

Radiology

Schedule of Benefits
for Professional Fees

ANAESTHESIA

Code	Description	Pre-Approval Required	Payment Rules
192201	General anaesthesia for diagnostic scans, for child under the age of 2	No	Supporting documentation required.
192203	General anaesthesia for diagnostic scans, for adults	No	Supporting documentation required.

BRACHYTHERAPY - RASI

Code	Description	Pre-Approval Required	Payment Rules
5995	Transrectal ultrasound for detailed prostate tumour and prostate volume estimation includes modelling and planning for 3-D template guidance for stage two procedure - Radiologist benefit	No	
5996	Transrectal and fluoroscopic guidance during second stage procedure of placement of radioactive seeds in prostate includes accurate calibration for template guidance; benefit includes follow-up CT pelvic examination - Radiologist benefit	No	

BREAST

Code	Description	Pre-Approval Required	Payment Rules
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	

COMPUTED TOMOGRAPHY

Code	Description	Pre-Approval Required	Payment Rules
6097	CT Head and Neck with Contrast	No	
6098	CT Head and Neck	No	
6099	CT angiography, with contrast material(s), all sections including image post processing, pulmonary	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6101	CT angiography, without contrast material(s), all sections including image post processing, pulmonary	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6102	CT Brain, without contrast	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.

COMPUTED TOMOGRAPHY

Code	Description	Pre-Approval Required	Payment Rules
6103	CT Brain, with contrast	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6104	CT Orbit, sella or outer, middle, or inner ear; without contrast	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6106	CT Orbit, sella or outer, middle, or inner ear; with contrast	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6107	CT Maxillofacial area, without contrast	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6108	CT Maxillofacial area, with contrast	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6109	CT Thorax, without contrast	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6111	CT scanning for biopsy or drainage	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6112	CT Thorax, with contrast	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6113	CT high resolution, Lungs, without contrast	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6114	CT Abdomen and pelvis, without contrast	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6116	CT Abdomen and pelvis, with contrast	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6117	IV dynamic 4D sequential scanning, with contrast	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6118	IV dynamic 4D non-incremental scanning, with contrast	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6123	CT Colonography	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	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6222	Computed tomographic (CT) coronary angiography, with or without contrast material(s), all sections, including image post processing	No	GP Referrals not accepted, only referrals from consultants will be considered. If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6224	Spine	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.

COMPUTED TOMOGRAPHY

Code	Description	Pre-Approval Required	Payment Rules
6226	Long bones	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6227	Joints	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6228	Spine	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6229	Feet/ hands	No	If carried out on an outpatient basis and in an approved Cardiac CT centre covered on your plan, the level of cover is as per the Outpatient Cardiac CT Scans: Approved Centres benefit on a direct settlement basis. If the scan is not carried out in an approved Cardiac CT scan facility, it will not be covered on a direct settlement basis, but a contribution may be claimable if your plan has the 'CT Scans: Non-Approved Centres' benefit. Cardiac CT scans have specific criteria that must be met to be covered. To view terms and conditions and your list of Approved Cardiac CT scan facilities, please go into your online account, click Am I Covered and choose the policy member you would like to check cover for. Select the Consultants & Investigations tile, select Scan & X-rays and you'll see the cover you have under these benefits.

CONSULTATION & REPORTING

Code	Description	Pre-Approval Required	Payment Rules
1417	Angiography	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	
7700	PET CT professional fee	Yes	
8696	Consultant Radiologist in-patient consultation	No	

FLUOROSCOPIC GUIDANCE

Code	Description	Pre-Approval Required	Payment Rules
7843	Transcervical fallopian tube recanalisation under fluoroscopic guidance, unilateral or bilateral	No	
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	Not claimable with procedure code 7036.
770403	Replacement of a gastrojejunostomy feeding tube under fluoroscopic guidance	No	Not claimable with procedure code 7036.

INTERVENTIONAL RADIOLOGY

Code	Description	Pre-Approval Required	Payment Rules
1196	Stereotactic localisation core needle biopsy of breast (I.P.)	No	
1197	Pre-operative placement of needle localisation wire, breast, one or more lesions	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	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6676	Placement of fiducial markers for radiation therapy guidance of prostate (via needle, any approach), single or multiple includes ultrasound guidance	No	
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	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6681	Single selective carotid angiography and/ or vertebral study	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6682	Bilateral carotid angiography study	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6683	Bilateral carotid angiography and vertebral study	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6686	Biopsy of focal lesion in the liver, kidney, pancreas or spleen including embolisation (e.g. Gelfoam), if performed	No	
6687	Biopsy of focal lesion, under CT guidance, in the liver, kidney, pancreas or spleen including embolisation (e.g. gelfoam), if performed	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6688	Radiofrequency ablation of liver tumour(s) including embolisation (e.g. gelfoam), if performed	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6691	Radiofrequency ablation of renal tumour(s) including embolisation (e.g. gelfoam), if performed	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6692	Biopsy of lymph nodes, deep, under CT guidance	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6706	Hepatic needle puncture/ catheterisation for biliary procedures	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6721	Spinal arteriogram	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6730	Venous sampling, adrenal, parathyroid, renal, etc.	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6740	Venography (selective, catheter, single vessel study and/or venous sampling, I.V.C., S.V.C., adrenal, renal, hepatic)	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.

INTERVENTIONAL RADIOLOGY

Code	Description	Pre-Approval Required	Payment Rules
6741	Transcatheter permanent occlusion or embolisation, percutaneous, any method non-central nervous system, head or neck (extracranial, brachiocephalic branch)	No	
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	
6743	Image-guided percutaneous core needle biopsy, including consultant Radiologist interpretation and report (ultrasound or stereotactic localisation) (I.P.)	No	
6985	Hysterosalpingogram	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
7000	Myelogram	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
7005	Myelogram (direct lateral puncture, thoracic or cervical)	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
7010	Needle biopsy (trans-thoracic, bone, abdominal)	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
7072	Nerve block for pain control, peripheral joints, under image guidance and confirmed by contrast injection (I.P.)	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
7073	Nerve block for pain control, spinal region, under image guidance and confirmed by contrast injection (I.P.)	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
66684	Uterine artery embolisation for fibroids including angiography and fluoroscopy (I.P.)	No	Your consultant knows that there are certain medical criteria that must be met when having this procedure in order for it to be covered under your plan. We urge you to discuss these directly with your consultant.
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	
306895	Ultrasound guidance during investigations or therapeutic procedure	No	
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	
745510	Vacuum Assisted Excision (VAE) of B3 breast lesion under ultrasound guidance	No	
745511	Vacuum Assisted Excision (VAE) of B3 breast lesion under stereotactic guidance	No	
745513	Stereotactic placement of breast marker clip	No	

INTERVENTIONAL RADIOLOGY

Code	Description	Pre-Approval Required	Payment Rules
745514	Breast tomosynthesis	No	
745515	Image guided complete aspiration of abscess following mammographic and/ or ultrasound evaluation	No	
745516	Image guided percutaneous aspiration of a breast cyst following completed radiological examination including mammographic and ultrasound (I.P.)	No	
745517	Image guided percutaneous aspiration of a breast cyst following radiological examination including ultrasound (I.P.)	No	
770050	Exercise myocardial perfusion SPECT scan	No	
770051	Regadenoson myocardial perfusion Spect scan or equivalent pharmacologic stress agent	No	
770070	Ureteric stent removal	No	
770071	Ureteric dilation	No	
770072	Sphincterotomy (I.P.)	No	
770073	AV fistula creation	No	
770074	Fiducial marker placement liver - other visceral organ	No	
770501	Microwave ablation of liver lesion(s)	No	
770717	Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including image guidance under general anaesthetic	No	
772376	Hysterocontrast sonography (HyCoSy)	No	

IR MAGSEED PLACEMENT

Code	Description	Pre-Approval Required	Payment Rules
771197	Preoperative placement of Magseed for locating impalpable breast cancer lesions on day of surgery	No	This procedure will be paid at 100% rate, when performed even if on date of surgery.

MAGNETIC RESONANCE ANGIOGRAPHY

Code	Description	Pre-Approval Required	Payment Rules
62300181	MRA for exclusion or further investigation of stroke	No	
62300201	MRA for exclusion or further investigation of intracranial aneurysm	No	
62300211	MRA for exclusion or further investigation of intracranial arteriovenous malformation	No	
62300221	MRA for exclusion or further investigation of venous sinus thrombosis	No	
62301761	MRA: vascular abnormality in a patient with a previous anaphylactic reaction to an iodinated contrast medium	No	
62301771	MRA: obstruction of the superior vena cava, inferior vena cava or a major pelvic vein	No	
62301791	MRA: renal artery stenosis post renal transplant	No	
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	
62307211	MRA: peripheral arteries to determine the presence and extent of peripheral arterial disease in lower extremities	No	
62310201	MRA for exclusion or further investigation of intracranial aneurysm - with contrast	No	
62310211	MRA for exclusion or further investigation of intracranial arteriovenous malformation - with contrast	No	
62310221	MRA for exclusion or further investigation of venous sinus thrombosis	No	
62311761	MRA: vascular abnormality in a patient with a previous anaphylactic reaction to an iodinated contrast medium - with contrast	No	
62311771	MRA: obstruction of the superior vena cava, inferior vena cava or a major pelvic vein - with contrast	No	
62311791	MRA: renal artery stenosis post renal transplant - with contrast	No	
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	
62317211	MRA: peripheral arteries to determine the presence and extent of peripheral arterial disease in lower extremities - with contrast	No	

MAGNETIC RESONANCE IMAGING

Code	Description	Pre-Approval Required	Payment Rules
6233	Cardiac MRI with or without contrast enhancement	No	GP Referrals not accepted, only referrals from consultants will be considered. If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
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	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
62300001	Tumour of the brain or meninges	No	
62300011	Skull base or orbital tumour	No	
62300021	Acoustic neuroma	No	
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	
62300041	Inflammation of the brain or meninges	No	
62300051	Encephalopathy	No	
62300061	Encephalitis	No	
62300071	Suspect leukodystrophies	No	
62300081	ENT problems – following consultation with a radiologist	No	
62300091	Demyelinating disease of the brain	No	
62300101	Congenital malformation of brain or meninges	No	
62300111	Venous sinus thrombosis	No	
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	
62300131	Screening of intracranial aneurysm in the following high risk individuals - patients with polycystic kidney disease	No	
62300141	Epilepsy	No	
62300151	Stroke	No	
62300161	Post-operative follow-up after brain surgery	No	
62300171	For further investigation and monitoring (no contrast) of severe headaches – exclude aneurysm	No	
62300191	Vertebral dissection	No	
62300301	MRI: suspected intra-orbital or visual pathway lesions	No	

MAGNETIC RESONANCE IMAGING

Code	Description	Pre-Approval Required	Payment Rules
62300311	MRI: dysthyroid eye disease	No	
62300321	MRI: diplopia	No	
62300401	Tumour of the CNS or meninges	No	
62300411	Inflammation of the CNS or meninges	No	
62300421	Demyelinating disease	No	
62300431	Spinal cord compression (acute)	No	
62300441	Congenital malformations of the spinal cord, cauda equina or meninges	No	
62300451	Syrinx – congenital or acquired	No	
62300461	Myelopathy	No	
62300471	Absent or reduced sensation on clinical examination	No	
62300481	Absent or reduced reflexes	No	
62300491	Muscle wasting	No	
62300501	Severe intractable arm pain where symptoms have been present for more than 6 weeks	No	
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	
62300521	Axial neck pain/ thoracic back pain/ axial lumbar spine pain, persisting for greater than 3 months following referral by a consultant	No	
62300531	Reduced power on physical examination	No	
62300541	Previous spinal surgery	No	
62300551	Trauma	No	
62300561	Spinal disease in pregnancy	No	
62300571	Tumour of the CNS or meninges (whole spine)	No	
62300581	Inflammation of the CNS or meninges (whole spine)	No	
62300591	Demyelinating disease (whole spine)	No	
62300601	Acute spinal cord compression (whole spine)	No	

MAGNETIC RESONANCE IMAGING

Code	Description	Pre-Approval Required	Payment Rules
62300611	Congenital malformations of the spinal cord, cauda equina or meninges (whole spine)	No	
62300621	Syrinx – congenital or acquired (whole spine)	No	
62300631	Myelopathy (whole spine)	No	
62300641	Absent or reduced sensation on clinical examination (whole spine)	No	
62300651	Absent or reduced reflexes (whole spine)	No	
62300661	Muscle wasting (whole spine)	No	
62300671	Severe intractable arm pain where symptoms have been present for more than 6 weeks (whole spine)	No	
62300681	Radicular pain persisting for greater than 6 weeks when decompression surgery is being considered following referral by a consultant (whole spine)	No	
62300691	Axial spine pain, persisting for greater than 3 months following referral by a consultant (whole spine)	No	
62300701	Reduced power on physical examination (whole spine)	No	
62300711	For further investigation and monitoring (no contrast) of cervical radiculopathy with neurological signs	No	We can accept referrals from ILH approved Advanced Practice Physiotherapist.
62300721	For further investigation and monitoring (no contrast) of thoracic radiculopathy with neurological signs	No	We can accept referrals from ILH approved Advanced Practice Physiotherapist.
62300731	For further investigation and monitoring (no contrast) of lumbar radiculopathy with neurological signs	No	We can accept referrals from ILH approved Advanced Practice Physiotherapist.
62300741	For further investigation and monitoring (no contrast) of spinal canal stenosis	No	
62300751	Previous spinal surgery (whole spine)	No	
62300761	Trauma (whole spine)	No	
62300771	For further investigation and monitoring (no contrast) of cervical spine – severe neck pain	No	We can accept referrals from ILH approved Advanced Practice Physiotherapist.
62300781	For further investigation and monitoring (no contrast) of thoracic spine – severe thoracic pain	No	We can accept referrals from ILH approved Advanced Practice Physiotherapist.
62300791	For further investigation and monitoring (no contrast) of lumbar spine – severe low back pain	No	We can accept referrals from ILH approved Advanced Practice Physiotherapist.
62300901	Spinal disease in pregnancy (whole spine)	No	
62301001	MRI: tumour arising in bone or other connective tissue	No	
62301011	MRI: infection arising in bone or other connective tissue	No	
62301021	MRI: osteonecrosis	No	

MAGNETIC RESONANCE IMAGING

Code	Description	Pre-Approval Required	Payment Rules
62301031	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	No	
62301033	For exclusion, further investigation and monitoring (no contrast media) of hand	No	
62301034	For exclusion, further investigation and monitoring (no contrast media) of other MSK not specified	No	
62301101	MRI: slipped upper femoral epiphysis	No	
62301111	MRI: post inflammatory or post traumatic epiphyseal fusion in a person under 16 years of age	No	
62301121	MRI: complex cases of juvenile dermatomyositis	No	
62301131	MRI: Gaucher's disease	No	
62301151	MRI: juvenile dermatomyositis by guiding biopsy	No	
62301161	MRI: for exclusion, further investigation and monitoring of derangement of one or both hips and supporting structures	No	
62301171	MRI: for exclusion, further investigation and monitoring of derangement of one knee and supporting structures	No	
62301181	MRI: for exclusion, further investigation and monitoring of derangement of both knees and supporting structures	No	
62301201	MRI cardiovascular system: congenital heart disease	No	
62301211	MRI cardiovascular system: tumour of the heart or a major vessel	No	
62301221	MRI cardiovascular system: aortic dissection/ aneurysm	No	
62301231	MRI cardiovascular system: abnormality of thoracic aorta	No	
62301241	MRI cardiovascular system: post-operative aortic graft infection or dehiscence	No	
62301311	MRI abdomen: characterisation of equivocal liver lesions identified in ultrasound or CT	No	
62301321	MRI abdomen: assessment of liver lesions in patients with known malignant disease for potential liver resection	No	
62301331	MRI abdomen: staging of abdominal masses where CT is inconclusive	No	
62301341	Pre-procedure planning for uterine artery embolisation of uterine fibroids - adenomyosis	No	
62301351	MRI abdomen: staging of gynaecologic malignancies (endometrial, cervical and ovarian)	No	
62301361	MRI abdomen: staging of rectal cancer	No	
62301371	MRI abdomen: post-operative recurrence of rectal cancer following CT and if tissue remains	No	

MAGNETIC RESONANCE IMAGING

Code	Description	Pre-Approval Required	Payment Rules
62301381	MRI abdomen: staging of bladder cancer	No	
62301391	MRI abdomen: detection of small pancreatic tumours not visible by CT, only if negative high resolution triphasic CT scan of pancreas	No	
62301401	MRI abdomen: assessment of fistulae/ abscesses/ strictures in patients with established Crohn's disease following discussion with a multi-disciplinary team	No	
62301501	Perineal abscess	No	
62301511	Perineal fistula	No	
62301531	Assessment of the inferior vena cava in patients with known solid renal tumour	No	
62301561	MR urography in pregnancy	No	
62301601	Magnetic Resonance Cholangiopancreatography (MRCP): pancreatic and biliary disease where conventional methodology has failed and ERCP is considered undesirable	No	
62301711	Magnetic Resonance Angiography (MRA) (no contrast media) for exclusion or further investigation of carotid and vertebro-basilar disease	No	
62301721	Magnetic Resonance Angiography (MRA) (no contrast media) for exclusion or further investigation of carotid or vertebral artery dissection	No	
62301901	For investigation of transient ischaemic episodes (no contrast media), only following an inconclusive ultrasound (Note diagnostic use is not covered)	No	
62302001	Investigation of intermittent claudication or critical limb ischemia (no contrast media)	No	
62302101	Investigation of patients with hypertension (no contrast media)	No	
62302201	Investigation of patients with suspected mesenteric angina, only following an inconclusive ultrasound (Note diagnostic use is not covered) (no contrast media)	No	
62302301	Investigation of patients with transient ischaemic episodes/ CVA or upper limb ischaemia (no contrast media)	No	
62302311	Investigation of patients with aneurysms, dissection, arteriovenous fistulae or coarctation (no contrast media)	No	
62302401	Magnetic Resonance Venography (MRV) (no contrast media) for exclusion or further investigation of patients with suspected stenosis or occlusion of central veins.	No	
62302411	Magnetic Resonance Venography (MRV) (no contrast media) for exclusion or further investigation of patients with suspected thrombus in IVC or iliac veins, only following an inconclusive ultrasound	No	
62302421	Magnetic Resonance Venography (MRV) (no contrast media) for exclusion or further investigation of patients with venous anomalies	No	
62302501	Malignant soft tissue tumours for diagnosis and staging	No	

MAGNETIC RESONANCE IMAGING

Code	Description	Pre-Approval Required	Payment Rules
62302521	Congenital uterine or anorectal abnormality	No	
62302601	Bone metastases due to primary cancer	No	
62302611	Investigation of polymyalgia, if pathology suggests diagnosis	No	
62302621	Investigation of infiltrating marrow disorders	No	
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	
62307011	MRI: one ankle - benefit payable for scanning of derangement of ankle and supporting structures only	No	
62307021	MRI: both ankles - benefit payable for scanning of derangement of ankles and supporting structures only	No	
62307031	MRI: one foot (excludes hind foot)	No	
62307041	MRI: both feet (excludes hind feet)	No	
62307051	MRI: suspected tarsal coalition	No	
62307061	MRI: soft tissue tumours in the feet	No	
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	
62307081	MRI: one shoulder and supporting structures; benefit payable for scanning of derangement of shoulder and supporting structures only	No	
62307091	MRI: both shoulders and supporting structures; benefit payable for scanning of derangement of shoulders and supporting structures only	No	
62307101	MRI: one elbow and supporting structures; benefit payable for scanning of derangement of elbow and supporting structures only	No	
62307111	MRI: both elbows and supporting structures; benefit payable for scanning of derangement of elbows and supporting structures only	No	
62307121	MRI: one wrist and supporting structures; benefit payable for scanning of derangement of wrist and supporting structures only	No	
62307131	MRI: both wrists and supporting structures; benefit payable for scanning of derangement of wrists and supporting structures only	No	
62307141	MRI abdomen: post surgical MRI following uterine artery embolisation for fibroids	No	
62307151	MRI abdomen: further investigation of adrenal masses identified on CT scanning	No	
62307161	MRI abdomen: further investigation of complex/ indeterminable/ solid renal parenchymal masses	No	
62307171	MRI abdomen: placenta accreta/ percreta	No	

MAGNETIC RESONANCE IMAGING

Code	Description	Pre-Approval Required	Payment Rules
62307191	MR enterography/ enteroclysis: to assess disease activity in patients with Crohn's disease of the small bowel	No	
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	
62307221	Breast: for pre-operative evaluation of patients with invasive lobular carcinoma or with multi-focal or multi-centric disease	No	
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	
62307251	Staging of prostate cancer	No	
62307255	Multi parametric MRI scan of the prostate and pelvis	No	
62310001	Tumour of the brain or meninges including use of contrast media	No	
62310011	Skull base or orbital tumour including use of contrast media	No	
62310021	Acoustic neuroma including use of contrast media	No	
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	
62310041	Inflammation of the brain or meninges with contrast	No	
62310051	Encephalopathy with contrast	No	
62310061	Encephalitis with contrast	No	
62310071	Suspect leukodystrophies with contrast	No	
62310081	ENT problems with contrast - following consultation with a radiologist	No	
62310091	Demyelinating disease of the brain with contrast	No	
62310101	Congenital malformation of brain or meninges with contrast	No	
62310111	Venous sinus thrombosis with contrast	No	
62310112	MRI with contrast injection into cavity, space or potential under IR	No	
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	
62310131	Screening of intracranial aneurysm in the following high risk individuals - patients with polycystic kidney disease with contrast	No	
62310141	Epilepsy with contrast	No	

MAGNETIC RESONANCE IMAGING

Code	Description	Pre-Approval Required	Payment Rules
62310151	Stroke with contrast	No	
62310161	Post-operative follow-up after brain surgery with contrast	No	
62310171	For further investigation and monitoring (with contrast media) of severe headaches – exclude aneurysm - with contrast	No	
62310191	Vertebral dissection - with contrast	No	
62310301	MRI: suspected intra-orbital or visual pathway lesions - with contrast	No	
62310311	MRI: dysthyroid eye disease - with contrast	No	
62310321	MRI: diplopia - with contrast	No	
62310401	Tumour of the CNS or meninges - with contrast	No	
62310411	Inflammation of the CNS or meninges - with contrast	No	
62310421	Demyelinating disease - with contrast	No	
62310431	Spinal cord compression (acute) - with contrast	No	
62310441	Congenital malformations of the spinal cord, cauda equina or meninges - with contrast	No	
62310451	Syrinx – congenital or acquired - with contrast	No	
62310461	Myelopathy - with contrast	No	
62310471	Absent or reduced sensation on clinical examination - with contrast	No	
62310481	Absent or reduced reflexes - with contrast	No	
62310491	Muscle wasting - with contrast	No	
62310501	Severe intractable arm pain where symptoms have been present for more than 6 weeks - with contrast	No	
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	
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	
62310531	Reduced power on physical examination - with contrast	No	
62310541	Previous spinal surgery - with contrast	No	
62310551	Trauma - with contrast	No	

MAGNETIC RESONANCE IMAGING

Code	Description	Pre-Approval Required	Payment Rules
62310561	Spinal disease in pregnancy - with contrast	No	
62310571	Tumour of the CNS or meninges (whole spine) - with contrast	No	
62310581	Inflammation of the CNS or meninges (whole spine) - with contrast	No	
62310591	Demyelinating disease (whole spine) - with contrast	No	
62310601	Acute spinal cord compression (whole spine) - with contrast	No	
62310611	Congenital malformations of the spinal cord, cauda equina or meninges (whole spine) - with contrast	No	
62310621	Syrinx – congenital or acquired (whole spine) - with contrast	No	
62310631	Myelopathy (whole spine) - with contrast	No	
62310641	Absent or reduced sensation on clinical examination (whole spine) - with contrast	No	
62310651	Absent or reduced reflexes (whole spine) - with contrast	No	
62310661	Muscle wasting (whole spine) - with contrast	No	
62310671	Severe intractable arm pain where symptoms have been present for more than 6 weeks (whole spine) - with contrast	No	
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	
62310691	Axial spine pain, persisting for greater than 3 months following referral by a consultant (whole spine) - with contrast	No	
62310701	Reduced power on physical examination (whole spine) - with contrast	No	
62310711	For further investigation and monitoring (with contrast media) of cervical radiculopathy with neurological signs - with contrast	No	
62310721	For further investigation and monitoring (with contrast media) of thoracic radiculopathy with neurological signs - with contrast	No	
62310731	For further investigation and monitoring (with contrast media) of lumbar radiculopathy with neurological signs	No	
62310741	For further investigation and monitoring (with contrast media) of spinal canal stenosis - with contrast	No	
62310751	Previous spinal surgery (whole spine) - with contrast	No	
62310761	Trauma (whole spine) - with contrast	No	
62310771	For further investigation and monitoring (with contrast media) of cervical spine – severe neck pain	No	
62310781	For further investigation and monitoring (with contrast media) of thoracic spine – severe thoracic pain	No	
62310791	For further investigation and monitoring (with contrast media) of lumbar spine – severe low back pain	No	

MAGNETIC RESONANCE IMAGING

Code	Description	Pre-Approval Required	Payment Rules
62310901	Spinal disease in pregnancy (whole spine) - with contrast	No	
62311001	MRI: tumour arising in bone or other connective tissue - with contrast	No	
62311011	MRI: infection arising in bone or other connective tissue - with contrast	No	
62311021	MRI: osteonecrosis - with contrast	No	
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	
62311033	For exclusion, further investigation and monitoring (with contrast media) of hand - with contrast	No	
62311034	For exclusion, further investigation and monitoring (with contrast media) of other MSK not specified - with contrast	No	
62311101	MRI: slipped upper femoral epiphysis - - with contrast	No	
62311121	MRI: complex cases of juvenile dermatomyositis - with contrast	No	
62311131	MRI: Gaucher's disease - with contrast	No	
62311151	MRI: juvenile dermatomyositis by guiding biopsy - with contrast	No	
62311161	MRI: for exclusion, further investigation and monitoring of derangement of one or both hips and supporting structures - with contrast	No	
62311171	MRI: for exclusion, further investigation and monitoring of derangement of one knee and supporting structures - with contrast	No	
62311181	MRI: for exclusion, further investigation and monitoring of derangement of both knees and supporting structures - with contrast	No	
62311201	MRI cardiovascular system: congenital heart disease - with contrast	No	
62311211	MRI cardiovascular system: tumour of the heart or a great vessel - with contrast	No	
62311221	MRI cardiovascular system: aortic dissection/ aneurysm - with contrast	No	
62311231	MRI cardiovascular system: abnormality of thoracic aorta - with contrast	No	
62311241	MRI cardiovascular system: post operative aortic graft infection or dehiscence - with contrast	No	
62311311	MRI abdomen: characterisation of equivocal liver lesions identified in ultrasound or CT - with contrast	No	
62311321	MRI abdomen: assessment of liver lesions in patients with known malignant disease for potential liver resection - with contrast	No	
62311331	MRI abdomen: staging of abdominal masses where CT is inconclusive - with contrast	No	
62311341	Pre-procedure planning for uterine artery embolisation of uterine fibroids - adenomyosis	No	

MAGNETIC RESONANCE IMAGING

Code	Description	Pre-Approval Required	Payment Rules
62311351	MRI abdomen: staging of gynaecologic malignancies (endometrial, cervical and ovarian) - with contrast	No	
62311361	MRI abdomen: staging of rectal cancer - with contrast	No	
62311371	MRI abdomen: post-operative recurrence of rectal cancer following CT and if tissue remains	No	
62311381	MRI abdomen: staging of bladder cancer - with contrast	No	
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	
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	
62311501	Perineal abscess - with contrast	No	
62311511	Perineal fistula - with contrast	No	
62311531	Assessment of the inferior vena cava in patients with known solid renal tumour - with contrast	No	
62311601	Magnetic Resonance Cholangiopancreatography (MRCP): pancreatic and biliary disease where conventional methodology has failed and ERCP is considered undesirable - with contrast	No	
62311701	Magnetic Resonance Angiography (MRA) (with contrast media) for exclusion or further investigation of stroke	No	
62311711	Magnetic Resonance Angiography (MRA) (with contrast media) for exclusion or further investigation of carotid and vertebral-basilar disease	No	
62311721	Magnetic Resonance Angiography (MRA) (with contrast media) for exclusion or further investigation of carotid or vertebral artery dissection - with contrast	No	
62311901	For investigation of transient ischaemic episodes (with contrast media), only following an inconclusive ultrasound (Note diagnostic use is not covered) - with contrast	No	
62312001	Investigation of intermittent claudication or critical limb ischemia (with contrast media)	No	
62312101	Investigation of patients with hypertension (with contrast media) - with contrast	No	
62312201	Investigation of patients with suspected mesenteric angina, only following an inconclusive ultrasound (Note diagnostic use is not covered) (with contrast media) - with contrast	No	
62312301	Investigation of patients with transient ischaemic episodes/ CVA or upper limb ishaemia (with contrast media) - with contrast	No	
62312311	Investigation of patients with aneurysms, dissection, arteriovenous fistulae or coarctation (with contrast media) - with contrast	No	
62312401	Magnetic Resonance Venography (MRV) (with contrast media) for exclusion or further investigation of patients with suspected stenosis or occlusion of central veins - with contrast	No	

MAGNETIC RESONANCE IMAGING

Code	Description	Pre-Approval Required	Payment Rules
62312411	Magnetic Resonance Venography (MRV) (with contrast media) for exclusion or further investigation of patients with suspected thrombus in IVC or iliac veins, only following an inconclusive ultrasound - with contrast	No	
62312421	Magnetic Resonance Venography (MRV) (with contrast media) for exclusion or further investigation of patients with venous anomalies - with contrast	No	
62312501	Malignant soft tissue tumours for diagnosis and staging - with contrast	No	
62312521	Congenital uterine or anorectal abnormality - with contrast	No	
62312601	Bone metastases due to primary cancer - with contrast	No	
62312611	Investigation of polymyalgia, if pathology suggests diagnosis - with contrast	No	
62312621	Investigation of infiltrating marrow disorders - with contrast	No	
62317001	MRI: one ankle - benefit payable for scanning of derangement of ankle and supporting structures only - with contrast	No	
62317031	MRI: one foot (excludes hind foot) - with contrast	No	
62317041	MRI: both feet (excludes hind feet) - with contrast	No	
62317051	MRI: suspected tarsal coalition - with contrast	No	
62317061	MRI: soft tissue tumours in the feet - with contrast	No	
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	
62317081	MRI: one shoulder and supporting structures; benefit payable for scanning of derangement of shoulder and supporting structures only - with contrast	No	
62317091	MRI: both shoulders and supporting structures; benefit payable for scanning of derangement of shoulders and supporting structures only - with contrast	No	
62317101	MRI: one elbow and supporting structures; benefit payable for scanning of derangement of elbow and supporting structures only - with contrast	No	
62317111	MRI: both elbows and supporting structures; benefit payable for scanning of derangement of elbows and supporting structures only - with contrast	No	
62317121	MRI: one wrist and supporting structures; benefit payable for scanning of derangement of wrist and supporting structures only - with contrast	No	
62317131	MRI: both wrists and supporting structures; benefit payable for scanning of derangement of wrists and supporting structures only	No	
62317141	MRI abdomen: post-surgical MRI following uterine artery embolisation for fibroids - with contrast	No	

MAGNETIC RESONANCE IMAGING

Code	Description	Pre-Approval Required	Payment Rules
62317151	MRI abdomen: further investigation of adrenal masses identified on CT scanning - with contrast	No	
62317161	MRI abdomen: further investigation of complex/ indeterminate/ solid renal parenchymal masses - with contrast	No	
62317171	MRI abdomen: placenta accreta/ percreta - with contrast	No	
62317172	MRI during pregnancy - with contrast	No	
62317191	MR enterography/ enteroclysis: to assess disease activity in patients with Crohn's disease of the small bowel - with contrast	No	
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	
62317221	Breast: for pre-operative evaluation of patients with invasive lobular carcinoma or with multi-focal or multi-centric disease - with contrast	No	
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	
62317251	Staging of prostate cancer - with contrast	No	
62317252	MRI of prostate for cancer detection - with contrast	No	
62317255	Multi parametric MRI scan of the prostate and pelvis with contrast	No	
62317290	MRI dynamic pelvic floor for assessment of incontinence or obstructive defaecation - with contrast	No	
62317291	MRI dynamic (cine) with rectal contrast	No	
62317292	MRI guidance for prostate biopsy - with contrast	No	
62317293	MRI dynamic cone with rectal contrast	No	
62317294	MRI prostate fusion biopsy	No	
62317295	MRI repeat for cervical cancer following external fraction radiotherapy to guide brachytherapy - with contrast	No	

MAGNETIC RESONANCE UROGRAPHY

Code	Description	Pre-Approval Required	Payment Rules
62301551	MR urography (MRU) in patients with urographic contrast allergy	No	
62311551	MR urography (MRU) in patients with urographic contrast allergy - with contrast	No	
62311561	MR urography in pregnancy - with contrast	No	

NUCLEAR MEDICINE

Code	Description	Pre-Approval Required	Payment Rules
6235	Abdominal scan (Meckel's)	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6240	White blood cell scan (WBC)	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6270	Limited joint scan	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6275	Multiple joint scan	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6295	Whole body bone scan	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6300	3-Phase bone scan	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6305	SPECT (Tomo) bone scan	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6310	Static brain	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6315	Dynamic brain scan	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6320	SPECT brain (CBF, Ceretec, ECD, blood pool, DAT Scan)	No	Irish Life Health have a direct settlement agreement with the Blackrock Clinic Only for Datscans. If you attend the Blackrock Clinic Irish Life Health will be directly billed for the cost of the scan and its associated consumable. A Datscan which is not carried out in the Blackrock Clinic can be claimed back under the Radiology cost of test benefit on your plan. This may be subject to an outpatient excess. Please refer to your Table of cover for further information.
6325	Static - planar cysternogram	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6330	SPECT cysternogram	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6340	Gallium scan	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6345	Gastric emptying	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6350	G.I. bleed	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6365	Blood pool scan (MUGA)	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6395	SPECT anti-myosin scan	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.

NUCLEAR MEDICINE

Code	Description	Pre-Approval Required	Payment Rules
6410	Whole body iodine scan	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6415	Renogram	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6420	Combined renogram/ GFR	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6430	Diuretic renogram	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6435	DMSA renal scan	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6440	Micturating cystogram	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6445	SPECT DMSA renal scan	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6450	Colloid liver scan	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6455	HIDA liver scan	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6460	SPECT liver scan	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6465	Hepatic (liver) blood flow	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6480	Lung perfusion scan	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6485	Lung ventilation scan	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6490	SPECT lung scan	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6495	Ventilation/ perfusion lung scan	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6500	Lymphoscintigram	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6501	Sentinel node(s) (scintigraphy)	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.

NUCLEAR MEDICINE

Code	Description	Pre-Approval Required	Payment Rules
6505	Marrow scan	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6510	DAT Scan	No	
6511	Octreoscan	No	
6515	Monoclonal antibody scan - static	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6520	MIBG scan	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6530	Parathyroid scan	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6531	SPECT parathyroid scan, dual phase	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6535	Platelet scan	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6545	Spleen scan	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6550	Testicular scan	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6555	Technetium scan of thyroid	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6560	Iodine scan of thyroid	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6567	Bile salt breath test	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6573	Red cell survival	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
770052	Salivary nuclear scan	No	
770053	Bile salt absorption (SeHCAT) test	No	
770054	Thyroid uptake -131 uptake	No	
770055	Thyroid therapy I-131 therapy	No	
770098	Combined bone scan SPECT/CT	No	
770099	Tc99m DOD Scan with Spect for cardiac amyloid	No	

PAEDIATRIC

Code	Description	Pre-Approval Required	Payment Rules
6223	CT scanogram of lower limbs (paediatric)	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
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	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6850	Paediatric cranial	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6896	Paediatric spine (child of six months or younger)	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6897	Duplex scan of soft tissue (paediatric)	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6898	Duplex scan of veins in neck and chest (paediatric)	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6991	Videofluoroscopy feeding study (paediatric)	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
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	
62307173	MRI for paediatric investigations	No	
62307181	MR enterography/ enteroclysis: exclusion of Crohn's disease in patients less than 18 years following review by a paediatrician	No	
62311111	MRI: post inflammatory or post traumatic epiphyseal fusion in a person under 16 years of age - with contrast	No	
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	
62317173	MRI for paediatric investigations - with contrast	No	
62317181	MR enterography/ enteroclysis: exclusion of Crohn's disease in patients less than 18 years following review by a paediatrician - with contrast	No	

ULTRASOUND

Code	Description	Pre-Approval Required	Payment Rules
5940	Duplex ultrasound scan, unilateral or bilateral	No	If this procedure is carried out in your consultant's room and they are registered to receive payment fully or partially from Irish Life Health, we will cover their fee or part thereof by direct settlement. If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6805	Biliary	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6810	Breast	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6811	Chest	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6812	Duplex scan of extracranial or intracranial arteries; unilateral or bilateral study	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6813	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or bilateral study	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6814	Duplex scan of upper extremity arteries or bypass grafts; unilateral or bilateral study	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6816	Duplex scan of extremity veins including response to compression and other manoeuvres; unilateral or bilateral study	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6817	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/ or retroperitoneal organs; complete study	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6818	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6819	Duplex scan of the extremity veins in patients with a diagnosis of cancer, where symptoms are suggestive of deep vein thrombosis	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6835	Eye	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6840	Hip	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6841	Knee	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6844	Foot	No	
6845	Obstetrical	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.

ULTRASOUND

Code	Description	Pre-Approval Required	Payment Rules
6846	Obstetrical (with full foetal assessment)	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6855	Pelvis	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6857	Pleural space (for localisation)	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6860	Prostate, transrectal	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6865	Renal (kidneys)	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6870	Shoulder	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6875	Testicular	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6880	Transvaginal	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6890	Complete abdominal ultrasound	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6895	Ultrasound guidance during investigations or therapeutic procedure	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
745512	Ultrasound guided placement of breast marker clip	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	
770601	Parotid gland ultrasound	No	

X-RAY

Code	Description	Pre-Approval Required	Payment Rules
6000	Plain film, abdomen	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6001	Plain film abdomen complete, including decubitus and/ or erect views	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6005	Barium enema	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6010	Barium enema, double contrast	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6011	Barium enema, therapeutic for reduction of intussusception	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6015	Barium meal and/ or swallow - single contrast	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6020	Barium meal and follow through or small bowel study	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6030	Barium swallow and meal - double contrast	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6045	Screening diaphragm	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6066	Defaecating proctogram	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6070	T-tube cholangiogram	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6078	Chest, PA, lateral and apical including ribs	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6090	Larynx	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6095	Sternum and chest	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6100	Thoracic inlet	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6115	Ankle	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.

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Code	Description	Pre-Approval Required	Payment Rules
6119	Ankle, complete, minimum of three views including inversion/ eversion	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6120	Bone age	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6121	Acromioclavicular joints, bilateral, with or without weight distraction	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6122	Knee, complete, including oblique(s), and tunnel, and/ or patellar and/ or standing views	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6125	Calcaneus	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6130	Clavicle	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6135	Elbow	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6140	Femur	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6145	Finger/ toe	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6150	Foot	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6155	Hand	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6165	Humerus	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6170	Knee	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6175	Limb length/ orthopaedic measurement	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6180	Pelvis (incl. hips)	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6185	Radius and ulna	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.

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Code	Description	Pre-Approval Required	Payment Rules
6190	Sacro-iliac joints	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6195	Scaphoid	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6200	Scapula	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6205	Scoliosis series	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6210	Shoulder	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6215	Sternoclavicular joint	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6220	Tibia and fibula	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6225	Wrist	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6580	Abdomen	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6585	Pelvimetry	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6590	Facial bones	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6595	Foramina optic	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6605	Mandible	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6610	Mastoid	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6620	Nasal bones	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6625	Nasal sinuses	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.

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Code	Description	Pre-Approval Required	Payment Rules
6630	Orbital views	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6635	Parotid gland	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6645	Skull	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6650	Temporomandibular joint	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6655	Foreign body in eye and localisation	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6660	Mammogram	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6665	X-ray neck; for foreign body in trachea or oesophagus or acute infection (e.g. epiglottitis)	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6670	Radiological examination, surgical specimen	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6685	Aortogram (arch/ TLA, etc.)	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6690	Cavernosogram	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6705	Facet arthrogram (single level)	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6710	Portogram	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6725	Splenoportogram	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6735	Venogram, peripheral, single limb	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6745	Cervical	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6750	Coccyx	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.

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Code	Description	Pre-Approval Required	Payment Rules
6755	Complete spine	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6760	Dorsal (thoracic)	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6765	Lumbar	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6770	Sacrum	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6775	Scoliosis views	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6780	Skeletal survey	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6785	Occlusal (intra-oral)	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6790	Pantomogram	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6795	Tooth, single	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6885	Thyroid	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6905	Cystogram	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6910	Intravenous pyelogram	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6915	Micturating cystogram	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6920	Straight renal tract (kidneys, ureters, bladder)	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6925	Urethrogram	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6930	Vesiculogram	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.

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6950	Antegrade pyelogram	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6955	Arthrogram	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6965	Bronchogram	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6970	Dacrocystogram	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
6975	Discogram	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
7011	Nephrostogram	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
7020	Percutaneous transhepatic cholangiogram	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
7025	Pre-operative cholangiogram	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
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	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
7051	Sialogram, parotid	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
7052	Sialogram, submandibular	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
7055	Sinogram (injection of sinus tract, diagnostic)	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
7065	Tomograms (+ area films)	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.
7070	Ventriculogram	No	If this procedure is carried out in a hospital setting and you are charged a fee for this, you pay this and claim back against your radiology cost of test benefit. This benefit may be subject to an outpatient excess on some plans. Please refer to your table of cover.

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Code	Description	Pre-Approval Required	Payment Rules
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	