

# 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
<b>Skull</b>		
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
<b>Facial bones</b>		
X004 - three views . . . . .	22.25	10.60
<b>Nose</b>		
X005 - two views . . . . .	15.30	6.60
<b>Mandible</b>		
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
<b>Sinuses</b>		
X008 - three views . . . . .	22.25	10.65
<b>Mastoids</b>		
- bilateral		
X010 - six views . . . . .	29.40	14.70
X011 Internal auditory meati (when skull not examined). . . . .	22.25	10.65
<b>Note:</b> 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
<b>Neck for soft tissues</b>		
X020 - two views . . . . .	14.10	8.15

# DIAGNOSTIC RADIOLOGY

## SPINE AND PELVIS

**H**
**P**

### 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

<b>Hip (unilateral)</b>		
X060	- two or more views . . . . .	24.35 7.90
<b>Femur including one joint</b>		
X063	- two views . . . . .	15.30 6.60
X223	- three or more views . . . . .	22.75 9.35
<b>Knee including patella</b>		
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
<b>Tibia and fibula including one joint</b>		
X066	- two views . . . . .	15.30 6.60
X226	- three or more views . . . . .	23.50 9.35
<b>Ankle</b>		
X067	- two or three views . . . . .	15.30 6.60
X227	- four or more views . . . . .	23.50 9.35
<b>Calcaneus</b>		
X068	- two views . . . . .	15.30 6.60
X228	- three or more views . . . . .	23.50 9.35
<b>Foot</b>		
X069	- two or three views . . . . .	15.30 6.60
X229	- four or more views . . . . .	23.50 9.35
<b>Toe</b>		
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**

		<b>H</b>	<b>P</b>
<b>Palatopharyngeal analysis</b>			
X105	- cine or videotape .....	30.25	38.00
<b>Pharynx and oesophagus</b>			
X106	- cine or videotape .....	30.25	38.00
X107	Oesophagus when X103, X104, X108 or X109 not claimed ...	27.40	22.05
<b>Oesophagus, stomach and duodenum</b>			
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
<b>Small bowel only</b>			
X111	- when only examination performed during patient's visit...	27.10	22.45
<b>Colon</b>			
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
<b>Gallbladder</b>			
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

**Note:**

For the purpose of this service, “high risk patient” means a patient at risk for accelerated bone loss due to either states of high bone turnover such as primary hyperparathyroidism and glucocorticoid induced osteopenia, or due to such other conditions as have been determined by the Scientific Advisory Board of the Osteoporosis Society of Canada which prevail at the time the service is rendered. “Low risk patient” means any patient who is not a high risk patient.

**Dual-energy X-ray Absorptiometry (DXA)**

By axial technique only, BMD measurement is an insured service only when the following conditions have been met:

- a. the service is rendered for the prevention and management of osteoporosis or osteopenia;
- b. when only one site is measured because measurement of two sites is technically unfeasible due to prosthesis or deformity, the site is either hip or spine;
- c. when more than one site is measured, the sites include both hip and spine; and
- d. when the patient is a low risk patient, BMD measurement has not been provided to the patient on an insured basis within the preceding 24-month period. For services rendered on or after October 1, 1999, the 24-month period is determined from April 1, 1998 onwards.

**Low risk patient**

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

**High risk patient**

X149	- one site . . . . .	43.95	41.30
X155	- two or more sites . . . . .	56.60	49.40
X157	Bone mineral density measurement by any radiologic technique other than axial DXA . . . . .	0.00	0.00



# 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
<b>Discogram(s)</b>		
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
<b>Mammogram</b>		
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.