

CT Coronary Angiography, CT Coronary Calcium Scoring, Echocardiography, Myocardial Perfusion, Exercise Stress Test and Holter Monitoring.

Item	Description
55126	Echocardiography Initial echocardiographic examination of the heart if the service is for the investigation of any of the following: a. symptoms or signs of cardiac failure; b. suspected or known ventricular hypertrophy or dysfunction; c. pulmonary hypertension; d. valvular, aortic, pericardial, thrombotic or embolic disease; e. heart tumour; f. symptoms or signs of congenital heart disease; g. other rare indications 1 in 2 years
55127	Echocardiography Repeat echocardiographic examination of the heart if the service: a. is for the investigation of known valvular dysfunction
55129	Echocardiography Repeat echocardiographic examination of the heart if valvular dysfunction is not the primary issue for the patient (although it may be a secondary issue); and the service is for the investigation of any of the following: b. symptoms or signs of cardiac failure; c. suspected or known ventricular hypertrophy or dysfunction; d. pulmonary hypertension; e. aortic, thrombotic, embolic disease or pericardial disease (excluding isolated pericardial effusion or pericarditis); f. heart tumour; g. structural heart disease; h. other rare indications



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Item	Description
55133	Echocardiography Repeat echocardiographic examination of the heart if the service is for the investigation of any of the following: a. patients for pericardial effusion or pericarditis, b. or patients taking medication that may have some cardiotoxic side effects (chemo patients/mental health Clozapine or similar).
	These can be done as frequently as needed.
61345	 Myocardial Perfusion Study (MPS) (patients over 17 years) The patient has symptoms of cardiac ischaemia; and at least one of the following applies: a. the patient has body habitus or other physical conditions (including heart rhythm disturbance) to the extent that a stress echocardiography would not provide adequate information b. the patient is unable to exercise to the extent required for a stress echocardiography to provide adequate information, e.g., COPD, BMI >35, Bundle branch block, AF, Pacemaker c. the patient has had a failed stress echocardiography e.g., osteoarthritis, CVA 1 in 2 years
61349	Myocardial Perfusion Study (MPS) (patients over 17 years) Repeat MPS where a service has been provided to the patient in the previous 24 months and has undergone a revascularisation procedure (such as CABG or stenting) and cardiac ishaemic symptoms have evolved or not adequately controlled with optimal medical therapy; and a. the patient has body habitus or other physical conditions (including heart rhythm disturbance) to the extent that a stress echocardiography would not provide adequate information b. the patient is unable to exercise to the extent required for a stress echocardiography to provide adequate information, e.g., COPD, BMI >35, Bundle branch block, AF, Pacemaker c. the patient has had a failed stress echocardiography e.g., osteoarthritis, CVA 1 in 2 years



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Item	Description
11729	Exercise Stress Test (patients over 17 years)
	Multi-channel electrocardiogram monitoring and recording during exercise or pharmacological stress if the patient is >17 years; and
	a. has symptoms consistent with cardiac ischemia; or
	b. has other cardiac disease which may be exacerbated by exercise; or
	c. has a first degree relative with suspected heritable arrhythmia
	1 in 2 years
11730	Exercise Stress Test (patients under 17 years)
	Multi-channel electrocardiogram monitoring and recording during exercise if the patient is <17 years; and
	a. has symptoms consistent with cardiac ischemia; or
	b. has other cardiac disease which may be exacerbated by exercise; or
	c. has a first degree relative with suspected heritable arrhythmia
	1 in 2 years
11716	Holter Monitoring
	Continuous ambulatory electrocardiogram recording for 12 or more hours, for the evaluation of any of the following:
	a. syncope;
	b. pre-syncopal episodes;
	c. palpitations where episodes are occurring more than once a week;
	d. another asymptomatic arrhythmia is suspected with an expected frequency of greater than once a week;
	e. surveillance following cardiac surgical procedures that have an established risk of causing dysrhythmia
	Applicable only once in any 4 week period



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Item	Description
57360	CT Coronary Angiogram
	Assess the condition of coronary arteries, heart muscle and heart valves where a patient is not known to have CAD who;
	a. has stable or acute symptoms consistent with coronary ischaemia; and
	 is at low to intermediate risk of an acute coronary event, including having no significant cardiac biomarker elevation and no electrocardiogram changes indicating acute ischaemia
57364	CT Coronary Angiogram
	Assess the condition of coronary arteries, heart muscle and heart valves where at least one of the following applies to the patient;
	 a. the patient has stable symptoms and newly recognised left ventricular systolic dysfunction of unknown aetiology;
	b. the patient requires exclusion of coronary artery anomaly or fistula;
	c. the patient will be undergoing non-coronary cardiac surgery;
	d. as an alternative to selective coronary angiography will require an assessment of the patency of one or more bypass grafts
Non-rebatable	CT Calcium Scoring
	Screening for calcium deposits to assess patient risk



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Item	Description
63399	Cardiovascular MRI
	Scan of cardiovascular system for the assessment of myocardial structure and function, if the service is requested by a consultant physician who has assessed the patient, and the request for the scan indicates:
	 a. the patient has suspected myocarditis after receiving a mRNA COVID-19 vaccine; and
	 b. the patient had symptom onset within 21 days of a mRNA COVID-19 vaccine administration: and
	 c. the results from the following examinations are inconclusive to form a diagnosis of myocarditis:
	d. echocardiogram; and
	e. troponin; and
	f. chest X-ray.
	Once in a lifetime
63395	Cardiovascular MRI
	Scan of cardiovascular system for assessment of myocardial structure and function involving:
	a. dedicated right ventricular views; and
	b. 3D volumetric assessment of the right ventricle; and
	c. reporting of end diastolic and end systolic volumes, ejection fraction and BSA indexed values; if the request for the scan indicates that:
	 d. the patient presented with symptoms consistent with arrhythmogenic right ventricular cardiomyopathy (ARVC); or
	e. investigative findings in relation to the patient are consistent with ARVC
	Once in a lifetime

Should you require additional information please contact our Referrer Liaison Manager, Katrina Kellett for assistance on connect@noosaradiology.com.au or0418 555 374

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



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