

DIAGNOSTIC ULTRASOUND

PREAMBLE

SPECIFIC ELEMENTS

Diagnostic Ultrasound procedures are divided into a professional component listed in the columns headed with a "P₁" or "P₂", 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 Hospitals Act*.

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

For Professional Component P₁

- A. Being physically present in the ultrasound department or facility to provide 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. Either
 1. the performance of some or all of the procedure;
 - or
 2. the review of the images obtained before the patient leaves the department/office, so as to be able to modify the examination while the patient is still in the department/office.
- 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 of D that is performed at a place other than the place in which the procedure is performed.

Elements A, B, C and D must be personally performed by the physician who claims for the service.

For Professional Component P₂

- A. Interpretation of the results if the physician's only contact with the examination is a review of its recording by video methods or multi-format images, after the patient has left the department/office.
- B. Providing premises for any aspect of A of P₂ that is performed at a place other than the place in which the procedure is performed.

Element A must be personally performed by the physician who claims for the service.

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For Technical Component H

- 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(s), 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 and professional components except for the premises for any aspect of D of the P₁ professional component and A of the P₂ professional component that is(are) not performed at the place in which the procedure is performed.

Where the only professional component provided is P₂, the specific elements A and C listed for the professional component P₁ are included in the specific elements of the technical component.

DIAGNOSTIC ULTRASOUND

PREAMBLE

OTHER TERMS AND DEFINITIONS

1. Professional and technical components are claimed separately. Claims for the technical component H are submitted using listed fee code with suffix B. Claims for professional component P₁ are submitted using first listed fee code with suffix C (e.g. J102C), while claims for professional component P₂ are submitted using second listed fee code with suffix C (e.g. J402C).
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 billable under the *Independent Health Facilities Act* and are listed in the Schedule of Facility Fees.
3. A-Mode - implies a one-dimensional ultrasonic measurement procedure.
4. M-Mode - implies a one-dimensional ultrasonic measurement procedure with movement of the trace to record amplitude and velocity of moving echo-producing structures.
5. 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.
6. If insured diagnostic ultrasound procedures yield abnormal findings or if they would yield information which in the opinion of the interpreting physician would be insufficient governed by the needs of the patient and the requirements of the referring physician or practitioner, the interpreting physician may add further views and claim for them (if listed).
7. Ultrasound of the abdomen, pelvis or breast, 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)).
8. Ultrasound for normal, complicated or high risk pregnancy (but not for the postpartum period) rendered in an Independent Health Facility or hospital is insured when referred by a midwife.
9. Ultrasound of the face or sinuses ordered by an oral and maxillofacial surgeon and rendered in a hospital out-patient department is insured when the ultrasound of the face or sinuses is 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 ultrasound of the face or sinuses and that it will be medically necessary for the patient to receive the dental surgical procedure in a hospital.

DIAGNOSTIC ULTRASOUND

HEAD AND NECK

		H	P1	P2
Brain				
J122	- complete, B-mode	48.40	30.55	
J422	- complete, B-mode	48.40		22.95
Echography - ophthalmic (excluding vascular study)				
J102	- quantitative, A-mode	22.95	36.70	
J402	- quantitative, A-mode	22.95		27.60
J103	- B-scan immersion	45.10	48.95	
J403	- B-scan immersion	45.10		36.60
J107	- B-scan contact	22.30	24.25	
J407	- B-scan contact	22.30		18.20
J108	- biometry (Axial length - A-mode)	23.40	25.35	
J408	- biometry (Axial length - A-mode)	23.40		19.00
Face and/or neck				
J105	- excluding vascular study	48.50	30.55	
J405	- excluding vascular study	48.50		22.90
Paranasal sinuses				
J106	- A-mode	6.65	2.96	
J406	- A-mode	6.65		2.21

DIAGNOSTIC ULTRASOUND

THORAX, ABDOMEN AND RETROPERITONEUM

H	P1	P2
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Thorax

J125	Chest masses, pleural effusion - A & B-mode	50.00	31.60	
J425	Chest masses, pleural effusion - A & B-mode	50.00		23.70

Note:

Heart - Echocardiography - see listings in Diagnostic and Therapeutic Procedures.

Abdomen and Retroperitoneum

Abdominal scan				
J135	- complete	50.00	31.60	
J435	- complete	50.00		23.70
J128	- limited study (e.g. gallbladder only, aorta only or follow-up study)	32.90	20.90	
J428	- limited study (e.g. gallbladder only, aorta only or follow-up study)	32.90		15.65

DIAGNOSTIC ULTRASOUND

PREGNANCY		H	P1	P2
Complete				
J159	- on or after 16 weeks gestation (maximum one per normal pregnancy)	50.00	31.60	
J459	- on or after 16 weeks gestation (maximum one per normal pregnancy)	50.00		23.70
J160	- for high risk pregnancy or complications of pregnancy.	50.00	31.60	
J460	- for high risk pregnancy or complications of pregnancy.	50.00		23.70
Gestational age for Maternal Serum Screening Program				
J157	- before 16 weeks gestation (maximum one per normal pregnancy)	32.90	20.90	
J457	- before 16 weeks gestation (maximum one per normal pregnancy)	32.90		15.65
Limited				
J158	- for high risk pregnancy or complications of pregnancy.	32.90	20.90	
J458	- for high risk pregnancy or complications of pregnancy.	32.90		15.65

DIAGNOSTIC ULTRASOUND

PELVIS

		H	P1	P2
Pelvis				
J162	- complete*	50.00	31.60	
J462	- complete*	50.00		23.70
J138	Intracavitary ultrasound* (e.g. transrectal, transvaginal)	50.00	31.60	
J438	Intracavitary ultrasound* (e.g. transrectal, transvaginal)	50.00		23.70

Note:

*For ovulation induction purposes, the limit is one per cycle. Additional ultrasounds may be claimed as J164/J464.

J165	Transvaginal sonohysterography - may include saline or other intracavitary contrast media except Echovist for demonstration of tubal patency.	102.50	31.55	
J476	Transvaginal sonohysterography - including Echovist contrast media for demonstration of tubal patency.	238.85	31.55	

Note:

J138/438 and J161/461 rendered in conjunction with J165 are insured services payable at nil.

[Commentary:

See Diagnostic and Therapeutic Procedures section page J31 for Transvaginal sonohysterography, introduction of catheter with or without injection or contrast media (G399).]

Pelvis

J163	- limited study - for other than pregnancy	32.90	20.90	
J463	- limited study - for other than pregnancy	32.90		15.65

Intracavitary ultrasound

J161	- limited - for other than pregnancy	32.90	20.90	
J461	- limited - for other than pregnancy	32.90		15.65

Note:

1. For residual urine measurement by ultrasound (G900), see Diagnostic and Therapeutic Procedures, section J, Urology.
2. Residual urine measurement by ultrasound (G900) is not eligible for payment when rendered with an ultrasound of the pelvis or intracavitary ultrasound.

J164	Follicle monitoring studies	25.00	15.80	
J464	Follicle monitoring studies	25.00		11.90

DIAGNOSTIC ULTRASOUND

VASCULAR SYSTEM

		H	P1	P2
J189	Transcranial doppler assessment of intracranial circulation. . . .	-	24.10	
J489	Transcranial doppler assessment of intracranial circulation. . . .	-		18.10
Extra-cranial vessel assessment - above the aortic arch				
Bilateral carotid and/or subclavian and/or vertebral arteries only				
J190	- doppler scan or B scan.	43.75	22.05	
J490	- doppler scan or B scan.	43.75		16.50
J191	- frequency analysis	43.75	22.05	
J491	- frequency analysis	43.75		16.50
J192	- frequency analysis with Doppler scan.	55.05	30.15	
J492	- frequency analysis with Doppler scan.	55.05		22.60
J201	- duplex scan i.e. simultaneous real time, B-mode imaging and spectral analysis.	67.90	42.80	
J501	- duplex scan i.e. simultaneous real time, B-mode imaging and spectral analysis.	67.90		32.10
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	22.60	18.40	
J493	- doppler scan or B scan, unilateral	22.60		13.70
J194	- frequency analysis, unilateral	15.15	15.10	
J494	- frequency analysis, unilateral	15.15		11.25
J195	- frequency analysis with Doppler scan, unilateral	28.50	25.15	
J495	- frequency analysis with Doppler scan, unilateral	28.50		18.80
J202	- duplex scan i.e. simultaneous real time, B-mode imaging and spectral analysis, unilateral	34.35	21.40	
J502	- duplex scan i.e. simultaneous real time, B-mode imaging and spectral analysis, unilateral	34.35		16.05
Venous assessment				
J198	- bilateral - includes assessment of femoral, popliteal and posterior or tibial veins with appropriate functional manoeuvres and permanent record	7.60	12.70	
J498	- bilateral - includes assessment of femoral, popliteal and posterior or tibial veins with appropriate functional manoeuvres and permanent record.	7.60		9.60
Note: Not to be claimed during surgery or during patient's post-operative stay in hospital.				
Doppler evaluation of organ transplantation				
J205	- arterial and/or venous.	22.60	18.30	
J505	- arterial and/or venous.	22.60		13.70

DIAGNOSTIC ULTRASOUND

VASCULAR SYSTEM

H	P1	P2
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Duplex evaluation of portal hypertension

J206	- must include doppler interrogation and documentation of superior mesenteric vein, splenic vein, portal veins, hepatic veins and hepatic arteries	22.60	18.30
J506	- must include doppler interrogation and documentation of superior mesenteric vein, splenic vein, portal veins, hepatic veins and hepatic arteries	22.60	13.70

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.	22.60	18.30
J507	- must include doppler interrogation and documentation of vascular shunts.	22.60	13.70

Note:
Not to be billed unless study specifically requested by referring physician.

DIAGNOSTIC ULTRASOUND

VASCULAR LABORATORY FEES

		H	P1	P2
Ankle pressure measurements				
J200	- requires a minimum of 4 segmental pressure recordings and/or pulse volume recordings and/or Doppler recordings - unilateral or bilateral	20.90	28.15	
J500	- requires a minimum of 4 segmental pressure recordings and/or pulse volume recordings and/or Doppler recordings - unilateral or bilateral	20.90		21.10
J196	- with exercise and/or quantitative measurements, to J200 add	8.20	13.30	
J496	- with exercise and/or quantitative measurements, to J500 add	8.20		10.00

Note:

1. G517 is not eligible for payment in addition to J200/J500.
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.]

Penile pressure recordings

J197	- two or more pressures	7.05	10.05	
J497	- two or more pressures	7.05		7.50

Penile Doppler Evaluation

J199	- doppler scan.	7.05	10.05	
J499	- doppler scan.	7.05		7.50

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 erectile dysfunction.

[Commentary:

Penile Doppler performed for other indications is not an insured service.]

Transcutaneous tissue

J203	- oxygen tension measurements.	24.70	7.10	
J503	- oxygen tension measurements.	24.70		5.30
J204	- when done in addition to Doppler studies	13.55	7.10	
J504	- when done in addition to Doppler studies	13.55		5.30

Note:

For ankle pressure determination see G517 under Cardiovascular Diagnostic & Therapeutic Procedures.

DIAGNOSTIC ULTRASOUND

MISCELLANEOUS

H	P1	P2
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Echography for placement of radiation therapy fields

J180	- scan B-mode	36.05	24.35	
J480	- scan B-mode	36.05		18.30

Extremities

J182	- per limb (excluding vascular study)	26.15	17.50	
J482	- per limb (excluding vascular study)	26.15		12.80

Breast

J127	- scan B-mode (per breast)	24.30	15.35	
J427	- scan B-mode (per breast)	24.30		11.50

Scrotal

J183	- scan	48.50	30.65	
J483	- scan	48.50		22.90

H	P
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Portable ultrasound

E475	- performed in hospital by physicians at bedside or in operating theatre, to the ultrasound fee. Unit means ¼ hour or major part thereof - see General Preamble GP6 for definitions and time keeping requirements. per unit	-	20.20	
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Note:

Not to be billed for service provided in an Independent Health Facility, or for services performed on admitted bed patients, day care patients or patients in the emergency department of a hospital.

J290	Spinal sonography	-	31.50	
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DIAGNOSTIC ULTRASOUND

ULTRASONIC GUIDANCE

SPECIFIC ELEMENTS

In addition to the common elements, the components of Ultrasonic Guidance include the following specific elements.

For Professional Component P

- A. Providing clinical supervision and quality control of all elements of the technical component of the procedure.
- B. Providing ultrasonic guidance for the physician performing the associated procedure.
- C. Where appropriate, post-procedure monitoring, including intervening except where this constitutes a separately billable service.
- 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 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.

For Technical Component H

- 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.

		H	P
J149	Ultrasonic guidance of biopsy, aspiration, amniocentesis or drainage procedures (one physician only)	48.50	30.65
	Note: J138/438 and J161/461 performed during the same visit as J149 is an insured service payable at nil.		
J151	Ultrasound compression of groin pseudoaneurysm, per ¼ hour	-	20.25