



	PULA RADIOLOGY TARIFFS EFFECTIVE	Units	2020_21
	General Codes		
00110	X-ray skeletal survey under five years		575.70
00115	X-ray skeletal survey over five years		956.70
00120	X-ray sinogram any region		1001.50
00130	X-ray with mobile unit in other facility		174.80
00135	X-ray control view in theatre any region		483.80
00140	X-ray fluoroscopy any region		207.90
	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		487.40
	Add to the procedure eg. 80600, 80605, 80610.		
00150	X-ray C-Arm (equipment fee only, not procedure) per half hour		222.80
	Only to be used if equipment is owned by the radiologist.		
00155	X-ray C-arm fluoroscopy in theatre per half hour (procedure only)		211.70
00160	X-ray fixed theatre installation (equipment fee only)		207.90
	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		169.10
	Add to the relevant ultrasound examination codes eg 10200.		
00220	Ultrasound intra-operative study		673.30
	Covers all regions studied. Single code per operative procedure.		
00230	Ultrasound guidance		1112.80
	Comprehensive ultrasound code including regional study and guidance. Guided procedure code to be added eg. 80600, 80605, 80610.		
00240	Ultrasound guidance for tissue ablation		1033.50
	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		597.70
00310	CT planning study for radiotherapy		1965.30
00320	CT guidance (separate procedure)		1556.10

	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		778.10
	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		1945.30
	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.		
	Identification code for the use of contrast with a procedure. Appropriate codes to be supplied.		
00410	MR study of the whole body for metastases screening		6475.00
00420	MR Spectroscopy any region		2658.00
00430	MR guidance for needle replacement		3914.30
	Comprehensive MRI code including region studied and guidance. Guided procedure code to be added eg 80600, 80605, 80610.		
00440	MR low field strength imaging of peripheral joint any region		1103.70
00450	MR planning study for radiotherapy or surgical procedure		3495.00
00455	MR planning study for radiotherapy or surgical procedure, with contrast		4322.70
	Identification code for the use of contrast with a procedure. Appropriate codes to be supplied.		
00510	Analogue monoplane screening table		3772.00
	A machine code may be added once per complete procedure / patient visit.		
00520	Analogue monoplane table with DSA attachment		4368.80
	A machine code may be added once per complete procedure / patient visit.		
00530	Dedicated angiography suite: Analogue monoplane unit. Once off charge per patient by owner of equipment.		4368.80
	A machine code may be added once per complete procedure / patient visit.		
00540	Digital monoplane screening table		7350.70
	A machine code may be added once per complete procedure / patient visit.		
00550	Dedicated angiography suite: Digital monoplane unit. Once off charge per patient by owner of equipment.		8556.20
00560	Dedicated angiography suite: Digital bi-plane unit. Once off charge per patient by owner of equipment.		11496.70
	A machine code may be added once per complete procedure / patient visit.		
00590	Angiography and interventional examination contrast material		7739.90
	Identification code for the use of contrast with a procedure. Appropriate codes to be supplied.		
01010	Emergency call out fee, first case		275.90
01020	Emergency call out fee, subsequent cases same trip		184.00
01050	Written report on study done elsewhere short		157.40

01055	Written report on study done elsewhere extensive		440.40
	Head		
	Skull and Brain		
10100	X-ray of the skull		354.80
10110	X-ray tomography of the skull		395.60
10120	X-ray shuntogram for VP shunt		1412.70
10200	Ultrasound of the brain – Neonatal		678.80
10210	Ultrasound of the brain including doppler		1215.70
10220	Ultrasound of the intracranial vasculature, including B mode, pulse and colour doppler		1383.30
10300	CT Brain uncontrasted		2083.00
10310	CT Brain with contrast only		3061.00
10320	CT Brain pre and post contrast		3723.00
10325	CT brain pre and post contrast for perfusion studies		4515.70
	Stand alone code may not be added to any other CT studies of the brain, except for code 10330		
10330	CT angiography of the brain		7135.10
10335	CT of the brain pre and post contrast with angiography		9005.10
10340	CT brain for cranio-stenosis including 3D		3141.70
10350	CT Brain stereotactic localisation		1780.70
10360	CT base of skull coronal high resolution study for CSF leak		3209.80
10400	MR of the brain, limited study		4006.40
10410	MR of the brain uncontrasted		5868.00
10420	MR of the brain with contrast		6984.20
10430	MR of the brain pre and post contrast		9569.00
10440	MR of the brain pre and post contrast, for perfusion studies		9881.70
10450	MR of the brain plus angiography		8479.90
10460	MR of the brain pre and post contrast plus angiography		11150.00
10470	MR angiography of the brain uncontrasted		5380.60
10480	MR angiography of the brain contrasted		6808.10
10485	MR of the brain, with diffusion studies		7265.70
10490	MR of the brain, pre and post contrast, with diffusion studies,		10176.00
10492	MR study of the brain plus angiography plus diffusion, uncontrasted		8737.60
10495	MR of the brain pre and post contrast plus angiography and diffusion		11537.10
10500	Arteriography of intracranial vessels: 1 - 2 vessels		4470.00
10510	Arteriography of intracranial vessels: 3 - 4 vessels		7572.30
10520	Arteriography of extra-cranial (non-cervical) vessels		4455.40
10530	Arteriography of intracranial and extra-cranial (non-cervical) vessels		10861.10
10540	Arteriography of intracranial vessels (4) plus 3 D rotational angiography		8974.10
10550	Arteriography of intracranial vessels (1) plus 3D rotational angiography		3429.50
10560	Venography of dural sinuses		4803.80
	Facial bones and nasal bones		

	Codes 11100 (facial bones) and 11110 (tomography) may be combined		
11100	X-ray of the facial bones		361.40
11110	X-ray tomography of the facial bones		395.60
11120	X-ray of the nasal bones		219.60
11300	CT of the facial bones		1927.70
11310	CT of the facial bones with 3D reconstructions		2796.00
11320	CT of the facial bones/soft tissue, pre and post contrast		3794.90
11400	MR of the facial soft tissue		5739.40
11410	MR of the facial soft tissue pre and post contrast		9252.40
11420	MR of the facial soft tissue plus angiography, with contrast		10144.70
11430	MR angiography of the facial soft tissue		6808.10
	Orbits, lacrimal glands and tear ducts		
	Code 12130 (tomography) may be added to 12100 or 12110 or 12120 (orbits) or 12140 (dacrocystography).		
12100	X-ray orbits less than three views		327.50
12110	X-ray of the orbits, three or more views, including foramina		487.40
12120	X-ray of the orbits for foreign body		327.50
12130	X-ray tomography of the orbits		395.60
12140	X-ray dacrocystography		1030.10
12200	Ultrasound of the orbit/eye		472.00
12210	Ultrasound of the orbit/eye including doppler		1009.10
12300	CT of the orbits single plane		1444.00
12310	CT of the orbits, more than one plane		1893.70
12320	CT of the orbits pre and post contrast single plane		3314.10
12330	CT of the orbits pre and post contrast multiple planes		3651.60
12400	MR of the orbits		5744.70
12410	MR of the orbitae, pre and post contrast		9256.30
	Paranasal sinuses		
	Code 13120 (tomography) may be added to 13100, 13110 (paranasal sinuses), 13130 (nasopharyngeal).		
13100	X-ray of the paranasal sinuses, single view		252.10
13110	X-ray of the paranasal sinuses, two or more views		336.60
13120	X-ray tomography of the paranasal sinuses		395.60
13130	X-ray of the naso-pharyngeal soft tissue		252.10
13300	CT of the paranasal sinuses single plane, limited study		662.10
13310	CT of the paranasal sinuses, two planes, limited study		1140.60
13320	CT of the paranasal sinuses, any plane, complete study		1418.30
13330	CT of the paranasal sinuses, more than one plane, complete study		1910.20
13340	CT of the paranasal sinuses, any plane, complete study: pre and post contrast		3195.10
13350	CT of the paranasal sinuses, more than one plane, complete study; pre and post contrast		3772.00
13400	MR of the paranasal sinuses		5543.30
13410	MR of the paranasal sinuses, pre and post contrast		8883.60
	Mandible, teeth and maxilla		

	Code 14110 (orthopantomogram) may be combined with 14100 (mandible) if two separate studies are performed.		
	Code 14110 (orthopantomogram) may be combined with 15100 and / or 15110 (TM joint) if complete separate studies are performed.		
	Code 14160 (tomography) may be combined with 14130 or 14140 or 14150 (teeth).		
	Code 14160 (tomography) may be combined with 15100 and / or 15110 (TM joint) if complete separate studies are performed.		
	Code 14330 and 14340 (Dental implants) may be combined if mandible and maxilla are examined at the same visit.		
14100	X-ray of the mandible		336.60
14110	X-ray orthopantomogram of the jaws and teeth		373.60
14120	X-ray maxillofacial cephalometry		254.70
14130	X-ray of the teeth single quadrant		184.00
14140	X-ray of the teeth more than one quadrant		232.60
14150	X-ray of the teeth full mouth		333.00
14160	X-ray tomography of the teeth per side		297.20
14300	CT of the mandible		2049.10
14310	CT of the mandible, pre and post contrast		3794.90
14320	CT mandible with 3D reconstructions		2796.00
14330	CT for dental implants in the mandible		2524.70
14340	CT for dental implants in the maxilla		2524.70
14400	MR of the mandible/maxilla		5868.00
14410	MR of the mandible/maxilla, pre and post contrast		9072.30
	TM Joints		
	Code 15100 (TM joint) and 15120 (tomography) may be combined.		
	Code 15110 (TM joint) and 15130 (tomography) may be combined.		
	Code 15140 (arthrography) and 15120 (tomography) may be combined.		
	Code 15150 (arthrography) and 15130 (tomography) may be combined.		
	Codes 15320 (CT arthrogram) and 15420 (MR arthrogram) include introduction of contrast (00140 may not be added).		
15100	X-ray temporo-mandibular joint, left		327.50
15110	X-ray temporo-mandibular joint, right		327.50
15120	X-ray tomography temporo-mandibular joint, left		395.60
15130	X-ray tomography temporo-mandibular joint, right		395.60
15140	X-ray arthrography of the temporo-mandibular joint, left		1417.30
15150	X-ray arthrography of the temporo-mandibular joint, right		1417.30

15200	Ultrasound tempero-mandibular joints, one or both sides		603.60
15300	CT of the tempero-mandibular joints		2334.30
15310	CT of the tempero-mandibular joints plus 3D reconstructions		3173.00
15320	CT arthrogram of the tempero-mandibular joints		3307.50
15400	MR of the tempero-mandibular joints		5868.00
15410	MR of the tempero-mandibular joints, pre and post contrast		9274.80
15420	MR arthrogram of the tempero-mandibular joints		6871.30
	Mastoids and internal auditory canal		
	Code 16100 (mastoids) and 16120 (tomography) may be combined.		
	Code 16110 (mastoids bilat) and 16130 (tomography) may be combined		
	Code 16140 (IAM's) and 16150 (tomography) may be combined.		
16100	X-ray of the mastoids, unilateral		330.10
16110	X-ray of the mastoids, bilateral		660.50
16120	X-ray tomography of the petro-temporal bone, unilateral		395.60
16130	X-ray tomography of the petro-temporal bone, bilateral		790.70
16140	X-ray internal auditory canal, bilateral		481.00
16150	X-ray tomography of the internal auditory canal, bilateral		395.60
16300	CT of the mastoids		1159.10
16310	CT of the internal auditory canal		1974.70
16320	CT of the internal auditory canal, pre and post contrast		3145.50
16330	CT of the ear structures, limited study		1232.50
16340	CT of the middle and inner ear structures, high definition including all reconstructions in various planes		3987.10
16400	MR of the internal auditory canals, limited study		4006.40
16410	MR of the internal auditory canals, pre and post contrast, limited study		6339.80
16420	MR of the internal auditory canals, pre and post contrast, complete study		9440.20
16430	MR of the ear structures		5923.10
16440	MR of the ear structures, pre and post contrast		9440.20
	Sella turcica		
	Code 17100 (sella) and 17110 (tomography) may be combined.		
17100	X-ray of the sella turcica		283.30
17110	X-ray tomography of the sella turcica		395.60
17300	CT of the sella turcica/hypophysis		1604.90
17310	CT of the sella turcica/hypophysis, pre and post contrast		3886.70
17400	MR of the hypophysis		4006.40
17410	MR of the hypophysis, pre and post contrast		6808.80
	Salivary glands and floor of the mouth		
	Code 18100 (calculus) and 18110 (open mouth) may be combined.		
	Codes 18120 (sialography) and 18320 (CT sialography)		

	include introduction of contrast and fluoroscopy (00140 may not be added).		
18100	X-ray of the salivary glands and ducts for calculus		261.20
18110	X-ray of the salivary ducts, open mouth for calculus		174.80
18120	X-ray sialography, per gland		1295.10
18200	Ultrasound of the salivary glands/floor of the mouth		603.60
18300	CT of the salivary glands, uncontrasted		1159.10
18310	CT of the salivary glands/floor of the mouth, pre and post contrast		3872.30
18320	CT sialography		2417.20
18400	MR of the salivary glands/floor of the mouth		5812.50
18410	MR of the salivary glands/floor of the mouth, pre and post contrast		9274.80
	Neck		
	Code 20120 (laryngography) includes fluoroscopy (00140 may not be added). Code 20130 (speech) includes tomography and cinematography (00140 may not be added). Code 20450 (MR Angiography) may be combined with 10410 (MR brain).		
20100	X-ray of soft tissue of the neck		252.10
20110	X-ray of the larynx including tomography		863.70
20120	X-ray laryngography		761.80
20130	X-ray evaluation of pharyngeal movement and speech by screening and / or cine with or without video recording		763.40
20200	Ultrasound of the thyroid		603.60
20210	Ultrasound of soft tissue of the neck		603.60
20220	Ultrasound of the carotid arteries, bilateral including B mode, pulsed and colour doppler		1379.70
20230	Ultrasound of the entire extracranial vascular tree including carotids, vertebral and subclavian vessels with B mode, pulse and colour doppler		2008.60
20240	Ultrasound study of the venous system of the neck including pulse and colour Doppler		993.50
20300	CT of the soft tissues of the neck		1678.60
20310	CT of the soft tissues of the neck, with contrast		3508.70
20320	CT of the soft tissues of the neck, pre and post contrast		4029.40
20330	CT angiography of the extracranial vessels in the neck		7299.10
20340	CT angiography of the extracranial vessels in the neck and intracranial vessels of the brain		9887.00
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		11444.30
20400	Mr of the soft tissue of the neck		5849.40
20410	MR of the soft tissue of the neck, pre and post contrast		9384.90

20420	MR of the soft tissue of the neck and uncontrasted angiography		8516.80
20430	MR angiography of the extracranial vessels in the neck, without contrast		5481.60
20440	MR angiography of the extracranial vessels in the neck, with contrast		6808.10
20450	MR angiography of the extra and intracranial vessels with contrast		10673.40
20460	MR angiography of the intra and extra cranial vessels plus brain, without contrast		12432.10
20470	MR angiography of the intra and extra cranial vessels plus brain, with contrast		14352.50
20500	Arteriography of cervical vessels: carotid 1 - 2 vessels		4086.30
20510	Arteriography of cervical vessels: vertebral 1 - 2 vessels		4665.90
20520	Arteriography of cervical vessels: carotid and vertebral		7140.00
20530	Arteriography of aortic arch and cervical vessels		8458.70
20540	Arteriography of aortic arch, cervical and intracranial vessels		10013.10
20550	Venography of jugular and vertebral veins		4502.00
	Thorax		
	Chest wall, pleura, lungs and mediastinum		
	Code 30140 (tomography) may be combined with 30100 or 30110 (chest) or 30150 or 30155 (ribs) or 30160 (thoracic inlet).		
	Codes 30170 (Sterno-clavicular) and 30175 (tomography) may be combined.		
	Code 30180 (sternum) and 30185 (tomography) may be combined.		
	Code 30340 (CT limited high resolution) may be combined with 30310 or 30320 or 30330 (CT chest). Motivation may be required.		
	Code 30350 (high resolution) is a stand alone study.		
	Code 30360, (CT chest for pulmonary embolism) is a complete examination and includes the preceding uncontrasted CT scan of the chest, and may not be combined with 40330 or 40333 (CT abdomen and pelvis).		
	Code 30370 (CT pulmonary embolism plus CT venography) may not be combined with 70230 (Doppler).		
30100	X-ray of the chest, single view		279.40
30110	X-ray of the chest two views, PA and lateral		353.30
30120	X-ray of the chest complete with additional views		390.00
30130	X-ray of the chest complete including fluoroscopy		411.90
30140	X-ray tomography of the chest		395.60
30150	X-ray of the ribs		440.40
30155	X-ray of the chest and ribs		590.40
30160	X-ray of the thoracic inlet		235.60

30170	X-ray of the sterno-clavicular joints		387.20
30175	X-ray tomography of the sterno-clavicular joint		395.60
30180	X-ray of the sternum		387.20
30185	X-ray tomography of the sternum		395.60
30200	Ultrasound of the chest wall, any region		603.60
30210	Ultrasound of the pleural space		603.60
30220	Ultrasound of the mediastinal structures		603.60
30300	CT of the chest, limited study		873.70
30310	CT of the chest uncontrasted		2446.50
30320	CT of the chest contrasted		3902.40
30330	CT of the chest, pre and post contrast		4203.20
30340	CT of the chest, limited high resolution study		1030.10
30350	CT of the chest, complete high resolution study		2208.30
30355	CT of the chest, complete high resolution study with additional prone and expiratory studies		3062.80
30360	CT of the chest for pulmonary embolism		5253.50
30370	CT of the chest for pulmonary embolism with CT venography of abdomen, pelvis and lower limbs		7383.90
30400	MR of the chest		5849.40
30410	MR of the chest with uncontrasted angiography		8516.80
30420	MR of the chest, pre and post contrast		9384.90
	Oesophagus		
	Codes 31100, 31110, 31120 (swallow) include fluoroscopy (00140 may not be added).		
31100	X-ray barium swallow		607.10
31105	Xray 3 phase dynamic contrasted swallow		1159.10
31110	X-ray barium swallow, double contrast		728.40
31120	X-ray barium swallow with cinematography		926.20
	Aorta and large vessels		
	Codes 32210 and 32220 (Ivus) may be combined		
32200	Ultrasound intravascular arterial or venous assessment for intervention, once per complete procedure		386.30
32210	Ultrasound intravascular (IVUS) first vessel		776.10
32220	Ultrasound intravascular (IVUS) subsequent vessels		487.40
32300	CT angiography of the aorta and branches		7273.20
32305	CT angiography of the thoracic and abdominal aorta and branches		9703.20
32310	CT angiography of the pulmonary vasculature		7273.20
32400	MR angiography of the aorta and branches		7220.00
32410	MR angiography of the pulmonary vasculature		9682.20
32500	Arteriography of thoracic aorta		2599.00
32510	Arteriography of bronchial intercostal vessels alone		4612.30
32520	Arteriography of thoracic aorta, bronchial and intercostal vessels		6201.70
32530	Arteriography of pulmonary vessels		5818.90
32540	Arteriography of heart chambers, coronary arteries		4071.60
32550	Venography of thoracic vena cava		2610.30

32560	Venography of vena cava, azygos system		5179.00
32570	Venography patency of A-port or other central line		1806.20
	Heart		
	Codes 33300 (CT anatomy / function) and 33310 (CT Angiography) may be done as stand alone studies or as additive studies if both are performed at the same time.		
33205	Ultrasound study of the heart for foetal or paediatric cases including doppler		1131.20
	Code 33205 is a stand alone study and may not be added to 33200 or 33210. This code is intended for paediatric and foetal cases only		
33200	Ultrasound study of the heart, including Doppler		754.10
33210	Ultrasound study of the heart trans-oesophageal		967.70
33220	Ultrasound intravascular imaging to guide placement of intracoronary stent once per vessel		478.10
33300	CT anatomical/functional study of the heart		3183.20
33310	CT angiography of heart vessels		7475.60
33400	MR of the heart, anatomical study		5720.60
33410	MR of the heart, anatomical and functional study		6346.40
33420	MR of the heart, pre and post contrast		9477.10
33430	MR angiography of the heart vessels		6503.20
33440	MR of the heart, anatomical, functional and coronary angiography		9826.50
	Mammogram		
	Codes 34110 (localization), 34120 (stereo-tactic localization) and 34130 (stereo-tactic biopsy) may not be combined. Code 34130 (stereo-tactic biopsy). Add procedural code 80610 (cutting needle) or 34150 (mammotome) Code 34205 (U/S FNA) includes the procedural code (may not be combined with 34150).		
34100	X-ray mammography including ultrasound		960.30
34101	X-Ray mammography unilateral, including ultrasound		768.10
	Code 34100 may not be combined with 34205 when these two procedures are done in the same sitting. Code 34100 includes ultrasound. In this situation use code 80605 (fine needle aspiration) with 34100		
34105	X-ray mammography galactography		864.50
	Once off fee per visit. May be added to 34100		
34110	X-ray mammography study for localisation		665.80
34120	X-ray stereotactic mammography – localisation		956.70
34130	X-ray stereotactic mammography – biopsy		1067.00
34140	X-ray of biopsy specimen of the mamma		252.10
34150	X-ray Mammotome hand held biopsy apparatus		901.40
34200	Ultrasound study of the breast		726.40
34205	Ultrasound guided aspiration FNA/localisation of the breast		1112.80
34300	Computer assisted diagnosis for mammography		128.60
34400	MR study of the breast		5757.60

34410	MR study of the breast pre and post contrast		9274.80
	Soft Tissue		
	Abdomen and Pelvis		
	Abdomen/stomach/bowel		
	Code 40120 (tomography) may be combined with 40100 or 40105 or 40110 (abdomen). Codes 40140 to 40190 (barium studies) include fluoroscopy (00140 may not be added). Code 40190 (intussusception) is a stand alone code and may not be combined with 40160 or 40165 (barium enema), (00140 may not be added).		
40100	X-ray of the abdomen		305.40
40105	X-ray of the abdomen supine and erect, or decubitus		493.10
40110	X-ray of the abdomen multiple views including chest		745.00
40120	X-ray tomography of the abdomen		395.60
40140	X-ray barium meal single contrast		816.00
40143	X-ray barium meal double contrast		1102.80
40147	X-ray barium meal double contrast with follow through		1453.30
40150	X-ray small bowel enteroclysis (meal)		2340.80
	Code 40150 excludes duodenal intubation and 40175 (Duodenal intubation) may be added.		
40153	X-ray small bowel meal follow through single contrast		1798.10
40157	X-ray small bowel meal with pneumocolon		2357.30
40160	X-ray large bowel enema single contrast		1193.30
40165	X-ray large bowel enema double contrast		1805.50
40170	X-ray guided gastro oesophageal intubation		147.20
40175	X-ray guided duodenal intubation		257.60
40180	X-ray defaecogram		1193.30
40190	X-ray guided reduction of intussusception		1496.40
40200	Ultrasound study of the abdominal wall		509.50
40210	Ultrasound study of the whole abdomen including the pelvis		757.80
40300	CT study of the abdomen		2428.90
40310	CT study of the abdomen with contrast		4122.30
40313	CT study of the abdomen pre and post contrast		4873.80
40320	CT of the pelvis		2403.30
40323	CT of the pelvis with contrast		4367.00
40327	CT of the pelvis pre and post contrast		4954.60
40330	CT of the abdomen and pelvis		3541.00
40333	CT of the abdomen and pelvis with contrast		5717.90
40337	CT of the abdomen and pelvis pre and post contrast		6201.70
40340	CT triphasic study of the liver, abdomen and pelvis pre and post contrast		6816.30
40345	CT of the chest, abdomen and pelvis without contrast		6449.00
40350	CT of the chest, abdomen and pelvis with contrast		8125.80
40355	CT of the chest triphasic of the liver, abdomen and pelvis with contrast		8558.10

40360	CT of the base of skull to symphysis pubis with contrast		9448.50
40365	CT colonoscopy		3198.90
40400	MR of the abdomen		5939.60
40410	MR of the abdomen pre and post contrast		9274.80
40420	MR of the pelvis, soft tissue		5939.60
40430	MR of the pelvis, soft tissue, pre and post contrast		9384.90
	Code 41110, 41120 and 41130 (cholangiography) include fluoroscopy (00140 may not be added).		
41100	X-ray ERCP including screening		1738.30
41105	X-ray ERCP reporting on images done in theatre		220.70
41110	X-ray cholangiography intra-operative		777.30
41120	X-ray T-tube cholangiography post operative		1292.30
41130	X-ray transhepatic percutaneous cholangiography		2974.40
41200	Ultrasound study of the upper abdomen		643.90
41210	Ultrasound doppler of the hepatic and splenic veins and inferior vena cava in assessment of portal venous hypertension or thrombosis		901.40
	Code 41210 is a stand alone study and may not be added to 40200, 40210, 41200 or 42200		
41300	CT of the abdomen triphasic study – liver		5049.30
41400	MR study of the liver/pancreas		5958.10
41410	MR study of the liver/pancreas pre and post contrast		9274.80
41420	MRCP		4525.10
41430	MR study of the abdomen with MRCP		8551.90
41440	MR study of the abdomen pre and post contrast with MRCP		12287.60
	Renal tract		
42100	X-ray tomography of the renal tract		395.60
	Code 42100 (tomography) may not be added to 42110 or 42115 (IVP). Codes 42115 (IVP), 42120 (cystography), 42130 (urethrography), 42140 (MCU), 42150 (retrograde), and 42160 (prograde) include fluoroscopy (00140 may not be added).		
42110	X-ray excretory urogram including tomography		2286.50
42115	X-ray excretory urogram including tomography with micturating study		3022.10
42120	X-ray cystography		1384.10
42130	X-ray urethrography		1413.50
42140	X-ray micturating cysto-urethrography		1775.20
42150	X-ray retrograde/prograde pyelography		1152.50
42155	X-ray retrograde/prograde pyelography reporting on images done in theatre		221.60
42160	X-ray prograde pyelogram – percutaneous		3004.80
42200	Ultrasound study of the renal tract including bladder		682.60
42205	Ultrasound doppler for resistive index in vessels of transplanted kidney		349.30
	Code 42205 is a stand alone study and may not be added to 42200		
42210	Ultrasound study of the renal arteries including Doppler		975.10

42300	CT of the renal tract for a stone		2313.00
42400	MR of the renal tract for obstruction		4322.70
42410	MR of the kidneys without contrast		5939.60
42420	MR of the kidneys pre and post contrast		9403.40
	Reproductive system		
	Codes 43120 and 43130 (hystero-salpingography) include fluoroscopy (00140 may not be added).		
	Codes 43230 (U/S ova aspiration) and 43240 (amniocentesis) are complete procedure codes.		
	Codes 43230 (U/S ova aspiration) and 43240 (amniocentesis) are complete procedures and may not be combined with 00230 (ultrasound guidance) or 80605 (fine needle aspiration). Code 43240 may be combined with 43260 (second trimester), 43270 (third trimester) and 43273 (third trimester follow up)		
43100	X-ray pelvimetry single		367.90
43110	X-ray pelvimetry multiple views		533.30
43120	X-ray hystero-salpingography		922.50
43130	X-ray hystero-salpingography with introduction of contrast		1244.30
43200	Ultrasound study of the pelvis transabdominal		524.40
43205	Ultrasound study of the female pelvis transvaginal		663.20
43210	Ultrasound study of the prostate transrectal		678.80
43215	Ultrasound transrectal prostate volume for brachytherapy		956.70
43220	Ultrasound study of the testes		678.80
43225	Ultrasound study for male impotence including doppler and injection of vaso constrictor		1379.70
	Code 43225 is a stand alone study and may not be added to 43200, 43210, 43220 or 44200		
43230	Ultrasound guided transvaginal aspiration for ova		1241.40
43240	Ultrasound guided amniocentesis		537.10
43250	Ultrasound study of the pregnant uterus, first trimester		386.30
43260	Ultrasound study of the pregnant uterus, second trimester		584.80
43270	Ultrasound study of the pregnant uterus, third trimester, first visit		584.80
43273	Ultrasound study of the pregnant uterus, third trimester, follow-up visit		386.30
43277	Ultrasound study of the pregnant uterus, multiple gestation, second or third trimester, first visit		751.50
43280	Ultrasound doppler of the umbilical cord for resistive index		349.30
	Code 43280 is a stand alone study and may not be added to the following codes: 43250, 43260, 43270, 43273 or 43277		
43300	CT pelvimetry – Topogram		605.10
43400	MR study of pelvic reproductive organs - limited study		4378.00
43405	MR study for pelvimetry		1839.60
43410	MR study of pelvic reproductive organs - complete – uncontrasted		5939.60
43420	MR study of pelvic reproductive organs - complete – pre and post contrast		9403.40

	Aorta and vessels		
	Code 44400 (MR Angiography) may be combined with 40400 (MR abdomen).		
44200	Ultrasound study of abdominal aorta and branches including doppler		1685.00
44205	Ultrasound study of the IVC and pelvic veins including Doppler		1287.70
	This is a stand alone code and may not be added to 44200.		
44300	CT angiography of abdominal aorta and branches		7056.30
44305	CT angiography of the abdominal aorta and branches and pre and post contrast study of the upper abdomen		8675.00
44310	CT angiography of the pelvis		7233.00
44320	CT angiography of the abdominal aorta and pelvis		8235.40
44325	CT angiography of the abdominal aorta and pelvis and pre and post contrast study of the upper abdomen and pelvis		10958.60
44330	CT portogram		6842.70
44400	MR angiography of abdominal aorta and branches		7048.80
44500	Arteriography of abdominal aorta alone		2586.30
44503	Arteriography of aorta plus coeliac, mesenteric branches		6955.90
44505	Arteriography of aorta plus renal, adrenal branches		5795.20
44507	Arteriography of aorta plus non-visceral branches		5591.00
44510	Arteriography of coeliac, mesenteric vessels alone		5918.40
44515	Arteriography of renal, adrenal vessels alone		4551.60
44517	Arteriography of non-visceral abdominal vessels alone		5050.20
44520	Arteriography of internal and external iliac vessels alone		5216.70
44525	Venography of internal and external iliac veins alone		5712.50
44530	Corpora cavernosography		2304.90
44535	Vasography, vesciculography		2684.50
44540	Venography of inferior vena cava		2402.40
44543	Venography of hepatic veins alone		4945.30
44545	Venography of inferior vena cava and hepatic veins		6338.00
44550	Venography of lumbar azygos system alone		4036.90
44555	Venography of inferior vena cava and lumbar azygos veins		6020.60
44560	Venography of renal, adrenal veins alone		4045.70
44565	Venography of inferior vena cava and renal/adrenal veins		6290.20
44570	Venography of spermatic, ovarian veins alone		3714.90
44573	Venography of inferior vena cava, renal, spermatic, ovarian veins		6805.20
44580	Venography indirect splenoportogram		4476.50
44583	Venography direct splenoportogram		2905.30
44587	Venography transhepatic portogram		6139.10
	Soft Tissue		
	Spine, Pelvis and Hips		
	Code 51340 (CT myelography, cervical), 52330 (CT myelography thoracic) and 53340 (CT myelography lumbar) are stand alone studies and may not be combined with the conventional myelography codes viz. 51160, 52150, 53160		

	General		
	Code 50130 (Lumbar puncture) and 50140 (cisternal puncture) include fluoroscopy and introduction of contrast (00140 may not be added).		
50100	X-ray of the spine scoliosis view AP only		643.90
50105	X-ray of the spine scoliosis view AP and lateral		1103.70
50110	X-ray of the spine scoliosis view AP and lateral including stress views		1705.20
50120	X-ray bone densitometry		1059.70
50130	X-ray guided lumbar puncture		441.70
50140	X-ray guided cisternal puncture cisternogram		2113.60
50300	CT quantitative bone mineral density		1088.00
50500	Arteriogram of the spinal column and cord, all vessels		11701.70
50510	Venography of the spinal, paraspinal veins		5376.00
	Cervical		#
	Code 51100 (stress) is a stand alone study and may not be added to 51110, 51120 (cervical spine), 51160 (myelography) and 51170 (discography). Code 51140 (tomography) may be combined with 51110 or 51120 (spine). Code 51160s (myelography) and 51170 (discography) include fluoroscopy and introduction of contrast (00140 may not be added). Code 51300 (CT) limited - limited to a single cervical vertebral body. Code 51310 (CT) regional study - 2 vertebral bodies and intervertebral disc spaces. Code 51320 (CT) complete study - an extensive study of the cervical spine. Code 51340 (CT myelography) – post myelographic study and includes all disc levels, includes fluoroscopy and introduction of contrast (00140 may not be added).		
51100	X-ray of the cervical spine, stress views only		380.80
51110	X-ray of the cervical spine, one or two views		276.80
51120	X-ray of the cervical spine, more than two views		393.50
51130	X-ray of the cervical spine, more than two views including stress views		697.10
51140	X-ray Tomography cervical spine		395.60
51160	X-ray myelography of the cervical spine		2525.60
51170	X-ray discography cervical spine per level		2315.10
51300	CT of the cervical spine limited study		873.70
51310	CT of the cervical spine – regional study		1279.60
51320	CT of the cervical spine – complete study		3415.10
51330	CT of the cervical spine pre and post contrast		5412.80
51340	CT myelography of the cervical spine		4340.30

51350	CT myelography of the cervical spine following myelogram		1994.80
51400	MR of the cervical spine, limited study		4083.70
51410	MR of the cervical spine and cranio-cervical junction		5961.80
51420	MR of the cervical spine and cranio-cervical junction pre and post contrast		9394.10
	Thoracic		
	Code 52120 (tomography) may be combined with 52100 or 52110 (spine). Code 52150 (myelography) includes fluoroscopy and introduction of contrast (00140 may not be added). Code 52300 (CT) limited study – limited to a single thoracic vertebral body. Code 52305 (CT) regional study - 2 vertebral bodies and intervertebral disc spaces. Code 52310 (CT) complete study - an extensive study of the thoracic spine. Code 52330 (CT myelography) - post myelographic study and includes all disc levels, fluoroscopy and introduction of contrast (00140 may not be added).		
52100	X-ray of the thoracic spine, one or two views		295.00
52110	X-ray of the thoracic spine, more than two views		367.90
52120	X-ray tomography thoracic spine		395.60
52140	X-ray of the thoracic spine, more than two views including stress views		610.80
52150	X-ray myelography of the thoracic spine		1712.60
52300	CT of the thoracic spine limited study		873.70
52305	CT of the thoracic spine – regional study		1279.60
52310	CT of the thoracic spine complete study		3290.60
52320	CT of the thoracic spine pre and post contrast		5412.80
52330	CT myelography of the thoracic spine		4422.90
52340	CT myelography of the thoracic spine following myelogram		1873.50
52400	MR of the thoracic spine, limited study		4285.90
52410	MR of the thoracic spine		5917.60
52420	MR of the thoracic spine pre and post contrast		9327.90
	Lumbar		

	<p>Code 53100 (stress) is a stand alone study and may not be added to 53110, 53120 (lumbar spine), 53160 (myelography) and 53170 (discography).</p> <p>Code 53140 (tomography) may be combined with 53110 or 53120 (spine).</p> <p>Codes 53160 (myelography) and 53170 (discography) include fluoroscopy and introduction of contrast (00140 may not be added).</p> <p>Code 53300 (CT) limited study – limited to a single lumbar vertebral body.</p> <p>Code 53310 (CT) regional study - 2 vertebral bodies and intervertebral disc spaces.</p> <p>Code 53320 (CT) complete study - an extensive study of the lumbar spine.</p> <p>Code 53340 (CT myelography) - post myelographic study and includes all disc levels, fluoroscopy and introduction of contrast (00140 may not be added).</p>		
53100	X-ray of the lumbar spine – stress study only		380.80
53110	X-ray of the lumbar spine, one or two views		327.50
53120	X-ray of the lumbar spine, more than two views		410.40
53130	X-ray of the lumbar spine, more that two views including stress views		691.60
53140	X-ray tomography lumbar spine		395.60
53160	X-ray myelography of the lumbar spine		2201.90
53170	X-ray discography lumbar spine per level		2315.10
53300	CT of the lumbar spine limited study		873.70
53310	CT of the lumbar spine – regional study		1279.60
53320	Ct of the lumbar spine complete study		3461.90
53330	CT of the lumbar spine pre and post contrast		5412.80
53340	CT myelography of the lumbar spine		4517.00
53350	CT myelography of the lumbar spine following myelogram		2157.90
53400	MR of the lumbar spine, limited study		4249.30
53410	MR of the lumbar spine		5915.70
53420	MR of the lumbar spine pre and post contrast		9500.00
	Sacrum		
	<p>Code 54120 (tomography) may be combined with 54100 (sacrum) or 54110 (SI joints).</p> <p>Code 54300 (CT) limited study - limited to single sacral vertebral body.</p> <p>Code 54310 (CT) complete study - an extensive study of the sacral spine.</p>		
54100	X-ray of the sacrum and coccyx		329.40
54110	X-ray of the sacro-iliac joints		377.20

54120	X-ray tomography – sacrum and/or coccyx		395.60
54300	CT of the sacrum – limited study		699.00
54310	CT of the sacrum – complete study – uncontrasted		2355.50
54320	CT of the sacrum with contrast		4316.20
54330	CT of the sacrum pre and post contrast		4871.90
54400	MR of the sacrum		5978.10
54410	MR of the sacrum pre and post contrast		9293.00
	Pelvis		
	Codes 55110 (tomography) and 55100 (pelvis) may be combined.		
	Code 55300 (CT) limited study – limited to a small region of interest of the pelvis eg. acetabular roof or pubic ramus.		
55100	X-ray of the pelvis		336.60
55110	X-ray tomography – pelvis		395.60
55300	CT of the bony pelvis limited		873.70
55310	CT of the bony pelvis complete uncontrasted		2355.50
55320	CT of the bony pelvis complete 3D recon		3446.40
55330	CT of the bony pelvis with contrast		4316.20
55340	CT of the bony pelvis – pre and post contrast		4871.90
55400	MR of the bony pelvis		5978.10
55410	MR of the bony pelvis pre and post contrast		9403.40
	Hips		
	Code 56130 (tomography) may be combined with 56100 or 56110 or 56120 (hip).		
	Code 56140 (stress) may be combined with 56100 or 56110 or 56120 (hip).		
	Code 56150 (arthrography) includes fluoroscopy and introduction of contrast (00140 may not be added).		
	Code 56160 (introduction of contrast into hip joint) to be used with 56310 (CT hip) and 56410 (MR hip) and includes fluoroscopy. The combination of 56150 and 56310 and 56410 is not supported except in exceptional circumstances with motivation.		
	Code 56300 (CT) study limited to small region of interest eg part of femur head.		
56100	X-ray of the left hip		292.40
56110	X-ray of the right hip		292.40
56120	X-ray pelvis and hips		553.70
56130	X-ray tomography – hip		395.60
56140	X-ray of the hip/s – stress study		402.90
56150	X-ray arthrography of the hip joint including introduction contrast		1448.70
56160	X-ray guidance and introduction of contrast into hip joint only		681.40
56200	Ultrasound of the hip joints		597.70
56300	CT of hip – limited		873.70

56310	CT of hip – complete		2517.50
56320	CT of hip – complete with 3D recon		3658.80
56330	CT of hip with contrast		3978.70
56340	CT of hip pre and post contrast		4403.70
56400	MR of the hip joint/s, limited study		4129.50
56410	MR of the hip joint/s		5895.50
56420	MR of the hip joint/s, pre and post contrast		9348.30
	Upper limbs		
	General		
	Code 60100 (stress only) is a stand alone study and may not be combined with other codes. Code 60110 (tomography) may be combined with any one of the defined regional x-ray studies of the upper limb. Motivation may be required for more than one regional tomographic study per visit. Code 60200 (U/S) may only be used once per visit. Code 60300 (CT) limited study – limited to a small region of interest eg. part of humeral head. Code 60400 (MR limited) may only be used once per visit.		
60100	X-ray upper limbs - any region - stress studies only		415.80
60110	X-ray upper limbs - any region – tomography		395.60
60200	Ultrasound upper limb – soft tissue - any region		678.80
60210	Ultrasound of the peripheral arterial system of the left arm including B mode, pulse and colour doppler		1254.30
60220	Ultrasound of the peripheral arterial system of the right arm including B mode, pulse and colour doppler		1254.30
60230	Ultrasound peripheral venous system upper limbs including pulse and colour doppler for deep vein thrombosis		1153.30
60240	Ultrasound peripheral venous system upper limbs including pulse and colour doppler		1587.30
60300	CT of the upper limbs limited study		873.70
60310	CT angiography of the upper limb		7199.60
60400	MR of the upper limbs limited study, any region		4120.20
60410	MR angiography of the upper limb		6866.70
60500	Arteriogram of subclavian, upper limb arteries alone, unilateral		4200.30
60510	Arteriogram of subclavian, upper limb arteries alone, bilateral		7603.30
60520	Arteriogram of aortic arch, subclavian, upper limb, unilateral		5219.60
60530	Arteriogram of aortic arch, subclavian, upper limb, bilateral		8103.70
60540	Venography, antegrade of upper limb veins, unilateral		2402.40
60550	Venography, antegrade of upper limb veins, bilateral		4546.30
60560	Venography, retrograde of upper limb veins, unilateral		2852.10
60570	Venography, retrograde of upper limb veins, bilateral		5040.90
60580	Venography, shuntogram, dialysis access shunt		2188.00
	Shoulder		

	Code 61160 (arthrography) includes fluoroscopy and introduction of contrast (00140 may not be added).		
	Code 61170 (introduction of contrast into the shoulder joint) may be combined with 61300 and 61305 (CT), or 61400 and 61405 (MR). The combination of 61160 (arthrography) and 61300 and 61305 (CT) or 61400 and 61405 (MR) is not supported except in exceptional circumstances with motivation.		
61100	X-ray of the left clavicle		279.40
61105	X-ray of the right clavicle		279.40
61110	X-ray of the left scapula		279.40
61115	X-ray of the right scapula		279.40
61120	X-ray of the left acromio-clavicular joint		288.70
61125	X-ray of the right acromio-clavicular joint		288.70
61128	X-ray of acromio-clavicular joints plus stress studies bilateral		706.40
61130	X-ray of the left shoulder		320.10
61135	X-ray of the right shoulder		320.10
61140	X-ray of the left shoulder plus subacromial impingement views		544.60
61145	X-ray of the right shoulder plus subacromial impingement views		544.60
61150	X-ray of the left subacromial impingement views only		298.10
61155	X-ray of the right subacromial impingement views only		298.10
61160	X-ray arthrography shoulder joint including introduction of contrast		1455.90
61170	X-ray guidance and introduction of contrast into shoulder joint only		681.40
61200	Ultrasound of the left shoulder joint		597.70
61210	Ultrasound of the right shoulder joint		597.70
61300	CT of the left shoulder joint – uncontrasted		2240.30
61305	CT of the right shoulder joint – uncontrasted		2240.30
61310	CT of the left shoulder – complete with 3D recon		3463.80
61315	CT of the right shoulder – complete with 3D recon		3463.80
61320	CT of the left shoulder joint - pre and post contrast		4473.00
61325	CT of the right shoulder joint - pre and post contrast		4473.00
61400	MR of the left shoulder		5945.20
61405	MR of the right shoulder		5945.20
61410	MR of the left shoulder pre and post contrast		9293.00
61415	MR of the right shoulder pre and post contrast		9293.00
	Humerus		
62100	X-ray of the left humerus		270.50
62105	X-ray of the right humerus		270.50
62300	CT of the left upper arm		2240.30
62305	CT of the right upper arm		2240.30
62310	CT of the left upper arm contrasted		3676.20
62315	CT of the right upper arm contrasted		3676.20
62320	CT of the left upper arm pre and post contrast		4468.10
62325	CT of the right upper arm pre and post contrast		4468.10

62400	MR of the left upper arm		5904.80
62405	MR of the right upper arm		5904.80
62410	MR of the left upper arm pre and post contrast		9384.90
62415	MR of the right upper arm pre and post contrast		9384.90
	Elbow		
	Code 63120 (arthrography) includes fluoroscopy and introduction of contrast (00140 may not be added). Code 63130 (introduction of contrast) may be combined with 63300 and 63305 (CT) or 63400 and 63405 (MR). The combination of 63120 (arthrography) and 63300 and 63305 or 63400 and 63405 (MR) is not supported except in exceptional circumstances with motivation.		
63100	X-ray of the left elbow		288.70
63105	X-ray of the right elbow		288.70
63110	X-ray of the left elbow with stress		399.10
63115	X-ray of the right elbow with stress		399.10
63120	X-ray arthrography elbow joint including introduction of contrast		1461.60
63130	X-ray guidance and introduction of contrast into elbow joint only		681.40
63200	Ultrasound of the left elbow joint		597.70
63205	Ultrasound of the right elbow joint		597.70
63300	CT of the left elbow		2240.30
63305	CT of the right elbow		2240.30
63310	CT of the left elbow – complete with 3D recon		3463.80
63315	CT of the right elbow – complete with 3D recon		3463.80
63320	CT of the left elbow contrasted		3676.20
63325	CT of the right elbow contrasted		3676.20
63330	CT of the left elbow pre and post contrast		4473.00
63335	CT of the right elbow pre and post contrast		4473.00
63400	MR of the left elbow		5945.20
63405	MR of the right elbow		5945.20
63410	MR of the left elbow pre and post contrast		9293.00
63415	MR of the right elbow pre and post contrast		9293.00
	Forearm		
64100	X-ray of the left forearm		270.50
64105	X-ray of the right forearm		270.50
64110	X-ray peripheral bone densitometry		180.30
64300	CT of the left forearm		2240.30
64305	CT of the right forearm		2240.30
64310	CT of the left forearm contrasted		3676.20
64315	CT of the right forearm contrasted		3676.20
64320	CT of the left forearm pre and post contrast		4468.10
64325	CT of the right forearm pre and post contrast		4468.10
64400	MR of the left forearm		5904.80
64405	MR of the right forearm		5904.80
64410	MR of the left forearm pre and post contrast		9017.20

64415	MR of the right forearm pre and post contrast		9017.20
	Hand and Wrist		
	Code 65120 (finger) may not be combined with 65100 or 65105 (hands). Codes 65130 and 65135 (wrists) may be combined with 65140 or 65145 (scaphoid) respectively if requested and additional views done. Code 65160 (arthrography) includes fluoroscopy and the introduction of contrast (00140 may not be added). Code 65170 (contrast) may be combined with 65300 and 65305 (CT) or 65400 and 65405 (MR). The combination of 65160 (arthrography) and 65300 and 65305 or 65400 and 65405 is not supported except in exceptional circumstances with motivation.		
65100	X-ray of the left hand		283.30
65105	X-ray of the right hand		283.30
65110	X-ray of the left hand – bone age		283.30
65120	X-ray of a finger		245.40
65130	X-ray of the left wrist		292.40
65135	X-ray of the right wrist		292.40
65140	X-ray of the left scaphoid		303.50
65145	X-ray of the right scaphoid		303.50
65150	X-ray of the left wrist, scaphoid and stress views		695.40
65155	X-ray of the right wrist, scaphoid and stress views		695.40
65160	X-ray arthrography wrist joint including introduction of contrast		1464.90
65170	X-ray guidance and introduction of contrast into wrist joint only		681.40
65200	Ultrasound of the left wrist		597.70
65210	Ultrasound of the right wrist		597.70
65300	CT of the left wrist and hand		2240.30
65305	CT of the right wrist and hand		2240.30
65310	CT of the left wrist and hand - complete with 3D recon		3463.80
65315	CT of the right wrist and hand - complete with 3D recon		3463.80
65320	CT of the left wrist and hand contrasted		3676.20
65325	CT of the right wrist and hand contrasted		3676.20
65330	CT of the left wrist and hand pre and post contrast		4473.00
65335	CT of the right wrist and hand pre and post contrast		4473.00
65400	MR of the left wrist and hand		5945.20
65405	MR of the right wrist and hand		5945.20
65410	MR of the left wrist and hand pre and post contrast		9293.00
65415	MR of the right wrist and hand pre and post contrast		9293.00
	Soft Tissue		
	Lower Limbs		
	General		

	<p>Code 70100 (stress) is a stand alone study and may not be combined with other codes.</p> <p>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.</p> <p>Code 70200 (U/S) may only be billed once per visit.</p> <p>Code 70300 ((CT) limited study – limited to a small region of interest eg part of condyle of the knee.</p> <p>Codes 70310 and 70320 (CT angiography) may not be combined.</p> <p>Code 70400 (MR limited) may only be used once per visit.</p> <p>Code 70410 and 70420 (MR angiography) may not be combined.</p>		
70100	X-ray lower limbs - any region- stress studies only		415.80
70110	X-ray lower limbs - any region-tomography		395.60
70120	X-ray of the lower limbs full length study		594.00
70200	Ultrasound lower limb – soft tissue - any region		678.80
70210	Ultrasound of the peripheral arterial system of the left leg including B mode, pulse and colour Doppler		1254.30
70220	Ultrasound of the peripheral arterial system of the right leg including B mode, pulse and colour Doppler		1254.30
70230	Ultrasound peripheral venous system lower limbs including pulse and colour doppler for deep vein thrombosis		1254.30
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		1808.30
70300	CT of the lower limbs limited study		873.70
70310	CT angiography of the lower limb		7305.60
70320	CT angiography abdominal aorta and outflow lower limbs		9044.70
70400	MR of the lower limbs limited study		4267.80
70410	MR angiography of the lower limb		7050.80
70420	MR angiography of the abdominal aorta and lower limbs		10932.10
70500	Angiography of pelvic and lower limb arteries unilateral		3733.10
70505	Angiography of pelvic and lower limb arteries bilateral		6982.80
70510	Angiography of abdominal aorta, pelvic and lower limb vessels unilateral		5631.60
70515	Angiography of abdominal aorta, pelvic and lower limb vessels bilateral		7878.50
70520	Angiography translumbar aorta with full peripheral study		4201.40
70530	Venography, antegrade of lower limb veins, unilateral		2341.60
70535	Venography, antegrade of lower limb veins, bilateral		4546.30
70540	Venography, retrograde of lower limb veins, unilateral		2866.70

70545	Venography, retrograde of lower limb veins, bilateral		5223.20
70560	Lymphangiography, lower limb, unilateral		4694.40
70565	Lymphangiography, lower limb, bilateral		7723.00
	Femur		
71100	X-ray of the left femur		270.50
71105	X-ray of the right femur		270.50
71300	CT of the left femur		2255.00
71305	CT of the right femur		2255.00
71310	CT of the left upper leg contrasted		3847.30
71315	CT of the right upper leg contrasted		3847.30
71320	CT of the left upper leg pre and post contrast		4572.20
71325	CT of the right upper leg pre and post contrast		4572.20
71400	MR of the left upper leg		5959.90
71405	MR of the right upper leg		5959.90
71410	MR of the left upper leg pre and post contrast		9384.90
71415	MR of the right upper leg pre and post contrast		9384.90
	Knee		
	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.		
72100	X-ray of the left knee one or two views		254.70
72105	X-ray of the right knee one or two views		254.70
72110	X-ray of the left knee, more than two views		305.40
72115	X-ray of the right knee, more than two views		305.40
72120	X-ray of the left knee including patella		424.90
72125	X-ray of the right knee including patella		424.90
72130	X-ray of the left knee with stress views		535.40
72135	X-ray of the right knee with stress views		535.40
72140	X-ray of left patella		254.70
72145	X-ray of right patella		254.70
72150	X-ray both knees standing – single view		257.60
72160	X-ray arthrography knee joint including introduction of contrast		1454.10
72170	X-ray guidance and introduction of contrast into knee joint only		681.40
72200	Ultrasound of the left knee joint		597.70
72205	Ultrasound of the right knee joint		597.70
72300	CT of the left knee		2255.00
72305	CT of the right knee		2255.00
72310	CT of the left knee complete study with 3D reconstructions		3304.80

72315	CT of the right knee complete study with 3D reconstructions		3304.80
72320	CT of the left knee contrasted		3847.30
72325	CT of the right knee contrasted		3847.30
72330	CT of the left knee pre and post contrast		4576.90
72335	CT of the right knee pre and post contrast		4576.90
72400	MR of the left knee		5895.50
72405	MR of the right knee		5895.50
72410	MR of the left knee pre and post contrast		9274.80
72415	MR of the right knee pre and post contrast		9274.80
	Lower Leg		
73100	X-ray of the left lower leg		270.50
73105	X-ray of the right lower leg		270.50
73300	CT of the left lower leg		2255.00
73305	CT of the right lower leg		2255.00
73310	CT of the left lower leg contrasted		3847.30
73315	CT of the right lower leg contrasted		3847.30
73320	CT of the left lower leg pre and post contrast		4572.20
73325	CT of the right lower leg pre and post contrast		4572.20
73400	MR of the left lower leg		5904.80
73405	MR of the right lower leg		5904.80
73410	MR of the left lower leg pre and post contrast		9384.90
73415	MR of the right lower leg pre and post contrast		9384.90
	Ankle and Foot		
	Code 74145 (toe) may not be combined with 74120 or 74125 (foot).		
	Code 71450 (sesamoid bones) may be combined with 74120 or 74125 (foot) if requested.		
	Codes 74120 and 74125 (foot) may only be combined with 74130 and 74135 (calcaneus) if specifically requested.		
	Code 74160 (arthrography) includes fluoroscopy and introduction of contrast (00140 may not be added).		
	Code 74170 (introduction of contrast) may be combined with 74300 and 74305 (CT) or 74400 and 74405 (MR). The combination of 74160 (arthrography) and 74300 and 74305 (CT) or 74400 and 74405 (MR) are not supported except in exceptional circumstances with motivation.		
74100	X-ray of the left ankle		305.40
74105	X-ray of the right ankle		305.40
74110	X-ray of the left ankle with stress views		415.80
74115	X-ray of the right ankle with stress views		415.80
74120	X-ray of the left foot		257.60
74125	X-ray of the right foot		257.60
74130	X-ray of the left calcaneus		252.10
74135	X-ray of the right calcaneus		252.10
74140	X-ray of both feet – standing – single view		257.60

74145	X-ray of a toe		245.40
74150	X-ray of the sesamoid bones one or both sides		257.60
74160	X-ray arthrography ankle joint including introduction of contrast		1463.50
74170	X-ray guidance and introduction of contrast into ankle joint		681.40
74210	Ultrasound of the left ankle		597.70
74215	Ultrasound of the right ankle		597.70
74220	Ultrasound of the left foot		597.70
74225	Ultrasound of the right foot		597.70
74290	Ultrasound bone densitometry		187.80
74300	CT of the left ankle/foot		2255.00
74305	CT of the right ankle/foot		2255.00
74310	CT of the left ankle/foot – complete with 3D recon		3477.50
74315	CT of the right ankle/foot – complete with 3D recon		3477.50
74320	CT of the left ankle/foot contrasted		3847.30
74325	CT of the right ankle/foot contrasted		3847.30
74330	CT of the left ankle/foot pre and post contrast		4572.20
74335	CT of the right ankle/foot pre and post contrast		4572.20
74400	MR of the left ankle		5895.50
74405	MR of the right ankle		5895.50
74410	MR of the left ankle pre and post contrast		9256.30
74415	MR of the right ankle pre and post contrast		9256.30
74420	MR of the left foot		5904.80
74425	MR of the right foot		5904.80
74430	MR of the left foot pre and post contrast		9384.90
74435	MR of the right foot pre and post contrast		9384.90
	Intervention		
	General		
	<p>Codes 80600, 80605, 80610, 80620, 80630, 81660, 81680, 82600, 84660, 85640, 85645, 86610, 86615, 86620, 86630, (aspiration / biopsy / ablations etc) may be combined with the relevant guidance codes (fluoroscopy, ultrasound, CT, MR) as previously described. The machine codes 00510, 00520, 00530, 00540, 00550, 00560 may not be combined with these codes.</p> <p>If ultrasound guidance (00230) is used for a procedure which also attracts one of the machine codes (00510, 00520, 00530, 00540, 00550, 00560), it may not be billed for separately.</p> <p>Codes 80640, 80645, 87682, 87683 include fluoroscopy. Machine fees may not be added.</p> <p>All other interventional procedures are complete unique procedures describing a whole comprehensive procedure and combinations of different codes will only be supported when motivated.</p>		
80600	Percutaneous abscess, cyst drainage, any region		861.70
80605	Fine needle aspiration biopsy, any region		388.20

80610	Cutting needle, trochar biopsy, any region		584.80
80620	Tumour/cyst ablation chemical		2333.40
80630	Tumour ablation radio frequency, per lesion		1950.80
80640	Insertion of CVP line in radiology suite		826.90
80645	Peripheral central venous line insertion		1114.80
80650	Infiltration of a peripheral joint, any region		588.60
	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.		
	Neuro intervention		
81600	Intracranial aneurysm occlusion, direct		19730.20
81605	Intracranial arteriovenous shunt occlusion		23436.70
81610	Dural sinus arteriovenous shunt occlusion		24311.30
81615	Extracranial arteriovenous shunt occlusion		14465.40
81620	Extracranial arterial embolisation (head and neck)		15002.60
81625	Carotidocavernous fistula occlusion		17685.50
81630	Intracranial angioplasty for stenosis, vasospasm		11673.20
81632	Intracranial stent placement (including PTA)		12298.60
81635	Temporary balloon occlusion test		7672.50
	Code 81635 does not include the relevant preceding diagnostic study and may be combined with codes 10500, 10510, 10530, 10540, 10550.		
81640	Permanent carotid or vertebral artery occlusion (including occlusion test)		16387.70
81645	Intracranial aneurysm occlusion with balloon remodelling		19898.50
81650	Intracranial aneurysm occlusion with stent assistance		21195.20
81655	Intracranial thrombolysis, catheter directed		5421.00
	Code 81655 may be combined with any of the other neuro interventional codes 81600 to 81650		
81660	Nerve block, head and neck, per level		704.40
81665	Neurolysis, head and neck, per level		1852.40
81670	Nerve block, head and neck, radio frequency, per level		1751.10
81680	Nerve block, coeliac plexus or other regions, per level		853.60
	Thorax		
82600	Chest drain insertion		811.10
82605	Trachial, bronchial stent insertion		2792.50
	Gastrointestinal		
83600	Oesophageal stent insertion		2871.30
83605	GIT balloon dilation		2240.30
83610	GIT stent insertion (non-oesophageal)		2945.10
83615	Percutaneous gastrostomy, jejunostomy		2332.40
	Hepatobiliary		
84600	Percutaneous biliary drainage, external		3125.40
84605	Percutaneous external/internal biliary drainage		3422.40
84610	Permanent biliary stent insertion		4710.80
84615	Drainage tube replacement		1859.90

84620	Percutaneous bile duct stone or foreign object removal		4596.80
84625	Percutaneous gall bladder drainage		2720.60
84630	Percutaneous gallstone removal, including drainage		6369.30
84635	Transjugular liver biopsy		2293.20
84640	Transjugular intrahepatic Portosystemic shunt		10987.90
84645	Transhepatic Portogram including venous sampling, pressure studies		7531.80
84650	Transhepatic Portogram with embolisation of varices		9271.90
84655	Percutaneous hepatic tumour ablation		1442.10
84660	Percutaneous hepatic abscess, cyst drainage		1214.00
84665	Hepatic chemoembolisation		5466.90
84670	Hepatic arterial infusion catheter placement		5546.00
	Urogenital		
85600	Percutaneous nephrostomy, external drainage		2756.60
85605	Percutaneous double J stent insertion including access		3754.40
85610	Percutaneous renal stone, foreign body removal including access		6143.00
85615	Percutaneous nephrostomy tract establishment		2692.10
85620	Change of nephrostomy tube		1462.30
85625	Percutaneous cystostomy		1519.30
85630	Urethral balloon dilatation		1309.90
85635	Urethral stent insertion		2871.30
85640	Renal cyst ablation		1096.50
85645	Renal abscess, cyst drainage		1394.40
85655	Fallopian tube recanalisation		4144.10
	Spinal		
86600	Spinal vascular malformation embolisation		25307.40
86605	Vertebroplasty per level		2050.90
86610	Facet joint block per level, uni- or bilateral		877.50
	Code 86610 may only be billed once per level, and not per left and right side per level		
86615	Spinal nerve block per level, uni- or bilateral		750.40
86620	Epidural block		866.50
86625	Chemoneucleolysis, including discogram		1685.00
86630	Spinal nerve ablation per level		1067.00
	Vascular		
	Code 87654 (Thrombolysis follow up) may only be used on the days following the initial procedure, 87650 (thrombolysis). If a balloon angioplasty and / or stent placement is performed at more than one defined anatomical site at the same sitting the relevant codes may be combined. However multiple balloon dilatations or stent placements at one defined site will only attract one procedure code.		
87600	Percutaneous transluminal angioplasty: aorta, IVC		5202.10
87601	Percutaneous transluminal angioplasty: iliac		5128.50
87602	Percutaneous transluminal angioplasty: femoropopliteal		5533.00
87603	Percutaneous transluminal angioplasty: subpopliteal		6745.30

87604	Percutaneous transluminal angioplasty: brachiocephalic		6173.20
87605	Percutaneous transluminal angioplasty: subclavian, axillary		5533.00
87606	Percutaneous transluminal angioplasty: extracranial carotid		6587.30
87607	Percutaneous transluminal angioplasty: extracranial vertebral		6741.80
87608	Percutaneous transluminal angioplasty: renal		8065.20
87609	Percutaneous transluminal angioplasty: coeliac, mesenteric		8065.20
87620	Aorta stent-graft placement		11105.90
87621	Stent insertion (including PTA): aorta, IVC		6794.20
87622	Stent insertion (including PTA): iliac		7024.40
87623	Stent insertion (including PTA): femoropopliteal		7171.30
87624	Stent insertion (including PTA): subpopliteal		7776.50
87625	Stent insertion (including PTA): brachiocephalic		9056.50
87626	Stent insertion (including PTA): subclavian, axillary		7973.20
87627	Stent insertion (including PTA): extracranial carotid		9840.20
87628	Stent insertion (including PTA): extracranial vertebral		9247.80
87629	Stent insertion (including PTA): renal		9067.60
87630	Stent insertion (including PTA): coeliac, mesenteric		9067.60
87631	Stent-graft placement: iliac		7024.40
87632	Stent-graft placement: femoropopliteal		7171.30
87633	Stent-graft placement: brachiocephalic		9056.50
87634	Stent-graft placement: subclavian, axillary		7612.60
87635	Stent-graft placement: extracranial carotid		11076.30
87636	Stent-graft placement: extracranial vertebral		10552.20
87637	Stent-graft placement: renal		9067.60
87638	Stent-graft placement: coeliac, mesenteric		9067.60
87650	Thrombolysis in angiography suite, per 24 hours		4214.20
	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.		
87651	Aspiration, rheolytic thrombectomy		7143.50
87652	Atherectomy, per vessel		8451.50
87653	Percutaneous tunnelled / subcutaneous arterial or venous central or other line insertion		2589.00
87654	Thrombolysis follow-up		2167.70
87655	Percutaneous sclerotherapy, vascular malformation		1940.60
87660	Embolisation, mesenteric		9236.70
87661	Embolisation, renal		9138.50
87662	Embolisation, bronchial, intercostal		9964.30
87663	Embolisation, pulmonary arteriovenous shunt		9493.40
87664	Embolisation, abdominal, other vessels		9329.90
87665	Embolisation, thoracic, other vessels		8976.70
87666	Embolisation, upper limb		8362.30
87667	Embolisation, lower limb		8474.40
87668	Embolisation, pelvis, non-uterine		10771.90

87669	Embolisation, uterus		10473.90
87670	Embolisation, spermatic, ovaria veins		7893.20
87680	Inferior vena cava filter placement		5687.90
87681	Intravascular foreign body removal		7820.60
87682	Revision of access port (tunnelled or implantable)		1298.60
87683	Removal of access port (tunnelled or implantable)		1022.60
87690	Superior petrosal venous sampling		6715.10
87691	Pancreatic stimulation test		8258.20
87692	Transportal venous sampling		7077.20
87693	Adrenal venous sampling		5059.50
87694	Parathyroid venous sampling		7970.40
87695	Renal venous sampling		5059.50