

NUCLEAR MEDICINE - IN VIVO

PREAMBLE

SPECIFIC ELEMENTS

Nuclear Medicine 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 procedure subject to the conditions stated under "Diagnostic Services Rendered at a Hospital" on page GP8, 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 Nuclear Medicine procedures include the following *specific elements*.

For Professional Component P1

- 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.
- 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.

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

The physician must claim the P2 fee, even if the P1 service has been performed, if he/she has performed a consultation or other assessment in conjunction with the P1 service.

For Professional Component P2

- A. Interpreting the results of the diagnostic procedure.
- B. Providing premises for any aspect(s) of the *specific elements*, that is(are) 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.

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*, 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 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*.

NUCLEAR MEDICINE - IN VIVO

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. J802C), while claims for *professional component* P2 are submitted using second listed fee code with suffix C (e.g. J602C).
2. For services rendered outside a hospital setting the only fees billable under the *Health Insurance Act* are listed under P1 or P2 (use suffix C). Fees for the *technical component* of these services are only billable under the *Independent Health Facilities Act*.
3. With the exception of J618/J818, J635/J835, J621/J821, J634/J834, J680/J880 or when SPECT is claimed, if quantification or data manipulation is carried out in addition to visual inspection of imaging studies, add 30% to the appropriate professional benefit. For claim purposes, use prefix "Y". Such activity must add significant diagnostic information not available by inspection alone and does not include simple image enhancement techniques such as smoothing, background subtraction, etc. Recording of images on videotape for replay and production of images on the video display of a computer do not in themselves justify the additional benefit. The claims for cardiac wall motion studies and calculation of ventricular ejection fraction (J811 and J813) already include an allowance for data manipulation as a general rule and no additional benefit may be claimed. The additional computer benefit may be claimed only when additional cardiac quantifications are performed i.e. stroke volume ratio and volume response curves and/or phase analysis.
4. If examination of Brain, Lung, Liver or Spleen is limited to one view, the benefit (H and P1 or P2) is to be reduced by 50%.
5. Repeat studies on the same *day* may be claimed only after exercise or drug intervention.
6. When tomographic examination (SPECT) is billed, the 30% add-on referred to in paragraph 3 may not be claimed.
7. Fees for the *technical component* of services rendered in an Independent Health Facility are listed in the *Schedule of Facility Fees*.
8. Bone or labeled leukocyte scintigraphy ordered by an oral and maxillofacial surgeon and rendered in a hospital out-patient department is insured when the bone or labeled leukocyte scintigraphy 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 bone or labeled leukocyte scintigraphy and that it will be medically necessary for the patient to receive the dental surgical procedure in a hospital.
9. The technical and professional fee components for myocardial perfusion imaging /echocardiogram/exercise stress test/stress echocardiogram are not eligible for payment in the routine preoperative preparation or screening of a patient for surgery where the patient will undergo a low risk procedure or has a low risk of perioperative cardiac complications, unless there is a clinical indication requiring myocardial perfusion imaging/exercise stress test/cardiac stress echo studies other than solely for preoperative preparation of the patient.

[Commentary:

1. Studies have indicated that for non cardiac surgery, there may be no clinical benefit and there may be harm in performing functional cardiac testing in patients with low operative risk and little or limited benefit in moderate risk patients. BMJ 2010, Jan 28; 340.
2. One example of a generally accepted guideline is the American College of Cardiology (ACC)/ American Heart Association (AHA) Guidelines that states:
 - a. Non invasive testing could be considered in patients with 1 to 2 risk factors and poor functional capacity (less than 4 mets) who require intermediate risk surgery if it will change management (class IIb)
 - b. Non invasive testing has not been show to be useful in patients with no clinical risk factors undergoing intermediate risk non cardiac surgery (class III).
 - c. Non invasive testing has not been shown to useful in patients undergoing low risk non cardiac surgery (class III)]

NUCLEAR MEDICINE - IN VIVO

CARDIOVASCULAR SYSTEM

		H	P1	P2
Venography				
J802	- peripheral and superior vena cava.....	96.35	48.40	
J602	- peripheral and superior vena cava.....	96.35		24.20
First Transit				
J804	- without blood pool images	16.10	19.90	
J604	- without blood pool images	16.10		11.40
J867	- with blood pool images	57.30	27.85	
J667	- with blood pool images	57.30		14.90
Cardioangiography				
J806	- first pass for shunt detection, cardiac output and transit studies	95.10	52.10	
J606	- first pass for shunt detection, cardiac output and transit studies	95.10		26.50
Myocardial Perfusion Scintigraphy				
J807	- resting, immediate post stress	217.55	47.65	
J607	- resting, immediate post stress	217.55		23.80
J866	- application of SPECT (maximum 1 per examination)..... add	43.50	29.55	
J666	- application of SPECT (maximum 1 per examination)..... add	43.50		14.90
J808	- delayed	80.10	26.10	
J608	- delayed	80.10		13.65
J809	- application of SPECT (maximum 2 per examination)..... add	43.50	29.55	
J609	- application of SPECT (maximum 2 per examination)..... add	43.50		14.90
Myocardial scintigraphy				
J810	- acute infarction, injury	88.25	47.40	
J610	- acute infarction, injury	88.25		23.70
Myocardial wall motion				
J811	- studies.....	95.10	54.05	
J611	- studies.....	95.10		26.10
J812	- repeat same <i>day</i> (to a maximum of three repeats).....	48.15	26.10	
J612	- repeat same <i>day</i> (to a maximum of three repeats).....	48.15		12.75
J813	- studies with ejection fraction	135.15	78.15	
J613	- studies with ejection fraction	135.15		39.90
J814	- repeat same <i>day</i> (to a maximum of three repeats).....	48.15	41.25	
J614	- repeat same <i>day</i> (to a maximum of three repeats).....	48.15		20.10
Note:				
J811/J611 and/or J812/J612 rendered in conjunction with J813/J613 and/or J814/J614 are insured services payable at nil.				
J815	Detection of venous thrombosis using radioiodinated fibrinogen up to ten days.....	131.70	48.40	
J615	Detection of venous thrombosis using radioiodinated fibrinogen up to ten days.....	131.70		24.20

NUCLEAR MEDICINE - IN VIVO

ENDOCRINE SYSTEM

	H	P1	P2
Adrenal scintigraphy			
J816 - with iodocholesterol	385.90	48.40	
J616 - with iodocholesterol	385.90		23.70
J868 - with iodocholesterol and dexamethasone suppression	451.30	55.75	
J668 - with iodocholesterol and dexamethasone suppression	451.30		27.20
J869 - with MIBG	555.35	55.55	
J669 - with MIBG	555.35		25.35
Thyroid scintigraphy			
J818 - with Tc99m or I-131.....	64.15	48.35	
J618 - with Tc99m or I-131.....	64.15		24.20
J871 - with I-123	103.10	48.40	
J671 - with I-123	103.10		24.20
[Commentary:			
1. Indications for thyroid scanning include:			
a. Hyperthyroidism (including nodules associated with hyperthyroidism); or			
b. Congenital hypothyroidism; or			
c. Masses in the neck or mediastinum suspected to be thyroid in origin.			
d. Assessment of multinodular glands to guide tissue sampling ; or			
e. Assessment of nodules with equivocal Fine Needle Aspiration findings.			
2. Nuclear thyroid assessment is not generally indicated for the investigation of <i>adult</i> hypothyroidism.			
3. Thyroid nodules of less than 1 cm in size may not be accurately assessed by thyroid scintigraphy.]			
Thyroid			
J817 - uptake	28.65	21.85	
J617 - uptake	28.65		12.75
J870 - repeat.....	14.65	12.85	
J670 - repeat.....	14.65		9.70
Parathyroid scintigraphy			
J820 - dual isotope technique with T1201 and Tc99m Iodine	234.70	66.35	
J620 - dual isotope technique with T1201 and Tc99m Iodine	234.70		33.75
J872 Metastatic survey with I-131	240.60	55.55	
J672 Metastatic survey with I-131	240.60		27.75

NUCLEAR MEDICINE - IN VIVO

GASTROINTESTINAL SYSTEM

		H	P1	P2
Schilling test				
J821	- single isotope	44.65	11.40	
J621	- single isotope	44.65		9.75
J823	- dual isotope.....	48.15	9.70	
J623	- dual isotope.....	48.15		9.75
Malabsorption test				
J824	- with C ¹⁴ substrate	57.30	9.95	
J624	- with C ¹⁴ substrate	57.30		9.95
J873	- with whole body counting.....	137.70	17.80	
J673	- with whole body counting.....	137.70		9.75
Gastrointestinal				
J825	- protein loss.....	82.45	9.75	
J625	- protein loss.....	82.45		9.75
J874	- blood loss using - Cr ⁵¹	61.90	9.70	
J674	- blood loss using - Cr ⁵¹	61.90		9.75
J829	- transit	103.10	48.40	
J629	- transit	103.10		24.20
Calcium absorption				
J826	- Ca ⁴⁵	61.90	9.95	
J626	- Ca ⁴⁵	61.90		9.95
J875	- Calcium ⁴⁷ absorption/excretion	253.10	38.75	
J675	- Calcium ⁴⁷ absorption/excretion	253.10		18.85
J827	- Oesophageal motility studies - one or more	118.90	48.40	
J627	- Oesophageal motility studies - one or more	118.90		23.70
Gastro-oesophageal				
J876	- reflux	56.70	48.40	
J676	- reflux	56.70		23.70
J877	- aspiration	40.15	48.40	
J677	- aspiration	40.15		24.20
Abdominal scintigraphy - for gastrointestinal bleed				
J830	- Tc99m sulphur colloid or Tc ⁰⁴	87.00	48.40	
J630	- Tc99m sulphur colloid or Tc ⁰⁴	87.00		24.20
J878	- labelled RBCs	143.20	48.40	
J678	- labelled RBCs	143.20		24.20
J879	- LeVeen shunt patency	66.30	48.40	
J679	- LeVeen shunt patency	66.30		23.70
J831	Biliary scintigraphy	114.50	48.40	
J631	Biliary scintigraphy	114.50		24.20
J832	Liver/spleen scintigraphy	80.10	48.40	
J632	Liver/spleen scintigraphy	80.10		24.20
J833	Salivary gland scintigraphy	96.25	48.40	
J633	Salivary gland scintigraphy	96.25		24.20

NUCLEAR MEDICINE - IN VIVO

GENITOURINARY SYSTEM

		H	P1	P2
J834	Dynamic renal imaging	96.25	39.10	
J634	Dynamic renal imaging	96.25		19.55
Computer assessed renal function				
J835	- includes first transit	131.70	69.35	
J635	- includes first transit	131.70		34.65
J880	- repeat after pharmacological intervention	44.85	21.40	
J680	- repeat after pharmacological intervention	44.85		11.15
J836	Static renal scintigraphy	33.25	48.40	
J636	Static renal scintigraphy	33.25		24.20
J837	ERPF by blood sample method	40.15	9.95	
J637	ERPF by blood sample method	40.15		9.95
J838	GFR by blood sample method	40.15	9.95	
J638	GFR by blood sample method	40.15		9.95
J839	Cystography for vesicoureteric reflux	120.55	48.40	
J639	Cystography for vesicoureteric reflux	120.55		23.70
Testicular and scrotal scintigraphy				
J840	- includes first transit	82.45	48.40	
J640	- includes first transit	82.45		24.20

NUCLEAR MEDICINE - IN VIVO

HAEMATOPOIETIC SYSTEM

		H	P1	P2
J841	Plasma volume	43.50	11.40	
J641	Plasma volume	43.50		9.75
J843	Red cell volume	48.15	11.40	
J643	Red cell volume	48.15		9.75
J847	Ferrokinetics - clearance, turnover, and utilization	400.95	33.10	
J647	Ferrokinetics - clearance, turnover, and utilization	400.95		16.65
J848	Red cell, white cell or platelet survival	102.60	26.55	
J648	Red cell, white cell or platelet survival	102.60		13.05
J849	Red cell survival with serial surface counts	148.25	33.85	
J649	Red cell survival with serial surface counts	148.25		16.65
Bone marrow scintigraphy				
J881	- whole body	113.70	59.65	
J681	- whole body	113.70		29.20
J882	- single site	84.85	48.40	
J682	- single site	84.85		24.20
In-111 leukocyte scintigraphy				
J883	- whole body	364.30	58.45	
J683	- whole body	364.30		29.30
J884	- single site	320.80	48.40	
J684	- single site	320.80		24.20

NUCLEAR MEDICINE - IN VIVO

MUSCULOSKELETAL SYSTEM

		H	P1	P2
Bone scintigraphy				
J850	- general survey	103.70	59.65	
J650	- general survey	103.70		30.05
J851	- single site	84.85	48.40	
J651	- single site	84.85		25.95
Gallium scintigraphy				
J852	- general survey	177.55	64.60	
J652	- general survey	177.55		32.30
J853	- single survey	123.70	48.40	
J653	- single survey	123.70		24.20
Application of tomography (SPECT)				
J819	- where each SPECT image represents a different organ or body area, to J852, J652, maximum 3 images per examination add	43.50	29.55	
J619	- where each SPECT image represents a different organ or body area, to J852, J652, maximum 3 images per examination add	43.50		14.90

Note:

J850/J650 and J851/J651 are not to be billed together. J804/J604 may be claimed in addition to J850/J650 or J851/J651 for blood pool study.

NUCLEAR MEDICINE - IN VIVO

NERVOUS SYSTEM AND RESPIRATORY SYSTEM

H
P1
P2

NERVOUS SYSTEM

CSF circulation

J857	- with Tc99m or I-131 HSA	120.25	54.95	
J657	- with Tc99m or I-131 HSA	120.25		26.95
J885	- with In-111	308.20	54.95	
J685	- with In-111	308.20		26.95
J886	- via shunt puncture.....	88.55	53.35	
J686	- via shunt puncture.....	88.55		24.10
J858	Brain scintigraphy	90.40	48.40	
J658	Brain scintigraphy	90.40		24.20

RESPIRATORY SYSTEM

J859	Perfusion lung scintigraphy.....	85.90	43.25	
J659	Perfusion lung scintigraphy.....	85.90		21.55
J887	Ventilation lung scintigraphy	107.70	43.25	
J687	Ventilation lung scintigraphy	107.70		21.20
J860	Perfusion and ventilation scintigraphy - same day	171.85	59.65	
J660	Perfusion and ventilation scintigraphy - same day	171.85		29.85

NUCLEAR MEDICINE - IN VIVO

MISCELLANEOUS

		H	P1	P2
J861	Radionuclide lymphangiogram	112.20	65.75	
J661	Radionuclide lymphangiogram	112.20		32.85
J862	Ocular tumour localization	75.60	68.65	
J662	Ocular tumour localization	75.60		34.30
J864	Tear duct scintigraphy	97.35	51.55	
J664	Tear duct scintigraphy	97.35		25.40
J865	Total body counting	187.95	48.40	
J665	Total body counting	187.95		23.70
Application of Tomography (SPECT), other than to J808/J608 or J852/J652				
J866	- maximum one per Nuclear Medicine examination..... add	43.50	29.55	
J666	- maximum one per Nuclear Medicine examination..... add	43.50		14.90

NUCLEAR MEDICINE - IN VIVO

SCINTIMAMMOGRAPHY

H

P1

P2

Scintimammography is *not eligible for payment* unless at least one of the following conditions is met:

- a. the patient has a dense breast(s) and one or both of the following risk factors:
 - i. a first degree relative with breast cancer diagnosed prior to age 50; or
 - ii. a first degree relative with breast cancer diagnosed over age 50 and patient is within 5 years of the age when the relative was diagnosed with breast cancer.
- b. architectural distortion of the breasts due to prior breast surgery, radiotherapy, chemotherapy or the presence of breast prosthesis rendering mammography interpretation difficult;
- c. malignant breast lesion when mammography is unable to exclude multifocal disease; or
- d. solitary lesion identified on mammography of greater than 1 cm.

Scintimammography

J863	- unilateral or bilateral.....	99.95	48.40	
J663	- unilateral or bilateral.....	99.95		23.70

Note:

For the purpose of this provision, "dense breast(s)" means (a) breast(s) occupied by over 75% fibroglandular tissue as noted on mammography.

NUCLEAR MEDICINE - IN VIVO

CLINICAL PROCEDURES ASSOCIATED WITH DIAGNOSTIC NUCLEAR MEDICINE

Such procedural benefits are intended for the physician's service of placing an instrument or introducing diagnostic radiopharmaceuticals. They are not intended to be used for simple subcutaneous, intramuscular or intravenous injection nor for oral administration. Rather than double listing the procedures and benefits in this part of the fee schedule, physicians are directed to the following reference points in the *Schedule*

- a. Intra-articular injections - G370 on page J42.
- b. Injection into CSF spaces or shunt apparatus - Z801 or Z821 on page X5.
- c. Arterial puncture - Z459 on pages H5 and J7.
- d. Paracentesis in conjunction with shunt patency study - Z590 on page S28.

NUCLEAR MEDICINE - IN VIVO

NOT ALLOCATED

POSITRON EMISSION TOMOGRAPHY (PET)

PREAMBLE

SPECIFIC ELEMENTS

In addition to the *common elements*, the *professional component* of PET procedures includes 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).
- 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.

POSITRON EMISSION TOMOGRAPHY (PET)

P

Note:

1. PET scanning is an insured service only for the investigation of the indications listed below.
2. PET scanning for all oncologic or suspected oncologic indications must be performed using a combined positron emission tomography-computed tomography scanner (PET/CT) in order to localize anatomically any areas of abnormality on the PET image.
3. Interpretation of a CT scan performed to identify the anatomical location of a PET scan abnormality or for attenuation correction is *not eligible for payment*.

[Commentary:

1. It is expected that the physician requesting a PET scan is making clinical decisions related to the treatment of the patient or is basing their request on the recommendation of the treating physician.
2. A PET scan may be available for indications other than those listed below through the Ontario Cancer PET Registry for patients meeting eligibility criteria. This registry is coordinated by Cancer Care Ontario. The contact number is 1-877-473-8411.]

Solitary pulmonary nodule (SPN)

Solitary pulmonary nodule for which a diagnosis could not be established by a needle biopsy due to:

- a. unsuccessful attempted needle biopsy;
- b. the SPN is inaccessible to needle biopsy; or
- c. the existence of a contra-indication to the use of needle biopsy.

J700 Solitary pulmonary nodule 237.50

Thyroid cancer

Thyroid cancer for which standard imaging studies, including I-131 scan and/or neck ultrasound, are negative or equivocal, and recurrent or persistent disease is suspected on the basis of an elevated and/or rising thyroglobulin level(s).

J701 Thyroid cancer 237.50

Germ cell tumour

Germ cell tumour for which recurrent or persistent disease is suspected on the basis of:

- a. elevated tumour marker(s) (beta human chorionic gonadotrophin (HCG) and/or alpha fetoprotein) in the presence of negative or equivocal standard imaging studies; or
- b. the presence of a residual mass after primary treatment for seminoma when curative surgical resection is being considered.

J702 Germ cell tumour 237.50

POSITRON EMISSION TOMOGRAPHY (PET)

P

Colorectal cancer

Colorectal cancer for which standard imaging studies are negative or equivocal and recurrent disease after surgical resection is suspected on the basis of an elevated and/or rising carcinoembryonic antigen (CEA) level(s).

J703 Colorectal cancer 237.50

Lymphoma

For the evaluation of a residual mass(es) following chemotherapy in a patient with Hodgkin's or Non-Hodgkin's lymphoma when further potentially curative therapy (such as radiation or stem cell transplantation) is being considered.

J704 Lymphoma for the evaluation of a residual mass(es) 237.50

For the assessment of response in early stage Hodgkin's lymphoma following 2 or 3 cycles of chemotherapy when chemotherapy is being considered as the definitive single modality therapy.

J705 Lymphoma for the assessment of response to treatment 237.50

Non-small cell lung cancer (NSCLC):

- a. For which curative surgical resection is being considered based on negative standard imaging tests; or
- b. For clinical stage III NSCLC which is being considered for potentially curative combined modality therapy with radical radiotherapy and chemotherapy.

J706 Non-small cell lung cancer 237.50

Limited disease small cell lung cancer

Limited disease small cell lung cancer for evaluation and staging where combined modality therapy with chemotherapy and radiotherapy is being considered.

J709 Limited disease small cell lung cancer 237.50

Esophageal carcinoma

- a. Baseline staging assessment of those patients diagnosed with esophageal cancer being considered for curative therapy.
- b. Repeat PET/CT scan on completion of pre-operative/neoadjuvant therapy, prior to surgery.

J710 Esophageal carcinoma 237.50

Metastatic squamous cell carcinoma – evaluation of neck nodes

J711 Metastatic squamous cell carcinoma – evaluation of neck nodes 237.50

Note:

J711 is only insured when the primary disease site is unknown after radiologic and clinical investigation.

Liver metastasis from colorectal cancer

Prior to surgery for resection of metastatic lesions from colorectal cancer only when:

- a. The surgical procedure on the liver is high risk; or
- b. The patient is considered at high risk for surgery.

Examples of high risk liver surgical procedures are multiple staged liver resection or where vascular reconstruction is required.]

J712 Liver metastasis from colorectal cancer 237.50

Staging nasopharyngeal carcinoma

J713 Staging of nasopharyngeal carcinoma 237.50

POSITRON EMISSION TOMOGRAPHY (PET)

P

Cardiac PET using fluorodeoxyglucose (FDG)

Cardiac PET using fluorodeoxyglucose (FDG) for myocardial viability assessment in a patient that:

- a. has moderate to severe ischemic left ventricular dysfunction (left ejection less than or equal to 40%) despite maximal medical therapy; and
- b. is a suitable candidate for a cardiac revascularization procedure or cardiac transplantation.

J707	- cardiac PET	237.50
J708	- cardiac PET with quantitative analysis, to J707.....add 0%	

Note:

PET is an insured service for the clarification of myocardial viability when:

- a. a previous myocardial imaging assessment has been rendered, using another modality (e.g. SPECT using thallium, MIBI or dobutamine stress echocardiography) and the result of the previous imaging assessment was equivocal or demonstrated insufficient viable myocardium; or
- b. a patient with a left ventricular ejection fraction less than 35% and known multi-vessel coronary disease determined by coronary angiography urgently needs an assessment of myocardial viability.

[Commentary:

Examples of other modalities for assessing viability include SPECT imaging using myocardial perfusion agents such as thallium, MIBI or tetrofosmin, or dobutamine stress echocardiography.]

Payment rules:

Only one of J700, J701, J702, J703, J704, J705, J706, J707, J709 or J710 is eligible for payment per patient per day.

Claims submission instructions:

Submit claims for the *professional component* of a PET scan using the "C" suffix.

POSITRON EMISSION TOMOGRAPHY (PET)

NOT ALLOCATED