

DIAGNOSTIC ULTRASOUND

PREAMBLE

SPECIFIC ELEMENTS

Diagnostic Ultrasound 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 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 Hospitals Act*.

In addition to the *common elements*, the components of Diagnostic Ultrasound procedures include the following *specific elements*.

For Professional Component P1

- A. Being physically present in the ultrasound department or facility to provide 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. Either
 1. the performance of some or all of the procedure; or
 2. the review of the images obtained before the patient leaves the department/office, so as to be able to modify the examination while the patient is still in the department/office.
- 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 of D that is performed at a place other than the place in which the procedure is performed.

Elements A, B, C and D must be personally performed by the physician who claims for the service.

For Professional Component P2

- A. Interpretation of the results if the physician's only contact with the examination is a review of its recording by video methods or multi-format images, after the patient has left the department/office.
- B. Providing premises for any aspect of A of P2 that is 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*, whether by telephone or otherwise, on matters related to the service.
- F. Preparing and transmitting a written, signed and dated interpretative 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 of 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*.

DIAGNOSTIC ULTRASOUND

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. J102C), while claims for *professional component* P2 are submitted using second listed fee code with suffix C (e.g. J402C).
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 billable under the *Independent Health Facilities Act* and are listed in the *Schedule of Facility Fees*.
3. A-Mode - implies a one-dimensional ultrasonic measurement procedure.
4. M-Mode - implies a one-dimensional ultrasonic measurement procedure with movement of the trace to record amplitude and velocity of moving echo-producing structures.
5. Scan B-Mode - implies a two-dimensional ultrasonic scanning procedure with a two-dimensional display. All ultrasound examinations include a permanent record and interpretative report.
6. If insured diagnostic ultrasound procedures yield abnormal findings or if they would yield information which in the opinion of the interpreting physician would be insufficient governed by the needs of the patient and the requirements of the referring physician or practitioner, the interpreting physician may add further views and claim for them (if listed).
7. All benefits listed apply to unilateral examinations unless otherwise specified. When imaging of only one anatomical area is requested, comparison ultrasound(s) initiated by the interpreting physician or facility are *not eligible for payment*.
8. Ultrasound of the abdomen, pelvis or breast, rendered in an Independent Health Facility or a hospital in-patient or out-patient department, is insured when referred by a registered nurse holding an extended certificate of registration (RN(EC)).
9. Ultrasound for normal, complicated or high risk pregnancy (but not for the postpartum period) rendered in an Independent Health Facility or hospital is insured when referred by a midwife.
10. Ultrasound of the face ordered by an oral and maxillofacial surgeon and rendered in a hospital out-patient department is insured when the ultrasound of the face 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 ultrasound of the face and that it will be medically necessary for the patient to receive the dental surgical procedure in a hospital.

DIAGNOSTIC ULTRASOUND

HEAD AND NECK

	H	P1	P2
Brain			
J122 - complete, B-mode	47.20	29.65	
J422 - complete, B-mode	47.20		22.30
Echography - ophthalmic (excluding vascular study)			
J102 - quantitative, A-mode	22.40	35.65	
J402 - quantitative, A-mode	22.40		26.80
J103 - B-scan immersion.....	43.95	47.55	
J403 - B-scan immersion.....	43.95		35.55
J107 - B-scan contact.....	21.75	23.55	
J407 - B-scan contact.....	21.75		17.65
J108 - biometry (Axial length - A-mode).....	22.80	24.60	
J408 - biometry (Axial length - A-mode).....	22.80		18.45
Face and/or neck			
J105 - excluding vascular study	47.30	29.65	
J405 - excluding vascular study	47.30		22.25

Note:

J105/J405 is *not eligible for payment* when rendered for ultrasound imaging of the sinus(es).

DIAGNOSTIC ULTRASOUND

THORAX, ABDOMEN AND RETROPERITONEUM

		H	P1	P2
Thorax				
J125	Chest masses, pleural effusion - A & B-mode	48.75	30.70	
J425	Chest masses, pleural effusion - A & B-mode	48.75		23.00

Note:

Heart - Echocardiography - see listings in Diagnostic and Therapeutic Procedures.

Abdomen and Retroperitoneum

Abdominal scan				
J135	- complete	48.75	33.20	
J435	- complete	48.75		24.90
J128	- limited study (e.g. gallbladder only, aorta only or follow-up study).....	32.10	21.95	
J428	- limited study (e.g. gallbladder only, aorta only or follow-up study).....	32.10		16.45

DIAGNOSTIC ULTRASOUND

PREGNANCY

	H	P1	P2
Complete			
J159 - on or after 16 weeks gestation (maximum one per normal pregnancy)	48.75	33.20	
J459 - on or after 16 weeks gestation (maximum one per normal pregnancy)	48.75		24.90
J160 - for high risk pregnancy or complications of pregnancy	48.75	33.20	
J460 - for high risk pregnancy or complications of pregnancy	48.75		24.90
J166 - multiple gestation, for each additional fetus, to J160	41.45	27.60	
J466 - multiple gestation, for each additional fetus, to J460	41.45		20.70
Gestational age for Maternal Serum Screening Program			
J157 - before 16 weeks gestation (maximum one per normal pregnancy)	32.10	21.95	
J457 - before 16 weeks gestation (maximum one per normal pregnancy)	32.10		16.45
Limited			
J158 - for high risk pregnancy or complications of pregnancy	32.10	21.95	
J458 - for high risk pregnancy or complications of pregnancy	32.10		15.20
J167 - fetal Doppler evaluation of middle cerebral artery and/or ductus venosus, to J160 or J158	32.10	30.00	
Note:			
J167 is <i>only eligible for payment</i> when rendered by a physician for assessment of fetal anemia or intrauterine growth retardation measuring below the 10th percentile.			
J168 - nuchal translucency for Prenatal Genetic Screening (maximum one per pregnancy)	39.00	26.05	
J468 - nuchal translucency for Prenatal Genetic Screening (maximum one per pregnancy)	39.00		19.50
J169 - multiple gestation, for each additional fetus, to J168	33.15	20.45	
J469 - multiple gestation, for each additional fetus, to J468	33.15		15.30

Payment rules:

Ultrasound services listed under the headings "Abdomen and Retroperitoneum" or "Pelvis" or "Pregnancy" rendered on the same *day* to the same patient by any physician as J168/J468 are *not eligible for payment*.

DIAGNOSTIC ULTRASOUND

PELVIS

	H	P1	P2
Pelvis			
J162 - complete*	48.75	33.20	
J462 - complete*	48.75		24.90
J138 Intracavitary ultrasound* (e.g. transrectal, transvaginal)	48.75	33.20	
J438 Intracavitary ultrasound* (e.g. transrectal, transvaginal)	48.75		24.90

Note:

*For ovulation induction purposes, the limit is one per cycle. Additional ultrasounds may be claimed as J164/J464.

J165 Transvaginal sonohysterography - may include saline or other intracavitary contrast media except Echovist for demonstration of tubal patency	99.95	33.15	
J476 Transvaginal sonohysterography - including Echovist contrast media for demonstration of tubal patency	232.90	30.65	

Note:

J138/438 and J161/461 rendered in conjunction with J165 are insured services payable at nil.

[Commentary:

See Diagnostic and Therapeutic Procedures section page J41 for Transvaginal sonohysterography, introduction of catheter *with or without* injection or contrast media (G399).]

J163 - limited study - for other than pregnancy	32.10	21.95	
J463 - limited study - for other than pregnancy	32.10		16.45

Intracavitary ultrasound

J161 - limited - for other than pregnancy	32.10	20.30	
J461 - limited - for other than pregnancy	32.10		15.20

Note:

1. For residual urine measurement by ultrasound (G900), see Diagnostic and Therapeutic Procedures, section J, Urology.

2. Residual urine measurement by ultrasound (G900) is *not eligible for payment* when rendered with an ultrasound of the pelvis or intracavitary ultrasound.

J164 Follicle monitoring studies	24.40	15.35	
J464 Follicle monitoring studies	24.40		11.55

DIAGNOSTIC ULTRASOUND

VASCULAR SYSTEM

H

P1

P2

Transcranial doppler assessment of intracranial circulation

J189	Transcranial doppler assessment of intracranial circulation.....	-	29.55	
J489	Transcranial doppler assessment of intracranial circulation.....	-		21.45
J186	- assessment with power mode doppler		40.65	
J486	- assessment with power mode doppler			30.50
J187	- prolonged study requiring at least 50 minutes.....		40.65	
J487	- prolonged study requiring at least 50 minutes.....			30.50
J188	- follow-up study within 4 weeks of J186/J486 or J187/J487 requiring at least 50 minutes		28.65	
J488	- follow-up study within 4 weeks of J186/J486 or J187/J487 requiring at least 50 minutes			21.45

Payment rules:

1. J189 and J489 are *not eligible for payment* with J186/J486, J187/J487 or J188/J488 same patient same day.
2. Only one of J186/J486, J187/J487 or J188/J488 are payable same patient, same physician, same day.

Extra-cranial vessel assessment - above the aortic arch

Bilateral carotid and/or subclavian and/or vertebral arteries only

J190	- doppler scan or B scan, includes frequency/spectral analysis, if rendered	42.65	21.40	
J490	- doppler scan or B scan, includes frequency/spectral analysis, if rendered	42.65		16.00
J201	- duplex scan i.e. simultaneous real time, B-mode imaging and frequency/spectral analysis	55.05	30.80	
J501	- duplex scan i.e. simultaneous real time, B-mode imaging and frequency/spectral analysis	55.05		23.10

Note:

Only one of J190/J490 or J201/J501 is eligible for payment per patient per day.

DIAGNOSTIC ULTRASOUND

VASCULAR SYSTEM

		H	P1	P2
Peripheral vessel assessment				
(distal to inguinal ligament or axilla), artery and/or vein evaluation per extremity. Not to be billed routinely with J190.				
J193	- doppler scan or B scan, includes frequency/spectral analysis, if rendered, unilateral.....	22.05	17.85	
J493	- doppler scan or B scan, includes frequency/spectral analysis, if rendered, unilateral.....	22.05		13.30
J202	- duplex scan i.e. simultaneous real time, B-mode imaging and frequency/spectral analysis, unilateral	28.50	20.75	
J502	- duplex scan i.e. simultaneous real time, B-mode imaging and frequency/spectral analysis, unilateral	28.50		15.55

Note:

Only one of J193/J493 or J202/J502 is eligible for payment per extremity per patient per *day*.

Venous assessment

J198	- bilateral - includes assessment of femoral, popliteal and posterior or tibial veins with appropriate functional manoeuvres and permanent record	7.40	12.35	
J498	- bilateral - includes assessment of femoral, popliteal and posterior or tibial veins with appropriate functional manoeuvres and permanent record	7.40		9.30

Note:

Not to be claimed during surgery or during patient's post-operative stay in hospital.

Doppler evaluation of organ transplantation

J205	- arterial and/or venous.....	22.05	17.75	
J505	- arterial and/or venous.....	22.05		13.30

DIAGNOSTIC ULTRASOUND

VASCULAR SYSTEM

H**P1****P2**

Duplex evaluation of portal hypertension

J206	- must include doppler interrogation and documentation of superior mesenteric vein, splenic vein, portal veins, hepatic veins and hepatic arteries	22.05	17.75	
J506	- must include doppler interrogation and documentation of superior mesenteric vein, splenic vein, portal veins, hepatic veins and hepatic arteries	22.05		13.30

Note:

Not to be billed unless study specifically requested by referring physician.

Duplex assessment of patency obstruction, and flow direction of vascular shunts

J207	- must include doppler interrogation and documentation of vascular shunts	22.05	17.75	
J507	- must include doppler interrogation and documentation of vascular shunts	22.05		13.30

Note:

Not to be billed unless study specifically requested by referring physician.

DIAGNOSTIC ULTRASOUND

VASCULAR LABORATORY FEES

		H	P1	P2
Ankle pressure measurements				
J200	- requires a minimum of 4 segmental pressure recordings and/or pulse volume recordings and/or Doppler recordings - unilateral or bilateral.....	20.40	26.75	
J500	- requires a minimum of 4 segmental pressure recordings and/or pulse volume recordings and/or Doppler recordings - unilateral or bilateral.....	20.40		20.05
J196	- with exercise and/or quantitative measurements, to J200	8.00	12.65	
J496	- with exercise and/or quantitative measurements, to J500	8.00		9.50
Note:				
1. G517 is <i>not eligible for payment</i> in addition to J200/J500.				
2. This service is <i>only eligible for payment</i> when the device used produces a hard copy output.				
[Commentary:				
For ankle pressure determination and ankle-arm index, see G517 under Cardiovascular Diagnostic & Therapeutic Procedures.]				
Penile pressure recordings				
J197	- two or more pressures.....	6.85	9.75	
J497	- two or more pressures.....	6.85		7.25
Penile Doppler Evaluation				
J199	- doppler scan.....	6.85	9.75	
J499	- doppler scan.....	6.85		7.25
Note:				
Penile Doppler is only insured for the following indications:				
1. priapism;				
2. trauma;				
3. revascularization;				
4. primary erectile dysfunction; or				
5. failure of both oral and injectable therapy for erectile dysfunction.				
[Commentary:				
Penile Doppler performed for other indications is not an insured service.]				
Transcutaneous tissue				
J203	- oxygen tension measurements	24.10	6.90	
J503	- oxygen tension measurements	24.10		5.15
J204	- when done in addition to Doppler studies	13.20	6.90	
J504	- when done in addition to Doppler studies	13.20		5.15

DIAGNOSTIC ULTRASOUND

MISCELLANEOUS

	H	P1	P2
Echography for placement of radiation therapy fields			
J180 - scan B-mode	35.15	23.65	
J480 - scan B-mode	35.15		17.75
Extremities			
J182 - per limb (excluding vascular study)	25.50	18.70	
J482 - per limb (excluding vascular study)	25.50		13.70
Breast			
J127 - scan B-mode (per breast)	23.70	16.40	
J427 - scan B-mode (per breast)	23.70		11.15
Scrotal			
J183 - scan	47.30	29.75	
J483 - scan	47.30		22.25

H

P

Portable ultrasound

E475 - only eligible for payment when personally rendered by a specialist in diagnostic radiology (33) in an area of a hospital outside of the diagnostic imaging department..... per unit	-	25.00	
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Note:

E475 is payable on a per unit basis. Unit means ¼ hour or major part thereof - see General Preamble GP6, GP45 for definitions and time-keeping requirements.

J290 - Spinal sonography	-	30.60	
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DIAGNOSTIC ULTRASOUND

ULTRASONIC GUIDANCE

SPECIFIC ELEMENTS

In addition to the *common elements*, the components of Ultrasonic Guidance include the following *specific elements*.

For Professional Component P

- A. Providing clinical supervision and quality control of all elements of the *technical component* of the procedure.
- B. Providing ultrasonic guidance for the physician performing the associated procedure.
- C. Where appropriate, post-procedure monitoring, including intervening except where this constitutes a separately billable service.
- D. 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.
- 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.

For Technical Component H

- A. Preparing the patient for the procedure.
- B. Assisting at the performance of the procedure.
- C. Making arrangements for follow-up care.
- D. 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.
- E. 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.

	H	P
J149 Ultrasonic guidance of biopsy, aspiration, amniocentesis or drainage procedures (one physician only)	47.30	36.85

Note:

J138/438 and J161/461 performed during the same visit as J149 is an insured service payable at nil.

J151 Ultrasound compression of groin pseudoaneurysm, per ¼ hour	-	19.65
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DIAGNOSTIC ULTRASOUND

NOT ALLOCATED