

Radiology 2009

	PULA RADIOLOGY TARIFFS	
Tariff code	General Codes	2025 - 2026
00110	X-ray skeletal survey under five years	P680.43
00115	X-ray skeletal survey over five years	P1,130.70
00120	X-ray sinogram any region	P1,183.66
00130	X-ray with mobile unit in other facility	P206.54
00135	X-ray control view in theatre any region	P571.75
00140	X-ray fluoroscopy any region	P245.71
	May only be added to the examination when fluoroscopy is not included in the standard procedure code. May not be added to: • any angiography, venography, lymphangiography or interventional codes.	
00145	X-ray fluoroscopy guidance for biopsy, any region	P576.05
	Add to the procedure eg. 80600, 80605, 80610.	P0.00
00150	X-ray C-Arm (equipment fee only, not procedure) per half hour	P263.37
	Only to be used if equipment is owned by the radiologist.	P0.00
00155	X-ray C-arm fluoroscopy in theatre per half hour (procedure only)	P250.24
00160	X-ray fixed theatre installation (equipment fee only)	P245.71
	Only to be used if equipment is owned by the radiologist.	P0.00
	Identification code for the use of contrast with a procedure. Appropriate codes to be supplied.	P0.00
00210	Ultrasound with mobile unit in other facility	P199.92
	Add to the relevant ultrasound examination codes eg 10200.	P0.00
00220	Ultrasound intra-operative study	P795.73
	Covers all regions studied. Single code per operative procedure.	P0.00
00230	Ultrasound guidance	P1,315.18
	Comprehensive ultrasound code including regional study and guidance. Guided procedure code to be added eg. 80600, 80605, 80610.	P0.00
00240	Ultrasound guidance for tissue ablation	P1,221.50
	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.	P0.00
00250	Ultrasound limited Doppler study any region	P706.36
00310	CT planning study for radiotherapy	P2,322.85
00320	CT guidance (separate procedure)	P1,839.15
	Comprehensive CT code including regional study and guidance. Guided procedure code to be added eg 80600, 80605, and 80610.	P0.00
00330	CT guidance, with diagnostic procedure	P919.63
	To be added to the diagnostic procedure code. Guided procedure code to be added eg 80600, 80605, 80610.	P0.00
00340	CT guidance and monitoring for tissue ablation	P2,299.13
	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	P0.00
	Identification code for the use of contrast with a procedure. Appropriate codes to be supplied.	P0.00
00410	MR study of the whole body for metastases screening	P7,652.85
00420	MR Spectroscopy any region	P3,141.42
00430	MR guidance for needle replacement	P4,626.29
	Comprehensive MRI code including region studied and guidance. Guided procedure code to be added eg 80600, 80605, 80610.	P0.00
00440	MR low field strength imaging of peripheral joint any region	P1,304.47
00450	MR planning study for radiotherapy or surgical procedure	P4,130.78
00455	MR planning study for radiotherapy or surgical procedure, with contrast	P5,109.00
	Identification code for the use of contrast with a procedure. Appropriate codes to be supplied.	P0.00
00510	Analogue monoplane screening table	P4,458.14
	A machine code may be added once per complete procedure / patient	P0.00
00520	Analogue monoplane table with DSA attachment	P5,163.50
	A machine code may be added once per complete procedure / patient	P0.00

Radiology 2009

00530	Dedicated angiography suite: Analogue monoplane unit. Once off charge per patient by owner of equipment.	P5,163.50
	A machine code may be added once per complete procedure / patient	P0.00
00540	Digital monoplane screening table	P8,687.67
	A machine code may be added once per complete procedure / patient	P0.00
00550	Dedicated angiography suite: Digital monoplane unit. Once off charge per patient by owner of equipment.	P10,112.52
00560	Dedicated angiography suite: Digital bi-plane unit. Once off charge per patient by owner of equipment.	P13,587.91
	A machine code may be added once per complete procedure / patient	P0.00
00590	Angiography and interventional examination contrast material	P9,147.76
	Identification code for the use of contrast with a procedure. Appropriate codes to be supplied.	P0.00
01010	Emergency call out fee, first case	P326.15
01020	Emergency call out fee, subsequent cases same trip	P217.47
01050	Written report on study done elsewhere short	P186.02
01055	Written report on study done elsewhere extensive	P520.44
	Head	
	Skull and Brain	
10100	X-ray of the skull	P419.27
10110	X-ray tomography of the skull	P467.59
10120	X-ray shuntogram for VP shunt	P1,669.68
10200	Ultrasound of the brain – Neonatal	P802.35
10210	Ultrasound of the brain including doppler	P1,436.87
10220	Ultrasound of the intracranial vasculature, including B mode, pulse and colour doppler	P1,634.92
10300	CT Brain uncontrasted	P2,461.87
10310	CT Brain with contrast only	P3,617.73
10320	CT Brain pre and post contrast	P4,400.21
10325	CT brain pre and post contrast for perfusion studies	P5,337.06
	Stand alone code may not be added to any other CT studies of the brain, except for code 10330	P0.00
10330	CT angiography of the brain	P8,433.02
10335	CT of the brain pre and post contrast with angiography	P10,643.11
10340	CT brain for cranio-stenosis including 3D	P3,713.17
10350	CT Brain stereotactic localisation	P2,104.61
10360	CT base of skull coronal high resolution study for CSF leak	P3,793.60
10400	MR of the brain, limited study	P4,735.19
10410	MR of the brain uncontrasted	P6,935.35
10420	MR of the brain with contrast	P8,254.50
10430	MR of the brain pre and post contrast	P11,309.53
10440	MR of the brain pre and post contrast, for perfusion studies	P11,679.14
10450	MR of the brain plus angiography	P10,022.37
10460	MR of the brain pre and post contrast plus angiography	P13,178.13
10470	MR angiography of the brain uncontrasted	P6,359.30
10480	MR angiography of the brain contrasted	P8,046.41
10485	MR of the brain, with diffusion studies	P8,587.26
10490	MR of the brain, pre and post contrast, with diffusion studies,	P12,027.02
10492	MR study of the brain plus angiography plus diffusion, uncontrasted	P10,326.89
10495	MR of the brain pre and post contrast plus angiography and diffusion	P13,635.58
10500	Arteriography of intracranial vessels: 1 - 2 vessels	P5,283.10
10510	Arteriography of intracranial vessels: 3 - 4 vessels	P8,949.71
10520	Arteriography of extra-cranial (non-cervical) vessels	P5,265.89
10530	Arteriography of intracranial and extra-cranial (non-cervical) vessels	P12,836.65
10540	Arteriography of intracranial vessels (4) plus 3 D rotational angiography	P10,606.37
10550	Arteriography of intracranial vessels (1) plus 3D rotational angiography	P4,053.33
10560	Venography of dural sinuses	P5,677.55
	Facial bones and nasal bones	
	Codes 11100 (facial bones) and 11110 (tomography) may be combined	
11100	X-ray of the facial bones	P427.10
11110	X-ray tomography of the facial bones	P467.59

Radiology 2009

11120	X-ray of the nasal bones	P259.50
11300	CT of the facial bones	P2,278.28
11310	CT of the facial bones with 3D reconstructions	P3,304.60
11320	CT of the facial bones/soft tissue, pre and post contrast	P4,485.06
11400	MR of the facial soft tissue	P6,783.42
11410	MR of the facial soft tissue pre and post contrast	P10,935.38
11420	MR of the facial soft tissue plus angiography, with contrast	P11,989.95
11430	MR angiography of the facial soft tissue	P8,046.41
	Orbits, lacrimal glands and tear ducts	P0.00
	Code 12130 (tomography) may be added to 12100 or 12110 or 12120 (orbits) or 12140 (dacrocystography).	P0.00
12100	X-ray orbits less than three views	P387.05
12110	X-ray of the orbits, three or more views, including foramina	P576.05
12120	X-ray of the orbits for foreign body	P387.05
12130	X-ray tomography of the orbits	P467.59
12140	X-ray dacrocystography	P1,217.42
12200	Ultrasound of the orbit/eye	P557.85
12210	Ultrasound of the orbit/eye including doppler	P1,192.71
12300	CT of the orbits single plane	P1,706.64
12310	CT of the orbits, more than one plane	P2,238.12
12320	CT of the orbits pre and post contrast single plane	P3,916.84
12330	CT of the orbits pre and post contrast multiple planes	P4,315.70
12400	MR of the orbits	P6,789.60
12410	MR of the orbitae, pre and post contrast	P10,940.02
	Paranasal sinuses	P0.00
	Code 13120 (tomography) may be added to 13100, 13110 (paranasal sinuses), 13130 (nasopharyngeal).	P0.00
13100	X-ray of the paranasal sinuses, single view	P298.01
13110	X-ray of the paranasal sinuses, two or more views	P397.86
13120	X-ray tomography of the paranasal sinuses	P467.59
13130	X-ray of the naso-pharyngeal soft tissue	P298.01
13300	CT of the paranasal sinuses single plane, limited study	P782.60
13310	CT of the paranasal sinuses, two planes, limited study	P1,348.06
13320	CT of the paranasal sinuses, any plane, complete study	P1,676.19
13330	CT of the paranasal sinuses, more than one plane, complete study	P2,257.65
13340	CT of the paranasal sinuses, any plane, complete study: pre and post contrast	P3,776.28
13350	CT of the paranasal sinuses, more than one plane, complete study; pre and post contrast	P4,458.14
13400	MR of the paranasal sinuses	P6,551.61
13410	MR of the paranasal sinuses, pre and post contrast	P10,499.46
	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	P397.86
14110	X-ray orthopantomogram of the jaws and teeth	P441.56
14120	X-ray maxillofacial cephalometry	P300.99
14130	X-ray of the teeth single quadrant	P217.47
14140	X-ray of the teeth more than one quadrant	P274.95
14150	X-ray of the teeth full mouth	P393.56
14160	X-ray tomography of the teeth per side	P351.19
14300	CT of the mandible	P2,421.82
14310	CT of the mandible, pre and post contrast	P4,485.06

Radiology 2009

14320	CT mandible with 3D reconstructions	P3,304.60
14330	CT for dental implants in the mandible	P2,983.86
14340	CT for dental implants in the maxilla	P2,983.86
14400	MR of the mandible/maxilla	P6,935.35
14410	MR of the mandible/maxilla, pre and post contrast	P10,722.55
	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	
15100	X-ray tempero-mandibular joint, left	P387.05
15110	X-ray tempero-mandibular joint, right	P387.05
15120	X-ray tomography tempero-mandibular joint, left	P467.59
15130	X-ray tomography tempero-mandibular joint, right	P467.59
15140	X-ray arthrography of the tempero-mandibular joint, left	P1,675.08
15150	X-ray arthrography of the tempero-mandibular joint, right	P1,675.08
15200	Ultrasound tempero-mandibular joints, one or both sides	P713.42
15300	CT of the tempero-mandibular joints	P2,758.89
15310	CT of the tempero-mandibular joints plus 3D reconstructions	P3,750.13
15320	CT arthrogram of the tempero-mandibular joints	P3,909.12
15400	MR of the tempero-mandibular joints	P6,935.35
15410	MR of the tempero-mandibular joints, pre and post contrast	P10,961.75
15420	MR arthrogram of the tempero-mandibular joints	P8,121.10
	Mastoids and internal auditory canal	
	Code 16100 (mastoids) and 16120 (tomography) may be combined. Code 16110 (mastoids bilat) and 16130 (tomography) may be combined	
16100	X-ray of the mastoids, unilateral	P390.14
16110	X-ray of the mastoids, bilateral	P780.61
16120	X-ray tomography of the petro-temporal bone, unilateral	P467.59
16130	X-ray tomography of the petro-temporal bone, bilateral	P934.53
16140	X-ray internal auditory canal, bilateral	P568.44
16150	X-ray tomography of the internal auditory canal, bilateral	P467.59
16300	CT of the mastoids	P1,370.01
16310	CT of the internal auditory canal	P2,333.89
16320	CT of the internal auditory canal, pre and post contrast	P3,717.69
16330	CT of the ear structures, limited study	P1,456.73
16340	CT of the middle and inner ear structures, high definition including all reconstructions in various planes	P4,712.35
16400	MR of the internal auditory canals, limited study	P4,735.19
16410	MR of the internal auditory canals, pre and post contrast, limited study	P7,492.98
16420	MR of the internal auditory canals, pre and post contrast, complete study	P11,157.26
16430	MR of the ear structures	P7,000.45
16440	MR of the ear structures, pre and post contrast	P11,157.26
	Sella turcica	
	Code 17100 (sella) and 17110 (tomography) may be combined.	
17100	X-ray of the sella turcica	P334.86
17110	X-ray tomography of the sella turcica	P467.59
17300	CT of the sella turcica/hypophysis	P1,896.74
17310	CT of the sella turcica/hypophysis, pre and post contrast	P4,593.63
17400	MR of the hypophysis	P4,735.19
17410	MR of the hypophysis, pre and post contrast	P8,047.29
	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	P308.71
18110	X-ray of the salivary ducts, open mouth for calculus	P206.54
18120	X-ray sialography, per gland	P1,530.77

Radiology 2009

18200	Ultrasound of the salivary glands/floor of the mouth	P713.42
18300	CT of the salivary glands, uncontrasted	P1,370.01
18310	CT of the salivary glands/floor of the mouth, pre and post contrast	P4,576.64
18320	CT sialography	P2,856.87
18400	MR of the salivary glands/floor of the mouth	P6,869.81
18410	MR of the salivary glands/floor of the mouth, pre and post contrast	P10,961.75
	Neck	P0.00
	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).	
20100	X-ray of soft tissue of the neck	P298.01
20110	X-ray of the larynx including tomography	P1,020.81
20120	X-ray laryngography	P900.43
20130	X-ray evaluation of pharyngeal movement and speech by screening and / or cine with or without video recording	P902.31
20200	Ultrasound of the thyroid	P713.42
20210	Ultrasound of soft tissue of the neck	P713.42
20220	Ultrasound of the carotid arteries, bilateral including B mode, pulsed and colour doppler	P1,630.62
20230	Ultrasound of the entire extracranial vascular tree including carotids, vertebral and subclavian vessels with B mode, pulse and colour doppler	P2,374.05
20240	Ultrasound study of the venous system of the neck including pulse and colour Doppler	P1,174.17
20300	CT of the soft tissues of the neck	P1,984.02
20310	CT of the soft tissues of the neck, with contrast	P4,147.00
20320	CT of the soft tissues of the neck, pre and post contrast	P4,762.33
20330	CT angiography of the extracranial vessels in the neck	P8,626.76
20340	CT angiography of the extracranial vessels in the neck and intracranial vessels of the brain	P11,685.32
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	P13,525.91
20400	Mr of the soft tissue of the neck	P6,913.39
20410	MR of the soft tissue of the neck, pre and post contrast	P11,091.95
20420	MR of the soft tissue of the neck and uncontrasted angiography	P10,065.95
20430	MR angiography of the extracranial vessels in the neck, without contrast	P6,478.57
20440	MR angiography of the extracranial vessels in the neck, with contrast	P8,046.41
20450	MR angiography of the extra and intracranial vessels with contrast	P12,614.77
20460	MR angiography of the intra and extra cranial vessels plus brain, without contrast	P14,693.46
20470	MR angiography of the intra and extra cranial vessels plus brain, with contrast	P16,963.13
20500	Arteriography of cervical vessels: carotid 1 - 2 vessels	P4,829.63
20510	Arteriography of cervical vessels: vertebral 1 - 2 vessels	P5,514.58
20520	Arteriography of cervical vessels: carotid and vertebral	P8,438.76
20530	Arteriography of aortic arch and cervical vessels	P9,997.33
20540	Arteriography of aortic arch, cervical and intracranial vessels	P11,834.38
20550	Venography of jugular and vertebral veins	P5,320.95
	Thorax	
	Chest wall, pleura, lungs and mediastinum	

Radiology 2009

	(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	P330.23
30110	X-ray of the chest two views, PA and lateral	P417.61
30120	X-ray of the chest complete with additional views	P460.97
30130	X-ray of the chest complete including fluoroscopy	P486.90
30140	X-ray tomography of the chest	P467.59
30150	X-ray of the ribs	P520.44
30155	X-ray of the chest and ribs	P697.75
30160	X-ray of the thoracic inlet	P278.48
30170	X-ray of the sterno-clavicular joints	P457.66
30175	X-ray tomography of the sterno-clavicular joint	P467.59
30180	X-ray of the sternum	P457.66
30185	X-ray tomography of the sternum	P467.59
30200	Ultrasound of the chest wall, any region	P713.42
30210	Ultrasound of the pleural space	P713.42
30220	Ultrasound of the mediastinal structures	P713.42
30300	CT of the chest, limited study	P1,032.61
30310	CT of the chest uncontrasted	P2,891.51
30320	CT of the chest contrasted	P4,612.28
30330	CT of the chest, pre and post contrast	P4,967.77
30340	CT of the chest, limited high resolution study	P1,217.42
30350	CT of the chest, complete high resolution study	P2,609.94
30355	CT of the chest, complete high resolution study with additonal prone and expiratory studies	P3,619.94
30360	CT of the chest for pulmonary embolism	P6,209.02
30370	CT of the chest for pulmonary embolism with CT venography of abdomen, pelvis and lower limbs	P8,726.95
30400	MR of the chest	P6,913.39
30410	MR of the chest with uncontrasted angiography	P10,065.95
30420	MR of the chest, pre and post contrast	P11,091.95
	Oesophagus	P0.00
	Codes 31100, 31110, 31120 (swallow) include fluoroscopy (00140 may not be added).	P0.00
31100	X-ray barium swallow	P717.50
31105	Xray 3 phase dynamic contrasted swallow	P1,370.01
31110	X-ray barium swallow, double contrast	P860.93
31120	X-ray barium swallow with cinematography	P1,094.73
	Aorta and large vessels	P0.00
	Codes 32210 and 32220 (Ivus) may be combined	P0.00
32200	Ultrasound intravascular arterial or venous assessment for intervention, once per complete procedure	P456.56
32210	Ultrasound intravascular (IVUS) first vessel	P917.31
32220	Ultrasound intravascular (IVUS) subsequent vessels	P576.05
32300	CT angiography of the aorta and branches	P8,596.20
32305	CT angiography of the thoracic and abdominal aorta and branches	P11,468.18
32310	CT angiography of the pulmonary vasculature	P8,596.20
32400	MR angiography of the aorta and branches	P8,533.31
32410	MR angiography of the pulmonary vasculature	P11,443.36

Radiology 2009

32500	Arteriography of thoracic aorta	P3,071.80
32510	Arteriography of bronchial intercostal vessels alone	P5,451.25
32520	Arteriography of thoracic aorta, bronchial and intercostal vessels	P7,329.79
32530	Arteriography of pulmonary vessels	P6,877.31
32540	Arteriography of heart chambers, coronary arteries	P4,812.09
32550	Venography of thoracic vena cava	P3,085.04
32560	Venography of vena cava, azygos system	P6,121.09
32570	Venography patency of A-port or other central line	P2,134.73
	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	P1,336.91
	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	P891.27
33210	Ultrasound study of the heart trans-oesophageal	P1,143.72
	Ultrasound intravascular imaging to guide placement of intracoronary stent once per vessel	
33220		P565.02
33300	CT anatomical/functional study of the heart	P3,762.16
33310	CT angiography of heart vessels	P8,835.40
33400	MR of the heart, anatomical study	P6,761.13
33410	MR of the heart, anatomical and functional study	P7,500.81
33420	MR of the heart, pre and post contrast	P11,200.96
33430	MR angiography of the heart vessels	P7,686.06
33440	MR of the heart, anatomical, functional and coronary angiography	P11,613.94
	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	P1,135.00
34101	X-Ray mammography unilateral, including ultrasound	P907.71
	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	
34105	X-ray mammography galactography	P1,021.69
	Once off fee per visit. May be added to 34100	P0.00
34110	X-ray mammography study for localisation	P786.90
34120	X-ray stereotactic mammography – localisation	P1,130.70
34130	X-ray stereotactic mammography – biopsy	P1,261.11
34140	X-ray of biopsy specimen of the mamma	P298.01
34150	X-ray Mammotome hand held biopsy apparatus	P1,065.27
34200	Ultrasound study of the breast	P858.51
34205	Ultrasound guided aspiration FNA/localisation of the breast	P1,315.18
34300	Computer assisted diagnosis for mammography	P152.04
34400	MR study of the breast	P6,804.82
34410	MR study of the breast pre and post contrast	P10,961.75
	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	P361.01

Radiology 2009

40105	X-ray of the abdomen supine and erect, or decubitus	P582.78
40110	X-ray of the abdomen multiple views including chest	P880.57
40120	X-ray tomography of the abdomen	P467.59
40140	X-ray barium meal single contrast	P964.43
40143	X-ray barium meal double contrast	P1,303.37
40147	X-ray barium meal double contrast with follow through	P1,717.67
40150	X-ray small bowel enteroclysis (meal)	P2,766.50
	Code 40150 excludes duodenal intubation and 40175 (Duodenal intubation) may be added.	
40153	X-ray small bowel meal follow through single contrast	P2,125.14
40157	X-ray small bowel meal with pneumocolon	P2,786.03
40160	X-ray large bowel enema single contrast	P1,410.39
40165	X-ray large bowel enema double contrast	P2,133.96
40170	X-ray guided gastro oesophageal intubation	P174.00
40175	X-ray guided duodenal intubation	P304.41
40180	X-ray defaecogram	P1,410.39
40190	X-ray guided reduction of intussusception	P1,768.65
40200	Ultrasound study of the abdominal wall	P602.20
40210	Ultrasound study of the whole abdomen including the pelvis	P895.58
40300	CT study of the abdomen	P2,870.77
40310	CT study of the abdomen with contrast	P4,872.11
40313	CT study of the abdomen pre and post contrast	P5,760.30
40320	CT of the pelvis	P2,840.43
40323	CT of the pelvis with contrast	P5,161.30
40327	CT of the pelvis pre and post contrast	P5,855.74
40330	CT of the abdomen and pelvis	P4,185.06
40333	CT of the abdomen and pelvis with contrast	P6,757.93
40337	CT of the abdomen and pelvis pre and post contrast	P7,329.79
40340	CT triphasic study of the liver, abdomen and pelvis pre and post contrast	P8,056.12
40345	CT of the chest, abdomen and pelvis without contrast	P7,622.07
40350	CT of the chest, abdomen and pelvis with contrast	P9,603.88
40355	CT of the chest triphasic of the liver, abdomen and pelvis with contrast	P10,114.72
40360	CT of the base of skull to symphysis pubis with contrast	P11,167.19
40365	CT colonoscopy	P3,780.80
40400	MR of the abdomen	P7,019.98
40410	MR of the abdomen pre and post contrast	P10,961.75
40420	MR of the pelvis, soft tissue	P7,019.98
40430	MR of the pelvis, soft tissue, pre and post contrast	P11,091.95
	Code 41110, 41120 and 41130 (cholangiography) include fluoroscopy (00140 may not be added).	
41100	X-ray ERCP including screening	P2,054.41
41105	X-ray ERCP reporting on images done in theatre	P260.83
41110	X-ray cholangiography intra-operative	P918.64
41120	X-ray T-tube cholangiography post operative	P1,527.35
41130	X-ray transhepatic percutaneous cholangiography	P3,515.34
41200	Ultrasound study of the upper abdomen	P760.97
41210	Ultrasound doppler of the hepatic and splenic veins and inferior vena cava in assessment of portal venous hypertension or thrombosis	P1,065.27
	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	P5,967.72
41400	MR study of the liver/pancreas	P7,041.82
41410	MR study of the liver/pancreas pre and post contrast	P10,961.75
41420	MRCP	P5,348.20
41430	MR study of the abdomen with MRCP	P10,107.44
41440	MR study of the abdomen pre and post contrast with MRCP	P14,522.55
	Renal tract	
42100	X-ray tomography of the renal tract	P467.59

Radiology 2009

	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	P2,702.40
42115	X-ray excretory urogram including tomography with micturating study	P3,571.83
42120	X-ray cystography	P1,635.81
42130	X-ray urethrography	P1,670.56
42140	X-ray micturating cysto-urethrography	P2,098.10
42150	X-ray retrograde/prograde pyelography	P1,362.18
42155	X-ray retrograde/prograde pyelography reporting on images done in	P261.82
42160	X-ray prograde pyelogram – percutaneous	P3,551.31
42200	Ultrasound study of the renal tract including bladder	P806.76
42205	Ultrasound doppler for resistive index in vessels of transplanted kidney	P412.87
	Code 42205 is a stand alone study and may not be added to 42200	P0.00
42210	Ultrasound study of the renal arteries including Doppler	P1,152.54
42300	CT of the renal tract for a stone	P2,733.74
42400	MR of the renal tract for obstruction	P5,109.00
42410	MR of the kidneys without contrast	P7,019.98
42420	MR of the kidneys pre and post contrast	P11,113.79
	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	P434.82
43110	X-ray pelvimetry multiple views	P630.34
43120	X-ray hystero-salpingography	P1,090.32
43130	X-ray hystero-salpingography with introduction of contrast	P1,470.64
43200	Ultrasound study of the pelvis transabdominal	P619.74
43205	Ultrasound study of the female pelvis transvaginal	P783.81
43210	Ultrasound study of the prostate transrectal	P802.35
43215	Ultrasound transrectal prostate volume for brachytherapy	P1,130.70
43220	Ultrasound study of the testes	P802.35
43225	Ultrasound study for male impotence including doppler and injection of vaso constrictor	P1,630.62
	Code 43225 is a stand alone study and may not be added to 43200, 43210, 43220 or 44200	P0.00
43230	Ultrasound guided transvaginal aspiration for ova	P1,467.11
43240	Ultrasound guided amniocentesis	P634.75
43250	Ultrasound study of the pregnant uterus, first trimester	P456.56
43260	Ultrasound study of the pregnant uterus, second trimester	P691.13
43270	Ultrasound study of the pregnant uterus, third trimester, first visit	P691.13
43273	Ultrasound study of the pregnant uterus, third trimester, follow-up visit	P456.56
43277	Ultrasound study of the pregnant uterus, multiple gestation, second or third trimester, first visit	P888.19
43280	Ultrasound doppler of the umbilical cord for resistive index	P412.87
	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	P715.18
43400	MR study of pelvic reproductive organs - limited study	P5,174.31
43405	MR study for pelvimetry	P2,174.23
43410	MR study of pelvic reproductive organs - complete – uncontrasted	P7,019.98
43420	MR study of pelvic reproductive organs - complete – pre and post	P11,113.79
	Aorta and vessels	

Radiology 2009

	Code 44400 (MR Angiography) may be combined with 40400 (MR abdomen).	
44200	Ultrasound study of abdominal aorta and branches including doppler	P1,991.52
44205	Ultrasound study of the IVC and pelvic veins including Doppler	P1,521.94
	This is a stand alone code and may not be added to 44200.	P0.00
44300	CT angiography of abdominal aorta and branches	P8,339.79
44305	CT angiography of the abdominal aorta and branches and pre and post contrast study of the upper abdomen	P10,252.97
44310	CT angiography of the pelvis	P8,548.65
44320	CT angiography of the abdominal aorta and pelvis	P9,733.41
44325	CT angiography of the abdominal aorta and pelvis and pre and post contrast study of the upper abdomen and pelvis	P12,951.95
44330	CT portogram	P8,087.34
44400	MR angiography of abdominal aorta and branches	P8,330.96
44500	Arteriography of abdominal aorta alone	P3,056.79
44503	Arteriography of aorta plus coeliac, mesenteric branches	P8,221.18
44505	Arteriography of aorta plus renal, adrenal branches	P6,849.40
44507	Arteriography of aorta plus non-visceral branches	P6,607.88
44510	Arteriography of coeliac, mesenteric vessels alone	P6,994.93
44515	Arteriography of renal, adrenal vessels alone	P5,379.43
44517	Arteriography of non-visceral abdominal vessels alone	P5,968.83
44520	Arteriography of internal and external iliac vessels alone	P6,165.55
44525	Venography of internal and external iliac veins alone	P6,751.64
44530	Corpora cavernosography	P2,724.14
44535	Vasography, vesciculography	P3,172.75
44540	Venography of inferior vena cava	P2,839.44
44543	Venography of hepatic veins alone	P5,844.81
44545	Venography of inferior vena cava and hepatic veins	P7,490.77
44550	Venography of lumbar azygos system alone	P4,771.16
44555	Venography of inferior vena cava and lumbar azygos veins	P7,115.63
44560	Venography of renal, adrenal veins alone	P4,781.64
44565	Venography of inferior vena cava and renal/adrenal veins	P7,434.39
44570	Venography of spermatic, ovarian veins alone	P4,390.62
44573	Venography of inferior vena cava, renal, spermatic, ovarian veins	P8,043.10
44580	Venography indirect splenoportogram	P5,290.72
44583	Venography direct splenoportogram	P3,433.80
44587	Venography transhepatic portogram	P7,255.76
	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	P760.97
50105	X-ray of the spine scoliosis view AP and lateral	P1,304.47
50110	X-ray of the spine scoliosis view AP and lateral including stress views	P2,015.46
50120	X-ray bone densitometry	P1,252.51
50130	X-ray guided lumbar puncture	P522.10
50140	X-ray guided cisternal puncture cisternogram	P2,498.06
50300	CT quantitative bone mineral density	P1,285.83
50500	Arteriogram of the spinal column and cord, all vessels	P13,830.21
50510	Venography of the spinal, paraspinal veins	P6,353.89
	Cervical	

Radiology 2009

	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	P450.05
51110	X-ray of the cervical spine, one or two views	P327.14
51120	X-ray of the cervical spine, more than two views	P465.06
51130	X-ray of the cervical spine, more than two views including stress views	P823.86
51140	X-ray Tomography cervical spine	P467.59
51160	X-ray myelography of the cervical spine	P2,985.08
51170	X-ray discography cervical spine per level	P2,736.27
51300	CT of the cervical spine limited study	P1,032.61
51310	CT of the cervical spine – regional study	P1,512.34
51320	CT of the cervical spine – complete study	P4,036.33
51330	CT of the cervical spine pre and post contrast	P6,397.36
51340	CT myelography of the cervical spine	P5,129.74
51350	CT myelography of the cervical spine following myelogram	P2,357.61
51400	MR of the cervical spine, limited study	P4,826.43
51410	MR of the cervical spine and cranio-cervical junction	P7,046.23
51420	MR of the cervical spine and cranio-cervical junction pre and post	P11,102.76
	Thoracic	
	(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	P348.76
52110	X-ray of the thoracic spine, more than two views	P434.82
52120	X-ray tomography thoracic spine	P467.59
52140	X-ray of the thoracic spine, more than two views including stress views	P721.91
52150	X-ray myelography of the thoracic spine	P2,024.18
52300	CT of the thoracic spine limited study	P1,032.61
52305	CT of the thoracic spine – regional study	P1,512.34
52310	CT of the thoracic spine complete study	P3,889.15
52320	CT of the thoracic spine pre and post contrast	P6,397.36
52330	CT myelography of the thoracic spine	P5,227.39
52340	CT myelography of the thoracic spine following myelogram	P2,214.29
52400	MR of the thoracic spine, limited study	P5,065.53
52410	MR of the thoracic spine	P6,993.94
52420	MR of the thoracic spine pre and post contrast	P11,024.53
	Lumbar	

Radiology 2009

	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	
53100	X-ray of the lumbar spine – stress study only	P450.05
53110	X-ray of the lumbar spine, one or two views	P387.05
53120	X-ray of the lumbar spine, more than two views	P485.03
53130	X-ray of the lumbar spine, more that two views including stress views	P817.35
53140	X-ray tomography lumbar spine	P467.59
53160	X-ray myelography of the lumbar spine	P2,602.44
53170	X-ray discography lumbar spine per level	P2,736.27
53300	CT of the lumbar spine limited study	P1,032.61
53310	CT of the lumbar spine – regional study	P1,512.34
53320	Ct of the lumbar spine complete study	P4,091.61
53330	CT of the lumbar spine pre and post contrast	P6,397.36
53340	CT myelography of the lumbar spine	P5,338.60
53350	CT myelography of the lumbar spine following myelogram	P2,550.36
53400	MR of the lumbar spine, limited study	P5,022.28
53410	MR of the lumbar spine	P6,991.73
53420	MR of the lumbar spine pre and post contrast	P11,227.99
	Sacrum	
	Code 54120 (tomography) may be combined with 54100 (sacrum) or 54110 (SI joints). Code 54300 (CT) limited study - limited to single sacral vertebral body.	
54100	X-ray of the sacrum and coccyx	P389.37
54110	X-ray of the sacro-iliac joints	P445.75
54120	X-ray tomography – sacrum and/or coccyx	P467.59
54300	CT of the sacrum – limited study	P826.18
54310	CT of the sacrum – complete study – uncontrasted	P2,783.94
54320	CT of the sacrum with contrast	P5,101.27
54330	CT of the sacrum pre and post contrast	P5,758.09
54400	MR of the sacrum	P7,065.43
54410	MR of the sacrum pre and post contrast	P10,983.38
	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. ascetabular roof or pubic ramus.	
55100	X-ray of the pelvis	P397.86
55110	X-ray tomography – pelvis	P467.59
55300	CT of the bony pelvis limited	P1,032.61
55310	CT of the bony pelvis complete uncontrasted	P2,783.94
55320	CT of the bony pelvis complete 3D recon	P4,073.30
55330	CT of the bony pelvis with contrast	P5,101.27
55340	CT of the bony pelvis – pre and post contrast	P5,758.09
55400	MR of the bony pelvis	P7,065.43
55410	MR of the bony pelvis pre and post contrast	P11,113.79
	Hips	

Radiology 2009

	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	P345.56
56110	X-ray of the right hip	P345.56
56120	X-ray pelvis and hips	P654.39
56130	X-ray tomography – hip	P467.59
56140	X-ray of the hip/s – stress study	P476.20
56150	X-ray arthrography of the hip joint including introduction contrast	P1,712.27
56160	X-ray guidance and introduction of contrast into hip joint only	P805.32
56200	Ultrasound of the hip joints	P706.36
56300	CT of hip – limited	P1,032.61
56310	CT of hip – complete	P2,975.37
56320	CT of hip – complete with 3D recon	P4,324.30
56330	CT of hip with contrast	P4,702.42
56340	CT of hip pre and post contrast	P5,204.66
56400	MR of the hip joint/s, limited study	P4,880.61
56410	MR of the hip joint/s	P6,967.90
56420	MR of the hip joint/s, pre and post contrast	P11,048.59
	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	P491.43
60110	X-ray upper limbs - any region – tomography	P467.59
60200	Ultrasound upper limb – soft tissue - any region	P802.35
60210	Ultrasound of the peripheral arterial system of the left arm including B mode, pulse and colour doppler	P1,482.44
60220	Ultrasound of the peripheral arterial system of the right arm including B mode, pulse and colour doppler	P1,482.44
60230	Ultrasound peripheral venous system upper limbs including pulse and colour doppler for deep vein thrombosis	P1,363.06
60240	Ultrasound peripheral venous system upper limbs including pulse and colour doppler	P1,876.00
60300	CT of the upper limbs limited study	P1,032.61
60310	CT angiography of the upper limb	P8,509.15
60400	MR of the upper limbs limited study, any region	P4,869.68
60410	MR angiography of the upper limb	P8,115.70
60500	Arteriogram of subclavian, upper limb arteries alone, unilateral	P4,964.35
60510	Arteriogram of subclavian, upper limb arteries alone, bilateral	P8,986.34
60520	Arteriogram of aortic arch, subclavian, upper limb, unilateral	P6,168.97
60530	Arteriogram of aortic arch, subclavian, upper limb, bilateral	P9,577.73
60540	Venography, antegrade of upper limb veins, unilateral	P2,839.44
60550	Venography, antegrade of upper limb veins, bilateral	P5,373.25
60560	Venography, retrograde of upper limb veins, unilateral	P3,370.91

Radiology 2009

60570	Venography, retrograde of upper limb veins, bilateral	P5,957.79
60580	Venography, shuntogram, dialysis access shunt	P2,585.89
	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	P330.23
61105	X-ray of the right clavicle	P330.23
61110	X-ray of the left scapula	P330.23
61115	X-ray of the right scapula	P330.23
61120	X-ray of the left acromio-clavicular joint	P341.26
61125	X-ray of the right acromio-clavicular joint	P341.26
61128	X-ray of acromio-clavicular joints plus stress studies bilateral	P834.89
61130	X-ray of the left shoulder	P378.33
61135	X-ray of the right shoulder	P378.33
61140	X-ray of the left shoulder plus subacromial impingement views	P643.58
61145	X-ray of the right shoulder plus subacromial impingement views	P643.58
61150	X-ray of the left subacromial impingement views only	P352.30
61155	X-ray of the right subacromial impingement views only	P352.30
61160	X-ray arthrography shoulder joint including introduction of contrast	P1,720.76
61170	X-ray guidance and introduction of contrast into shoulder joint only	P805.32
61200	Ultrasound of the left shoulder joint	P706.36
61210	Ultrasound of the right shoulder joint	P706.36
61300	CT of the left shoulder joint – uncontrasted	P2,647.79
61305	CT of the right shoulder joint – uncontrasted	P2,647.79
61310	CT of the left shoulder – complete with 3D recon	P4,093.82
61315	CT of the right shoulder – complete with 3D recon	P4,093.82
61320	CT of the left shoulder joint - pre and post contrast	P5,286.63
61325	CT of the right shoulder joint - pre and post contrast	P5,286.63
61400	MR of the left shoulder	P7,026.60
61405	MR of the right shoulder	P7,026.60
61410	MR of the left shoulder pre and post contrast	P10,983.38
61415	MR of the right shoulder pre and post contrast	P10,983.38
	Humerus	P0.00
62100	X-ray of the left humerus	P319.64
62105	X-ray of the right humerus	P319.64
62300	CT of the left upper arm	P2,647.79
62305	CT of the right upper arm	P2,647.79
62310	CT of the left upper arm contrasted	P4,344.94
62315	CT of the right upper arm contrasted	P4,344.94
62320	CT of the left upper arm pre and post contrast	P5,280.79
62325	CT of the right upper arm pre and post contrast	P5,280.79
62400	MR of the left upper arm	P6,978.82
62405	MR of the right upper arm	P6,978.82
62410	MR of the left upper arm pre and post contrast	P11,091.95
62415	MR of the right upper arm pre and post contrast	P11,091.95
	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	P341.26
63105	X-ray of the right elbow	P341.26
63110	X-ray of the left elbow with stress	P471.68
63115	X-ray of the right elbow with stress	P471.68

Radiology 2009

63120	X-ray arthrography elbow joint including introduction of contrast	P1,727.38
63130	X-ray guidance and introduction of contrast into elbow joint only	P805.32
63200	Ultrasound of the left elbow joint	P706.36
63205	Ultrasound of the right elbow joint	P706.36
63300	CT of the left elbow	P2,647.79
63305	CT of the right elbow	P2,647.79
63310	CT of the left elbow – complete with 3D recon	P4,093.82
63315	CT of the right elbow – complete with 3D recon	P4,093.82
63320	CT of the left elbow contrasted	P4,344.94
63325	CT of the right elbow contrasted	P4,344.94
63330	CT of the left elbow pre and post contrast	P5,286.63
63335	CT of the right elbow pre and post contrast	P5,286.63
63400	MR of the left elbow	P7,026.60
63405	MR of the right elbow	P7,026.60
63410	MR of the left elbow pre and post contrast	P10,983.38
63415	MR of the right elbow pre and post contrast	P10,983.38
	Forearm	
64100	X-ray of the left forearm	P319.64
64105	X-ray of the right forearm	P319.64
64110	X-ray peripheral bone densitometry	P213.05
64300	CT of the left forearm	P2,647.79
64305	CT of the right forearm	P2,647.79
64310	CT of the left forearm contrasted	P4,344.94
64315	CT of the right forearm contrasted	P4,344.94
64320	CT of the left forearm pre and post contrast	P5,280.79
64325	CT of the right forearm pre and post contrast	P5,280.79
64400	MR of the left forearm	P6,978.82
64405	MR of the right forearm	P6,978.82
64410	MR of the left forearm pre and post contrast	P10,657.34
64415	MR of the right forearm pre and post contrast	P10,657.34
	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	P334.86
65105	X-ray of the right hand	P334.86
65110	X-ray of the left hand – bone age	P334.86
65120	X-ray of a finger	P290.07
65130	X-ray of the left wrist	P345.56
65135	X-ray of the right wrist	P345.56
65140	X-ray of the left scaphoid	P358.69
65145	X-ray of the right scaphoid	P358.69
65150	X-ray of the left wrist, scaphoid and stress views	P821.99
65155	X-ray of the right wrist, scaphoid and stress views	P821.99
65160	X-ray arthrography wrist joint including introduction of contrast	P1,731.35
65170	X-ray guidance and introduction of contrast into wrist joint only	P805.32
65200	Ultrasound of the left wrist	P706.36
65210	Ultrasound of the right wrist	P706.36
65300	CT of the left wrist and hand	P2,647.79
65305	CT of the right wrist and hand	P2,647.79
65310	CT of the left wrist and hand - complete with 3D recon	P4,093.82
65315	CT of the right wrist and hand - complete with 3D recon	P4,093.82
65320	CT of the left wrist and hand contrasted	P4,344.94
65325	CT of the right wrist and hand contrasted	P4,344.94

Radiology 2009

65330	CT of the left wrist and hand pre and post contrast	P5,286.63
65335	CT of the right wrist and hand pre and post contrast	P5,286.63
65400	MR of the left wrist and hand	P7,026.60
65405	MR of the right wrist and hand	P7,026.60
65410	MR of the left wrist and hand pre and post contrast	P10,983.38
65415	MR of the right wrist and hand pre and post contrast	P10,983.38
	Soft Tissue	
	Lower Limbs	
	General	
	Code 70100 (stress) is a stand alone study and may not be combined with other codes. Code 70110 (tomography) may be combined with any one of the defined regional x-ray studies of the lower limb. Motivation may be required for more than one regional tomographic study per visit. Code 70200 (U/S) may only be billed once per visit. Code 70300 ((CT) limited study – limited to a small region of interest eg part of condyle of the knee. Codes 70310 and 70320 (CT angiography) may not be combined. Code 70400 (MR limited) may only be used once per visit. Code 70410 and 70420 (MR angiography) may not be combined.	
70100	X-ray lower limbs - any region- stress studies only	P491.43
70110	X-ray lower limbs - any region-tomography	P467.59
70120	X-ray of the lower limbs full length study	P702.05
70200	Ultrasound lower limb – soft tissue - any region	P802.35
70210	Ultrasound of the peripheral arterial system of the left leg including B mode, pulse and colour Doppler	P1,482.44
70220	Ultrasound of the peripheral arterial system of the right leg including B mode, pulse and colour Doppler	P1,482.44
70230	Ultrasound peripheral venous system lower limbs including pulse and colour doppler for deep vein thrombosis	P1,482.44
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	P2,137.16
70300	CT of the lower limbs limited study	P1,032.61
70310	CT angiography of the lower limb	P8,634.49
70320	CT angiography abdominal aorta and outflow lower limbs	P10,689.78
70400	MR of the lower limbs limited study	P5,044.01
70410	MR angiography of the lower limb	P8,333.28
70420	MR angiography of the abdominal aorta and lower limbs	P12,920.62
70500	Angiography of pelvic and lower limb arteries unilateral	P4,412.13
70505	Angiography of pelvic and lower limb arteries bilateral	P8,252.95
70510	Angiography of abdominal aorta, pelvic and lower limb vessels	P6,655.87
70515	Angiography of abdominal aorta, pelvic and lower limb vessels bilateral	P9,311.60
70520	Angiography translumbar aorta with full peripheral study	P4,965.56
70530	Venography, antegrade of lower limb veins, unilateral	P2,767.50
70535	Venography, antegrade of lower limb veins, bilateral	P5,373.25
70540	Venography, retrograde of lower limb veins, unilateral	P3,388.12
70545	Venography, retrograde of lower limb veins, bilateral	P6,173.28
70560	Lymphangiography, lower limb, unilateral	P5,548.24
70565	Lymphangiography, lower limb, bilateral	P9,127.79
	Femur	
71100	X-ray of the left femur	P319.64
71105	X-ray of the right femur	P319.64
71300	CT of the left femur	P2,665.22
71305	CT of the right femur	P2,665.22
71310	CT of the left upper leg contrasted	P4,547.07
71315	CT of the right upper leg contrasted	P4,547.07
71320	CT of the left upper leg pre and post contrast	P5,403.92
71325	CT of the right upper leg pre and post contrast	P5,403.92
71400	MR of the left upper leg	P7,043.92
71405	MR of the right upper leg	P7,043.92

Radiology 2009

71410	MR of the left upper leg pre and post contrast	P11,091.95
71415	MR of the right upper leg pre and post contrast	P11,091.95
	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	P300.99
72105	X-ray of the right knee one or two views	P300.99
72110	X-ray of the left knee, more than two views	P361.01
72115	X-ray of the right knee, more than two views	P361.01
72120	X-ray of the left knee including patella	P502.13
72125	X-ray of the right knee including patella	P502.13
72130	X-ray of the left knee with stress views	P632.87
72135	X-ray of the right knee with stress views	P632.87
72140	X-ray of left patella	P300.99
72145	X-ray of right patella	P300.99
72150	X-ray both knees standing – single view	P304.41
72160	X-ray arthrography knee joint including introduction of contrast	P1,718.56
72170	X-ray guidance and introduction of contrast into knee joint only	P805.32
72200	Ultrasound of the left knee joint	P706.36
72205	Ultrasound of the right knee joint	P706.36
72300	CT of the left knee	P2,665.22
72305	CT of the right knee	P2,665.22
72310	CT of the left knee complete study with 3D reconstructions	P3,905.92
72315	CT of the right knee complete study with 3D reconstructions	P3,905.92
72320	CT of the left knee contrasted	P4,547.07
72325	CT of the right knee contrasted	P4,547.07
72330	CT of the left knee pre and post contrast	P5,409.44
72335	CT of the right knee pre and post contrast	P5,409.44
72400	MR of the left knee	P6,967.90
72405	MR of the right knee	P6,967.90
72410	MR of the left knee pre and post contrast	P10,961.75
72415	MR of the right knee pre and post contrast	P10,961.75
	Lower Leg	P0.00
73100	X-ray of the left lower leg	P319.64
73105	X-ray of the right lower leg	P319.64
73300	CT of the left lower leg	P2,665.22
73305	CT of the right lower leg	P2,665.22
73310	CT of the left lower leg contrasted	P4,547.07
73315	CT of the right lower leg contrasted	P4,547.07
73320	CT of the left lower leg pre and post contrast	P5,403.92
73325	CT of the right lower leg pre and post contrast	P5,403.92
73400	MR of the left lower leg	P6,978.82
73405	MR of the right lower leg	P6,978.82
73410	MR of the left lower leg pre and post contrast	P11,091.95
73415	MR of the right lower leg pre and post contrast	P11,091.95
	Ankle and Foot	

Radiology 2009

	Code 74115 (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	P361.01
74105	X-ray of the right ankle	P361.01
74110	X-ray of the left ankle with stress views	P491.43
74115	X-ray of the right ankle with stress views	P491.43
74120	X-ray of the left foot	P304.41
74125	X-ray of the right foot	P304.41
74130	X-ray of the left calcaneus	P298.01
74135	X-ray of the right calcaneus	P298.01
74140	X-ray of both feet – standing – single view	P304.41
74145	X-ray of a toe	P290.07
74150	X-ray of the sesamoid bones one or both sides	P304.41
74160	X-ray arthrography ankle joint including introduction of contrast	P1,729.70
74170	X-ray guidance and introduction of contrast into ankle joint	P805.32
74210	Ultrasound of the left ankle	P706.36
74215	Ultrasound of the right ankle	P706.36
74220	Ultrasound of the left foot	P706.36
74225	Ultrasound of the right foot	P706.36
74290	Ultrasound bone densitometry	P221.88
74300	CT of the left ankle/foot	P2,665.22
74305	CT of the right ankle/foot	P2,665.22
74310	CT of the left ankle/foot – complete with 3D recon	P4,110.04
74315	CT of the right ankle/foot – complete with 3D recon	P4,110.04
74320	CT of the left ankle/foot contrasted	P4,547.07
74325	CT of the right ankle/foot contrasted	P4,547.07
74330	CT of the left ankle/foot pre and post contrast	P5,403.92
74335	CT of the right ankle/foot pre and post contrast	P5,403.92
74400	MR of the left ankle	P6,967.90
74405	MR of the right ankle	P6,967.90
74410	MR of the left ankle pre and post contrast	P10,940.02
74415	MR of the right ankle pre and post contrast	P10,940.02
74420	MR of the left foot	P6,978.82
74425	MR of the right foot	P6,978.82
74430	MR of the left foot pre and post contrast	P11,091.95
74435	MR of the right foot pre and post contrast	P11,091.95
	Intervention	P0.00
	General	
	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.	

Radiology 2009

80600	Percutaneous abscess, cyst drainage, any region	P1,018.49
80605	Fine needle aspiration biopsy, any region	P458.77
80610	Cutting needle, trochar biopsy, any region	P691.13
80620	Tumour/cyst ablation chemical	P2,757.79
80630	Tumour ablation radio frequency, per lesion	P2,305.64
80640	Insertion of CVP line in radiology suite	P977.34
80645	Peripheral central venous line insertion	P1,317.49
80650	Infiltration of a peripheral joint, any region	P695.76
	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	P0.00
81600	Intracranial aneurysm occlusion, direct	P23,319.01
81605	Intracranial arteriovenous shunt occlusion	P27,699.69
81610	Dural sinus arteriovenous shunt occlusion	P28,733.30
81615	Extracranial arteriovenous shunt occlusion	P17,096.63
81620	Extracranial arterial embolisation (head and neck)	P17,731.49
81625	Carotidocavernous fistula occlusion	P20,902.37
81630	Intracranial angioplasty for stenosis, vasospasm	P13,796.44
81632	Intracranial stent placement (including PTA)	P14,535.68
81635	Temporary balloon occlusion test	P9,068.10
	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	P19,368.51
81645	Intracranial aneurysm occlusion with balloon remodelling	P23,517.94
81650	Intracranial aneurysm occlusion with stent assistance	P25,050.47
81655	Intracranial thrombolysis, catheter directed	P6,406.96
	Code 81655 may be combined with any of the other neuro interventional codes 81600 to 81650	
81660	Nerve block, head and neck, per level	P832.47
81665	Neurolysis, head and neck, per level	P2,189.35
81670	Nerve block, head and neck, radio frequency, per level	P2,069.53
81680	Nerve block, coeliac plexus or other regions, per level	P1,008.89
	Thorax	
82600	Chest drain insertion	P958.58
82605	Trachial, bronchial stent insertion	P3,300.52
	Gastrointestinal	P0.00
83600	Oesophageal stent insertion	P3,393.53
83605	GIT balloon dilation	P2,647.79
83610	GIT stent insertion (non-oesophageal)	P3,480.80
83615	Percutaneous gastrostomy, jejunostomy	P2,756.68
	Hepatobiliary	
84600	Percutaneous biliary drainage, external	P3,693.97
84605	Percutaneous external/internal biliary drainage	P4,044.94
84610	Permanent biliary stent insertion	P5,567.65
84615	Drainage tube replacement	P2,198.18
84620	Percutaneous bile duct stone or foreign object removal	P5,432.94
84625	Percutaneous gall bladder drainage	P3,215.45
84630	Percutaneous gallstone removal, including drainage	P7,527.84
84635	Transjugular liver biopsy	P2,710.34
84640	Transjugular intrahepatic Portosystemic shunt	P12,986.49
84645	Transhepatic Portogram including venous sampling, pressure studies	P8,901.83
84650	Transhepatic Portogram with embolisation of varices	P10,958.44
84655	Percutaneous hepatic tumour ablation	P1,704.43
84660	Percutaneous hepatic abscess, cyst drainage	P1,434.78
84665	Hepatic chemoembolisation	P6,461.25
84670	Hepatic arterial infusion catheter placement	P6,554.81
	Urogenital	
85600	Percutaneous nephrostomy, external drainage	P3,258.04
85605	Percutaneous double J stent insertion including access	P4,437.29

Radiology 2009

85610	Percutaneous renal stone, foreign body removal including access	P7,260.39
85615	Percutaneous nephrostomy tract establishment	P3,181.80
85620	Change of nephrostomy tube	P1,728.27
85625	Percutaneous cystostomy	P1,795.68
85630	Urethral balloon dilatation	P1,548.20
85635	Urethral stent insertion	P3,393.53
85640	Renal cyst ablation	P1,295.98
85645	Renal abscess, cyst drainage	P1,647.94
85655	Fallopian tube recanalisation	P4,897.82
	Spinal	
86600	Spinal vascular malformation embolisation	P29,910.67
86605	Vertebroplasty per level	P2,423.92
86610	Facet joint block per level, uni- or bilateral	P1,037.14
	Code 86610 may only be billed once per level, and not per left and right side per level	P0.00
86615	Spinal nerve block per level, uni- or bilateral	P886.86
86620	Epidural block	P1,024.12
86625	Chemonucleolysis, including discogram	P1,991.52
86630	Spinal nerve ablation per level	P1,261.11
	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	P6,148.34
87601	Percutaneous transluminal angioplasty: iliac	P6,061.40
87602	Percutaneous transluminal angioplasty: femoropopliteal	P6,539.47
87603	Percutaneous transluminal angioplasty: subpopliteal	P7,972.26
87604	Percutaneous transluminal angioplasty: brachiocephalic	P7,296.03
87605	Percutaneous transluminal angioplasty: subclavian, axillary	P6,539.47
87606	Percutaneous transluminal angioplasty: extracranial carotid	P7,785.47
87607	Percutaneous transluminal angioplasty: extracranial vertebral	P7,968.18
87608	Percutaneous transluminal angioplasty: renal	P9,532.27
87609	Percutaneous transluminal angioplasty: coeliac, mesenteric	P9,532.27
87620	Aorta stent-graft placement	P13,126.06
87621	Stent insertion (including PTA): aorta, IVC	P8,029.97
87622	Stent insertion (including PTA): iliac	P8,302.05
87623	Stent insertion (including PTA): femoropopliteal	P8,475.72
87624	Stent insertion (including PTA): subpopliteal	P9,191.01
87625	Stent insertion (including PTA): brachiocephalic	P10,703.79
87626	Stent insertion (including PTA): subclavian, axillary	P9,423.48
87627	Stent insertion (including PTA): extracranial carotid	P11,630.04
87628	Stent insertion (including PTA): extracranial vertebral	P10,929.87
87629	Stent insertion (including PTA): renal	P10,716.92
87630	Stent insertion (including PTA): coeliac, mesenteric	P10,716.92
87631	Stent-graft placement: iliac	P8,302.05
87632	Stent-graft placement: femoropopliteal	P8,475.72
87633	Stent-graft placement: brachiocephalic	P10,703.79
87634	Stent-graft placement: subclavian, axillary	P8,997.26
87635	Stent-graft placement: extracranial carotid	P13,090.97
87636	Stent-graft placement: extracranial vertebral	P12,471.67
87637	Stent-graft placement: renal	P10,716.92
87638	Stent-graft placement: coeliac, mesenteric	P10,716.92
87650	Thrombolysis in angiography suite, per 24 hours	P4,980.68
	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.	

Radiology 2009

87651	Aspiration, rheolytic thrombectomy	P8,442.84
87652	Atherectomy, per vessel	P9,988.72
87653	Percutaneous tunnelled / subcutaneous arterial or venous central or other line insertion	P3,059.99
87654	Thrombolysis follow-up	P2,561.95
87655	Percutaneous sclerotherapy, vascular malformation	P2,293.61
87660	Embolisation, mesenteric	P10,916.85
87661	Embolisation, renal	P10,800.78
87662	Embolisation, bronchial, intercostal	P11,776.68
87663	Embolisation, pulmonary arteriovenous shunt	P11,220.15
87664	Embolisation, abdominal, other vessels	P11,026.96
87665	Embolisation, thoracic, other vessels	P10,609.46
87666	Embolisation, upper limb	P9,883.35
87667	Embolisation, lower limb	P10,015.75
87668	Embolisation, pelvis, non-uterine	P12,731.28
87669	Embolisation, uterus	P12,378.99
87670	Embolisation, spermatic, ovaria veins	P9,328.93
87680	Inferior vena cava filter placement	P6,722.41
87681	Intravascular foreign body removal	P9,243.09
87682	Revision of access port (tunnelled or implantable)	P1,534.85
87683	Removal of access port (tunnelled or implantable)	P1,208.59
87690	Superior petrosal venous sampling	P7,936.63
87691	Pancreatic stimulation test	P9,760.22
87692	Transportal venous sampling	P8,364.50
87693	Adrenal venous sampling	P5,979.86
87694	Parathyroid venous sampling	P9,420.17
87695	Renal venous sampling	P5,979.86

2026 - 2027
P711.05
P1,181.58
P1,236.92
P215.84
P597.48
P256.77
P601.97
P0.00
P275.22
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P488.64

P271.18
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P488.64
P478.26
P488.64
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P745.52
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Radiology 2009

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Radiology 2009

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Radiology 2009

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