3281.70 (2878.70)
60530	Arteriogram of aortic arch, subclavian, upper limb, bilateral	C		88.110	5095.20 (4469.50)
60540	Venography, antegrade of upper limb veins, unilateral	C		26.120	1510.50 (1325.00)
60550	Venography, antegrade of upper limb veins, bilateral	C		49.430	2858.40 (2507.40)
60560	Venography, retrograde of upper limb veins, unilateral	C		31.010	1793.20 (1573.00)
60570	Venography, retrograde of upper limb veins, bilateral	C		54.810	3169.60 (2780.40)
60580	Venography, shuntogram, dialysis access shunt	C		23.790	1375.70 (1206.80)
60900	Nuclear medicine study – Venogram upper limb	C		37.120	2146.60 (1883.00)
<b>Shoulder</b>					
	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.	C			
61100	X-ray of the left clavicle	C		3.040	175.80 (154.20)
61105	X-ray of the right clavicle	C		3.040	175.80 (154.20)
61110	X-ray of the left scapula	C		3.040	175.80 (154.20)
61115	X-ray of the right scapula	C		3.040	175.80 (154.20)
61120	X-ray of the left acromio-clavicular joint	C		3.140	181.60 (159.30)
61125	X-ray of the right acromio-clavicular joint	C		3.140	181.60 (159.30)

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61128	X-ray of acromio-clavicular joints plus stress studies bilateral	C		7.680	444.10 (389.60)
61130	X-ray of the left shoulder	C		3.480	201.20 (176.50)
61135	X-ray of the right shoulder	C		3.480	201.20 (176.50)
61140	X-ray of the left shoulder plus subacromial impingement views	C		5.920	342.30 (300.30)
61145	X-ray of the right shoulder plus subacromial impingement views	C		5.920	342.30 (300.30)
61150	X-ray of the left subacromial impingement views only	C		3.240	187.40 (164.40)
61155	X-ray of the right subacromial impingement views only	C		3.240	187.40 (164.40)
61160	X-ray arthrography shoulder joint including introduction of contrast	C		15.830	915.40 (803.00)
61170	X-ray guidance and introduction of contrast into shoulder joint only	C		7.410	428.50 (375.90)
61200	Ultrasound of the left shoulder joint	C		6.500	375.90 (329.70)
61210	Ultrasound of the right shoulder joint	C		6.500	375.90 (329.70)
61300	CT of the left shoulder joint – uncontrasted	C		24.360	1408.70 (1235.70)
61305	CT of the right shoulder joint – uncontrasted	C		24.360	1408.70 (1235.70)
61310	CT of the left shoulder – complete with 3D recon	C		37.660	2177.80 (1910.40)
61315	CT of the right shoulder – complete with 3D recon	C		37.660	2177.80 (1910.40)
61320	CT of the left shoulder joint - pre and post contrast	C		48.630	2812.20 (2466.80)
61325	CT of the right shoulder joint - pre and post contrast	C		48.630	2812.20 (2466.80)
61400	MR of the left shoulder	C		64.640	3738.00 (3278.90)
61405	MR of the right shoulder	C		64.640	3738.00 (3278.90)
61410	MR of the left shoulder pre and post contrast	C		101.040	5842.90 (5125.40)
61415	MR of the right shoulder pre and post contrast	C		101.040	5842.90 (5125.40)
<b>Humerus</b>					
62100	X-ray of the left humerus	C		2.940	170.00 (149.10)
62105	X-ray of the right humerus	C		2.940	170.00 (149.10)
62300	CT of the left upper arm	C		24.360	1408.70 (1235.70)
62305	CT of the right upper arm	C		24.360	1408.70 (1235.70)
62310	CT of the left upper arm contrasted	C		39.970	2311.40 (2027.50)
62315	CT of the right upper arm contrasted	C		39.970	2311.40 (2027.50)
62320	CT of the left upper arm pre and post contrast	C		48.580	2809.30 (2464.30)
62325	CT of the right upper arm pre and post contrast	C		48.580	2809.30 (2464.30)

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62400	MR of the left upper arm	C		64.200	3712.60 (3256.70)
62405	MR of the right upper arm	C		64.200	3712.60 (3256.70)
62410	MR of the left upper arm pre and post contrast	C		102.040	5900.80 (5176.10)
62415	MR of the right upper arm pre and post contrast	C		102.040	5900.80 (5176.10)
62900	Nuclear medicine study – Bone limited/regional static	C		21.500	1243.30 (1090.60)
62905	Nuclear medicine study – Bone limited static plus flow	C		27.530	1592.00 (1396.50)
62910	Nuclear medicine study – Bone tomography regional	C		13.410	775.50 (680.30)
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.	C			
63100	X-ray of the left elbow	C		3.140	181.60 (159.30)
63105	X-ray of the right elbow	C		3.140	181.60 (159.30)
63110	X-ray of the left elbow with stress	C		4.340	251.00 (220.20)
63115	X-ray of the right elbow with stress	C		4.340	251.00 (220.20)
63120	X-ray arthrography elbow joint including introduction of contrast	C		15.890	918.90 (806.10)
63130	X-ray guidance and introduction of contrast into elbow joint only	C		7.410	428.50 (375.90)
63200	Ultrasound of the left elbow joint	C		6.500	375.90 (329.70)
63205	Ultrasound of the right elbow joint	C		6.500	375.90 (329.70)
63300	CT of the left elbow	C		24.360	1408.70 (1235.70)
63305	CT of the right elbow	C		24.360	1408.70 (1235.70)
63310	CT of the left elbow – complete with 3D recon	C		37.660	2177.80 (1910.40)
63315	CT of the right elbow – complete with 3D recon	C		37.660	2177.80 (1910.40)
63320	CT of the left elbow contrasted	C		39.970	2311.40 (2027.50)
63325	CT of the right elbow contrasted	C		39.970	2311.40 (2027.50)
63330	CT of the left elbow pre and post contrast	C		48.630	2812.20 (2466.80)
63335	CT of the right elbow pre and post contrast	C		48.630	2812.20 (2466.80)
63400	MR of the left elbow	C		64.640	3738.00 (3278.90)
63405	MR of the right elbow	C		64.640	3738.00 (3278.90)
63410	MR of the left elbow pre and post contrast	C		101.040	5842.90 (5125.40)

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63415	MR of the right elbow pre and post contrast	C		101.040	5842.90 (5125.40)
63905	Nuclear medicine study – Bone limited/regional static	C		21.500	1243.30 (1090.60)
63910	Nuclear medicine study – Bone limited static plus flow	C		27.530	1592.00 (1396.50)
63915	Nuclear medicine study – Bone tomography regional	C		13.410	775.50 (680.30)
<b>Forearm</b>					
64100	X-ray of the left forearm	C		2.940	170.00 (149.10)
64105	X-ray of the right forearm	C		2.940	170.00 (149.10)
64110	X-ray peripheral bone densitometry	C		1.960	113.30 (99.40)
64300	CT of the left forearm	C		24.360	1408.70 (1235.70)
64305	CT of the right forearm	C		24.360	1408.70 (1235.70)
64310	CT of the left forearm contrasted	C		39.970	2311.40 (2027.50)
64315	CT of the right forearm contrasted	C		39.970	2311.40 (2027.50)
64320	CT of the left forearm pre and post contrast	C		48.580	2809.30 (2464.30)
64325	CT of the right forearm pre and post contrast	C		48.580	2809.30 (2464.30)
64400	MR of the left forearm	C		64.200	3712.60 (3256.70)
64405	MR of the right forearm	C		64.200	3712.60 (3256.70)
64410	MR of the left forearm pre and post contrast	C		98.040	5669.50 (4973.20)
64415	MR of the right forearm pre and post contrast	C		98.040	5669.50 (4973.20)
64900	Nuclear medicine study – Bone limited/regional static	C		21.500	1243.30 (1090.60)
64905	Nuclear medicine study – Bone limited static plus flow	C		27.530	1592.00 (1396.50)
64910	Nuclear medicine study – Bone tomography regional	C		13.410	775.50 (680.30)
<b>Hand and Wrist</b>					
	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.	C			
65100	X-ray of the left hand	C		3.080	178.10 (156.20)
65105	X-ray of the right hand	C		3.080	178.10 (156.20)
65110	X-ray of the left hand – bone age	C		3.080	178.10 (156.20)
65120	X-ray of a finger	C		2.670	154.40 (135.40)
65130	X-ray of the left wrist	C		3.180	183.90 (161.30)



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65135	X-ray of the right wrist	C		3.180	183.90 (161.30)
65140	X-ray of the left scaphoid	C		3.300	190.80 (167.40)
65145	X-ray of the right scaphoid	C		3.300	190.80 (167.40)
65150	X-ray of the left wrist, scaphoid and stress views	C		7.560	437.20 (383.50)
65155	X-ray of the right wrist, scaphoid and stress views	C		7.560	437.20 (383.50)
65160	X-ray arthrography wrist joint including introduction of contrast	C		15.930	921.20 (808.10)
65170	X-ray guidance and introduction of contrast into wrist joint only	C		7.410	428.50 (375.90)
65200	Ultrasound of the left wrist	C		6.500	375.90 (329.70)
65210	Ultrasound of the right wrist	C		6.500	375.90 (329.70)
65300	CT of the left wrist and hand	C		24.360	1408.70 (1235.70)
65305	CT of the right wrist and hand	C		24.360	1408.70 (1235.70)
65310	CT of the left wrist and hand - complete with 3D recon	C		37.660	2177.80 (1910.40)
65315	CT of the right wrist and hand - complete with 3D recon	C		37.660	2177.80 (1910.40)
65320	CT of the left wrist and hand contrasted	C		39.970	2311.40 (2027.50)
65325	CT of the right wrist and hand contrasted	C		39.970	2311.40 (2027.50)
65330	CT of the left wrist and hand pre and post contrast	C		48.630	2812.20 (2466.80)
65335	CT of the right wrist and hand pre and post contrast	C		48.630	2812.20 (2466.80)
65400	MR of the left wrist and hand	C		64.640	3738.00 (3278.90)
65405	MR of the right wrist and hand	C		64.640	3738.00 (3278.90)
65410	MR of the left wrist and hand pre and post contrast	C		101.040	5842.90 (5125.40)
65415	MR of the right wrist and hand pre and post contrast	C		101.040	5842.90 (5125.40)
65900	Nuclear Medicine study – bone limited/regional static	C		21.500	1243.30 (1090.60)
65905	Nuclear Medicine study – bone limited static plus flow	C		27.530	1592.00 (1396.50)
65910	Nuclear Medicine study – bone tomography regional	C		13.410	775.50 (680.30)
Soft Tissue					
69900	Nuclear medicine study – Tumour localisation planar, static	C		20.740	1199.40 (1052.10)
69905	Nuclear medicine study – Tumour localisation planar, static, multiple studies	C		35.170	2033.80 (1784.00)
69910	Nuclear medicine study – Tumour localisation planar, static and SPECT	C		34.150	1974.80 (1732.30)
69915	Nuclear medicine study – Tumour localisation planar, static, multiple studies and SPECT	C		47.560	2750.30 (2412.50)
69920	Nuclear medicine study – Infection localisation planar, static	C		18.040	1043.20 (915.10)

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69925	Nuclear medicine study – Infection localisation planar, static, multiple studies	C		31.450	1818.70 (1595.40)
69930	Nuclear medicine study – Infection localisation planar, static and SPECT	C		31.450	1818.70 (1595.40)
69935	Nuclear medicine study – Infection localisation planar, static, multiple studies and SPECT	C		44.860	2594.20 (2275.60)
69940	Nuclear medicine study – Regional lymph node mapping dynamic	C		6.020	348.10 (305.40)
69945	Nuclear medicine study – Regional lymph node mapping, static, planar	C		24.100	1393.70 (1222.50)
69950	Nuclear medicine study – Regional lymph node mapping, static, planar, multiple	C		37.510	2169.10 (1902.70)
69955	Nuclear medicine study – Regional lymph node mapping SPECT	C		13.410	775.50 (680.30)
69960	Nuclear medicine study – Lymph node localisation with gamma probe	C		13.410	775.50 (680.30)
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.	C			
70100	X-ray lower limbs - any region- stress studies only	C		4.520	261.40 (229.30)
70110	X-ray lower limbs - any region-tomography	C		4.300	248.70 (218.20)
70120	X-ray of the lower limbs full length study	C		6.460	373.60 (327.70)
70200	Ultrasound lower limb – soft tissue - any region	C		7.380	426.80 (374.40)
70210	Ultrasound of the peripheral arterial system of the left leg including B mode, pulse and colour Doppler	C		13.640	788.80 (691.90)
70220	Ultrasound of the peripheral arterial system of the right leg including B mode, pulse and colour Doppler	C		13.640	788.80 (691.90)
70230	Ultrasound peripheral venous system lower limbs including pulse and colour doppler for deep vein thrombosis	C		13.640	788.80 (691.90)
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	C		19.660	1136.90 (997.30)
70300	CT of the lower limbs limited study	C		9.500	549.40 (481.90)
70310	CT angiography of the lower limb	C		79.430	4593.30 (4029.20)
70320	CT angiography abdominal aorta and outflow lower limbs	C		98.340	5686.80 (4988.40)
70400	MR of the lower limbs limited study	C		46.400	2683.20 (2353.70)
70410	MR angiography of the lower limb	C		76.660	4433.10 (3888.70)
70420	MR angiography of the abdominal aorta and lower limbs	C		118.860	6873.40 (6029.30)
70500	Angiography of pelvic and lower limb arteries unilateral	C		40.590	2347.20 (2058.90)

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70505	Angiography of pelvic and lower limb arteries bilateral	C		75.920	4390.30 (3851.10)
70510	Angiography of abdominal aorta, pelvic and lower limb vessels unilateral	C		61.230	3540.80 (3106.00)
70515	Angiography of abdominal aorta, pelvic and lower limb vessels bilateral	C		85.660	4953.50 (4345.20)
70520	Angiography translumbar aorta with full peripheral study	C		45.680	2641.60 (2317.20)
70530	Venography, antegrade of lower limb veins, unilateral	C		25.460	1472.30 (1291.50)
70535	Venography, antegrade of lower limb veins, bilateral	C		49.430	2858.40 (2507.40)
70540	Venography, retrograde of lower limb veins, unilateral	C		31.170	1802.50 (1581.10)
70545	Venography, retrograde of lower limb veins, bilateral	C		56.790	3284.10 (2880.80)
70560	Lymphangiography, lower limb, unilateral	C		51.040	2951.50 (2589.00)
70565	Lymphangiography, lower limb, bilateral	C		83.970	4855.80 (4259.50)
70900	Nuclear medicine study – Venogram lower limb	C		37.120	2146.60 (1883.00)
Femur					
71100	X-ray of the left femur	C		2.940	170.00 (149.10)
71105	X-ray of the right femur	C		2.940	170.00 (149.10)
71300	CT of the left femur	C		24.520	1417.90 (1243.80)
71305	CT of the right femur	C		24.520	1417.90 (1243.80)
71310	CT of the left upper leg contrasted	C		41.830	2418.90 (2121.80)
71315	CT of the right upper leg contrasted	C		41.830	2418.90 (2121.80)
71320	CT of the left upper leg pre and post contrast	C		49.710	2874.60 (2521.60)
71325	CT of the right upper leg pre and post contrast	C		49.710	2874.60 (2521.60)
71400	MR of the left upper leg	C		64.800	3747.30 (3287.10)
71405	MR of the right upper leg	C		64.800	3747.30 (3287.10)
71410	MR of the left upper leg pre and post contrast	C		102.040	5900.80 (5176.10)
71415	MR of the right upper leg pre and post contrast	C		102.040	5900.80 (5176.10)
71900	Nuclear Medicine study – bone limited/regional static	C		21.500	1243.30 (1090.60)
71905	Nuclear Medicine study – Bone limited static plus flow	C		27.530	1592.00 (1396.50)
71910	Nuclear Medicine study – Bone tomography regional	C		13.410	775.50 (680.30)
Knee					

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	Codes 72140 and 72145 (patella) may not be added to 72100, 72105, 72110, 72115, 72130, 72135 (knee views) Code 72160 (arthrography) includes fluoroscopy and introduction of contrast (00140 may not be added). 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.	C			
72100	X-ray of the left knee one or two views	C		2.770	160.20 (140.50)
72105	X-ray of the right knee one or two views	C		2.770	160.20 (140.50)
72110	X-ray of the left knee, more than two views	C		3.320	192.00 (168.40)
72115	X-ray of the right knee, more than two views	C		3.320	192.00 (168.40)
72120	X-ray of the left knee including patella	C		4.620	267.20 (234.40)
72125	X-ray of the right knee including patella	C		4.620	267.20 (234.40)
72130	X-ray of the left knee with stress views	C		5.820	336.60 (295.30)
72135	X-ray of the right knee with stress views	C		5.820	336.60 (295.30)
72140	X-ray of left patella	C		2.770	160.20 (140.50)
72145	X-ray of right patella	C		2.770	160.20 (140.50)
72150	X-ray both knees standing – single view	C		2.800	161.90 (142.00)
72160	X-ray arthrography knee joint including introduction of contrast	C		15.810	914.30 (802.00)
72170	X-ray guidance and introduction of contrast into knee joint only	C		7.410	428.50 (375.90)
72200	Ultrasound of the left knee joint	C		6.500	375.90 (329.70)
72205	Ultrasound of the right knee joint	C		6.500	375.90 (329.70)
72300	CT of the left knee	C		24.520	1417.90 (1243.80)
72305	CT of the right knee	C		24.520	1417.90 (1243.80)
72310	CT of the left knee complete study with 3D reconstructions	C		35.930	2077.80 (1822.60)
72315	CT of the right knee complete study with 3D reconstructions	C		35.930	2077.80 (1822.60)
72320	CT of the left knee contrasted	C		41.830	2418.90 (2121.80)
72325	CT of the right knee contrasted	C		41.830	2418.90 (2121.80)
72330	CT of the left knee pre and post contrast	C		49.760	2877.50 (2524.10)
72335	CT of the right knee pre and post contrast	C		49.760	2877.50 (2524.10)
72400	MR of the left knee	C		64.100	3706.80 (3251.60)
72405	MR of the right knee	C		64.100	3706.80 (3251.60)
72410	MR of the left knee pre and post contrast	C		100.840	5831.40 (5115.30)

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72415	MR of the right knee pre and post contrast	C		100.840	5831.40 (5115.30)
72900	Nuclear Medicine study – Bone limited/regional static	C		21.500	1243.30 (1090.60)
72905	Nuclear Medicine study – Bone limited static plus flow	C		27.530	1592.00 (1396.50)
72910	Nuclear Medicine study – Bone tomography regional	C		13.410	775.50 (680.30)
<b>Lower Leg</b>					
73100	X-ray of the left lower leg	C		2.940	170.00 (149.10)
73105	X-ray of the right lower leg	C		2.940	170.00 (149.10)
73300	CT of the left lower leg	C		24.520	1417.90 (1243.80)
73305	CT of the right lower leg	C		24.520	1417.90 (1243.80)
73310	CT of the left lower leg contrasted	C		41.830	2418.90 (2121.80)
73315	CT of the right lower leg contrasted	C		41.830	2418.90 (2121.80)
73320	CT of the left lower leg pre and post contrast	C		49.710	2874.60 (2521.60)
73325	CT of the right lower leg pre and post contrast	C		49.710	2874.60 (2521.60)
73400	MR of the left lower leg	C		64.200	3712.60 (3256.70)
73405	MR of the right lower leg	C		64.200	3712.60 (3256.70)
73410	MR of the left lower leg pre and post contrast	C		102.040	5900.80 (5176.10)
73415	MR of the right lower leg pre and post contrast	C		102.040	5900.80 (5176.10)
73900	Nuclear Medicine study – bone limited/regional static	C		21.500	1243.30 (1090.60)
73905	Nuclear Medicine study – bone limited static plus flow	C		27.530	1592.00 (1396.50)
73910	Nuclear Medicine study – bone tomography regional	C		13.410	775.50 (680.30)
<b>Ankle and Foot</b>					
	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.	C			
74100	X-ray of the left ankle	C		3.320	192.00 (168.40)
74105	X-ray of the right ankle	C		3.320	192.00 (168.40)
74110	X-ray of the left ankle with stress views	C		4.520	261.40 (229.30)
74115	X-ray of the right ankle with stress views	C		4.520	261.40 (229.30)
74120	X-ray of the left foot	C		2.800	161.90 (142.00)

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74125	X-ray of the right foot	C		2.800	161.90 (142.00)
74130	X-ray of the left calcaneus	C		2.740	158.40 (138.90)
74135	X-ray of the right calcaneus	C		2.740	158.40 (138.90)
74140	X-ray of both feet – standing – single view	C		2.800	161.90 (142.00)
74145	X-ray of a toe	C		2.670	154.40 (135.40)
74150	X-ray of the sesamoid bones one or both sides	C		2.800	161.90 (142.00)
74160	X-ray arthrography ankle joint including introduction of contrast	C		15.910	920.00 (807.00)
74170	X-ray guidance and introduction of contrast into ankle joint	C		7.410	428.50 (375.90)
74210	Ultrasound of the left ankle	C		6.500	375.90 (329.70)
74215	Ultrasound of the right ankle	C		6.500	375.90 (329.70)
74220	Ultrasound of the left foot	C		6.500	375.90 (329.70)
74225	Ultrasound of the right foot	C		6.500	375.90 (329.70)
74290	Ultrasound bone densitometry	C		2.040	118.00 (103.50)
74300	CT of the left ankle/foot	C		24.520	1417.90 (1243.80)
74305	CT of the right ankle/foot	C		24.520	1417.90 (1243.80)
74310	CT of the left ankle/foot – complete with 3D recon	C		37.810	2186.50 (1918.00)
74315	CT of the right ankle/foot – complete with 3D recon	C		37.810	2186.50 (1918.00)
74320	CT of the left ankle/foot contrasted	C		41.830	2418.90 (2121.80)
74325	CT of the right ankle/foot contrasted	C		41.830	2418.90 (2121.80)
74330	CT of the left ankle/foot pre and post contrast	C		49.710	2874.60 (2521.60)
74335	CT of the right ankle/foot pre and post contrast	C		49.710	2874.60 (2521.60)
74400	MR of the left ankle	C		64.100	3706.80 (3251.60)
74405	MR of the right ankle	C		64.100	3706.80 (3251.60)
74410	MR of the left ankle pre and post contrast	C		100.640	5819.80 (5105.10)
74415	MR of the right ankle pre and post contrast	C		100.640	5819.80 (5105.10)
74420	MR of the left foot	C		64.200	3712.60 (3256.70)
74425	MR of the right foot	C		64.200	3712.60 (3256.70)
74430	MR of the left foot pre and post contrast	C		102.040	5900.80 (5176.10)
74435	MR of the right foot pre and post contrast	C		102.040	5900.80 (5176.10)

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74900	Nuclear Medicine study – Bone limited/regional static	C		21.500	1243.30 (1090.60)
74905	Nuclear Medicine study – Bone limited static plus flow	C		27.530	1592.00 (1396.50)
74910	Nuclear Medicine study – Bone tomography regional	C		13.410	775.50 (680.30)
Soft Tissue					
79900	Nuclear Medicine study – Tumour localisation planar, static	C		20.740	1199.40 (1052.10)
79905	Nuclear Medicine study – Tumour localisation planar, static, multiple studies	C		35.170	2033.80 (1784.00)
79910	Nuclear Medicine study – Tumour localisation planar, static and SPECT	C		34.150	1974.80 (1732.30)
79915	Nuclear Medicine study – Tumour localisation planar, static, multiple studies & SPECT	C		47.560	2750.30 (2412.50)
79920	Nuclear Medicine study – Infection localisation planar, static	C		18.430	1065.80 (934.90)
79925	Nuclear Medicine study – Infection localisation planar, static, multiple studies	C		31.840	1841.20 (1615.10)
79930	Nuclear Medicine study – Infection localisation planar, static and SPECT	C		31.840	1841.20 (1615.10)
79935	Nuclear Medicine study – Infection localisation planar, static, multiple studies and SPECT	C		45.250	2616.70 (2295.40)
79940	Nuclear Medicine study – Regional lymph node mapping dynamic	C		6.020	348.10 (305.40)
79945	Nuclear Medicine study – Regional lymph node mapping, static, planar	C		24.100	1393.70 (1222.50)
79950	Nuclear Medicine study – Regional lymph node mapping, static, planar, multiple studies	C		37.510	2169.10 (1902.70)
79955	Nuclear Medicine study – Regional lymph node mapping and SPECT	C		13.410	775.50 (680.30)
79960	Nuclear Medicine study – Lymph node localisation with gamma probe	C		13.410	775.50 (680.30)
Intervention					
General					
	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.  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.  Codes 80640, 80645, 87682, 87683 include fluoroscopy. Machine fees may not be added.  All other interventional procedures are complete unique procedures describing a whole comprehensive procedure and combinations of different codes will only be supported when motivated.	U			
80600	Percutaneous abscess, cyst drainage, any region	C		9.370	541.80 (475.30)
80605	Fine needle aspiration biopsy, any region	C		4.220	244.00 (214.00)
80610	Cutting needle, trochar biopsy, any region	C		6.360	367.80 (322.60)
80620	Tumour/cyst ablation chemical	C		25.370	1467.10 (1286.90)
80630	Tumour ablation radio frequency, per lesion	U		21.210	1226.50 (1075.90)
80640	Insertion of CVP line in radiology suite	C		8.990	519.90 (456.10)

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80645	Peripheral central venous line insertion	A		12.120	700.90 (614.80)
80650	Infiltration of a peripheral joint, any region	A		6.400	370.10 (324.60)
	May be combined with relevant guidance (fluoroscopy, ultrasound, CT and MR). May not be combined with machine codes 00510, 00520, 00530, 00540, 00550, 00560 or 86610 (facet joint or SI joint) or arthrogram codes.	A			
<b>Neuro intervention</b>					
81600	Intracranial aneurysm occlusion, direct	C		214.520	12405.30 (10881.80)
81605	Intracranial arteriovenous shunt occlusion	C		254.820	14735.70 (12926.10)
81610	Dural sinus arteriovenous shunt occlusion	C		264.330	15285.70 (13408.50)
81615	Extracranial arteriovenous shunt occlusion	C		157.280	9095.20 (7978.20)
81620	Extracranial arterial embolisation (head and neck)	C		163.120	9432.90 (8274.50)
81625	Carotidocavernous fistula occlusion	C		192.290	11119.70 (9754.10)
81630	Intracranial angioplasty for stenosis, vasospasm	C		126.920	7339.50 (6438.20)
81632	Intracranial stent placement (including PTA)	A		133.720	7732.80 (6783.20)
81635	Temporary balloon occlusion test	C		83.420	4824.00 (4231.60)
	Code 81635 does not include the relevant preceding diagnostic study and may be combined with codes 10500, 10510, 10530, 10540, 10550.	A			
81640	Permanent carotid or vertebral artery occlusion (including occlusion test)	C		178.180	10303.80 (9038.40)
81645	Intracranial aneurysm occlusion with balloon remodelling	C		216.350	12511.10 (10974.60)
81650	Intracranial aneurysm occlusion with stent assistance	C		230.450	13326.50 (11689.90)
81655	Intracranial thrombolysis, catheter directed	C		58.940	3408.40 (2989.80)
	Code 81655 may be combined with any of the other neuro interventional codes 81600 to 81650	A			
81660	Nerve block, head and neck, per level	U		7.660	443.00 (388.60)
81665	Neurolysis, head and neck, per level	U		20.140	1164.70 (1021.70)
81670	Nerve block, head and neck, radio frequency, per level	U		19.040	1101.00 (965.80)
81680	Nerve block, coeliac plexus or other regions, per level	U		9.280	536.60 (470.70)
<b>Thorax</b>					
82600	Chest drain insertion	C		8.820	510.00 (447.40)
82605	Trachial, bronchial stent insertion	C		30.360	1755.70 (1540.10)
<b>Gastrointestinal</b>					
83600	Oesophageal stent insertion	C		31.220	1805.40 (1583.70)
83605	GIT balloon dilation	C		24.360	1408.70 (1235.70)
83610	GIT stent insertion (non-oesophageal)	C		32.020	1851.70 (1624.30)



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83615	Percutaneous gastrostomy, jejunostomy	C		25.360	1466.50 (1286.40)
Hepatobiliary					
84600	Percutaneous biliary drainage, external	C		33.980	1965.00 (1723.70)
84605	Percutaneous external/internal biliary drainage	C		37.210	2151.80 (1887.50)
84610	Permanent biliary stent insertion	C		51.220	2962.00 (2598.20)
84615	Drainage tube replacement	C		20.220	1169.30 (1025.70)
84620	Percutaneous bile duct stone or foreign object removal	C		49.980	2890.20 (2535.30)
84625	Percutaneous gall bladder drainage	C		29.580	1710.60 (1500.50)
84630	Percutaneous gallstone removal, including drainage	C		69.250	4004.60 (3512.80)
84635	Transjugular liver biopsy	C		24.930	1441.70 (1264.60)
84640	Transjugular intrahepatic Portosystemic shunt	C		119.470	6908.70 (6060.30)
84645	Transhepatic Portogram including venous sampling, pressure studies	C		81.890	4735.50 (4153.90)
84650	Transhepatic Portogram with embolisation of varices	C		100.810	5829.60 (5113.70)
84655	Percutaneous hepatic tumour ablation	C		15.680	906.70 (795.40)
84660	Percutaneous hepatic abscess, cyst drainage	C		13.200	763.30 (669.60)
84665	Hepatic chemoembolisation	C		59.440	3437.30 (3015.20)
84670	Hepatic arterial infusion catheter placement	C		60.300	3487.00 (3058.80)
Urogenital					
85600	Percutaneous nephrostomy, external drainage	C		29.970	1733.10 (1520.30)
85605	Percutaneous double J stent insertion including access	C		40.820	2360.50 (2070.60)
85610	Percutaneous renal stone, foreign body removal including access	C		66.790	3862.30 (3388.00)
85615	Percutaneous nephrostomy tract establishment	C		29.270	1692.60 (1484.70)
85620	Change of nephrostomy tube	C		15.900	919.50 (806.60)
85625	Percutaneous cystostomy	C		16.520	955.30 (838.00)
85630	Urethral balloon dilatation	C		14.240	823.50 (722.40)
85635	Urethral stent insertion	C		31.220	1805.40 (1583.70)
85640	Renal cyst ablation	C		11.920	689.30 (604.60)
85645	Renal abscess, cyst drainage	C		15.160	876.70 (769.00)
85655	Fallopian tube recanalisation	C		45.060	2605.70 (2285.70)
Spinal					
86600	Spinal vascular malformation embolisation	C		275.160	15912.00 (13957.90)

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86605	Vertebroplasty per level	C		22.300	1289.60 (1131.20)
86610	Facet joint block per level, uni- or bilateral	U		9.540	551.70 (483.90)
	Code 86610 may only be billed once per level, and not per left and right side per level	C			
86615	Spinal nerve block per level, uni- or bilateral	U		8.160	471.90 (413.90)
86620	Epidural block	C		9.420	544.70 (477.80)
86625	Chemoneurolysis, including discogram	C		18.320	1059.40 (929.30)
86630	Spinal nerve ablation per level	C		11.600	670.80 (588.40)
<b>Vascular</b>					
	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 than one defined anatomical site at the same sitting the relevant codes may be combined. However multiple balloon dilations or stent placements at one defined site will only attract one procedure code.	C			
87600	Percutaneous transluminal angioplasty: aorta, IVC	C		56.560	3270.80 (2869.10)
87601	Percutaneous transluminal angioplasty: iliac	C		55.760	3224.50 (2828.50)
87602	Percutaneous transluminal angioplasty: femoropopliteal	C		60.160	3478.90 (3051.70)
87603	Percutaneous transluminal angioplasty: subpopliteal	C		73.340	4241.10 (3720.30)
87604	Percutaneous transluminal angioplasty: brachiocephalic	C		67.120	3881.40 (3404.70)
87605	Percutaneous transluminal angioplasty: subclavian, axillary	C		60.160	3478.90 (3051.70)
87606	Percutaneous transluminal angioplasty: extracranial carotid	C		71.620	4141.60 (3633.00)
87607	Percutaneous transluminal angioplasty: extracranial vertebral	C		73.300	4238.80 (3718.20)
87608	Percutaneous transluminal angioplasty: renal	C		87.690	5070.90 (4448.20)
87609	Percutaneous transluminal angioplasty: coeliac, mesenteric	C		87.690	5070.90 (4448.20)
87620	Aorta stent-graft placement	C		120.750	6982.70 (6125.20)
87621	Stent insertion (including PTA): aorta, IVC	C		73.870	4271.80 (3747.20)
87622	Stent insertion (including PTA): iliac	C		76.370	4416.30 (3873.90)
87623	Stent insertion (including PTA): femoropopliteal	C		77.970	4508.80 (3955.10)
87624	Stent insertion (including PTA): subpopliteal	C		84.550	4889.40 (4288.90)
87625	Stent insertion (including PTA): brachiocephalic	C		98.470	5694.30 (4995.00)
87626	Stent insertion (including PTA): subclavian, axillary	C		86.690	5013.10 (4397.50)
87627	Stent insertion (including PTA): extracranial carotid	C		106.990	6187.00 (5427.20)
87628	Stent insertion (including PTA): extracranial vertebral	C		100.550	5814.60 (5100.50)
87629	Stent insertion (including PTA): renal	C		98.590	5701.30 (5001.10)

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87630	Stent insertion (including PTA): coeliac, mesenteric	C		98.590	5701.30 (5001.10)
87631	Stent-graft placement: iliac	C		76.370	4416.30 (3873.90)
87632	Stent-graft placement: femoropopliteal	C		77.970	4508.80 (3955.10)
87633	Stent-graft placement: brachiocephalic	C		98.470	5694.30 (4995.00)
87634	Stent-graft placement: subclavian, axillary	C		82.770	4786.40 (4198.60)
87635	Stent-graft placement: extracranial carotid	C		120.430	6964.20 (6108.90)
87636	Stent-graft placement: extracranial vertebral	C		114.730	6634.60 (5819.80)
87637	Stent-graft placement: renal	C		98.590	5701.30 (5001.10)
87638	Stent-graft placement: coeliac, mesenteric	C		98.590	5701.30 (5001.10)
87650	Thrombolysis in angiography suite, per 24 hours	C		45.820	2649.70 (2324.30)
	Code 87650 may be combined with any of the relevant non neuro interventional angiography and interventional codes 10520, 20500, 20510, 20520, 20530, 20540, 32500, 32530, 44500, 44503, 44505, 44507, 44510, 44515, 44517, 44520, 60500, 60510, 60520, 60530, 70500, 70505, 70510, 70515, 87600 to 87638.	A			
87651	Aspiration, rheolytic thrombectomy	C		77.670	4491.50 (3939.90)
87652	Atherectomy, per vessel	C		91.890	5313.80 (4661.20)
87653	Percutaneous tunnelled / subcutaneous arterial or venous central or other line insertion	U		28.150	1627.90 (1428.00)
87654	Thrombolysis follow-up	C		23.570	1363.00 (1195.60)
87655	Percutaneous sclerotherapy, vascular malformation	C		21.100	1220.20 (1070.40)
87660	Embolisation, mesenteric	C		100.430	5807.70 (5094.50)
87661	Embolisation, renal	C		99.360	5745.80 (5040.20)
87662	Embolisation, bronchial, intercostal	C		108.340	6265.10 (5495.70)
87663	Embolisation, pulmonary arteriovenous shunt	C		103.220	5969.00 (5236.00)
87664	Embolisation, abdominal, other vessels	C		101.440	5866.10 (5145.70)
87665	Embolisation, thoracic, other vessels	C		97.600	5644.00 (4950.90)
87666	Embolisation, upper limb	C		90.920	5257.70 (4612.00)
87667	Embolisation, lower limb	C		92.140	5328.30 (4673.90)
87668	Embolisation, pelvis, non-uterine	C		117.120	6772.80 (5941.10)
87669	Embolisation, uterus	C		113.880	6585.50 (5776.80)
87670	Embolisation, spermatic, ovaria veins	C		85.820	4962.80 (4353.30)
87680	Inferior vena cava filter placement	C		61.840	3576.10 (3136.90)
87681	Intravascular foreign body removal	C		85.030	4917.10 (4313.20)

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87682	Revision of access port (tunnelled or implantable)	A		14.120	816.50 (716.20)
87683	Removal of access port (tunnelled or implantable)	A		11.120	643.00 (564.00)
87690	Superior petrosal venous sampling	C		73.010	4222.00 (3703.50)
87691	Pancreatic stimulation test	C		89.790	5192.40 (4554.70)
87692	Transportal venous sampling	C		76.950	4449.90 (3903.40)
87693	Adrenal venous sampling	C		55.010	3181.10 (2790.40)
87694	Parathyroid venous sampling	C		86.660	5011.40 (4396.00)
87695	Renal venous sampling	C		55.010	3181.10 (2790.40)
<b>ANNEXURE A</b>					
	<p>Radiology tariff Contrast price effective 1 Jan 2004 PER VIAL</p> <p>For use in conjunction with codes:</p> <p>00190 X-ray examination contrast material</p> <p>00290 Ultrasound examination contrast material</p> <p>00390 CT examination contrast material</p> <p>00490 MR examination contrast material</p> <p>00590 Angiography and interventional examination contrast material</p> <p>Note to Funders:</p> <p>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>	C			
<b>ANNEXURE B</b>					
	Radiology tariff Contrast price effective 1 Jan 2004 PER VIAL	C			
	Contrast Index Price Range - 2004 contrast prices	C			
<b>ANNEXURE C</b>					
	<p>Recommended Isotope and Kit Prices for Nuclear Medicine for 2004 by the Association of Nuclear Medicine Physicians</p> <p>For use in conjunction with codes:</p> <p>00990 Nuclear Medicine Isotope</p> <p>00991 Nuclear Medicine Substrate</p> <p>&lt;&lt;Insert object table here&gt;&gt;</p>	C			