

DIAGNOSTIC RADIOLOGY

PREAMBLE

SPECIFIC ELEMENTS

Diagnostic Radiology procedures are divided into a professional component listed in the column headed with a "P", and a technical component listed in the column headed with an "H". The technical component of the procedures subject to the conditions stated under "Diagnostic Services Rendered at a Hospital" on page GP11, is eligible for payment only if the service is:

- a. rendered at a hospital;
- or
- b. rendered at an off-site premise operated by a hospital corporation that has received approval under section 4 of the *Public Hospital Act*.

In addition to the common elements, the components of Diagnostic Radiology procedures include the following specific elements.

For Professional Component P

- A. Providing clinical supervision, including approving, modifying and/or intervening in the performance of the procedure where appropriate, and quality control of all elements of the technical component of the procedure.
- B. Performance of any clinical procedure associated with the diagnostic procedure which is not separately billable (e.g. injections which are an integral part of the study) and of any fluoroscopy.
- C. Where appropriate, post-procedure monitoring, including intervening except where this constitutes a separately billable service.
- D. Interpreting the results of the diagnostic procedure.
- E. Providing premises for any aspect(s) of A and D that is(are) performed at a place other than the place in which the procedure is performed.

If the physician claiming the fee for the service is personally unable to perform elements A, B and C, these may be delegated to another physician who must personally perform the service. Element D must be personally performed by the physician who claims for the service

For Technical Component H

- A. Preparing the patient for the procedure.
- B. Performing the diagnostic procedure or assisting in the performance of fluoroscopy.
- 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(s), whether by telephone or otherwise, on matters related to the service.
- F. Preparing and transmitting a written, signed and dated interpretive report of the procedure to the referring physician.
- G. 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.

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OTHER TERMS AND DEFINITIONS

1. Professional and technical components are claimed separately. Claims for technical component H are submitted using the listed fee code with suffix B. Claims for professional component P are submitted using the listed fee code with suffix C.
2. For services rendered outside a hospital setting the only fees billable under the *Health Insurance Act* are listed under the column P (use suffix C). Fees for the technical component of these services are only claimed under the *Independent Health Facilities Act*. Fees for the technical component of services rendered in an Independent Health Facility are listed in the Schedule of Facility Fees.
3. Benefits for clinical procedures related to x-ray examinations are listed in the following section, or under Diagnostic and Therapeutic or Surgical Procedures. 'Clinical Procedures', in this context, are those by which contrast media are introduced, except oral or rectal administration for study of the alimentary tract, and intravenous injections, which are an integral part of the study, performed by the physician collecting the benefit for the procedure.
4. If less than the minimum number of views are performed, reduce listed fees by 25%.
5. If insured diagnostic radiology procedures yield abnormal findings or if they would yield information which in the opinion of the radiologist would be insufficient governed by the needs of the patient and the requirements of the referring physician or practitioner, the radiologist may add further views and claim for them (if listed).
6. All benefits listed apply to unilateral examinations unless otherwise specified. When a radiologist is asked to x-ray one extremity only, no additional claim should be made for comparison x-rays initiated by the radiologist.
7. A stereo pair is to be counted as two views.
8. No additional claim is warranted for the use of the image intensifier in diagnostic radiology.
9. Complex head CT scans are meant to be multiplanar (multidirectional) head CT scans - to include one or more of the following areas: pituitary fossa, posterior fossa, internal auditory meati, orbits and related structures, the temporal bone and its contents and the temporomandibular joints. X400, X401 and X188 are not to be billed in addition to those fees for complex head studies.
10. Nasal bones or accessory nasal sinuses should not be routinely claimed in skull examination requests.
11. Mandible X006 and Temporomandibular joints X007 are not both to be routinely claimed on the same patient but only when specifically ordered.
12. Conventional films of the spine should not be routinely done and claimed for before myelography. The necessity of having plain film studies of the spine prior to interpreting the myelographic studies is obvious. It is not essential, however, that these be done at the institution where the myelogram was done. If they have been done at an outside office, then it is a matter for the radiologist and the referring physician to have the films available. If they cannot be made available to the radiologist, it is an acceptable practice for him to do the required procedure of these areas and to claim for them so that they may be available for interpretation along with the myelographic study.

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13. Lumbar or lumbosacral spine X028 does not include the entire sacrum. An x-ray of the sacrum may be carried out and claimed for only when specifically indicated.
14. Three or more views of the chest should not be done routinely and claimed when a chest examination is requested.
15. Chest studies should not be routinely done and claimed in mammography cases.
16. Fluoroscopy claims should not be submitted for any examination performed by the radiologist where fluoroscopy is generally regarded as an integral part of the examinations e.g. examinations of the GI tract, urinary tract, and special procedures.
17. 'Colon - air contrast' may be claimed when performed according to generally accepted criteria. The colon should be scrupulously prepared. Five to eight full size views of the abdomen should be obtained after fluoroscopically controlled introduction of air and barium.
18. 'Oesophagus, stomach and duodenum - double contrast' presupposes the introduction of gas, the use of antifoam agent and a suitable barium mixture.
19. 'Pharynx and oesophagus - cine or videotape' (X106) should not be claimed routinely with X108 and X109 but only when specifically indicated.
20. Abdomen and chest studies should not be routinely done and claimed in gastrointestinal examinations.
21. Abdomen and/or pelvis should not be routinely claimed in lumbar spine examination requests.
22. A survey film of the abdomen is a single view. The ordering of additional films should be left to the discretion of the radiologist who should have the power to determine what examination is adequate for a specific patient. Obviously, if progress of a long tube is being followed, a survey film is sufficient. If, however, an intestinal obstruction is being followed, a single film is usually inadequate.
23. No extra fee should be claimed for rapid sequence IVP.
24. Nephrotomography is covered by the listings for intravenous pyelogram and planigram.

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25. Mammography or x-ray of the chest, ribs, arm, wrist, hand, leg, ankle or foot, rendered in an Independent Health Facility or a hospital out-patient department is insured when referred by a registered nurse holding an extended certificate of registration (RN(EC)).
26. Plain x-rays of the head, neck, pelvis, tibia or chest, computed tomography of the head, examinations of fistulas or sinuses or sialograms ordered by an oral and maxillofacial surgeon and rendered in a hospital out-patient department are insured when the plain x-rays of the head, neck, pelvis, tibia or chest, computed tomography of the head, examinations of fistulas or sinuses or sialograms are rendered:
 - a. in connection with a dental surgical procedure provided by an oral and maxillofacial surgeon in a hospital and it is medically necessary for the patient to receive the dental surgical procedure in a hospital;
 - or
 - b. on the order of an oral and maxillofacial surgeon who has reasonable grounds to believe that a dental surgical procedure, performed by an oral and maxillofacial surgeon, will be required in connection with the plain x-rays of the head, neck, pelvis, tibia and chest, computed tomography of the head, examinations of fistulas or sinuses or sialograms and that it will be medically necessary for the patient to receive the dental surgical procedure in a hospital.

DIAGNOSTIC RADIOLOGY

HEAD AND NECK

H	P
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Skull		
X001	- four views	30.65 13.65
X009	- five or more views	38.20 16.90
X003	Sella turcica (when skull not examined)	15.30 6.60
Facial bones		
X004	- three views	22.25 10.60
Nose		
X005	- two views	15.30 6.60
Mandible		
X006	- three views (uni- or bilateral)	22.25 10.65
X012	- four or more views	30.65 13.65
X007	Temporomandibular joints - four views including open and closed mouth views	22.25 10.65
Sinuses		
X008	- three views	22.25 10.65
Mastoids		
	- bilateral	
X010	- six views	29.40 14.70
X011	Internal auditory meati (when skull not examined)	22.25 10.65
	Note: Dental x-rays of the teeth are not an insured benefit.	
X016	Eye, for foreign body	15.25 9.35
X017	Eye, for localization, additional	15.70 21.00
X018	Optic foramina	17.30 9.35
X019	Salivary gland region	14.10 8.15
Neck for soft tissues		
X020	- two views	14.10 8.15

DIAGNOSTIC RADIOLOGY

SPINE AND PELVIS

H	P
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Cervical spine

X025	- two or three views	26.55	8.15
X202	- four or five views	34.25	11.05
X203	- six or more views	41.40	13.65

Thoracic spine

X027	- two views	24.25	8.15
X204	- three or more	30.65	10.95

Lumbar or lumbosacral spine

X028	- two or three views	26.55	8.15
X205	- four or five views	34.25	11.05
X206	- six or more views	41.40	13.75

Entire spine (scoliosis series)

X032	- four views	54.90	21.40
	- orthoroentgenogram (3 foot film)		
X033	- single view	22.25	10.45
X031	- two or more views	30.45	13.75

Sacrum and/or coccyx

X034	- two views	24.55	6.60
X207	- three or more views	31.85	10.95

Sacro-iliac joints

X035	- two or three views	22.25	10.65
X208	- four or more views	29.70	13.45

Pelvis and/or hip(s)

X036	- one view	15.30	6.60
X037	- two views (e.g. AP and frog view, both hips, or AP both hips plus lateral one hip)	28.45	9.50
X038	- three or more views (e.g. pelvis and sacro-iliac joints, or AP both hips plus lateral each hip)	32.70	10.65

DIAGNOSTIC RADIOLOGY

UPPER EXTREMITIES

H
P

Clavicle

X045	- two views	15.30	6.60
X209	- three or more views	23.50	9.15

Acromioclavicular joints (bilateral) with or without weighted distraction

X046	- two views	22.25	10.65
X210	- three or more views	30.35	13.45

Sternoclavicular joints (bilateral)

X047	- two or three views	18.40	8.15
X211	- four or more views	26.25	11.20

Shoulder

X048	- two views	18.40	8.15
X212	- three or more views	26.25	10.95

Scapula

X049	- two views	18.40	8.15
X213	- three or more views	26.45	10.95

Humerus including one joint

X050	- two views	15.30	6.60
X214	- three or more views	23.35	9.60

Elbow

X051	- two views	15.30	6.60
X215	- three or four views	23.50	9.35
X216	- five or more views	31.65	12.00

Forearm including one joint

X052	- two views	15.30	6.60
X217	- three or more views	23.50	9.35

Wrist

X053	- two or three views	15.30	6.60
X218	- four or more views	23.50	9.35

Hand

X054	- two or three views	15.30	6.60
X219	- four or more views	23.50	9.35

Wrist and hand

X055	- two or three views	22.25	13.45
X220	- four or more views	28.35	16.15

Finger or thumb

X056	- two views	11.80	4.85
X221	- three or more views	15.30	6.60

DIAGNOSTIC RADIOLOGY

LOWER EXTREMITIES

H

P

Hip (unilateral)		
X060	- two or more views	24.35 7.90
Femur including one joint		
X063	- two views	15.30 6.60
X223	- three or more views	22.75 9.35
Knee including patella		
X065	- two views	15.30 6.60
X224	- three or four views	23.50 9.35
X225	- five or more views	31.65 12.00
Tibia and fibula including one joint		
X066	- two views	15.30 6.60
X226	- three or more views	23.50 9.35
Ankle		
X067	- two or three views	15.30 6.60
X227	- four or more views	23.50 9.35
Calcaneus		
X068	- two views	15.30 6.60
X228	- three or more views	23.50 9.35
Foot		
X069	- two or three views	15.30 6.60
X229	- four or more views	23.50 9.35
Toe		
X072	- two views	11.80 4.85
X230	- three or more views	15.30 9.35
X064	Leg length studies (orthoroentgenogram)	22.25 10.65

DIAGNOSTIC RADIOLOGY

SKELETAL SURVEYS

H

P

Skeletal survey for bone age

X057	- single film	15.30	6.60
X058	- two or more films or views	22.25	10.95

Other survey studies - e.g. rheumatoid, metabolic or metastatic

X080	- single view	7.65	3.40
X081	- each additional film or view	7.65	3.40

DIAGNOSTIC RADIOLOGY

CHEST AND ABDOMEN

H**P**

Chest

X090	- single view	15.30	6.60
X091	- two views	22.45	11.05
X092	- three or more views	28.85	12.80

Note:

Miniature chest film for survey purposes only is not an insured benefit.

Ribs

X039	- two or more views.	18.40	8.05
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Sternum

X040	- two or more views.	18.40	8.05
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Thoracic inlet

X096	- two or more views.	15.30	6.60
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Abdomen

X100	- single view	15.30	6.60
X101	- two or more views.	23.40	9.50

DIAGNOSTIC RADIOLOGY

GASTROINTESTINAL TRACT

H
P

		H	P
Palatopharyngeal analysis			
X105	- cine or videotape	30.25	38.00
Pharynx and oesophagus			
X106	- cine or videotape	30.25	38.00
X107	Oesophagus when X103, X104, X108 or X109 not claimed ...	27.40	22.05
Oesophagus, stomach and duodenum			
X108	- including survey film, if taken	47.50	39.30
X104	- double contrast, including survey film, if taken	49.75	47.80
X103	- double contrast, including survey film, if taken, and small bowel	62.50	60.15
X110	Hypotonic duodenogram	40.35	33.95
X109	Oesophagus, stomach and small bowel	60.60	51.25
Small bowel only			
X111	- when only examination performed during patient's visit...	27.10	22.45
Colon			
X112	- barium enema including survey film, if taken	49.65	30.30
X113	- air contrast, primary or secondary, including survey films, if taken	62.85	51.25
Gallbladder			
X114	- one or multiple day examinations	30.70	11.95
X120	- one or multiple day examinations with preliminary plain film	40.80	11.95
X116	T-tube cholangiogram	22.25	9.25
X117	Operative cholangiogram	22.25	9.25
X123	Operative pancreatogram or ERCP	22.25	9.25

DIAGNOSTIC RADIOLOGY

GENITOURINARY TRACT

H	P
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X129 Retrograde pyelogram, unilateral or bilateral	22.25	9.25
X130 Intravenous pyelogram including preliminary film	50.90	23.45
X137 Cystogram (catheter)	24.45	7.00
X135 Cystourethrogram, stress or voiding (catheter)	28.20	14.25
X131 Cystourethrogram (non-catheter)	5.90	4.90
X191 Intestinal conduit examination or nephrostogram	22.25	9.25
X138 Percutaneous antegrade pyelogram	22.25	9.25
X139 Percutaneous nephrostogram	22.25	9.25
X134 Retrograde urethrogram	18.40	7.00
X136 Vasogram	18.40	7.00
X141 Cavernosography	21.20	8.75

DIAGNOSTIC RADIOLOGY

OBSTETRICS AND GYNAECOLOGY

	H	P
X143 Survey film.....	15.10	5.85
X144 Pelvimetry.....	22.05	9.50
X147 Hysterosalpingogram.....	30.55	11.70

DIAGNOSTIC RADIOLOGY

FLUOROSCOPY - BY PHYSICIAN WITH OR WITHOUT SPOT FILMS

	H	P
X195 Chest	9.50	14.65
X196 Skeleton	9.50	14.65
X197 Abdomen	9.50	14.65
X189 Fluoroscopic control of clinical procedures done by another physician per ¼ hour	7.50	24.45

DIAGNOSTIC RADIOLOGY

SPECIAL EXAMINATIONS

H

P

Abdominal, thoracic, cervical or cranial angiogram by catheterization

Using single films

X179	- non-selective	30.35	13.15
X180	- selective (per vessel, to a maximum of 4).	39.95	26.05

Using film changer, cine or multiformat camera

X181	- non-selective	61.20	25.65
X182	- selective (per vessel, to a maximum of 4).	81.35	38.55
X140	- selective (5 or more vessels)	325.50	154.15

Carotid angiogram by direct puncture

X160	- unilateral	50.15	35.05
X161	- bilateral	80.60	57.85

Peripheral angiogram

X174	- unilateral	30.55	12.85
X175	- bilateral	40.35	25.65
X198	Splenoportogram	60.60	23.30
X199	Translumbar aortogram	60.60	23.30

Vertebral angiogram - direct puncture or retrograde brachial injection

X132	- unilateral	50.15	35.05
X133	- bilateral	81.95	52.60
X156	Arthrogram, tenogram or bursogram	26.90	28.35
X200	- with fluoroscopy and complete positioning throughout by physician.	37.65	46.90

Bronchogram

X158	- unilateral	29.70	23.70
X159	- bilateral	39.40	35.60
X162	Cerebral stereotaxis.	60.70	23.80
X122	Cholangiogram, percutaneous trans-hepatic	30.25	19.25
X121	Stereotactic core breast biopsy	-	69.10

DIAGNOSTIC RADIOLOGY

BONE MINERAL DENSITY (BMD) MEASUREMENT

H P

Dual-energy X-ray Absorptiometry (DXA) - by axial technique only

Definition:

For the purpose of subsequent testing,

high risk patient means a patient:

1. at risk for accelerated bone loss (in the absence of other risk factors, patient age is deemed not to place a patient at high risk for accelerated bone loss);
2. with osteopenia or osteoporosis on any previous BMD testing;
- or
3. with bone loss in excess of 1% per year as demonstrated by previous BMD testing.

low risk patient means a patient who is not a high risk patient

Definition/Required Elements of Service:

BMD measurement by DXA is an insured service only when all the following conditions have been met:

1. the service is rendered for the prevention and management of osteoporosis or osteopenia;
2. when more than one site is measured, the sites include both hip and spine and where measurement of both hip and spine is not technically feasible the site measured consists of either hip or spine.

[Commentary:

Measurement of hip and spine would be considered not technically feasible due to prosthesis or deformity.]

Baseline Test

X145	- one site	43.95	41.30
X146	- two or more sites	56.60	49.40

Subsequent test - low risk patient

X152	- one site	43.95	41.30
X153	- two or more sites	56.60	49.40

Subsequent test - high risk patient

X149	- one site	43.95	41.30
X155	- two or more sites	56.60	49.40

Payment rules:

1. Patients are limited to one baseline test (X145 or X146) in their lifetime.
2. Subsequent tests for low risk patients (X152/X153) with normal previous BMD testing are limited to one test every 36 months.
3. Subsequent tests for high risk patients (X149/X155) are limited to one test every 12 months unless the ordering physician obtains written prior authorization from a medical consultant. Authorization will be dependent on the ordering physician demonstrating that the test is generally accepted as necessary for the patient under the circumstances.

DIAGNOSTIC RADIOLOGY

BONE MINERAL DENSITY (BMD) MEASUREMENT

H P

[Commentary:

1. Baseline and subsequent tests should be ordered only in accordance with current practice guidelines. In those situations where testing is ordered on a particular patient for reasons that vary from the guidelines, the ordering physician should ensure that the patient's medical record sufficiently explains the justification for the test in this particular case.
2. In the event a patient with a previous normal baseline test (X145/X146) meets any of the criteria listed for high risk patients as stated above, the patient would be eligible for subsequent test – high risk patient services (X149/X155) subject to the restriction stated in payment rule #3.
3. In the event a patient with a previous normal subsequent test – low risk patient (X152/X153) meets any of the criteria listed for high risk patients as stated above, the patient would be eligible for Subsequent test – high risk patient services (X149/X155) subject to the restriction stated in payment rule #3.
4. The 2002 Clinical Practice Guidelines for the Diagnosis and Management of Osteoporosis in Canada can be found at http://www.cmaj.ca/cgi/reprint/167/10_suppl/s1.pdf.]

DIAGNOSTIC RADIOLOGY

COMPUTED TOMOGRAPHY (CT)

H	P
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Head

X400	- without IV contrast	-	44.55
X401	- with IV contrast	-	66.90
X188	- with and without IV contrast	-	78.15

Complex head

X402	- without IV contrast	-	66.90
X405	- with IV contrast	-	78.15
X408	- with and without IV contrast	-	89.20

Note:

Complex head (see Diagnostic Radiology Preamble, paragraph 9)

Neck

X403	- without IV contrast	-	66.90
X404	- with IV contrast	-	78.15
X124	- with and without IV contrast	-	89.20

Thorax

X406	- without IV contrast	-	66.90
X407	- with IV contrast	-	78.15
X125	- with and without IV contrast	-	89.20

Abdomen

X409	- without IV contrast	-	89.20
X410	- with IV contrast	-	100.45
X126	- with and without IV contrast	-	111.55

Pelvis

X231	- without IV contrast	-	89.20
X232	- with IV contrast	-	100.45
X233	- with and without IV contrast	-	111.55

Extremities (one or more)

X412	- without IV contrast	-	44.55
X413	- with IV contrast	-	66.90
X127	- with and without IV contrast	-	78.15

Spine(s)

X415	- without IV contrast	-	89.20
X416	- with IV contrast	-	100.45
X128	- with and without IV contrast	-	111.55
X168	CT guidance of biopsy	-	35.30
X417	Three dimensional CT acquisition sequencing, including post-processing (minimum of 60 slices; maximum 1 scan per patient per day)	-	64.00

DIAGNOSTIC RADIOLOGY

MISCELLANEOUS EXAMINATIONS

	H	P
X151 Cordotomy, percutaneous	49.65	35.90
X163 Dacrocystogram	30.35	11.95
Discogram(s)		
X164 - one or more levels	29.70	23.70
X167 Fistula or sinus	22.05	9.50
X169 Laminogram, planigram, tomogram	40.90	11.70
X170 Laryngogram	29.70	23.70
X171 Lymphangiogram	50.25	23.75
X192 Mammary ductography	25.70	10.95
Mammogram		
Dedicated equipment		
X184 - unilateral	28.75	15.85
X185 - bilateral	38.10	25.25
X194 Additional coned views with or without magnification (limit of two per breast) per film	6.10	4.30
X201 Breast biopsy specimen x-ray, per specimen	6.10	4.30
X150 Mechanical evaluation of knee	26.10	16.35
X193 Microradiology of the hands	14.85	11.95
X173 Myelogram - spine and/or posterior fossa	35.85	28.15
X190 Pantomography	18.20	7.10
X154 Penis	16.35	4.85
X165 Photographic subtraction	-	11.70
X176 Sialogram	30.55	11.70
X177 Skin thickness measurement	16.00	9.50
X183 Ventriculogram	49.65	35.70
X166 Examination using portable machine "in home" add to first examination only	-	-

Note:

X166 does not apply to the use of a portable machine in a hospital. Can only be claimed once per day regardless of the number of people x-rayed in the same "home" including "nursing home". The facility fee for X166 is listed in the Schedule of Facility Fees for Independent Health Facilities.

DIAGNOSTIC RADIOLOGY

NOT ALLOCATED