



RADIOLOGY TARIFFS 2018/19

	PULA RADIOLOGY TARIFFS EFFECTIVE	Units	2017_18	2018_19
	General Codes			
00110	X-ray skeletal survey under five years		522.70	538.40
00115	X-ray skeletal survey over five years		868.70	894.80
00120	X-ray sinogram any region		909.40	936.70
00130	X-ray with mobile unit in other facility		158.70	163.50
00135	X-ray control view in theatre any region		439.30	452.50
00140	X-ray fluoroscopy any region		188.70	194.40
	May only be added to the examination when fluoroscopy is not included in the standard procedure code. May not be added to:			
	<ul style="list-style-type: none"> • any angiography, venography, lymphangiography or interventional codes. • any contrasted fluoroscopy examination. 			
00145	X-ray fluoroscopy guidance for biopsy, any region		442.60	455.90
	Add to the procedure eg. 80600, 80605, 80610.		0.00	0.00
00150	X-ray C-Arm (equipment fee only, not procedure) per half hour		202.30	208.40
	Only to be used if equipment is owned by the radiologist.			
00155	X-ray C-arm fluoroscopy in theatre per half hour (procedure only)		192.20	198.00
00160	X-ray fixed theatre installation (equipment fee only)		188.70	194.40
	Only to be used if equipment is owned by the radiologist.			
	Identification code for the use of contrast with a procedure. Appropriate codes to be supplied.			
00210	Ultrasound with mobile unit in other facility		153.60	158.20
	Add to the relevant ultrasound examination codes eg 10200.			
00220	Ultrasound intra-operative study		611.50	629.80
	Covers all regions studied. Single code per operative procedure.			
00230	Ultrasound guidance		1010.50	1040.80
	Comprehensive ultrasound code including regional study and guidance. Guided procedure code to be added eg. 80600, 80605, 80610.			
00240	Ultrasound guidance for tissue ablation		938.50	966.70

	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.			
00250	Ultrasound limited Doppler study any region		542.80	559.10
00310	CT planning study for radiotherapy		1784.70	1838.20
00320	CT guidance (separate procedure)		1413.10	1455.50
	Comprehensive CT code including regional study and guidance. Guided procedure code to be added eg 80600, 80605, and 80610.			
00330	CT guidance, with diagnostic procedure		706.50	727.70
	To be added to the diagnostic procedure code. Guided procedure code to be added eg 80600, 80605, 80610.			
00340	CT guidance and monitoring for tissue ablation		1766.50	1819.50
	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.		0.00	0.00
	Identification code for the use of contrast with a procedure. Appropriate codes to be supplied.		0.00	0.00
00410	MR study of the whole body for metastases screening		5879.90	6056.30
00420	MR Spectroscopy any region		2413.70	2486.10
00430	MR guidance for needle replacement		3554.60	3661.20
	Comprehensive MRI code including region studied and guidance. Guided procedure code to be added eg 80600, 80605, 80610.		0.00	0.00
00440	MR low field strength imaging of peripheral joint any region		1002.30	1032.40
00450	MR planning study for radiotherapy or surgical procedure		3173.80	3269.00
00455	MR planning study for radiotherapy or surgical procedure, with contrast		3925.40	4043.20
	Identification code for the use of contrast with a procedure. Appropriate codes to be supplied.		0.00	0.00
00510	Analogue monoplaner screening table		3425.20	3528.00
	A machine code may be added once per complete procedure / patient visit.		0.00	0.00
00520	Analogue monoplaner table with DSA attachment		3967.30	4086.30
	A machine code may be added once per complete procedure / patient visit.		0.00	0.00
00530	Dedicated angiography suite: Analogue monoplaner unit. Once off charge per patient by owner of equipment.		3967.30	4086.30
	A machine code may be added once per complete procedure / patient visit.		0.00	0.00
00540	Digital monoplaner screening table		6675.00	6875.30

	A machine code may be added once per complete procedure / patient visit.		0.00	0.00
00550	Dedicated angiography suite: Digital monoplane unit. Once off charge per patient by owner of equipment.		7769.80	8002.90
00560	Dedicated angiography suite: Digital bi-plane unit. Once off charge per patient by owner of equipment.		10440.00	10753.20
	A machine code may be added once per complete procedure / patient visit.		0.00	0.00
00590	Angiography and interventional examination contrast material		7028.50	7239.40
	Identification code for the use of contrast with a procedure. Appropriate codes to be supplied.		0.00	0.00
01010	Emergency call out fee, first case		250.60	258.10
01020	Emergency call out fee, subsequent cases same trip		167.10	172.10
	Head		0.00	0.00
	Skull and Brain		0.00	0.00
10100	X-ray of the skull		322.20	331.90
10110	X-ray tomography of the skull		359.20	370.00
10120	X-ray shuntogram for VP shunt		1282.90	1321.40
10200	Ultrasound of the brain – Neonatal		616.40	634.90
10210	Ultrasound of the brain including doppler		1104.00	1137.10
10220	Ultrasound of the intracranial vasculature, including B mode, pulse and colour doppler		1256.10	1293.80
10300	CT Brain uncontrasted		1891.60	1948.30
10310	CT Brain with contrast only		2779.60	2863.00
10320	CT Brain pre and post contrast		3380.90	3482.30
10325	CT brain pre and post contrast for perfusion studies		4100.70	4223.70
	Stand alone code may not be added to any other CT studies of the brain, except for code 10330		0.00	0.00
10330	CT angiography of the brain		6479.30	6673.70
10335	CT of the brain pre and post contrast with angiography		8177.40	8422.70
10340	CT brain for cranio-stenosis including 3D		2852.90	2938.50
10350	CT Brain stereotactic localisation		1617.00	1665.50
10360	CT base of skull coronal high resolution study for CSF leak		2914.80	3002.20
10400	MR of the brain, limited study		3638.20	3747.30
10410	MR of the brain uncontrasted		5328.60	5488.50
10420	MR of the brain with contrast		6342.30	6532.60
10430	MR of the brain pre and post contrast		8689.50	8950.20
10440	MR of the brain pre and post contrast, for perfusion studies		8973.50	9242.70
10450	MR of the brain plus angiography		7700.50	7931.50
10460	MR of the brain pre and post contrast plus angiography		10125.10	10428.90

10470	MR angiography of the brain uncontrasted		4886.10	5032.70
10480	MR angiography of the brain contrasted		6182.30	6367.80
10485	MR of the brain, with diffusion studies		6598.00	6795.90
10490	MR of the brain, pre and post contrast, with diffusion studies,		9240.70	9517.90
10492	MR study of the brain plus angiography plus diffusion, uncontrasted		7934.50	8172.50
10495	MR of the brain pre and post contrast plus angiography and diffusion		10476.70	10791.00
10500	Arteriography of intracranial vessels: 1 - 2 vessels		4059.10	4180.90
10510	Arteriography of intracranial vessels: 3 - 4 vessels		6876.30	7082.60
10520	Arteriography of extra-cranial (non-cervical) vessels		4045.80	4167.20
10530	Arteriography of intracranial and extra-cranial (non-cervical) vessels		9862.90	10158.80
10540	Arteriography of intracranial vessels (4) plus 3 D rotational angiography		8149.20	8393.70
10550	Arteriography of intracranial vessels (1) plus 3D rotational angiography		3114.30	3207.70
10560	Venography of dural sinuses		4362.30	4493.20
	Facial bones and nasal bones		0.00	0.00
	Codes 11100 (facial bones) and 11110 (tomography) may be combined		0.00	0.00
11100	X-ray of the facial bones		328.30	338.10
11110	X-ray tomography of the facial bones		359.20	370.00
11120	X-ray of the nasal bones		199.40	205.40
11300	CT of the facial bones		1750.60	1803.10
11310	CT of the facial bones with 3D reconstructions		2539.00	2615.20
11320	CT of the facial bones/soft tissue, pre and post contrast		3446.10	3549.50
11400	MR of the facial soft tissue		5211.80	5368.20
11410	MR of the facial soft tissue pre and post contrast		8401.90	8654.00
11420	MR of the facial soft tissue plus angiography, with contrast		9212.20	9488.60
11430	MR angiography of the facial soft tissue		6182.30	6367.80
	Orbits, lacrimal glands and tear ducts		0.00	0.00
	Code 12130 (tomography) may be added to 12100 or 12110 or 12120 (orbits) or 12140 (dacrocystography).		0.00	0.00
12100	X-ray orbits less than three views		297.50	306.40
12110	X-ray of the orbits, three or more views, including foramina		442.60	455.90
12120	X-ray of the orbits for foreign body		297.50	306.40
12130	X-ray tomography of the orbits		359.20	370.00
12140	X-ray dacrocystography		935.40	963.50
12200	Ultrasound of the orbit/eye		428.60	441.50
12210	Ultrasound of the orbit/eye including doppler		916.30	943.80
12300	CT of the orbits single plane		1311.30	1350.60

12310	CT of the orbits, more than one plane		1719.60	1771.20
12320	CT of the orbits pre and post contrast single plane		3009.50	3099.80
12330	CT of the orbits pre and post contrast multiple planes		3315.90	3415.40
12400	MR of the orbits		5216.70	5373.20
12410	MR of the orbitae, pre and post contrast		8405.50	8657.70
	Paranasal sinuses		0.00	0.00
	Code 13120 (tomography) may be added to 13100, 13110 (paranasal sinuses), 13130 (nasopharyngeal).		0.00	0.00
13100	X-ray of the paranasal sinuses, single view		228.90	235.80
13110	X-ray of the paranasal sinuses, two or more views		305.60	314.80
13120	X-ray tomography of the paranasal sinuses		359.20	370.00
13130	X-ray of the naso-pharyngeal soft tissue		228.90	235.80
13300	CT of the paranasal sinuses single plane, limited study		601.30	619.30
13310	CT of the paranasal sinuses, two planes, limited study		1035.80	1066.90
13320	CT of the paranasal sinuses, any plane, complete study		1288.00	1326.60
13330	CT of the paranasal sinuses, more than one plane, complete study		1734.70	1786.70
13340	CT of the paranasal sinuses, any plane, complete study: pre and post contrast		2901.40	2988.40
13350	CT of the paranasal sinuses, more than one plane, complete study; pre and post contrast		3425.20	3528.00
13400	MR of the paranasal sinuses		5033.80	5184.80
13410	MR of the paranasal sinuses, pre and post contrast		8067.20	8309.20
	Mandible, teeth and maxilla		0.00	0.00
	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.		0.00	0.00
14100	X-ray of the mandible		305.60	314.80
14110	X-ray orthopantomogram of the jaws and teeth		339.20	349.40

14120	X-ray maxillofacial cephalometry		231.30	238.20
14130	X-ray of the teeth single quadrant		167.10	172.10
14140	X-ray of the teeth more than one quadrant		211.20	217.50
14150	X-ray of the teeth full mouth		302.40	311.50
14160	X-ray tomography of the teeth per side		269.80	277.90
14300	CT of the mandible		1860.80	1916.60
14310	CT of the mandible, pre and post contrast		3446.10	3549.50
14320	CT mandible with 3D reconstructions		2539.00	2615.20
14330	CT for dental implants in the mandible		2292.70	2361.50
14340	CT for dental implants in the maxilla		2292.70	2361.50
14400	MR of the mandible/maxilla		5328.60	5488.50
14410	MR of the mandible/maxilla, pre and post contrast		8238.40	8485.60
	TM Joints		0.00	0.00
	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).		0.00	0.00
15100	X-ray tempero-mandibular joint, left		297.50	306.40
15110	X-ray tempero-mandibular joint, right		297.50	306.40
15120	X-ray tomography tempero-mandibular joint, left		359.20	370.00
15130	X-ray tomography tempero-mandibular joint, right		359.20	370.00
15140	X-ray arthrography of the tempero-mandibular joint, left		1287.00	1325.60
15150	X-ray arthrography of the tempero-mandibular joint, right		1287.00	1325.60
15200	Ultrasound tempero-mandibular joints, one or both sides		548.10	564.50
15300	CT of the tempero-mandibular joints		2119.70	2183.30
15310	CT of the tempero-mandibular joints plus 3D reconstructions		2881.40	2967.80
15320	CT arthrogram of the tempero-mandibular joints		3003.50	3093.60
15400	MR of the tempero-mandibular joints		5328.60	5488.50
15410	MR of the tempero-mandibular joints, pre and post contrast		8422.30	8675.00
15420	MR arthrogram of the tempero-mandibular joints		6239.80	6427.00
	Mastoids and internal auditory canal		0.00	0.00

	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.		0.00	0.00
16100	X-ray of the mastoids, unilateral		299.80	308.80
16110	X-ray of the mastoids, bilateral		599.80	617.80
16120	X-ray tomography of the petro-temporal bone, unilateral		359.20	370.00
16130	X-ray tomography of the petro-temporal bone, bilateral		718.10	739.60
16140	X-ray internal auditory canal, bilateral		436.80	449.90
16150	X-ray tomography of the internal auditory canal, bilateral		359.20	370.00
16300	CT of the mastoids		1052.50	1084.10
16310	CT of the internal auditory canal		1793.20	1847.00
16320	CT of the internal auditory canal, pre and post contrast		2856.40	2942.10
16330	CT of the ear structures, limited study		1119.20	1152.80
16340	CT of the middle and inner ear structures, high definition including all reconstructions in various planes		3620.70	3729.30
16400	MR of the internal auditory canals, limited study		3638.20	3747.30
16410	MR of the internal auditory canals, pre and post contrast, limited study		5757.10	5929.80
16420	MR of the internal auditory canals, pre and post contrast, complete study		8572.50	8829.70
16430	MR of the ear structures		5378.70	5540.10
16440	MR of the ear structures, pre and post contrast		8572.50	8829.70
	Sella turcica		0.00	0.00
	Code 17100 (sella) and 17110 (tomography) may be combined.		0.00	0.00
17100	X-ray of the sella turcica		257.20	264.90
17110	X-ray tomography of the sella turcica		359.20	370.00
17300	CT of the sella turcica/hypophysis		1457.50	1501.20
17310	CT of the sella turcica/hypophysis, pre and post contrast		3529.50	3635.40
17400	MR of the hypophysis		3638.20	3747.30
17410	MR of the hypophysis, pre and post contrast		6183.00	6368.50
	Salivary glands and floor of the mouth		0.00	0.00
	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).		0.00	0.00
18100	X-ray of the salivary glands and ducts for calculus		237.20	244.30

18110	X-ray of the salivary ducts, open mouth for calculus		158.70	163.50
18120	X-ray sialography, per gland		1176.10	1211.40
18200	Ultrasound of the salivary glands/floor of the mouth		548.10	564.50
18300	CT of the salivary glands, uncontrasted		1052.50	1084.10
18310	CT of the salivary glands/floor of the mouth, pre and post contrast		3516.40	3621.90
18320	CT sialography		2195.00	2260.90
18400	MR of the salivary glands/floor of the mouth		5278.30	5436.60
18410	MR of the salivary glands/floor of the mouth, pre and post contrast		8422.30	8675.00
	Neck		0.00	0.00
	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).		0.00	0.00
20100	X-ray of soft tissue of the neck		228.90	235.80
20110	X-ray of the larynx including tomography		784.30	807.80
20120	X-ray laryngography		691.70	712.50
20130	X-ray evaluation of pharyngeal movement and speech by screening and / or cine with or without video recording		693.30	714.10
20200	Ultrasound of the thyroid		548.10	564.50
20210	Ultrasound of soft tissue of the neck		548.10	564.50
20220	Ultrasound of the carotid arteries, bilateral including B mode, pulsed and colour doppler		1252.90	1290.50
20230	Ultrasound of the entire extracranial vascular tree including carotids, vertebral and subclavian vessels with B mode, pulse and colour doppler		1824.00	1878.70
20240	Ultrasound study of the venous system of the neck including pulse and colour Doppler		902.20	929.30
20300	CT of the soft tissues of the neck		1524.30	1570.00
20310	CT of the soft tissues of the neck, with contrast		3186.20	3281.80
20320	CT of the soft tissues of the neck, pre and post contrast		3659.00	3768.80
20330	CT angiography of the extracranial vessels in the neck		6628.30	6827.10
20340	CT angiography of the extracranial vessels in the neck and intracranial vessels of the brain		8978.30	9247.60
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		10392.40	10704.20
20400	Mr of the soft tissue of the neck		5311.70	5471.10
20410	MR of the soft tissue of the neck, pre and post contrast		8522.30	8778.00
20420	MR of the soft tissue of the neck and		7734.00	7966.00

	uncontrasted angiography			
20430	MR angiography of the extracranial vessels in the neck, without contrast		4977.80	5127.10
20440	MR angiography of the extracranial vessels in the neck, with contrast		6182.30	6367.80
20450	MR angiography of the extra and intracranial vessels with contrast		9692.30	9983.10
20460	MR angiography of the intra and extra cranial vessels plus brain, without contrast		11289.40	11628.10
20470	MR angiography of the intra and extra cranial vessels plus brain, with contrast		13033.40	13424.40
20500	Arteriography of cervical vessels: carotid 1 - 2 vessels		3710.80	3822.10
20510	Arteriography of cervical vessels: vertebral 1 - 2 vessels		4237.10	4364.20
20520	Arteriography of cervical vessels: carotid and vertebral		6483.70	6678.20
20530	Arteriography of aortic arch and cervical vessels		7681.30	7911.70
20540	Arteriography of aortic arch, cervical and intracranial vessels		9092.80	9365.60
20550	Venography of jugular and vertebral veins		4088.30	4210.90
	Thorax		0.00	0.00
	Chest wall, pleura, lungs and mediastinum		0.00	0.00
	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).		0.00	0.00
30100	X-ray of the chest, single view		253.80	261.40
30110	X-ray of the chest two views, PA and lateral		320.80	330.40
30120	X-ray of the chest complete with additional views		354.10	364.70

30130	X-ray of the chest complete including fluoroscopy	374.10	385.30
30140	X-ray tomography of the chest	359.20	370.00
30150	X-ray of the ribs	399.90	411.90
30155	X-ray of the chest and ribs	536.10	552.20
30160	X-ray of the thoracic inlet	213.90	220.30
30170	X-ray of the sterno-clavicular joints	351.60	362.10
30175	X-ray tomography of the sterno-clavicular joint	359.20	370.00
30180	X-ray of the sternum	351.60	362.10
30185	X-ray tomography of the sternum	359.20	370.00
30200	Ultrasound of the chest wall, any region	548.10	564.50
30210	Ultrasound of the pleural space	548.10	564.50
30220	Ultrasound of the mediastinal structures	548.10	564.50
30300	CT of the chest, limited study	793.40	817.20
30310	CT of the chest uncontrasted	2221.60	2288.20
30320	CT of the chest contrasted	3543.70	3650.00
30330	CT of the chest, pre and post contrast	3816.90	3931.40
30340	CT of the chest, limited high resolution study	935.40	963.50
30350	CT of the chest, complete high resolution study	2005.30	2065.50
30355	CT of the chest, complete high resolution study with additional prone and expiratory studies	2781.30	2864.70
30360	CT of the chest for pulmonary embolism	4770.70	4913.80
30370	CT of the chest for pulmonary embolism with CT venography of abdomen, pelvis and lower limbs	6705.20	6906.40
30400	MR of the chest	5311.70	5471.10
30410	MR of the chest with uncontrasted angiography	7734.00	7966.00
30420	MR of the chest, pre and post contrast	8522.30	8778.00
	Oesophagus	0.00	0.00
	Codes 31100, 31110, 31120 (swallow) include fluoroscopy (00140 may not be added).	0.00	0.00
31100	X-ray barium swallow	551.30	567.80
31105	Xray 3 phase dynamic contrasted swallow	1052.50	1084.10
31110	X-ray barium swallow, double contrast	661.50	681.30
31120	X-ray barium swallow with cinematography	841.10	866.30
	Aorta and large vessels	0.00	0.00
	Codes 32210 and 32220 (Ivus) may be combined	0.00	0.00
32200	Ultrasound intravascular arterial or venous assessment for intervention, once per complete procedure	350.80	361.30
32210	Ultrasound intravascular (IVUS) first vessel	704.80	725.90
32220	Ultrasound intravascular (IVUS) subsequent vessels	442.60	455.90
32300	CT angiography of the aorta and branches	6604.80	6802.90
32305	CT angiography of the thoracic and abdominal aorta and branches	8811.40	9075.70
32310	CT angiography of the pulmonary vasculature	6604.80	6802.90
32400	MR angiography of the aorta and branches	6556.40	6753.10
32410	MR angiography of the pulmonary vasculature	8792.30	9056.10
32500	Arteriography of thoracic aorta	2360.10	2430.90

32510	Arteriography of bronchial intercostal vessels alone		4188.40	4314.10
32520	Arteriography of thoracic aorta, bronchial and intercostal vessels		5631.70	5800.70
32530	Arteriography of pulmonary vessels		5284.10	5442.60
32540	Arteriography of heart chambers, coronary arteries		3697.40	3808.30
32550	Venography of thoracic vena cava		2370.40	2441.50
32560	Venography of vena cava, azygos system		4703.00	4844.10
32570	Venography patency of A-port or other central line		1640.20	1689.40
	Heart		0.00	0.00
	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.		0.00	0.00
33205	Ultrasound study of the heart for foetal or paediatric cases including doppler		1027.30	1058.10
	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		0.00	0.00
33200	Ultrasound study of the heart, including Doppler		684.80	705.30
33210	Ultrasound study of the heart trans-oesophageal		878.70	905.10
33220	Ultrasound intravascular imaging to guide placement of intracoronary stent once per vessel		434.20	447.20
33300	CT anatomical/functional study of the heart		2890.70	2977.40
33310	CT angiography of heart vessels		6788.50	6992.20
33400	MR of the heart, anatomical study		5194.90	5350.70
33410	MR of the heart, anatomical and functional study		5763.10	5936.00
33420	MR of the heart, pre and post contrast		8606.10	8864.30
33430	MR angiography of the heart vessels		5905.50	6082.70
33440	MR of the heart, anatomical, functional and coronary angiography		8923.30	9191.00
	Mammogram		0.00	0.00
	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).		0.00	0.00
34100	X-ray mammography including ultrasound		872.00	898.20
34101	X-Ray mammography unilateral, including ultrasound		697.50	718.40
	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)		0.00	0.00

	with 34100			
34105	X-ray mammography galactography		785.00	808.60
	Once off fee per visit. May be added to 34100		0.00	0.00
34110	X-ray mammography study for localisation		604.60	622.70
34120	X-ray stereotactic mammography – localisation		868.70	894.80
34130	X-ray stereotactic mammography – biopsy		968.90	998.00
34140	X-ray of biopsy specimen of the mamma		228.90	235.80
34150	X-ray Mammotome hand held biopsy apparatus		818.50	843.10
34200	Ultrasound study of the breast		659.60	679.40
34205	Ultrasound guided aspiration FNA/localisation of the breast		1010.50	1040.80
34300	Computer assisted diagnosis for mammography		116.80	120.30
34400	MR study of the breast		5228.40	5385.30
34410	MR study of the breast pre and post contrast		8422.30	8675.00
	Soft Tissue		0.00	0.00
	Abdomen and Pelvis		0.00	0.00
	Abdomen/stomach/bowel		0.00	0.00
	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).		0.00	0.00
40100	X-ray of the abdomen		277.30	285.60
40105	X-ray of the abdomen supine and erect, or decubitus		447.80	461.20
40110	X-ray of the abdomen multiple views including chest		676.50	696.80
40120	X-ray tomography of the abdomen		359.20	370.00
40140	X-ray barium meal single contrast		741.00	763.20
40143	X-ray barium meal double contrast		1001.50	1031.50
40147	X-ray barium meal double contrast with follow through		1319.70	1359.30
40150	X-ray small bowel enteroclysis (meal)		2125.60	2189.40
	Code 40150 excludes duodenal intubation and 40175 (Duodenal intubation) may be added.		0.00	0.00
40153	X-ray small bowel meal follow through single contrast		1632.80	1681.80
40157	X-ray small bowel meal with pneumocolon		2140.60	2204.80
40160	X-ray large bowel enema single contrast		1083.60	1116.10
40165	X-ray large bowel enema double contrast		1639.50	1688.70
40170	X-ray guided gastro oesophageal intubation		133.70	137.70

40175	X-ray guided duodenal intubation		233.90	240.90
40180	X-ray defaecogram		1083.60	1116.10
40190	X-ray guided reduction of intussusception		1358.80	1399.60
40200	Ultrasound study of the abdominal wall		462.70	476.60
40210	Ultrasound study of the whole abdomen including the pelvis		688.20	708.80
40300	CT study of the abdomen		2205.70	2271.90
40310	CT study of the abdomen with contrast		3743.40	3855.70
40313	CT study of the abdomen pre and post contrast		4425.80	4558.60
40320	CT of the pelvis		2182.40	2247.90
40323	CT of the pelvis with contrast		3965.60	4084.60
40327	CT of the pelvis pre and post contrast		4499.20	4634.20
40330	CT of the abdomen and pelvis		3215.50	3312.00
40333	CT of the abdomen and pelvis with contrast		5192.40	5348.20
40337	CT of the abdomen and pelvis pre and post contrast		5631.70	5800.70
40340	CT triphasic study of the liver, abdomen and pelvis pre and post contrast		6189.80	6375.50
40345	CT of the chest, abdomen and pelvis without contrast		5856.30	6032.00
40350	CT of the chest, abdomen and pelvis with contrast		7378.90	7600.30
40355	CT of the chest triphasic of the liver, abdomen and pelvis with contrast		7771.50	8004.60
40360	CT of the base of skull to symphysis pubis with contrast		8580.10	8837.50
40365	CT colonoscopy		2904.90	2992.00
40400	MR of the abdomen		5393.70	5555.50
40410	MR of the abdomen pre and post contrast		8422.30	8675.00
40420	MR of the pelvis, soft tissue		5393.70	5555.50
40430	MR of the pelvis, soft tissue, pre and post contrast		8522.30	8778.00
	Code 41110, 41120 and 41130 (cholangiography) include fluoroscopy (00140 may not be added).		0.00	0.00
41100	X-ray ERCP including screening		1578.50	1625.90
41105	X-ray ERCP reporting on images done in theatre		200.50	206.50
41110	X-ray cholangiography intra-operative		705.90	727.10
41120	X-ray T-tube cholangiography post operative		1173.60	1208.80
41130	X-ray transhepatic percutaneous cholangiography		2701.10	2782.10
41200	Ultrasound study of the upper abdomen		584.70	602.20
41210	Ultrasound doppler of the hepatic and splenic veins and inferior vena cava in assessment of portal venous hypertension or thrombosis		818.50	843.10
	Code 41210 is a stand alone study and may not be added to 40200, 40210, 41200 or 42200		0.00	0.00
41300	CT of the abdomen triphasic study – liver		4585.10	4722.70
41400	MR study of the liver/pancreas		5410.50	5572.80
41410	MR study of the liver/pancreas pre and post		8422.30	8675.00

	contrast			
41420	MRCP		4109.20	4232.50
41430	MR study of the abdomen with MRCP		7765.80	7998.80
41440	MR study of the abdomen pre and post contrast with MRCP		11158.30	11493.00
	Renal tract		0.00	0.00
42100	X-ray tomography of the renal tract		359.20	370.00
	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).		0.00	0.00
42110	X-ray excretory urogram including tomography		2076.30	2138.60
42115	X-ray excretory urogram including tomography with micturating study		2744.40	2826.70
42120	X-ray cystography		1256.90	1294.60
42130	X-ray urethrography		1283.60	1322.10
42140	X-ray micturating cysto-urethrography		1612.00	1660.40
42150	X-ray retrograde/prograde pyelography		1046.50	1077.90
42155	X-ray retrograde/prograde pyelography reporting on images done in theatre		201.20	207.20
42160	X-ray prograde pyelogram – percutaneous		2728.60	2810.50
42200	Ultrasound study of the renal tract including bladder		619.80	638.40
42205	Ultrasound doppler for resistive index in vessels of transplanted kidney		317.20	326.70
	Code 42205 is a stand alone study and may not be added to 42200		0.00	0.00
42210	Ultrasound study of the renal arteries including Doppler		885.40	912.00
42300	CT of the renal tract for a stone		2100.40	2163.40
42400	MR of the renal tract for obstruction		3925.40	4043.20
42410	MR of the kidneys without contrast		5393.70	5555.50
42420	MR of the kidneys pre and post contrast		8539.10	8795.30
	Reproductive system		0.00	0.00
	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.		0.00	0.00
	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)		0.00	0.00
43100	X-ray pelvimetry single		334.10	344.10

43110	X-ray pelvimetry multiple views		484.30	498.80
43120	X-ray hystero-salpingography		837.70	862.80
43130	X-ray hystero-salpingography with introduction of contrast		1130.00	1163.90
43200	Ultrasound study of the pelvis transabdominal		476.20	490.50
43205	Ultrasound study of the female pelvis transvaginal		602.20	620.30
43210	Ultrasound study of the prostate transrectal		616.40	634.90
43215	Ultrasound transrectal prostate volume for brachytherapy		868.70	894.80
43220	Ultrasound study of the testes		616.40	634.90
43225	Ultrasound study for male impotence including doppler and injection of vaso constrictor		1252.90	1290.50
	Code 43225 is a stand alone study and may not be added to 43200, 43210, 43220 or 44200		0.00	0.00
43230	Ultrasound guided transvaginal aspiration for ova		1127.30	1161.10
43240	Ultrasound guided amniocentesis		487.80	502.40
43250	Ultrasound study of the pregnant uterus, first trimester		350.80	361.30
43260	Ultrasound study of the pregnant uterus, second trimester		531.10	547.00
43270	Ultrasound study of the pregnant uterus, third trimester, first visit		531.10	547.00
43273	Ultrasound study of the pregnant uterus, third trimester, follow-up visit		350.80	361.30
43277	Ultrasound study of the pregnant uterus, multiple gestation, second or third trimester, first visit		682.40	702.90
43280	Ultrasound doppler of the umbilical cord for resistive index		317.20	326.70
	Code 43280 is a stand alone study and may not be added to the following codes: 43250, 43260, 43270, 43273 or 43277		0.00	0.00
43300	CT pelvimetry – Topogram		549.50	566.00
43400	MR study of pelvic reproductive organs - limited study		3975.60	4094.90
43405	MR study for pelvimetry		1670.50	1720.60
43410	MR study of pelvic reproductive organs - complete – uncontrasted		5393.70	5555.50
43420	MR study of pelvic reproductive organs - complete – pre and post contrast		8539.10	8795.30
	Aorta and vessels		0.00	0.00
	Code 44400 (MR Angiography) may be combined with 40400 (MR abdomen).		0.00	0.00
44200	Ultrasound study of abdominal aorta and branches including doppler		1530.10	1576.00
44205	Ultrasound study of the IVC and pelvic veins including Doppler		1169.30	1204.40
	This is a stand alone code and may not be added to 44200.		0.00	0.00
44300	CT angiography of abdominal aorta and branches		6407.80	6600.00

44305	CT angiography of the abdominal aorta and branches and pre and post contrast study of the upper abdomen	7877.70	8114.00
44310	CT angiography of the pelvis	6568.20	6765.20
44320	CT angiography of the abdominal aorta and pelvis	7478.40	7702.80
44325	CT angiography of the abdominal aorta and pelvis and pre and post contrast study of the upper abdomen and pelvis	9951.40	10249.90
44330	CT portogram	6213.80	6400.20
44400	MR angiography of abdominal aorta and branches	6401.00	6593.00
44500	Arteriography of abdominal aorta alone	2348.60	2419.10
44503	Arteriography of aorta plus coeliac, mesenteric branches	6316.60	6506.10
44505	Arteriography of aorta plus renal, adrenal branches	5262.50	5420.40
44507	Arteriography of aorta plus non-visceral branches	5077.20	5229.50
44510	Arteriography of coeliac, mesenteric vessels alone	5374.40	5535.60
44515	Arteriography of renal, adrenal vessels alone	4133.20	4257.20
44517	Arteriography of non-visceral abdominal vessels alone	4586.00	4723.60
44520	Arteriography of internal and external iliac vessels alone	4737.30	4879.40
44525	Venography of internal and external iliac veins alone	5187.50	5343.10
44530	Corpora cavernosography	2093.10	2155.90
44535	Vasography, vesciculography	2437.80	2510.90
44540	Venography of inferior vena cava	2181.60	2247.00
44543	Venography of hepatic veins alone	4490.80	4625.50
44545	Venography of inferior vena cava and hepatic veins	5755.40	5928.10
44550	Venography of lumbar azygos system alone	3665.80	3775.80
44555	Venography of inferior vena cava and lumbar azygos veins	5467.20	5631.20
44560	Venography of renal, adrenal veins alone	3673.90	3784.10
44565	Venography of inferior vena cava and renal/adrenal veins	5712.00	5883.40
44570	Venography of spermatic, ovarian veins alone	3373.50	3474.70
44573	Venography of inferior vena cava, renal, spermatic, ovarian veins	6179.70	6365.10
44580	Venography indirect splenoportogram	4065.00	4187.00
44583	Venography direct splenoportogram	2638.30	2717.40
44587	Venography transhepatic portogram	5574.90	5742.10
	Soft Tissue	0.00	0.00
	Spine, Pelvis and Hips	0.00	0.00
	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	0.00	0.00

	myelography codes viz. 51160, 52150, 53160			
	General		0.00	0.00
	Code 50130 (Lumbar puncture) and 50140 (cisternal puncture) include fluoroscopy and introduction of contrast (00140 may not be added).		0.00	0.00
50100	X-ray of the spine scoliosis view AP only		584.70	602.20
50105	X-ray of the spine scoliosis view AP and lateral		1002.30	1032.40
50110	X-ray of the spine scoliosis view AP and lateral including stress views		1548.40	1594.90
50120	X-ray bone densitometry		962.20	991.10
50130	X-ray guided lumbar puncture		401.10	413.10
50140	X-ray guided cisternal puncture cisternogram		1919.30	1976.90
50300	CT quantitative bone mineral density		988.00	1017.60
50500	Arteriogram of the spinal column and cord, all vessels		10626.20	10945.00
50510	Venography of the spinal, paraspinal veins		4881.80	5028.30
	Cervical		0.00	0.00
	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).		0.00	0.00
51100	X-ray of the cervical spine, stress views only		345.80	356.20
51110	X-ray of the cervical spine, one or two views		251.40	258.90
51120	X-ray of the cervical spine, more than two views		357.30	368.00
51130	X-ray of the cervical spine, more than two views including stress views		633.00	652.00

51140	X-ray Tomography cervical spine		359.20	370.00
51160	X-ray myelography of the cervical spine		2293.40	2362.20
51170	X-ray discography cervical spine per level		2102.30	2165.40
51300	CT of the cervical spine limited study		793.40	817.20
51310	CT of the cervical spine – regional study		1161.90	1196.80
51320	CT of the cervical spine – complete study		3101.20	3194.20
51330	CT of the cervical spine pre and post contrast		4915.20	5062.70
51340	CT myelography of the cervical spine		3941.40	4059.60
51350	CT myelography of the cervical spine following myelogram		1811.50	1865.80
51400	MR of the cervical spine, limited study		3708.40	3819.70
51410	MR of the cervical spine and cranio-cervical junction		5413.90	5576.30
51420	MR of the cervical spine and cranio-cervical junction pre and post contrast		8530.70	8786.60
	Thoracic		0.00	0.00
	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).		0.00	0.00
52100	X-ray of the thoracic spine, one or two views		267.90	275.90
52110	X-ray of the thoracic spine, more than two views		334.10	344.10
52120	X-ray tomography thoracic spine		359.20	370.00
52140	X-ray of the thoracic spine, more than two views including stress views		554.70	571.30
52150	X-ray myelography of the thoracic spine		1555.10	1601.80
52300	CT of the thoracic spine limited study		793.40	817.20
52305	CT of the thoracic spine – regional study		1161.90	1196.80
52310	CT of the thoracic spine complete study		2988.20	3077.80
52320	CT of the thoracic spine pre and post contrast		4915.20	5062.70
52330	CT myelography of the thoracic spine		4016.40	4136.90
52340	CT myelography of the thoracic spine following myelogram		1701.30	1752.30
52400	MR of the thoracic spine, limited study		3892.00	4008.80
52410	MR of the thoracic spine		5373.70	5534.90

52420	MR of the thoracic spine pre and post contrast		8470.60	8724.70
	Lumbar		0.00	0.00
	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).		0.00	0.00
53100	X-ray of the lumbar spine – stress study only		345.80	356.20
53110	X-ray of the lumbar spine, one or two views		297.50	306.40
53120	X-ray of the lumbar spine, more than two views		372.60	383.80
53130	X-ray of the lumbar spine, more that two views including stress views		628.10	646.90
53140	X-ray tomography lumbar spine		359.20	370.00
53160	X-ray myelography of the lumbar spine		1999.50	2059.50
53170	X-ray discography lumbar spine per level		2102.30	2165.40
53300	CT of the lumbar spine limited study		793.40	817.20
53310	CT of the lumbar spine – regional study		1161.90	1196.80
53320	Ct of the lumbar spine complete study		3143.80	3238.10
53330	CT of the lumbar spine pre and post contrast		4915.20	5062.70
53340	CT myelography of the lumbar spine		4101.80	4224.90
53350	CT myelography of the lumbar spine following myelogram		1959.50	2018.30
53400	MR of the lumbar spine, limited study		3858.70	3974.50
53410	MR of the lumbar spine		5371.90	5533.10
53420	MR of the lumbar spine pre and post contrast		8626.80	8885.60
	Sacrum		0.00	0.00

	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.		0.00	0.00
54100	X-ray of the sacrum and coccyx		299.10	308.10
54110	X-ray of the sacro-iliac joints		342.50	352.80
54120	X-ray tomography – sacrum and/or coccyx		359.20	370.00
54300	CT of the sacrum – limited study		634.80	653.80
54310	CT of the sacrum – complete study – uncontrasted		2139.00	2203.20
54320	CT of the sacrum with contrast		3919.50	4037.10
54330	CT of the sacrum pre and post contrast		4424.10	4556.80
54400	MR of the sacrum		5428.60	5591.50
54410	MR of the sacrum pre and post contrast		8438.80	8692.00
	Pelvis		0.00	0.00
	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.		0.00	0.00
55100	X-ray of the pelvis		305.60	314.80
55110	X-ray tomography – pelvis		359.20	370.00
55300	CT of the bony pelvis limited		793.40	817.20
55310	CT of the bony pelvis complete uncontrasted		2139.00	2203.20
55320	CT of the bony pelvis complete 3D recon		3129.60	3223.50
55330	CT of the bony pelvis with contrast		3919.50	4037.10
55340	CT of the bony pelvis – pre and post contrast		4424.10	4556.80
55400	MR of the bony pelvis		5428.60	5591.50
55410	MR of the bony pelvis pre and post contrast		8539.10	8795.30
	Hips		0.00	0.00
	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.		0.00	0.00

	Code 56300 (CT) study limited to small region of interest eg part of femur head.			
56100	X-ray of the left hip		265.50	273.50
56110	X-ray of the right hip		265.50	273.50
56120	X-ray pelvis and hips		502.80	517.90
56130	X-ray tomography – hip		359.20	370.00
56140	X-ray of the hip/s – stress study		365.90	376.90
56150	X-ray arthrography of the hip joint including introduction contrast		1315.50	1355.00
56160	X-ray guidance and introduction of contrast into hip joint only		618.80	637.40
56200	Ultrasound of the hip joints		542.80	559.10
56300	CT of hip – limited		793.40	817.20
56310	CT of hip – complete		2286.10	2354.70
56320	CT of hip – complete with 3D recon		3322.50	3422.20
56330	CT of hip with contrast		3613.00	3721.40
56340	CT of hip pre and post contrast		3998.90	4118.90
56400	MR of the hip joint/s, limited study		3749.90	3862.40
56410	MR of the hip joint/s		5353.70	5514.30
56420	MR of the hip joint/s, pre and post contrast		8489.00	8743.70
	Upper limbs		0.00	0.00
	General		0.00	0.00
	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.		0.00	0.00
60100	X-ray upper limbs - any region - stress studies		377.60	388.90

	only			
60110	X-ray upper limbs - any region – tomography		359.20	370.00
60200	Ultrasound upper limb – soft tissue - any region		616.40	634.90
60210	Ultrasound of the peripheral arterial system of the left arm including B mode, pulse and colour doppler		1139.00	1173.20
60220	Ultrasound of the peripheral arterial system of the right arm including B mode, pulse and colour doppler		1139.00	1173.20
60230	Ultrasound peripheral venous system upper limbs including pulse and colour doppler for deep vein thrombosis		1047.30	1078.70
60240	Ultrasound peripheral venous system upper limbs including pulse and colour doppler		1441.50	1484.70
60300	CT of the upper limbs limited study		793.40	817.20
60310	CT angiography of the upper limb		6537.90	6734.00
60400	MR of the upper limbs limited study, any region		3741.60	3853.80
60410	MR angiography of the upper limb		6235.50	6422.60
60500	Arteriogram of subclavian, upper limb arteries alone, unilateral		3814.30	3928.70
60510	Arteriogram of subclavian, upper limb arteries alone, bilateral		6904.50	7111.60
60520	Arteriogram of aortic arch, subclavian, upper limb, unilateral		4739.90	4882.10
60530	Arteriogram of aortic arch, subclavian, upper limb, bilateral		7358.90	7579.70
60540	Venography, antegrade of upper limb veins, unilateral		2181.60	2247.00
60550	Venography, antegrade of upper limb veins, bilateral		4128.40	4252.30
60560	Venography, retrograde of upper limb veins, unilateral		2589.90	2667.60
60570	Venography, retrograde of upper limb veins, bilateral		4577.60	4714.90
60580	Venography, shuntogram, dialysis access shunt		1986.90	2046.50
	Shoulder		0.00	0.00
	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.		0.00	0.00
61100	X-ray of the left clavicle		253.80	261.40
61105	X-ray of the right clavicle		253.80	261.40
61110	X-ray of the left scapula		253.80	261.40
61115	X-ray of the right scapula		253.80	261.40

61120	X-ray of the left acromio-clavicular joint		262.10	270.00
61125	X-ray of the right acromio-clavicular joint		262.10	270.00
61128	X-ray of acromio-clavicular joints plus stress studies bilateral		641.50	660.70
61130	X-ray of the left shoulder		290.70	299.40
61135	X-ray of the right shoulder		290.70	299.40
61140	X-ray of the left shoulder plus subacromial impingement views		494.50	509.30
61145	X-ray of the right shoulder plus subacromial impingement views		494.50	509.30
61150	X-ray of the left subacromial impingement views only		270.70	278.80
61155	X-ray of the right subacromial impingement views only		270.70	278.80
61160	X-ray arthrography shoulder joint including introduction of contrast		1322.10	1361.80
61170	X-ray guidance and introduction of contrast into shoulder joint only		618.80	637.40
61200	Ultrasound of the left shoulder joint		542.80	559.10
61210	Ultrasound of the right shoulder joint		542.80	559.10
61300	CT of the left shoulder joint – uncontrasted		2034.40	2095.40
61305	CT of the right shoulder joint – uncontrasted		2034.40	2095.40
61310	CT of the left shoulder – complete with 3D recon		3145.40	3239.80
61315	CT of the right shoulder – complete with 3D recon		3145.40	3239.80
61320	CT of the left shoulder joint - pre and post contrast		4061.80	4183.70
61325	CT of the right shoulder joint - pre and post contrast		4061.80	4183.70
61400	MR of the left shoulder		5398.70	5560.70
61405	MR of the right shoulder		5398.70	5560.70
61410	MR of the left shoulder pre and post contrast		8438.80	8692.00
61415	MR of the right shoulder pre and post contrast		8438.80	8692.00
	Humerus		0.00	0.00
62100	X-ray of the left humerus		245.60	253.00
62105	X-ray of the right humerus		245.60	253.00
62300	CT of the left upper arm		2034.40	2095.40
62305	CT of the right upper arm		2034.40	2095.40
62310	CT of the left upper arm contrasted		3338.30	3438.40
62315	CT of the right upper arm contrasted		3338.30	3438.40
62320	CT of the left upper arm pre and post contrast		4057.50	4179.20
62325	CT of the right upper arm pre and post contrast		4057.50	4179.20
62400	MR of the left upper arm		5362.00	5522.90
62405	MR of the right upper arm		5362.00	5522.90
62410	MR of the left upper arm pre and post contrast		8522.30	8778.00
62415	MR of the right upper arm pre and post contrast		8522.30	8778.00
	Elbow		0.00	0.00

	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.		0.00	0.00
63100	X-ray of the left elbow		262.10	270.00
63105	X-ray of the right elbow		262.10	270.00
63110	X-ray of the left elbow with stress		362.40	373.30
63115	X-ray of the right elbow with stress		362.40	373.30
63120	X-ray arthrography elbow joint including introduction of contrast		1327.30	1367.10
63130	X-ray guidance and introduction of contrast into elbow joint only		618.80	637.40
63200	Ultrasound of the left elbow joint		542.80	559.10
63205	Ultrasound of the right elbow joint		542.80	559.10
63300	CT of the left elbow		2034.40	2095.40
63305	CT of the right elbow		2034.40	2095.40
63310	CT of the left elbow – complete with 3D recon		3145.40	3239.80
63315	CT of the right elbow – complete with 3D recon		3145.40	3239.80
63320	CT of the left elbow contrasted		3338.30	3438.40
63325	CT of the right elbow contrasted		3338.30	3438.40
63330	CT of the left elbow pre and post contrast		4061.80	4183.70
63335	CT of the right elbow pre and post contrast		4061.80	4183.70
63400	MR of the left elbow		5398.70	5560.70
63405	MR of the right elbow		5398.70	5560.70
63410	MR of the left elbow pre and post contrast		8438.80	8692.00
63415	MR of the right elbow pre and post contrast		8438.80	8692.00
	Forearm		0.00	0.00
64100	X-ray of the left forearm		245.60	253.00
64105	X-ray of the right forearm		245.60	253.00
64110	X-ray peripheral bone densitometry		163.70	168.60
64300	CT of the left forearm		2034.40	2095.40
64305	CT of the right forearm		2034.40	2095.40
64310	CT of the left forearm contrasted		3338.30	3438.40
64315	CT of the right forearm contrasted		3338.30	3438.40
64320	CT of the left forearm pre and post contrast		4057.50	4179.20
64325	CT of the right forearm pre and post contrast		4057.50	4179.20
64400	MR of the left forearm		5362.00	5522.90
64405	MR of the right forearm		5362.00	5522.90
64410	MR of the left forearm pre and post contrast		8188.40	8434.10
64415	MR of the right forearm pre and post contrast		8188.40	8434.10
	Hand and Wrist		0.00	0.00

	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.		0.00	0.00
65100	X-ray of the left hand		257.20	264.90
65105	X-ray of the right hand		257.20	264.90
65110	X-ray of the left hand – bone age		257.20	264.90
65120	X-ray of a finger		222.90	229.60
65130	X-ray of the left wrist		265.50	273.50
65135	X-ray of the right wrist		265.50	273.50
65140	X-ray of the left scaphoid		275.60	283.90
65145	X-ray of the right scaphoid		275.60	283.90
65150	X-ray of the left wrist, scaphoid and stress views		631.50	650.40
65155	X-ray of the right wrist, scaphoid and stress views		631.50	650.40
65160	X-ray arthrography wrist joint including introduction of contrast		1330.20	1370.10
65170	X-ray guidance and introduction of contrast into wrist joint only		618.80	637.40
65200	Ultrasound of the left wrist		542.80	559.10
65210	Ultrasound of the right wrist		542.80	559.10
65300	CT of the left wrist and hand		2034.40	2095.40
65305	CT of the right wrist and hand		2034.40	2095.40
65310	CT of the left wrist and hand - complete with 3D recon		3145.40	3239.80
65315	CT of the right wrist and hand - complete with 3D recon		3145.40	3239.80
65320	CT of the left wrist and hand contrasted		3338.30	3438.40
65325	CT of the right wrist and hand contrasted		3338.30	3438.40
65330	CT of the left wrist and hand pre and post contrast		4061.80	4183.70
65335	CT of the right wrist and hand pre and post contrast		4061.80	4183.70
65400	MR of the left wrist and hand		5398.70	5560.70
65405	MR of the right wrist and hand		5398.70	5560.70
65410	MR of the left wrist and hand pre and post contrast		8438.80	8692.00
65415	MR of the right wrist and hand pre and post		8438.80	8692.00

	contrast			
	Soft Tissue		0.00	0.00
	Lower Limbs		0.00	0.00
	General		0.00	0.00
	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.		0.00	0.00
70100	X-ray lower limbs - any region- stress studies only		377.60	388.90
70110	X-ray lower limbs - any region-tomography		359.20	370.00
70120	X-ray of the lower limbs full length study		539.40	555.60
70200	Ultrasound lower limb – soft tissue - any region		616.40	634.90
70210	Ultrasound of the peripheral arterial system of the left leg including B mode, pulse and colour Doppler		1139.00	1173.20
70220	Ultrasound of the peripheral arterial system of the right leg including B mode, pulse and colour Doppler		1139.00	1173.20
70230	Ultrasound peripheral venous system lower limbs including pulse and colour doppler for deep vein thrombosis		1139.00	1173.20
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		1642.00	1691.30
70300	CT of the lower limbs limited study		793.40	817.20
70310	CT angiography of the lower limb		6634.10	6833.10
70320	CT angiography abdominal aorta and outflow lower limbs		8213.40	8459.80
70400	MR of the lower limbs limited study		3875.50	3991.80

70410	MR angiography of the lower limb		6402.70	6594.80
70420	MR angiography of the abdominal aorta and lower limbs		9927.30	10225.10
70500	Angiography of pelvic and lower limb arteries unilateral		3390.00	3491.70
70505	Angiography of pelvic and lower limb arteries bilateral		6341.00	6531.20
70510	Angiography of abdominal aorta, pelvic and lower limb vessels unilateral		5114.00	5267.40
70515	Angiography of abdominal aorta, pelvic and lower limb vessels bilateral		7154.40	7369.00
70520	Angiography translumbar aorta with full peripheral study		3815.20	3929.70
70530	Venography, antegrade of lower limb veins, unilateral		2126.40	2190.20
70535	Venography, antegrade of lower limb veins, bilateral		4128.40	4252.30
70540	Venography, retrograde of lower limb veins, unilateral		2603.20	2681.30
70545	Venography, retrograde of lower limb veins, bilateral		4743.20	4885.50
70560	Lymphangiography, lower limb, unilateral		4262.90	4390.80
70565	Lymphangiography, lower limb, bilateral		7013.20	7223.60
	Femur		0.00	0.00
71100	X-ray of the left femur		245.60	253.00
71105	X-ray of the right femur		245.60	253.00
71300	CT of the left femur		2047.80	2109.20
71305	CT of the right femur		2047.80	2109.20
71310	CT of the left upper leg contrasted		3493.70	3598.50
71315	CT of the right upper leg contrasted		3493.70	3598.50
71320	CT of the left upper leg pre and post contrast		4151.90	4276.50
71325	CT of the right upper leg pre and post contrast		4151.90	4276.50
71400	MR of the left upper leg		5412.10	5574.50
71405	MR of the right upper leg		5412.10	5574.50
71410	MR of the left upper leg pre and post contrast		8522.30	8778.00
71415	MR of the right upper leg pre and post contrast		8522.30	8778.00
	Knee		0.00	0.00
	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.		0.00	0.00

72100	X-ray of the left knee one or two views		231.30	238.20
72105	X-ray of the right knee one or two views		231.30	238.20
72110	X-ray of the left knee, more than two views		277.30	285.60
72115	X-ray of the right knee, more than two views		277.30	285.60
72120	X-ray of the left knee including patella		385.80	397.40
72125	X-ray of the right knee including patella		385.80	397.40
72130	X-ray of the left knee with stress views		486.20	500.80
72135	X-ray of the right knee with stress views		486.20	500.80
72140	X-ray of left patella		231.30	238.20
72145	X-ray of right patella		231.30	238.20
72150	X-ray both knees standing – single view		233.90	240.90
72160	X-ray arthrography knee joint including introduction of contrast		1320.40	1360.00
72170	X-ray guidance and introduction of contrast into knee joint only		618.80	637.40
72200	Ultrasound of the left knee joint		542.80	559.10
72205	Ultrasound of the right knee joint		542.80	559.10
72300	CT of the left knee		2047.80	2109.20
72305	CT of the right knee		2047.80	2109.20
72310	CT of the left knee complete study with 3D reconstructions		3001.00	3091.00
72315	CT of the right knee complete study with 3D reconstructions		3001.00	3091.00
72320	CT of the left knee contrasted		3493.70	3598.50
72325	CT of the right knee contrasted		3493.70	3598.50
72330	CT of the left knee pre and post contrast		4156.20	4280.90
72335	CT of the right knee pre and post contrast		4156.20	4280.90
72400	MR of the left knee		5353.70	5514.30
72405	MR of the right knee		5353.70	5514.30
72410	MR of the left knee pre and post contrast		8422.30	8675.00
72415	MR of the right knee pre and post contrast		8422.30	8675.00
	Lower Leg		0.00	0.00
73100	X-ray of the left lower leg		245.60	253.00
73105	X-ray of the right lower leg		245.60	253.00
73300	CT of the left lower leg		2047.80	2109.20
73305	CT of the right lower leg		2047.80	2109.20
73310	CT of the left lower leg contrasted		3493.70	3598.50
73315	CT of the right lower leg contrasted		3493.70	3598.50
73320	CT of the left lower leg pre and post contrast		4151.90	4276.50
73325	CT of the right lower leg pre and post contrast		4151.90	4276.50
73400	MR of the left lower leg		5362.00	5522.90
73405	MR of the right lower leg		5362.00	5522.90
73410	MR of the left lower leg pre and post contrast		8522.30	8778.00
73415	MR of the right lower leg pre and post contrast		8522.30	8778.00
	Ankle and Foot		0.00	0.00

	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.		0.00	0.00
74100	X-ray of the left ankle		277.30	285.60
74105	X-ray of the right ankle		277.30	285.60
74110	X-ray of the left ankle with stress views		377.60	388.90
74115	X-ray of the right ankle with stress views		377.60	388.90
74120	X-ray of the left foot		233.90	240.90
74125	X-ray of the right foot		233.90	240.90
74130	X-ray of the left calcaneus		228.90	235.80
74135	X-ray of the right calcaneus		228.90	235.80
74140	X-ray of both feet – standing – single view		233.90	240.90
74145	X-ray of a toe		222.90	229.60
74150	X-ray of the sesamoid bones one or both sides		233.90	240.90
74160	X-ray arthrography ankle joint including introduction of contrast		1329.00	1368.90
74170	X-ray guidance and introduction of contrast into ankle joint		618.80	637.40
74210	Ultrasound of the left ankle		542.80	559.10
74215	Ultrasound of the right ankle		542.80	559.10
74220	Ultrasound of the left foot		542.80	559.10
74225	Ultrasound of the right foot		542.80	559.10
74290	Ultrasound bone densitometry		170.50	175.60
74300	CT of the left ankle/foot		2047.80	2109.20
74305	CT of the right ankle/foot		2047.80	2109.20
74310	CT of the left ankle/foot – complete with 3D recon		3157.90	3252.60
74315	CT of the right ankle/foot – complete with 3D recon		3157.90	3252.60
74320	CT of the left ankle/foot contrasted		3493.70	3598.50
74325	CT of the right ankle/foot contrasted		3493.70	3598.50
74330	CT of the left ankle/foot pre and post contrast		4151.90	4276.50
74335	CT of the right ankle/foot pre and post contrast		4151.90	4276.50
74400	MR of the left ankle		5353.70	5514.30

74405	MR of the right ankle		5353.70	5514.30
74410	MR of the left ankle pre and post contrast		8405.50	8657.70
74415	MR of the right ankle pre and post contrast		8405.50	8657.70
74420	MR of the left foot		5362.00	5522.90
74425	MR of the right foot		5362.00	5522.90
74430	MR of the left foot pre and post contrast		8522.30	8778.00
74435	MR of the right foot pre and post contrast		8522.30	8778.00
	Intervention		0.00	0.00
	General		0.00	0.00
	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.		0.00	0.00
80600	Percutaneous abscess, cyst drainage, any region		782.50	806.00
80605	Fine needle aspiration biopsy, any region		352.50	363.10
80610	Cutting needle, trochar biopsy, any region		531.10	547.00
80620	Tumour/cyst ablation chemical		2118.90	2182.50
80630	Tumour ablation radio frequency, per lesion		1771.60	1824.70
80640	Insertion of CVP line in radiology suite		750.90	773.40
80645	Peripheral central venous line insertion		1012.30	1042.70
80650	Infiltration of a peripheral joint, any region		534.60	550.60
	May be combined with relevant guidance (fluoroscopy, ultrasound, CT and MR). May not be combined with machine codes 00510, 00520, 00530, 00540, 00550, 00560 or 86610 (facet joint or SI joint) or arthrogram codes.		0.00	0.00
	Neuro intervention		0.00	0.00
81600	Intracranial aneurysm occlusion, direct		17916.70	18454.20
81605	Intracranial arteriovenous shunt occlusion		21282.60	21921.10
81610	Dural sinus arteriovenous shunt occlusion		22076.80	22739.10
81615	Extracranial arteriovenous shunt occlusion		13135.90	13530.00
81620	Extracranial arterial embolisation (head and		13623.70	14032.40

	neck)			
81625	Carotidocavernous fistula occlusion		16060.00	16541.80
81630	Intracranial angioplasty for stenosis, vasospasm		10600.30	10918.30
81632	Intracranial stent placement (including PTA)		11168.30	11503.30
81635	Temporary balloon occlusion test		6967.30	7176.30
	Code 81635 does not include the relevant preceding diagnostic study and may be combined with codes 10500, 10510, 10530, 10540, 10550.		0.00	0.00
81640	Permanent carotid or vertebral artery occlusion (including occlusion test)		14881.50	15327.90
81645	Intracranial aneurysm occlusion with balloon remodelling		18069.60	18611.70
81650	Intracranial aneurysm occlusion with stent assistance		19247.20	19824.60
81655	Intracranial thrombolysis, catheter directed		4922.70	5070.40
	Code 81655 may be combined with any of the other neuro interventional codes 81600 to 81650		0.00	0.00
81660	Nerve block, head and neck, per level		639.70	658.90
81665	Neurolysis, head and neck, per level		1682.10	1732.60
81670	Nerve block, head and neck, radio frequency, per level		1590.20	1637.90
81680	Nerve block, coeliac plexus or other regions, per level		775.10	798.40
	Thorax		0.00	0.00
82600	Chest drain insertion		736.60	758.70
82605	Trachial, bronchial stent insertion		2535.80	2611.90
	Gastrointestinal		0.00	0.00
83600	Oesophageal stent insertion		2607.40	2685.60
83605	GIT balloon dilation		2034.40	2095.40
83610	GIT stent insertion (non-oesophageal)		2674.40	2754.60
83615	Percutaneous gastrostomy, jejunostomy		2118.10	2181.60
	Hepatobiliary		0.00	0.00
84600	Percutaneous biliary drainage, external		2838.20	2923.30
84605	Percutaneous external/internal biliary drainage		3107.90	3201.10
84610	Permanent biliary stent insertion		4277.90	4406.20
84615	Drainage tube replacement		1688.90	1739.60
84620	Percutaneous bile duct stone or foreign object removal		4174.30	4299.50
84625	Percutaneous gall bladder drainage		2470.60	2544.70
84630	Percutaneous gallstone removal, including drainage		5783.90	5957.40
84635	Transjugular liver biopsy		2082.40	2144.90
84640	Transjugular intrahepatic Portosystemic shunt		9978.10	10277.40
84645	Transhepatic Portogram including venous sampling, pressure studies		6839.50	7044.70
84650	Transhepatic Portogram with embolisation of varices		8419.70	8672.30
84655	Percutaneous hepatic tumour ablation		1309.50	1348.80
84660	Percutaneous hepatic abscess, cyst drainage		1102.40	1135.50

84665	Hepatic chemoembolisation		4964.50	5113.40
84670	Hepatic arterial infusion catheter placement		5036.30	5187.40
	Urogenital		0.00	0.00
85600	Percutaneous nephrostomy, external drainage		2503.20	2578.30
85605	Percutaneous double J stent insertion including access		3409.30	3511.60
85610	Percutaneous renal stone, foreign body removal including access		5578.40	5745.80
85615	Percutaneous nephrostomy tract establishment		2444.70	2518.00
85620	Change of nephrostomy tube		1327.90	1367.70
85625	Percutaneous cystostomy		1379.60	1421.00
85630	Urethral balloon dilatation		1189.40	1225.10
85635	Urethral stent insertion		2607.40	2685.60
85640	Renal cyst ablation		995.70	1025.60
85645	Renal abscess, cyst drainage		1266.20	1304.20
85655	Fallopian tube recanalisation		3763.20	3876.10
	Spinal		0.00	0.00
86600	Spinal vascular malformation embolisation		22981.40	23670.80
86605	Vertebroplasty per level		1862.40	1918.30
86610	Facet joint block per level, uni- or bilateral		796.80	820.70
	Code 86610 may only be billed once per level, and not per left and right side per level		0.00	0.00
86615	Spinal nerve block per level, uni- or bilateral		681.40	701.80
86620	Epidural block		786.90	810.50
86625	Chemoneucleolysis, including discogram		1530.10	1576.00
86630	Spinal nerve ablation per level		968.90	998.00
	Vascular		0.00	0.00
	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.		0.00	0.00
87600	Percutaneous transluminal angioplasty: aorta, IVC		4724.00	4865.70
87601	Percutaneous transluminal angioplasty: iliac		4657.10	4796.80
87602	Percutaneous transluminal angioplasty: femoropopliteal		5024.40	5175.10
87603	Percutaneous transluminal angioplasty: subpopliteal		6125.30	6309.10
87604	Percutaneous transluminal angioplasty: brachiocephalic		5605.80	5774.00
87605	Percutaneous transluminal angioplasty: subclavian, axillary		5024.40	5175.10
87606	Percutaneous transluminal angioplasty: extracranial carotid		5981.80	6161.30

87607	Percutaneous transluminal angioplasty: extracranial vertebral	6122.10	6305.80
87608	Percutaneous transluminal angioplasty: renal	7323.90	7543.60
87609	Percutaneous transluminal angioplasty: coeliac, mesenteric	7323.90	7543.60
87620	Aorta stent-graft placement	10085.10	10387.70
87621	Stent insertion (including PTA): aorta, IVC	6169.70	6354.80
87622	Stent insertion (including PTA): iliac	6378.70	6570.10
87623	Stent insertion (including PTA): femoropopliteal	6512.10	6707.50
87624	Stent insertion (including PTA): subpopliteal	7061.70	7273.60
87625	Stent insertion (including PTA): brachiocephalic	8224.10	8470.80
87626	Stent insertion (including PTA): subclavian, axillary	7240.40	7457.60
87627	Stent insertion (including PTA): extracranial carotid	8935.80	9203.90
87628	Stent insertion (including PTA): extracranial vertebral	8397.80	8649.70
87629	Stent insertion (including PTA): renal	8234.20	8481.20
87630	Stent insertion (including PTA): coeliac, mesenteric	8234.20	8481.20
87631	Stent-graft placement: iliac	6378.70	6570.10
87632	Stent-graft placement: femoropopliteal	6512.10	6707.50
87633	Stent-graft placement: brachiocephalic	8224.10	8470.80
87634	Stent-graft placement: subclavian, axillary	6912.90	7120.30
87635	Stent-graft placement: extracranial carotid	10058.30	10360.00
87636	Stent-graft placement: extracranial vertebral	9582.30	9869.80
87637	Stent-graft placement: renal	8234.20	8481.20
87638	Stent-graft placement: coeliac, mesenteric	8234.20	8481.20
87650	Thrombolysis in angiography suite, per 24 hours	3826.90	3941.70
	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.	0.00	0.00
87651	Aspiration, rheolytic thrombectomy	6486.90	6681.50
87652	Atherectomy, per vessel	7674.70	7904.90
87653	Percutaneous tunnelled / subcutaneous arterial or venous central or other line insertion	2351.10	2421.60
87654	Thrombolysis follow-up	1968.50	2027.60
87655	Percutaneous sclerotherapy, vascular malformation	1762.20	1815.10
87660	Embolisation, mesenteric	8387.80	8639.40
87661	Embolisation, renal	8298.50	8547.50
87662	Embolisation, bronchial, intercostal	9048.40	9319.90
87663	Embolisation, pulmonary arteriovenous shunt	8620.90	8879.50
87664	Embolisation, abdominal, other vessels	8472.40	8726.60
87665	Embolisation, thoracic, other vessels	8151.60	8396.10
87666	Embolisation, upper limb	7593.70	7821.50

87667	Embolisation, lower limb		7695.50	7926.40
87668	Embolisation, pelvis, non-uterine		9781.80	10075.30
87669	Embolisation, uterus		9511.20	9796.50
87670	Embolisation, spermatic, ovaria veins		7167.80	7382.80
87680	Inferior vena cava filter placement		5165.00	5320.00
87681	Intravascular foreign body removal		7101.70	7314.80
87682	Revision of access port (tunnelled or implantable)		1179.20	1214.60
87683	Removal of access port (tunnelled or implantable)		928.60	956.50
87690	Superior petrosal venous sampling		6097.90	6280.80
87691	Pancreatic stimulation test		7499.20	7724.20
87692	Transportal venous sampling		6426.80	6619.60
87693	Adrenal venous sampling		4594.50	4732.30
87694	Parathyroid venous sampling		7237.90	7455.00
87695	Renal venous sampling		4594.50	4732.30