

Radiology 2009

BPOMAS RADIOLOGY TARIFFS		2020_21
	General Codes	
00110	X-ray skeletal survey under five years	544.00
00115	X-ray skeletal survey over five years	904.10
00120	X-ray sinogram any region	946.40
00130	X-ray with mobile unit in other facility	165.10
00135	X-ray control view in theatre any region	457.20
00140	X-ray fluoroscopy any region	196.40
	May only be added to the examination when fluoroscopy is not included in the standard procedure code. May not be added to: <ul style="list-style-type: none"> • any angiography, venography, lymphangiography or interventional codes. • any contrasted fluoroscopy examination. 	
00145	X-ray fluoroscopy guidance for biopsy, any region	460.50
	Add to the procedure eg. 80600, 80605, 80610.	
00150	X-ray C-Arm (equipment fee only, not procedure) per half hour	210.50
	Only to be used if equipment is owned by the radiologist.	
00155	X-ray C-arm fluoroscopy in theatre per half hour (procedure only)	200.00
00160	X-ray fixed theatre installation (equipment fee only)	196.40
	Only to be used if equipment is owned by the radiologist.	
	Identification code for the use of contrast with a procedure. Appropriate codes to be supplied.	
00210	Ultrasound with mobile unit in other facility	160.00
	Add to the relevant ultrasound examination codes eg 10200.	
00220	Ultrasound intra-operative study	636.40
	Covers all regions studied. Single code per operative procedure.	
00230	Ultrasound guidance	1051.60
	Comprehensive ultrasound code including regional study and guidance. Guided procedure code to be added eg. 80600, 80605, 80610.	
00240	Ultrasound guidance for tissue ablation	976.70
	Comprehensive ultrasound code including regional study and guidance. Radiologist assistance (01030) may be added if procedure is performed by a non-radiologist. Guided procedure code to be added if performed by a radiologist. 80620 or 80630.	
00250	Ultrasound limited Doppler study any region	565.00
00310	CT planning study for radiotherapy	1857.40
00320	CT guidance (separate procedure)	1470.60
	Comprehensive CT code including regional study and guidance. Guided procedure code to be added eg 80600, 80605, and 80610.	

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00330	CT guidance, with diagnostic procedure	735.20
	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	1838.30
	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	6119.00
00420	MR Spectroscopy any region	2512.00
00430	MR guidance for needle replacement	3699.30
	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	1043.00
00450	MR planning study for radiotherapy or surgical procedure	3303.00
00455	MR planning study for radiotherapy or surgical procedure, with contrast	4085.20
	Identification code for the use of contrast with a procedure. Appropriate codes to be supplied.	
00510	Analogue monoplane screening table	3564.50
	A machine code may be added once per complete procedure / patient visit.	
00520	Analogue monoplane table with DSA attachment	4128.50
	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.	4,128.50
	A machine code may be added once per complete procedure / patient visit.	
00540	Digital monoplane screening table	6,946.60
	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.	8,086.00
00560	Dedicated angiography suite: Digital bi-plane unit. Once off charge per patient by owner of equipment.	10,864.90
	A machine code may be added once per complete procedure / patient visit.	
00590	Angiography and interventional examination contrast material	7,314.50
	Identification code for the use of contrast with a procedure. Appropriate codes to be supplied.	
01010	Emergency call out fee, first case	260.90
01020	Emergency call out fee, subsequent cases same trip	173.90
01050	Written report on study done elsewhere -short	126.00

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01055	Written report on study done elsewhere - extensive	354.39
	Head	
	Skull and Brain	
10100	X-ray of the skull	335.40
10110	X-ray tomography of the skull	373.90
10120	X-ray shuntogram for VP shunt	1,335.20
10200	Ultrasound of the brain – Neonatal	641.40
10210	Ultrasound of the brain including doppler	1,148.90
10220	Ultrasound of the intracranial vasculature, including B mode, pulse and colour doppler	1,307.30
10300	CT Brain uncontrasted	1,968.60
10310	CT Brain with contrast only	2,892.50
10320	CT Brain pre and post contrast	3,518.50
10325	CT brain pre and post contrast for perfusion studies	4,267.70
	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	6,743.00
10335	CT of the brain pre and post contrast with angiography	8,510.00
10340	CT brain for cranio-stenosis including 3D	2,969.10
10350	CT Brain stereotactic localisation	1,682.80
10360	CT base of skull coronal high resolution study for CSF leak	3,033.60
10400	MR of the brain, limited study	3,786.20
10410	MR of the brain uncontrasted	5,545.30
10420	MR of the brain with contrast	6,600.40
10430	MR of the brain pre and post contrast	9,043.00
10440	MR of the brain pre and post contrast, for perfusion studies	9,338.60
10450	MR of the brain plus angiography	8,013.90
10460	MR of the brain pre and post contrast plus angiography	10,537.20
10470	MR angiography of the brain uncontrasted	5,084.90
10480	MR angiography of the brain contrasted	6,433.80
10485	MR of the brain, with diffusion studies	6,866.40
10490	MR of the brain, pre and post contrast, with diffusion studies,	9,616.60
10492	MR study of the brain plus angiography plus diffusion, uncontrasted	8,257.40
10495	MR of the brain pre and post contrast plus angiography and diffusion	10,903.10
10500	Arteriography of intracranial vessels: 1 - 2 vessels	4,224.40
10510	Arteriography of intracranial vessels: 3 - 4 vessels	7,156.00
10520	Arteriography of extra-cranial (non-cervical) vessels	4,210.40
10530	Arteriography of intracranial and extra-cranial (non-cervical) vessels	10,264.40
10540	Arteriography of intracranial vessels (4) plus 3 D rotational angiography	8,480.70
10550	Arteriography of intracranial vessels (1) plus 3D rotational angiography	3,241.20
10560	Venography of dural sinuses	4,539.70
	Facial bones and nasal bones	

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	Codes 11100 (facial bones) and 11110 (tomography) may be combined	
11100	X-ray of the facial bones	341.70
11110	X-ray tomography of the facial bones	373.90
11120	X-ray of the nasal bones	207.50
11300	CT of the facial bones	1,821.90
11310	CT of the facial bones with 3D reconstructions	2,642.20
11320	CT of the facial bones/soft tissue, pre and post contrast	3,586.40
11400	MR of the facial soft tissue	5,423.90
11410	MR of the facial soft tissue pre and post contrast	8,744.00
11420	MR of the facial soft tissue plus angiography, with contrast	9,587.00
11430	MR angiography of the facial soft tissue	6,433.80
	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	309.70
12110	X-ray of the orbits, three or more views, including foramina	460.50
12120	X-ray of the orbits for foreign body	309.70
12130	X-ray tomography of the orbits	373.90
12140	X-ray dacrocystography	973.60
12200	Ultrasound of the orbit/eye	445.90
12210	Ultrasound of the orbit/eye including doppler	953.70
12300	CT of the orbits single plane	1,364.60
12310	CT of the orbits, more than one plane	1,789.60
12320	CT of the orbits pre and post contrast single plane	3,131.90
12330	CT of the orbits pre and post contrast multiple planes	3,450.80
12400	MR of the orbits	5,428.90
12410	MR of the orbitae, pre and post contrast	8,747.60
	Paranasal sinuses	
	Code 13120 (tomography) may be added to 13100, 13110 (paranasal sinuses), 13130 (nasopharyngeal).	
13100	X-ray of the paranasal sinuses, single view	238.00
13110	X-ray of the paranasal sinuses, two or more views	318.10
13120	X-ray tomography of the paranasal sinuses	373.90
13130	X-ray of the naso-pharyngeal soft tissue	238.00
13300	CT of the paranasal sinuses single plane, limited study	625.80
13310	CT of the paranasal sinuses, two planes, limited study	1,077.90
13320	CT of the paranasal sinuses, any plane, complete study	1,340.30
13330	CT of the paranasal sinuses, more than one plane, complete study	1,805.40
13340	CT of the paranasal sinuses, any plane, complete study: pre and post contrast	3,019.50
13350	CT of the paranasal sinuses, more than one plane, complete study; pre and post contrast	3,564.50
13400	MR of the paranasal sinuses	5,238.50
13410	MR of the paranasal sinuses, pre and post contrast	8,395.50
	Mandible, teeth and maxilla	

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	<p>Code 14110 (orthopantomogram) may be combined with 14100 (mandible) if two separate studies are performed.</p> <p>Code 14110 (orthopantomogram) may be combined with 15100 and / or 15110 (TM joint) if complete separate studies are performed.</p> <p>Code 14160 (tomography) may be combined with 14130 or 14140 or 14150 (teeth).</p> <p>Code 14160 (tomography) may be combined with 15100 and / or 15110 (TM joint) if complete separate studies are performed.</p> <p>Code 14330 and 14340 (Dental implants) may be combined if mandible and maxilla are examined at the same visit.</p>	
14100	X-ray of the mandible	318.10
14110	X-ray orthopantomogram of the jaws and teeth	353.00
14120	X-ray maxillofacial cephalometry	240.70
14130	X-ray of the teeth single quadrant	173.90
14140	X-ray of the teeth more than one quadrant	219.70
14150	X-ray of the teeth full mouth	314.80
14160	X-ray tomography of the teeth per side	280.70
14300	CT of the mandible	1,936.60
14310	CT of the mandible, pre and post contrast	3,586.40
14320	CT mandible with 3D reconstructions	2,642.20
14330	CT for dental implants in the mandible	2,386.00
14340	CT for dental implants in the maxilla	2,386.00
14400	MR of the mandible/maxilla	5,545.30
14410	MR of the mandible/maxilla, pre and post contrast	8,573.60
	TM Joints	
	<p>Code 15100 (TM joint) and 15120 (tomography) may be combined.</p> <p>Code 15110 (TM joint) and 15130 (tomography) may be combined.</p> <p>Code 15140 (arthrography) and 15120 (tomography) may be combined.</p> <p>Code 15150 (arthrography) and 15130 (tomography) may be combined.</p> <p>Codes 15320 (CT arthrogram) and 15420 (MR arthrogram) include introduction of contrast (00140 may not be added).</p>	
15100	X-ray temporo-mandibular joint, left	309.70
15110	X-ray temporo-mandibular joint, right	309.70
15120	X-ray tomography temporo-mandibular joint, left	373.90
15130	X-ray tomography temporo-mandibular joint, right	373.90
15140	X-ray arthrography of the temporo-mandibular joint, left	1,339.40
15150	X-ray arthrography of the temporo-mandibular joint, right	1,339.40
15200	Ultrasound temporo-mandibular joints, one or both sides	570.30
15300	CT of the temporo-mandibular joints	2,206.10
15310	CT of the temporo-mandibular joints plus 3D reconstructions	2,998.60
15320	CT arthrogram of the temporo-mandibular joints	3,125.60

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15400	MR of the temporo-mandibular joints	5,545.30
15410	MR of the temporo-mandibular joints, pre and post contrast	8,765.00
15420	MR arthrogram of the temporo-mandibular joints	6,493.70
	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	312.10
16110	X-ray of the mastoids, bilateral	624.00
16120	X-ray tomography of the petro-temporal bone, unilateral	373.90
16130	X-ray tomography of the petro-temporal bone, bilateral	747.30
16140	X-ray internal auditory canal, bilateral	454.60
16150	X-ray tomography of the internal auditory canal, bilateral	373.90
16300	CT of the mastoids	1,095.30
16310	CT of the internal auditory canal	1,866.20
16320	CT of the internal auditory canal, pre and post contrast	2,972.60
16330	CT of the ear structures, limited study	1,164.60
16340	CT of the middle and inner ear structures, high definition including all reconstructions in various planes	3,767.80
16400	MR of the internal auditory canals, limited study	3,786.20
16410	MR of the internal auditory canals, pre and post contrast, limited study	5,991.30
16420	MR of the internal auditory canals, pre and post contrast, complete study	8,921.30
16430	MR of the ear structures	5,597.60
16440	MR of the ear structures, pre and post contrast	8,921.30
	Sella turcica	
	Code 17100 (sella) and 17110 (tomography) may be combined.	
17100	X-ray of the sella turcica	267.60
17110	X-ray tomography of the sella turcica	373.90
17300	CT of the sella turcica/hypophysis	1,516.70
17310	CT of the sella turcica/hypophysis, pre and post contrast	3,673.10
17400	MR of the hypophysis	3,786.20
17410	MR of the hypophysis, pre and post contrast	6,434.60
	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	246.90
18110	X-ray of the salivary ducts, open mouth for calculus	165.10
18120	X-ray sialography, per gland	1,223.80

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18200	Ultrasound of the salivary glands/floor of the mouth	570.30
18300	CT of the salivary glands, uncontrasted	1,095.30
18310	CT of the salivary glands/floor of the mouth, pre and post contrast	3,659.60
18320	CT sialography	2,284.30
18400	MR of the salivary glands/floor of the mouth	5,493.10
18410	MR of the salivary glands/floor of the mouth, pre and post contrast	8,765.00
	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	238.00
20110	X-ray of the larynx including tomography	816.30
20120	X-ray laryngography	720.00
20130	X-ray evaluation of pharyngeal movement and speech by screening and / or cine with or without video recording	721.50
20200	Ultrasound of the thyroid	570.30
20210	Ultrasound of soft tissue of the neck	570.30
20220	Ultrasound of the carotid arteries, bilateral including B mode, pulsed and colour doppler	1,304.00
20230	Ultrasound of the entire extracranial vascular tree including carotids, vertebral and subclavian vessels with B mode, pulse and colour doppler	1,898.30
20240	Ultrasound study of the venous system of the neck including pulse and colour Doppler	938.90
20300	CT of the soft tissues of the neck	1,586.40
20310	CT of the soft tissues of the neck, with contrast	3,315.90
20320	CT of the soft tissues of the neck, pre and post contrast	3,807.80
20330	CT angiography of the extracranial vessels in the neck	6,898.00
20340	CT angiography of the extracranial vessels in the neck and intracranial vessels of the brain	9,343.60
20350	CT angiography of the extracranial vessels in the neck and intracranial vessels of the brain plus a pre and post contrast study of the brain	10,815.20
20400	Mr of the soft tissue of the neck	5,527.90
20410	MR of the soft tissue of the neck, pre and post contrast	8,869.10
20420	MR of the soft tissue of the neck and uncontrasted angiography	8,048.60
20430	MR angiography of the extracranial vessels in the neck, without contrast	5,180.30
20440	MR angiography of the extracranial vessels in the neck, with contrast	6,433.80

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20450	MR angiography of the extra and intracranial vessels with contrast	10,086.70
20460	MR angiography of the intra and extra cranial vessels plus brain, without contrast	11,748.80
20470	MR angiography of the intra and extra cranial vessels plus brain, with contrast	13,563.80
20500	Arteriography of cervical vessels: carotid 1 - 2 vessels	3,861.70
20510	Arteriography of cervical vessels: vertebral 1 - 2 vessels	4,409.50
20520	Arteriography of cervical vessels: carotid and vertebral	6,747.70
20530	Arteriography of aortic arch and cervical vessels	7,994.00
20540	Arteriography of aortic arch, cervical and intracranial vessels	9,462.90
20550	Venography of jugular and vertebral veins	4,254.60
	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	264.00
30110	X-ray of the chest two views, PA and lateral	333.80
30120	X-ray of the chest complete with additional views	368.50
30130	X-ray of the chest complete including fluoroscopy	389.30
30140	X-ray tomography of the chest	373.90
30150	X-ray of the ribs	416.20
30155	X-ray of the chest and ribs	558.10
30160	X-ray of the thoracic inlet	222.60
30170	X-ray of the sterno-clavicular joints	366.20
30175	X-ray tomography of the sterno-clavicular joint	373.90
30180	X-ray of the sternum	366.20
30185	X-ray tomography of the sternum	373.90
30200	Ultrasound of the chest wall, any region	570.30
30210	Ultrasound of the pleural space	570.30
30220	Ultrasound of the mediastinal structures	570.30
30300	CT of the chest, limited study	825.60

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30310	CT of the chest uncontrasted	2,311.90
30320	CT of the chest contrasted	3,688.00
30330	CT of the chest, pre and post contrast	3,972.20
30340	CT of the chest, limited high resolution study	973.60
30350	CT of the chest, complete high resolution study	2,086.90
30355	CT of the chest, complete high resolution study with additional prone and expiratory studies	2,894.60
30360	CT of the chest for pulmonary embolism	4,964.80
30370	CT of the chest for pulmonary embolism with CT venography of abdomen, pelvis and lower limbs	6,978.00
30400	MR of the chest	5,527.90
30410	MR of the chest with uncontrasted angiography	8,048.60
30420	MR of the chest, pre and post contrast	8,869.10
	Oesophagus	
	Codes 31100, 31110, 31120 (swallow) include fluoroscopy (00140 may not be added).	
31100	X-ray barium swallow	573.70
31105	Xray 3 phase dynamic contrasted swallow	1,095.30
31110	X-ray barium swallow, double contrast	688.30
31120	X-ray barium swallow with cinematography	875.30
	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	365.00
32210	Ultrasound intravascular (IVUS) first vessel	733.60
32220	Ultrasound intravascular (IVUS) subsequent vessels	460.50
32300	CT angiography of the aorta and branches	6,873.60
32305	CT angiography of the thoracic and abdominal aorta and branches	9,170.10
32310	CT angiography of the pulmonary vasculature	6,873.60
32400	MR angiography of the aorta and branches	6,823.10
32410	MR angiography of the pulmonary vasculature	9,150.00
32500	Arteriography of thoracic aorta	2,456.20
32510	Arteriography of bronchial intercostal vessels alone	4,359.00
32520	Arteriography of thoracic aorta, bronchial and intercostal vessels	5,860.80
32530	Arteriography of pulmonary vessels	5,499.20
32540	Arteriography of heart chambers, coronary arteries	3,847.80
32550	Venography of thoracic vena cava	2,467.00
32560	Venography of vena cava, azygos system	4,894.50
32570	Venography patency of A-port or other central line	1,707.00
	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	1,068.90

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	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	712.90
33210	Ultrasound study of the heart trans-oesophageal	914.40
33220	Ultrasound intravascular imaging to guide placement of intracoronary stent once per vessel	451.90
33300	CT anatomical/functional study of the heart	3,008.40
33310	CT angiography of heart vessels	7,064.80
33400	MR of the heart, anatomical study	5,406.30
33410	MR of the heart, anatomical and functional study	5,997.70
33420	MR of the heart, pre and post contrast	8,956.30
33430	MR angiography of the heart vessels	6,145.80
33440	MR of the heart, anatomical, functional and coronary angiography	9,286.30
	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	907.40
34101	X-Ray mammography unilateral, including ultrasound	725.90
	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	816.90
	Once off fee per visit. May be added to 34100	
34110	X-ray mammography study for localisation	629.20
34120	X-ray stereotactic mammography – localisation	904.10
34130	X-ray stereotactic mammography – biopsy	1,008.40
34140	X-ray of biopsy specimen of the mamma	238.00
34150	X-ray Mammotome hand held biopsy apparatus	851.80
34200	Ultrasound study of the breast	686.50
34205	Ultrasound guided aspiration FNA/localisation of the breast	1,051.60
34300	Computer assisted diagnosis for mammography	121.40
34400	MR study of the breast	5,441.20
34410	MR study of the breast pre and post contrast	8,765.00
	Soft Tissue	
	Abdomen and Pelvis	
	Abdomen/stomach/bowel	

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	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	288.60
40105	X-ray of the abdomen supine and erect, or decubitus	466.10
40110	X-ray of the abdomen multiple views including chest	704.00
40120	X-ray tomography of the abdomen	373.90
40140	X-ray barium meal single contrast	771.30
40143	X-ray barium meal double contrast	1,042.30
40147	X-ray barium meal double contrast with follow through	1,373.30
40150	X-ray small bowel enteroclysis (meal)	2,212.10
	Code 40150 excludes duodenal intubation and 40175 (Duodenal intubation) may be added.	
40153	X-ray small bowel meal follow through single contrast	1,699.30
40157	X-ray small bowel meal with pneumocolon	2,227.80
40160	X-ray large bowel enema single contrast	1,127.60
40165	X-ray large bowel enema double contrast	1,706.10
40170	X-ray guided gastro oesophageal intubation	139.20
40175	X-ray guided duodenal intubation	243.50
40180	X-ray defaecogram	1,127.60
40190	X-ray guided reduction of intussusception	1,414.10
40200	Ultrasound study of the abdominal wall	481.40
40210	Ultrasound study of the whole abdomen including the pelvis	716.40
40300	CT study of the abdomen	2,295.40
40310	CT study of the abdomen with contrast	3,895.80
40313	CT study of the abdomen pre and post contrast	4,606.00
40320	CT of the pelvis	2,271.20
40323	CT of the pelvis with contrast	4,126.90
40327	CT of the pelvis pre and post contrast	4,682.40
40330	CT of the abdomen and pelvis	3,346.40
40333	CT of the abdomen and pelvis with contrast	5,403.80
40337	CT of the abdomen and pelvis pre and post contrast	5,860.80
40340	CT triphasic study of the liver, abdomen and pelvis pre and post contrast	6,441.70
40345	CT of the chest, abdomen and pelvis without contrast	6,094.60
40350	CT of the chest, abdomen and pelvis with contrast	7,679.30
40355	CT of the chest triphasic of the liver, abdomen and pelvis with contrast	8,087.70
40360	CT of the base of skull to symphysis pubis with contrast	8,929.20
40365	CT colonoscopy	3,023.20
40400	MR of the abdomen	5,613.10
40410	MR of the abdomen pre and post contrast	8,765.00
40420	MR of the pelvis, soft tissue	5,613.10

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40430	MR of the pelvis, soft tissue, pre and post contrast	8,869.10
	Code 41110, 41120 and 41130 (cholangiography) include fluoroscopy (00140 may not be added).	
41100	X-ray ERCP including screening	1,642.70
41105	X-ray ERCP reporting on images done in theatre	208.70
41110	X-ray cholangiography intra-operative	734.60
41120	X-ray T-tube cholangiography post operative	1,221.30
41130	X-ray transhepatic percutaneous cholangiography	2,811.00
41200	Ultrasound study of the upper abdomen	608.50
	Ultrasound doppler of the hepatic and splenic veins and inferior vena cava in assessment of portal venous hypertension or thrombosis	
41210		851.80
	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	4,771.80
41400	MR study of the liver/pancreas	5,630.70
41410	MR study of the liver/pancreas pre and post contrast	8,765.00
41420	MRCP	4,276.40
41430	MR study of the abdomen with MRCP	8,081.80
41440	MR study of the abdomen pre and post contrast with MRCP	11,612.30
	Renal tract	
42100	X-ray tomography of the renal tract	373.90
	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	2,160.70
	X-ray excretory urogram including tomography with micturating study	
42115		2,856.10
42120	X-ray cystography	1,308.10
42130	X-ray urethrography	1,335.80
42140	X-ray micturating cysto-urethrography	1,677.50
42150	X-ray retrograde/prograde pyelography	1,089.00
	X-ray retrograde/prograde pyelography reporting on images done in theatre	
42155		209.50
42160	X-ray prograde pyelogram – percutaneous	2,839.60
42200	Ultrasound study of the renal tract including bladder	644.90
	Ultrasound doppler for resistive index in vessels of transplanted kidney	
42205		330.20
	Code 42205 is a stand alone study and may not be added to 42200	
42210	Ultrasound study of the renal arteries including Doppler	921.40
42300	CT of the renal tract for a stone	2,185.90
42400	MR of the renal tract for obstruction	4,085.20
42410	MR of the kidneys without contrast	5,613.10
42420	MR of the kidneys pre and post contrast	8,886.60

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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	347.60
43110	X-ray pelvimetry multiple views	504.00
43120	X-ray hystero-salpingography	871.80
43130	X-ray hystero-salpingography with introduction of contrast	1,176.10
43200	Ultrasound study of the pelvis transabdominal	495.40
43205	Ultrasound study of the female pelvis transvaginal	626.70
43210	Ultrasound study of the prostate transrectal	641.40
43215	Ultrasound transrectal prostate volume for brachytherapy	904.10
43220	Ultrasound study of the testes	641.40
43225	Ultrasound study for male impotence including doppler and injection of vaso constrictor	1,304.00
	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	1,173.30
43240	Ultrasound guided amniocentesis	507.60
43250	Ultrasound study of the pregnant uterus, first trimester	365.00
43260	Ultrasound study of the pregnant uterus, second trimester	552.70
43270	Ultrasound study of the pregnant uterus, third trimester, first visit	552.70
43273	Ultrasound study of the pregnant uterus, third trimester, follow-up visit	365.00
43277	Ultrasound study of the pregnant uterus, multiple gestation, second or third trimester, first visit	710.20
43280	Ultrasound doppler of the umbilical cord for resistive index	330.20
	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	571.90
43400	MR study of pelvic reproductive organs - limited study	4,137.40
43405	MR study for pelvimetry	1,738.30
43410	MR study of pelvic reproductive organs - complete – uncontrasted	5,613.10
43420	MR study of pelvic reproductive organs - complete – pre and post contrast	8,886.60
Aorta and vessels		
	Code 44400 (MR Angiography) may be combined with 40400 (MR abdomen).	

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44200	Ultrasound study of abdominal aorta and branches including doppler	1,592.30
44205	Ultrasound study of the IVC and pelvic veins including Doppler This is a stand alone code and may not be added to 44200.	1,216.70
44300	CT angiography of abdominal aorta and branches	6,668.50
44305	CT angiography of the abdominal aorta and branches and pre and post contrast study of the upper abdomen	8,198.30
44310	CT angiography of the pelvis	6,835.50
44320	CT angiography of the abdominal aorta and pelvis	7,782.80
44325	CT angiography of the abdominal aorta and pelvis and pre and post contrast study of the upper abdomen and pelvis	10,356.30
44330	CT portogram	6,466.80
44400	MR angiography of abdominal aorta and branches	6,661.50
44500	Arteriography of abdominal aorta alone	2,444.10
44503	Arteriography of aorta plus coeliac, mesenteric branches	6,573.60
44505	Arteriography of aorta plus renal, adrenal branches	5,476.80
44507	Arteriography of aorta plus non-visceral branches	5,283.80
44510	Arteriography of coeliac, mesenteric vessels alone	5,593.20
44515	Arteriography of renal, adrenal vessels alone	4,301.50
44517	Arteriography of non-visceral abdominal vessels alone	4,772.60
44520	Arteriography of internal and external iliac vessels alone	4,930.10
44525	Venography of internal and external iliac veins alone	5,398.60
44530	Corpora cavernosography	2,178.20
44535	Vasography, vesciculography	2,537.00
44540	Venography of inferior vena cava	2,270.30
44543	Venography of hepatic veins alone	4,673.60
44545	Venography of inferior vena cava and hepatic veins	5,989.70
44550	Venography of lumbar azygos system alone	3,814.90
44555	Venography of inferior vena cava and lumbar azygos veins	5,689.70
44560	Venography of renal, adrenal veins alone	3,823.50
44565	Venography of inferior vena cava and renal/adrenal veins	5,944.30
44570	Venography of spermatic, ovarian veins alone	3,510.80
44573	Venography of inferior vena cava, renal, spermatic, ovarian veins	6,431.20
44580	Venography indirect splenoportogram	4,230.40
44583	Venography direct splenoportogram	2,745.70
44587	Venography transhepatic portogram	5,801.80
	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	

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	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	608.50
50105	X-ray of the spine scoliosis view AP and lateral	1,043.00
50110	X-ray of the spine scoliosis view AP and lateral including stress views	1,611.50
50120	X-ray bone densitometry	1,001.40
50130	X-ray guided lumbar puncture	417.50
50140	X-ray guided cisternal puncture cisternogram	1,997.40
50300	CT quantitative bone mineral density	1,028.10
50500	Arteriogram of the spinal column and cord, all vessels	11,058.60
50510	Venography of the spinal, paraspinal veins	5,080.50
	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	359.90
51110	X-ray of the cervical spine, one or two views	261.60
51120	X-ray of the cervical spine, more than two views	371.80
51130	X-ray of the cervical spine, more than two views including stress views	658.90
51140	X-ray Tomography cervical spine	373.90
51160	X-ray myelography of the cervical spine	2,386.70
51170	X-ray discography cervical spine per level	2,187.90
51300	CT of the cervical spine limited study	825.60
51310	CT of the cervical spine – regional study	1,209.10
51320	CT of the cervical spine – complete study	3,227.40
51330	CT of the cervical spine pre and post contrast	5,115.10
51340	CT myelography of the cervical spine	4,101.80
51350	CT myelography of the cervical spine following myelogram	1,885.30
51400	MR of the cervical spine, limited study	3,859.30
51410	MR of the cervical spine and cranio-cervical junction	5,634.10

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51420	MR of the cervical spine and cranio-cervical junction pre and post contrast	8,877.80
	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	278.80
52110	X-ray of the thoracic spine, more than two views	347.60
52120	X-ray tomography thoracic spine	373.90
52140	X-ray of the thoracic spine, more than two views including stress views	577.10
52150	X-ray myelography of the thoracic spine	1,618.30
52300	CT of the thoracic spine limited study	825.60
52305	CT of the thoracic spine – regional study	1,209.10
52310	CT of the thoracic spine complete study	3,109.90
52320	CT of the thoracic spine pre and post contrast	5,115.10
52330	CT myelography of the thoracic spine	4,179.80
52340	CT myelography of the thoracic spine following myelogram	1,770.60
52400	MR of the thoracic spine, limited study	4,050.40
52410	MR of the thoracic spine	5,592.30
52420	MR of the thoracic spine pre and post contrast	8,815.30
	Lumbar	

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	<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	359.90
53110	X-ray of the lumbar spine, one or two views	309.70
53120	X-ray of the lumbar spine, more than two views	387.60
53130	X-ray of the lumbar spine, more that two views including stress views	653.50
53140	X-ray tomography lumbar spine	373.90
53160	X-ray myelography of the lumbar spine	2,080.80
53170	X-ray discography lumbar spine per level	2,187.90
53300	CT of the lumbar spine limited study	825.60
53310	CT of the lumbar spine – regional study	1,209.10
53320	Ct of the lumbar spine complete study	3,271.60
53330	CT of the lumbar spine pre and post contrast	5,115.10
53340	CT myelography of the lumbar spine	4,268.70
53350	CT myelography of the lumbar spine following myelogram	2,039.30
53400	MR of the lumbar spine, limited study	4,015.70
53410	MR of the lumbar spine	5,590.40
53420	MR of the lumbar spine pre and post contrast	8,977.90
	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	311.20
54110	X-ray of the sacro-iliac joints	356.50
54120	X-ray tomography – sacrum and/or coccyx	373.90
54300	CT of the sacrum – limited study	660.60
54310	CT of the sacrum – complete study – uncontrasted	2,225.90
54320	CT of the sacrum with contrast	4,078.90

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54330	CT of the sacrum pre and post contrast	4,604.00
54400	MR of the sacrum	5,649.70
54410	MR of the sacrum pre and post contrast	8,782.20
	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	318.10
55110	X-ray tomography – pelvis	373.90
55300	CT of the bony pelvis limited	825.60
55310	CT of the bony pelvis complete uncontrasted	2,225.90
55320	CT of the bony pelvis complete 3D recon	3,256.90
55330	CT of the bony pelvis with contrast	4,078.90
55340	CT of the bony pelvis – pre and post contrast	4,604.00
55400	MR of the bony pelvis	5,649.70
55410	MR of the bony pelvis pre and post contrast	8,886.60
	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	276.30
56110	X-ray of the right hip	276.30
56120	X-ray pelvis and hips	523.20
56130	X-ray tomography – hip	373.90
56140	X-ray of the hip/s – stress study	380.60
56150	X-ray arthrography of the hip joint including introduction contrast	1,369.10
56160	X-ray guidance and introduction of contrast into hip joint only	644.10
56200	Ultrasound of the hip joints	565.00
56300	CT of hip – limited	825.60
56310	CT of hip – complete	2,379.10
56320	CT of hip – complete with 3D recon	3,457.70
56330	CT of hip with contrast	3,760.00
56340	CT of hip pre and post contrast	4,161.60
56400	MR of the hip joint/s, limited study	3,902.60
56410	MR of the hip joint/s	5,571.70

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56420	MR of the hip joint/s, pre and post contrast	8,834.30
	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	392.90
60110	X-ray upper limbs - any region – tomography	373.90
60200	Ultrasound upper limb – soft tissue - any region	641.40
60210	Ultrasound of the peripheral arterial system of the left arm including B mode, pulse and colour doppler	1,185.30
60220	Ultrasound of the peripheral arterial system of the right arm including B mode, pulse and colour doppler	1,185.30
60230	Ultrasound peripheral venous system upper limbs including pulse and colour doppler for deep vein thrombosis	1,089.70
60240	Ultrasound peripheral venous system upper limbs including pulse and colour doppler	1,500.20
60300	CT of the upper limbs limited study	825.60
60310	CT angiography of the upper limb	6,804.10
60400	MR of the upper limbs limited study, any region	3,893.90
60410	MR angiography of the upper limb	6,489.40
60500	Arteriogram of subclavian, upper limb arteries alone, unilateral	3,969.40
60510	Arteriogram of subclavian, upper limb arteries alone, bilateral	7,185.50
60520	Arteriogram of aortic arch, subclavian, upper limb, unilateral	4,932.80
60530	Arteriogram of aortic arch, subclavian, upper limb, bilateral	7,658.50
60540	Venography, antegrade of upper limb veins, unilateral	2,270.30
60550	Venography, antegrade of upper limb veins, bilateral	4,296.40
60560	Venography, retrograde of upper limb veins, unilateral	2,695.30
60570	Venography, retrograde of upper limb veins, bilateral	4,764.00
60580	Venography, shuntogram, dialysis access shunt	2,067.80
	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	264.00

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61105	X-ray of the right clavicle	264.00
61110	X-ray of the left scapula	264.00
61115	X-ray of the right scapula	264.00
61120	X-ray of the left acromio-clavicular joint	272.70
61125	X-ray of the right acromio-clavicular joint	272.70
61128	X-ray of acromio-clavicular joints plus stress studies bilateral	667.50
61130	X-ray of the left shoulder	302.50
61135	X-ray of the right shoulder	302.50
61140	X-ray of the left shoulder plus subacromial impingement views	514.60
61145	X-ray of the right shoulder plus subacromial impingement views	514.60
61150	X-ray of the left subacromial impingement views only	281.70
61155	X-ray of the right subacromial impingement views only	281.70
61160	X-ray arthrography shoulder joint including introduction of contrast	1,375.90
61170	X-ray guidance and introduction of contrast into shoulder joint only	644.10
61200	Ultrasound of the left shoulder joint	565.00
61210	Ultrasound of the right shoulder joint	565.00
61300	CT of the left shoulder joint – uncontrasted	2,117.10
61305	CT of the right shoulder joint – uncontrasted	2,117.10
61310	CT of the left shoulder – complete with 3D recon	3,273.50
61315	CT of the right shoulder – complete with 3D recon	3,273.50
61320	CT of the left shoulder joint - pre and post contrast	4,226.90
61325	CT of the right shoulder joint - pre and post contrast	4,226.90
61400	MR of the left shoulder	5,618.50
61405	MR of the right shoulder	5,618.50
61410	MR of the left shoulder pre and post contrast	8,782.20
61415	MR of the right shoulder pre and post contrast	8,782.20
	Humerus	
62100	X-ray of the left humerus	255.40
62105	X-ray of the right humerus	255.40
62300	CT of the left upper arm	2,117.10
62305	CT of the right upper arm	2,117.10
62310	CT of the left upper arm contrasted	3,474.10
62315	CT of the right upper arm contrasted	3,474.10
62320	CT of the left upper arm pre and post contrast	4,222.60
62325	CT of the right upper arm pre and post contrast	4,222.60
62400	MR of the left upper arm	5,580.10
62405	MR of the right upper arm	5,580.10
62410	MR of the left upper arm pre and post contrast	8,869.10
62415	MR of the right upper arm pre and post contrast	8,869.10
	Elbow	

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	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	272.70
63105	X-ray of the right elbow	272.70
63110	X-ray of the left elbow with stress	377.30
63115	X-ray of the right elbow with stress	377.30
63120	X-ray arthrography elbow joint including introduction of contrast	1,381.20
63130	X-ray guidance and introduction of contrast into elbow joint only	644.10
63200	Ultrasound of the left elbow joint	565.00
63205	Ultrasound of the right elbow joint	565.00
63300	CT of the left elbow	2,117.10
63305	CT of the right elbow	2,117.10
63310	CT of the left elbow – complete with 3D recon	3,273.50
63315	CT of the right elbow – complete with 3D recon	3,273.50
63320	CT of the left elbow contrasted	3,474.10
63325	CT of the right elbow contrasted	3,474.10
63330	CT of the left elbow pre and post contrast	4,226.90
63335	CT of the right elbow pre and post contrast	4,226.90
63400	MR of the left elbow	5,618.50
63405	MR of the right elbow	5,618.50
63410	MR of the left elbow pre and post contrast	8,782.20
63415	MR of the right elbow pre and post contrast	8,782.20
	Forearm	
64100	X-ray of the left forearm	255.40
64105	X-ray of the right forearm	255.40
64110	X-ray peripheral bone densitometry	170.30
64300	CT of the left forearm	2,117.10
64305	CT of the right forearm	2,117.10
64310	CT of the left forearm contrasted	3,474.10
64315	CT of the right forearm contrasted	3,474.10
64320	CT of the left forearm pre and post contrast	4,222.60
64325	CT of the right forearm pre and post contrast	4,222.60
64400	MR of the left forearm	5,580.10
64405	MR of the right forearm	5,580.10
64410	MR of the left forearm pre and post contrast	8,521.60
64415	MR of the right forearm pre and post contrast	8,521.60
	Hand and Wrist	

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	<p>Code 65120 (finger) may not be combined with 65100 or 65105 (hands).</p> <p>Codes 65130 and 65135 (wrists) may be combined with 65140 or 65145 (scaphoid) respectively if requested and additional views done.</p> <p>Code 65160 (arthrography) includes fluoroscopy and the introduction of contrast (00140 may not be added).</p> <p>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.</p>	
65100	X-ray of the left hand	267.60
65105	X-ray of the right hand	267.60
65110	X-ray of the left hand – bone age	267.60
65120	X-ray of a finger	232.10
65130	X-ray of the left wrist	276.30
65135	X-ray of the right wrist	276.30
65140	X-ray of the left scaphoid	286.80
65145	X-ray of the right scaphoid	286.80
65150	X-ray of the left wrist, scaphoid and stress views	657.10
65155	X-ray of the right wrist, scaphoid and stress views	657.10
65160	X-ray arthrography wrist joint including introduction of contrast	1,384.30
65170	X-ray guidance and introduction of contrast into wrist joint only	644.10
65200	Ultrasound of the left wrist	565.00
65210	Ultrasound of the right wrist	565.00
65300	CT of the left wrist and hand	2,117.10
65305	CT of the right wrist and hand	2,117.10
65310	CT of the left wrist and hand - complete with 3D recon	3,273.50
65315	CT of the right wrist and hand - complete with 3D recon	3,273.50
65320	CT of the left wrist and hand contrasted	3,474.10
65325	CT of the right wrist and hand contrasted	3,474.10
65330	CT of the left wrist and hand pre and post contrast	4,226.90
65335	CT of the right wrist and hand pre and post contrast	4,226.90
65400	MR of the left wrist and hand	5,618.50
65405	MR of the right wrist and hand	5,618.50
65410	MR of the left wrist and hand pre and post contrast	8,782.20
65415	MR of the right wrist and hand pre and post contrast	8,782.20
	Soft Tissue	
	Lower Limbs	
	General	

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	<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	392.90
70110	X-ray lower limbs - any region-tomography	373.90
70120	X-ray of the lower limbs full length study	561.50
70200	Ultrasound lower limb – soft tissue - any region	641.40
70210	Ultrasound of the peripheral arterial system of the left leg including B mode, pulse and colour Doppler	1,185.30
70220	Ultrasound of the peripheral arterial system of the right leg including B mode, pulse and colour Doppler	1,185.30
70230	Ultrasound peripheral venous system lower limbs including pulse and colour doppler for deep vein thrombosis	1,185.30
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	1,708.80
70300	CT of the lower limbs limited study	825.60
70310	CT angiography of the lower limb	6,904.00
70320	CT angiography abdominal aorta and outflow lower limbs	8,547.70
70400	MR of the lower limbs limited study	4,033.10
70410	MR angiography of the lower limb	6,663.20
70420	MR angiography of the abdominal aorta and lower limbs	10,331.20
70500	Angiography of pelvic and lower limb arteries unilateral	3,528.10
70505	Angiography of pelvic and lower limb arteries bilateral	6,599.00
70510	Angiography of abdominal aorta, pelvic and lower limb vessels unilateral	5,322.10
70515	Angiography of abdominal aorta, pelvic and lower limb vessels bilateral	7,445.50
70520	Angiography translumbar aorta with full peripheral study	3,970.40
70530	Venography, antegrade of lower limb veins, unilateral	2,213.10
70535	Venography, antegrade of lower limb veins, bilateral	4,296.40
70540	Venography, retrograde of lower limb veins, unilateral	2,709.20
70545	Venography, retrograde of lower limb veins, bilateral	4,936.20
70560	Lymphangiography, lower limb, unilateral	4,436.20
70565	Lymphangiography, lower limb, bilateral	7,298.50

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	Femur	
71100	X-ray of the left femur	255.40
71105	X-ray of the right femur	255.40
71300	CT of the left femur	2,131.20
71305	CT of the right femur	2,131.20
71310	CT of the left upper leg contrasted	3,635.70
71315	CT of the right upper leg contrasted	3,635.70
71320	CT of the left upper leg pre and post contrast	4,321.00
71325	CT of the right upper leg pre and post contrast	4,321.00
71400	MR of the left upper leg	5,632.30
71405	MR of the right upper leg	5,632.30
71410	MR of the left upper leg pre and post contrast	8,869.10
71415	MR of the right upper leg pre and post contrast	8,869.10
	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	240.70
72105	X-ray of the right knee one or two views	240.70
72110	X-ray of the left knee, more than two views	288.60
72115	X-ray of the right knee, more than two views	288.60
72120	X-ray of the left knee including patella	401.50
72125	X-ray of the right knee including patella	401.50
72130	X-ray of the left knee with stress views	505.90
72135	X-ray of the right knee with stress views	505.90
72140	X-ray of left patella	240.70
72145	X-ray of right patella	240.70
72150	X-ray both knees standing – single view	243.50
72160	X-ray arthrography knee joint including introduction of contrast	1,374.10
72170	X-ray guidance and introduction of contrast into knee joint only	644.10
72200	Ultrasound of the left knee joint	565.00
72205	Ultrasound of the right knee joint	565.00
72300	CT of the left knee	2,131.20
72305	CT of the right knee	2,131.20
72310	CT of the left knee complete study with 3D reconstructions	3,123.00
72315	CT of the right knee complete study with 3D reconstructions	3,123.00
72320	CT of the left knee contrasted	3,635.70
72325	CT of the right knee contrasted	3,635.70
72330	CT of the left knee pre and post contrast	4,325.20

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72335	CT of the right knee pre and post contrast	4,325.20
72400	MR of the left knee	5,571.70
72405	MR of the right knee	5,571.70
72410	MR of the left knee pre and post contrast	8,765.00
72415	MR of the right knee pre and post contrast	8,765.00
	Lower Leg	
73100	X-ray of the left lower leg	255.40
73105	X-ray of the right lower leg	255.40
73300	CT of the left lower leg	2,131.20
73305	CT of the right lower leg	2,131.20
73310	CT of the left lower leg contrasted	3,635.70
73315	CT of the right lower leg contrasted	3,635.70
73320	CT of the left lower leg pre and post contrast	4,321.00
73325	CT of the right lower leg pre and post contrast	4,321.00
73400	MR of the left lower leg	5,580.10
73405	MR of the right lower leg	5,580.10
73410	MR of the left lower leg pre and post contrast	8,869.10
73415	MR of the right lower leg pre and post contrast	8,869.10
	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	288.60
74105	X-ray of the right ankle	288.60
74110	X-ray of the left ankle with stress views	392.90
74115	X-ray of the right ankle with stress views	392.90
74120	X-ray of the left foot	243.50
74125	X-ray of the right foot	243.50
74130	X-ray of the left calcaneus	238.00
74135	X-ray of the right calcaneus	238.00
74140	X-ray of both feet – standing – single view	243.50
74145	X-ray of a toe	232.10
74150	X-ray of the sesamoid bones one or both sides	243.50
74160	X-ray arthrography ankle joint including introduction of contrast	1,383.20
74170	X-ray guidance and introduction of contrast into ankle joint	644.10
74210	Ultrasound of the left ankle	565.00

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74215	Ultrasound of the right ankle	565.00
74220	Ultrasound of the left foot	565.00
74225	Ultrasound of the right foot	565.00
74290	Ultrasound bone densitometry	177.40
74300	CT of the left ankle/foot	2,131.20
74305	CT of the right ankle/foot	2,131.20
74310	CT of the left ankle/foot – complete with 3D recon	3,286.30
74315	CT of the right ankle/foot – complete with 3D recon	3,286.30
74320	CT of the left ankle/foot contrasted	3,635.70
74325	CT of the right ankle/foot contrasted	3,635.70
74330	CT of the left ankle/foot pre and post contrast	4,321.00
74335	CT of the right ankle/foot pre and post contrast	4,321.00
74400	MR of the left ankle	5,571.70
74405	MR of the right ankle	5,571.70
74410	MR of the left ankle pre and post contrast	8,747.60
74415	MR of the right ankle pre and post contrast	8,747.60
74420	MR of the left foot	5,580.10
74425	MR of the right foot	5,580.10
74430	MR of the left foot pre and post contrast	8,869.10
74435	MR of the right foot pre and post contrast	8,869.10
	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. 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.</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	814.30
80605	Fine needle aspiration biopsy, any region	366.80
80610	Cutting needle, trochar biopsy, any region	552.70
80620	Tumour/cyst ablation chemical	2,205.20
80630	Tumour ablation radio frequency, per lesion	1,843.50
80640	Insertion of CVP line in radiology suite	781.50
80645	Peripheral central venous line insertion	1,053.50
80650	Infiltration of a peripheral joint, any region	556.20

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	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	18,645.90
81605	Intracranial arteriovenous shunt occlusion	22,148.70
81610	Dural sinus arteriovenous shunt occlusion	22,975.20
81615	Extracranial arteriovenous shunt occlusion	13,670.60
81620	Extracranial arterial embolisation (head and neck)	14,178.20
81625	Carotidocavernous fistula occlusion	16,713.50
81630	Intracranial angioplasty for stenosis, vasospasm	11,031.80
81632	Intracranial stent placement (including PTA)	11,622.80
81635	Temporary balloon occlusion test	7,250.90
	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)	15,487.10
81645	Intracranial aneurysm occlusion with balloon remodelling	18,804.90
81650	Intracranial aneurysm occlusion with stent assistance	20,030.40
81655	Intracranial thrombolysis, catheter directed	5,123.20
	Code 81655 may be combined with any of the other neuro interventional codes 81600 to 81650	
81660	Nerve block, head and neck, per level	665.80
81665	Neurolysis, head and neck, per level	1,750.60
81670	Nerve block, head and neck, radio frequency, per level	1,654.90
81680	Nerve block, coeliac plexus or other regions, per level	806.60
	Thorax	
82600	Chest drain insertion	766.50
82605	Trachial, bronchial stent insertion	2,639.00
	Gastrointestinal	
83600	Oesophageal stent insertion	2,713.40
83605	GIT balloon dilation	2,117.10
83610	GIT stent insertion (non-oesophageal)	2,783.20
83615	Percutaneous gastrostomy, jejunostomy	2,204.20
	Hepatobiliary	
84600	Percutaneous biliary drainage, external	2,953.50
84605	Percutaneous external/internal biliary drainage	3,234.30
84610	Permanent biliary stent insertion	4,452.00
84615	Drainage tube replacement	1,757.60
84620	Percutaneous bile duct stone or foreign object removal	4,344.00
84625	Percutaneous gall bladder drainage	2,571.10
84630	Percutaneous gallstone removal, including drainage	6,019.20
84635	Transjugular liver biopsy	2,167.10
84640	Transjugular intrahepatic Portosystemic shunt	10,384.20

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84645	Transhepatic Portogram including venous sampling, pressure studies	7,117.80
84650	Transhepatic Portogram with embolisation of varices	8,762.40
84655	Percutaneous hepatic tumour ablation	1,362.80
84660	Percutaneous hepatic abscess, cyst drainage	1,147.20
84665	Hepatic chemoembolisation	5,166.50
84670	Hepatic arterial infusion catheter placement	5,241.20
	Urogenital	
85600	Percutaneous nephrostomy, external drainage	2,605.00
85605	Percutaneous double J stent insertion including access	3,547.90
85610	Percutaneous renal stone, foreign body removal including access	5,805.40
85615	Percutaneous nephrostomy tract establishment	2,544.00
85620	Change of nephrostomy tube	1,381.80
85625	Percutaneous cystostomy	1,435.80
85630	Urethral balloon dilatation	1,237.90
85635	Urethral stent insertion	2,713.40
85640	Renal cyst ablation	1,036.10
85645	Renal abscess, cyst drainage	1,317.70
85655	Fallopian tube recanalisation	3,916.30
	Spinal	
86600	Spinal vascular malformation embolisation	23,916.50
86605	Vertebroplasty per level	1,938.30
86610	Facet joint block per level, uni- or bilateral	829.20
	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	709.30
86620	Epidural block	819.00
86625	Chemoneucleolysis, including discogram	1,592.30
86630	Spinal nerve ablation per level	1,008.40
	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	4,916.20
87601	Percutaneous transluminal angioplasty: iliac	4,846.80
87602	Percutaneous transluminal angioplasty: femoropopliteal	5,229.00
87603	Percutaneous transluminal angioplasty: subpopliteal	6,374.60
87604	Percutaneous transluminal angioplasty: brachiocephalic	5,834.00
87605	Percutaneous transluminal angioplasty: subclavian, axillary	5,229.00
87606	Percutaneous transluminal angioplasty: extracranial carotid	6,225.10
87607	Percutaneous transluminal angioplasty: extracranial vertebral	6,371.20

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87608	Percutaneous transluminal angioplasty: renal	7,622.00
87609	Percutaneous transluminal angioplasty: coeliac, mesenteric	7,622.00
87620	Aorta stent-graft placement	10,495.70
87621	Stent insertion (including PTA): aorta, IVC	6,420.70
87622	Stent insertion (including PTA): iliac	6,638.00
87623	Stent insertion (including PTA): femoropopliteal	6,777.00
87624	Stent insertion (including PTA): subpopliteal	7,349.10
87625	Stent insertion (including PTA): brachiocephalic	8,558.80
87626	Stent insertion (including PTA): subclavian, axillary	7,535.00
87627	Stent insertion (including PTA): extracranial carotid	9,299.50
87628	Stent insertion (including PTA): extracranial vertebral	8,739.60
87629	Stent insertion (including PTA): renal	8,569.30
87630	Stent insertion (including PTA): coeliac, mesenteric	8,569.30
87631	Stent-graft placement: iliac	6,638.00
87632	Stent-graft placement: femoropopliteal	6,777.00
87633	Stent-graft placement: brachiocephalic	8,558.80
87634	Stent-graft placement: subclavian, axillary	7,194.20
87635	Stent-graft placement: extracranial carotid	10,467.60
87636	Stent-graft placement: extracranial vertebral	9,972.30
87637	Stent-graft placement: renal	8,569.30
87638	Stent-graft placement: coeliac, mesenteric	8,569.30
87650	Thrombolysis in angiography suite, per 24 hours	3,982.60
	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	6,750.80
87652	Atherectomy, per vessel	7,987.00
87653	Percutaneous tunnelled / subcutaneous arterial or venous central or other line insertion	2,446.80
87654	Thrombolysis follow-up	2,048.60
87655	Percutaneous sclerotherapy, vascular malformation	1,834.10
87660	Embolisation, mesenteric	8,729.10
87661	Embolisation, renal	8,636.10
87662	Embolisation, bronchial, intercostal	9,416.70
87663	Embolisation, pulmonary arteriovenous shunt	8,971.70
87664	Embolisation, abdominal, other vessels	8,817.10
87665	Embolisation, thoracic, other vessels	8,483.30
87666	Embolisation, upper limb	7,902.70
87667	Embolisation, lower limb	8,008.80
87668	Embolisation, pelvis, non-uterine	10,179.90
87669	Embolisation, uterus	9,898.10
87670	Embolisation, spermatic, ovaria veins	7,459.40
87680	Inferior vena cava filter placement	5,375.30
87681	Intravascular foreign body removal	7,390.80

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87682	Revision of access port (tunnelled or implantable)	1,227.20
87683	Removal of access port (tunnelled or implantable)	966.30
87690	Superior petrosal venous sampling	6,346.10
87691	Pancreatic stimulation test	7,804.40
87692	Transportal venous sampling	6,688.30
87693	Adrenal venous sampling	4,781.50
87694	Parathyroid venous sampling	7,532.40
87695	Renal venous sampling	4,781.50