

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 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 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.

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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 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.

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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.

NUCLEAR MEDICINE - IN VIVO

CARDIOVASCULAR SYSTEM

		H	P1	P2
Venography				
J802	- peripheral and superior vena cava	98.80	37.70	
J602	- peripheral and superior vena cava	98.80		18.30
First Transit				
J804	- without blood pool images	16.50	20.30	
J604	- without blood pool images	16.50		11.75
J867	- with blood pool images	58.75	28.70	
J667	- with blood pool images	58.75		15.40
Cardioangiography				
J806	- first pass for shunt detection, cardiac output and transit studies	97.55	52.40	
J606	- first pass for shunt detection, cardiac output and transit studies	97.55		26.70
Myocardial Perfusion Scintigraphy				
J807	- resting, immediate post stress	223.15	47.00	
J607	- resting, immediate post stress	223.15		25.00
J866	- application of SPECT (maximum 1 per examination) add	44.60	28.70	
J666	- application of SPECT (maximum 1 per examination) add	44.60		15.40
J808	- delayed	82.15	26.25	
J608	- delayed	82.15		14.05
J809	- application of SPECT (maximum 2 per examination) add	44.60	28.70	
J609	- application of SPECT (maximum 2 per examination) add	44.60		15.40
Myocardial scintigraphy				
J810	- acute infarction, injury	90.50	37.70	
J610	- acute infarction, injury	90.50		18.30
Myocardial wall motion				
J811	- studies	97.55	55.30	
J611	- studies	97.55		26.70
J812	- repeat same day (to a maximum of three repeats)	49.40	26.70	
J612	- repeat same day (to a maximum of three repeats)	49.40		13.40
J813	- studies with ejection fraction	138.60	79.90	
J613	- studies with ejection fraction	138.60		41.15
J814	- repeat same day (to a maximum of three repeats)	49.40	42.15	
J614	- repeat same day (to a maximum of three repeats)	49.40		20.70
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	135.10	40.15	
J615	Detection of venous thrombosis using radioiodinated fibrinogen up to ten days	135.10		20.70

NUCLEAR MEDICINE - IN VIVO

ENDOCRINE SYSTEM

	H	P1	P2
Adrenal scintigraphy			
J816 - with iodocholesterol	395.80	41.10	
J616 - with iodocholesterol	395.80		19.35
J868 - with iodocholesterol and dexamethasone suppression. . . .	462.85	54.70	
J668 - with iodocholesterol and dexamethasone suppression. . . .	462.85		26.70
J869 - with MIBG.	569.60	49.30	
J669 - with MIBG.	569.60		23.00
Thyroid scintigraphy			
J818 - with Tc99m or I-131	65.80	38.20	
J618 - with Tc99m or I-131	65.80		20.10
J871 - with I-123	105.75	38.20	
J671 - with I-123	105.75		17.10
Thyroid			
J817 - uptake.	29.40	22.35	
J617 - uptake.	29.40		12.75
J870 - repeat	15.05	12.95	
J670 - repeat	15.05		9.75
Parathyroid scintigraphy			
J820 - dual isotope technique with Tl201 and Tc99m Iodine	240.70	66.75	
J620 - dual isotope technique with Tl201 and Tc99m Iodine	240.70		34.00
J872 Metastatic survey with I-131	246.75	53.50	
J672 Metastatic survey with I-131	246.75		24.25

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GASTROINTESTINAL SYSTEM

		H	P1	P2
Schilling test				
J821	- single isotope	45.80	11.75	
J621	- single isotope	45.80		9.75
J823	- dual isotope	49.40	9.75	
J623	- dual isotope	49.40		9.75
Malabsorption test				
J824	- with C ¹⁴ substrate	58.75	9.75	
J624	- with C ¹⁴ substrate	58.75		9.75
J873	- with whole body counting	141.25	18.30	
J673	- with whole body counting	141.25		9.75
Gastrointestinal				
J825	- protein loss	84.55	9.75	
J625	- protein loss	84.55		9.75
J874	- blood loss using - Cr ⁵¹	63.50	9.75	
J674	- blood loss using - Cr ⁵¹	63.50		9.75
J829	- transit	105.75	41.30	
J629	- transit	105.75		19.35
Calcium absorption				
J826	- Ca ⁴⁵	63.50	9.75	
J626	- Ca ⁴⁵	63.50		9.75
J875	- Calcium ⁴⁷ absorption/excretion	259.60	39.80	
J675	- Calcium ⁴⁷ absorption/excretion	259.60		19.35
J827	Oesophageal motility studies - one or more	121.95	101.10	
J627	Oesophageal motility studies - one or more	121.95		49.80
Gastro-oesophageal				
J876	- reflux	58.15	40.65	
J676	- reflux	58.15		19.35
J877	- aspiration	41.20	26.70	
J677	- aspiration	41.20		13.40
Abdominal scintigraphy - for gastrointestinal bleed				
J830	- Tc99m sulphur colloid or Tc ⁰⁴	89.25	38.40	
J630	- Tc99m sulphur colloid or Tc ⁰⁴	89.25		18.30
J878	- labelled RBCs	146.85	46.90	
J678	- labelled RBCs	146.85		23.85
J879	- LeVeen shunt patency	68.00	40.15	
J679	- LeVeen shunt patency	68.00		19.35
J831	Biliary scintigraphy	117.45	47.90	
J631	Biliary scintigraphy	117.45		24.75
J832	Liver/spleen scintigraphy	82.15	39.45	
J632	Liver/spleen scintigraphy	82.15		21.30
J833	Salivary gland scintigraphy	98.70	37.20	
J633	Salivary gland scintigraphy	98.70		17.10

NUCLEAR MEDICINE - IN VIVO

GENITOURINARY SYSTEM

	H	P1	P2
J834 Dynamic renal imaging	98.70	39.40	
J634 Dynamic renal imaging	98.70		18.30
Computer assessed renal function			
J835 - includes first transit	135.10	69.75	
J635 - includes first transit	135.10		33.45
J880 - repeat after pharmacological intervention	46.00	21.55	
J680 - repeat after pharmacological intervention	46.00		11.25
J836 Static renal scintigraphy	34.10	14.05	
J636 Static renal scintigraphy	34.10		9.75
J837 ERPF by blood sample method	41.20	9.75	
J637 ERPF by blood sample method	41.20		9.75
J838 GFR by blood sample method	41.20	9.75	
J638 GFR by blood sample method	41.20		9.75
J839 Cystography for vesicoureteric reflux	123.65	24.25	
J639 Cystography for vesicoureteric reflux	123.65		14.60
Testicular and scrotal scintigraphy			
J840 - includes first transit	84.55	46.95	
J640 - includes first transit	84.55		23.00

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HAEMATOPOIETIC SYSTEM

		H	P1	P2
J841	Plasma volume	44.60	11.75	
J641	Plasma volume	44.60		9.75
J843	Red cell volume	49.40	11.75	
J643	Red cell volume	49.40		9.75
J847	Ferrokinesis - clearance, turnover, and utilization.	411.25	34.00	
J647	Ferrokinesis - clearance, turnover, and utilization.	411.25		17.10
J848	Red cell, white cell or platelet survival	105.25	27.25	
J648	Red cell, white cell or platelet survival	105.25		13.40
J849	Red cell survival with serial surface counts	152.05	34.80	
J649	Red cell survival with serial surface counts	152.05		17.10
Bone marrow scintigraphy				
J881	- whole body	116.60	55.10	
J681	- whole body	116.60		25.55
J882	- single site	87.00	48.70	
J682	- single site	87.00		21.75
In-111 leukocyte scintigraphy				
J883	- whole body	373.65	58.85	
J683	- whole body	373.65		27.90
J884	- single site	329.00	48.70	
J684	- single site	329.00		21.75

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MUSCULOSKELETAL SYSTEM

	H	P1	P2
Bone scintigraphy			
J850 - general survey	106.35	57.30	
J650 - general survey	106.35		32.15
J851 - single site	87.00	48.70	
J651 - single site	87.00		26.75
Gallium scintigraphy			
J852 - general survey	182.10	59.85	
J652 - general survey	182.10		27.90
J853 - single survey	126.85	48.70	
J653 - single survey	126.85		21.75
Application of Tomography (SPECT)			
J819 - where each SPECT image represents a different organ or body area, to J852, J652, maximum 3 images per examination	44.60	26.70	
add			
J619 - where each SPECT image represents a different organ or body area, to J852, J652, maximum 3 images per examination	44.60		13.40
add			

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	123.35	45.75	
J657	- with Tc99m or I-131 HSA	123.35		21.75
J885	- with In-111	316.10	55.30	
J685	- with In-111	316.10		27.15
J886	- via shunt puncture	90.80	53.65	
J686	- via shunt puncture	90.80		24.25
J858	Brain scintigraphy	92.70	39.20	
J658	Brain scintigraphy	92.70		21.10

RESPIRATORY SYSTEM

J859	Perfusion lung scintigraphy	88.10	44.45	
J659	Perfusion lung scintigraphy	88.10		21.75
J887	Ventilation lung scintigraphy	110.45	42.45	
J687	Ventilation lung scintigraphy	110.45		21.75
J860	Perfusion and ventilation scintigraphy - same day.	176.25	57.75	
J660	Perfusion and ventilation scintigraphy - same day.	176.25		29.70

NUCLEAR MEDICINE - IN VIVO

MISCELLANEOUS

		H	P1	P2
J861	Radionuclide lymphangiogram	115.10	66.15	
J661	Radionuclide lymphangiogram	115.10		31.45
J862	Ocular tumour localization	77.55	70.50	
J662	Ocular tumour localization	77.55		35.20
J864	Tear duct scintigraphy	99.85	51.85	
J664	Tear duct scintigraphy	99.85		25.55
J865	Total body counting	192.75	57.05	
J665	Total body counting	192.75		29.60
Application of Tomography (SPECT), other than to J808/J608 or J852/J652				
J866	- maximum one per Nuclear Medicine examination. . . add	44.60	28.70	
J666	- maximum one per Nuclear Medicine examination. . . add	44.60		15.40

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	102.50	44.80	
J663	- unilateral or bilateral	102.50		22.40

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 J33.
- b. Injection into CSF spaces or shunt apparatus - Z801 or Z821 on page X5.
- c. Arterial puncture - Z459 on pages H4 and J7.
- d. Paracentesis in conjunction with shunt patency study - Z590 on page S25.

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NOT ALLOCATED