

CT 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>Pulmonary Angiogram</p> <ul style="list-style-type: none">a. exclusion of pulmonary arterial stenosis, occlusion, aneurysm or embolism Specialist Referred; orb. exclusion of pulmonary arterial stenosis, occlusion or aneurysm GP Referred (request indicates that the patient's case has been discussed with a specialist or consultant physician); orc. exclusion of pulmonary embolism and is GP Referred. <p>*This service cannot be claimed with any other CT item.</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>Head and Neck</p> <p>The service is performed for the exclusion of arterial stenosis, occlusion, aneurysm or embolism</p> <ul style="list-style-type: none">a. the arch of the aorta; orb. the carotid arteries; orc. the vertebral arteries and their branches (head and neck) <p>1 in 12 months</p>
57353	<p>Chest, Abdomen and Arms</p> <p>The service is performed for the exclusion of arterial stenosis, occlusion, aneurysm or embolism:</p> <ul style="list-style-type: none">a. the ascending and descending aorta; orb. the common iliac and abdominal branches including upper limbs (chest, abdomen, and upper limbs) <p>1 in 12 months</p>

 **07 5440 9700**

Please submit referrals via

 **07 5440 9777**

 **info@noosaradiology.com.au**

 **0407 822 578**

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



www.noosaradiology.com.au

CT Angiography Imaging Requests

Item	Description
57354	<p>Pelvis and Legs</p> <p>a. The service is performed for the exclusion of arterial stenosis, occlusion, aneurysm, or embolism:</p> <p>b. the descending aorta; or</p> <p>c. the pelvic vessels (aorto-iliac segment) and lower limbs</p> <p>1 in 12 months</p>

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

1. the service is requested by a specialist or consultant physician; or
2. 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.

Should you require additional information please contact our Referrer Liaison Manager, [Katrina Kellett](#) for assistance on connect@noosaradiology.com.au or 0418 555 374

All reports and images are available via electronic download or online via Noosa Radiology Connect.

 **07 5440 9700**

Please submit referrals via

 **07 5440 9777**

 **info@noosaradiology.com.au**

 **0407 822 578**

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



www.noosaradiology.com.au