

PREAMBLE TO THE NUCLEAR MEDICINE SCHEDULE

NUCLEAR MEDICINE TELEMETRY

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

For nuclear medicine 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

NUCLEAR MEDICINE PREAMBLE:

1. A separate fee item for SPECT is not required, since SPECT is included in the scan fee when performed. Fee item 09877 (repeat of major scan) should not be billed for SPECT.
2. When medically necessary, the following items are billable with Nuclear Medicine Listings. A note record is required:
 - a) Fee item 00016 (intrathecal medications by injection) is billable with fee item 09886 (Cisternography).
 - b) Fee item 00015 (Intra-articular medications by injection - tendons, bursae, and all other joints) is billable with fee item 09890 (Therapeutic joint injection with isotope).
3. When required for patient care, and the results are not available, laboratory tests such as a pregnancy test or hematology profile may be requested by a Nuclear Medicine Physician.

4. When plain film radiographs are required and not available, these may be requested by a Nuclear Medicine Physician for correlation.
5. Fee item 09866 (Perfusion study [dynamic scan], regional or organ) - this fee item is only billable in addition to the following scans and only when not rendered immediately prior to a scan:
 - a) 09824 Testicular imaging - isolated procedure
 - b) 09834 Bone Scan (only for indications listed under this fee item)
 - c) 95045 RBC (Red Blood Cell) Liver Scan
6. When it is medically necessary to perform an aspiration in addition to a Nuclear Medicine scan, it is appropriate to bill the applicable joint aspiration fee (e.g.: 00757). A note record is required.
7. Fee item 09877 (Repeat of major scan – no additional radionuclide) can only be billed with the following scans if additional (delayed) imaging is performed. Fee item 09877 may not be used for SPECT:
 - a) 09806 Parathyroid imaging
 - b) 09807 M.I.B.G. imaging (I131-metaiodobenzyl-guanidine)
 - c) 09817 Receptor imaging
 - d) 09826 Tumour imaging
 - e) 09829 Adrenal imaging
 - f) 09844 Red cell survival studyg
 - g) 09854 Thallium myocardial scan
 - h) 09867 Brain scan, static
 - i) 09869 Pancreas scan, static
 - j) 09886 Cisternography
 - k) 95015 Iodine 131 whole body scan
 - l) 95053 Thallium Body Imaging
 - m) 95055 Renal imaging with Pharmaceuticals (isolated procedure)
 - n) 95060 Renal imaging without pharmaceuticals (isolated procedure)
 - o) 95065 White blood cell labelled with radioisotope (if views are performed on separate days or 24 hours apart)
 - p) 09834 Bone scan (only if 24 hour views are performed)
 - q) 09878 Liver clearance of H.I.D.A. (biliary scan) (if 24 hour views are performed)
 - r) 95025 Liver clearance of H.I.D.A. with pharmaceutical (if 24 hour views are performed)

NUCLEAR MEDICINE PROCEDURES

These listings cannot be correctly interpreted without reference to the Preambles.

**Total
Fee \$**

Scanning and Localization Procedures

09829	Adrenal imaging (isolated procedure)	431.00
09832	Blood pool joint scan	160.57
	Note: Not payable with joint scans.	
09833	Bone marrow scan.....	165.34
09834	Bone scan.....	224.72
	Notes:	
	i) Includes SPECT.	
	ii) Fee item 09866 is the only Nuclear Medicine listing payable in addition to a bone scan and is payable only in cases of suspected infection or trauma, possible osteomyelitis, evaluation of reflex sympathetic dystrophy, heterotopic ossification, arthropathy, avascular necrosis, metabolic bone disease, primary bone tumours and insufficiency and stress fractures. Note record indicating reason required when billing 09866 in addition to bone scan.	
09871	Brain scan - regional cerebral blood flow (isolated procedure)	345.18
09867	Brain scan, static	198.18
09805	Carbon-14 glycinecholate breath analysis	113.36
95000	Cardiac first pass.....	88.03
	Note: Not paid with 95005.	
09864	Cardiac scan, static	147.22
95005	Cardiac shunt.....	99.61
	Note: Not paid with 95000.	
09886	Cisternography	328.91
09813	CNS Shunt.....	169.76
09898	Coronary perfusion with radio particles, per radionuclide	191.30
09897	Coronary administration of radio particles, transcatheter.....	27.79
09802	Oesophageal motility - utilizing an orally administered radioisotope.....	199.18
09838	Gallium scan	273.45
09839	- each repeat, with no additional radionuclide	99.17
	Note: 09877 not payable same day.	
09879	Gastric emptying (liquid).....	275.47
09808	Gastric emptying (solid).....	241.11
	Note: If both liquid and solid phases are performed on the same day, charge 09877 for the second test.	
09859	Gastrointestinal blood loss study.....	115.19
09895	Gastro-oesophageal reflux	240.19
	Note: Not payable with 09808 or 09879	
09858	Gastrointestinal protein loss study	147.22
09848	G.F.R. (In-Vitro)	123.08
09804	G.I. bleeding - red cell label.....	324.99
	Note: 09859/95045 are not payable with 09804.	

	Total Fee \$
95015 Iodine 131 whole body scan	233.90
95020 Joint scan.....	233.90
<i>Note: Not payable with blood pool joint scan.</i>	
09814 Lacrimal duct scan.....	142.98
09878 Liver clearance of H.I.D.A. (biliary scan)	260.29
<i>Note: Included in 95025 when performed same day.</i>	
95025 Liver clearance of H.I.D.A. with pharmaceutical.....	384.38
09850 Liver scan, static.....	158.48
<i>Note: When performed in conjunction with spleen scan, static (09873), bill as 09851 only (liver and spleen scan, static).</i>	
09851 Liver and spleen scan, static	218.80
09896 Lumbar administration of radionuclide	31.90
95030 Lung quantification	248.27
Notes:	
i) Fee item 95030 not payable with 09868.	
ii) 09855 payable in addition only if both ventilation and perfusion are quantified.	
iii) Provide details in note record if billing associated procedures on same day.	
09868 Lung scan, static.....	218.58
<i>Note: 09866 not paid in addition</i>	
09816 Lymphoscintigraphy - isolated procedure.....	288.32
09853 Meckel's localization (ectopic gastric mucosa).....	328.46
09807 M.I.B.G. imaging (I131-metaiodobenzyl- guanidine)	935.09
09870 Ocular tumour localization	178.83
09869 Pancreas scan, static	285.82
09806 Parathyroid imaging.....	399.81
09865 Perfusion study (dynamic scan), regional or organ - when done alone	115.60
09866 Perfusion study (dynamic scan), regional or organ - in addition to major scan	43.92
09835 Plasma volume (with plasma label), total blood volume, and red-cell mass by calculation.....	34.93
09849 Platelet survival	294.21
Radioiron:	
09840 - clearance	148.00
09841 - turnover	144.09
09842 - red cell utilization	147.78
09843 - combined study at one time of above three	287.37
09863 Radionuclide cardiac ventriculography.....	253.48
95040 - with stress.....	374.65
Notes:	
i) Only one of the following items is payable when requested and rendered with a radionuclide cardiac ventriculography (gated study MUGA) - (fee items 09863, 95040):	
a) Cardiac first pass (fee item 95000), or	
b) Cardiac shunt (fee item 95005), or	
c) Cardiac function studies, dynamic (fee item 09862)	
ii) 95040 includes 09863.	

	Total Fee \$
09809	Radionuclide venogram alone191.02
09817	Receptor imaging - isolated procedure256.65
95045	RBC (Red Blood Cell) liver scan280.55
	<i>Note: 09859 is not payable with 95045.</i>
09836	Red cell mass determination (with red cell label), to include whole blood and plasma volume by calculation.....230.37
09837	Red cell mass (with RBC label) and plasma volume (with plasma label) combined study154.08
09844	Red cell survival225.62
95055	Renal imaging with pharmaceuticals (isolated procedure).....329.26
95060	Renal imaging without pharmaceuticals (isolated procedure).....298.24
	Notes:
	i) <i>Fee items 95055 and 95060 may only be billed together on the same day when renography is performed for the assessment of renovascular hypertension using a one-day protocol. For these instances, a note record stating "renovascular hypertension one day protocol" must be submitted when both items are billed. Payment for other renal imaging studies with pharmaceuticals (e.g.: lasix renogram) will be made under 95055 only.</i>
	ii) <i>95055 and 95060 include camera GFR</i>
	iii) <i>Blood GFR (09848) may be billed on the same day, when required.</i>
09877	Repeat of major scan - no additional radionuclide - charge 50% of scheduled fee for primary procedure260.74
95062	Rest myocardial perfusion260.74
95063	Stress myocardial perfusion260.74
	<i>Note: 95062 and 95063, (as well as stress test) are billable same day, if performed.</i>
09818	Salivary gland study175.60
09819	SeCHAT.....252.65
09873	Spleen scan, static147.22
	<i>Note: When performed in conjunction with liver scan, static (09850), bill as 09851 only (liver and spleen scan, static).</i>
09824	Testicular imaging - isolated procedure165.54
09854	Thallium myocardial scan400.95
95053	Thallium body imaging.....405.69
	Notes:
	i) <i>Not payable with 09806, 09817, 09854 or 09826.</i>
	ii) <i>09877 payable in addition if the patient is brought back for additional imaging the same or next day.</i>
	Thyroid uptake:
09820	- single determination43.94
09821	- double determination.....66.46
09823	Thyroid scan (Iodine – 123).....181.09
09825	Thyroid scan (pertechnetate).....72.41
09876	Transfer of radionuclide (CSF to blood)72.74
09826	Tumour imaging with metabolic or biological imaging agent.....1,361.11 (excluding thallium – 201 or gallium – 67)
	<i>Note: Includes imaging of the entire torso with tomographic and planar images as indicated.</i>
09855	Ventilation lung scan226.07
	Notes:
	i) <i>09868 payable in addition, if applicable.</i>
	ii) <i>Ventilation-perfusion scan to rule out pulmonary embolism is billable under 09855 and 09868.</i>
	iii) <i>09866 not paid in addition.</i>

**Total
Fee \$**

	Vitamin B12 absorption study (e.g.: Schilling test):	
09856	- without intrinsic factor	128.88
09857	- with intrinsic factor	154.79
09852	- with blood radioactive determination	70.89
09860	- with two radionuclides	88.72
09828	Voiding cystography	180.50
95065	White Blood Cell labelled with radioisotope	754.03

Therapeutic Procedures

09890	Joint injection with isotope - therapeutic.....	730.97
09880	Treatment for hyperthyroidism or cardiac disease - charge per course of treatment (Iodine therapy)	377.45
09881	Treatment for polycythaemia vera with P32 - charge per course of treatment	222.76
09882	Treatment for thyroid cancer - charge per course of treatment.....	490.57
09883	Treatment for prostate cancer - charge per course of treatment	449.91
09884	Treatment for metastatic carcinoma of bone - charge per course of treatment.....	289.09