DIAGNOSTIC ULTRASOUND

PREAMBLE

SPECIFIC ELEMENTS

For Facility Fee Component (F)

A. Preparing the patient for the procedure.

B. Performing the diagnostic procedure(s).

C. Making arrangements for any appropriate follow-up care.

D. Providing records of the results of the procedure to the interpreting physician.

E. Discussion with, and providing information and advice to, the patient or patient's representative, whether by telephone or otherwise, on matters related to the service.

F. Preparing and transmitting a written, signed and dated interpretative report of the procedure to the referring physician.

G. Providing premises, equipment, supplies and personnel for all *specific elements* of the technical components.

OTHER TERMS AND DEFINITIONS

1. Professional and facility fee components are claimed separately. Claims for the facility fee component F are submitted using listed fee code with suffix B. Claims for professional component are submitted using fee code with suffix C (e.g. J102C).

2. A-Mode - implies a one-dimensional ultrasonic measurement procedure.

3. M-Mode - implies a one-dimensional ultrasonic measurement procedure with movement of the trace to record amplitude and velocity of moving echo-producing structures.

4. Scan B-Mode - implies a two-dimensional ultrasonic scanning procedure with a two dimensional display. All ultrasound examinations include a permanent record and interpretative report.

5. All benefits listed apply to unilateral examinations unless otherwise specified. When imaging of only one anatomical area is requested, comparison ultrasound(s) initiated by the interpreting physician or facility are not eligible for payment.

6. Ultrasound of the abdomen, pelvis or breast, rendered in an Independent Health Facility or a hospital in-patient or out-patient department, is insured in accordance with the Health Insurance Act when referred by a registered nurse holding an extended certificate of registration (RN(EC)).

7. Ultrasound for normal, complicated or high risk pregnancy (but not for the postpartum period) rendered in an Independent Health Facility is insured when referred by a midwife who is a member of the College of Midwives of Ontario.

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8. The diagnostic ultrasound benefit includes the generally accepted components of the procedure. For example, where a licensee provides breast ultrasound services, a scan of the axilla is an integral part of the breast imaging exam. The licensee shall not charge any facility fees to the ministry in connection with an additional insured service fee code such as J182 (extremity ultrasound)

9 Where a referring physician requests a single site imaging study (for example, one breast, one limb), any additional imaging of a portion of the anatomy for comparison purposes is not an insured service and shall not be charged to the ministry.

10.Ultrasound of extremity (J182) are to be claimed per limb, not per joint. Scanning two joints on one limb and claiming two services for J182 is incorrect.

11. The practice of routinely submitting claims for more diagnostic ultrasound services than were requested by the referring physician for the majority of patients scanned, will result in a ministry review and potential recovery of funds and/or potential licensing actions. Examples of this unacceptable practice include;

- Bilateral Scans

  2 Breasts routinely imaged and billed when only one was requested without the approval of the site radiologist , J127

  2, 3, or 4 Extremities routinely imaged and billed when only one or two were requested J182
  Axilla scanned and routinely billed as J182 (extremity) during a breast ultrasound [J127 includes scanning of the axilla]

- Routine Addition of scans

  Addition of trans vaginal US J138 to a requisition for pelvic US J162

  Addition of extremity ultrasound J182 to peripheral vessel assessment, J202

  Addition of chest US, J125 to abdominal imaging studies where this is not indicated

  Addition of limited pelvis US, J163 to abdominal US, J135, or to limited abdomen, J128

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Code		F
HEAD AND NECK		
	Brain	
J122	- complete, B-mode	47.20
	Echography – ophthalmic (excluding vascular study)	
J102	- quantitative, A-mode	22.40
J103	- B-scan immersion	43.95
J107	- B-scan contact	21.75
J108	- biometry (Axial length – A-mode)	22.80
	Face and/or neck	
J105	- excluding vascular study	47.30
	Note: J105 is *not eligible for payment* when rendered for ultrasound imaging of the sinus(es).	
THORAX, ABDOMEN AND RETROPERITONEUM		
	Thorax	
J125	Chest masses, pleural effusion – A & B-mode	48.75
	Abdomen and Retroperitoneum	
	Abdominal scan	
J135	- complete	48.75
J128	- limited study (e.g. gallbladder only, aorta only or follow-up study)	32.10
PREGNANCY		
	Complete	
J159	- on or after 16 weeks gestation (maximum one per normal pregnancy)	48.75
J160	- for high risk pregnancy or complications of pregnancy	48.75
J166	- multiple gestation, for each additional fetus, to J160	41.45
	Gestational age for Maternal Serum Screening Program	
J157	- before 16 weeks gestation (maximum one per normal pregnancy)	32.10
	Limited	
J158	- for high risk pregnancy or complications of pregnancy	32.10
J167	- fetal Doppler evaluation of middle cerebral artery and/or ductus venosus, to J160 or J158, add	32.10
	Note: J167 is *only eligible for payment* when rendered by a physician for assessment of fetal anemia or intrauterine growth retardation measuring below the 10th percentile	
J168	- nuchal translucency for Prenatal Genetic Screening (maximum one per pregnancy)	39.00
J169	- multiple gestation, for each additional fetus, to J168 add	33.15

DIAGNOSTIC ULTRASOUND

Code		F
PREGNANCY (continued)		
	Payment rules: Ultrasound services listed under the headings "Abdomen and Retroperitoneum" or "Pelvis" or "Pregnancy" rendered on the same day to the same patient by any physician as J168 are *not eligible for payment*.	
PELVIS		
Pelvis		
J162	- complete*	48.75
J138	Intracavitary ultrasound* (e.g. transrectal, transvaginal)	48.75
	Note: *For ovulation induction purposes, the limit is one per cycle. Additional ultrasounds may be claimed as J164.	
J165	Transvaginal sonohysterography – may include saline or other intracavitary contrast media except Echovist for demonstration of tubal patency	99.95
J476	Transvaginal sonohysterography – including Echovist contrast media for demonstration of tubal patency	232.90
	Note: J138 and J161 rendered in conjunction with J165 are insured services payable at nil.	
J163	- limited study – for other than pregnancy	32.10
Intracavitary ultrasound		
J161	- limited – for other than pregnancy	32.10
J164	Follicle monitoring studies	24.40
VASCULAR SYSTEM		
Extra-cranial vessel assessment – above the aortic arch		
	Bilateral carotid and/or subclavian and/or vertebral arteries only	
J190	- doppler scan or B scan	42.65
J201	- duplex scan i.e. simultaneous real time, B-mode imaging and spectral analysis	55.05
Peripheral vessel assessment (distal to inguinal ligament or axilla), artery and/or vein evaluation per extremity. Not to be billed routinely with J190, J191 or J192.		
J193	- doppler scan or B scan, unilateral	22.05
J202	- duplex scan i.e. simultaneous real time, B-mode imaging and spectral analysis, unilateral	28.50

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Code		F
VASCULAR SYSTEM (continued)		
	Venous assessment	
J198	- bilateral – includes assessment of femoral, popliteal and posterior or tibial veins with appropriate functional manoeuvres and permanent record	7.40
	Note: Note to be claimed during surgery or during patient's post-operative stay in hospital.	
	Doppler evaluation of organ transplantation	
J205	- arterial and/or venous	22.05
	Duplex evaluation of portal hypertension	
J206	- must include doppler interrogation and documentation or superior mesenteric vein, splenic vein, portal veins, hepatic veins and hepatic arteries	22.05
	Note: Not to be billed unless study specifically requested by referring physician.	
	Duplex assessment of patency obstruction, and flow direction of vascular shunts	
J207	- must include doppler interrogation and documentation of vascular shunts	22.05
	Note: Not to be billed unless study specifically requested by referring physician.	
VASCULAR LABORATORY FEES		
	Ankle pressure measurements	
J200	- requires a minimum of 4 segmental pressure recordings and/or pulse volume recordings and/or Doppler recordings - unilateral or bilateral	20.40
J196	- with exercise and/or quantitative measurement, to J200 add	8.00
	Note: 1. G517 is *not eligible for payment* in addition to J200. 2. This service is *only eligible for payment* when the device used produces a hard copy output. **[Commentary:** For ankle pressure determination and ankle-arm index, see G517 under Cardiovascular Diagnostic & Therapeutic Procedures of the Schedule of Benefits.]	
	Penile pressure recordings	
J197	- two or more pressures	6.85
	Penile Doppler Evaluation	
J199	- Doppler scan	6.85

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Code		F
VASCULAR LABORATORY FEES (continued)		
	Note: Penile Doppler is only insured for the following indications: 1. priapism; 2. trauma; 3. revascularization; 4. primary erectile dysfunction; or 5. failure of both oral and injectable therapy for erective dysfunction. **[Commentary:** Penile Doppler performed for other indications is not an insured service.]	
	Transcutaneous tissue	
J203	- oxygen tension measurements	24.10
J204	- when done in addition to Doppler studies	13.20
MISCELLANEOUS		
	Extremities	
J182	- per limb (excluding vascular study)	25.50
	Breast	
J127	- scan B-mode (per breast)	23.70
	Scrotal	
J183	- scan	47.30
ULTRASONIC GUIDANCE		
	SPECIFIC ELEMENTS In addition to the *common elements*, the components of Ultrasonic Guidance include the following *specific elements*. A. Preparing the patient for the procedure. B. Assisting at the performance of the procedure. C. Making arrangements for follow-up care. D. Discussion with, and providing information and advice to the patient or *patient's representative(s)*, whether by telephone or otherwise, on matters related to the service. E. Providing premises, equipment, supplies and personnel for all *specific elements* of the technical and professional components except for the premises for any aspect(s) of A and D of the *professional component* that is(are) not performed at the place in which the procedure is performed.	
J149	Ultrasonic Guidance of biopsy, aspiration, amniocentesis or drainage procedures (one physician only)	47.30
	Note: J138 and J161 performed during the same visit as J149 is an insured service payable at nil.	