

Medicare Criteria for CT Angiography

The item number for CT Spiral Angiography (57350) has been deleted and replaced by new items, covering CT angiography of different arterial regions, see below.

These items are only claimable if:

- they are requested by a specialist or consultant physician; or
- they are requested by a general practitioner and the request indicates that the patient's case has been discussed with a specialist or consultant physician
- the service is performed for the exclusion of arterial stenosis, occlusion, aneurysm or embolism; and not a study performed to image the coronary arteries

57352 – head and neck

CT angiography with intravenous contrast medium of any or all, or any part of:

- the arch of the aorta; **OR**
- the carotid arteries; **OR**
- the vertebral arteries and their branches (head and neck)

57353 – chest abdomen and upper limbs

CT angiography with intravenous contrast medium of any or all, or any part of:

- the ascending and descending aorta; **OR**
- the common iliac and abdominal branches including upper limbs (chest, abdomen and upper limbs)

57354 – lower arteries

CT angiography with intravenous contrast medium of any or all, or any part of:

- the descending aorta; **OR**
- the pelvic vessels (aorto iliac segment) and lower limbs;

57357 – pulmonary arteries

CT angiography with intravenous contrast medium of any or all, or any part of:

- the pulmonary arteries and their branches;

For the exclusion of pulmonary embolism this item can be requested by a medical practitioner (other than a specialist or consultant physician)

A change has been made in the MBS from 1 November 2021, to remove any frequency restrictions on the above items.

These items are not claimable in conjunction with any other CT on the same day.