

DIAGNOSTIC ULTRASOUND

Code	F
<u>HEAD AND NECK</u>	
Brain	
J122/J422 - complete, B-mode	47.20
Echography – ophthalmic (excluding vascular study)	
J102/J402 - quantitative, A-mode	22.40
J103/J403 - B-scan immersion	43.95
J107/J407 - B-scan contact	21.75
J108/J408 - biometry (Axial length – A-mode)	22.80
Face and/or neck	
J105/J405 - excluding vascular study	47.30
Note: J105/J405 is <i>not eligible for payment</i> when rendered for ultrasound imaging of the sinus(es).	
<u>THORAX, ABDOMEN AND RETROPERITONEUM</u>	
Thorax	
J125/J425 Chest masses, pleural effusion – A & B-mode	48.75
Abdomen and Retroperitoneum	
Abdominal scan	
J135/J435 - complete	48.75
J128/J428 - limited study (e.g. gallbladder only, aorta only or follow-up study)	32.10
<u>PREGNANCY</u>	
Complete	
J159/J459 - on or after 16 weeks gestation (maximum one per normal pregnancy)	48.75
J160/J460 - for high risk pregnancy or complications of pregnancy	48.75
J166/J466 - multiple gestation, for each additional fetus, to J160/J460	41.45
Gestational age for Maternal Serum Screening Program	
J157/J457 - before 16 weeks gestation (maximum one per normal pregnancy)	32.10
Limited	
J158/J458 - 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 <i>only eligible for payment</i> when rendered by a physician for assessment of fetal anemia or intrauterine growth retardation measuring below the 10 th percentile	
J168/J468 - nuchal translucency for Prenatal Genetic Screening (maximum one per pregnancy)	39.00
J169/J469 - multiple gestation, for each additional fetus, to J168/J468	add 33.15

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<u>PREGNANCY (continued)</u>	
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/J468 are <i>not eligible for payment</i> .	
<u>PELVIS</u>	
Pelvis	
J162/J462	48.75
- complete*	
J138/J438	48.75
Intracavitary ultrasound* (e.g. transrectal, transvaginal)	
Note: *For ovulation induction purposes, the limit is one per cycle. Additional ultrasounds may be claimed as J164/J464.	
J165	99.95
Transvaginal sonohysterography – may include saline or other intracavitary contrast media except Echovist for demonstration of tubal patency	
J476	232.90
Transvaginal sonohysterography – including Echovist contrast media for demonstration of tubal patency	
Note: J138/J438 and J161/J461 rendered in conjunction with J165 are insured services payable at nil.	
J163/J463	32.10
- limited study – for other than pregnancy	
Intracavitary ultrasound	
J161/J461	32.10
- limited – for other than pregnancy	
J164/J464	24.40
Follicle monitoring studies	
<u>VASCULAR SYSTEM</u>	
Extra-cranial vessel assessment – above the aortic arch	
Bilateral carotid and/or subclavian and/or vertebral arteries only	
J190/J490	42.65
- doppler scan or B scan	
J201/J501	55.05
- duplex scan i.e. simultaneous real time, B-mode imaging and spectral analysis	
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/J493	22.05
- doppler scan or B scan, unilateral	
J202/J502	28.50
- duplex scan i.e. simultaneous real time, B-mode imaging and spectral analysis, unilateral	

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<u>VASCULAR SYSTEM (continued)</u>		
Venous assessment		
J198/J498	- 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/J505	- arterial and/or venous	22.05
Duplex evaluation of portal hypertension		
J206/J506	- must include doppler interrogation and documentation of 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/J507	- must include doppler interrogation and documentation of vascular shunts	22.05
Note: Not to be billed unless study specifically requested by referring physician.		
<u>VASCULAR LABORATORY FEES</u>		
Ankle pressure measurements		
J200/J500	- requires a minimum of 4 segmental pressure recordings and/or pulse volume recordings and/or Doppler recordings - unilateral or bilateral	20.40
J196/J496	- with exercise and/or quantitative measurement, to J200/J500	add 8.00
Note:		
1. G517 is <i>not eligible for payment</i> in addition to J200/J500.		
2. This service is <i>only eligible for payment</i> 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/J497	- two or more pressures	6.85
Penile Doppler Evaluation		
J199/J499	- Doppler scan	6.85

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<u>VASCULAR LABORATORY FEES (continued)</u>	
<p>Note: Penile Doppler is only insured for the following indications:</p> <ol style="list-style-type: none"> 1. priapism; 2. trauma; 3. revascularization; 4. primary erectile dysfunction; or 5. failure of both oral and injectable therapy for erectile dysfunction. <p>[Commentary: Penile Doppler performed for other indications is not an insured service.]</p>	
Transcutaneous tissue	
J203/J503	24.10
J204/J504	13.20
<u>MISCELLANEOUS</u>	
Extremities	
J182/J482	25.50
Breast	
J127/J427	23.70
Scrotal	
J183/J483	47.30
<u>ULTRASONIC GUIDANCE</u>	
<p>SPECIFIC ELEMENTS In addition to the <i>common elements</i>, the components of Ultrasonic Guidance include the following <i>specific elements</i>.</p> <ol style="list-style-type: none"> 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 <i>patient's representative(s)</i>, whether by telephone or otherwise, on matters related to the service. E. Providing premises, equipment, supplies and personnel for all <i>specific elements</i> of the technical and professional components except for the premises for any aspect(s) of A and D of the <i>professional component</i> that is(are) not performed at the place in which the procedure is performed. 	
J149	47.30
<p>Note: J138/J438 and J161/J461 performed during the same visit as J149 is an insured service payable at nil.</p>	