

The following list of Clinical Indications is for guidance purposes only and is effective from 1<sup>st</sup> February 2013.

We recommend that if members are referred for an MRI scan and have any query about cover, they should phone Vhi Healthcare to confirm that the scan is eligible for benefit.

#### **Procedure Description**

7041 MRI of Head, includes orbits, (including MRA if performed)	
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#### *Conditions of Payment for procedure code 7041 Benefit for procedure code 7041 is only available for the following clinical indications:*

#### Id Code Clinical Indication

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

Procedure 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:

ld 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 code 7042 is not claimable with procedure code 7041.* 

#### Procedure Description

MRI of spine for further investigation and monitoring of cervical radiculopathy, neck pain, spinal cord abnormality or spinal stenosis

Conditions of Payment for procedure code 7046 Benefit for procedure code 7046 is only available for the following clinical indications:

Id 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 Healthcare
515	Axial neck pain persisting for greater than 3 months following referral by a Consultant recognised by Vhi Healthcare
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

- 527 For investigation of any cause of spinal disease in pregnancy
- *Note:* 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

Procedure 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:* 

Id 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 Healthcare
567	Thoracic back pain persisting for greater than 3 months following referral by a Consultant recognised by Vhi Healthcare
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
- *Note:* 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

#### **Procedure Description**

7054	MRI of spine for further investigation and monitoring of lumbar radiculopathy, low back pain, spinal
	cord abnormality or spinal stenosis

#### Conditions of Payment for procedure code 7054 Benefit for procedure code 7054 is only available for the following clinical indications:

Id 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 Healthcare
581	Axial lumbar spine pain for greater than 3 months following referral by a Consultant recognised by Vhi Healthcare
571	Reduced power on physical examination
540	For exclusion, further investigation or monitoring of tumour of the CNS or meninges
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

*Note:* 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



#### Procedure 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 Healthcare and for the following clinical indications:

Id	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 Healthcare
587	Axial spine pain for greater than 3 months following referral by a Consultant recognised by Vhi Healthcare
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, 7082 or 7054

#### Procedure Description

7047	MRI of the Musculoskeletal System
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#### Conditions of Payment for procedure code 7047

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

- 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



- 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
  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

#### **Procedure Description**

7048	MRI for exclusion, further investigation and monitoring of derangement of one or both hips, and
	supporting structures

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

#### Id Code Clinical Indication

430 Benefit is payable for scanning of derangement of one or both hips and supporting structures only

#### **Procedure Description**

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

*Condition of Payment for procedure code 7074 Benefit for procedure code 7074 is only available for the following clinical indication:* 

Id Code Clinical Indication

431 Benefit is payable for scanning of derangement of the knee and supporting structures only

#### Procedure Description

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

#### Condition of Payment for procedure code 7075

Benefit for procedure code 7075 is only available for the following clinical indication:

#### Id Code Clinical Indication

432 Benefit is payable for scanning of derangement of knee joints and supporting structures only

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

#### Procedure 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:* 

#### Id Code Clinical Indication

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

#### Procedure Description

7080	MRI for exclusion, further investigation and monitoring of derangement of both ankles and
	supporting structures

#### Condition of Payment for procedure code 7080

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

Id CodeClinical Indication556Benefit is payable for scanning of derangement of ankles and supporting structures only

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

Procedure Description

7060	60 MRI of the foot (excludes hind foo	)
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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:

#### Id 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

Procedure Description

7081 MRI of both feet (excludes hind foot)
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#### 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:

- 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 7060 and 7081 are not claimable with each other



#### **Procedure Description**

7077

MRI for exclusion, further investigation and monitoring of derangement of the shoulder and
supporting structures

## Condition of Payment for procedure code 7077

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

# Id CodeClinical Indication434Benefit is payable for scanning of derangement of shoulder and supporting structures only

#### Procedure Description

7085	MRI for exclusion, further investigation and monitoring of derangement of both shoulders and
	supporting structures

#### *Condition of Payment for procedure code 7085 Benefit for procedure code 7085 is only available for the following clinical indication:*

#### Id Code Clinical Indication

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

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

#### Procedure Description

7078	MRI for exclusion, further investigation and monitoring of derangement of an elbow and supporting
	structures

### Condition of Payment for procedure code 7078

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

### Id Code Clinical Indication

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

### Procedure 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:

- 562 Benefit is payable for scanning of derangement of elbow joints and supporting structures only
- Note: Procedure codes 7078 and 7083 are not claimable with each other

#### Procedure Description

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

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

#### Id Code Clinical Indication

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

#### **Procedure Description**

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

Condition of Payment for procedure code 7084 Benefit for procedure code 7084 is only available for the following clinical indication:

Id Code Clinical Indication

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

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

#### Procedure Description

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

#### Conditions of Payment for procedure code 7049

Benefit for procedure code 7049 is only available for the following clinical indications:

#### Id 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 membeloon and structure
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
Note:	Benefit for procedure code 7049 is subject to the member being referred for Cardiac MRI by a Consultant Cardiologist, Paediatric Cardiologist or Cardiothoracic Surgeon registered with Vhi Healthcare.

#### **Procedure Description**

7086	MRA of carotid or vertebral artery
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#### Conditions of Payment for procedure code 7086

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

Id 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

#### **Procedure Description**

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:*

Id CodeClinical Indication310Paediatric cardiac congenital anomalies for infants and children under 16 years of ageNote:Benefit for procedure code 7067 may be claimed by Consultants with appropriate fellowship<br/>training in congenital cardiovascular magnetic resonance imaging

#### Procedure Description



7056	MRI of Abdomen

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

#### Id 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

#### Procedure Description

7057 Magnetic resonance cholangiopancreatography (MRCP)
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### Condition of Payment for procedure code 7057

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

Id 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* 

### Procedure Description

7087 MR enterography/enteroclysis		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:

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



#### Procedure Description

	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
	abiomanty in a patient with a previous anaphytactic reaction to an founded contrast medium

#### *Condition of Payment for procedure code 7058 Benefit for procedure code 7058 is only available for the following clinical indication:*

Id 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

#### Procedure Description

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:*

Id 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*

#### Procedure 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:*

- Id 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*



#### **Procedure Description**

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
	arteries to determine the presence and extent of peripheral arterial disease in lower extremities

Condition of Payment for procedure code 7069

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

#### Id 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

#### **Procedure Description**

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:

Id 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 and age less than 40 years
- 603 To rule out intra-capsular implant rupture following assessment by a breast or plastic surgeon, where breast ultrasound is equivocal or non-diagnostic

#### **Procedure Description**

7061	MRI of Body
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Conditions of Payment for procedure code 7061 Benefit for procedure code 7061 is only available for the following clinical indications:

Id Code	Clinical Indication
366	For further investigation or monitoring of MR staging for rectal cancer
367	For further investigation or monitoring of MR staging for prostate cancer
368	For further investigation or monitoring of MR staging for cervical cancer
369	For further investigation or monitoring of MR staging for endometrial cancer
Note:	Procedure code 7061 is not claimable with procedure codes 7062, 7063 & 7068



#### Procedure Description

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
	those tunious provided for under code 7001), for diagnosis and staging

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

Id 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

#### **Procedure Description**

7063 MRI of Body for further investigation of congenital uterine or anorectal abnormality
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*Conditions of Payment for procedure code 7063 Benefit for procedure code 7063 is only available for the following clinical indication:* 

Id CodeClinical Indication145For further investigation of congenital uterine or anorectal abnormalityNote:Procedure code 7063 is not claimable with procedure codes 7061, 7062 & 7068

#### Procedure Description

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:

Id Code Clinical Indication

87 As notified to Vhi Healthcare and agreed by the Medical Director of Vhi Healthcare

Note: Procedure code 7064 is not claimable with any other MRI code

#### Procedure Description

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