

# CT Spiral Angiography

## Imaging Requests

For CT Angiography Pulmonary Arteries, when used for exclusion of pulmonary embolism, Specialist/Consultant involvement is not required (point iii. below).

Item	Description
57357	<p><b>Pulmonary Angiogram</b></p> <ul style="list-style-type: none"><li>i. exclusion of pulmonary arterial stenosis, occlusion, aneurysm or embolism <b>Specialist Referred</b>; or</li><li>ii. exclusion of pulmonary arterial stenosis, occlusion or aneurysm <b>GP Referred</b> (request indicates that the patient's case has been discussed with a specialist or consultant physician); or</li><li>iii. exclusion of pulmonary embolism and is <b>GP Referred</b>.</li></ul> <p><i>*This service cannot be claimed with any other CT item.</i></p>

All other GP requested CT Angio items still require the request to indicate a discussion between the GP and a Specialist/Consultant took place.

57352	<p><b>Head and Neck</b></p> <p>The service is performed for the exclusion of arterial stenosis, occlusion, aneurysm or embolism</p> <ul style="list-style-type: none"><li>(a) the arch of the aorta; or</li><li>(b) the carotid arteries; or</li><li>(c) the vertebral arteries and their branches (head and neck);</li></ul> <p><i>1 in 12 months</i></p>
57353	<p><b>Chest, Abdomen and Arms</b></p> <p>The service is performed for the exclusion of arterial stenosis, occlusion, aneurysm or embolism:</p> <ul style="list-style-type: none"><li>(a) the ascending and descending aorta; or</li><li>(b) the common iliac and abdominal branches including upper limbs (chest, abdomen, and upper limbs)</li></ul> <p><i>1 in 12 months</i></p>
57354	<p><b>Pelvis and Legs</b></p> <p>The service is performed for the exclusion of arterial stenosis, occlusion, aneurysm, or embolism:</p> <ul style="list-style-type: none"><li>(a) the descending aorta; or</li><li>(b) the pelvic vessels (aorto-iliac segment) and lower limbs</li></ul> <p><i>1 in 12 months</i></p>

**NOTE:** The following referral guidelines apply to numbers 57352, 57353 and 57354. Either:

- i. the service is requested by a specialist or consultant physician; or
- ii. the service is requested by a general practitioner and the request indicates that the patient's case has been discussed with a specialist or consultant physician.

 **07 5454 7844**

Please submit referrals via

 **07 5454 7847**

 [info@cooroy-radiology.com.au](mailto:info@cooroy-radiology.com.au)

 **0407 822 578**

\*Please indicate appropriate item number & description on the referral

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