

RADIOLOGY

Effective April 1, 2015 the health service codes & MSU values used to bulk bill Radiology services will remain the same for the switch to electronic billing. Although a change was previously communicated for the cardiac doppler health service codes, this has been revised and they shall continue to begin with "R" for radiologist billings.

CATEGORY	HEALTH SERVICE CODE	GROUP	DESCRIPTION	BASE UNITS	US=PREM	US=PR50	MAX MULTIPLES ON ENCOUNTER (EACH PAYS @ 100%)	BILATERAL MODIFIER
BULK	R1	Other	Interpretation of submitted films	6.25	15.25	15.25	1	N/A
BULK	R2	Other	Fluoroscopy in O.R.	3.13	N/A	N/A	1	N/A
BULK	R3	Other	Conventional tomography	9.38	N/A	N/A	1	N/A
BULK	R5	H&N	Skull - routine views	4.4	13.4	13.4	1	N/A
BULK	R6	H&N	Temporomandibular joints	4.34	N/A	N/A	1	N/A
BULK	R7	H&N	Internal auditory meati	4.34	N/A	N/A	1	N/A
BULK	R8	H&N	Sella turcica	4.34	N/A	N/A	1	N/A
BULK	R9	H&N	Optic foramina	4.34	N/A	N/A	1	N/A
BULK	R11	H&N	Mastoids - added view	4.34	N/A	N/A	1	N/A
BULK	R12	H&N	Eye for foreign body	4.34	13.34	13.34	1	RG=BOTH
BULK	R15	H&N	Facial bones	4.4	13.4	13.4	1	N/A
BULK	R20	H&N	Mandible	3.31	12.31	12.31	1	N/A
BULK	R25	H&N	Nasal bones	3.31	N/A	N/A	1	N/A

Updated April 2, 2015

CATEGORY	HEALTH SERVICE CODE	GROUP	DESCRIPTION	BASE UNITS	US=PREM	US=PR50	MAX MULTIPLES ON ENCOUNTER (EACH PAYS @ 100%)	BILATERAL MODIFIER
BULK	R30	H&N	Sinuses - paranasal	3.88	12.88	12.88	1	N/A
BULK	R35	H&N	Salivary gland region	3.31	N/A	N/A	1	N/A
BULK	R45	H&N	Panorex (teeth - full set)	4.97	N/A	N/A	1	N/A
BULK	R50	H&N	Arthrogram	20.76	N/A	N/A	1	RG=BOTH
BULK	R55	H&N	Dacrocystogram	5.53	N/A	N/A	1	RG=BOTH
BULK	R60	H&N	Sialogram	9.38	N/A	N/A	2	RG=BOTH
BULK	R70	H&N	Speech study	44.24	N/A	N/A	1	N/A
BULK	R105	Bone	Cervical spine	5.19	14.19	14.19	1	N/A
BULK	R110	Bone	Thoracic spine	3.31	12.31	12.31	1	N/A
BULK	R115	Bone	Lumbar spine	5.19	14.19	14.19	1	N/A
BULK	R120	Bone	Sacrum / coccyx	3.31	12.31	12.31	1	N/A
BULK	R125	Bone	Scoliosis series	8.85	N/A	N/A	1	N/A
BULK	R126	Bone	Scoliosis with stress	11.07	N/A	N/A	1	N/A
BULK	R129	Bone	Metastatic series (5)	9.12	N/A	N/A	1	N/A
BULK	R130	Bone	Metabolic bone survey	9.12	N/A	N/A	1	N/A
BULK	R131	Bone	All long bones added to 129	2.28	N/A	N/A	1	N/A
BULK	R140	Mylo	Discogram	11.07	N/A	N/A	1	N/A

CATEGORY	HEALTH SERVICE CODE	GROUP	DESCRIPTION	BASE UNITS	US=PREM	US=PR50	MAX MULTIPLES ON ENCOUNTER (EACH PAYS @ 100%)	BILATERAL MODIFIER
BULK	R150	Mylo	Lumbar myelogram	18.75	27.75	28.13	1	N/A
BULK	R151	Mylo	Complete myelogram	28.14	37.99	42.21	1	N/A
BULK	R152	Mylo	Cervical injection myelogram	18.75	N/A	N/A	1	N/A
BULK	R185	Other	Fetal Study	3.31	N/A	N/A	1	N/A
BULK	R205	Bone	Shoulder	3.41	12.41	12.41	1	RG=BOTH
BULK	R210	Bone	Scapula	3.41	N/A	N/A	1	RG=BOTH
BULK	R215	Bone	A.C. joints with and without weights	3.41	N/A	N/A	1	RG=BOTH
BULK	R220	Bone	Clavicle	3.41	N/A	N/A	1	RG=BOTH
BULK	R221	Bone	Bone age determination	4.53	N/A	N/A	1	N/A
BULK	R223	Bone	Scaphoid	3.41	12.41	12.41	1	RG=BOTH
BULK	R224	Bone	Humerus	3.41	12.41	12.41	1	RG=BOTH
BULK	R225	Bone	Elbow	3.41	12.41	12.41	1	RG=BOTH
BULK	R226	Bone	Wrist	3.41	12.41	12.41	1	RG=BOTH
BULK	R227	Bone	Forearm	3.41	12.41	12.41	1	RG=BOTH
BULK	R228	Bone	Hand	3.41	12.41	12.41	1	RG=BOTH
BULK	R229	Bone	Finger	1.71	N/A	N/A	3	RG=BOTH

CATEGORY	HEALTH SERVICE CODE	GROUP	DESCRIPTION	BASE UNITS	US=PREM	US=PR50	MAX MULTIPLES ON ENCOUNTER (EACH PAYS @ 100%)	BILATERAL MODIFIER
BULK	R230	Bone	Arthrogram shoulder	20.76	N/A	N/A	1	RG=BOTH
BULK	R305	Bone	Hip	3.41	12.41	12.41	1	RG=BOTH
BULK	R310	Bone	Pelvis	3.31	12.31	12.31	1	N/A
BULK	R315	Bone	Pelvis and hips	3.99	N/A	N/A	1	N/A
BULK	R320	Bone	Sacroiliac joints	3.31	N/A	N/A	1	N/A
BULK	R321	Bone	Patella	3.41	12.41	12.41	1	RG=BOTH
BULK	R322	Bone	Foot	3.41	12.41	12.41	1	RG=BOTH
BULK	R323	Bone	Ankle	3.41	12.41	12.41	1	RG=BOTH
BULK	R324	Bone	Knee	3.41	12.41	12.41	1	RG=BOTH
BULK	R325	Bone	Calcaneus	3.41	12.41	12.41	1	RG=BOTH
BULK	R326	Bone	Tibia and fibula	3.41	12.41	12.41	1	RG=BOTH
BULK	R327	Bone	Toe	1.71	N/A	N/A	2	RG=BOTH
BULK	R328	Bone	Feet - weight bearing	6.64	N/A	N/A	1	RG=BOTH
BULK	R335	Bone	Femur	3.41	12.41	12.41	1	RG=BOTH
BULK	R340	Bone	Orthoroentgenogram (leg length measurement)	2.58	N/A	N/A	1	N/A
BULK	R350	Bone	Arthrogram hip	20.76	N/A	N/A	1	RG=BOTH

CATEGORY	HEALTH SERVICE CODE	GROUP	DESCRIPTION	BASE UNITS	US=PREM	US=PR50	MAX MULTIPLES ON ENCOUNTER (EACH PAYS @ 100%)	BILATERAL MODIFIER
BULK	R351	Bone	Arthrogram knee	20.76	N/A	N/A	1	RG=BOTH
BULK	R403	Other	Fluoroscopy 10 minutes	12.5	21.5	21.5	1	N/A
BULK	R404	Chest	Single view	3.13	12.13	12.13	1	N/A
BULK	R405	Chest	Multiple views	5.13	14.13	14.13	1	N/A
BULK	R425	Chest	Ribs - each side	2.9	11.9	11.9	1	RG=BOTH
BULK	R435	Chest	Sternum	3.31	12.31	12.31	1	N/A
BULK	R439	Bone	Dual photon densitometry	11.73	N/A	N/A	1	N/A
BULK	R440	Bone	Sternoclavicular joints	3.41	N/A	N/A	1	N/A
BULK	R445	H&N	Neck - for soft tissue	3.31	12.31	12.31	1	N/A
BULK	R470	Chest	Bronchogram unilateral	11.07	N/A	N/A	1	N/A
BULK	R484	Mammo	Mammography screening bilateral	5.09	N/A	N/A	1	N/A
BULK	R485	Mammo	Mammography unilateral	7.19	N/A	N/A	1	N/A
BULK	R486	Mammo	Breast cystography	6.63	N/A	N/A	1	RG=BOTH
BULK	R490	Mammo	Mammography diagnostic bilateral	14.07	N/A	N/A	1	N/A
BULK	R495	Mammo	Needle localization	34.39	N/A	N/A	1	RG=BOTH
BULK	R500	Mammo	Galactography	6.63	N/A	N/A	1	RG=BOTH

Updated April 2, 2015

CATEGORY	HEALTH SERVICE CODE	GROUP	DESCRIPTION	BASE UNITS	US=PREM	US=PR50	MAX MULTIPLES ON ENCOUNTER (EACH PAYS @ 100%)	BILATERAL MODIFIER
BULK	R505	Mammo	Stereotactic localization	19.29	N/A	N/A	1	RG=BOTH
BULK	R510	Mammo	Surgical specimen radiography	3.82	N/A	N/A	1	RG=BOTH
BULK	R605	Abdomen	Survey film	3.13	12.13	12.13	1	N/A
BULK	R610	Abdomen	Multiple films	3.88	12.88	12.88	1	N/A
BULK	R620	G.I.	Esophagus	14.62	N/A	N/A	1	N/A
BULK	R625	G.I.	Upper G.I. series	18.69	27.69	28.04	1	N/A
BULK	R630	G.I.	Upper G.I. paediatric	28.05	N/A	N/A	1	N/A
BULK	R635	G.I.	Small bowel study	9.67	N/A	N/A	1	N/A
BULK	R640	G.I.	Enteroclysis	26.57	N/A	N/A	1	N/A
BULK	R650	G.I.	Colon - barium only	14.91	23.91	23.91	1	N/A
BULK	R655	G.I.	Colon paediatric - single	22.37	31.37	33.56	1	N/A
BULK	R660	G.I.	Colon - double contrast	19.92	N/A	N/A	1	N/A
BULK	R666	G.I.	Defaecography	26.57	N/A	N/A	1	N/A
BULK	R670	G.I.	Cholecystogram	4.97	N/A	N/A	1	N/A
BULK	R690	G.I.	T-tube cholangiogram	6.63	N/A	N/A	1	N/A
BULK	R691	G.I.	Operative cholangiogram	4.66	N/A	N/A	1	N/A
BULK	R695	G.I.	ERCP	6.63	N/A	N/A	1	N/A

CATEGORY	HEALTH SERVICE CODE	GROUP	DESCRIPTION	BASE UNITS	US=PREM	US=PR50	MAX MULTIPLES ON ENCOUNTER (EACH PAYS @ 100%)	BILATERAL MODIFIER
BULK	R709	G.I.	Herniography	9.38	N/A	N/A	1	N/A
BULK	R710	G.I.	Fistula/sinus with contrast	4.4	13.4	13.4	1	N/A
BULK	R745	G.I.	Percutaneous transhepatic cholangiogram	6.63	15.63	15.63	1	N/A
BULK	R815	G.I.	Intravenous urogram (IVP)	14.53	23.53	23.53	1	N/A
BULK	R823	G.U.	Retrograde pyelogram	4.53	N/A	N/A	1	N/A
BULK	R830	G.U.	Voiding cystourethrogram	11.07	N/A	N/A	1	N/A
BULK	R835	G.U.	Cystogram paediatric	18.75	N/A	N/A	1	N/A
BULK	R840	G.U.	Loopogram	4.4	N/A	N/A	1	N/A
BULK	R845	G.U.	Retrograde urethrogram	4.53	13.53	13.53	1	N/A
BULK	R846	G.U.	Cavernosogram	4.4	N/A	N/A	1	N/A
BULK	R850	G.U.	Antegrade (t-tube) pyelogram	4.53	13.53	13.53	1	RG=BOTH
BULK	R865	G.U.	Renal cystogram	6.63	N/A	N/A	1	RG=BOTH
BULK	R885	G.U.	Vasogram	4.4	N/A	N/A	1	RG=BOTH
BULK	R895	G.U.	Hysterosalpingogram	5.53	N/A	N/A	1	N/A
BULK	R910	G.U.	Pelvimetry	6.63	N/A	N/A	1	N/A
BULK	R1001	Vascular	Venous DSA - abnormal or renal	35.52	47.95	53.28	1	N/A

CATEGORY	HEALTH SERVICE CODE	GROUP	DESCRIPTION	BASE UNITS	US=PREM	US=PR50	MAX MULTIPLES ON ENCOUNTER (EACH PAYS @ 100%)	BILATERAL MODIFIER
BULK	R1002	Vascular	Venous DSA - aortic arch	39.58	53.43	59.37	1	N/A
BULK	R1003	Vascular	Pulmonary angiogram bilateral	93.79	126.62	140.69	1	N/A
BULK	R1004	Vascular	Pulmonary angiogram unilateral	62.53	N/A	N/A	1	N/A
BULK	R1006	Vascular	Unilateral peripheral arteriogram	22.14	31.14	33.21	1	N/A
BULK	R1007	Vascular	Bilateral peripheral arteriogram	33.21	44.83	49.82	1	N/A
BULK	R1008	Vascular	Aortography (abdominal)	44.21	59.68	66.32	1	N/A
BULK	R1009	Vascular	Visceral selective arteriogram	44.21	59.68	66.32	1	N/A
BULK	R1010	Vascular	Venogram extremity	25.01	34.01	37.52	1	RG=BOTH
BULK	R1011	Vascular	Venocavogram selective	22.14	N/A	N/A	1	N/A
BULK	R1012	Vascular	Visceral venogram	22.14	N/A	N/A	1	N/A
BULK	R1013	Vascular	Spinal artery selective	22.14	31.14	33.21	1	N/A
BULK	R1014	Vascular	Bronchial artery selective	44.21	N/A	N/A	1	N/A
BULK	R1015	Vascular	Lymphangiogram	44.21	N/A	N/A	1	N/A
BULK	R1016	Vascular	Arch aortogram	44.21	59.68	66.32	1	N/A
BULK	R1017	Vascular	Spleenoportogram	53.9	N/A	N/A	1	N/A
BULK	R1018	Vascular	Intraoperative angiogram	43.77	N/A	N/A	1	N/A
BULK	R1021	Vascular	Common carotid bilateral	55.83	75.37	83.75	1	N/A

CATEGORY	HEALTH SERVICE CODE	GROUP	DESCRIPTION	BASE UNITS	US=PREM	US=PR50	MAX MULTIPLES ON ENCOUNTER (EACH PAYS @ 100%)	BILATERAL MODIFIER
BULK	R1022	Vascular	Internal carotid bilateral	55.83	75.37	83.75	1	N/A
BULK	R1023	Vascular	External carotid bilateral	55.83	75.37	83.75	1	N/A
BULK	R1024	Vascular	Vertebral bilateral	55.83	75.37	83.75	1	N/A
BULK	R1026	Vascular	Common carotid unilateral	30.45	41.11	45.68	1	N/A
BULK	R1027	Vascular	Internal carotid unilateral	30.45	41.11	45.68	1	N/A
BULK	R1028	Vascular	External carotid unilateral	30.45	41.11	45.68	1	N/A
BULK	R1029	Vascular	Vertebral unilateral	30.45	41.11	45.68	1	N/A
BULK	R1056	Cardiac	Coronary arteries	50.75	68.51	76.13	1	N/A
BULK	R1057	Cardiac	Coronary arteries with ergot	25.38	N/A	N/A	1	N/A
BULK	R1058	Cardiac	Coronary artery grafts	50.75	68.51	76.13	1	N/A
BULK	R1059	Cardiac	P.T.C.A.	50.75	68.51	76.13	1	N/A
BULK	R1061	Cardiac	Right ventriculogram	25.38	34.38	38.07	1	N/A
BULK	R1062	Cardiac	Left ventriculogram	25.38	34.38	38.07	1	N/A
BULK	R1063	Cardiac	Cardiac panning < 45 min.	60.9	N/A	N/A	1	N/A
BULK	R1064	Cardiac	Cardiac panning > 45min.	121.81	N/A	N/A	1	N/A
BULK	R1071	Cardiac	Aortic root (cardiac)	25.38	34.38	38.07	1	N/A
BULK	R1105	C.T.	CT head without contrast	42.33	57.15	63.5	1	N/A

CATEGORY	HEALTH SERVICE CODE	GROUP	DESCRIPTION	BASE UNITS	US=PREM	US=PR50	MAX MULTIPLES ON ENCOUNTER (EACH PAYS @ 100%)	BILATERAL MODIFIER
BULK	R1111	C.T.	CT head with contrast	42.33	57.15	63.5	1	N/A
BULK	R1115	C.T.	CT head without and with contrast	53.27	71.91	79.91	1	N/A
BULK	R1121	C.T.	CT neck without contrast	42.33	N/A	N/A	1	N/A
BULK	R1125	C.T.	CT neck with contrast	42.33	57.15	63.5	1	N/A
BULK	R1130	C.T.	CT neck without and with contrast	53.27	N/A	N/A	1	N/A
BULK	R1135	C.T.	CT thorax without contrast	42.33	57.15	63.5	1	N/A
BULK	R1141	C.T.	CT thorax with contrast	42.33	57.15	63.5	1	N/A
BULK	R1145	C.T.	CT thorax without and with contrast	53.27	71.91	79.91	1	N/A
BULK	R1150	C.T.	CT abdomen without contrast	42.33	57.15	63.5	1	N/A
BULK	R1155	C.T.	CT abdomen with contrast	42.33	57.15	63.5	1	N/A
BULK	R1160	C.T.	CT abdomen without and with contrast	53.27	71.91	79.91	1	N/A
BULK	R1162	C.T.	CT extremities without contrast	42.33	57.15	63.5	1	RG=BOTH
BULK	R1163	C.T.	CT extremities with contrast	42.33	N/A	N/A	1	RG=BOTH
BULK	R1164	C.T.	CT extremities without and with contrast	53.27	N/A	N/A	1	RG=BOTH

CATEGORY	HEALTH SERVICE CODE	GROUP	DESCRIPTION	BASE UNITS	US=PREM	US=PR50	MAX MULTIPLES ON ENCOUNTER (EACH PAYS @ 100%)	BILATERAL MODIFIER
BULK	R1165	C.T.	CT pelvis without contrast	42.33	57.15	63.5	1	N/A
BULK	R1166	C.T.	CT pelvis with contrast	42.33	57.15	63.5	1	N/A
BULK	R1167	C.T.	CT pelvis without and with contrast	53.27	71.91	79.91	1	N/A
BULK	R1169	C.T.	CT spine without contrast	42.33	57.15	63.5	1	N/A
BULK	R1170	C.T.	CT spine with contrast	42.33	N/A	N/A	1	N/A
BULK	R1172	C.T.	CT spine without and with contrast	53.27	N/A	N/A	1	N/A
BULK	R1173	C.T.	Densitometry CT	9.07	N/A	N/A	1	N/A
BULK	R1180	C.T.	3D reconstruction	12.16	21.16	21.16	1	N/A
BULK	R1186	C.T.	CT head special without contrast	42.33	57.15	63.5	1	N/A
BULK	R1187	C.T.	CT head special with contrast	42.33	57.15	63.5	1	N/A
BULK	R1188	C.T.	CT head special without and with contrast	53.27	71.91	79.91	1	N/A
BULK	R1205	Ultrasound	Abdomen general	25.39	34.39	38.09	1	N/A
BULK	R1206	Ultrasound	Spine	25.39	N/A	N/A	1	N/A
BULK	R1211	Ultrasound	Aorta	12.5	21.5	21.5	1	N/A
BULK	R1212	Ultrasound	Appendix	18.75	27.75	28.13	1	N/A

CATEGORY	HEALTH SERVICE CODE	GROUP	DESCRIPTION	BASE UNITS	US=PREM	US=PR50	MAX MULTIPLES ON ENCOUNTER (EACH PAYS @ 100%)	BILATERAL MODIFIER
BULK	R1213	Ultrasound	Kidneys	18.75	27.75	28.13	1	N/A
BULK	R1214	Ultrasound	Pylorus	18.75	27.75	28.13	1	N/A
BULK	R1220	Ultrasound	Pelvis, male or female (GYN)	18.75	27.75	28.13	1	N/A
BULK	R1225	Ultrasound	Endovaginal	26.95	36.38	40.43	1	N/A
BULK	R1226	Ultrasound	Endovaginal with pelvic	38.7	52.25	58.05	1	N/A
BULK	R1231	Ultrasound	Endorectal	25.39	N/A	N/A	1	N/A
BULK	R1245	Ultrasound	Obstetrical	27.51	37.14	41.27	1	N/A
BULK	R1246	Ultrasound	Obstetrical, recheck	12.5	21.5	21.5	1	N/A
BULK	R1250	Ultrasound	Biophysical profile	4.84	13.84	13.84	1	N/A
BULK	R1255	Ultrasound	Obs. Multiple - (add on)	20.04	29.04	30.06	1	N/A
BULK	R1256	Ultrasound	Obs. Multiple - recheck (add on)	6.25	N/A	N/A	1	N/A
BULK	R1264	Ultrasound	Cerebral	33.49	N/A	N/A	1	N/A
BULK	R1265	Ultrasound	Thyroid/parathyroid (neck)	18.75	N/A	N/A	1	N/A
BULK	R1275	Ultrasound	Scrotum	25.45	34.45	38.18	1	N/A
BULK	R1280	Ultrasound	Shoulder	18.75	N/A	N/A	1	RG=BOTH
BULK	R1285	Ultrasound	Hip	18.75	27.75	28.13	1	RG=BOTH
BULK	R1295	Ultrasound	Breast, single	12.5	N/A	N/A	1	RG=BOTH

Updated April 2, 2015

CATEGORY	HEALTH SERVICE CODE	GROUP	DESCRIPTION	BASE UNITS	US=PREM	US=PR50	MAX MULTIPLES ON ENCOUNTER (EACH PAYS @ 100%)	BILATERAL MODIFIER
BULK	R1296	Ultrasound	Chest	18.75	N/A	N/A	1	N/A
BULK	R1297	Ultrasound	Popliteal fossa	12.5	N/A	N/A	1	RG=BOTH
BULK	R1298	Ultrasound	Subcutaneous mass	12.5	21.5	21.5	1	N/A
BULK	R1306	Ultrasound	Intraoperative U/S	47.56	N/A	N/A	1	N/A
BULK	R1307	Ultrasound	Portable - M.D. in attendance	18.75	27.75	28.13	1	N/A
BULK	R1309	Ultrasound	Fetal echo	78.16	N/A	N/A	1	N/A
BULK	R1310	Ultrasound	Two dimensional cardiac	47.56	N/A	N/A	1	N/A
BULK	R1311	Ultrasound	M-Mode cardiac	25.44	N/A	N/A	1	N/A
BULK	R1312	Ultrasound	Doppler - quantitative, cardiac	30.45	N/A	N/A	1	N/A
BULK	R1313	Ultrasound	Doppler - qualitative, cardiac	15.23	N/A	N/A	1	N/A
BULK	R1335	Ultrasound	Doppler abdominal blood vessels	33.49	45.21	50.24	1	N/A
BULK	R1340	Ultrasound	Carotid doppler	33.49	N/A	N/A	1	N/A
BULK	R1345	Ultrasound	Doppler - extremities	18.75	27.75	28.13	2	RG=BOTH
BULK	R1405	M.R.I.	Cranial multisection SE	40.97	55.31	61.46	1	N/A
BULK	R1406	M.R.I.	Cranial multisection IR	25.76	N/A	N/A	1	N/A
BULK	R1407	M.R.I.	Cranial repeat, sequence	19.91	28.91	29.87	5	N/A
BULK	R1409	M.R.I.	Ent multisection SE	40.97	55.31	61.46	1	N/A

CATEGORY	HEALTH SERVICE CODE	GROUP	DESCRIPTION	BASE UNITS	US=PREM	US=PR50	MAX MULTIPLES ON ENCOUNTER (EACH PAYS @ 100%)	BILATERAL MODIFIER
BULK	R1411	M.R.I.	Ent multisection IR	25.76	N/A	N/A	1	N/A
BULK	R1412	M.R.I.	Ent repeat, sequence	19.91	28.91	29.87	3	N/A
BULK	R1415	M.R.I.	Thorax multisection SE	46.83	63.22	70.25	1	N/A
BULK	R1416	M.R.I.	Thorax multisection IR	40.97	55.31	61.46	1	N/A
BULK	R1417	M.R.I.	Thorax repeat, sequence	23.42	32.42	35.13	5	N/A
BULK	R1420	M.R.I.	Abdomen multisection SE	46.83	63.22	70.25	1	N/A
BULK	R1421	M.R.I.	Abdomen multisection IR	40.97	55.31	61.46	1	N/A
BULK	R1422	M.R.I.	Abdomen repeat, sequence	23.42	32.42	35.13	3	N/A
BULK	R1425	M.R.I.	Pelvis multisection SE	46.83	63.22	70.25	1	N/A
BULK	R1426	M.R.I.	Pelvis multisection IR	40.97	55.31	61.46	1	N/A
BULK	R1427	M.R.I.	Pelvis repeat sequence	23.42	32.42	35.13	3	N/A
BULK	R1430	M.R.I.	Extremities multisection SE	40.97	55.31	61.46	2	RG=BOTH
BULK	R1431	M.R.I.	Extremities multisection IR	25.76	N/A	N/A	2	RG=BOTH
BULK	R1432	M.R.I.	Extremities repeat, sequence	19.91	28.91	29.87	3	RG=BOTH
BULK	R1440	M.R.I.	Spine (one seq.) multisection SE	37.47	50.58	56.21	1	N/A
BULK	R1441	M.R.I.	Spine (one seq.) multisection IR	24.58	N/A	N/A	1	N/A
BULK	R1442	M.R.I.	Spine (one seq.) repeat,	18.73	27.73	28.1	3	N/A

CATEGORY	HEALTH SERVICE CODE	GROUP	DESCRIPTION	BASE UNITS	US=PREM	US=PR50	MAX MULTIPLES ON ENCOUNTER (EACH PAYS @ 100%)	BILATERAL MODIFIER
			sequence					
BULK	R1445	M.R.I.	Spine (two adjoining) multisection SE	44.5	60.08	66.75	1	N/A
BULK	R1446	M.R.I.	Spine (two adjoining) multisection IR	37.47	N/A	N/A	1	N/A
BULK	R1447	M.R.I.	Spine (two adjoining) repeat sequence	22.25	31.25	33.38	3	N/A
BULK	R1450	M.R.I.	Spine (two not add.) multisection SE	66.74	N/A	N/A	1	N/A
BULK	R1451	M.R.I.	Spine (two not add.) multisection IR	37.47	N/A	N/A	1	N/A
BULK	R1452	M.R.I.	Spine (two not add.) repeat sequence	32.78	N/A	N/A	3	N/A
BULK	R1453	M.R.I.	Add 30 percent for gating	14.05	23.05	23.05	1	N/A
BULK	R1776	Nuc. Med.	Labelled WBC	41.04	55.4	61.56	1	N/A
BULK	R1777	Nuc. Med.	Gallium (one area)	28.14	N/A	N/A	1	N/A
BULK	R1778	Nuc. Med.	Gallium (multiple areas)	35.08	N/A	N/A	1	N/A
BULK	R1790	Nuc. Med.	Vascular study (flow) add on	11.73	20.73	20.73	1	N/A
BULK	R1810	Nuc. Med.	Brain scan	11.73	20.73	20.73	1	N/A

CATEGORY	HEALTH SERVICE CODE	GROUP	DESCRIPTION	BASE UNITS	US=PREM	US=PR50	MAX MULTIPLES ON ENCOUNTER (EACH PAYS @ 100%)	BILATERAL MODIFIER
BULK	R1811	Nuc. Med.	Brain perfusion	46.89	63.3	70.34	1	N/A
BULK	R1812	Nuc. Med.	CSF study (cisternogram)	35.18	N/A	N/A	1	N/A
BULK	R1813	Nuc. Med.	Shunt function study	46.89	N/A	N/A	1	N/A
BULK	R1814	Nuc. Med.	Radionuclide arthrogram	35.18	N/A	N/A	1	N/A
BULK	R1816	Nuc. Med.	Bone scan - one area	23.45	32.45	35.18	1	N/A
BULK	R1817	Nuc. Med.	Bone scan - multiple areas	28.14	37.99	42.21	1	N/A
BULK	R1818	Nuc. Med.	Bone marrow - one area	23.45	N/A	N/A	1	N/A
BULK	R1819	Nuc. Med.	Marrow scan - multiple areas	28.14	N/A	N/A	1	N/A
BULK	R1820	Nuc. Med.	Bone density	11.73	N/A	N/A	1	N/A
BULK	R1830	Nuc. Med.	Lung ventilation scan	23.45	32.45	35.18	1	N/A
BULK	R1835	Nuc. Med.	Lung scan perfusion	23.45	32.45	35.18	1	N/A
BULK	R1840	Nuc. Med.	Liver and spleen	18.75	N/A	N/A	1	N/A
BULK	R1843	Nuc. Med.	Haemangioma (RBC)	28.14	N/A	N/A	1	N/A
BULK	R1845	Nuc. Med.	Spleen scan (RBC)	18.75	N/A	N/A	1	N/A
BULK	R1850	Nuc. Med.	Hepatobiliary	23.45	32.45	35.18	1	N/A
BULK	R1853	Nuc. Med.	Bile salt study	23.45	N/A	N/A	1	N/A
BULK	R1855	Nuc. Med.	Gastric emptying	23.45	N/A	N/A	1	N/A

CATEGORY	HEALTH SERVICE CODE	GROUP	DESCRIPTION	BASE UNITS	US=PREM	US=PR50	MAX MULTIPLES ON ENCOUNTER (EACH PAYS @ 100%)	BILATERAL MODIFIER
BULK	R1860	Nuc. Med.	Ectopic gastric mucosa	23.45	N/A	N/A	1	N/A
BULK	R1865	Nuc. Med.	G.I. bleed	46.89	63.3	70.34	1	N/A
BULK	R1870	Nuc. Med.	G.E. reflux	18.75	N/A	N/A	1	N/A
BULK	R1871	Nuc. Med.	Esophageal motility	46.89	N/A	N/A	1	N/A
BULK	R1872	Nuc. Med.	Ciliary motion study	31.27	N/A	N/A	1	N/A
BULK	R1873	Nuc. Med.	Peritoneal/venous shunt	23.45	N/A	N/A	1	N/A
BULK	R1875	Nuc. Med.	Renal static imaging	11.73	20.73	20.73	1	N/A
BULK	R1880	Nuc. Med.	Renal scan and renogram	35.18	47.49	52.77	1	N/A
BULK	R1881	Nuc. Med.	A.C.E. renal scan	46.89	N/A	N/A	1	N/A
BULK	R1885	Nuc. Med.	Diuretic stimulation (add on)	11.73	N/A	N/A	1	N/A
BULK	R1890	Nuc. Med.	Testicular scan	23.45	32.45	35.18	1	N/A
BULK	R1899	Nuc. Med.	Residual urine (add on)	11.73	N/A	N/A	1	N/A
BULK	R1904	Nuc. Med.	Myocardial rest	23.45	32.45	35.18	1	N/A
BULK	R1905	Nuc. Med.	Myocardial stress and rest	37.52	50.65	56.28	1	N/A
BULK	R1906	Nuc. Med.	Myocardial rest quantitative (add on)	7.04	16.04	16.04	1	N/A
BULK	R1907	Nuc. Med.	Myocardial stress and rest quantitative (add on)	11.73	20.73	20.73	1	N/A

CATEGORY	HEALTH SERVICE CODE	GROUP	DESCRIPTION	BASE UNITS	US=PREM	US=PR50	MAX MULTIPLES ON ENCOUNTER (EACH PAYS @ 100%)	BILATERAL MODIFIER
BULK	R1910	Nuc. Med.	MUGA with quantitative	23.45	N/A	N/A	1	N/A
BULK	R1911	Nuc. Med.	Exercise MUGA	58.62	N/A	N/A	1	N/A
BULK	R1912	Nuc. Med.	Myocardial Infarction	23.45	32.45	35.18	1	N/A
BULK	R1913	Nuc. Med.	Cardiac first pass	28.14	N/A	N/A	1	N/A
BULK	R1914	Nuc. Med.	Cardiac shunt	23.45	N/A	N/A	1	N/A
BULK	R1915	Nuc. Med.	Venoscintigram	23.45	N/A	N/A	1	N/A
BULK	R1920	Nuc. Med.	Thyroid uptake	18.75	N/A	N/A	1	N/A
BULK	R1921	Nuc. Med.	Thyroid scan	18.75	N/A	N/A	1	N/A
BULK	R1922	Nuc. Med.	Thyroid uptake special	23.45	N/A	N/A	1	N/A
BULK	R1925	Nuc. Med.	Adrenal scan	70.34	N/A	N/A	1	N/A
BULK	R1930	Nuc. Med.	Parathyroid scan	35.18	N/A	N/A	1	N/A
BULK	R1935	Nuc. Med.	Tumour imaging	28.14	N/A	N/A	1	N/A
BULK	R1940	Nuc. Med.	Salivary gland scintigraphy	23.45	N/A	N/A	1	N/A
BULK	R1945	Nuc. Med.	Dacrosintigraphy	30.48	N/A	N/A	1	N/A
BULK	R1946	Nuc. Med.	Lymphoscintigram	23.45	N/A	N/A	1	N/A
BULK	R1947	Nuc. Med.	Isolated limb perfusion	11.73	N/A	N/A	1	RG=BOTH
BULK	R1950	Nuc. Med.	Tomography (add on)	12.5	N/A	N/A	1	N/A

CATEGORY	HEALTH SERVICE CODE	GROUP	DESCRIPTION	BASE UNITS	US=PREM	US=PR50	MAX MULTIPLES ON ENCOUNTER (EACH PAYS @ 100%)	BILATERAL MODIFIER
BULK	R1951	Nuc. Med.	Hepatobiliary with pharmacologic stimulation	35.18	N/A	N/A	1	N/A
BULK	R1955	Nuc. Med.	Hyperthyroidism (therapy)	42.21	N/A	N/A	1	N/A
BULK	R1960	Nuc. Med.	Carcinoma of thyroid (therapy)	58.62	N/A	N/A	1	N/A
BULK	R1961	Nuc. Med.	Metastatic carcinoma (therapy)	42.21	N/A	N/A	1	N/A
BULK	R1962	Nuc. Med.	Ascites or pleural effusion (therapy)	42.21	N/A	N/A	1	N/A
BULK	R1963	Nuc. Med.	Synovectomy (therapy)	42.21	N/A	N/A	1	RG=BOTH
BULK	R1964	Nuc. Med.	Polycythemia (therapy)	42.21	N/A	N/A	1	N/A
BULK	R1970	Nuc. Med.	Red cell volume	11.73	N/A	N/A	1	N/A
BULK	R1971	Nuc. Med.	Plasma volume	11.73	N/A	N/A	1	N/A
BULK	R1972	Nuc. Med.	Red cell survival	23.45	N/A	N/A	1	N/A
BULK	R1973	Nuc. Med.	Sequestration study	46.89	N/A	N/A	1	N/A
BULK	R1974	Nuc. Med.	Ferrokinetics	23.45	N/A	N/A	1	N/A
BULK	R1976	Nuc. Med.	Stool for blood loss	11.73	N/A	N/A	1	N/A
BULK	R1977	Nuc. Med.	I-131 Gastrointestinal protein loss study	11.73	N/A	N/A	1	N/A
BULK	R1978	Nuc. Med.	C-14 Breath test	11.73	N/A	N/A	1	N/A

CATEGORY	HEALTH SERVICE CODE	GROUP	DESCRIPTION	BASE UNITS	US=PREM	US=PR50	MAX MULTIPLES ON ENCOUNTER (EACH PAYS @ 100%)	BILATERAL MODIFIER
BULK	R1979	Nuc. Med.	Glomerular filtration rate (with blood samples)	11.73	20.73	20.73	1	N/A
BULK	R1981	Nuc. Med.	Schilling test with or without intrinsic factor	11.73	N/A	N/A	1	N/A
BULK	R1995	Nuc. Med.	Retrograde nuclide cystogram	18.75	N/A	N/A	1	N/A

Billing Rules:

- The majority of Radiology health service codes are not changing. Note however that the old codes used to specify premium fees no longer exist. To claim for premium fees please use the modifiers US=PREM or US=PR50 while submitting the base fee code. For more information on premium fees refer to the Physician's Manual preamble section 5.1.81. The unit value for premium fees has not changed. Please note that no premium fees were added to services that did not have premiums under the previous bulk billing method.
- The service date for electronic claims should be the date the patient had the procedure conducted or samples removed, and not the date the interpretation was completed (if they differ). The fee is for the interpretation.
- All of the above radiology codes must be billed from a hospital location. The only exceptions are the following Mammography interpretations which can be billed by the mobile breast screening clinic: Mammography screening bilateral (R484), Mammography unilateral (R485), and Breast cystography (R486).
- Normally the payment responsibility for most services is entered as MSI. However, there are instances where the payment responsibility will change, for example; service encounters under Workers' Compensation Board (WCB) and Out of Province (OOP). If the service encounter is for a service provided to a non-resident registered with another provincial health plan except Quebec the home province code is entered in this field, e.g. NB, ON, PE. The service also requires a person data record for the non-resident. More information can be found in the Physician's Manual under section 3.2.115.

- Workers' Compensation Board service encounter for a non-resident cannot be submitted electronically to MSI for payment. Service encounters for services provided, as a result of an on the job injury, to a non-resident temporarily working for a Nova Scotia company, should be submitted directly to the Nova Scotia Workers' Compensation Board. More information can be found in the Physician's Manual under section 2.5.6
- Radiology interpretation services may use the following new diagnostic code for all of the fees listed above:
 - R999 – Radiology Interpretation - This is an interim measure until a solution is available to allow more accurate reporting of diagnoses for the services provided.
- Select radiology codes have been modified with the ability to bill for bilateral interpretations using the RG=BOTH modifier. These codes are indicated in the list above. Please use the bilateral modifier where applicable for proper payment.

Billing rules as outlined in preamble:

- An intravenous urogram includes an abdominal survey, thus a separate claim cannot be made for the film. If you are billing a tomography along with the intravenous urogram please include text on the tomography claim referring to the necessity. Routine tomography may not be claimed with an IVP. (Preamble section 5.3.147)
- A fluoroscopy cannot be claimed with services where it is an integral part of examination. Services that include the fluoroscopy include R620, R625, R630, R635, R640, R650, R655, R660, R666, R670, R690, R710, R745, R830, R835, R840, R845, R850, R865, R50, R70, R150, R151, R152, R230, R350, R351, and all vascular (R1001-R1071). (Preamble section 5.3.148)
- The fluoroscopy code R403 cannot be claimed with any other services at the same encounter. (Preamble section 5.3.149)
- The Paediatric codes for Upper G.I., Colon, and Cystography cannot be billed for patients over 12 years old (the non-paediatric codes should be used instead). Also a claim cannot be made for the paediatric version of these codes if the non-paediatric fee has already been claimed at that time and vice versa. (Preamble section 5.3.158)
- The separate C.T. interpretation fees for with contrast and without contrast cannot be billed together for the same anatomical area. In this case the combined fee should be claimed. For example, If 'CT head with contrast' (R1111) and 'CT head without contrast' (R1105) are performed, the physician should bill 'CT head without and with contrast' (R1115). (Preamble section 5.3.159)
- An abdominal general ultrasound cannot be billed with an ultrasound of the pylorus, appendix, aorta, kidneys, or bladder. These are considered to be included in the general ultrasound. (Preamble section 5.3.161)

- The separate Pelvic (R1220) and endovaginal (R1225) examination fees should not be billed together. When both are performed the combined endovaginal with pelvic fee (R1226) should be used. (Preamble section 5.3.165)
- The intra operative code R1306 cannot be claimed with any other services at the same encounter. (Preamble section 5.3.166)
- Venogram studies include a central film. No additional claim should be made for the film at the same encounter. (Preamble section 5.3.168)
- A bilateral venogram study cannot be billed with a unilateral venogram study for the same veins. For example, a unilateral pulmonary angiogram cannot be billed with a bilateral pulmonary angiogram.
- Please include text on all claims for A.C.E. inhibitor renogram (R1881) indicating who administered and supervised the A.C.E. inhibitor. Any claims for this fee without electronic text will pay at zero and a request will be made to resubmit with the applicable information. If the physician did not administer and supervise, then a renal scan and renogram (R1880) should be billed instead. (Preamble section 5.3.177)
- An A.C.E. inhibitor renogram or renal static imaging cannot be billed at the same encounter as a renal scan and renogram.
- The following services are considered to be an add-on fees and cannot be billed unless another fee is also claimed prior at the same encounter: Portable examination fee (R1307), Residual urine volume (R1899), Tomography (R1950), Flow Studies (R1790), Diuretic stimulation (R1885), Myocardial rest quantitative (R1906), and Myocardial stress and rest quantitative (R1907). (Preamble sections 5.3.164, 5.3.179, 5.3.180, 5.3.183, 5.3.185)
- Residual urine volume (R1899) may only be billed after a renal static imaging, renal scan and renogram, or A.C.E. renal scan has been claimed at the same encounter. (Preamble section 5.3.179)
- Myocardial rest quantitative (R1906) may only be billed after a myocardial rest (R1904) has been claimed at the same encounter. (Preamble section 5.3.185)
- Myocardial stress and rest quantitative (R1907) may only be billed after a myocardial stress and rest (R1905) has been claimed at the same encounter. (Preamble section 5.3.185)
- The "one area" bone (R1816), bone marrow (R1818), and gallium (R1777) scans cannot be claimed at the same time as their multiple area counterparts (R1817, R1819, and R1778 respectively). (Preamble section 5.3.182)