

DIAGNOSTIC ULTRASOUND

(Full Fee for all Qualified Physicians)

Preamble: Real-time Ultrasound Fees may only be claimed for studies performed when a physician is on site in the laboratory for the purpose of diagnostic ultrasound supervision.

Diagnostic Ultrasound Telemetry

Definition: *The electronic transmission of diagnostic ultrasound images from one site to another for interpretation.*

For diagnostic ultrasound telemetry services to be considered as benefits under the Medical Services Plan:

- the transmitting and receiving sites must be located within Medical Services Commission approved and Diagnostic Accreditation Program accredited diagnostic facilities;
- the services are rendered to out-patients
- the services are billed in accordance with the Telemetry Billing Guidelines as follows:

Telemetry Billing Guidelines:

- a) Services must be billed by the facility where the image was taken using the practitioner number of the physician who did the interpretation
- b) Facility number field – the facility number of the diagnostic facility where the image was taken
- c) Sub-Facility field - the facility number of the diagnostic facility where the image was interpreted
 - zeros if interpreted at the same site where the image was taken
- d) Service charges (fee items 01200 – 01202) are only billable when a physician is required to travel from home to hospital in order to perform a telemetry service for an outpatient and when the *MSC Payment Schedule* criteria are met.
- e) The original site should ensure that only one interpretation is billed to MSP.
- f) In those rare cases when a second radiological opinion is requested by the referring physician, a radiologist may bill for the service using fee item 08628, provided written radiological report is sent to the referring physician

Real time ultrasound fees may only be claimed for studies performed by telemetry when:

- the facility currently holds a remote site designation from the Medical Services Commission. (Facilities should recognize that once the volume of services justifies full-time radiologist's coverage remote site designation may be removed.); and,
- the use of telemetry will not negatively affect the existing on-site visit schedules of the radiologists; and,
- the majority of scans will continue to be scheduled when the visiting radiologist is on-site for the purpose of ultrasound supervision.

Head and Neck

08641	Ophthalmic B scan (immersion and contact technique).....	95.39
	Notes:	
	i) No additional charge for second eye when both eyes examined concurrently.	
	ii) 08641 includes 22399 when done at the same sitting.	

08642	B scan soft tissues of neck.	64.86
	Note: To include thyroid, parathyroid, parotid and submandibular glands.	

08659	B scan of brain.....	99.26
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Heart

08638	Echocardiography (real time)	99.90
08644	Ultrasonic guidance for pericardiocentesis	103.80

Thorax

08645	B scan	81.74
08646	Ultrasonic guidance for thoracentesis	94.79
T86047	Breast sonogram, unilateral.....	64.67
T86048	Breast sonogram, additional side	32.61

Notes:

- i) Additional side payable only when a localized area of interest is present in each breast. Sonography of the additional breast is not billable for comparison purposes only.
- ii) Indications for breast ultrasound:
 - evaluation of mammographic abnormalities;
 - evaluation of palpable masses;
 - evaluation of other localized breast symptoms; evaluation of suspected implant complication;
 - guidance for fine needle aspiration biopsy, core needle biopsy or fine wire localization;
 - follow-up of solid nodules with benign characteristics which are not visible at mammography.

Abdomen

08648	Abdominal B scan, complete	103.83
08649	Renal B scan	81.74
	Note: 08649 not chargeable when done in conjunction with 08648 and/or 08653.	

08650	Ultrasonic guidance for biopsy or cyst puncture	100.01
08684	Prostate scan using rectal probe.....	103.80

Obstetrics and Gynecology

08655	Obstetrical B scan (under 14 weeks gestation).....	77.89
08651	Obstetrical B scan (14 weeks gestation or over)	103.80

Note: Where an obstetrical B scan (08651 or 08655) has been done within the two weeks immediately prior to an amniocentesis, a repeat obstetrical scan done in conjunction with amniocentesis is not chargeable.

		Total Fee \$
08652	B scan I.U.D. localization	52.15
08653	Pelvic B scan (male or female) to include uterus, ovaries, testes and ovarian/scrotal doppler	103.80
	Notes:	
	i) 08653 payable in conjunction with 08658 when specifically requested by the referring physician.	
	ii) 08651 and 08655 are payable in conjunction with 08653.	
08657	Ultrasonic guidance for chorionic villus sampling.....	104.37

Extremities

08658	Extremity B-scan	56.21
	Notes:	
	i) Includes, but not restricted to, assessment of tendons, joint infusions, soft tissue masses and foreign body localization, unilateral.	
	ii) Fee items 08670 or 08664 may be claimed in addition, if applicable.	
	iii) May be claimed bilaterally if specifically requested by physician, except when billed with 08670 or 08664.	

Doppler Studies

Note: The Doppler Vascular listings are applicable to hospital-based, accredited and approved ultrasound vascular studies laboratories only.

08660	Abdominal duplex of native or transplant liver and/or kidney	115.57
	Peripheral Arterial:	
08664	Resting arterial assessment: To include multiple wave form and/or segmental pressure analysis, calculation and ankle/arm index	58.44
	Note: 08664 not chargeable when done in conjunction with 08665 or 08666.	
	Treadmill stress examination with or without ECG monitoring: To include sequential post stress measurement and calculations:	
08665	- with monitoring physician present	103.64
08666	- without monitoring physician present	70.10
08667	Reactive hyperemia with sequential pressures	43.47
08668	Vasospastic assessment: To include digital pressures and/or plethysmography - cold and hot stress responses and/or multiple extremity wave form analysis	70.10
08669	Sympathetic tone response: To include resting arterial assessment plus plethysmography and/or impedance monitoring and or digital wave forms, response to Valsalva manoeuvres or other stimuli.....	42.70
	Note: 08669 not chargeable when done in conjunction with 08668.	
	Peripheral Venous:	
08670	Laboratory assessment for deep venous system.....	42.28
	Heart:	
08662	Exercise echocardiography with pre and post-exercise echocardiogram of left ventricle with use of continuous loop and quad screen format analysis	229.94
	Note: Where the exercise stress test (00334, 00335, 00336) and exercise echocardiogram (08662) are performed by the same physician, the stress test will be paid at 50 percent.	

	Total Fee \$
08679 Doppler echocardiography	45.83
Extracranial:	
Carotid imaging: To include delineation of extra cranial vessels on both sides of the neck:	
08676 - duplex scanning of neck vessels, to include Doppler flow assessment.....	115.41
08677 Periorbital assessments; either oculoplethysmography (O.P.G.) or photoplethysmography (P.P.G.), and/or Doppler directional determination with extracranial artery compression manoeuvres	42.28
08678 Subclavian or vertebral assessment including assessment of subclavian steal: to include directional Doppler determination of flow direction in vertebral arteries, with or without arm compression and other manoeuvres	57.91