

## SECTION X:

## DIAGNOSTIC RADIOLOGY

9X	Special review of x-rays by Radiologist with written report to referring physician(s) by report	<b>Fee</b> \$146.00
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### Classification: Diagnostic

1. A radiologist should only bill for a service where he has performed the procedure personally or the technical component was performed by qualified staff for whom he assumes responsibility and provides daily supervision.
2. The billing for diagnostic x-rays of any one region includes payment for a sufficient number of films to establish a diagnosis in the average case. Payment includes the customary media and its administration, but not the specialist clinic procedures listed in Section A of the Payment Schedule for which an additional payment may be made.
3. Multiple Diagnostic Procedures -- may be billed at 100 percent of the listed payment for each procedure both from Section X and Section A.

		Technical Component	Interpretation Component	Technical and Interpretation
	<b>Head</b>			
100X	Skull	\$61.60	\$26.00	\$87.60
101X	Nasal sinuses	\$60.00	\$28.20	\$88.20
102X	Mastoids	\$66.60	\$33.40	\$100.00
103X	Facial bones and/or zygoma	\$60.10	\$29.70	\$89.80
104X	Nasal bones	\$44.40	\$15.20	\$59.60
105X	Salivary duct	\$45.90	\$27.30	\$73.20
106X	Internal auditory meati	\$60.50	\$22.50	\$83.00
107X	Mandible	\$54.30	\$20.90	\$75.20
108X	Temporomandibular joints	\$60.00	\$25.00	\$85.00
109X	Eye (without localization)	\$51.20	\$24.00	\$75.20
110X	Sella turcica	\$44.20	\$22.00	\$66.20
120X	Pantomography - not insured for routine dental care	\$38.80	\$26.00	\$64.80
	<b>Teeth</b>			
121X	-- isolated area	\$12.00	\$9.60	\$21.60
122X	-- quarter set	\$20.40	\$11.60	\$32.00
123X	-- half set	\$26.30	\$13.90	\$40.20
124X	-- full set	\$38.40	\$21.20	\$59.60
125X	Eye -- Sweet (or equivalent) localization for foreign body in eye or orbit	\$71.50	\$44.50	\$116.00

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		Technical Component	Interpretation Component	Technical and Interpretation
<b>Spine and Pelvis</b>				
130X	Cervical	\$87.60	\$32.40	\$120.00
131X	Thoracic	\$70.00	\$26.00	\$96.00
132X	Lumbar	\$87.60	\$32.40	\$120.00
133X	Sacro-iliac joints	\$43.80	\$25.60	\$69.40
134X	Sacrum and coccyx	\$43.80	\$25.60	\$69.40
135X	Scoliosis survey (limited)	\$40.10	\$19.90	\$60.00
136X	Oblique views of spine, add	\$33.40	\$16.20	\$49.60
137X	Lumbar spine with flexion and extension	\$81.30	\$37.70	\$119.00
138X	Cervical spine with flexion and extension	\$81.30	\$37.70	\$119.00
140X	Scoliosis survey -- full	\$69.30	\$37.70	\$107.00
141X	Myelogram	\$180.00	\$102.00	\$282.00
142X	Discogram	\$179.40	\$93.60	\$273.00
143X	Pelvis	\$46.50	\$20.90	\$67.40
144X	Pelvis and one or both hips	\$80.90	\$30.10	\$111.00
145X	Smith-Peterson pinning	\$141.00	\$81.00	\$222.00
<b>Thorax</b>				
150X	Chest	\$67.70	\$29.30	\$97.00
151X	Thoracic inlet	\$38.80	\$18.20	\$57.00
152X	Ribs	\$50.50	\$19.90	\$70.40
153X	Clavicle	\$44.40	\$17.20	\$61.60
154X	Sternum or sterno-clavicular joints	\$44.40	\$18.20	\$62.60
157X	Bronchogram (unilateral)	\$88.20	\$40.80	\$129.00
158X	Chest films with fluoroscopy	\$53.60	\$34.60	\$88.20
159X	Heart survey and/or cardiac pacemaker evaluation	\$55.00	\$21.40	\$76.40
<b>Extremities</b>				
160X	Acromio-clavicular joint	\$44.40	\$18.20	\$62.60
161X	Shoulder	\$47.90	\$20.50	\$68.40
361X	Shoulder -- specialty view -- 4 (views) unilateral	\$62.10	\$21.90	\$84.00
162X	Humerus	\$44.40	\$17.20	\$61.60
163X	Elbow	\$44.40	\$17.20	\$61.60
164X	Forearm -- radius and ulna	\$44.40	\$17.20	\$61.60
165X	Wrist	\$44.40	\$17.20	\$61.60
166X	Carpals	\$44.40	\$17.20	\$61.60
167X	Hand	\$55.10	\$23.50	\$78.60
168X	Scapula	\$44.20	\$18.80	\$63.00
170X	Femur	\$44.20	\$18.80	\$63.00
171X	Knee	\$55.10	\$23.50	\$78.60
172X	Tibia and fibula	\$44.20	\$18.80	\$63.00
173X	Ankle	\$52.90	\$22.70	\$75.60

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		Technical Component	Interpretation Component	Technical and Interpretation
373X	Ankle -- special view -- (4 views) unilateral -- bill units	\$73.20	\$24.60	\$97.80
174X	Tarsus	\$52.90	\$22.70	\$75.60
175X	Forefoot	\$44.20	\$18.80	\$63.00
176X	Os calcis	\$44.20	\$18.80	\$63.00
190X	Single digit, same hand or foot	\$41.80	\$18.20	\$60.00
191X	Digits, same hand or foot	\$44.40	\$18.20	\$62.60
192X	Orthoroentgenograms	\$42.80	\$22.40	\$65.20
<b>Bone Survey</b>				
193X	Bone survey	\$120.80	\$50.20	\$171.00
194X	Joint survey	\$118.00	\$49.00	\$167.00
195X	Wrist -- four views	\$46.40	\$24.60	\$71.00
196X	Knee -- four views	\$62.10	\$27.70	\$89.80
197X	Skeletal survey -- infant	\$81.50	\$36.50	\$118.00
<b>Abdomen</b>				
200X	Single film of abdomen (K.U.B.)	\$37.70	\$18.30	\$56.00
201X	Acute abdomen survey with erect and/or lateral views	\$54.50	\$31.70	\$86.20
<b>Gastro-Intestinal Tract</b>				
210X	Oesophagus	\$73.80	\$32.20	\$106.00
211X	G.I. Series	\$135.80	\$66.20	\$202.00
212X	Small bowel study	\$106.20	\$40.80	\$147.00
213X	Colon -- enema	\$166.20	\$72.80	\$239.00
214X	Colon -- double contrast enema	\$236.60	\$92.40	\$329.00
215X	Fluoroscopy for position of tube in abdomen	\$29.40	\$27.00	\$56.40
216X	Hypotonic duodenography	\$74.40	\$43.60	\$118.00
217X	Double contrast G.I. with glucagon	\$135.70	\$40.80	\$176.50
<b>Biliary System</b>				
220X	Cholecystogram Cholangiogram	\$64.70	\$29.30	\$94.00
221X	-- intravenous	\$164.60	\$62.40	\$227.00
222X	-- operative	\$114.40	\$50.60	\$165.00
223X	-- post-operative (T-tube)	\$102.00	\$48.00	\$150.00
224X	-- transhepatic, percutaneous	\$172.60	\$72.40	\$245.00
<b>Urinary System</b>				
228X	Percutaneous renal cystography	\$47.40	\$16.80	\$64.20
229X	Intravenous pyelogram (hypertensive survey)	\$144.80	\$39.20	\$184.00
230X	Cystogram Pyelogram	\$74.60	\$27.40	\$102.00
231X	-- intravenous	\$187.80	\$48.20	\$236.00

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232X	-- retrograde	\$57.80	\$16.10	\$73.90
233X	I.V.P. -- with voiding cystourethrogram	\$157.40	\$50.60	\$208.00
234X	Voiding cystourethrogram	\$145.60	\$66.40	\$212.00
235X	Drip infusion pyelogram	\$172.60	\$70.40	\$243.00
239X	Urethrogram (retrograde)	\$59.40	\$24.60	\$84.00
<b>Obstetrics and Gynaecology</b>				
Foetus				
240X	-- scout film	\$31.20	\$19.00	\$50.20
241X	-- maturity and/or position	\$31.20	\$19.00	\$50.20
243X	Pelvimetry	\$54.60	\$28.40	\$83.00
244X	Utero-salpingogram	\$58.60	\$31.40	\$90.00
245X	Intrauterine blood transfusion	\$52.60	\$28.40	\$81.00
<b>Miscellaneous -- without contrast media</b>				
300X	Diagnostic Mammography (unilateral) (repeats within 42 days by report)	\$125.50	\$80.50	\$206.00
312X	Repeat mammography for radiological localization of non-palpable breast lesion	\$195.00	\$51.00	\$246.00
301X	Soft tissues of the neck	\$42.40	\$15.60	\$58.00
302X	-- Laryngogram Planigraphy	\$74.80	\$40.20	\$115.00
303X	-- first cut	\$48.40	\$19.40	\$67.80
304X	-- each additional cut	\$17.60	\$10.20	\$27.80
306X	Cinefluorograph or videotape		\$25.70	\$31.60
307X	Cardiac catheterization	\$66.00	\$40.00	\$106.00
<b>Miscellaneous -- with contrast media</b>				
320X	Fistula or sinus tract	\$50.00	\$17.80	\$67.80
321X	Sialogram	\$108.20	\$59.80	\$168.00
322X	Arthrogram	\$130.00	\$57.00	\$187.00
323X	Lymphangiography -- upper and lower extremities, including pelvis, chest and abdomen	\$270.60	\$46.20	\$316.80
324X	Dacryocystography	\$52.60	\$27.40	\$80.00
325X	Venogram	\$100.20	\$44.80	\$145.00
327X	Selective cavogram	\$105.80	\$44.20	\$150.00
328X	Azygography	\$105.80	\$44.20	\$150.00
329X	Ventriculogram or encephalogram Arteriography	\$105.80	\$44.20	\$150.00
330X	-- peripheral	\$105.80	\$44.20	\$150.00
331X	-- cerebral	\$125.80	\$58.20	\$184.00
332X	Aortography -- aortic	\$105.80	\$44.20	\$150.00

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		Technical Component	Interpretation Component	Technical and Interpretation
333X	-- selective -- coronary, renal, mesenteric, bronchial, etc.	\$105.80	\$44.20	\$150.00
334X	Cardiac angiography	\$125.80	\$58.20	\$184.00
335X	Portogram through umbilical vein	\$125.80	\$58.20	\$184.00
336X	Posterior fossa myelogram	\$141.00	\$55.00	\$196.00

		Specialist in Radiology
10X	<p>Consultation</p> <p>-- requires formal referral -- includes all visits necessary, history and examination, review of radiology and/or other data and written submission of the consultant's opinion and recommendations to the referring doctor. This code does not apply when the radiologist is only providing information to the patient and/or getting consent for a procedure.</p>	\$125.00

Classification: Radiologist Clinical Procedures

1. The following procedures are insured services where provided by a radiologist.
2. Payment to a radiologist will be made only where the radiologist has performed the procedure personally.
3. Multiple Diagnostic Procedures are paid at 100 percent of the listed payment.
4. Other Multiple Procedures (Codes 600X and greater) -- are paid using the procedural rules for 0 and 10 day procedures, i.e. could be paid at 75 percent.

**Angiography**

These codes are for use by Radiologists Only. (Cardiologists will find applicable Angiography in the "A" SECTION).

501X	Vascular access - for angiography purposes only -- maximum of 2 per case	\$125.00
502X	Aortography - for a dedicated Aortogram(s) only-- maximum of once per case	\$128.00
503X	Large vessel angiography - for angiograms of the main cerebral and visceral trunks of the aorta to a maximum of 3 per case	\$146.00
504X	Extremity angiogram - for visualization of vascular structures in either arm or leg -- maximum of two per case - one per extremity	\$138.00

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		Specialist in Radiology	Class
<b>Transluminal angioplasty</b>			
600X	--peripheral	\$480.00	0
601X	-- renal	\$564.00	0
602X	--subclavian artery	\$491.00	0
603X	-- Aorta or aortic valve	\$877.00	0
604X	Stent placement following angioplasty of peripheral, renal or subclavian vessels --add to appropriate angioplasty code --each vessel	\$153.00	0
 <b>Note:</b> Post-angioplasty care for elective procedures is included in the payment for 603X.			
 <b>Radiology Clinical Procedures</b>			
Clinical procedures associated with diagnostic radiology may be charged in addition to the payments listed in Section X as codes 100X to 336X.			
Procedures 600X to 663X may be charged by other physicians recognized by the College of Physicians and Surgeons as having adequate training in radiology and confining their practice to radiology.			
Selective catheterization of renal vein By Seldinger technique or cut down.			
606X	--unilateral	\$150.00	D
607X	--bilateral	\$217.00	D
608X	Selective catheter embolization	\$491.00	0
609X	Intravascular thrombolysis --composite professional fee	\$982.00	0
610X	--repeats within 48 hours (composite professional fee)	\$491.00	0
612X	Selective transarterial catheterization with infusion	\$445.00	0
613X	Azygography	\$83.80	D
614X	Peripheral venography --unilateral	\$139.00	D
615X	Cavography (percutaneous or catheter)	\$179.00	D
616X	Lymphangiography --unilateral including pelvis abdomin and chest	\$165.00	D
617X	Arthrography each	\$127.00	D
618X	Bronchogram --unilateral	\$105.00	D
619X	Laryngogram	\$68.60	D
620X	Myelography	\$199.00	D
621X	Discography --one or more discs	\$109.00	D
622X	Sialography each	\$136.00	D
623X	Injection of a sinus tract	\$110.00	D
624X	Reduction or attempted reduction of intussusception by barium enema	\$136.00	0

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		Specialist in Radiology	Class
625X	Percutaneous cholangiography	\$271.00	D
626X	Percutaneous renal cystography .	\$101.00	D
627X	--with alcohol obliteration of renal cyst	\$163.00	0
628X	Dacryocystography each	\$109.00	D
629X	Portogram through umbilical vein	\$83.80	D
630X	Bronchial Brushing	\$130.00	D
631X	Pelvic Venography	\$68.60	D
632X	Tube positioning for small bowel study	\$59.00	D
639X	Epidurography	\$121.00	D
640X	Lumbar Epidural Venography	\$165.00	D
641X	Uteral stent placement via nephrostomy tract	\$277.00	0
<b>Procedures under fluoroscopic, C.T. or Ultrasonic Guidance</b>			
642X	Percutaneous intrathoracic biopsy	\$245.00	D
643X	Percutaneous intra-abdominal biopsy	\$245.00	D
644X	Percutaneous intra-abdominal drainage	\$368.00	0
645X	Percutaneous biliary drainage	\$574.00	0
646X	Change of drainage tube in relation to procedures 644X, 645X, 647X, 650X, and 651X	\$126.00	0
647X	Percutaneous nephrostomy with nephrogram	\$627.00	0
648X	Manipulation of peritoneal dialysis catheter	\$117.00	0
649X	Transjugular liver biopsy	\$480.00	0
650X	Percutaneous gastrotomy	\$350.00	0
651X	Percutaneous jejunostomy	\$392.00	0
652X	Percutaneous insertion of Vena Cava filter	\$324.00	0
653X	Fallopian tube cannulation and dilatation --with selective salpingography, unilateral or bilateral...	\$263.00	10
654X	Removal of intravascular foreign body --composite fee	\$470.00	0
655X	Transjugular portosystemic shunts (TIPS) --composite fee	\$1,128.00	0
656X	Non-palpable breast lesion --needle localization each	\$136.00	D
657X	Stereotactic mammographic guided breast biopsy each	\$61.20	D
658X	Mammographic or ultrasound guided breast biopsy	\$303.00	D
659X	Fluoroscopic control of clinical procedures done by another physician per 1/4 hour or major part thereof --technical component	\$18.80	0
660X	--professional component	\$43.80	0
661X	Percutaneous insertion of Pleural catheter for closed chest drainage (includes 659X and 660X) each	\$183.00	0
662X	Percutaneous intravenous central catheter (PICC) includes placement, removal, venography and ultrasound - composite fee	\$441.00	0

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		<b>Fee</b>	<b>Class</b>
663X	Portacath, infusaport, hemocath, Hick-Broviac for chemotherapy or long-term T.P.N. (PORT) - insertion (composite fee)	\$482.00	10
664X	Portacath, Infusaport, Hemocath, Hickman-Broviac for chemotherapy or long-term TPN - remove and replace	\$695.00	10
665X	Portacath, Infusaport, Hemocath, Hickman-Broviac for chemotherapy or long-term TPN - remove or revise, same site	\$288.00	0
670X	Tunnelled paracentesis drainage catheter - insertion	\$464.00	0
671X	Tunnelled paracentesis drainage catheter - removal	\$305.00	0
672X	Tunneled Pleural Catheter Drainage - Insertion	\$380.00	
673X	Tunneled Pleural Catheter Drainage - Removal	\$141.00	
680X	Sacroiliac (SI) joint rhizotomy - medial branch nerves of multiple facets and SI joints - includes all ablations of multiple target zones	\$1,034.00	0
681X	Radiofrequency Spinal Rhizotomy	\$368.00	0
	Percutaneous radiofrequency ablation of solid tumors using CT/ultrasound guidance		
	• Payable for solid tumors/cancer of lung, liver and kidney.		
	• CT/MRI or ultrasound guidance is included in the fee and cannot be billed in addition.		
682X	-- First lesion	\$1,089.00	0
683X	-- Each additional lesion at the same patient contact (max of 3), bill units	\$592.00	
	<b>COMPUTED TOMOGRAPHY</b>		
	Head		
700X	no contrast	\$82.00	
701X	with contrast	\$109.00	
702X	with and without contrast	\$138.00	
	Neck - skull base to thoracic inlet		
703X	no contrast	\$109.00	
704X	with contrast	\$123.00	
705X	with and without contrast	\$138.00	
	Thorax		
706X	no contrast	\$123.00	
707X	with contrast	\$138.00	
708X	with and without contrast	\$164.00	
	Abdomen		
709X	no contrast	\$123.00	
710X	with contrast	\$139.00	
711X	with and without contrast	\$164.00	
	Pelvis		
712X	no contrast	\$123.00	
713X	with contrast	\$139.00	



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714X	with and without contrast	\$164.00
	Spine - cervical, thoracic, or lumbar	
715X	no contrast	\$116.00
716X	with contrast	\$130.00
717X	with and without contrast	\$144.00
	Extremity - arm or leg	
718X	no contrast	\$109.00
719X	with contrast	\$123.00
720X	with and without contrast	\$139.00
<b>MAGNETIC RESONANCE IMAGING</b>		
800X	Head - Multislice SE	\$123.00
801X	Repeat another <b>plane</b> or sequence to max to 3	\$54.60
	Neck (area below the brain and above the chest)	
802X	Multislice SE	\$123.00
803X	Repeat another <b>plane</b> or sequence to max to 3	\$54.60
		<b>Fee</b>
	Thorax or Abdomen or Pelvis	
804X	Multislice SE	\$139.00
805X	Repeat another plane or sequence to max to 3	\$68.90
	Extremities	
807X	Multislice SE	\$109.00
808X	Repeat another plane or sequence to max to 3	\$54.60
	One Spine Zone	
809X	Multislice SE	\$109.00
810X	Repeat another plane or sequence to max to 3	\$54.60
	Two adjoining spine zones	
811X	Multislice SE	\$109.00
812X	Repeat another plane or sequence to max to 3	\$54.60
	Three adjoining spine zones	
813X	Multislice SE	\$178.00
814X	Repeat another <b>plane</b> or sequence to max to 3	\$82.00

**Note:**

1. Multislice SE refers to a multislice spin echo sequence whether it is one or two echoes. This applies to a combination of a T1W1 and T2W1. Only one such sequence can be billed per patient at one sitting.

2. Repeat refers to another plane or different pulse sequence, but may not exceed three of these.

3. Maximum billing will be for four sequences no matter how many are done.