

Radiology

Schedule of Benefits
for Professional Fees

ANAESTHESIA

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
66744	Completed radiological examination and evaluation including imaging (mammography and/ or ultrasound), and immediate image-guided percutaneous core needle biopsy; where performed on same day by a consultant Radiologist (I.P.)	No	Independent Procedure, Side Room, Diagnostic	
192201	General anaesthesia for diagnostic scans, for child under the age of 2	No		Supporting documentation required

COMPUTED TOMOGRAPHY

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
6095	Sternum and chest	No		
6097	CT Head and Neck with Contrast	No		
6098	CT Head and Neck	No		
6100	Thoracic inlet	No		
6101	CT angiography, without contrast material(s), all sections including image post processing, pulmonary	No		
6102	CT Brain, without contrast	No		Codes 6104, 6106, 6107 and 6108 are not payable with 6102 or 6103, if done at the same time
6103	CT Brain, with contrast	No		Codes 6104, 6106, 6107 and 6108 are not payable with 6102 or 6103, if done at the same time
6104	CT Orbit, sella or outer, middle, or inner ear; without contrast	No		Codes 6104, 6106, 6107 and 6108 are not payable with 6102 or 6103, if done at the same time
6106	CT Orbit, sella or outer, middle, or inner ear; with contrast	No		Codes 6104, 6106, 6107 and 6108 are not payable with 6102 or 6103, if done at the same time
6107	CT Maxillofacial area, without contrast	No		Codes 6104, 6106, 6107 and 6108 are not payable with 6102 or 6103, if done at the same time
6108	CT Maxillofacial area, with contrast	No		Codes 6104, 6106, 6107 and 6108 are not payable with 6102 or 6103, if done at the same time
6109	CT Thorax, without contrast	No		
6111	CT scanning for biopsy or drainage	No	Side Room, Monitored Anaesthesia Care	
6112	CT Thorax, with contrast	No		
6113	CT high resolution, Lungs, without contrast	No		
6115	Ankle	No		
6122	Knee, complete, including oblique(s), and tunnel, and/ or patellar and/ or standing views	No		

COMPUTED TOMOGRAPHY

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
6123	CT Colonography	No	Side Room	
6220	Tibia and fibula	No		
6223	CT scanogram of lower limbs (paediatric)	No		
6225	Wrist	No		
6226	Long bones	No		
6227	Joints	No		
6228	Spine	No		

CONSULTATION & REPORTING

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
1197	Pre-operative placement of needle localisation wire, breast, one or more lesions	No		This benefit is payable in addition to the surgery, at a separate operative session, for lesion(s) removal
7025	Pre-operative cholangiogram	No		
7073	Nerve block for pain control, spinal region, under image guidance and confirmed by contrast injection (I.P.)	No	Independent Procedure, Side Room	
7843	Transcervical fallopian tube recanalisation under fluoroscopic guidance, unilateral or bilateral	No	Side Room	

FLUOROSCOPIC GUIDANCE

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
7700	PET CT professional fee	Yes		Receipt of invoice from SVRG. Payable to SVRG only
771197	Preoperative placement of Magseed for locating impalpable breast cancer lesions on day of surgery	No	Side Room	This procedure will be paid at 100% rate, when performed even if on date of surgery
770401	Repositioning of a nasogastric feeding tube into the jejunum under fluoroscopic guidance	No		Not claimable with procedure code 7036
770402	Conversion of a gastrostomy feeding tube to a gastrojejunostomy feeding tube under fluoroscopic guidance	No		1 Night Only. Not claimable with procedure code 7036

INTERVENTIONAL RADIOLOGY

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
1196	Stereotactic localisation core needle biopsy of breast (I.P.)	No	Independent Procedure, Side Room, Diagnostic	
6670	Radiological examination, surgical specimen	No		
6675	Angiogram (direct puncture, single vessel study, brachial, femoral) includes introduction of needles or catheter injection of contrast media and necessary pre and post injection care specifically related to the injection procedure	No	Day Care	
6676	Placement of fiducial markers for radiation therapy guidance of prostate (via needle, any approach), single or multiple includes ultrasound guidance	No	Side Room, Monitored Anaesthesia Care	
6680	Angiogram (selective catheter, single or multiple vessel study, coeliac, mesenteric, renal etc.), includes introduction of needle or catheter injection of contrast media and necessary pre and post injection care related to the injection procedure	No	Day Care	
6681	Single selective carotid angiography and/ or vertebral study	No	Day Care	
6682	Bilateral carotid angiography study	No	Day Care	
6685	Aortogram (arch/ TLA, etc.)	No		
6686	Biopsy of focal lesion in the liver, kidney, pancreas or spleen including embolisation (e.g. Gelfoam), if performed	No	Side Room, Monitored Anaesthesia Care	
6687	Biopsy of focal lesion, under CT guidance, in the liver, kidney, pancreas or spleen including embolisation (e.g. gelfoam), if performed	No	Side Room, Monitored Anaesthesia Care	
6690	Cavernosogram	No		
6691	Radiofrequency ablation of renal tumour(s) including embolisation (e.g. gelfoam), if performed	No	Side Room	
6705	Facet arthrogram (single level)	No		
6710	Portogram	No		
6725	Splenoportogram	No		
6735	Venogram, peripheral, single limb	No		
6740	Venography (selective, catheter, single vessel study and/or venous sampling, I.V.C., S.V.C., adrenal, renal, hepatic)	No	Side Room	
6741	Transcatheter permanent occlusion or embolisation, percutaneous, any method non-central nervous system, head or neck (extracranial, brachiocephalic branch)	No	Side Room	Includes angiographic evaluation before, during and immediately after the procedure, at the same session, following a full assessment of the patient in a multidisciplinary team, which involves one or more consultants in the following specialities: Dermatology, Plastic Surgery, Haematology and Interventional Radiology

INTERVENTIONAL RADIOLOGY

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
6742	Transcatheter permanent occlusion or embolisation (e.g. for tumour destruction, to achieve haemostasis, to occlude a vascular malformation), percutaneous, any method non-central nervous system, non head or neck (extracranial, brachiocephalic branch) following a full assessment involving a consultant in one or more disciplines of Plastic Surgery, Dermatology, Haematology and Interventional Radiology	No	Side Room	Includes angiographic evaluation before, during and immediately after the procedure, at the same session, following a full assessment of the patient in a multidisciplinary team, which involves one or more consultants in the following specialities: Dermatology, Plastic Surgery, Haematology and Interventional Radiology
6975	Discogram	No		
6991	Videofluoroscopy feeding study (paediatric)	No		
7000	Myelogram	No	Side Room	
7005	Myelogram (direct lateral puncture, thoracic or cervical)	No	Side Room	
7071	Insertion of contrast materials to interspinous lumbar space to localise disc level prior to surgery under fluoroscopy with or without PA and lateral lumbar spine radiographs with or without review of CT and MRI scans followed by radiological guidance during the spinal surgery procedure	No		
7072	Nerve block for pain control, peripheral joints, under image guidance and confirmed by contrast injection (I.P.)	No	Independent Procedure, Side Room	
8696	Consultant Radiologist in-patient consultation	No		
66684	Uterine artery embolisation for fibroids including angiography and fluoroscopy (I.P.)	No	Independent Procedure	<p>Conditions of payment for code 66684:</p> <p>(a) The Radiologist who performs the procedure must have specialised embolisation experience or undergone appropriate training and be registered with Irish Life Health Healthcare</p> <p>(b) All cases of uterine artery embolisation must be performed in a hospital listed in the Irish Life Health Directory of hospitals, by a consultant radiologist</p> <p>(c) Benefit will not be made in the following circumstances:</p> <ul style="list-style-type: none"> (i) Where there is any evidence of current or recent infection in the genital tract (ii) When a patient is unwilling to consent to hysterectomy if the embolisation procedure is complicated (iii) If the above criteria are not satisfied in full
192203	General anaesthesia for diagnostic scans, for adults	No		Supporting documentation required
306895	Ultrasound guidance during investigations or therapeutic procedure	No		Rheumatologist benefit only - cannot be charged with codes 4332, 4333, 4334. If performed with codes 4332, 4333 or 4334 - then refer to codes 304332, 304333 or 304334 respectively
558710	Cognitive fusion targeted prostate biopsy when performed by a Consultant Radiologist where it is performed in addition to biopsy of prostate (TRUS)	Yes		
570611	Cordocentesis (intrauterine), with ultrasound guidance	No		
601051	Percutaneous ultrasound guided fine needle aspiration of the neck, salivary gland (parotid or submandibular) of thyroid (I.P.)	No	Independent Procedure, Side Room, Diagnostic	
745510	Vacuum Assisted Excision (VAE) of B3 breast lesion under ultrasound guidance	No		
745512	Ultrasound guided placement of breast marker clip	No		

INTERVENTIONAL RADIOLOGY

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
745513	Stereotactic placement of breast marker clip	No		
745514	Breast tomosynthesis	No		
745515	Image guided complete aspiration of abscess following mammographic and/ or ultrasound evaluation	No	Side Room	
745516	Image guided percutaneous aspiration of a breast cyst following completed radiological examination including mammographic and ultrasound (I.P.)	No	Independent Procedure, Side Room	
745517	Image guided percutaneous aspiration of a breast cyst following radiological examination including ultrasound (I.P.)	No	Independent Procedure, Side Room	
770050	Exercise myocardial perfusion SPECT scan	No		
770060	Ultrasound performed and interpretation performed personally by consultant radiologist for the assessment of suspicion of a thyroid lesion, where an FNA is considered unnecessary (I.P.)	No	Independent Procedure, Side Room	
770065	Hysterosalpingogram	No	Diagnostic	Where code 770065 is performed on an out-patient basis the professional fee will be direct settled As this is an out-patient only procedure there should NOT be a technical fee. Any technical fee incurred is only recoverable as an out-patient radiology expense subject to policy benefits
770070	Ureteric stent removal	No		
770071	Ureteric dilation	No		
770072	Sphincterotomy (I.P.)	No	Independent Procedure, Day Care	
770073	AV fistula creation	No		
770403	Replacement of a gastrojejunostomy feeding tube under fluoroscopic guidance	No		Not claimable with procedure code 7036
770601	Parotid gland ultrasound	No		
770717	Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including image guidance under general anaesthetic	No	Day Care	

MAGNETIC RESONANCE ANGIOGRAPHY

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
62300161	Post-operative follow-up after brain surgery	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies

MAGNETIC RESONANCE ANGIOGRAPHY

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
62300191	Vertebral dissection	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62300201	MRA for exclusion or further investigation of intracranial aneurysm	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62300211	MRA for exclusion or further investigation of intracranial arteriovenous malformation	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62301601	Magnetic Resonance Cholangiopancreatography (MRCP): pancreatic and biliary disease where conventional methodology has failed and ERCP is considered undesirable	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62301761	MRA: vascular abnormality in a patient with a previous anaphylactic reaction to an iodinated contrast medium	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62301771	MRA: obstruction of the superior vena cava, inferior vena cava or a major pelvic vein	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62301791	MRA: renal artery stenosis post renal transplant	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62307201	MR enterography/ enteroclysis: to exclude Crohn's disease in patients with chronic abdominal pain, diarrhoea and weight loss when the referral for MRI is made by a consultant Gastroenterologist or surgeon with an interest in gastrointestinal disease	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62310191	Vertebral dissection - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62310201	MRA for exclusion or further investigation of intracranial aneurysm - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62310211	MRA for exclusion or further investigation of intracranial arteriovenous malformation - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62311601	Magnetic Resonance Cholangiopancreatography (MRCP): pancreatic and biliary disease where conventional methodology has failed and ERCP is considered undesirable - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies

MAGNETIC RESONANCE ANGIOGRAPHY

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
62311761	MRA: vascular abnormality in a patient with a previous anaphylactic reaction to an iodinated contrast medium - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62311771	MRA: obstruction of the superior vena cava, inferior vena cava or a major pelvic vein - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62311791	MRA: renal artery stenosis post renal transplant - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62317201	MR enterography/ enteroclysis: to exclude Crohn's disease in patients with chronic abdominal pain, diarrhoea and weight loss when the referral for MRI is made by a consultant Gastroenterologist or surgeon with an interest in gastrointestinal disease - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies

MAGNETIC RESONANCE IMAGING

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
6229	Feet/ hands	No		
6745	Cervical	No		
772376	Hysterocontrast sonography (HyCoSy)	No	Side Room	
62300001	Tumour of the brain or meninges	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62300011	Skull base or orbital tumour	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62300021	Acoustic neuroma	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62300031	Pituitary tumour - in the case of females with elevated prolactin levels, MRI benefit is only allowable following repeated testing and exclusion of the presence of macro prolactin and there continues to be significant hyperprolactinaemia	No		MRI benefit is only allowable following repeated testing and exclusion of the presence of macro prolactin and there continues to be significant hyperprolactinaemia. Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies

MAGNETIC RESONANCE IMAGING

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
62300041	Inflammation of the brain or meninges	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62300051	Encephalopathy	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62300061	Encephalitis	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62300071	Suspect leukodystrophies	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62300081	ENT problems – following consultation with a radiologist	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62300091	Demyelinating disease of the brain	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62300101	Congenital malformation of brain or meninges	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62300111	Venous sinus thrombosis	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62300121	Screening of intracranial aneurysm in the following high risk individuals - positive family history, defined as 2 or more first degree relatives with subarachnoid haemorrhages	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62300131	Screening of intracranial aneurysm in the following high risk individuals - patients with polycystic kidney disease	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62300141	Epilepsy	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62300151	Stroke	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies

MAGNETIC RESONANCE IMAGING

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
62300181	MRA for exclusion or further investigation of stroke	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62300221	MRA for exclusion or further investigation of venous sinus thrombosis	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62300301	MRI: suspected intra-orbital or visual pathway lesions	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62300311	MRI: dysthyroid eye disease	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62300321	MRI: diplopia	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62300401	Tumour of the CNS or meninges	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62300411	Inflammation of the CNS or meninges	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62300421	Demyelinating disease	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62300431	Spinal cord compression (acute)	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62300441	Congenital malformations of the spinal cord, cauda equina or meninges	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62300451	Syrinx – congenital or acquired	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62300461	Myelopathy	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies

MAGNETIC RESONANCE IMAGING

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
62300471	Absent or reduced sensation on clinical examination	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62300481	Absent or reduced reflexes	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62300491	Muscle wasting	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62300501	Severe intractable arm pain where symptoms have been present for more than 6 weeks	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62300511	Cervical/ thoracic or lumbar radicular pain persisting for greater than 6 weeks when decompression surgery is being considered following referral by a consultant	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62300521	Axial neck pain/ thoracic back pain/ axial lumbar spine pain, persisting for greater than 3 months following referral by a consultant	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62300531	Reduced power on physical examination	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62300541	Previous spinal surgery	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62300551	Trauma	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62300561	Spinal disease in pregnancy	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62300571	Tumour of the CNS or meninges (whole spine)	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62300581	Inflammation of the CNS or meninges (whole spine)	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies

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CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
62300591	Demyelinating disease (whole spine)	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62300601	Acute spinal cord compression (whole spine)	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62300611	Congenital malformations of the spinal cord, cauda equina or meninges (whole spine)	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62300621	Syrinx – congenital or acquired (whole spine)	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62300631	Myelopathy (whole spine)	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62300641	Absent or reduced sensation on clinical examination (whole spine)	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62300651	Absent or reduced reflexes (whole spine)	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62300661	Muscle wasting (whole spine)	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62300671	Severe intractable arm pain where symptoms have been present for more than 6 weeks (whole spine)	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62300681	Radicular pain persisting for greater than 6 weeks when decompression surgery is being considered following referral by a consultant (whole spine)	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62300691	Axial spine pain, persisting for greater than 3 months following referral by a consultant (whole spine)	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62300701	Reduced power on physical examination (whole spine)	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies

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CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
62300751	Previous spinal surgery (whole spine)	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62300761	Trauma (whole spine)	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62300901	Spinal disease in pregnancy (whole spine)	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62301001	MRI: tumour arising in bone or other connective tissue	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62301011	MRI: infection arising in bone or other connective tissue	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62301021	MRI: osteonecrosis	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62301031	MRI: sacro-iliac joints in the following circumstances: (a) suspicion of the presence of ankylosing spondylitis and (b) patients have negative or inconclusive plain radiography films of the sacro-iliac joints and (c) patients are HLA B27 positive	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62301101	MRI: slipped upper femoral epiphysis	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62301111	MRI: post inflammatory or post traumatic epiphyseal fusion in a person under 16 years of age	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62301121	MRI: complex cases of juvenile dermatomyositis	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62301131	MRI: Gaucher's disease	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies

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CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
62301151	MRI: juvenile dermatomyositis by guiding biopsy	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62301161	MRI: for exclusion, further investigation and monitoring of derangement of one or both hips and supporting structures	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62301171	MRI: for exclusion, further investigation and monitoring of derangement of one knee and supporting structures	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62301181	MRI: for exclusion, further investigation and monitoring of derangement of both knees and supporting structures	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62301201	MRI cardiovascular system: congenital heart disease	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62301211	MRI cardiovascular system: tumour of the heart or a major vessel	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62301221	MRI cardiovascular system: aortic dissection/ aneurysm	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62301231	MRI cardiovascular system: abnormality of thoracic aorta	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62301251	MRI cardiovascular system: for further investigation, in persons under the age of 16 years, of the vasculature of limbs prior to limb or digit transfer surgery in congenital limb deficiency syndrome	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62301311	MRI abdomen: characterisation of equivocal liver lesions identified in ultrasound or CT	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62301321	MRI abdomen: assessment of liver lesions in patients with known malignant disease for potential liver resection	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62301331	MRI abdomen: staging of abdominal masses where CT is inconclusive	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies

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CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
62301341	Pre-procedure planning for uterine artery embolisation of uterine fibroids - adenomyosis	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62301351	MRI abdomen: staging of gynaecologic malignancies (endometrial, cervical and ovarian)	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62301361	MRI abdomen: staging of rectal cancer	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62301371	MRI abdomen: post-operative recurrence of rectal cancer following CT and if tissue remains	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62301381	MRI abdomen: staging of bladder cancer	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62301391	MRI abdomen: detection of small pancreatic tumours not visible by CT, only if negative high resolution triphasic CT scan of pancreas	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62301401	MRI abdomen: assessment of fistulae/ abscesses/ strictures in patients with established Crohn's disease following discussion with a multi-disciplinary team	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62301501	Perineal abscess	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62301511	Perineal fistula	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62301551	MR urography (MRU) in patients with urographic contrast allergy	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62301561	MR urography in pregnancy	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62301801	MRA: renal artery stenosis in patients with refractory hypertension requiring multiple therapies, or in patients with documented renal insufficiency in whom renal vascular disease is being considered and in whom angioplasty and stenting is being considered	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies

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CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
62302501	Malignant soft tissue tumours for diagnosis and staging	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62302521	Congenital uterine or anorectal abnormality	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62302601	Bone metastases due to primary cancer	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62302611	Investigation of polymyalgia, if pathology suggests diagnosis	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62302621	Investigation of infiltrating marrow disorders	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62307001	Breast cancer - where mammogram and/ or ultrasound are negative for pathology but there continues to be a high index of clinical suspicion (e.g. in persons with inherited BRCA1 and BRCA2 mutations)	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62317011	Breast cancer - where mammogram and/ or ultrasound are negative for pathology but there continues to be a high index of clinical suspicion (e.g. in persons with inherited BRCA1 and BRCA2 mutations) - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62307011	MRI: one ankle - benefit payable for scanning of derangement of ankle and supporting structures only	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62307021	MRI: both ankles - benefit payable for scanning of derangement of ankles and supporting structures only	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62307031	MRI: one foot (excludes hind foot)	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62307041	MRI: both feet (excludes hind feet)	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62307051	MRI: suspected tarsal coalition	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies

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CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
62307061	MRI: soft tissue tumours in the feet	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62307071	MRI: posterior tibial nerve compression in the presence of persistent symptoms and signs and failure to respond to at least 6 weeks of appropriate therapy	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62307081	MRI: one shoulder and supporting structures; benefit payable for scanning of derangement of shoulder and supporting structures only	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62307091	MRI: both shoulders and supporting structures; benefit payable for scanning of derangement of shoulders and supporting structures only	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62307101	MRI: one elbow and supporting structures; benefit payable for scanning of derangement of elbow and supporting structures only	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62307111	MRI: both elbows and supporting structures; benefit payable for scanning of derangement of elbows and supporting structures only	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62307121	MRI: one wrist and supporting structures; benefit payable for scanning of derangement of wrist and supporting structures only	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62307131	MRI: both wrists and supporting structures; benefit payable for scanning of derangement of wrists and supporting structures only	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62307141	MRI abdomen: post surgical MRI following uterine artery embolisation for fibroids	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62307151	MRI abdomen: further investigation of adrenal masses identified on CT scanning	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62307161	MRI abdomen: further investigation of complex/ indeterminable/ solid renal parenchymal masses	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62307181	MR enterography/ enteroclysis: exclusion of Crohn's disease in patients less than 18 years following review by a paediatrician	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies

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CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
62307191	MR enterography/ enteroclysis: to assess disease activity in patients with Crohn's disease of the small bowel	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62307211	MRA: peripheral arteries to determine the presence and extent of peripheral arterial disease in lower extremities	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62307221	Breast: for pre-operative evaluation of patients with invasive lobular carcinoma	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62307231	Breast: for pre-operative evaluation of patients with multi-focal or multi-centric disease	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62307241	Breast: to rule out intra-capsular implant rupture following assessment by a breast or plastic surgeon, where breast ultrasound is equivocal or non-diagnostic	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62307251	Staging of prostate cancer	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62307255	Multi parametric MRI scan of the prostate and pelvis	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62310001	Tumour of the brain or meninges including use of contrast media	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62310011	Skull base or orbital tumour including use of contrast media	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62310021	Acoustic neuroma including use of contrast media	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62310031	Pituitary tumour - in the case of females with elevated prolactin levels, MRI benefit is only allowable following repeated testing and exclusion of the presence of macro prolactin and there continues to be significant hyperprolactinaemia with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62310041	Inflammation of the brain or meninges with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies

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CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
62310051	Encephalopathy with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62310061	Encephalitis with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62310071	Suspect leukodystrophies with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62310081	ENT problems with contrast – following consultation with a radiologist	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62310091	Demyelinating disease of the brain with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62310101	Congenital malformation of brain or meninges with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62310111	Venous sinus thrombosis with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62310121	Screening of intracranial aneurysm in the following high risk individuals - positive family history, defined as 2 or more first degree relatives with subarachnoid haemorrhages with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62310131	Screening of intracranial aneurysm in the following high risk individuals - patients with polycystic kidney disease with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62310141	Epilepsy with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62310151	Stroke with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62310161	Post-operative follow-up after brain surgery with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies

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CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
62310221	MRA for exclusion or further investigation of venous sinus thrombosis	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62310301	MRI: suspected intra-orbital or visual pathway lesions - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62310311	MRI: dysthyroid eye disease - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62310321	MRI: diplopia - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62310401	Tumour of the CNS or meninges - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62310411	Inflammation of the CNS or meninges - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62310421	Demyelinating disease - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62310431	Spinal cord compression (acute) - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62310441	Congenital malformations of the spinal cord, cauda equina or meninges - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62310451	Syrinx – congenital or acquired - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62310461	Myelopathy - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62310471	Absent or reduced sensation on clinical examination - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies

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CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
62310481	Absent or reduced reflexes - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62310491	Muscle wasting - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62310501	Severe intractable arm pain where symptoms have been present for more than 6 weeks - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62310511	Cervical/ thoracic or lumbar radicular pain persisting for greater than 6 weeks when decompression surgery is being considered following referral by a consultant - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62310521	Axial neck pain/ thoracic back pain/ axial lumbar spine pain, persisting for greater than 3 months following referral by a consultant - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62310531	Reduced power on physical examination - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62310541	Previous spinal surgery - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62310551	Trauma - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62310561	Spinal disease in pregnancy - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62310571	Tumour of the CNS or meninges (whole spine) - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62310581	Inflammation of the CNS or meninges (whole spine) - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62310591	Demyelinating disease (whole spine) - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies

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CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
62310601	Acute spinal cord compression (whole spine) - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62310611	Congenital malformations of the spinal cord, cauda equina or meninges (whole spine) - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62310621	Syrinx – congenital or acquired (whole spine) - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62310631	Myelopathy (whole spine) - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62310641	Absent or reduced sensation on clinical examination (whole spine) - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62310651	Absent or reduced reflexes (whole spine) - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62310661	Muscle wasting (whole spine) - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62310671	Severe intractable arm pain where symptoms have been present for more than 6 weeks (whole spine) - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62310681	Radicular pain persisting for greater than 6 weeks when decompression surgery is being considered following referral by a consultant (whole spine) - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62310691	Axial spine pain, persisting for greater than 3 months following referral by a consultant (whole spine) - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62310701	Reduced power on physical examination (whole spine) - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62310751	Previous spinal surgery (whole spine) - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62310761	Trauma (whole spine) - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies

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CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
62310901	Spinal disease in pregnancy (whole spine) - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62311001	MRI: tumour arising in bone or other connective tissue - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62311011	MRI: infection arising in bone or other connective tissue - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62311021	MRI: osteonecrosis - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62311031	MRI: sacro-iliac joints in the following circumstances; (a) suspicion of the presence of ankylosing spondylitis and (b) patients have negative or inconclusive plan radiography films of the sacro-iliac joints and (c) patients are HLA B27 positive - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62311111	MRI: post inflammatory or post traumatic epiphyseal fusion in a person under 16 years of age - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62311121	MRI: complex cases of juvenile dermatomyositis - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62311131	MRI: Gaucher's disease - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62311151	MRI: juvenile dermatomyositis by guiding biopsy - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62311161	MRI: for exclusion, further investigation and monitoring of derangement of one or both hips and supporting structures - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62311171	MRI: for exclusion, further investigation and monitoring of derangement of one knee and supporting structures - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62311181	MRI: for exclusion, further investigation and monitoring of derangement of both knees and supporting structures - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies

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CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
62311201	MRI cardiovascular system: congenital heart disease - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62311211	MRI cardiovascular system: tumour of the heart or a great vessel - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62311221	MRI cardiovascular system: aortic dissection/ aneurysm - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62311231	MRI cardiovascular system: abnormality of thoracic aorta - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62311251	MRI cardiovascular system: for further investigation, in persons under the age of 16 years, of the vasculature of limbs prior to limb or digit transfer surgery in congenital limb deficiency syndrome - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62311311	MRI abdomen: characterisation of equivocal liver lesions identified in ultrasound or CT - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62311321	MRI abdomen: assessment of liver lesions in patients with known malignant disease for potential liver resection - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62311331	MRI abdomen: staging of abdominal masses where CT is inconclusive - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62311341	Pre-procedure planning for uterine artery embolisation of uterine fibroids - adenomyosis	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62311351	MRI abdomen: staging of gynaecologic malignancies (endometrial, cervical and ovarian) - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62311361	MRI abdomen: staging of rectal cancer - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62311371	MRI abdomen: post-operative recurrence of rectal cancer following CT and if tissue remains	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies

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CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
62311381	MRI abdomen: staging of bladder cancer - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62311391	MRI abdomen: detection of small pancreatic tumours not visible by CT, only if negative high resolution triphasic CT scan of pancreas - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62311401	MRI abdomen: assessment of fistulae/ abscesses/ strictures in patients with established Crohn's disease following discussion with a multi-disciplinary team - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62311501	Perineal abscess - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62311511	Perineal fistula - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62311561	MR urography in pregnancy - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62311801	MRA: renal artery stenosis in patients with refractory hypertension requiring multiple therapies, or in patients with documented renal insufficiency in whom renal vascular disease is being considered and in whom angioplasty and stenting is being considered - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62312501	Malignant soft tissue tumours for diagnosis and staging - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62312521	Congenital uterine or anorectal abnormality - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62312601	Bone metastases due to primary cancer - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62312611	Investigation of polymyalgia, if pathology suggests diagnosis - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62312621	Investigation of infiltrating marrow disorders - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies

MAGNETIC RESONANCE IMAGING

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
62317001	MRI: one ankle - benefit payable for scanning of derangement of ankle and supporting structures only - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62317031	MRI: one foot (excludes hind foot) - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62317041	MRI: both feet (excludes hind feet) - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62317051	MRI: suspected tarsal coalition - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62317061	MRI: soft tissue tumours in the feet - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62317071	MRI: posterior tibial nerve compression in the presence of persistent symptoms and signs and failure to respond to at least 6 weeks of appropriate therapy - - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62317081	MRI: one shoulder and supporting structures; benefit payable for scanning of derangement of shoulder and supporting structures only - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62317091	MRI: both shoulders and supporting structures; benefit payable for scanning of derangement of shoulders and supporting structures only - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62317101	MRI: one elbow and supporting structures; benefit payable for scanning of derangement of elbow and supporting structures only - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62317111	MRI: both elbows and supporting structures; benefit payable for scanning of derangement of elbows and supporting structures only - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62317121	MRI: one wrist and supporting structures; benefit payable for scanning of derangement of wrist and supporting structures only - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62317131	MRI: both wrists and supporting structures; benefit payable for scanning of derangement of wrists and supporting structures only	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies

MAGNETIC RESONANCE IMAGING

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
62317141	MRI abdomen: post-surgical MRI following uterine artery embolisation for fibroids - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62317151	MRI abdomen: further investigation of adrenal masses identified on CT scanning - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62317161	MRI abdomen: further investigation of complex/ indeterminable/ solid renal parenchymal masses - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62317171	MRI abdomen: placenta accreta/ percreta - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62317172	MRI during pregnancy - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62317181	MR enterography/ enteroclysis: exclusion of Crohn's disease in patients less than 18 years following review by a paediatrician - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62317191	MR enterography/ enteroclysis: to assess disease activity in patients with Crohn's disease of the small bowel - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62317211	MRA: peripheral arteries to determine the presence and extent of peripheral arterial disease in lower extremities - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62317221	Breast: for pre-operative evaluation of patients with invasive lobular carcinoma - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62317231	Breast: for pre-operative evaluation of patients with multi-focal or multi-centric disease - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62317241	Breast: to rule out intra-capsular implant rupture following assessment by a breast or plastic surgeon, where breast ultrasound is equivocal or non-diagnostic - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62317251	Staging of prostate cancer - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies

MAGNETIC RESONANCE IMAGING

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
62317255	Multi parametric MRI scan of the prostate and pelvis with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62317252	MRI of prostate for cancer detection - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62317290	MRI dynamic pelvic floor for assessment of incontinence or obstructive defaecation - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62317291	MRI dynamic (cine) with rectal contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62317292	MRI guidance for prostate biopsy - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62317293	MRI dynamic cone with rectal contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62317294	MRI prostate fusion biopsy	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62301531	Assessment of the inferior vena cava in patients with known solid renal tumour	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62311531	Assessment of the inferior vena cava in patients with known solid renal tumour - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62311551	MR urography (MRU) in patients with urographic contrast allergy - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies

NUCLEAR MEDICINE

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
6234	Paediatric cardiac magnetic resonance imaging, for congenital cardiac anomalies in infants and children under 16 years of age, including detailed segmental analysis, functional assessment of ventricular function, phase contrast quantification of great vessel AV valve outflow tract flow, ventricular volumes, angiography, three dimensional image reconstruction, tissue tagging and delayed gadolinium enhancement of myocardium, including imaging acquisition, post-processing of volume and flow data report of MRI MRA.	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
6235	Abdominal scan (Meckel's)	No		
6240	White blood cell scan (WBC)	No		
6270	Limited joint scan	No		
6275	Multiple joint scan	No		
6295	Whole body bone scan	No		
6300	3-Phase bone scan	No		
6305	SPECT (Tomo) bone scan	No		
6310	Static brain	No		
6315	Dynamic brain scan	No		
6320	SPECT brain (CBF, Ceretec, ECD, blood pool, DAT Scan)	No		
6325	Static - planar cisternogram	No		
6330	SPECT cisternogram	No		
6340	Gallium scan	No		
6345	Gastric emptying	No		
6350	G.I. bleed	No		
6365	Blood pool scan (MUGA)	No		
6395	SPECT anti-myosin scan	No		
6410	Whole body iodine scan	No		
6415	Renogram	No		
6420	Combined renogram/ GFR	No		
6430	Diuretic renogram	No		

NUCLEAR MEDICINE

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
6435	DMSA renal scan	No		
6440	Micturating cystogram	No		
6445	SPECT DMSA renal scan	No		
6450	Colloid liver scan	No		
6455	HIDA liver scan	No		
6460	SPECT liver scan	No		
6465	Hepatic (liver) blood flow	No		
6480	Lung perfusion scan	No		
6485	Lung ventilation scan	No		
6490	SPECT lung scan	No		
6495	Ventilation/ perfusion lung scan	No		
6500	Lymphoscintigram	No		
6501	Sentinel node(s) (scintigraphy)	No		
6505	Marrow scan	No		
6515	Monoclonal antibody scan - static	No		
6520	MIBG scan	No		
6530	Parathyroid scan	No		
6531	SPECT parathyroid scan, dual phase	No		
6535	Platelet scan	No		
6545	Spleen scan	No		
6550	Testicular scan	No		
6555	Technetium scan of thyroid	No		
6560	Iodine scan of thyroid	No		
6567	Bile salt breath test	No		

NUCLEAR MEDICINE

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
770051	Regadenoson myocardial perfusion Spect scan or equivalent pharmacologic stress agent	No		
770052	Salivary nuclear scan	No		
770053	Bile salt absorption (SeHCAT) test	No		
770054	Thyroid uptake -131 uptake	No		
770074	Fiducial marker placement liver - other visceral organ	No	Side Room, Monitored Anaesthesia Care	
770098	Combined bone scan SPECT/CT	No		
770099	Tc99m DOD Scan with Spect for cardiac amyloid	No		

PAEDIATRIC

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
6222	Computed tomographic (CT) coronary angiography, with or without contrast material(s), all sections, including image post processing	No		GP Referrals not accepted, only referral from consultants will be considered
6233	Cardiac MRI with or without contrast enhancement	No		GP Referrals not accepted, only referral from consultants will be considered. Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
6846	Obstetrical (with full foetal assessment)	No		
6895	Ultrasound guidance during investigations or therapeutic procedure	No		Radiologist benefit only
6896	Paediatric spine (child of six months or younger)	No		
6897	Duplex scan of soft tissue (paediatric)	No		
6985	Hysterosalpingogram	No		When this code is the primary/ only reason for hospital admission, the code defaults to an outpatient procedure and the member will need to pay and reclaim under the radiology benefit
62301241	MRI cardiovascular system: post-operative aortic graft infection or dehiscence	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies

PAEDIATRIC

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
62307171	MRI abdomen: placenta accreta/ percreta	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62311101	MRI: slipped upper femoral epiphysis -- with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62311241	MRI cardiovascular system: post operative aortic graft infection or dehiscence - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62307173	MRI for paediatric investigations	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
62317173	MRI for paediatric investigations - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies

RADIOPHARMACEUTICAL THERAPY

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
62317295	MRI repeat for cervical cancer following external fraction radiotherapy to guide brachytherapy - with contrast	No		Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies

ULTRASOUND

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
1417	Angiography, as performed by an Interventional Radiologist ONLY	No		This is an additional fee is payable at 100% only to the Consultant Interventional Radiologist for procedure codes 1419, 1421, 1422, 1423 and 1424 when angiography is performed by the interventional radiologist only during the procedure. This benefit is additional to the endovascular procedure benefit for the treating consultant and thus not chargeable by treating (main) consultant, who may charge the relevant code of 1419, 1421, 1422, 1423 or 1424
6795	Tooth, single	No		
6805	Biliary	No		

ULTRASOUND

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
6810	Breast	No		
6811	Chest	No		
6812	Duplex scan of extracranial or intracranial arteries; unilateral or bilateral study	No		
6813	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or bilateral study	No		
6814	Duplex scan of upper extremity arteries or bypass grafts; unilateral or bilateral study	No		
6816	Duplex scan of extremity veins including response to compression and other manoeuvres; unilateral or bilateral study	No		
6817	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/ or retroperitoneal organs; complete study	No		
6818	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study	No		
6819	Duplex scan of the extremity veins in patients with a diagnosis of cancer, where symptoms are suggestive of deep vein thrombosis	No		
6835	Eye	No		
6840	Hip	No		
6841	Knee	No		
6845	Obstetrical	No		
6850	Paediatric cranial	No		
6855	Pelvis	No		
6857	Pleural space (for localisation)	No		
6860	Prostate, transrectal	No		
6865	Renal (kidneys)	No		
6870	Shoulder	No		
6875	Testicular	No		
6885	Thyroid	No		
6890	Complete abdominal ultrasound	No		
745511	Vacuum Assisted Excision (VAE) of B3 breast lesion under stereotactic guidance	No		
770055	Thyroid therapy I-131 therapy	No		

ULTRASOUND

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
770501	Microwave ablation of liver lesion(s)	No		

X-RAY

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
5940	Duplex ultrasound scan, unilateral or bilateral	No	Diagnostic, Out-patient	Only one claimable per site (e.g. for lower extremity arteries or veins, one or both legs - only one payment applies. Where code 5940 is performed on an out-patient basis the professional fee will be direct settled As this is an out-patient only procedure there should NOT be a technical fee Any technical fee incurred is only recoverable as an out-patient radiology expense subject to members policy benefits
6000	Plain film, abdomen	No		
6001	Plain film abdomen complete, including decubitus and/ or erect views	No		
6005	Barium enema	No		
6010	Barium enema, double contrast	No		
6011	Barium enema, therapeutic for reduction of intussusception	No		
6015	Barium meal and/ or swallow - single contrast	No		
6020	Barium meal and follow through or small bowel study	No		
6030	Barium swallow and meal - double contrast	No		
6045	Screening diaphragm	No		
6066	Defaecating proctogram	No		
6070	T-tube cholangiogram	No		
6078	Chest, PA, lateral and apical including ribs	No		
6090	Larynx	No		
6099	CT angiography, with contrast material(s), all sections including image post processing, pulmonary	No		
6114	CT Abdomen and pelvis, without contrast	No		Code 6114 is not payable with 6116, if done at the same time
6116	CT Abdomen and pelvis, with contrast	No		Code 6114 is not payable with 6116, if done at the same time

X-RAY

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
6119	Ankle, complete, minimum of three views including inversion/ eversion	No		
6120	Bone age	No		
6121	Acromioclavicular joints, bilateral, with or without weight distraction	No		
6124	Ablation therapy for reduction or eradication of one or more pulmonary tumour(s) under CT guidance, including pleura or chest wall when involved by tumour extension, percutaneous, radiofrequency (benefit for CT guidance included) (I.P.)	No	Independent Procedure	
6125	Calcaneus	No		
6130	Clavicle	No		
6135	Elbow	No		
6140	Femur	No		
6145	Finger/ toe	No		
6150	Foot	No		
6155	Hand	No		
6165	Humerus	No		
6170	Knee	No		
6175	Limb length/ orthopaedic measurement	No		
6180	Pelvis (incl. hips)	No		
6185	Radius and ulna	No		
6190	Sacro-iliac joints	No		
6195	Scaphoid	No		
6200	Scapula	No		
6205	Scoliosis series	No		
6210	Shoulder	No		
6215	Sternoclavicular joint	No		
6224	Spine	No		

X-RAY

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
6573	Red cell survival	No		
6580	Abdomen	No		
6585	Pelvimetry	No		
6590	Facial bones	No		
6595	Foramina optic	No		
6605	Mandible	No		
6610	Mastoid	No		
6620	Nasal bones	No		
6625	Nasal sinuses	No		
6630	Orbital views	No		
6635	Parotid gland	No		
6645	Skull	No		
6650	Temporomandibular joint	No		
6655	Foreign body in eye and localisation	No		
6660	Mammogram	No		
6665	X-ray neck; for foreign body in trachea or oesophagus or acute infection (e.g. epiglottitis)	No		
6683	Bilateral carotid angiography and vertebral study	No	Day Care	
6688	Radiofrequency ablation of liver tumour(s) including embolisation (e.g. gelfoam), if performed	No	Side Room	
6692	Biopsy of lymph nodes, deep, under CT guidance	No	Side Room, Monitored Anaesthesia Care	
6706	Hepatic needle puncture/ catheterisation for biliary procedures	No	Side Room	
6721	Spinal arteriogram	No	Side Room	
6730	Venous sampling, adrenal, parathyroid, renal, etc.	No	Side Room	

X-RAY

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
6743	Image-guided percutaneous core needle biopsy, including consultant Radiologist interpretation and report (ultrasound or stereotactic localisation) (I.P.)	No	Independent Procedure, Side Room, Monitored Anaesthesia Care	
6746	Breast biopsy with the use of MRI to guide localisation of breast lesion(s) which cannot be visualised with mammography or ultrasonography (I.P.)	No	Independent Procedure, Side Room, Monitored Anaesthesia Care	Anaesthesiologist rate only applicable when a full general anaesthetic is administered. If it is medically necessary for a consultant anaesthesiologist to provide any form of anaesthetic then an anaesthesiologist report must be completed and submitted with the claim form. For all other anaesthesia, code 399 for monitored anaesthesia applies
6750	Coccyx	No		
6755	Complete spine	No		
6760	Dorsal (thoracic)	No		
6765	Lumbar	No		
6770	Sacrum	No		
6775	Scoliosis views	No		
6780	Skeletal survey	No		
6785	Occlusal (intra-oral)	No		
6790	Pantomogram	No		
6880	Transvaginal	No		
6898	Duplex scan of veins in neck and chest (paediatric)	No		
6905	Cystogram	No		
6910	Intravenous pyelogram	No		
6915	Micturating cystogram	No		
6920	Straight renal tract (kidneys, ureters, bladder)	No		
6925	Urethrogram	No		
6930	Vesiculogram	No		
6950	Antegrade pyelogram	No		
6955	Arthrogram	No		
6965	Bronchogram	No		

X-RAY

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
6970	Dacrocystogram	No		
7010	Needle biopsy (trans-thoracic, bone, abdominal)	No	Side Room	
7011	Nephrostogram	No		
7020	Percutaneous transhepatic cholangiogram	No		
7034	Imaging supervision, interpretation and report for injection procedures during cardiac catheterisation; ventricular and/ or atrial angiography. Encapsulates all guidance for the procedure including plain films	No		
7036	Radiological guidance during investigations or therapeutic procedure (use code 7034 for cardiology procedures). Encapsulates all guidance for the procedure including plain films	No		
7037	Radiological guidance for mammographic wire guided biopsy	No		
7040	Retrograde pyelogram	No		Payable to radiologist only
7051	Sialogram, parotid	No		
7052	Sialogram, submandibular	No		
7055	Sinogram (injection of sinus tract, diagnostic)	No		
7065	Tomograms (+ area films)	No		
7070	Ventriculogram	No		