

## SCHEDULE OF BENEFITS FOR PROFESSIONAL FEES

### MRI – Clinical Indications

Benefit for MRI scans is only available when carried out in a Vhi Insurance approved MRI centre. The patient must be referred by a Consultant Physician/Surgeon or General Practitioner for benefit to apply.

Benefit for Magnetic Resonance Imaging is payable for diagnosing or outruling agreed medical conditions only for those clinical indications as follows:

CODE	DESCRIPTION
7041	MRI of Head, includes orbits, (including MRA if performed)

*Conditions of Payment for procedure code 7041*

*Benefit for procedure code 7041 is only available for the following clinical indications:*

<b>Ind. Code</b>	<b>Clinical Indication</b>
91	<i>For exclusion, further investigation or monitoring of tumour of the brain or meninges</i>
92	<i>For exclusion, further investigation or monitoring of skull base or orbital tumour</i>
93	<i>For exclusion, further investigation or monitoring of acoustic neuroma</i>
42	<i>For exclusion, further investigation or monitoring of 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 macroprolactin and there continues to be significant hyperprolactinaemia</i>
94	<i>For exclusion, further investigation or monitoring of inflammation of the brain or meninges</i>
95	<i>For exclusion, further investigation or monitoring of encephalopathy</i>
44	<i>For exclusion, further investigation or monitoring of encephalitis</i>
37	<i>For exclusion, further investigation or monitoring of suspect leukodystrophies</i>
45	<i>For exclusion, further investigation or monitoring of ENT problems – following consultation with a Consultant Radiologist</i>
96	<i>For exclusion, further investigation or monitoring of demyelinating disease of the brain</i>
97	<i>For exclusion, further investigation or monitoring of congenital malformation of brain or meninges</i>
98	<i>For exclusion, further investigation or monitoring of venous sinus thrombosis</i>
180	<i>Screening of intracranial aneurysm in the following high risk individuals: - Positive family history, defined as two or more first degree relatives with subarachnoid haemorrhages</i>
422	<i>Screening of intracranial aneurysm in the following high risk individuals: - Patients with polycystic kidney disease</i>
99	<i>For further investigation or monitoring of head trauma</i>
101	<i>For further investigation or monitoring of epilepsy</i>
102	<i>For further investigation or monitoring of stroke</i>
47	<i>For further investigation or monitoring of post operative follow-up after brain surgery</i>
135	<i>MRA for exclusion or further investigation of stroke</i>
136	<i>For exclusion or further investigation of vertebral artery dissection</i>
137	<i>MRA for exclusion or further investigation of intracranial aneurysm</i>
138	<i>MRA for exclusion or further investigation of intracranial arteriovenous malformation</i>
139	<i>MRA for exclusion or further investigation of venous sinus thrombosis</i>

*Note: Procedure codes 7041 and 7042 are not claimable with each other*

## SCHEDULE OF BENEFITS FOR PROFESSIONAL FEES

CODE	DESCRIPTION
7042	MRI for Ophthalmic Indications

*Conditions of Payment for procedure code 7042*

*Benefit for procedure code 7042 is only available for the following clinical indications:*

***Ind. Code    Clinical Indication***

- 49        For further investigation of suspected intra-orbital or visual pathway lesions*
- 103      For further investigation of dysthyroid eye disease*
- 104      For further investigation of diplopia*

*Note:        Procedure codes 7042 and 7041 are not claimable with each other*

7046	MRI of spine for further investigation and monitoring of cervical radiculopathy, neck pain, spinal cord abnormality or spinal stenosis
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*Conditions of Payment for procedure code 7046*

*Benefit for procedure code 7046 is only available for the following clinical indications:*

***Ind. Code    Clinical Indication***

- 423      Absent or reduced sensation on clinical examination*
- 424      Absent or reduced reflexes*
- 425      Muscle wasting*
- 513      Severe intractable arm pain where symptoms have been present for more than 6 weeks*
- 514      Cervical radicular pain persisting for greater than 6 weeks when decompression surgery is being considered following referral by a Consultant recognised by Vhi Insurance*
- 515      Axial neck pain persisting for greater than 3 months following referral by a Consultant recognised by Vhi Insurance*
- 429      Reduced power on physical examination*
- 518      For exclusion, further investigation or monitoring of tumour of the CNS or meninges*
- 519      For exclusion, further investigation or monitoring of inflammation of the CNS or meninges*
- 520      For exclusion, further investigation or monitoring of demyelinating disease*
- 521      For exclusion, further investigation or monitoring of spinal cord compression (acute)*
- 522      For exclusion, further investigation or monitoring of congenital malformations of the spinal cord, cauda equina or meninges*
- 523      For exclusion, further investigation or monitoring of syrinx – congenital or acquired*
- 524      For exclusion, further investigation or monitoring of myelopathy*
- 525      For further investigation or monitoring of previous spinal surgery*
- 526      For further investigation or monitoring of trauma*
- 527      For investigation of any cause of spinal disease in pregnancy*

- Notes:*
- (i)        For procedure code 7046, full details of all relevant symptoms and neurological signs that support the clinical indication for which the MRI scan is being requested must be provided on the claim form*
  - (ii)      Procedure codes 7046 and 7088 are not claimable with each other*

## SCHEDULE OF BENEFITS FOR PROFESSIONAL FEES

CODE	DESCRIPTION
7082	MRI of spine for further investigation and monitoring of thoracic radiculopathy, mid back pain, spinal cord abnormality or spinal stenosis

*Conditions of Payment for procedure code 7082*

*Benefit for procedure code 7082 is only available for the following clinical indications:*

**Ind. Code    Clinical Indication**

- 574        *Absent or reduced sensation on clinical examination*
- 575        *Absent or reduced reflexes*
- 576        *Muscle wasting*
- 565        *Severe intractable arm pain where symptoms have been present for more than 6 weeks*
- 566        *Thoracic radicular pain persisting for greater than 6 weeks when decompression surgery is being considered following referral by a Consultant recognised by Vhi Insurance*
- 567        *Thoracic back pain persisting for greater than 3 months following referral by a Consultant recognised by Vhi Insurance*
- 568        *Reduced power on physical examination*
- 528        *For exclusion, further investigation or monitoring of tumour of the CNS or meninges*
- 529        *For exclusion, further investigation or monitoring of inflammation of the CNS or meninges*
- 530        *For exclusion, further investigation or monitoring of demyelinating disease*
- 531        *For exclusion, further investigation or monitoring of spinal cord compression (acute)*
- 532        *For exclusion, further investigation or monitoring of congenital malformations of the spinal cord, cauda equina or meninges*
- 533        *For exclusion, further investigation or monitoring of syrinx – congenital or acquired*
- 534        *For exclusion, further investigation or monitoring of myelopathy*
- 535        *For further investigation or monitoring of previous spinal surgery*
- 536        *For further investigation or monitoring of trauma*
- 537        *For investigation of any cause of spinal disease in pregnancy*

- Notes:*
- (i)        *For procedure code 7082, full details of all relevant symptoms and neurological signs that support the clinical indication for which the MRI scan is being requested must be provided on the claim form*
  - (ii)       *Procedure codes 7082 and 7088 are not claimable with each other*

7054	MRI of spine for further investigation and monitoring of lumbar radiculopathy, low back pain, spinal cord abnormality or spinal stenosis
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*Conditions of Payment for procedure code 7054 (below and overleaf)*

*Benefit for procedure code 7054 is only available for the following clinical indications:*

**Ind. Code    Clinical Indication**

- 577        *Absent or reduced sensation on clinical examination*
- 578        *Absent or reduced reflexes*
- 579        *Muscle wasting*
- 580        *Severe intractable leg pain where symptoms have been present for more than 6 weeks*
- 570        *Lumbar radicular pain persisting for greater than 6 weeks when decompression surgery is being considered following referral by a Consultant recognised by Vhi Insurance*
- 581        *Axial lumbar spine pain for greater than 3 months following referral by a Consultant recognised by Vhi Insurance*
- 571        *Reduced power on physical examination*
- 540        *For exclusion, further investigation or monitoring of tumour of the CNS or meninges*

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- 541 For exclusion, further investigation or monitoring of inflammation of the CNS or meninges  
 542 For exclusion, further investigation or monitoring of demyelinating disease  
 543 For exclusion, further investigation or monitoring of spinal cord compression (acute)  
 544 For exclusion, further investigation or monitoring of congenital malformations of the spinal cord, cauda equina or meninges  
 517 For exclusion, further investigation or monitoring of syrinx – congenital or acquired  
 569 For exclusion, further investigation or monitoring of myelopathy  
 572 For further investigation or monitoring of previous spinal surgery  
 573 For further investigation or monitoring of trauma  
 538 For investigation of any cause of spinal disease in pregnancy

- Notes: (i) For procedure code 7054, full details of all relevant symptoms and neurological signs that support the clinical indication for which the MRI scan is being requested must be provided on the claim form
- (ii) Procedure codes 7054 and 7088 are not claimable with each other

CODE	DESCRIPTION
7088	MRI of whole spine, (cervical, thoracic and lumbar); for further investigation and monitoring of combined upper and lower limb radiculopathy or combined upper and lower limb neurological signs, spinal cord compression (in the setting of known bone metastasis or polytrauma) or spinal cord abnormality

### Conditions of Payment for procedure code 7088

Benefit for procedure code 7088 is only available when the patient has been referred by a Consultant recognised by Vhi Insurance and for the following clinical indications:

#### **Ind. Code      Clinical Indication**

- 582 Absent or reduced sensation on clinical examination  
 583 Absent or reduced reflexes  
 584 Muscle wasting  
 585 Severe intractable pain where symptoms have been present for more than 6 weeks  
 586 Radicular pain persisting for greater than 6 weeks when decompression surgery is being considered following referral by a Consultant recognised by Vhi Insurance  
 587 Axial spine pain for greater than 3 months following referral by a Consultant recognised by Vhi Insurance  
 588 Reduced power on physical examination  
 589 For exclusion, further investigation or monitoring of tumour of the CNS or meninges  
 590 For exclusion, further investigation or monitoring of inflammation of the CNS or meninges  
 591 For exclusion, further investigation or monitoring of demyelinating disease  
 592 For exclusion, further investigation or monitoring of spinal cord compression (acute)  
 593 For exclusion, further investigation or monitoring of congenital malformations of the spinal cord, cauda equina or meninges  
 594 For exclusion, further investigation or monitoring of syrinx – congenital or acquired  
 595 For exclusion, further investigation or monitoring of myelopathy  
 596 For further investigation or monitoring of previous spinal surgery  
 597 For further investigation or monitoring of trauma  
 598 For investigation of any cause of spinal disease in pregnancy

- Notes: (i) For procedure code 7088, full details of all relevant symptoms and neurological signs that support the clinical indication for which the MRI scan is being requested must be provided on the claim form
- (ii) Procedure code 7088 is not claimable with procedure codes 7046, 7054 or 7082

## SCHEDULE OF BENEFITS FOR PROFESSIONAL FEES

CODE	DESCRIPTION
7047	MRI of the Musculoskeletal System

*Conditions of Payment for procedure code 7047*

*Benefit for procedure code 7047 is only available for the following clinical indications:*

**Ind. Code Clinical Indication**

- 117 *For exclusion, further investigation or monitoring of tumour arising in bone or other connective tissue*
- 118 *For exclusion, further investigation or monitoring of infection arising in bone or other connective tissue*
- 119 *For exclusion, further investigation or monitoring of osteonecrosis*
- 181 *For exclusion, further investigation or monitoring of sacro-iliac joints in the following circumstances: (a) There is a suspicion of the presence of ankylosing spondylitis and (b) Patients have negative or inconclusive plain radiography films of the sacro-iliac joints and (c) Patients are HLA B27 positive*
- 72 *For further investigation or monitoring of slipped upper femoral epiphysis*
- 121 *For further investigation or monitoring of post inflammatory or post traumatic epiphyseal fusion in a person under 16 years of age*
- 122 *For further investigation or monitoring of complex cases of juvenile dermatomyositis*
- 123 *For further investigation or monitoring of Gaucher's disease*
- 124 *For diagnosis of juvenile dermatomyositis by guiding biopsy*

7048	MRI for exclusion, further investigation and monitoring of derangement of one or both hips, and supporting structures
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*Condition of Payment for procedure code 7048*

*Benefit for procedure code 7048 is only available for the following clinical indication:*

**Ind. Code Clinical Indication**

- 430 *Benefit is payable for scanning of derangement of one or both hips and supporting structures only when there are both symptoms and signs that have not responded to conservative therapy (i.e. analgesia and/or physiotherapy), and when hip x-ray is non-diagnostic for the aetiology of the underlying condition*

7074	MRI for exclusion, further investigation and monitoring of derangement of one knee and supporting structures
7075	MRI for exclusion, further investigation and monitoring of derangement of both knees and supporting structures

*Conditions of Payment for procedure codes 7074 and 7075 (below and overleaf)*

*Benefit for procedure code 7074 and 7075 is only available for the following clinical indications:*

**Ind. Code Clinical Indication**

- 773 *Acute pain secondary to trauma in the presence of an effusion without fracture on x-ray*
- 774 *Suspected unstable knee with history of knee locking or positive McMurray test on examination*
- 775 *Suspected stable meniscus tear following treatment with analgesia and physiotherapy and activity modification for at least 4 weeks in the presence of persistent joint effusion or history of locking*
- 776 *Suspected cruciate ligament injury with a history of knee giving way and grade II-III instability (medial laxity of between 5 and 11mm) on examination*

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- 777 Suspected multi-ligamentous or lateral collateral ligament injury when there is grade II-III instability
- 778 Suspected medial collateral ligament injury with grade II-III instability despite treatment with brace and activity modification for at least 6 weeks
- 779 Other knee conditions of unknown aetiology when there are both symptoms and signs that suggest a significant underlying injury and when knee x-ray is non-diagnostic for the aetiology of the underlying condition

*Note: Procedure codes 7074 and 7075 are not claimable with each other*

CODE	DESCRIPTION
7076	MRI for exclusion, further investigation and monitoring of derangement of the ankle and supporting structures

*Condition of Payment for procedure code 7076*

*Benefit for procedure code 7076 is only available for the following clinical indication:*

**Ind. Code Clinical Indication**

- 433 Benefit is payable for scanning of derangement of ankle and supporting structures only

*Note: Procedure codes 7076 and 7080 are not claimable with each other*

7080	MRI for exclusion, further investigation and monitoring of derangement of both ankles and supporting structures
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*Condition of Payment for procedure code 7080*

*Benefit for procedure code 7080 is only available for the following clinical indication:*

**Ind. Code Clinical Indication**

- 556 Benefit is payable for scanning of derangement of ankles and supporting structures only

*Note: Procedure codes 7080 and 7076 are not claimable with each other*

7060	MRI of the foot (excludes hind foot)
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*Conditions of Payment for procedure code 7060*

*Benefit for procedure code 7060 is only available following a Consultant referral for the following clinical indications and where previous examination and conventional imaging proved inconclusive:*

**Ind. Code Clinical Indication**

- 551 Investigation of suspected tarsal coalition
- 552 For exclusion or further investigation of soft tissue tumours in the foot
- 553 For further investigation of posterior tibial nerve compression in the presence of persistent symptoms and signs and failure to respond to at least 6 weeks of appropriate therapy

*Note: Procedure codes 7060 and 7081 are not claimable with each other*

## SCHEDULE OF BENEFITS FOR PROFESSIONAL FEES

CODE	DESCRIPTION
7081	MRI of both feet (excludes hind foot)

*Conditions of Payment for procedure code 7081*

*Benefit for procedure code 7081 is only available following a Consultant referral for the following clinical indications and where previous examination and conventional imaging proved inconclusive:*

**Ind. Code    Clinical Indication**

558    *Investigation of suspected tarsal coalition*

559    *For exclusion or further investigation of soft tissue tumours in the feet*

560    *For further investigation of posterior tibial nerve compression in the presence of persistent symptoms and signs and failure to respond to at least 6 weeks of appropriate therapy*

*Note:        Procedure codes 7081 and 7060 are not claimable with each other*

7077	MRI for exclusion, further investigation and monitoring of derangement of the shoulder and supporting structures
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*Condition of Payment for procedure code 7077*

*Benefit for procedure code 7077 is only available for the following clinical indication:*

**Ind. Code    Clinical Indication**

434    *Benefit is payable for scanning of derangement of shoulder and supporting structures only*

*Note:        Procedure codes 7077 and 7085 are not claimable with each other*

7085	MRI for exclusion, further investigation and monitoring of derangement of both shoulders and supporting structures
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*Condition of Payment for procedure code 7085*

*Benefit for procedure code 7085 is only available for the following clinical indication:*

**Ind. Code    Clinical Indication**

561    *Benefit is payable for scanning of derangement of shoulders and supporting structures only*

*Note:        Procedure codes 7085 and 7077 are not claimable with each other*

7078	MRI for exclusion, further investigation and monitoring of derangement of an elbow and supporting structures
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*Condition of Payment for procedure code 7078*

*Benefit for procedure code 7078 is only available for the following clinical indication:*

**Ind. Code    Clinical Indication**

435    *Benefit is payable for scanning of derangement of elbow and supporting structures only*

*Note:        Procedure codes 7078 and 7083 are not claimable with each other*

## SCHEDULE OF BENEFITS FOR PROFESSIONAL FEES

CODE	DESCRIPTION
7083	MRI for exclusion, further investigation and monitoring of derangement of both elbows and supporting structures

*Condition of Payment for procedure code 7083*

*Benefit for procedure code 7083 is only available for the following clinical indication:*

***Ind. Code Clinical Indication***

562 *Benefit is payable for scanning of derangement of elbow joints and supporting structures only*

*Note: Procedure codes 7083 and 7078 are not claimable with each other*

7079	MRI for exclusion, further investigation and monitoring of derangement of the wrist joint and supporting structures (not for MRI of hand)
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*Condition of Payment for procedure code 7079*

*Benefit for procedure code 7079 is only available for the following clinical indication:*

***Ind. Code Clinical Indication***

436 *Benefit is payable for scanning of derangement of wrist joint and supporting structures only*

*Note: Procedure codes 7079 and 7084 are not claimable with each other*

7084	MRI for exclusion, further investigation and monitoring of derangement of both wrist joints and supporting structures (not for MRI of hands)
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*Condition of Payment for procedure code 7084*

*Benefit for procedure code 7084 is only available for the following clinical indication:*

***Ind. Code Clinical Indication***

563 *Benefit is payable for scanning of derangement of wrist joints and supporting structures only*

*Note: Procedure codes 7084 and 7079 are not claimable with each other*

## SCHEDULE OF BENEFITS FOR PROFESSIONAL FEES

CODE	DESCRIPTION
7049	MRI of the Cardiovascular System (including MRA if performed)

*Conditions of Payment for procedure code 7049*

*Benefit for procedure code 7049 is subject to the patient being referred for Cardiac MRI by a Consultant Cardiologist, Paediatric Cardiologist or Cardiothoracic Surgeon registered with Vhi Insurance, and is only available for the following clinical indications:*

**Ind. Code    Clinical Indication**

- 264    **Thoracic aortic disease**  
*Abnormal aortic contour or size on chest X-ray, differentiation of mediastinal mass vs. vascular abnormality, to rule out aortic dissection, aneurysm, leaking thoracic aneurysm, exclude aortic source of peripheral embolisation, Valsalva aneurysm, Marfan's syndrome and aorta annular actasia, after therapy of aortic dissection of aortic arch anomalies, coarctation, following aortic angioplasty, peri-aortic abscess or infection*
- 265    **Pericardial disease**  
*To assess pericardial thickness and detection of metastases, for diagnosing pericarditis and constriction, for diagnosing effusion and tamponade*
- 266    **External or internal masses, pathology of lung and pleura**  
*Chest wall and mediastinal tumor invasion of the lung and pleura, lipoma, intracavity tumors, and differentiation of tumour from thrombus, assessment of vascular invasion, hilar assessment and paracardial/cardiac invasion, pleural diseases*
- 267    **Pathology involving surrounding structures**  
*To evaluate intrinsic abnormalities of the pulmonary arteries, including central thrombi, aneurysms, stenoses, occlusions, dissection, and extra-vascular disease involving the pulmonary arteries*
- 268    **Assessment of ventricular dysplasia**
- 269    **Congenital heart disease**  
*Pulmonary atresia, severe obstruction to the right ventricular outflow tract, complex cyanotic heart disease, pulmonary venous anomalies, after surgery for correction of congenital heart disease*
- 270    **Cardiac function, morphology and structure**  
*After it has been determined that echocardiogram is inconclusive*
- 271    **Sudden cardiac death screening**  
*Screening of first degree relatives (mother, father, brother, sister or child) of an individual who has experienced sudden cardiac death under 30 years of age following initial screening by ECG, echocardiogram and holter monitoring that has identified unusual results*
- 272    **Diseases of the large veins**  
*Acquired and congenital abnormalities of the superior vena cavae, inferior vena cavae, and portal venous system (e.g. vena caval thrombus, differentiation of tumour thrombus and blood clot of the vena cava, superior vena caval syndrome, superior vena caval invasion or encasement by lung or mediastinal tumours, diagnosis of Budd-Chiari syndrome and diagnosis of caval anomalies)*
- 273    **Valvular heart disease**  
*After it has been determined that ECG and doppler studies are inconclusive*
- 274    **To demonstrate complications of infarction**  
*Formation of an aneurysm, mural thrombus formation, to demonstrate regional wall motion or wall thickening abnormalities of a damaged left ventricle*
- 128    **Post operative aortic graft infection or dehiscence**
- 129    *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*

## SCHEDULE OF BENEFITS FOR PROFESSIONAL FEES

CODE	DESCRIPTION
7086	MRA of carotid or vertebral artery

*Conditions of Payment for procedure code 7086*

*Benefit for procedure code 7086 is only available for the following clinical indications:*

***Ind. Code Clinical Indication***

- 599 *For exclusion or further investigation of vertebral artery dissection*
- 564 *Pre-operative MRA of carotid artery when an interventional procedure or surgery is planned*

7067	MRI for paediatric cardiac congenital anomalies for infants and children under 16 years of age
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*Condition of Payment for procedure code 7067*

*Benefit for procedure code 7067 is only available for the following clinical indication:*

***Ind. Code Clinical Indication***

- 310 *Paediatric cardiac congenital anomalies for infants and children under 16 years of age*

*Note: Benefit for procedure code 7067 may be claimed by Consultants with appropriate fellowship training in congenital cardiovascular magnetic resonance imaging.*

7056	MRI of Abdomen
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*Conditions of Payment for procedure code 7056*

*Benefit for procedure code 7056 is only available for the following clinical indications:*

***Ind. Code Clinical Indication***

- 158 *Characterisation of equivocal liver lesions identified on ultrasound or CT scan*
- 182 *Placenta Accreta / Percreta*
- 183 *Adenomyosis - Pre-procedural planning for uterine artery embolisation for fibroids*
- 185 *Assessment of fistulae/abscesses/strictures in patients with established Crohn's disease following discussion with a multi-disciplinary team*
- 371 *Assessment of liver lesions in patients with known malignant disease for potential liver resection*
- 130 *For pre-operative evaluation of perineal abscess*
- 131 *For pre-operative evaluation of perineal fistula*
- 74 *For pre-operative evaluation of assessment of the inferior vena cava in patients with known solid renal tumour*
- 132 *For pre-operative evaluation of MR urography (MRU) in patients with urographic contrast allergy*
- 133 *For pre-operative evaluation of MR urography in pregnancy*
- 600 *Post surgical MRI following uterine artery embolisation for fibroids*
- 601 *Further investigation of adrenal masses identified on CT scanning*
- 602 *Further investigation of complex/indeterminable/solid renal parenchymal masses*

*Notes: (i) Procedure codes 7056 and 7057 are not claimable with each other*  
*(ii) Procedure codes 7056 and 7044 are not claimable with each other*

## SCHEDULE OF BENEFITS FOR PROFESSIONAL FEES

CODE	DESCRIPTION
7057	Magnetic resonance cholangiopancreatography (MRCP)

*Condition of Payment for procedure code 7057*

*Benefit for procedure code 7057 is only available for the following clinical indication:*

**Ind. Code    Clinical Indication**

134      *For further investigation of pancreatic and biliary disease where conventional methodology has not revealed the definitive diagnosis and ERCP is considered undesirable*

*Note:          Procedure codes 7057 and 7056 are not claimable with each other*

7087	MR enterography/enteroclysis
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*Conditions of Payment for procedure code 7087*

*Benefit for procedure code 7087 is only available for the following clinical indications:*

**Ind. Code    Clinical Indication**

554      *To exclude Crohn's disease in patients less than 18 years following review by a paediatrician*

555      *To assess disease activity in patients with Crohn's disease of the small bowel*

744      *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*

7058	Magnetic Resonance Angiography (MRA) for exclusion or further investigation of vascular abnormality in a patient with a previous anaphylactic reaction to an iodinated contrast medium
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*Condition of Payment for procedure code 7058*

*Benefit for procedure code 7058 is only available for the following clinical indication:*

**Ind. Code    Clinical Indication**

140      *For exclusion or further investigation of vascular abnormality in a patient with a previous anaphylactic reaction to an iodinated contrast medium*

*Note:          Procedure code 7058 is not claimable with any other MRI code*

7044	Magnetic Resonance Angiography (MRA) for renal artery stenosis
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*Conditions of Payment for procedure code 7044*

*Benefit for procedure code 7044 is only available for the following clinical indications:*

**Ind. Code    Clinical Indication**

142      *For exclusion of renal artery stenosis post renal transplant*

143      *For exclusion of 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*

*Note:          Procedure codes 7044 and 7056 are not claimable with each other*

## SCHEDULE OF BENEFITS FOR PROFESSIONAL FEES

CODE	DESCRIPTION
7068	Magnetic Resonance Angiography (MRA) for exclusion or further investigation of obstruction of the superior vena cava, inferior vena cava or a major pelvic vein

*Condition of Payment for procedure code 7068*

*Benefit for procedure code 7068 is only available for the following clinical indication:*

**Ind. Code    Clinical Indication**

141        *For exclusion or further investigation of obstruction of the superior vena cava, inferior vena cava or a major pelvic vein*

*Note:        Procedure code 7068 is not claimable with procedure codes 7061, 7062 & 7063*

7069	Magnetic Resonance Angiography (MRA) for exclusion or further investigation of peripheral arteries to determine the presence and extent of peripheral arterial disease in lower extremities
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*Condition of Payment for procedure code 7069*

*Benefit for procedure code 7069 is only available for the following clinical indication:*

**Ind. Code    Clinical Indication**

178        *For exclusion or further investigation of peripheral arteries to determine the presence and extent of peripheral arterial disease in lower extremities*

7059	MRI of Breast
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*Conditions of Payment for procedure code 7059*

*Benefit for procedure code 7059 is only available for the following clinical indications:*

**Ind. Code    Clinical Indication**

- 186        *For the detection of 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)*
- 204        *For pre operative evaluation of patients with invasive lobular carcinoma*
- 205        *For pre operative evaluation of patients with multi-focal or multi-centric disease*
- 603        *To rule out intra-capsular implant rupture following assessment by a breast or plastic surgeon, where breast ultrasound is equivocal or non-diagnostic*
- 604        *For the detection of suspected occult breast cancer in patients with a positive axillary lymph node from an unknown primary where mammogram and/or ultrasound are negative*
- 605        *To assess exact extent of breast cancer to determine optimal type of breast surgery prior to neoadjuvant chemotherapy*
- 606        *To assess exact extent of breast cancer to determine optimal type of breast surgery following neoadjuvant chemotherapy*

## SCHEDULE OF BENEFITS FOR PROFESSIONAL FEES

CODE	DESCRIPTION
7061	MRI of Body

*Conditions of Payment for procedure code 7061*

*Benefit for procedure code 7061 is only available for the following clinical indications:*

***Ind. Code    Clinical Indication***

- 366      *Staging for rectal cancer*
- 367      *Staging for prostate cancer*
- 368      *Staging for cervical cancer*
- 369      *Staging for endometrial cancer*
- 879      *Multi-parametric MRI prior to repeat biopsy in the presence of an elevated PSA and previous negative systematic prostate biopsy*

*Note:        Procedure code 7061 is not claimable with procedure codes 7062, 7063 & 7068*

7062	MRI of Body for further investigation and monitoring of malignant soft tissue tumours (other than those tumours provided for under code 7061), for diagnosis and staging
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*Condition of Payment for procedure code 7062*

*Benefit for procedure code 7062 is only available for the following clinical indication:*

***Ind. Code    Clinical Indication***

- 144      *For further investigation or monitoring of malignant soft tissue tumours for diagnosis and staging*

*Note:        Procedure code 7062 is not claimable with procedure codes 7061, 7063 & 7068*

7063	MRI of Body for further investigation of congenital uterine or anorectal abnormality
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*Condition of Payment for procedure code 7063*

*Benefit for procedure code 7063 is only available for the following clinical indication:*

***Ind. Code    Clinical Indication***

- 145      *For further investigation of congenital uterine or anorectal abnormality*

*Note:        Procedure code 7063 is not claimable with procedure codes 7061, 7062 & 7068*

7064	MRI for other exceptions
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*Condition of Payment for procedure code 7064*

*Benefit for procedure code 7064 is only available for the following clinical indication:*

***Ind. Code    Clinical Indication***

- 87        *As notified to Vhi Insurance and agreed by the Medical Director of Vhi Insurance*

*Note:        Procedure code 7064 is not claimable with any other MRI code (with the exception of procedure code 7066 below).*

7066	MRI Contrast Enhancement <i>(claimable with the above codes when contrast enhancement is required)</i>
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