

**NATIONAL REFERENCE PRICE LIST FOR RADIOLOGISTS, EFFECTIVE FROM 1 JANUARY 2006**

The following reference price list is not a set of tariffs that must be applied by medical schemes and/or providers. It is rather intended to serve as a baseline against which medical schemes can individually determine benefit levels and health service providers can individually determine fees charged to patients. Medical schemes may, for example, determine in their rules that their benefit in respect of a particular health service is equivalent to a specified percentage of the national health reference price list. It is especially intended to serve as a basis for negotiation between individual funders and individual health care providers with a view to facilitating agreements which will minimise balance billing against members of medical schemes. Should individual medical schemes wish to determine benefit structures, and individual providers determine fee structures, on some other basis without reference to this list, they may do so as well.

In calculating the prices in this schedule, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10cent. Modifier values are rounded to the nearest cent. When new item prices are calculated, e.g. when applying a modifier, the same rounding scheme should be followed.

VAT EXCLUSIVE PRICES APPEAR IN BRACKETS.

This schedule is for the exclusive use of registered specialist radiology practices (Pr No "038") and nuclear medicine practices (Pr No "025"). "025" practices may only charge the codes with a 3rd digit of 9. "038" practices may charge all codes except codes with a 3rd digit of 9. Practitioners registered as both radiologists and nuclear physicians may charge all codes.

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

**Code Structure Framework**

- a. The tariff code consists of 5 digits
  - i. 1st digit indicates the main anatomical region or procedural category.
    - 0 = General (non specific)
    - 1 = Head
    - 2 = Neck
    - 3 = Thorax
    - 4 = Abdomen and Pelvis (soft tissue)
    - 5 = Spine, Pelvis and Hips
    - 6 = Upper limbs
    - 7 = Lower limbs
    - 8 = Interventional
    - 9 = Soft tissue regions (nuclear medicine)
    - eg "Head" = 1xxxx
  - ii. 2nd digit indicates the sub region within a main region or category eg.
    - "Head / Skull and Brain" = 10xxx
  - iii. 3rd digit indicates modality
    - 1 = General (Black and White) x-rays
    - 2 = Ultrasound
    - 3 = Computed Tomography
    - 4 = Magnetic Resonance Imaging
    - 5 = Angiography
    - 6 = Interventional radiology
    - 9 = Nuclear Medicine (Isotopes)
    - eg: "Head / Skull and Brain / General x-ray" = 101xx
  - iv. 4th and 5th digits are specific to a procedure / examination, eg
    - "Head / Skull and Brain / General / X-ray of the skull" = 10100.

**Guidelines for use of coding structure**

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

**Consumables**

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

**General Comments on Procedural Codes**

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

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

## **General Codes**

### **Modifiers**

00091	Radiology and nuclear medicine services rendered to hospital inpatients	04.00
00092	Radiology and nuclear medicine services rendered to outpatients	04.00
00093	A reduction of one third (33.33%) will apply to radiological examinations where hospital equipment it used	04.00

### **Equipment / Diagnostic**

Code	Description	Ver	Add	Nuclear Medicine		Radiology	
				RVU	Fee	RVU	Fee
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).	05.04				-	-
	Appropriate code to be provided. See separate codes for contrast and isotopes	04.00					
00110	X-ray skeletal survey under five years	04.00				6.260	379.70 (333.10)
00115	X-ray skeletal survey over five years	04.00				10.400	630.90 (553.40)
00120	X-ray sinogram any region	04.00				10.890	660.60 (579.50)
00130	X-ray with mobile unit in other facility	04.00				1.900	115.30 (101.10)
	To be added to applicable procedure codes eg 30100.	04.00					
00135	X-ray control view in theatre any region	04.00				5.260	319.10 (279.90)
00140	X-ray fluoroscopy any region	04.00				2.260	137.10 (120.30)
	May only be added to the examination when fluoroscopy is not included in the standard procedure code. May not be added to: • any angiography, venography, lymphangiography or interventional codes. • any contrasted fluoroscopy examination.	04.00					
00145	X-ray fluoroscopy guidance for biopsy, any region	04.00				5.300	321.50 (282.00)
	Add to the procedure eg. 80600, 80605, 80610.	04.00					
00150	X-ray C-Arm (equipment fee only, not procedure) per half hour	04.00				2.420	146.80 (128.80)
	Only to be used if equipment is owned by the radiologist.	04.00					
00155	X-ray C-arm fluoroscopy in theatre per half hour (procedure only)	04.00				2.300	139.50 (122.40)
00160	X-ray fixed theatre installation (equipment fee only)	04.00				2.260	137.10 (120.30)
	Only to be used if equipment is owned by the radiologist.	04.00					
00190	X-ray examination contrast material	04.00				-	-
	Identification code for the use of contrast with a procedure. Appropriate codes to be supplied.	04.00					
00210	Ultrasound with mobile unit in other facility	04.00				1.840	111.60 (97.90)
	Add to the relevant ultrasound examination codes eg 10200.	04.00					
00220	Ultrasound intra-operative study	04.00				7.320	444.00 (389.50)
	Covers all regions studied. Single code per operative procedure.	04.00					
00230	Ultrasound guidance	04.00				12.100	734.00 (643.90)
	Comprehensive ultrasound code including regional study and guidance. Guided procedure code to be added eg. 80600, 80605, 80610.	04.00					
00240	Ultrasound guidance for tissue ablation	04.00				11.240	681.80 (598.10)
	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.	04.00					
00250	Ultrasound limited Doppler study any region	05.03				6.500	394.30 (345.90)
	Stand alone code may not be added to any other code.	05.03					
00290	Ultrasound examination contrast material	04.00				-	-
	Identification code for the use of contrast with a procedure. Appropriate codes to be supplied.	04.00					

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00310	CT planning study for radiotherapy	04.00				21.370	1296.30 (1137.10)
00591	Radiology prosthetic device	06.02					
	To be used once per planning session for any region	04.00					
00320	CT guidance (separate procedure)	04.00				16.920	1026.40 (900.40)
	Comprehensive CT code including regional study and guidance. Guided procedure code to be added eg 80600, 80605, and 80610.	04.00					
00330	CT guidance, with diagnostic procedure	04.00				8.460	513.20 (450.20)
	To be added to the diagnostic procedure code. Guided procedure code to be added eg 80600, 80605, 80610.	04.00					
00340	CT guidance and monitoring for tissue ablation	04.00				21.150	1283.00 (1125.40)
	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.	04.00					
00390	CT examination contrast material	04.00				-	-
	Identification code for the use of contrast with a procedure. Appropriate codes to be supplied.	04.00					
00410	MR study of the whole body for metastases screening	04.00				70.400	4270.60 (3746.10)
00420	MR Spectroscopy any region	04.00				28.900	1753.10 (1537.80)
	May be added to the regional study, once only.	04.00					
00430	MR guidance for needle replacement	04.00				42.560	2581.80 (2264.70)
	Comprehensive MRI code including region studied and guidance. Guided procedure code to be added eg 80600, 80605, 80610.	04.00					
00440	MR low field strength imaging of peripheral joint any region	04.00				12.000	727.90 (638.50)
00450	MR planning study for radiotherapy or surgical procedure	04.00				38.000	2305.20 (2022.10)
00455	MR planning study for radiotherapy or surgical procedure, with contrast	04.00				47.000	2851.10 (2501.00)
00490	MR examination contrast material	04.00				-	-
	Identification code for the use of contrast with a procedure. Appropriate codes to be supplied.	04.00					
00510	Analogue monoplane screening table	04.00				41.010	2487.70 (2182.20)
	A machine code may be added once per complete procedure / patient visit.	04.00					
00520	Analogue monoplane table with DSA attachment	04.00				47.500	2881.40 (2527.50)
	A machine code may be added once per complete procedure / patient visit.	04.00					
00530	Dedicated angiography suite: Analogue monoplane unit. Once off charge per patient by owner of equipment.	04.00				47.500	2881.40 (2527.50)
	A machine code may be added once per complete procedure / patient visit.	04.00					
00540	Digital monoplane screening table	04.00				79.920	4848.10 (4252.70)
	A machine code may be added once per complete procedure / patient visit.	04.00					
00550	Dedicated angiography suite: Digital monoplane unit. Once off charge per patient by owner of equipment.	04.00				93.030	5643.40 (4950.40)
	A machine code may be added once per complete procedure / patient visit.	04.00					
00560	Dedicated angiography suite: Digital bi-plane unit. Once off charge per patient by owner of equipment.	04.00				125.000	7582.80 (6651.60)
	A machine code may be added once per complete procedure / patient visit.	04.00					
00590	Angiography and interventional examination contrast material	04.00				-	-
	Identification code for the use of contrast with a procedure. Appropriate codes to be supplied.	04.00					
00900	Nuclear Medicine study - Bone, whole body, appendicular and axial skeleton	04.00		34.920	2118.30 (1858.20)		
00903	Nuclear Medicine study - Bone, whole body, appendicular and axial skeleton and SPECT	04.00		48.330	2931.80 (2571.80)		
00906	Nuclear Medicine study - Venous thrombosis regional	04.00		21.540	1306.70 (1146.20)		
00909	Nuclear Medicine study - Tumour whole body	04.00		34.150	2071.60 (1817.20)		

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00912	Nuclear Medicine study - Tumour whole body multiple studies	04.00		47.560	2885.10 (2530.80)		
00915	Nuclear Medicine study - Tumour whole body and SPECT	04.00		47.560	2885.10 (2530.80)		
00918	Nuclear Medicine study - Tumour whole body multiple studies & SPECT	04.00		60.980	3699.20 (3244.90)		
00921	Nuclear Medicine study – Infection whole body	04.00		31.450	1907.80 (1673.50)		
00924	Nuclear Medicine study – infection whole body with SPECT	04.00		44.860	2721.30 (2387.10)		
00927	Nuclear Medicine study – infection whole body multiple studies	04.00		44.860	2721.30 (2387.10)		
00930	Nuclear Medicine study – infection whole body with SPECT multiple studies	04.00		58.270	3534.80 (3100.70)		
00933	Nuclear Medicine study - Bone marrow imaging limited area	04.00		24.100	1462.00 (1282.50)		
00936	Nuclear Medicine study - Bone marrow imaging whole body	04.00		37.510	2275.40 (1996.00)		
00939	Nuclear Medicine study - Bone marrow imaging limited area multiple studies	04.00		37.510	2275.40 (1996.00)		
00942	Nuclear Medicine study - Bone marrow imaging whole body multiple studies	04.00		50.920	3088.90 (2709.60)		
00945	Nuclear Medicine study - Spleen imaging only - haematopoietic	04.00		24.100	1462.00 (1282.50)		
00960	Nuclear Medicine therapy – Hyperthyroidism	04.00		11.990	727.30 (638.00)		
00965	Nuclear Medicine therapy - Thyroid carcinoma and metastases	04.00		6.470	392.50 (344.30)		
00970	Nuclear Medicine therapy – Intra-cavity radio-active colloid therapy	04.00		6.470	392.50 (344.30)		
00975	Nuclear Medicine therapy - Interstitial radio-active colloid therapy	04.00		6.470	392.50 (344.30)		
00980	Nuclear Medicine therapy - Intravascular radio pharmaceutical therapy particulate	04.00		6.470	392.50 (344.30)		
00985	Nuclear Medicine therapy - Intra-articular radio pharmaceutical therapy	04.00		6.470	392.50 (344.30)		
00990	Nuclear Medicine Isotope	04.00		-	-		
	Identification code for the use of isotope with a procedure. Appropriate codes to be supplied.	04.00					
00991	Nuclear Medicine Substrate	04.00		-	-		
<b>Call and assistance</b>							
	<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>						05.05
01010	Emergency call out fee, first case	04.00				3.000	182.00 (159.60)
01020	Emergency call out fee, subsequent cases same trip	04.00				2.000	121.30 (106.40)
01030	Radiologist assistance in theatre, per half hour	04.00				6.000	364.00 (319.30)
01040	Radiographer attendance in theatre, per half hour	04.00				1.600	97.10 (85.20)
01050	Written report on study done elsewhere, short	04.00				1.500	91.00 (79.80)
01055	Written report on study done elsewhere, extensive	04.00				4.200	254.80 (223.50)
01060	Written report for medico legal purposes, per hour	04.00				9.720	589.60 (517.20)
01070	Consultation for pre-assessment of interventional procedure	04.00				4.860	294.80 (258.60)
01100	X-ray procedure after hours, per procedure	04.00				2.000	-
01200	Ultrasound procedure after hours, per procedure	04.00				4.000	-
01300	CT procedure after hours, per procedure	04.00				10.000	-
01400	MR procedure after hours, per procedure	04.00				14.000	-

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01500	Angiography procedure after hours, per procedure	04.00				20.000	-
01600	Interventional procedure after hours, per procedure	04.00				26.000	-
01970	Consultation for nuclear medicine study	04.00		2.200	133.50 (117.10)		
<b>Monitoring</b>							
	• ECG / Pulse oximetry monitoring (02010). Use for monitoring patients requiring conscious sedation during imaging procedure. Not to be used as a routine.						04.00
02010	ECG/pulse Oximeter monitoring	04.00				2.000	121.30 (106.40)
<b>Head</b>							
<b>Skull and Brain</b>							
	Codes 10100 (skull) and 10110 (tomography) may be combined.						04.00
10100	X-ray of the skull	04.00				3.860	234.20 (205.40)
10110	X-ray tomography of the skull	04.00				4.300	260.80 (228.80)
10120	X-ray shuntogram for VP shunt	04.00				15.360	931.80 (817.40)
10200	Ultrasound of the brain – Neonatal	04.00				7.380	447.70 (392.70)
10210	Ultrasound of the brain including doppler	04.00				13.220	802.00 (703.50)
10220	Ultrasound of the intracranial vasculature, including B mode, pulse and colour doppler	04.00				15.040	912.40 (800.40)
10300	CT Brain uncontrasted	04.00				22.650	1374.00 (1205.30)
10310	CT Brain with contrast only	04.00				33.280	2018.80 (1770.90)
10320	CT Brain pre and post contrast	04.00				40.480	2455.60 (2154.00)
10325	CT brain pre and post contrast for perfusion studies	05.03				49.100	2978.50 (2612.70)
	Stand alone code may not be added to any other CT studies of the brain, except for code 10330	05.03					
10330	CT angiography of the brain	04.00				77.580	4706.20 (4128.20)
10335	CT of the brain pre and post contrast with angiography	04.00				97.910	5939.40 (5210.00)
10340	CT brain for cranio-stenosis including 3D	04.00				34.160	2072.20 (1817.70)
10350	CT Brain stereotactic localisation	04.00				19.360	1174.40 (1030.20)
10360	CT base of skull coronal high resolution study for CSF leak	05.03				34.900	2117.10 (1857.10)
10400	MR of the brain, limited study	04.00				43.560	2642.40 (2317.90)
10410	MR of the brain uncontrasted	04.00				63.800	3870.20 (3394.90)
10420	MR of the brain with contrast	04.00				75.940	4606.70 (4041.00)
10430	MR of the brain pre and post contrast	04.00				104.040	6311.30 (5536.20)
10440	MR of the brain pre and post contrast, for perfusion studies	04.00				107.440	6517.50 (5717.10)
10450	MR of the brain plus angiography	04.00				92.200	5593.00 (4906.10)
10460	MR of the brain pre and post contrast plus angiography	04.00				121.230	7354.10 (6451.00)
10470	MR angiography of the brain uncontrasted	04.00				58.500	3548.70 (3112.90)
10480	MR angiography of the brain contrasted	04.00				74.020	4490.20 (3938.80)
10485	MR of the brain, with diffusion studies	04.00				79.000	4792.30 (4203.80)
10490	MR of the brain, pre and post contrast, with diffusion studies,	04.00				110.640	6711.60 (5887.40)
10492	MR study of the brain plus angiography plus diffusion, uncontrasted	04.00				95.000	5762.90 (5055.20)
10495	MR of the brain pre and post contrast plus angiography and diffusion	04.00				125.440	7609.40 (6674.90)

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10500	Arteriography of intracranial vessels: 1 - 2 vessels	04.00				48.600	2948.20 (2586.10)
10510	Arteriography of intracranial vessels: 3 - 4 vessels	04.00				82.330	4994.30 (4381.00)
10520	Arteriography of extra-cranial (non-cervical) vessels	04.00				48.440	2938.50 (2577.60)
10530	Arteriography of intracranial and extra-cranial (non-cervical) vessels	04.00				118.090	7163.60 (6283.90)
10540	Arteriography of intracranial vessels (4) plus 3 D rotational angiography	04.00				97.570	5918.80 (5191.90)
10550	Arteriography of intracranial vessels (1) plus 3D rotational angiography	04.00				37.290	2262.10 (1984.30)
10560	Venography of dural sinuses	04.00				52.230	3168.40 (2779.30)
10900	Nuclear Medicine study – Bone regional, static	04.00		21.500	1304.20 (1144.00)		
10905	Nuclear Medicine study – Bone regional, static, with flow	04.00		27.530	1670.00 (1464.90)		
10910	Nuclear Medicine study – Bone regional, static with SPECT	04.00		34.920	2118.30 (1858.20)		
10915	Nuclear Medicine study – Bone regional, static, with flow, with SPECT	04.00		40.940	2483.50 (2178.50)		
10920	Nuclear Medicine study – Brain, planar, complete, static	04.00		16.920	1026.40 (900.40)		
10925	Nuclear Medicine study – Brain complete static with vascular flow	04.00		22.950	1392.20 (1221.20)		
10930	Nuclear Medicine study – Brain, planar, complete, static, with SPECT	04.00		30.330	1839.90 (1613.90)		
10935	Nuclear Medicine study – Brain, planar, complete, static, with flow, with SPECT	04.00		36.360	2205.70 (1934.80)		
10940	Nuclear Medicine study - CSF flow imaging cisternography	04.00		21.600	1310.30 (1149.40)		
10945	Nuclear Medicine study – Ventriculography	04.00		13.410	813.50 (713.60)		
10950	Nuclear Medicine study - Shunt evaluation static, planar	04.00		13.410	813.50 (713.60)		
10955	Nuclear Medicine study - CFS leakage detection and localisation	04.00		13.410	813.50 (713.60)		
10960	Nuclear medicine study - CSF SPECT	04.00		13.410	813.50 (713.60)		
<b>Facial bones and nasal bones</b>							
	Codes 11100 (facial bones) and 11110 (tomography) may be combined						04.00
11100	X-ray of the facial bones	04.00				3.930	238.40 (209.10)
11110	X-ray tomography of the facial bones	04.00				4.300	260.80 (228.80)
11120	X-ray of the nasal bones	04.00				2.390	145.00 (127.20)
11300	CT of the facial bones	04.00				20.960	1271.50 (1115.40)
11310	CT of the facial bones with 3D reconstructions	04.00				30.400	1844.10 (1617.60)
11320	CT of the facial bones/soft tissue, pre and post contrast	04.00				41.260	2502.90 (2195.50)
11400	MR of the facial soft tissue	04.00				62.400	3785.30 (3320.40)
11410	MR of the facial soft tissue pre and post contrast	04.00				100.600	6102.60 (5353.20)
11420	MR of the facial soft tissue plus angiography, with contrast	04.00				110.300	6691.00 (5869.30)
11430	MR angiography of the facial soft tissue	04.00				74.020	4490.20 (3938.80)
<b>Orbits, lacrimal glands and tear ducts</b>							
	Code 12130 (tomography) may be added to 12100 or 12110 or 12120 (orbits) or 12140 (dacryocystography).						04.00
12100	X-ray orbits less than three views	04.00				3.560	216.00 (189.50)
12110	X-ray of the orbits, three or more views, including foramina	04.00				5.300	321.50 (282.00)
12120	X-ray of the orbits for foreign body	04.00				3.560	216.00 (189.50)

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12130	X-ray tomography of the orbits	04.00				4.300	260.80 (228.80)
12140	X-ray dacrocystography	04.00				11.200	679.40 (596.00)
12200	Ultrasound of the orbit/eye	04.00				5.130	311.20 (273.00)
12210	Ultrasound of the orbit/eye including doppler	04.00				10.970	665.50 (583.80)
12300	CT of the orbits single plane	04.00				15.700	952.40 (835.40)
12310	CT of the orbits, more than one plane	04.00				20.590	1249.00 (1095.60)
12320	CT of the orbits pre and post contrast single plane	04.00				36.030	2185.70 (1917.30)
12330	CT of the orbits pre and post contrast multiple planes	04.00				39.700	2408.30 (2112.50)
12400	MR of the orbits	04.00				62.460	3788.90 (3323.60)
12410	MR of the orbitae, pre and post contrast	04.00				100.640	6105.00 (5355.30)
12900	Nuclear Medicine study – Dacrocystography	04.00		20.770	1259.90 (1105.20)		
<b>Paranasal sinuses</b>							
	Code 13120 (tomography) may be added to 13100, 13110 (paranasal sinuses), 13130 (nasopharyngeal).						04.00
13100	X-ray of the paranasal sinuses, single view	04.00				2.740	166.20 (145.80)
13110	X-ray of the paranasal sinuses, two or more views	04.00				3.660	222.00 (194.70)
13120	X-ray tomography of the paranasal sinuses	04.00				4.300	260.80 (228.80)
13130	X-ray of the naso-pharyngeal soft tissue	04.00				2.740	166.20 (145.80)
13300	CT of the paranasal sinuses single plane, limited study	04.00				7.200	436.80 (383.20)
13310	CT of the paranasal sinuses, two planes, limited study	04.00				12.400	752.20 (659.80)
13320	CT of the paranasal sinuses, any plane, complete study	04.00				15.420	935.40 (820.50)
13330	CT of the paranasal sinuses, more than one plane, complete study	04.00				20.770	1259.90 (1105.20)
13340	CT of the paranasal sinuses, any plane, complete study: pre and post contrast	04.00				34.740	2107.40 (1848.60)
13350	CT of the paranasal sinuses, more than one plane, complete study; pre and post contrast	04.00				41.010	2487.70 (2182.20)
13400	MR of the paranasal sinuses	04.00				60.270	3656.10 (3207.10)
13410	MR of the paranasal sinuses, pre and post contrast	04.00				96.590	5859.30 (5139.70)
<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.						04.00
14100	X-ray of the mandible	04.00				3.660	222.00 (194.70)
14110	X-ray orthopantomogram of the jaws and teeth	04.00				4.060	246.30 (216.10)
14120	X-ray maxillofacial cephalometry	04.00				2.770	168.00 (147.40)
14130	X-ray of the teeth single quadrant	04.00				2.000	121.30 (106.40)
14140	X-ray of the teeth more than one quadrant	04.00				2.530	153.50 (134.60)
14150	X-ray of the teeth full mouth	04.00				3.620	219.60 (192.60)
14160	X-ray tomography of the teeth per side	04.00				3.230	195.90 (171.80)
14300	CT of the mandible	04.00				22.280	1351.50 (1185.50)

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14310	CT of the mandible, pre and post contrast	04.00				41.260	2502.90 (2195.50)
14320	CT mandible with 3D reconstructions	04.00				30.400	1844.10 (1617.60)
14330	CT for dental implants in the mandible	04.00				27.450	1665.20 (1460.70)
14340	CT for dental implants in the maxilla	04.00				27.450	1665.20 (1460.70)
14400	MR of the mandible/maxilla	04.00				63.800	3870.20 (3394.90)
14410	MR of the mandible/maxilla, pre and post contrast	04.00				98.640	5983.70 (5248.90)
<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).						04.00
15100	X-ray tempero-mandibular joint, left	04.00				3.560	216.00 (189.50)
15110	X-ray tempero-mandibular joint, right	04.00				3.560	216.00 (189.50)
15120	X-ray tomography tempero-mandibular joint, left	04.00				4.300	260.80 (228.80)
15130	X-ray tomography tempero-mandibular joint, right	04.00				4.300	260.80 (228.80)
15140	X-ray arthrography of the tempero-mandibular joint, left	04.00				15.410	934.80 (820.00)
15150	X-ray arthrography of the tempero-mandibular joint, right	04.00				15.410	934.80 (820.00)
15200	Ultrasound tempero-mandibular joints, one or both sides	04.00				6.560	397.90 (349.00)
15300	CT of the tempero-mandibular joints	04.00				25.380	1539.60 (1350.50)
15310	CT of the tempero-mandibular joints plus 3D reconstructions	04.00				34.500	2092.80 (1835.80)
15320	CT arthrogram of the tempero-mandibular joints	04.00				35.960	2181.40 (1913.50)
15400	MR of the tempero-mandibular joints	04.00				63.800	3870.20 (3394.90)
15410	MR of the tempero-mandibular joints, pre and post contrast	04.00				100.840	6117.20 (5366.00)
15420	MR arthrogram of the tempero-mandibular joints	04.00				74.710	4532.10 (3975.50)
<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.						04.00
16100	X-ray of the mastoids, unilateral	04.00				3.590	217.80 (191.10)
16110	X-ray of the mastoids, bilateral	04.00				7.180	435.60 (382.10)
16120	X-ray tomography of the petro-temporal bone, unilateral	04.00				4.300	260.80 (228.80)
16130	X-ray tomography of the petro-temporal bone, bilateral	04.00				8.600	521.70 (457.60)
16140	X-ray internal auditory canal, bilateral	04.00				5.230	317.30 (278.30)
16150	X-ray tomography of the internal auditory canal, bilateral	04.00				4.300	260.80 (228.80)
16300	CT of the mastoids	04.00				12.600	764.30 (670.40)
16310	CT of the internal auditory canal	04.00				21.470	1302.40 (1142.50)
16320	CT of the internal auditory canal, pre and post contrast	04.00				34.200	2074.60 (1819.80)
16330	CT of the ear structures, limited study	04.00				13.400	812.90 (713.10)
16340	CT of the middle and inner ear structures, high definition including all reconstructions in various planes	04.00				43.350	2629.70 (2306.80)
16400	MR of the internal auditory canals, limited study	04.00				43.560	2642.40 (2317.90)



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16410	MR of the internal auditory canals, pre and post contrast, limited study	04.00				68.930	4181.40 (3667.90)
16420	MR of the internal auditory canals, pre and post contrast, complete study	04.00				102.640	6226.30 (5461.70)
16430	MR of the ear structures	04.00				64.400	3906.60 (3426.80)
16440	MR of the ear structures, pre and post contrast	04.00				102.640	6226.30 (5461.70)
<b>Sella turcica</b>							
	Code 17100 (sella) and 17110 (tomography) may be combined.						04.00
17100	X-ray of the sella turcica	04.00				3.080	186.80 (163.90)
17110	X-ray tomography of the sella turcica	04.00				4.300	260.80 (228.80)
17300	CT of the sella turcica/hypophysis	04.00				17.450	1058.60 (928.60)
17310	CT of the sella turcica/hypophysis, pre and post contrast	04.00				42.260	2563.60 (2248.80)
17400	MR of the hypophysis	04.00				43.560	2642.40 (2317.90)
17410	MR of the hypophysis, pre and post contrast	04.00				74.030	4490.80 (3939.30)
<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).						04.00
18100	X-ray of the salivary glands and ducts for calculus	04.00				2.840	172.30 (151.10)
18110	X-ray of the salivary ducts, open mouth for calculus	04.00				1.900	115.30 (101.10)
18120	X-ray sialography, per gland	04.00				14.080	854.10 (749.20)
18200	Ultrasound of the salivary glands/floor of the mouth	04.00				6.560	397.90 (349.00)
18300	CT of the salivary glands, uncontrasted	04.00				12.600	764.30 (670.40)
18310	CT of the salivary glands/floor of the mouth, pre and post contrast	04.00				42.100	2553.90 (2240.30)
18320	CT sialography	04.00				26.280	1594.20 (1398.40)
18400	MR of the salivary glands/floor of the mouth	04.00				63.200	3833.80 (3363.00)
18410	MR of the salivary glands/floor of the mouth, pre and post contrast	04.00				100.840	6117.20 (5366.00)
18900	Nuclear Medicine study - Salivary gland imaging	04.00		20.770	1259.90 (1105.20)		
<b>Soft Tissue</b>							
19900	Nuclear Medicine study - Tumour localisation planar, static	04.00		20.740	1258.10 (1103.60)		
19905	Nuclear Medicine study - Tumour localisation planar, static, multiple studies	04.00		35.170	2133.50 (1871.50)		
19910	Nuclear Medicine study - Tumour localisation planar, static and SPECT	04.00		34.150	2071.60 (1817.20)		
19915	Nuclear Medicine study - Tumour localisation planar, static, multiple studies and SPECT	04.00		47.560	2885.10 (2530.80)		
19920	Nuclear medicine study - Infection localisation planar, static	04.00		18.040	1094.30 (959.90)		
19925	Nuclear medicine study - Infection localisation planar, static, multiple studies	04.00		31.450	1907.80 (1673.50)		
19930	Nuclear medicine study - Infection localisation planar, static and SPECT	04.00		31.450	1907.80 (1673.50)		
19935	Nuclear medicine study - Infection localisation planar, static, multiple studies and SPECT	04.00		44.860	2721.30 (2387.10)		
<b>Neck</b>							
	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).						04.00
20100	X-ray of soft tissue of the neck	04.00				2.740	166.20 (145.80)
20110	X-ray of the larynx including tomography	04.00				9.390	569.60 (499.60)

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20120	X-ray laryngography	04.00				8.280	502.30 (440.60)
20130	X-ray evaluation of pharyngeal movement and speech by screening and / or cine with or without video recording	04.00				8.300	503.50 (441.70)
20200	Ultrasound of the thyroid	04.00				6.560	397.90 (349.00)
20210	Ultrasound of soft tissue of the neck	04.00				6.560	397.90 (349.00)
20220	Ultrasound of the carotid arteries, bilateral including B mode, pulsed and colour doppler	04.00				15.000	909.90 (798.20)
20230	Ultrasound of the entire extracranial vascular tree including carotids, vertebral and subclavian vessels with B mode, pulse and colour doppler	04.00				21.840	1324.90 (1162.20)
20240	Ultrasound study of the venous system of the neck including pulse and colour Doppler	05.03				10.800	655.10 (574.60)
20300	CT of the soft tissues of the neck	04.00				18.250	1107.10 (971.10)
20310	CT of the soft tissues of the neck, with contrast	04.00				38.150	2314.30 (2030.10)
20320	CT of the soft tissues of the neck, pre and post contrast	04.00				43.810	2657.60 (2331.20)
20330	CT angiography of the extracranial vessels in the neck	04.00				79.360	4814.10 (4222.90)
20340	CT angiography of the extracranial vessels in the neck and intracranial vessels of the brain	04.00				107.500	6521.20 (5720.40)
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	04.00				124.430	7548.20 (6621.20)
20400	Mr of the soft tissue of the neck	04.00				63.600	3858.10 (3384.30)
20410	MR of the soft tissue of the neck, pre and post contrast	04.00				102.040	6190.00 (5429.80)
20420	MR of the soft tissue of the neck and uncontrasted angiography	04.00				92.600	5617.30 (4927.50)
20430	MR angiography of the extracranial vessels in the neck, without contrast	04.00				59.600	3615.50 (3171.50)
20440	MR angiography of the extracranial vessels in the neck, with contrast	04.00				74.020	4490.20 (3938.80)
20450	MR angiography of the extra and intracranial vessels with contrast	04.00				116.050	7039.80 (6175.30)
20460	MR angiography of the intra and extra cranial vessels plus brain, without contrast	05.05				135.170	8199.70 (7192.70)
20470	MR angiography of the intra and extra cranial vessels plus brain, with contrast	04.00				156.050	9466.30 (8303.80)
20500	Arteriography of cervical vessels: carotid 1 - 2 vessels	04.00				44.430	2695.20 (2364.20)
20510	Arteriography of cervical vessels: vertebral 1 - 2 vessels	04.00				50.730	3077.40 (2699.50)
20520	Arteriography of cervical vessels: carotid and vertebral	04.00				77.630	4709.20 (4130.90)
20530	Arteriography of aortic arch and cervical vessels	04.00				91.970	5579.10 (4893.90)
20540	Arteriography of aortic arch, cervical and intracranial vessels	04.00				108.870	6604.30 (5793.20)
20550	Venography of jugular and vertebral veins	04.00				48.950	2969.40 (2604.70)
<b>Thyroid (Nuclear Medicine)</b>							
21900	Nuclear Medicine study - Thyroid, single uptake	04.00		9.680	587.20 (515.10)		
21910	Nuclear medicine study - Thyroid, multiple uptake	04.00		14.690	891.10 (781.70)		
21920	Nuclear medicine study - Thyroid imaging with uptake	04.00		17.720	1074.90 (942.90)		
21930	Nuclear medicine study - Thyroid imaging	04.00		12.720	771.60 (676.80)		
21940	Nuclear medicine study - Thyroid imaging with vascular flow	04.00		18.740	1136.80 (997.20)		
21950	Nuclear medicine study - Thyroid suppression/stimulation	04.00		12.720	771.60 (676.80)		
<b>Parathyroid (Nuclear Medicine)</b>							
22900	Nuclear Medicine study - Parathyroid, planar, static	04.00		16.520	1002.10 (879.00)		
22910	Nuclear medicine study - Parathyroid, planar, static, multiple	04.00		28.910	1753.70 (1538.30)		

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22920	Nuclear medicine study - Parathyroid, planar, static with subtraction technique	04.00		21.880	1327.30 (1164.30)		
22930	Nuclear medicine study - Parathyroid SPECT	04.00		13.410	813.50 (713.60)		
<b>Soft Tissue</b>							
29900	Nuclear Medicine study - Tumour localisation planar, static	04.00		20.740	1258.10 (1103.60)		
29905	Nuclear medicine study - Tumour localisation planar, static, multiple studies	04.00		35.170	2133.50 (1871.50)		
29910	Nuclear medicine study - Tumour localisation planar, static and SPECT	04.00		34.150	2071.60 (1817.20)		
29915	Nuclear medicine study - Tumour localisation planar, static, multiple studies and SPECT	04.00		47.560	2885.10 (2530.80)		
29920	Nuclear medicine study - Tumour localisation planar, static	04.00		18.040	1094.30 (959.90)		
29925	Nuclear medicine study - Infection localisation planar, static, multiple studies	04.00		31.450	1907.80 (1673.50)		
29930	Nuclear medicine study - Infection localisation planar, static and SPECT	04.00		31.450	1907.80 (1673.50)		
29935	Nuclear medicine study - Infection localisation planar, static, multiple studies and SPECT	04.00		44.860	2721.30 (2387.10)		
29940	Nuclear medicine study - Regional lymph node mapping, static, planar	04.00		24.100	1462.00 (1282.50)		
29945	Nuclear medicine study - Regional lymph node mapping, static, planar, multiple	04.00		36.490	2213.60 (1941.80)		
29950	Nuclear medicine study – Lymph node localisation with gamma probe	04.00		12.390	751.60 (659.30)		
<b>Thorax</b>							
<b>Chest wall, pleura, lungs and mediastinum</b>							
	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).						04.00
30100	X-ray of the chest, single view	04.00				3.040	184.40 (161.80)
30110	X-ray of the chest two views, PA and lateral	04.00				3.840	232.90 (204.30)
30120	X-ray of the chest complete with additional views	04.00				4.240	257.20 (225.60)
30130	X-ray of the chest complete including fluoroscopy	04.00				4.480	271.80 (238.40)
30140	X-ray tomography of the chest	04.00				4.300	260.80 (228.80)
30150	X-ray of the ribs	04.00				4.790	290.60 (254.90)
30155	X-ray of the chest and ribs	04.00				6.420	389.50 (341.70)
30160	X-ray of the thoracic inlet	04.00				2.560	155.30 (136.20)
30170	X-ray of the sterno-clavicular joints	04.00				4.210	255.40 (224.00)
30175	X-ray tomography of the sterno-clavicular joint	04.00				4.300	260.80 (228.80)
30180	X-ray of the sternum	04.00				4.210	255.40 (224.00)
30185	X-ray tomography of the sternum	04.00				4.300	260.80 (228.80)
30200	Ultrasound of the chest wall, any region	04.00				6.560	397.90 (349.00)
30210	Ultrasound of the pleural space	04.00				6.560	397.90 (349.00)
30220	Ultrasound of the mediastinal structures	04.00				6.560	397.90 (349.00)
30300	CT of the chest, limited study	04.00				9.500	576.30 (505.50)
30310	CT of the chest uncontrasted	04.00				26.600	1613.60 (1415.40)

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30320	CT of the chest contrasted	04.00				42.430	2573.90 (2257.80)
30330	CT of the chest, pre and post contrast	04.00				45.700	2772.30 (2431.80)
30340	CT of the chest, limited high resolution study	04.00				11.200	679.40 (596.00)
30350	CT of the chest, complete high resolution study	04.00				24.010	1456.50 (1277.60)
30355	CT of the chest, complete high resolution study with additonal prone and expiratory studies	05.03				33.300	2020.00 (1771.90)
30360	CT of the chest for pulmonary embolism	04.00				57.120	3465.00 (3039.50)
30370	CT of the chest for pulmonary embolism with CT venography of abdomen, pelvis and lower limbs	04.00				80.280	4869.90 (4271.80)
30400	MR of the chest	04.00				63.600	3858.10 (3384.30)
30410	MR of the chest with uncontrasted angiography	04.00				92.600	5617.30 (4927.50)
30420	MR of the chest, pre and post contrast	04.00				102.040	6190.00 (5429.80)
30900	Nuclear Medicine study - Lung perfusion	04.00		21.540	1306.70 (1146.20)		
30910	Nuclear Medicine study - Lung ventilation, aerosol	04.00		21.500	1304.20 (1144.00)		
30920	Nuclear Medicine study - Lung perfusion and ventilation	04.00		42.030	2549.60 (2236.50)		
30930	Nuclear Medicine study - Lung ventilation using radio-active gas	04.00		14.170	859.60 (754.00)		
30940	Nuclear Medicine study - Lung perfusion and ventilation using radio-active gas	04.00		34.690	2104.40 (1846.00)		
30950	Nuclear medicine study - Muco-ciliary clearance study dynamic	05.03		26.510	1608.10 (1410.60)		
30960	Nuclear medine study - alveolar permeability	05.03		26.510	1608.10 (1410.60)		
	Stand alone code. Not to be combined with 30910.	05.03					
30970	Nuclear medicine study - quantitative evaluation of lung perfusion and ventilation	05.03		6.020	365.20 (320.40)		
	Stand alone code. Not to be combined with 30920.	05.03					
<b>Oesophagus</b>							
	Codes 31100, 31110, 31120 (swallow) include fluoroscopy (00140 may not be added).						04.00
31100	X-ray barium swallow	04.00				6.600	400.40 (351.20)
31105	Xray 3 phase dynamic contrasted swallow	05.03				12.600	764.30 (670.40)
31110	X-ray barium swallow, double contrast	04.00				7.920	480.40 (421.40)
31120	X-ray barium swallow with cinematography	04.00				10.070	610.90 (535.90)
<b>Aorta and large vessels</b>							
	Codes 32210 and 32220 (Ivus) may be combined						04.00
32200	Ultrasound intravascular arterial or venous assessment for intervention, once per complete procedure	04.00				4.200	254.80 (223.50)
32210	Ultrasound intravascular (IVUS) first vessel	04.00				8.440	512.00 (449.10)
32220	Ultrasound intravascular (IVUS) subsequent vessels	04.00				5.300	321.50 (282.00)
32300	CT angiography of the aorta and branches	04.00				79.080	4797.20 (4208.10)
32305	CT angiography of the thoracic and abdominal aorta and branches	05.03				105.500	6399.80 (5613.90)
32310	CT angiography of the pulmonary vasculature	04.00				79.080	4797.20 (4208.10)
32400	MR angiography of the aorta and branches	04.00				78.500	4762.00 (4177.20)
32410	MR angiography of the pulmonary vasculature	04.00				105.270	6385.90 (5601.70)
32500	Arteriography of thoracic aorta	04.00				28.260	1714.30 (1503.80)

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32510	Arteriography of bronchial intercostal vessels alone	04.00				50.150	3042.20 (2668.60)
32520	Arteriography of thoracic aorta, bronchial and intercostal vessels	04.00				67.430	4090.40 (3588.10)
32530	Arteriography of pulmonary vessels	04.00				63.270	3838.10 (3366.80)
32540	Arteriography of heart chambers, coronary arteries	04.00				44.270	2685.50 (2355.70)
32550	Venography of thoracic vena cava	04.00				28.380	1721.60 (1510.20)
32560	Venography of vena cava, azygos system	04.00				56.310	3415.90 (2996.40)
32570	Venography patency of A-port or other central line	04.00				19.640	1191.40 (1045.10)
<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.						04.00
33205	Ultrasound study of the heart for foetal or paediatric cases including doppler	04.00				12.300	746.10 (654.50)
	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	04.00					
33200	Ultrasound study of the heart, including Doppler	04.00				8.200	497.40 (436.30)
33210	Ultrasound study of the heart trans-oesophageal	04.00				10.520	638.20 (559.80)
33220	Ultrasound intravascular imaging to guide placement of intracoronary stent once per vessel	04.00				5.200	315.40 (276.70)
33300	CT anatomical/functional study of the heart	04.00				34.610	2099.50 (1841.70)
33310	CT angiography of heart vessels	04.00				81.280	4930.60 (4325.10)
33400	MR of the heart, anatomical study	04.00				62.200	3773.20 (3309.80)
33410	MR of the heart, anatomical and functional study	04.00				69.000	4185.70 (3671.70)
33420	MR of the heart, pre and post contrast	04.00				103.040	6250.60 (5483.00)
33430	MR angiography of the heart vessels	04.00				70.710	4289.40 (3762.60)
33440	MR of the heart, anatomical, functional and coronary angiography	04.00				106.840	6481.10 (5685.20)
33900	Nuclear Medicine study - Cardiac shunt detection	04.00		21.500	1304.20 (1144.00)		
33905	Nuclear Medicine study - Cardiac blood pool imaging, ejection fraction plus wall motion single study	04.00		26.510	1608.10 (1410.60)		
33910	Nuclear Medicine study - Cardiac blood pool imaging, ejection fraction plus wall motion multiple studies	04.00		34.920	2118.30 (1858.20)		
33915	Nuclear Medicine study - Cardiac blood pool imaging, gated SPECT	04.00		13.410	813.50 (713.60)		
33920	Nuclear medicine study - Cardiac blood pool imaging, first pass technique	04.00		26.510	1608.10 (1410.60)		
33925	Nuclear medicine study - Myocardial perfusion, single, rest (thallium/mibi) planar, non gated	04.00		16.520	1002.10 (879.00)		
33930	Nuclear medicine study - Myocardial perfusion, single, stress (thallium/mibi) planar, non gated	04.00		16.520	1002.10 (879.00)		
33935	Nuclear medicine study - Myocardial perfusion, single, rest (thallium/mibi), SPECT (non gated)	04.00		16.520	1002.10 (879.00)		
33940	Nuclear medicine study - Myocardial perfusion, single, stress (thallium/mibi), SPECT non gated	04.00		16.520	1002.10 (879.00)		
33945	Nuclear medicine study - Myocardial perfusion, single, rest (thallium/mibi), SPECT (gated)	04.00		28.910	1753.70 (1538.30)		
33950	Nuclear medicine study - Myocardial perfusion, single, stress (thallium/mibi), SPECT (gated)	04.00		28.910	1753.70 (1538.30)		
33955	Nuclear medicine study - Plus wall movement and ejection fraction, SPECT	04.00		6.020	365.20 (320.40)		
33960	Nuclear medicine study - Cardiac hot spot imaging (infarction) planar	04.00		21.500	1304.20 (1144.00)		
33965	Nuclear medicine study - Cardiac hot spot imaging (infarction) SPECT	04.00		13.410	813.50 (713.60)		
33970	Nuclear Medicine study - Multi stage treadmill ECG test	04.00		6.660	404.00 (354.40)		

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<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).						04.00
34100	X-ray mammography including ultrasound	04.00				10.440	633.30 (555.50)
34101	X-Ray mammography unilateral, including ultrasound	06.04				8.352	506.60 (444.40)
	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	04.00					
34105	X-ray mammography galactography	04.00				9.400	570.20 (500.20)
	Once off fee per visit. May be added to 34100	04.00					
34110	X-ray mammography study for localisation	04.00				7.240	439.20 (385.30)
34120	X-ray stereotactic mammography – localisation	04.00				10.400	630.90 (553.40)
34130	X-ray stereotactic mammography – biopsy	04.00				11.600	703.70 (617.30)
34140	X-ray of biopsy specimen of the mamma	04.00				2.740	166.20 (145.80)
34150	X-ray Mammotome hand held biopsy apparatus	04.00				9.800	594.50 (521.50)
34200	Ultrasound study of the breast	04.00				7.900	479.20 (420.40)
34205	Ultrasound guided aspiration FNA/localisation of the breast	04.00				12.100	734.00 (643.90)
34300	Computer assisted diagnosis for mammography	04.00				1.400	84.90 (74.50)
34400	MR study of the breast	04.00				62.600	3797.40 (3331.10)
34410	MR study of the breast pre and post contrast	04.00				100.840	6117.20 (5366.00)
<b>Soft Tissue</b>							
39900	Nuclear medicine study - Tumour localisation planar, static	04.00		20.740	1258.10 (1103.60)		
39905	Nuclear medicine study - Tumour localisation planar, static, multiple studies	04.00		35.170	2133.50 (1871.50)		
39910	Nuclear medicine study - Tumour localisation planar, static and SPECT	04.00		34.150	2071.60 (1817.20)		
39915	Nuclear medicine study - Tumour localisation planar, static, multiple studies and SPECT	04.00		47.560	2885.10 (2530.80)		
39920	Nuclear medicine study - Infection localisation planar, static	04.00		18.040	1094.30 (959.90)		
39925	Nuclear medicine study - Infection localisation planar, static, multiple studies	04.00		31.450	1907.80 (1673.50)		
39930	Nuclear medicine study - Infection localisation planar, static and SPECT	04.00		31.450	1907.80 (1673.50)		
39935	Nuclear medicine study - Infection localisation planar, static, multiple studies, SPECT	04.00		44.860	2721.30 (2387.10)		
39940	Nuclear medicine study - Regional lymph node mapping, static, planar	04.00		24.100	1462.00 (1282.50)		
39945	Nuclear medicine study - Regional lymph node mapping, static, planar, multiple	04.00		36.490	2213.60 (1941.80)		
39950	Nuclear medicine study – Lymph node localisation with gamma probe	04.00		12.390	751.60 (659.30)		
<b>Abdomen and Pelvis</b>							
<b>Abdomen/stomach/bowel</b>							
	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).						04.00
40100	X-ray of the abdomen	04.00				3.320	201.40 (176.70)
40105	X-ray of the abdomen supine and erect, or decubitus	04.00				5.360	325.10 (285.20)
40110	X-ray of the abdomen multiple views including chest	04.00				8.100	491.40 (431.10)
40120	X-ray tomography of the abdomen	04.00				4.300	260.80 (228.80)

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40140	X-ray barium meal single contrast	04.00				8.870	538.10 (472.00)
40143	X-ray barium meal double contrast	04.00				11.990	727.30 (638.00)
40147	X-ray barium meal double contrast with follow through	04.00				15.800	958.50 (840.80)
40150	X-ray small bowel enteroclysis (meal)	04.00				25.450	1543.80 (1354.20)
	Code 40150 excludes duodenal intubation and 40175 (Duodenal intubation) may be added.	06.02					
40153	X-ray small bowel meal follow through single contrast	04.00				19.550	1185.90 (1040.30)
40157	X-ray small bowel meal with pneumocolon	04.00				25.630	1554.80 (1363.90)
40160	X-ray large bowel enema single contrast	04.00				12.970	786.80 (690.20)
40165	X-ray large bowel enema double contrast	04.00				19.630	1190.80 (1044.60)
40170	X-ray guided gastro oesophageal intubation	04.00				1.600	97.10 (85.20)
40175	X-ray guided duodenal intubation	04.00				2.800	169.90 (149.00)
40180	X-ray defaecogram	04.00				12.970	786.80 (690.20)
40190	X-ray guided reduction of intussusception	04.00				16.270	987.00 (865.80)
40200	Ultrasound study of the abdominal wall	04.00				5.540	336.10 (294.80)
40210	Ultrasound study of the whole abdomen including the pelvis	04.00				8.240	499.90 (438.50)
40300	CT study of the abdomen	04.00				26.410	1602.10 (1405.40)
40310	CT study of the abdomen with contrast	04.00				44.820	2718.90 (2385.00)
40313	CT study of the abdomen pre and post contrast	04.00				52.990	3214.50 (2819.70)
40320	CT of the pelvis	04.00				26.130	1585.10 (1390.40)
40323	CT of the pelvis with contrast	04.00				47.480	2880.20 (2526.50)
40327	CT of the pelvis pre and post contrast	04.00				53.870	3267.90 (2866.60)
40330	CT of the abdomen and pelvis	04.00				38.500	2335.50 (2048.70)
40333	CT of the abdomen and pelvis with contrast	04.00				62.170	3771.40 (3308.20)
40337	CT of the abdomen and pelvis pre and post contrast	04.00				67.430	4090.40 (3588.10)
40340	CT triphasic study of the liver, abdomen and pelvis pre and post contrast	04.00				74.110	4495.70 (3943.60)
40345	CT of the chest, abdomen and pelvis without contrast	04.00				70.120	4253.60 (3731.20)
40350	CT of the chest, abdomen and pelvis with contrast	04.00				88.350	5359.50 (4701.30)
40355	CT of the chest triphasic of the liver, abdomen and pelvis with contrast	04.00				93.050	5644.60 (4951.40)
40360	CT of the base of skull to symphysis pubis with contrast	04.00				102.730	6231.80 (5466.50)
40365	CT colonoscopy	04.00				34.780	2109.80 (1850.70)
	Stand alone study, may not be added to any code between 40300 and 40360	04.00					
40400	MR of the abdomen	04.00				64.580	3917.60 (3436.50)
40410	MR of the abdomen pre and post contrast	04.00				100.840	6117.20 (5366.00)
40420	MR of the pelvis, soft tissue	04.00				64.580	3917.60 (3436.50)
40430	MR of the pelvis, soft tissue, pre and post contrast	04.00				102.040	6190.00 (5429.80)
40900	Nuclear Medicine study - Gastro oesophageal reflux and emptying	04.00		21.500	1304.20 (1144.00)		

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40905	Nuclear Medicine study - Gastro oesophageal reflux and emptying multiple studies	04.00		34.920	2118.30 (1858.20)		
40910	Nuclear Medicine study - Gastro intestinal protein loss	04.00		21.500	1304.20 (1144.00)		
40915	Nuclear Medicine study - Gastro intestinal protein loss multiple studies	04.00		34.920	2118.30 (1858.20)		
40920	Nuclear Medicine study – Acute GIT bleed static/dynamic	04.00		21.500	1304.20 (1144.00)		
40925	Nuclear medicine study – Acute GIT bleed multiple studies	04.00		34.920	2118.30 (1858.20)		
40930	Nuclear medicine study - Meckel's localisation	04.00		20.770	1259.90 (1105.20)		
40935	Nuclear medicine study - Gastric mucosa imaging	04.00		20.770	1259.90 (1105.20)		
40940	Nuclear medicine study - colonic transit multiple studies	05.03		44.860	2721.30 (2387.10)		
	Stand alone code	05.03					
<b>Liver, spleen, gall bladder and pancreas</b>							
	Code 41110, 41120 and 41130 (cholangiography) include fluoroscopy (00140 may not be added).						04.00
41100	X-ray ERCP including screening	04.00				18.900	1146.50 (1005.70)
41105	X-ray ERCP reporting on images done in theatre	04.00				2.400	145.60 (127.70)
41110	X-ray cholangiography intra-operative	04.00				8.450	512.60 (449.60)
41120	X-ray T-tube cholangiography post operative	04.00				14.050	852.30 (747.60)
41130	X-ray transhepatic percutaneous cholangiography	04.00				32.340	1961.80 (1720.90)
41200	Ultrasound study of the upper abdomen	04.00				7.000	424.60 (372.50)
41210	Ultrasound doppler of the hepatic and splenic veins and inferior vena cava in assessment of portal venous hypertension or thrombosis	04.00				9.800	594.50 (521.50)
	Code 41210 is a stand alone study and may not be added to 40200, 40210, 41200 or 42200	04.00					
41300	CT of the abdomen triphasic study – liver	04.00				54.900	3330.30 (2921.30)
41400	MR study of the liver/pancreas	04.00				64.780	3929.70 (3447.10)
41410	MR study of the liver/pancreas pre and post contrast	04.00				100.840	6117.20 (5366.00)
41420	MRCP	04.00				49.200	2984.60 (2618.10)
41430	MR study of the abdomen with MRCP	04.00				92.980	5640.40 (4947.70)
41440	MR study of the abdomen pre and post contrast with MRCP	04.00				133.600	8104.40 (7109.10)
41900	Nuclear Medicine study - Liver and spleen, planar views only	04.00		21.500	1304.20 (1144.00)		
41905	Nuclear Medicine study - Liver and spleen, with flow study	04.00		27.530	1670.00 (1464.90)		
41910	Nuclear Medicine study - Liver and spleen, planar views SPECT	04.00		34.920	2118.30 (1858.20)		
41915	Nuclear Medicine study - Liver and spleen, with flow study and SPECT	04.00		40.940	2483.50 (2178.50)		
41920	Nuclear Medicine study - Hepatobiliary system planar static/dynamic	04.00		21.500	1304.20 (1144.00)		
41925	Nuclear Medicine study – hepatobiliary tract including flow	04.00		26.510	1608.10 (1410.60)		
41930	Nuclear medicine study – Hepatobiliary system planar, static/dynamic multiple studies	04.00		34.920	2118.30 (1858.20)		
41935	Nuclear medicine study – Hepatobiliary tract including flow multiple studies	04.00		39.920	2421.60 (2124.20)		
41940	Nuclear medicine study - Gall bladder ejection fraction	04.00		6.020	365.20 (320.40)		
41945	Nuclear medicine study – Biliary gastric reflux study	04.00		20.770	1259.90 (1105.20)		
<b>Renal tract</b>							
42100	X-ray tomography of the renal tract	04.00				4.300	260.80 (228.80)



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	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).	04.00					
42110	X-ray excretory urogram including tomography	04.00				24.860	1508.10 (1322.90)
42115	X-ray excretory urogram including tomography with micturating study	04.00				32.860	1993.40 (1748.60)
42120	X-ray cystography	04.00				15.050	913.00 (800.90)
42130	X-ray urethrography	04.00				15.370	932.40 (817.90)
42140	X-ray micturating cysto-urethrography	04.00				19.300	1170.80 (1027.00)
42150	X-ray retrograde/prograde pyelography	04.00				12.530	760.10 (666.80)
42155	X-ray retrograde/prograde pyelography reporting on images done in theatre	04.00				2.410	146.20 (128.20)
42160	X-ray prograde pyelogram – percutaneous	04.00				32.670	1981.80 (1738.40)
42200	Ultrasound study of the renal tract including bladder	04.00				7.420	450.10 (394.80)
42205	Ultrasound doppler for resistive index in vessels of transplanted kidney	04.00				3.800	230.50 (202.20)
	Code 42205 is a stand alone study and may not be added to 42200	04.00					
42210	Ultrasound study of the renal arteries including Doppler	05.03				10.600	643.00 (564.00)
42300	CT of the renal tract for a stone	04.00				25.150	1525.60 (1338.20)
42400	MR of the renal tract for obstruction	04.00				47.000	2851.10 (2501.00)
42410	MR of the kidneys without contrast	04.00				64.580	3917.60 (3436.50)
42420	MR of the kidneys pre and post contrast	04.00				102.240	6202.10 (5440.40)
42900	Nuclear Medicine study - Renal imaging, static (e.g. DMSA)	04.00		21.940	1330.90 (1167.50)		
42905	Nuclear Medicine study - Renal imaging, static (e.g. DMSA) with flow	04.00		27.960	1696.10 (1487.80)		
42910	Nuclear Medicine study - Renal imaging, static (e.g. DMSA) with SPECT	04.00		35.350	2144.40 (1881.10)		
42915	Nuclear Medicine study - Renal imaging, static (e.g. DMSA), with flow, with SPECT	04.00		41.370	2509.60 (2201.40)		
42920	Nuclear Medicine study - Renal imaging dynamic (renogram) and vascular flow	04.00		26.510	1608.10 (1410.60)		
42930	Nuclear Medicine study – Renovascular study, baseline	04.00		26.510	1608.10 (1410.60)		
42940	Nuclear Medicine study – Renovascular study, with intervention	04.00		26.510	1608.10 (1410.60)		
42950	Nuclear medicine study - indirect voiding cystogram	05.05		6.020	365.20 (320.40)		
<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.	04.00					
	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)						04.00
43100	X-ray pelvimetry single	04.00				4.000	242.60 (212.80)
43110	X-ray pelvimetry multiple views	04.00				5.800	351.80 (308.60)
43120	X-ray hystero-salpingography	04.00				10.030	608.40 (533.70)
43130	X-ray hystero-salpingography with introduction of contrast	04.00				13.530	820.80 (720.00)
43200	Ultrasound study of the pelvis transabdominal	04.00				5.700	345.80 (303.30)
43205	Ultrasound study of the female pelvis transvaginal	04.00				7.210	437.40 (383.70)
43210	Ultrasound study of the prostate transrectal	04.00				7.380	447.70 (392.70)

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43215	Ultrasound transrectal prostate volume for brachytherapy	04.00				10.400	630.90 (553.40)
43220	Ultrasound study of the testes	04.00				7.380	447.70 (392.70)
43225	Ultrasound study for male impotence including doppler and injection of vaso constrictor	04.00				15.000	909.90 (798.20)
	Code 43225 is a stand alone study and may not be added to 43200, 43210, 43220 or 44200	04.00					
43230	Ultrasound guided transvaginal aspiration for ova	04.00				13.500	818.90 (718.30)
43240	Ultrasound guided amniocentesis	04.00				5.840	354.30 (310.80)
43250	Ultrasound study of the pregnant uterus, first trimester	04.00				4.200	254.80 (223.50)
43260	Ultrasound study of the pregnant uterus, second trimester	04.00				6.360	385.80 (338.40)
43270	Ultrasound study of the pregnant uterus, third trimester, first visit	04.00				6.360	385.80 (338.40)
43273	Ultrasound study of the pregnant uterus, third trimester, follow-up visit	04.00				4.200	254.80 (223.50)
43277	Ultrasound study of the pregnant uterus, multiple gestation, second or third trimester, first visit	04.00				8.170	495.60 (434.70)
43280	Ultrasound doppler of the umbilical cord for resistive index	04.00				3.800	230.50 (202.20)
	Code 43280 is a stand alone study and may not be added to the following codes: 43250, 43260, 43270, 43273 or 43277	04.00					
43300	CT pelvimetry – Topogram	04.00				6.580	399.20 (350.20)
43400	MR study of pelvic reproductive organs - limited study	04.00				47.600	2887.50 (2532.90)
43405	MR study for pelvimetry	04.00				20.000	1213.20 (1064.20)
43410	MR study of pelvic reproductive organs - complete – uncontrasted	04.00				64.580	3917.60 (3436.50)
43420	MR study of pelvic reproductive organs - complete – pre and post contrast	04.00				102.240	6202.10 (5440.40)
43950	Nuclear medicine study - Radio pharmaceutical voiding cystogram	04.00		21.500	1304.20 (1144.00)		
43960	Nuclear medicine study - Testicular imaging	04.00		26.510	1608.10 (1410.60)		
43970	Nuclear medicine study - hystero-salpingography	05.03		26.510	1608.10 (1410.60)		
<b>Aorta and vessels</b>							
	Code 44400 (MR Angiography) may be combined with 40400 (MR abdomen).						04.00
44200	Ultrasound study of abdominal aorta and branches including doppler	04.00				18.320	1111.30 (974.80)
44205	Ultrasound study of the IVC and pelvic veins including Doppler	05.03				14.000	849.30 (745.00)
	This is a stand alone code and may not be added to 44200.	05.03					
44300	CT angiography of abdominal aorta and branches	04.00				76.720	4654.00 (4082.50)
44305	CT angiography of the abdominal aorta and branches and pre and post contrast study of the upper abdomen	04.00				94.320	5721.60 (5018.90)
44310	CT angiography of the pelvis	04.00				78.640	4770.50 (4184.60)
44320	CT angiography of the abdominal aorta and pelvis	04.00				89.540	5431.70 (4764.60)
44325	CT angiography of the abdominal aorta and pelvis and pre and post contrast study of the upper abdomen and pelvis	04.00				119.150	7227.90 (6340.30)
44330	CT portogram	04.00				74.400	4513.30 (3959.00)
44400	MR angiography of abdominal aorta and branches	04.00				76.640	4649.10 (4078.20)
44500	Arteriography of abdominal aorta alone	04.00				28.120	1705.80 (1496.30)
44503	Arteriography of aorta plus coeliac, mesenteric branches	04.00				75.630	4587.90 (4024.50)
44505	Arteriography of aorta plus renal, adrenal branches	04.00				63.010	3822.30 (3352.90)
44507	Arteriography of aorta plus non-visceral branches	04.00				60.790	3687.60 (3234.70)

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44510	Arteriography of coeliac, mesenteric vessels alone	04.00				64.350	3903.60 (3424.20)
44515	Arteriography of renal, adrenal vessels alone	04.00				49.490	3002.20 (2633.50)
44517	Arteriography of non-visceral abdominal vessels alone	04.00				54.910	3331.00 (2921.90)
44520	Arteriography of internal and external iliac vessels alone	04.00				56.720	3440.70 (3018.20)
44525	Venography of internal and external iliac veins alone	04.00				62.110	3767.70 (3305.00)
44530	Corpora cavernosography	04.00				25.060	1520.20 (1333.50)
44535	Vasography, vesciculography	04.00				29.190	1770.70 (1553.20)
44540	Venography of inferior vena cava	04.00				26.120	1584.50 (1389.90)
44543	Venography of hepatic veins alone	04.00				53.770	3261.80 (2861.20)
44545	Venography of inferior vena cava and hepatic veins	04.00				68.910	4180.20 (3666.80)
44550	Venography of lumbar azygos system alone	04.00				43.890	2662.50 (2335.50)
44555	Venography of inferior vena cava and lumbar azygos veins	04.00				65.460	3970.90 (3483.20)
44560	Venography of renal, adrenal veins alone	04.00				43.990	2668.50 (2340.80)
44565	Venography of inferior vena cava and renal/adrenal veins	04.00				68.390	4148.70 (3639.20)
44570	Venography of spermatic, ovarian veins alone	04.00				40.390	2450.10 (2149.20)
44573	Venography of inferior vena cava, renal, spermatic, ovarian veins	04.00				73.990	4488.40 (3937.20)
44580	Venography indirect splenoportogram	04.00				48.670	2952.40 (2589.80)
44583	Venography direct splenoportogram	04.00				31.590	1916.30 (1681.00)
44587	Venography transhepatic portogram	04.00				66.750	4049.20 (3551.90)
Soft Tissue							
49900	Nuclear Medicine study – Tumour localisation planar, static	04.00		20.740	1258.10 (1103.60)		
49905	Nuclear Medicine study – Tumour localisation planar, static, multiple studies	04.00		35.170	2133.50 (1871.50)		
49910	Nuclear Medicine study – Tumour localisation planar, static and SPECT	04.00		34.150	2071.60 (1817.20)		
49915	Nuclear medicine study – Tumour localisation planar, static, multiple studies and SPECT	04.00		47.560	2885.10 (2530.80)		
49920	Nuclear medicine study – Infection localisation planar, static	04.00		18.040	1094.30 (959.90)		
49930	Nuclear medicine study – Infection localisation planar, static, multiple studies	04.00		31.450	1907.80 (1673.50)		
49940	Nuclear medicine study – Infection localisation planar, static and SPECT	04.00		31.450	1907.80 (1673.50)		
49950	Nuclear medicine study – Infection localisation planar, static, multiple studies and SPECT	04.00		44.860	2721.30 (2387.10)		
49960	Nuclear medicine study – Regional lymph node mapping dynamic	04.00		5.010	303.90 (266.60)		
49965	Nuclear medicine study – Regional lymph node mapping, static, planar	04.00		24.100	1462.00 (1282.50)		
49970	Nuclear medicine study – Regional lymph node mapping, static, planar, multiple	04.00		37.510	2275.40 (1996.00)		
49975	Nuclear medicine study – Regional lymph node mapping SPECT	04.00		13.410	813.50 (713.60)		
49980	Nuclear medicine study – Lymph node localisation with gamma probe	04.00		13.410	813.50 (713.60)		
Spine, Pelvis and Hips							
	Code 51340 (CT myelography, cervical), 52330 (CT myelography thoracic) and 53340 (CT myelography lumbar) are stand alone studies and may not be combined with the conventianla myelography codes viz. 51160, 52150, 53160						04.00
General							
	Code 50130 (Lumbar puncture) and 50140 (cisternal puncture) include fluoroscopy and introduction of contrast (00140 may not be added).						04.00

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50100	X-ray of the spine scoliosis view AP only	04.00				7.000	424.60 (372.50)
50105	X-ray of the spine scoliosis view AP and lateral	04.00				12.000	727.90 (638.50)
50110	X-ray of the spine scoliosis view AP and lateral including stress views	04.00				18.540	1124.70 (986.60)
50120	X-ray bone densitometry	04.00				11.520	698.80 (613.00)
50130	X-ray guided lumbar puncture	04.00				4.800	291.20 (255.40)
50140	X-ray guided cisternal puncture cisternogram	04.00				22.980	1394.00 (1222.80)
50300	CT quantitative bone mineral density	04.00				11.830	717.60 (629.50)
50500	Arteriogram of the spinal column and cord, all vessels	04.00				127.230	7718.00 (6770.20)
50510	Venography of the spinal, paraspinal veins	04.00				58.450	3545.70 (3110.30)
<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).						04.00
51100	X-ray of the cervical spine, stress views only	04.00				4.140	251.10 (220.30)
51110	X-ray of the cervical spine, one or two views	04.00				3.010	182.60 (160.20)
51120	X-ray of the cervical spine, more than two views	04.00				4.280	259.60 (227.70)
51130	X-ray of the cervical spine, more than two views including stress views	04.00				7.580	459.80 (403.30)
51140	X-ray Tomography cervical spine	04.00				4.300	260.80 (228.80)
51160	X-ray myelography of the cervical spine	04.00				27.460	1665.80 (1461.20)
51170	X-ray discography cervical spine per level	04.00				25.170	1526.90 (1339.40)
51300	CT of the cervical spine limited study	04.00				9.500	576.30 (505.50)
51310	CT of the cervical spine – regional study	04.00				13.910	843.80 (740.20)
51320	CT of the cervical spine – complete study	04.00				37.130	2252.40 (1975.80)
51330	CT of the cervical spine pre and post contrast	04.00				58.850	3570.00 (3131.60)
51340	CT myelography of the cervical spine	04.00				47.190	2862.60 (2511.10)
51350	CT myelography of the cervical spine following myelogram	04.00				21.690	1315.80 (1154.20)
51400	MR of the cervical spine, limited study	04.00				44.400	2693.40 (2362.60)
51410	MR of the cervical spine and cranio-cervical junction	04.00				64.820	3932.10 (3449.20)
51420	MR of the cervical spine and cranio-cervical junction pre and post contrast	04.00				102.140	6196.00 (5435.10)
51900	Nuclear Medicine study – Bone regional cervical	04.00		21.500	1304.20 (1144.00)		
51910	Nuclear Medicine study – Bone tomography regional cervical	04.00		13.410	813.50 (713.60)		
51920	Nuclear Medicine study – with flow	04.00		6.020	365.20 (320.40)		

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<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).						04.00
52100	X-ray of the thoracic spine, one or two views	04.00				3.210	194.70 (170.80)
52110	X-ray of the thoracic spine, more than two views	04.00				4.000	242.60 (212.80)
52120	X-ray tomography thoracic spine	04.00				4.300	260.80 (228.80)
52140	X-ray of the thoracic spine, more than two views including stress views	04.00				6.640	402.80 (353.30)
52150	X-ray myelography of the thoracic spine	04.00				18.620	1129.50 (990.80)
52300	CT of the thoracic spine limited study	04.00				9.500	576.30 (505.50)
52305	CT of the thoracic spine – regional study	04.00				13.910	843.80 (740.20)
52310	CT of the thoracic spine complete study	04.00				35.780	2170.50 (1903.90)
52320	CT of the thoracic spine pre and post contrast	04.00				58.850	3570.00 (3131.60)
52330	CT myelography of the thoracic spine	04.00				48.090	2917.20 (2558.90)
52340	CT myelography of the thoracic spine following myelogram	04.00				20.370	1235.70 (1083.90)
52400	MR of the thoracic spine, limited study	04.00				46.600	2826.80 (2479.60)
52410	MR of the thoracic spine	04.00				64.340	3903.00 (3423.70)
52420	MR of the thoracic spine pre and post contrast	04.00				101.420	6152.30 (5396.80)
52900	Nuclear Medicine study – Bone regional dorsal	04.00		21.500	1304.20 (1144.00)		
52910	Nuclear Medicine study – Bone tomography regional dorsal	04.00		13.410	813.50 (713.60)		
52920	Nuclear Medicine study – with flow	04.00		6.020	365.20 (320.40)		
<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).						04.00
53100	X-ray of the lumbar spine – stress study only	04.00				4.140	251.10 (220.30)
53110	X-ray of the lumbar spine, one or two views	04.00				3.560	216.00 (189.50)
53120	X-ray of the lumbar spine, more than two views	04.00				4.460	270.60 (237.40)
53130	X-ray of the lumbar spine, more than two views including stress views	04.00				7.520	456.20 (400.20)
53140	X-ray tomography lumbar spine	04.00				4.300	260.80 (228.80)
53160	X-ray myelography of the lumbar spine	04.00				23.940	1452.20 (1273.90)
53170	X-ray discography lumbar spine per level	04.00				25.170	1526.90 (1339.40)
53300	CT of the lumbar spine limited study	04.00				9.500	576.30 (505.50)
53310	CT of the lumbar spine – regional study	04.00				13.910	843.80 (740.20)
53320	CT of the lumbar spine complete study	04.00				37.640	2283.30 (2002.90)

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53330	CT of the lumbar spine pre and post contrast	04.00				58.850	3570.00 (3131.60)
53340	CT myelography of the lumbar spine	04.00				49.110	2979.10 (2613.20)
53350	CT myelography of the lumbar spine following myelogram	04.00				23.460	1423.10 (1248.30)
53400	MR of the lumbar spine, limited study	04.00				46.200	2802.60 (2458.40)
53410	MR of the lumbar spine	04.00				64.320	3901.80 (3422.60)
53420	MR of the lumbar spine pre and post contrast	04.00				103.290	6265.80 (5496.30)
53900	Nuclear medicine study – Bone regional lumbar	04.00		21.500	1304.20 (1144.00)		
53910	Nuclear medicine study – Bone tomography regional lumbar	04.00		13.410	813.50 (713.60)		
53920	Nuclear medicine study – with flow	04.00		6.020	365.20 (320.40)		
<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.						04.00
54100	X-ray of the sacrum and coccyx	04.00				3.580	217.20 (190.50)
54110	X-ray of the sacro-iliac joints	04.00				4.100	248.70 (218.20)
54120	X-ray tomography – sacrum and/or coccyx	04.00				4.300	260.80 (228.80)
54300	CT of the sacrum – limited study	04.00				7.600	461.00 (404.40)
54310	CT of the sacrum – complete study – uncontrasted	04.00				25.610	1553.60 (1362.80)
54320	CT of the sacrum with contrast	04.00				46.930	2846.90 (2497.30)
54330	CT of the sacrum pre and post contrast	04.00				52.970	3213.30 (2818.70)
54400	MR of the sacrum	04.00				65.000	3943.00 (3458.80)
54410	MR of the sacrum pre and post contrast	04.00				101.040	6129.30 (5376.60)
<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.						04.00
55100	X-ray of the pelvis	04.00				3.660	222.00 (194.70)
55110	X-ray tomography – pelvis	04.00				4.300	260.80 (228.80)
55300	CT of the bony pelvis limited	04.00				9.500	576.30 (505.50)
55310	CT of the bony pelvis complete uncontrasted	04.00				25.610	1553.60 (1362.80)
55320	CT of the bony pelvis complete 3D recon	04.00				37.470	2273.00 (1993.90)
55330	CT of the bony pelvis with contrast	04.00				46.930	2846.90 (2497.30)
55340	CT of the bony pelvis – pre and post contrast	04.00				52.970	3213.30 (2818.70)
55400	MR of the bony pelvis	04.00				65.000	3943.00 (3458.80)
55410	MR of the bony pelvis pre and post contrast	04.00				102.240	6202.10 (5440.40)
55900	Nuclear medicine study – Bone regional pelvis	04.00		21.500	1304.20 (1144.00)		
55910	Nuclear medicine study – Bone tomography regional pelvis	04.00		13.410	813.50 (713.60)		
55920	Nuclear medicine study – with flow	04.00		6.020	365.20 (320.40)		

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<b>Hips</b>						
	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.					04.00
56100	X-ray of the left hip	04.00			3.180	192.90 (169.20)
56110	X-ray of the right hip	04.00			3.180	192.90 (169.20)
56120	X-ray pelvis and hips	04.00			6.020	365.20 (320.40)
56130	X-ray tomography – hip	04.00			4.300	260.80 (228.80)
56140	X-ray of the hip/s – stress study	04.00			4.380	265.70 (233.10)
56150	X-ray arthrography of the hip joint including introduction contrast	04.00			15.750	955.40 (838.10)
56160	X-ray guidance and introduction of contrast into hip joint only	04.00			7.410	449.50 (394.30)
56200	Ultrasound of the hip joints	04.00			6.500	394.30 (345.90)
56300	CT of hip – limited	04.00			9.500	576.30 (505.50)
56310	CT of hip – complete	05.05			27.370	1660.30 (1456.40)
56320	CT of hip – complete with 3D recon	04.00			39.780	2413.10 (2116.80)
56330	CT of hip with contrast	04.00			43.260	2624.20 (2301.90)
56340	CT of hip pre and post contrast	04.00			47.880	2904.50 (2547.80)
56400	MR of the hip joint/s, limited study	04.00			44.900	2723.70 (2389.20)
56410	MR of the hip joint/s	04.00			64.100	3888.40 (3410.90)
56420	MR of the hip joint/s, pre and post contrast	04.00			101.640	6165.70 (5408.50)
56900	Nuclear medicine study – Bone regional pelvis	04.00	21.500	1304.20 (1144.00)		
56910	Nuclear medicine study – Bone limited static plus flow	04.00	27.530	1670.00 (1464.90)		
56920	Nuclear medicine study – Bone tomography regional	04.00	13.410	813.50 (713.60)		
<b>Upper limbs</b>						
<b>General</b>						
	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.					04.00
60100	X-ray upper limbs - any region - stress studies only	04.00			4.520	274.20 (240.50)
60110	X-ray upper limbs - any region – tomography	04.00			4.300	260.80 (228.80)
60200	Ultrasound upper limb – soft tissue - any region	04.00			7.380	447.70 (392.70)
60210	Ultrasound of the peripheral arterial system of the left arm including B mode, pulse and colour doppler	04.00			13.640	827.40 (725.80)
60220	Ultrasound of the peripheral arterial system of the right arm including B mode, pulse and colour doppler	04.00			13.640	827.40 (725.80)
60230	Ultrasound peripheral venous system upper limbs including pulse and colour doppler for deep vein thrombosis	04.00			12.540	760.70 (667.30)
60240	Ultrasound peripheral venous system upper limbs including pulse and colour doppler	04.00			17.260	1047.00 (918.40)
60300	CT of the upper limbs limited study	04.00			9.500	576.30 (505.50)
60310	CT angiography of the upper limb	04.00			78.280	4748.60 (4165.40)

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60400	MR of the upper limbs limited study, any region	04.00				44.800	2717.70 (2383.90)
60410	MR angiography of the upper limb	04.00				74.660	4529.00 (3972.80)
60500	Arteriogram of subclavian, upper limb arteries alone, unilateral	04.00				45.670	2770.40 (2430.20)
60510	Arteriogram of subclavian, upper limb arteries alone, bilateral	04.00				82.670	5014.90 (4399.00)
60520	Arteriogram of aortic arch, subclavian, upper limb, unilateral	04.00				56.750	3442.60 (3019.80)
60530	Arteriogram of aortic arch, subclavian, upper limb, bilateral	04.00				88.110	5344.90 (4688.50)
60540	Venography, antegrade of upper limb veins, unilateral	04.00				26.120	1584.50 (1389.90)
60550	Venography, antegrade of upper limb veins, bilateral	04.00				49.430	2998.50 (2630.30)
60560	Venography, retrograde of upper limb veins, unilateral	04.00				31.010	1881.10 (1650.10)
60570	Venography, retrograde of upper limb veins, bilateral	04.00				54.810	3324.90 (2916.60)
60580	Venography, shuntogram, dialysis access shunt	04.00				23.790	1443.10 (1265.90)
60900	Nuclear medicine study – Venogram upper limb	04.00		37.120	2251.80 (1975.30)		
<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.						04.00
61100	X-ray of the left clavicle	04.00				3.040	184.40 (161.80)
61105	X-ray of the right clavicle	04.00				3.040	184.40 (161.80)
61110	X-ray of the left scapula	04.00				3.040	184.40 (161.80)
61115	X-ray of the right scapula	04.00				3.040	184.40 (161.80)
61120	X-ray of the left acromio-clavicular joint	04.00				3.140	190.50 (167.10)
61125	X-ray of the right acromio-clavicular joint	04.00				3.140	190.50 (167.10)
61128	X-ray of acromio-clavicular joints plus stress studies bilateral	04.00				7.680	465.90 (408.70)
61130	X-ray of the left shoulder	04.00				3.480	211.10 (185.20)
61135	X-ray of the right shoulder	04.00				3.480	211.10 (185.20)
61140	X-ray of the left shoulder plus subacromial impingement views	04.00				5.920	359.10 (315.00)
61145	X-ray of the right shoulder plus subacromial impingement views	04.00				5.920	359.10 (315.00)
61150	X-ray of the left subacromial impingement views only	04.00				3.240	196.50 (172.40)
61155	X-ray of the right subacromial impingement views only	04.00				3.240	196.50 (172.40)
61160	X-ray arthrography shoulder joint including introduction of contrast	04.00				15.830	960.30 (842.40)
61170	X-ray guidance and introduction of contrast into shoulder joint only	04.00				7.410	449.50 (394.30)
61200	Ultrasound of the left shoulder joint	04.00				6.500	394.30 (345.90)
61210	Ultrasound of the right shoulder joint	04.00				6.500	394.30 (345.90)
61300	CT of the left shoulder joint – uncontrasted	04.00				24.360	1477.70 (1296.20)
61305	CT of the right shoulder joint – uncontrasted	04.00				24.360	1477.70 (1296.20)
61310	CT of the left shoulder – complete with 3D recon	04.00				37.660	2284.50 (2003.90)
61315	CT of the right shoulder – complete with 3D recon	04.00				37.660	2284.50 (2003.90)



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61320	CT of the left shoulder joint - pre and post contrast	04.00				48.630	2950.00 (2587.70)
61325	CT of the right shoulder joint - pre and post contrast	04.00				48.630	2950.00 (2587.70)
61400	MR of the left shoulder	04.00				64.640	3921.20 (3439.60)
61405	MR of the right shoulder	04.00				64.640	3921.20 (3439.60)
61410	MR of the left shoulder pre and post contrast	04.00				101.040	6129.30 (5376.60)
61415	MR of the right shoulder pre and post contrast	04.00				101.040	6129.30 (5376.60)
<b>Humerus</b>							
62100	X-ray of the left humerus	04.00				2.940	178.30 (156.40)
62105	X-ray of the right humerus	04.00				2.940	178.30 (156.40)
62300	CT of the left upper arm	04.00				24.360	1477.70 (1296.20)
62305	CT of the right upper arm	04.00				24.360	1477.70 (1296.20)
62310	CT of the left upper arm contrasted	04.00				39.970	2424.70 (2126.90)
62315	CT of the right upper arm contrasted	04.00				39.970	2424.70 (2126.90)
62320	CT of the left upper arm pre and post contrast	04.00				48.580	2947.00 (2585.10)
62325	CT of the right upper arm pre and post contrast	04.00				48.580	2947.00 (2585.10)
62400	MR of the left upper arm	04.00				64.200	3894.50 (3416.20)
62405	MR of the right upper arm	04.00				64.200	3894.50 (3416.20)
62410	MR of the left upper arm pre and post contrast	04.00				102.040	6190.00 (5429.80)
62415	MR of the right upper arm pre and post contrast	04.00				102.040	6190.00 (5429.80)
62900	Nuclear medicine study – Bone limited/regional static	04.00		21.500	1304.20 (1144.00)		
62905	Nuclear medicine study – Bone limited static plus flow	04.00		27.530	1670.00 (1464.90)		
62910	Nuclear medicine study – Bone tomography regional	04.00		13.410	813.50 (713.60)		
<b>Elbow</b>							
	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.						04.00
63100	X-ray of the left elbow	04.00				3.140	190.50 (167.10)
63105	X-ray of the right elbow	04.00				3.140	190.50 (167.10)
63110	X-ray of the left elbow with stress	04.00				4.340	263.30 (231.00)
63115	X-ray of the right elbow with stress	04.00				4.340	263.30 (231.00)
63120	X-ray arthrography elbow joint including introduction of contrast	04.00				15.890	963.90 (845.50)
63130	X-ray guidance and introduction of contrast into elbow joint only	04.00				7.410	449.50 (394.30)
63200	Ultrasound of the left elbow joint	04.00				6.500	394.30 (345.90)
63205	Ultrasound of the right elbow joint	04.00				6.500	394.30 (345.90)
63300	CT of the left elbow	04.00				24.360	1477.70 (1296.20)
63305	CT of the right elbow	04.00				24.360	1477.70 (1296.20)
63310	CT of the left elbow – complete with 3D recon	04.00				37.660	2284.50 (2003.90)
63315	CT of the right elbow – complete with 3D recon	04.00				37.660	2284.50 (2003.90)

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63320	CT of the left elbow contrasted	04.00				39.970	2424.70 (2126.90)
63325	CT of the right elbow contrasted	04.00				39.970	2424.70 (2126.90)
63330	CT of the left elbow pre and post contrast	04.00				48.630	2950.00 (2587.70)
63335	CT of the right elbow pre and post contrast	04.00				48.630	2950.00 (2587.70)
63400	MR of the left elbow	04.00				64.640	3921.20 (3439.60)
63405	MR of the right elbow	04.00				64.640	3921.20 (3439.60)
63410	MR of the left elbow pre and post contrast	04.00				101.040	6129.30 (5376.60)
63415	MR of the right elbow pre and post contrast	04.00				101.040	6129.30 (5376.60)
63905	Nuclear medicine study – Bone limited/regional static	04.00		21.500	1304.20 (1144.00)		
63910	Nuclear medicine study – Bone limited static plus flow	04.00		27.530	1670.00 (1464.90)		
63915	Nuclear medicine study – Bone tomography regional	04.00		13.410	813.50 (713.60)		
<b>Forearm</b>							
64100	X-ray of the left forearm	04.00				2.940	178.30 (156.40)
64105	X-ray of the right forearm	04.00				2.940	178.30 (156.40)
64110	X-ray peripheral bone densitometry	04.00				1.960	118.90 (104.30)
64300	CT of the left forearm	04.00				24.360	1477.70 (1296.20)
64305	CT of the right forearm	04.00				24.360	1477.70 (1296.20)
64310	CT of the left forearm contrasted	04.00				39.970	2424.70 (2126.90)
64315	CT of the right forearm contrasted	04.00				39.970	2424.70 (2126.90)
64320	CT of the left forearm pre and post contrast	04.00				48.580	2947.00 (2585.10)
64325	CT of the right forearm pre and post contrast	04.00				48.580	2947.00 (2585.10)
64400	MR of the left forearm	04.00				64.200	3894.50 (3416.20)
64405	MR of the right forearm	04.00				64.200	3894.50 (3416.20)
64410	MR of the left forearm pre and post contrast	04.00				98.040	5947.30 (5216.90)
64415	MR of the right forearm pre and post contrast	04.00				98.040	5947.30 (5216.90)
64900	Nuclear medicine study – Bone limited/regional static	04.00		21.500	1304.20 (1144.00)		
64905	Nuclear medicine study – Bone limited static plus flow	04.00		27.530	1670.00 (1464.90)		
64910	Nuclear medicine study – Bone tomography regional	04.00		13.410	813.50 (713.60)		
<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.						04.00
65100	X-ray of the left hand	04.00				3.080	186.80 (163.90)
65105	X-ray of the right hand	04.00				3.080	186.80 (163.90)
65110	X-ray of the left hand – bone age	04.00				3.080	186.80 (163.90)
65120	X-ray of a finger	04.00				2.670	162.00 (142.10)
65130	X-ray of the left wrist	04.00				3.180	192.90 (169.20)

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65135	X-ray of the right wrist	04.00				3.180	192.90 (169.20)
65140	X-ray of the left scaphoid	04.00				3.300	200.20 (175.60)
65145	X-ray of the right scaphoid	04.00				3.300	200.20 (175.60)
65150	X-ray of the left wrist, scaphoid and stress views	04.00				7.560	458.60 (402.30)
65155	X-ray of the right wrist, scaphoid and stress views	04.00				7.560	458.60 (402.30)
65160	X-ray arthrography wrist joint including introduction of contrast	04.00				15.930	966.30 (847.60)
65170	X-ray guidance and introduction of contrast into wrist joint only	04.00				7.410	449.50 (394.30)
65200	Ultrasound of the left wrist	04.00				6.500	394.30 (345.90)
65210	Ultrasound of the right wrist	04.00				6.500	394.30 (345.90)
65300	CT of the left wrist and hand	04.00				24.360	1477.70 (1296.20)
65305	CT of the right wrist and hand	04.00				24.360	1477.70 (1296.20)
65310	CT of the left wrist and hand - complete with 3D recon	04.00				37.660	2284.50 (2003.90)
65315	CT of the right wrist and hand - complete with 3D recon	04.00				37.660	2284.50 (2003.90)
65320	CT of the left wrist and hand contrasted	04.00				39.970	2424.70 (2126.90)
65325	CT of the right wrist and hand contrasted	04.00				39.970	2424.70 (2126.90)
65330	CT of the left wrist and hand pre and post contrast	04.00				48.630	2950.00 (2587.70)
65335	CT of the right wrist and hand pre and post contrast	04.00				48.630	2950.00 (2587.70)
65400	MR of the left wrist and hand	04.00				64.640	3921.20 (3439.60)
65405	MR of the right wrist and hand	04.00				64.640	3921.20 (3439.60)
65410	MR of the left wrist and hand pre and post contrast	04.00				101.040	6129.30 (5376.60)
65415	MR of the right wrist and hand pre and post contrast	04.00				101.040	6129.30 (5376.60)
65900	Nuclear Medicine study – bone limited/regional static	04.00		21.500	1304.20 (1144.00)		
65905	Nuclear Medicine study – bone limited static plus flow	04.00		27.530	1670.00 (1464.90)		
65910	Nuclear Medicine study – bone tomography regional	04.00		13.410	813.50 (713.60)		
<b>Soft Tissue</b>							
69900	Nuclear medicine study – Tumour localisation planar, static	04.00		20.740	1258.10 (1103.60)		
69905	Nuclear medicine study – Tumour localisation planar, static, multiple studies	04.00		35.170	2133.50 (1871.50)		
69910	Nuclear medicine study – Tumour localisation planar, static and SPECT	04.00		34.150	2071.60 (1817.20)		
69915	Nuclear medicine study – Tumour localisation planar, static, multiple studies and SPECT	04.00		47.560	2885.10 (2530.80)		
69920	Nuclear medicine study – Infection localisation planar, static	04.00		18.040	1094.30 (959.90)		
69925	Nuclear medicine study – Infection localisation planar, static, multiple studies	04.00		31.450	1907.80 (1673.50)		
69930	Nuclear medicine study – Infection localisation planar, static and SPECT	04.00		31.450	1907.80 (1673.50)		
69935	Nuclear medicine study – Infection localisation planar, static, multiple studies and SPECT	04.00		44.860	2721.30 (2387.10)		
69940	Nuclear medicine study – Regional lymph node mapping dynamic	04.00		6.020	365.20 (320.40)		
69945	Nuclear medicine study – Regional lymph node mapping, static, planar	04.00		24.100	1462.00 (1282.50)		
69950	Nuclear medicine study – Regional lymph node mapping, static, planar, multiple	04.00		37.510	2275.40 (1996.00)		

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69955	Nuclear medicine study – Regional lymph node mapping SPECT	04.00		13.410	813.50 (713.60)		
69960	Nuclear medicine study – Lymph node localisation with gamma probe	04.00		13.410	813.50 (713.60)		
<b>Lower Limbs</b>							
<b>General</b>							
	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.						04.00
70100	X-ray lower limbs - any region- stress studies only	04.00				4.520	274.20 (240.50)
70110	X-ray lower limbs - any region-tomography	04.00				4.300	260.80 (228.80)
70120	X-ray of the lower limbs full length study	04.00				6.460	391.90 (343.80)
70200	Ultrasound lower limb – soft tissue - any region	04.00				7.380	447.70 (392.70)
70210	Ultrasound of the peripheral arterial system of the left leg including B mode, pulse and colour Doppler	04.00				13.640	827.40 (725.80)
70220	Ultrasound of the peripheral arterial system of the right leg including B mode, pulse and colour Doppler	04.00				13.640	827.40 (725.80)
70230	Ultrasound peripheral venous system lower limbs including pulse and colour doppler for deep vein thrombosis	04.00				13.640	827.40 (725.80)
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	04.00				19.660	1192.60 (1046.10)
70300	CT of the lower limbs limited study	04.00				9.500	576.30 (505.50)
70310	CT angiography of the lower limb	04.00				79.430	4818.40 (4226.70)
70320	CT angiography abdominal aorta and outflow lower limbs	04.00				98.340	5965.50 (5232.90)
70400	MR of the lower limbs limited study	04.00				46.400	2814.70 (2469.00)
70410	MR angiography of the lower limb	04.00				76.660	4650.30 (4079.20)
70420	MR angiography of the abdominal aorta and lower limbs	04.00				118.860	7210.30 (6324.80)
70500	Angiography of pelvic and lower limb arteries unilateral	04.00				40.590	2462.30 (2159.90)
70505	Angiography of pelvic and lower limb arteries bilateral	04.00				75.920	4605.50 (4039.90)
70510	Angiography of abdominal aorta, pelvic and lower limb vessels unilateral	04.00				61.230	3714.30 (3258.20)
70515	Angiography of abdominal aorta, pelvic and lower limb vessels bilateral	04.00				85.660	5196.30 (4558.20)
70520	Angiography translumbar aorta with full peripheral study	04.00				45.680	2771.00 (2430.70)
70530	Venography, antegrade of lower limb veins, unilateral	04.00				25.460	1544.50 (1354.80)
70535	Venography, antegrade of lower limb veins, bilateral	04.00				49.430	2998.50 (2630.30)
70540	Venography, retrograde of lower limb veins, unilateral	04.00				31.170	1890.80 (1658.60)
70545	Venography, retrograde of lower limb veins, bilateral	04.00				56.790	3445.00 (3021.90)
70560	Lymphangiography, lower limb, unilateral	04.00				51.040	3096.20 (2716.00)
70565	Lymphangiography, lower limb, bilateral	04.00				83.970	5093.80 (4468.20)
70900	Nuclear medicine study – Venogram lower limb	04.00		37.120	2251.80 (1975.30)		
<b>Femur</b>							
71100	X-ray of the left femur	04.00				2.940	178.30 (156.40)
71105	X-ray of the right femur	04.00				2.940	178.30 (156.40)

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71300	CT of the left femur	04.00				24.520	1487.40 (1304.70)
71305	CT of the right femur	04.00				24.520	1487.40 (1304.70)
71310	CT of the left upper leg contrasted	04.00				41.830	2537.50 (2225.90)
71315	CT of the right upper leg contrasted	04.00				41.830	2537.50 (2225.90)
71320	CT of the left upper leg pre and post contrast	04.00				49.710	3015.50 (2645.20)
71325	CT of the right upper leg pre and post contrast	04.00				49.710	3015.50 (2645.20)
71400	MR of the left upper leg	04.00				64.800	3930.90 (3448.20)
71405	MR of the right upper leg	04.00				64.800	3930.90 (3448.20)
71410	MR of the left upper leg pre and post contrast	04.00				102.040	6190.00 (5429.80)
71415	MR of the right upper leg pre and post contrast	04.00				102.040	6190.00 (5429.80)
71900	Nuclear Medicine study – bone limited/regional static	04.00		21.500	1304.20 (1144.00)		
71905	Nuclear Medicine study – Bone limited static plus flow	04.00		27.530	1670.00 (1464.90)		
71910	Nuclear Medicine study – Bone tomography regional	04.00		13.410	813.50 (713.60)		
<b>Knee</b>							
	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.						04.00
72100	X-ray of the left knee one or two views	04.00				2.770	168.00 (147.40)
72105	X-ray of the right knee one or two views	04.00				2.770	168.00 (147.40)
72110	X-ray of the left knee, more than two views	04.00				3.320	201.40 (176.70)
72115	X-ray of the right knee, more than two views	04.00				3.320	201.40 (176.70)
72120	X-ray of the left knee including patella	04.00				4.620	280.30 (245.90)
72125	X-ray of the right knee including patella	04.00				4.620	280.30 (245.90)
72130	X-ray of the left knee with stress views	04.00				5.820	353.10 (309.70)
72135	X-ray of the right knee with stress views	04.00				5.820	353.10 (309.70)
72140	X-ray of left patella	04.00				2.770	168.00 (147.40)
72145	X-ray of right patella	04.00				2.770	168.00 (147.40)
72150	X-ray both knees standing – single view	04.00				2.800	169.90 (149.00)
72160	X-ray arthrography knee joint including introduction of contrast	04.00				15.810	959.10 (841.30)
72170	X-ray guidance and introduction of contrast into knee joint only	04.00				7.410	449.50 (394.30)
72200	Ultrasound of the left knee joint	04.00				6.500	394.30 (345.90)
72205	Ultrasound of the right knee joint	04.00				6.500	394.30 (345.90)
72300	CT of the left knee	04.00				24.520	1487.40 (1304.70)
72305	CT of the right knee	04.00				24.520	1487.40 (1304.70)
72310	CT of the left knee complete study with 3D reconstructions	04.00				35.930	2179.60 (1911.90)
72315	CT of the right knee complete study with 3D reconstructions	04.00				35.930	2179.60 (1911.90)
72320	CT of the left knee contrasted	04.00				41.830	2537.50 (2225.90)

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72325	CT of the right knee contrasted	04.00				41.830	2537.50 (2225.90)
72330	CT of the left knee pre and post contrast	04.00				49.760	3018.50 (2647.80)
72335	CT of the right knee pre and post contrast	04.00				49.760	3018.50 (2647.80)
72400	MR of the left knee	04.00				64.100	3888.40 (3410.90)
72405	MR of the right knee	04.00				64.100	3888.40 (3410.90)
72410	MR of the left knee pre and post contrast	04.00				100.840	6117.20 (5366.00)
72415	MR of the right knee pre and post contrast	04.00				100.840	6117.20 (5366.00)
72900	Nuclear Medicine study – Bone limited/regional static	04.00		21.500	1304.20 (1144.00)		
72905	Nuclear Medicine study – Bone limited static plus flow	04.00		27.530	1670.00 (1464.90)		
72910	Nuclear Medicine study – Bone tomography regional	04.00		13.410	813.50 (713.60)		
<b>Lower Leg</b>							
73100	X-ray of the left lower leg	04.00				2.940	178.30 (156.40)
73105	X-ray of the right lower leg	04.00				2.940	178.30 (156.40)
73300	CT of the left lower leg	04.00				24.520	1487.40 (1304.70)
73305	CT of the right lower leg	04.00				24.520	1487.40 (1304.70)
73310	CT of the left lower leg contrasted	04.00				41.830	2537.50 (2225.90)
73315	CT of the right lower leg contrasted	04.00				41.830	2537.50 (2225.90)
73320	CT of the left lower leg pre and post contrast	04.00				49.710	3015.50 (2645.20)
73325	CT of the right lower leg pre and post contrast	04.00				49.710	3015.50 (2645.20)
73400	MR of the left lower leg	04.00				64.200	3894.50 (3416.20)
73405	MR of the right lower leg	04.00				64.200	3894.50 (3416.20)
73410	MR of the left lower leg pre and post contrast	04.00				102.040	6190.00 (5429.80)
73415	MR of the right lower leg pre and post contrast	04.00				102.040	6190.00 (5429.80)
73900	Nuclear Medicine study – bone limited/regional static	04.00		21.500	1304.20 (1144.00)		
73905	Nuclear Medicine study – bone limited static plus flow	04.00		27.530	1670.00 (1464.90)		
73910	Nuclear Medicine study – bone tomography regional	04.00		13.410	813.50 (713.60)		
<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.						04.00
74100	X-ray of the left ankle	04.00				3.320	201.40 (176.70)
74105	X-ray of the right ankle	04.00				3.320	201.40 (176.70)
74110	X-ray of the left ankle with stress views	04.00				4.520	274.20 (240.50)
74115	X-ray of the right ankle with stress views	04.00				4.520	274.20 (240.50)
74120	X-ray of the left foot	04.00				2.800	169.90 (149.00)
74125	X-ray of the right foot	04.00				2.800	169.90 (149.00)

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74130	X-ray of the left calcaneus	04.00				2.740	166.20 (145.80)
74135	X-ray of the right calcaneus	04.00				2.740	166.20 (145.80)
74140	X-ray of both feet – standing – single view	04.00				2.800	169.90 (149.00)
74145	X-ray of a toe	04.00				2.670	162.00 (142.10)
74150	X-ray of the sesamoid bones one or both sides	04.00				2.800	169.90 (149.00)
74160	X-ray arthrography ankle joint including introduction of contrast	04.00				15.910	965.10 (846.60)
74170	X-ray guidance and introduction of contrast into ankle joint	04.00				7.410	449.50 (394.30)
74210	Ultrasound of the left ankle	04.00				6.500	394.30 (345.90)
74215	Ultrasound of the right ankle	04.00				6.500	394.30 (345.90)
74220	Ultrasound of the left foot	04.00				6.500	394.30 (345.90)
74225	Ultrasound of the right foot	04.00				6.500	394.30 (345.90)
74290	Ultrasound bone densitometry	04.00				2.040	123.80 (108.60)
74300	CT of the left ankle/foot	04.00				24.520	1487.40 (1304.70)
74305	CT of the right ankle/foot	04.00				24.520	1487.40 (1304.70)
74310	CT of the left ankle/foot – complete with 3D recon	04.00				37.810	2293.60 (2011.90)
74315	CT of the right ankle/foot – complete with 3D recon	04.00				37.810	2293.60 (2011.90)
74320	CT of the left ankle/foot contrasted	04.00				41.830	2537.50 (2225.90)
74325	CT of the right ankle/foot contrasted	04.00				41.830	2537.50 (2225.90)
74330	CT of the left ankle/foot pre and post contrast	04.00				49.710	3015.50 (2645.20)
74335	CT of the right ankle/foot pre and post contrast	04.00				49.710	3015.50 (2645.20)
74400	MR of the left ankle	04.00				64.100	3888.40 (3410.90)
74405	MR of the right ankle	04.00				64.100	3888.40 (3410.90)
74410	MR of the left ankle pre and post contrast	04.00				100.640	6105.00 (5355.30)
74415	MR of the right ankle pre and post contrast	04.00				100.640	6105.00 (5355.30)
74420	MR of the left foot	04.00				64.200	3894.50 (3416.20)
74425	MR of the right foot	04.00				64.200	3894.50 (3416.20)
74430	MR of the left foot pre and post contrast	04.00				102.040	6190.00 (5429.80)
74435	MR of the right foot pre and post contrast	04.00				102.040	6190.00 (5429.80)
74900	Nuclear Medicine study – Bone limited/regional static	04.00		21.500	1304.20 (1144.00)		
74905	Nuclear Medicine study – Bone limited static plus flow	04.00		27.530	1670.00 (1464.90)		
74910	Nuclear Medicine study – Bone tomography regional	04.00		13.410	813.50 (713.60)		
<b>Soft Tissue</b>							
79900	Nuclear Medicine study – Tumour localisation planar, static	04.00		20.740	1258.10 (1103.60)		
79905	Nuclear Medicine study – Tumour localisation planar, static, multiple studies	04.00		35.170	2133.50 (1871.50)		
79910	Nuclear Medicine study – Tumour localisation planar, static and SPECT	04.00		34.150	2071.60 (1817.20)		
79915	Nuclear Medicine study – Tumour localisation planar, static, multiple studies & SPECT	04.00		47.560	2885.10 (2530.80)		

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79920	Nuclear Medicine study – Infection localisation planar, static	04.00		18.430	1118.00 (980.70)		
79925	Nuclear Medicine study – Infection localisation planar, static, multiple studies	04.00		31.840	1931.50 (1694.30)		
79930	Nuclear Medicine study – Infection localisation planar, static and SPECT	04.00		31.840	1931.50 (1694.30)		
79935	Nuclear Medicine study – Infection localisation planar, static, multiple studies and SPECT	04.00		45.250	2745.00 (2407.90)		
79940	Nuclear Medicine study – Regional lymph node mapping dynamic	04.00		6.020	365.20 (320.40)		
79945	Nuclear Medicine study – Regional lymph node mapping, static, planar	04.00		24.100	1462.00 (1282.50)		
79950	Nuclear Medicine study – Regional lymph node mapping, static, planar, multiple studies	04.00		37.510	2275.40 (1996.00)		
79955	Nuclear Medicine study – Regional lymph node mapping and SPECT	04.00		13.410	813.50 (713.60)		
79960	Nuclear Medicine study – Lymph node localisation with gamma probe	04.00		13.410	813.50 (713.60)		
<b>Intervention</b>							
<b>General</b>							
	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.					05.03	
80600	Percutaneous abscess, cyst drainage, any region	04.00				9.370	568.40 (498.60)
80605	Fine needle aspiration biopsy, any region	04.00				4.220	256.00 (224.60)
80610	Cutting needle, trochar biopsy, any region	04.00				6.360	385.80 (338.40)
80620	Tumour/cyst ablation chemical	04.00				25.370	1539.00 (1350.00)
80630	Tumour ablation radio frequency, per lesion	05.03				21.210	1286.60 (1128.60)
80640	Insertion of CVP line in radiology suite	04.00				8.990	545.40 (478.40)
80645	Peripheral central venous line insertion	05.03				12.120	735.20 (644.90)
80650	Infiltration of a peripheral joint, any region	05.03				6.400	388.20 (340.50)
	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.	05.03					
<b>Neuro intervention</b>							
81600	Intracranial aneurysm occlusion, direct	04.00				214.520	13013.20 (11415.10)
81605	Intracranial arteriovenous shunt occlusion	04.00				254.820	15457.90 (13559.60)
81610	Dural sinus arteriovenous shunt occlusion	04.00				264.330	16034.80 (14065.60)
81615	Extracranial arteriovenous shunt occlusion	04.00				157.280	9540.90 (8369.20)
81620	Extracranial arterial embolisation (head and neck)	04.00				163.120	9895.20 (8680.00)
81625	Carotidocavernous fistula occlusion	04.00				192.290	11664.70 (10232.20)
81630	Intracranial angioplasty for stenosis, vasospasm	04.00				126.920	7699.20 (6753.70)
81632	Intracranial stent placement (including PTA)	05.03				133.720	8111.70 (7115.50)
81635	Temporary balloon occlusion test	04.00				83.420	5060.40 (4438.90)
	Code 81635 does not include the relevant preceding diagnostic study and may be combined with codes 10500, 10510, 10530, 10540, 10550.	05.03					
81640	Permanent carotid or vertebral artery occlusion (including occlusion test)	04.00				178.180	10808.80 (9481.40)
81645	Intracranial aneurysm occlusion with balloon remodelling	04.00				216.350	13124.20 (11512.50)



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81650	Intracranial aneurysm occlusion with stent assistance	04.00				230.450	13979.60 (12262.80)
81655	Intracranial thrombolysis, catheter directed	04.00				58.940	3575.40 (3136.30)
	Code 81655 may be combined with any of the other neuro interventional codes 81600 to 81650	05.03					
81660	Nerve block, head and neck, per level	05.03				7.660	464.70 (407.60)
81665	Neurolysis, head and neck, per level	05.03				20.140	1221.70 (1071.70)
81670	Nerve block, head and neck, radio frequency, per level	05.03				19.040	1155.00 (1013.20)
81680	Nerve block, coeliac plexus or other regions, per level	05.03				9.280	562.90 (493.80)
<b>Thorax</b>							
82600	Chest drain insertion	04.00				8.820	535.00 (469.30)
82605	Trachial, bronchial stent insertion	04.00				30.360	1841.70 (1615.50)
<b>Gastrointestinal</b>							
83600	Oesophageal stent insertion	04.00				31.220	1893.90 (1661.30)
83605	GIT balloon dilation	04.00				24.360	1477.70 (1296.20)
83610	GIT stent insertion (non-oesophageal)	04.00				32.020	1942.40 (1703.90)
83615	Percutaneous gastrostomy, jejunostomy	04.00				25.360	1538.40 (1349.50)
<b>Hepatobiliary</b>							
84600	Percutaneous biliary drainage, external	04.00				33.980	2061.30 (1808.20)
84605	Percutaneous external/internal biliary drainage	04.00				37.210	2257.20 (1980.00)
84610	Permanent biliary stent insertion	04.00				51.220	3107.10 (2725.50)
84615	Drainage tube replacement	04.00				20.220	1226.60 (1076.00)
84620	Percutaneous bile duct stone or foreign object removal	04.00				49.980	3031.90 (2659.60)
84625	Percutaneous gall bladder drainage	04.00				29.580	1794.40 (1574.00)
84630	Percutaneous gallstone removal, including drainage	04.00				69.250	4200.80 (3684.90)
84635	Transjugular liver biopsy	04.00				24.930	1512.30 (1326.60)
84640	Transjugular intrahepatic Portosystemic shunt	04.00				119.470	7247.30 (6357.30)
84645	Transhepatic Portogram including venous sampling, pressure studies	04.00				81.890	4967.60 (4357.50)
84650	Transhepatic Portogram with embolisation of varices	04.00				100.810	6115.30 (5364.30)
84655	Percutaneous hepatic tumour ablation	04.00				15.680	951.20 (834.40)
84660	Percutaneous hepatic abscess, cyst drainage	04.00				13.200	800.70 (702.40)
84665	Hepatic chemoembolisation	04.00				59.440	3605.70 (3162.90)
84670	Hepatic arterial infusion catheter placement	04.00				60.300	3657.90 (3208.70)
<b>Urogenital</b>							
85600	Percutaneous nephrostomy, external drainage	04.00				29.970	1818.00 (1594.70)
85605	Percutaneous double J stent insertion including access	04.00				40.820	2476.20 (2172.10)
85610	Percutaneous renal stone, foreign body removal including access	04.00				66.790	4051.60 (3554.00)
85615	Percutaneous nephrostomy tract establishment	04.00				29.270	1775.60 (1557.50)
85620	Change of nephrostomy tube	04.00				15.900	964.50 (846.10)

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85625	Percutaneous cystostomy	04.00				16.520	1002.10 (879.00)
85630	Urethral balloon dilatation	04.00				14.240	863.80 (757.70)
85635	Urethral stent insertion	04.00				31.220	1893.90 (1661.30)
85640	Renal cyst ablation	04.00				11.920	723.10 (634.30)
85645	Renal abscess, cyst drainage	04.00				15.160	919.60 (806.70)
85655	Fallopian tube recanalisation	04.00				45.060	2733.40 (2397.70)
<b>Spinal</b>							
86600	Spinal vascular malformation embolisation	04.00				275.160	16691.80 (14641.90)
86605	Vertebroplasty per level	04.00				22.300	1352.80 (1186.70)
86610	Facet joint block per level, uni- or bilateral	05.03				9.540	578.70 (507.60)
	Code 86610 may only be billed once per level, and not per left and right side per level	04.00					
86615	Spinal nerve block per level, uni- or bilateral	05.03				8.160	495.00 (434.20)
86620	Epidural block	04.00				9.420	571.40 (501.20)
86625	Chemonucleolysis, including discogram	04.00				18.320	1111.30 (974.80)
86630	Spinal nerve ablation per level	04.00				11.600	703.70 (617.30)
<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 that one defined anatomical site at the same sitting the relevant codes may be combined. However multiple balloon dilatations or stent placements at one defined site will only attract one procedure code.						04.00
87600	Percutaneous transluminal angioplasty: aorta, IVC	04.00				56.560	3431.00 (3009.60)
87601	Percutaneous transluminal angioplasty: iliac	04.00				55.760	3382.50 (2967.10)
87602	Percutaneous transluminal angioplasty: femoropopliteal	04.00				60.160	3649.40 (3201.20)
87603	Percutaneous transluminal angioplasty: subpopliteal	04.00				73.340	4449.00 (3902.60)
87604	Percutaneous transluminal angioplasty: brachiocephalic	04.00				67.120	4071.60 (3571.60)
87605	Percutaneous transluminal angioplasty: subclavian, axillary	04.00				60.160	3649.40 (3201.20)
87606	Percutaneous transluminal angioplasty: extracranial carotid	04.00				71.620	4344.60 (3811.10)
87607	Percutaneous transluminal angioplasty: extracranial vertebral	04.00				73.300	4446.50 (3900.40)
87608	Percutaneous transluminal angioplasty: renal	04.00				87.690	5319.50 (4666.20)
87609	Percutaneous transluminal angioplasty: coeliac, mesenteric	04.00				87.690	5319.50 (4666.20)
87620	Aorta stent-graft placement	04.00				120.750	7324.90 (6425.40)
87621	Stent insertion (including PTA): aorta, IVC	04.00				73.870	4481.10 (3930.80)
87622	Stent insertion (including PTA): iliac	04.00				76.370	4632.80 (4063.90)
87623	Stent insertion (including PTA): femoropopliteal	04.00				77.970	4729.80 (4148.90)
87624	Stent insertion (including PTA): subpopliteal	04.00				84.550	5129.00 (4499.10)
87625	Stent insertion (including PTA): brachiocephalic	04.00				98.470	5973.40 (5239.80)
87626	Stent insertion (including PTA): subclavian, axillary	04.00				86.690	5258.80 (4613.00)
87627	Stent insertion (including PTA): extracranial carotid	04.00				106.990	6490.20 (5693.20)
87628	Stent insertion (including PTA): extracranial vertebral	04.00				100.550	6099.60 (5350.50)

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87629	Stent insertion (including PTA): renal	04.00				98.590	5980.70 (5246.20)
87630	Stent insertion (including PTA): coeliac, mesenteric	04.00				98.590	5980.70 (5246.20)
87631	Stent-graft placement: iliac	04.00				76.370	4632.80 (4063.90)
87632	Stent-graft placement: femoropopliteal	04.00				77.970	4729.80 (4148.90)
87633	Stent-graft placement: brachiocephalic	04.00				98.470	5973.40 (5239.80)
87634	Stent-graft placement: subclavian, axillary	04.00				82.770	5021.00 (4404.40)
87635	Stent-graft placement: extracranial carotid	04.00				120.430	7305.50 (6408.30)
87636	Stent-graft placement: extracranial vertebral	04.00				114.730	6959.80 (6105.10)
87637	Stent-graft placement: renal	04.00				98.590	5980.70 (5246.20)
87638	Stent-graft placement: coeliac, mesenteric	04.00				98.590	5980.70 (5246.20)
87650	Thrombolysis in angiography suite, per 24 hours	04.00				45.820	2779.50 (2438.20)
	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.	05.03					
87651	Aspiration, rheolytic thrombectomy	04.00				77.670	4711.60 (4133.00)
87652	Atherectomy, per vessel	04.00				91.890	5574.20 (4889.60)
87653	Percutaneous tunnelled / subcutaneous arterial or venous central or other line insertion	05.03				28.150	1707.60 (1497.90)
87654	Thrombolysis follow-up	04.00				23.570	1429.80 (1254.20)
87655	Percutaneous sclerotherapy, vascular malformation	04.00				21.100	1280.00 (1122.80)
87660	Embolisation, mesenteric	04.00				100.430	6092.30 (5344.10)
87661	Embolisation, renal	04.00				99.360	6027.40 (5287.20)
87662	Embolisation, bronchial, intercostal	04.00				108.340	6572.10 (5765.00)
87663	Embolisation, pulmonary arteriovenous shunt	04.00				103.220	6261.50 (5492.50)
87664	Embolisation, abdominal, other vessels	04.00				101.440	6153.60 (5397.90)
87665	Embolisation, thoracic, other vessels	04.00				97.600	5920.60 (5193.50)
87666	Embolisation, upper limb	04.00				90.920	5515.40 (4838.10)
87667	Embolisation, lower limb	04.00				92.140	5589.40 (4903.00)
87668	Embolisation, pelvis, non-uterine	04.00				117.120	7104.70 (6232.20)
87669	Embolisation, uterus	04.00				113.880	6908.20 (6059.80)
87670	Embolisation, spermatic, ovaria veins	04.00				85.820	5206.00 (4566.70)
87680	Inferior vena cava filter placement	04.00				61.840	3751.30 (3290.60)
87681	Intravascular foreign body removal	04.00				85.030	5158.10 (4524.60)
87682	Revision of access port (tunnelled or implantable)	05.03				14.120	856.50 (751.30)
87683	Removal of access port (tunnelled or implantable)	05.04				11.120	674.60 (591.80)
87690	Superior petrosal venous sampling	04.00				73.010	4428.90 (3885.00)
87691	Pancreatic stimulation test	04.00				89.790	5446.80 (4777.90)

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87692	Transportal venous sampling	04.00				76.950	4667.90 (4094.60)
87693	Adrenal venous sampling	04.00				55.010	3337.00 (2927.20)
87694	Parathyroid venous sampling	04.00				86.660	5257.00 (4611.40)
87695	Renal venous sampling	04.00				55.010	3337.00 (2927.20)

### ANNEXURE A

	<p>Radiology tariff Contrast price effective 1 Jan 2004 PER VIAL For use in conjunction with codes:</p> <p>00190 X-ray examination contrast material 00290 Ultrasound examination contrast material 00390 CT examination contrast material 00490 MR examination contrast material 00590 Angiography and interventional examination contrast material</p> <p>Note to Funders: The following contrast items may be grouped into various categories e.g. Ionic, non-ionic, and several items may be appropriate for use within a category. Funders may either reimburse as per identified item or may choose to apply a reference price within a category. For detail of methodology refer to Annexure B.</p>	04.00
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### ANNEXURE B

	Radiology tariff Contrast price effective 1 Jan 2004 PER VIAL	04.00
	Contrast Index Price Range - 2004 contrast prices	04.00

### ANNEXURE C

	<p>Recommended Isotope and Kit Prices for Nuclear Medicine for 2004 by the Association of Nuclear Medicine Physicians For use in conjunction with codes:</p> <p>00990 Nuclear Medicine Isotope 00991 Nuclear Medicine Substrate</p> <p>&lt;&lt;Insert object table here&gt;&gt;</p>	04.00
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