

SERVICE SCHEDULE FOR HIGH TECH IMAGING SERVICE

A. QUICK REFERENCE INFORMATION

1. TERM FOR PROVIDING HIGH TECH IMAGING SERVICE

The Term for the provision of High Tech Imaging Services is the period from 1 July 2011 ("Commencement Date") until the close of 30 June 2012 (the "Date of Expiry") or such earlier date upon which the period is lawfully terminated or cancelled.

2. SPECIFIED SITE (Part B, clause 4)

«Facilities»

3. SERVICE ITEMS AND PRICES (Part B, clause 15)

Prices

The price for any Imaging Service provided to a Client is calculated as follows:

STEP 1

Adding up the Relative Value Units (RVU) for the Imaging Procedures ("RVU Total"), which are specified in Table 1.

STEP 2

Multiplying the RVU Total by the Conversion Factor (CF) of \$ 45.36 i.e.

Price = RVU Total × CF (GST Exclusive).

The price for any anaesthesia and IV sedation associated with any Imaging Service is included in the procedure price.

The price for a standard bed stay (day) is \$143.17 (GST Exclusive).

Service Code	Type of Service	Price (GST exclusive)
X81	Day Bed Stay Rate *	\$143.17

* Day Stay is defined as the patient not being in a hospital bed at midnight of the day of procedure.

The procedures which can be provided under this Agreement are those set out in Table 1 below:

Table 1 - Service Items and Prices

Service Item Code	Procedure Description	Total RVU	Price (excl. GST)
Magnetic Resonance Imaging			
R01	MRI Brain	15.20	\$689.47
R03	MRI Internal Auditory Meatus	15.20	\$689.47
R10	MRI Face/neck	15.20	\$689.47
R20	MRI Chest	15.20	\$689.47
R26	MRI Breast	15.20	\$689.47
R30	MRI Abdomen	15.20	\$689.47
R36	MRI Pelvis	15.20	\$689.47

R40	MRI Spine	15.20	\$689.47
R50	MRI Extremity	15.20	\$689.47
R51	MRI Upper Extremity	15.20	\$689.47
R55	MRI Shoulder Girdle	15.20	\$689.47
R56	MRI Lower Extremity	15.20	\$689.47
R57	MRI Hip	15.20	\$689.47
R60	MRI Arthrogram	20.70	\$938.95
R61	MR Arthrogram Upper Extremity	20.70	\$938.95
R65	MR Arthrogram Lower Extremity	20.70	\$938.95
R70	MR Angiography Unspecified	20.70	\$938.95
R71	MR Angiography Head	20.70	\$938.95
R72	MR Angiography Face or Neck	20.70	\$938.95
R73	MR Angiography Chest	20.70	\$938.95
R74	MR Angiography Upper Limbs	20.70	\$938.95
R75	MR Angiography Abdomen/Pelvis	20.70	\$938.95
R76	MR Angiography Pelvis and Lower Extremities	20.70	\$938.95
R78	MR – Venography	20.70	\$938.95
R80	MR Interventional Procedure	20.70	\$938.95
R98	MRI Other Region /Miscellaneous	17.40	\$789.26
R99	MRI Additional Region	12.00	\$544.32
Computerised Tomography			
T01	CT Brain	8.50	\$385.56
T10	CT Face/Neck	9.70	\$439.99
T11	CT Sinuses	8.50	\$385.56
T12	CT Salivary Gland	9.70	\$439.99
T13	CT Orbits	9.70	\$439.99
T20	CT Chest	11.40	\$517.10
T21	CT High Resolution Lungs	11.40	\$517.10
T30	CT Abdomen	11.40	\$517.10
T31	CT Abdomen and Pelvis	11.40	\$517.10
T35	CT Pelvis	9.70	\$439.99
T40	CT Spine	11.40	\$517.10
T41	CT Cervical Spine	11.40	\$517.10
T42	CT Thoracic Spine	11.40	\$517.10
T43	CT Lumbar Spine	11.40	\$517.10
T45	CT Myelogram (sole charge- includes fluoroscopy)	18.10	\$821.02
T46	CT Discogram (sole charge- includes fluoroscopy)	21.10	\$957.10
T50	CT Extremity	9.70	\$439.99
T51	CT Shoulder/Thoracic Outlet	9.70	\$439.99
T55	CT Hips	8.50	\$385.56
T60	CT Arthrogram	12.50	\$567.00
T61	CT Arthrogram Upper Extremity	12.50	\$567.00
T65	CT Arthrogram Lower Extremity	12.50	\$567.00
T70	CT Angiography unspecified	18.10	\$821.02
T71	CT Angiography Intracranial	18.10	\$821.02
T72	CT Angiography Neck	18.10	\$821.02
T73	CT Angiography Upper Extremities	18.10	\$821.02
T75	CT Angiography Chest	18.10	\$821.02
T77	CT Angiography Abdomen and/or Pelvis	18.10	\$821.02

T78	CT Angiography Pelvis and Lower Limbs	18.10	\$821.02
T80	CT Guided Injection/ Aspiration	18.10	\$821.02
T90	CT Pelvimetry	5.90	\$267.62
T91	CT Digital Radiograph/ Scanogram	5.90	\$267.62
T92	CT Leg Lengths	5.90	\$267.62
T93	CT Bone Densitometry	5.70	\$258.55
T94	CT Rotational Profile	5.90	\$267.62
T97	CT Additional 3D reconstruction	5.90	\$267.62
T98	CT Other region (not otherwise specified)	11.40	\$517.10
T99	CT Additional Region (second region)	8.50	\$385.56
Scintigraphy			
N01	Nuclear Scan Brain	17.00	\$771.12
N10	Nuclear Scan Lung	12.00	\$544.32
N20	Nuclear Scan- Bone Triphasic	8.10	\$367.42
N21	Nuclear Scan Bone – Whole Body	9.50	\$430.92
N22	Nuclear Scan Bone – SPECT	9.80	\$444.53
N30	Nuclear Scan Renal Tracts	9.80	\$444.53
N40	Nuclear Scan Liver- Sulphur Colloid	9.10	\$412.78
N41	Nuclear Scan Biliary Tree	9.80	\$444.53
N50	Nuclear Scan Cardiac (myocardial perfusion)	18.60	\$843.70
N60	Nuclear Scan Blood Pool	9.80	\$444.53
N80	Nuclear Scan Thyroid	7.20	\$326.59
N90	Nuclear Scan Other Region/Miscellaneous	variable	\$0.00
N91	Nuclear Scan Additional Region SPECT	3.0	\$136.08
Ultra Sound Vascular			
U50	Duplex/Doppler US of Carotid arts	4.90	\$222.26
U51	Duplex/Doppler US of Chest	4.90	\$222.26
U52	Duplex/Doppler US of Abdomen/Pelvis	4.90	\$222.26
U53	Duplex/Doppler US of Limb Veins for DVT (one limb)	4.10	\$185.98
U54	Duplex/Doppler Vein Mapping Lower Extremity (one limb)	6.10	\$276.70
U55	Duplex/Doppler US of Limb Arteries (one limb)	4.90	\$222.26
U56	Duplex/Doppler US of Additional Limb Arterial or Venous	3.90	\$176.90
U58	Duplex/Doppler Echocardiography	4.90	\$222.26
U59	Duplex/Doppler US Miscellaneous	4.90	\$222.26
Special Procedures			
S12	Bone densitometry	2.80	\$127.01
S20	Fluoroscopy (per half hour)	5.00	\$226.80
S41	Sinogram	5.90	\$267.62
S70	Arthrogram	5.90	\$267.62
S76	Tenogram	5.90	\$267.62
S79	Injection or Aspiration under fluoroscopy	5.90	\$267.62

S83	Herniagram	10.20	\$462.67
D40	IVP incl plain film + tomos.	5.90	\$267.62
D45	Urethrogram	10.20	\$462.67
D46	Micturating Cystourethrogram	10.20	\$462.67

NB

1. All plain film performed as part of a High Tech Imaging investigation is included in the contract price of that investigation
2. All contrasts are included in the price of imaging

4. RELATIONSHIP MANAGEMENT (Part B, clause 14)

Table 2 - Relationship Management

Level	ACC	Supplier
Client	ACC Client Service Staff	Individual staff or operational contact
Branch	Branch Manager	Operational contact
Region	Designated Relationship and Performance Manager	

5. ADDRESSES FOR NOTICES (Part 1, Schedule 2)

NOTICES FOR ACC TO:

ACC Health Procurement (for delivery)
 Shamrock House
 81 – 83 Molesworth Street
 Wellington 6011
 ACC Health Procurement (for mail)
 P O Box 242
 Wellington 6140
 Marked: “Attention: Health Procurement Facilitator”
 Phone: 0800 400 503
 Email: health.procurement@acc.co.nz

NOTICES FOR SUPPLIER TO:

«Vendor_Name_Legal»
 «Vendor_Name_Trade»
 «Postal_Address_1» (For deliveries)
 «Postal_Address_2»
 «Postal_City» «Postal_Code»
 «Physical_Address_1» (For mail)
 «Physical_Address_2»
 «Physical_City»
 Marked: “Attention: «Contractual_First_Name» «Contractual_Surname»,
 «Contractual_Position»”
 Phone: «Contractual_Phone»
 Mobile: «Alternative_Number»
 Fax: «Contractual_Fax»
 Email: «Contractual_Email»

SERVICE SCHEDULE FOR HIGH TECH IMAGING SERVICE

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2. SPECIFIED SITE (Part B, Clause 4)

«Facilities»

3. SERVICE ITEMS AND PRICES (Part B, Clause 16)

Prices

The price for any Imaging Service provided to a Client is calculated as follows:

STEP 1

Adding up the Relative Value Units (RVU) for the Imaging Procedures ("RVU Total"), which are specified in Table 1.

STEP 2

Multiplying the RVU Total by the Conversion Factor (CF) of \$46.27 i.e.

Price = RVU Total × CF (GST Exclusive).

The price for any anaesthesia and IV sedation associated with any Imaging Service is included in the procedure price. If General Anaesthesia is required, the Supplier will seek approval prior to undertaking any imaging and the price will be agreed with ACC¹.

The price for a standard bed stay (day) is \$146.03 (GST Exclusive).

Service Code	Type of Service	Price (GST exclusive)
X81	Day Bed Stay Rate *	\$146.03

* Day Stay is defined as the patient not being in a hospital bed at midnight of the day of procedure.

The procedures which can be provided under this Agreement are those set out in Table 1 below:

Table 1 - Service Items and Prices

Service Item Code	Procedure Description	Total RVU	Price (excl. GST)
Magnetic Resonance Imaging			
R01	MRI Brain	15.20	\$703.30
R03	MRI Internal Auditory Meatis	15.20	\$703.30

¹ A request for General Anaesthesia will be made on a Assessment report and Treatment Plan (ARTP) using the non-core application process and sent to ARTPS4ESU@acc.co.nz .

R10	MRI Face/neck	15.20	\$703.30
R20	MRI Chest	15.20	\$703.30
R26	MRI Breast	15.20	\$703.30
R30	MRI Abdomen	15.20	\$703.30
R36	MRI Pelvis	15.20	\$703.30
R40	MRI Spine	15.20	\$703.30
R50	MRI Extremity	15.20	\$703.30
R51	MRI Upper Extremity	15.20	\$703.30
R55	MRI Shoulder Girdle	15.20	\$703.30
R56	MRI Lower Extremity	15.20	\$703.30
R57	MRI Hip	15.20	\$703.30
R60	MRI Arthrogram	20.70	\$957.79
R61	MR Arthrogram Upper Extremity	20.70	\$957.79
R65	MR Arthrogram Lower Extremity	20.70	\$957.79
R70	MR Angiography Unspecified	20.70	\$957.79
R71	MR Angiography Head	20.70	\$957.79
R72	MR Angiography Face or Neck	20.70	\$957.79
R73	MR Angiography Chest	20.70	\$957.79
R74	MR Angiography Upper Limbs	20.70	\$957.79
R75	MR Angiography Abdomen/Pelvis	20.70	\$957.79
R76	MR Angiography Pelvis and Lower Extremities	20.70	\$957.79
R78	MR – Venography	20.70	\$957.79
R80	MR Interventional Procedure	20.70	\$957.79
R98	MRI Other Region /Miscellaneous	17.40	\$805.10
R99	MRI Additional Region	12.00	\$555.24
Computerised Tomography			
T01	CT Brain	8.50	\$393.30
T10	CT Face/Neck	9.70	\$448.82
T11	CT Sinuses	8.50	\$393.30
T12	CT Salivary Gland	9.70	\$448.82
T13	CT Orbits	9.70	\$448.82
T20	CT Chest	11.40	\$527.48
T21	CT High Resolution Lungs	11.40	\$527.48
T30	CT Abdomen	11.40	\$527.48
T31	CT Abdomen and Pelvis	11.40	\$527.48
T35	CT Pelvis	9.70	\$448.82
T40	CT Spine	11.40	\$527.48
T41	CT Cervical Spine	11.40	\$527.48
T42	CT Thoracic Spine	11.40	\$527.48
T43	CT Lumbar Spine	11.40	\$527.48
T45	CT Myelogram (sole charge- includes fluoroscopy)	18.10	\$837.49
T46	CT Discogram (sole charge- includes fluoroscopy)	21.10	\$976.30
T50	CT Extremity	9.70	\$448.82
T51	CT Shoulder/Thoracic Outlet	9.70	\$448.82
T55	CT Hips	8.50	\$393.30
T60	CT Arthrogram	12.50	\$578.38
T61	CT Arthrogram Upper Extremity	12.50	\$578.38
T65	CT Arthrogram Lower Extremity	12.50	\$578.38
T70	CT Angiography unspecified	18.10	\$837.49
T71	CT Angiography Intracranial	18.10	\$837.49

T72	CT Angiography Neck	18.10	\$837.49
T73	CT Angiography Upper Extremities	18.10	\$837.49
T75	CT Angiography Chest	18.10	\$837.49
T77	CT Angiography Abdomen and/or Pelvis	18.10	\$837.49
T78	CT Angiography Pelvis and Lower Limbs	18.10	\$837.49
T80	CT Guided Injection/ Aspiration (price includes CT scan and the injection/aspiration) Prior approval required for second or subsequent use of this procedure.	18.10	\$837.49
T90	CT Pelvimetry	5.90	\$272.99
T91	CT Digital Radiograph/ Scanogram	5.90	\$272.99
T92	CT Leg Lengths	5.90	\$272.99
T93	CT Bone Densitometry	5.70	\$263.74
T94	CT Rotational Profile	5.90	\$272.99
T97	CT Additional 3D reconstruction	5.90	\$272.99
T98	CT Other region (not otherwise specified)	11.40	\$527.48
T99	CT Additional Region (second region)	8.50	\$393.30
Scintigraphy			
N01	Nuclear Scan Brain	17.00	\$786.59
N10	Nuclear Scan Lung	12.00	\$555.24
N20	Nuclear Scan- Bone Triphasic	8.10	\$374.79
N21	Nuclear Scan Bone – Whole Body	9.50	\$439.57
N22	Nuclear Scan Bone – SPECT	9.80	\$453.45
N23	NaF PET Scan (Prior approval required)	n/a	\$980.86
N30	Nuclear Scan Renal Tracts	9.80	\$453.45
N40	Nuclear Scan Liver- Sulphur Colloid	9.10	\$421.06
N41	Nuclear Scan Biliary Tree	9.80	\$453.45
N50	Nuclear Scan Cardiac (myocardial perfusion)	18.60	\$860.62
N60	Nuclear Scan Blood Pool	9.80	\$453.45
N80	Nuclear Scan Thyroid	7.20	\$333.14
N90	Nuclear Scan Other Region/Miscellaneous	variable	\$0.00
N91	Nuclear Scan Additional Region SPECT	3.0	\$138.81
Ultra Sound Vascular			
U50	Duplex/Doppler US of Carotid arts	4.90	\$226.72
U51	Duplex/Doppler US of Chest	4.90	\$226.72
U52	Duplex/Doppler US of Abdomen/Pelvis	4.90	\$226.72
U53	Duplex/Doppler US of Limb Veins for DVT (one limb)	4.10	\$189.71
U54	Duplex/Doppler Vein Mapping Lower Extremity (one limb)	6.10	\$282.25
U55	Duplex/Doppler US of Limb Arteries (one limb)	4.90	\$226.72

U56	Duplex/Doppler US of Additional Limb Arterial or Venous	3.90	\$180.45
U58	Duplex/Doppler Echocardiography	4.90	\$226.72
U59	Duplex/Doppler US Miscellaneous	4.90	\$226.72
Special Procedures			
S12	Bone densitometry	2.80	\$129.56
S20	Fluoroscopy (per half hour)	5.00	\$231.35
S41	Sinogram	5.90	\$272.99
S70	Arthrogram	5.90	\$272.99
S76	Tenogram	5.90	\$272.99
S79	Injection or Aspiration under fluoroscopy (Prior approval required for second or subsequent use of this procedure).	5.90	\$272.99
S83	Herniagram	10.20	\$471.95
D40	IVP incl plain film + tomos.	5.90	\$272.99
D45	Urethrogram	10.20	\$471.95
D46	Micturating Cystourethrogram	10.20	\$471.95

NB

1. All plain film performed as part of a High Tech Imaging investigation is included in the contract price of that investigation
2. All contrasts are included in the price of imaging

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 19 Aitken Street
 Wellington 6011

ACC Health Procurement (for mail)
 P O Box 242
 Wellington 6140
 Marked: "Attention: Health Procurement Facilitator"
 Phone: 0800 400 503
 Email: health.procurement@acc.co.nz

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R30	MRI Abdomen	15.20	\$703.30
R36	MRI Pelvis	15.20	\$703.30
R40	MRI Spine	15.20	\$703.30
R50	MRI Extremity	15.20	\$703.30
R51	MRI Upper Extremity	15.20	\$703.30
R55	MRI Shoulder Girdle	15.20	\$703.30
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R76	MR Angiography Pelvis and Lower Extremities	20.70	\$957.79
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T77	CT Angiography Abdomen and/or Pelvis	18.10	\$837.49
T78	CT Angiography Pelvis and Lower Limbs	18.10	\$837.49
T80	CT Guided Injection/ Aspiration (price includes CT scan and the injection/aspiration) Prior approval required for second or subsequent use of this procedure.	18.10	\$837.49
T90	CT Pelvimetry	5.90	\$272.99
T91	CT Digital Radiograph/ Scanogram	5.90	\$272.99
T92	CT Leg Lengths	5.90	\$272.99
T93	CT Bone Densitometry	5.70	\$263.74
T94	CT Rotational Profile	5.90	\$272.99
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N20	Nuclear Scan- Bone Triphasic	8.10	\$374.79
N21	Nuclear Scan Bone - Whole Body	9.50	\$439.57
N22	Nuclear Scan Bone - SPECT	9.80	\$453.45
N23	NaF PET Scan (Prior approval required)	n/a	\$980.86
N30	Nuclear Scan Renal Tracts	9.80	\$453.45
N40	Nuclear Scan Liver- Sulphur Colloid	9.10	\$421.06
N41	Nuclear Scan Biliary Tree	9.80	\$453.45
N50	Nuclear Scan Cardiac (myocardial perfusion)	18.60	\$860.62
N60	Nuclear Scan Blood Pool	9.80	\$453.45
N80	Nuclear Scan Thyroid	7.20	\$333.14
N90	Nuclear Scan Other Region/Miscellaneous	variable	\$0.00
N91	Nuclear Scan Additional Region SPECT	3.0	\$138.81
Ultra Sound Vascular			
U50	Duplex/Doppler US of Carotid arts	4.90	\$226.72
U51	Duplex/Doppler US of Chest	4.90	\$226.72
U52	Duplex/Doppler US of Abdomen/Pelvis	4.90	\$226.72
U53	Duplex/Doppler US of Limb Veins for DVT (one limb)	4.10	\$189.71
U54	Duplex/Doppler Vein Mapping Lower Extremity (one limb)	6.10	\$282.25
U55	Duplex/Doppler US of Limb Arteries (one limb)	4.90	\$226.72

U56	Duplex/Doppler US of Additional Limb Arterial or Venous	3.90	\$180.45
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S83	Herniagram	10.20	\$471.95
D40	IVP incl plain film + tomos.	5.90	\$272.99
D45	Urethrogram	10.20	\$471.95
D46	Micturating Cystourethrogram	10.20	\$471.95

NB

1. All plain film performed as part of a High Tech Imaging investigation is included in the contract price of that investigation
2. All contrasts are included in the price of imaging

4. RELATIONSHIP MANAGEMENT (Part B, Clause 14)

Table 2 - Relationship Management

Level	ACC	Supplier
Client	ACC Client Service Staff	Individual staff or operational contact
Branch	Branch Manager	Operational contact
Region	Designated Relationship and Performance Manager	

5. ADDRESSES FOR NOTICES (Part 1, Schedule 2)

NOTICES FOR ACC TO:

ACC Health Procurement (for delivery)
 Vogel Building
 19 Aitken Street
 Wellington 6011

ACC Health Procurement (for mail)
 P O Box 242
 Wellington 6140
 Marked: "Attention: Health Procurement Facilitator"
 Phone: 0800 400 503
 Email: health.procurement@acc.co.nz

SERVICE SCHEDULE FOR HIGH TECH IMAGING SERVICE

CONTRACT NO: HTIXXXX

A. QUICK REFERENCE INFORMATION

1. TERM FOR PROVIDING HIGH TECH IMAGING SERVICE

The Term for the provision of High Tech Imaging Services is the period from 1 August 2013 ("Commencement Date") until the close of 31 July 2016 (the "Date of Expiry") or such earlier date upon which the period is lawfully terminated or cancelled.

If ACC is satisfied with the performance of the Supplier, and at ACC's sole discretion, the Term of this Agreement may be extended for two further periods of one year each on terms agreed by the parties. Nothing in this Agreement shall be taken or read as expressly or impliedly warranting that the Supplier is entitled to an extension or renewal of this Agreement at any time or to any further agreement with ACC. The Supplier shall not have any claim against ACC for any costs or expenses incurred in anticipation of a further agreement or that this Agreement will be extended or renewed or for any anticipated income, profits or other sums whatsoever.

2. SPECIFIED AREA AND SERVICE LOCATION (PART B, CLAUSE 4)

<<Facilities>>

3. SERVICE ITEMS AND PRICES (PART B, CLAUSE 16)

Prices

The price for any Imaging Service provided to a Client is calculated as follows:

STEP 1

Adding up the Relative Value Units (RVU) for the Imaging Procedures ("RVU Total"), which are specified in Table 1.

STEP 2

Multiplying the RVU Total by the Conversion Factor (CF) of \$47.67 i.e.

Price = RVU Total x CF (GST Exclusive).

The price for any anaesthesia and IV sedation associated with any Imaging Service is included in the procedure price. If General Anaesthesia is required, the supplier will seek approval prior to undertaking any imaging and the price will be agreed with ACC¹.

The price for a standard bed stay (day) is \$150.46 (GST Exclusive).

¹ A request for General Anaesthesia will be made on a Assessment Report and Treatment Plan (ARTP) using the non-core application process and sent to ARTPS4ESU@acc.co.nz.

Service Item Code	Service Item Description	Service Item Definition	Price (excl. GST)
X82	Day Bed Stay Rate	Day Stay is defined as the patient not being in a hospital bed at midnight of the day of procedure.	\$150.46

The procedures which can be provided under this Agreement are those set out in Table 1 below:

Table 1 – Service Items and Prices

Procedure Description	Total RVU	Primary Service Item Code	2014-15 Primary Service Item Price (excl. GST)	Secondary Service Item Code	2014-15 Secondary Service Item Price (excl. GST)
MAGNETIC RESONANCE IMAGING					
MRI Brain	15.20	R01	\$724.58	R01A	\$579.67
MRI Internal Auditory Meatus	15.20	R03	\$724.58	R03A	\$579.67
MRI Face	15.20	R11	\$724.58	R11A	\$579.67
MRI Neck	15.20	R12	\$724.58	R12A	\$579.67
MRI Upper Arm	15.20	R15	\$724.58	R15A	\$579.67
MRI Elbow	15.20	R16	\$724.58	R16A	\$579.67
MRI Forearm	15.20	R17	\$724.58	R17A	\$579.67
MRI Wrist	15.20	R18	\$724.58	R18A	\$579.67
MRI Hand	15.20	R19	\$724.58	R19A	\$579.67
MRI Chest	15.20	R20	\$724.58	R20A	\$579.67
MRI Breast	15.20	R26	\$724.58	R26A	\$579.67
MRI Abdomen	15.20	R30	\$724.58	R30A	\$579.67
MRI Pelvis	15.20	R36	\$724.58	R36A	\$579.67
MRI Cervical Spine	15.20	R41	\$724.58	R41A	\$579.67
MRI Thoracic Spine	15.20	R42	\$724.58	R42A	\$579.67
MRI Lumbar Spine	15.20	R43	\$724.58	R43A	\$579.67
MRI Sacrum	15.20	R44	\$724.58	R44A	\$579.67
MRI Thigh	15.20	R52	\$724.58	R52A	\$579.67
MRI Knee	15.20	R53	\$724.58	R53A	\$579.67
MRI Lower Leg	15.20	R54	\$724.58	R54A	\$579.67
MRI Shoulder Girdle	15.20	R55	\$724.58	R55A	\$579.67
MRI Hip	15.20	R57	\$724.58	R57A	\$579.67
MRI Ankle	15.20	R58	\$724.58	R58A	\$579.67
MRI Foot	15.20	R59	\$724.58	R59A	\$579.67
MR Arthrogram Shoulder	20.70	R62	\$986.77	R62A	\$789.42
MR Arthrogram Elbow	20.70	R63	\$986.77	R63A	\$789.42
MR Arthrogram Wrist	20.70	R64	\$986.77	R64A	\$789.42
MR Arthrogram Hand	20.70	R66	\$986.77	R66A	\$789.42
MR Arthrogram Hip	20.70	R67	\$986.77	R67A	\$789.42

Procedure Description	Total RVU	Primary Service Item Code	2014-15 Primary Service Item Price (excl. GST)	Secondary Service Item Code	2014-15 Secondary Service Item Price (excl. GST)
MR Arthrogram Knee	20.70	R68	\$986.77	R68A	\$789.42
MR Arthrogram Ankle	20.70	R69	\$986.77	R69A	\$789.42
MR Arthrogram Foot	20.70	R85	\$986.77	R85A	\$789.42
MR Angiography Unspecified	20.70	R70	\$986.77	R70A	\$789.42
MR Angiography Head	20.70	R71	\$986.77	R71A	\$789.42
MR Angiography Face or Neck	20.70	R72	\$986.77	R72A	\$789.42
MR Angiography Chest	20.70	R73	\$986.77	R73A	\$789.42
MR Angiography Upper Limbs	20.70	R74	\$986.77	R74A	\$789.42
MR Angiography Abdomen/Pelvis	20.70	R75	\$986.77	R75A	\$789.42
MR Angiography Pelvis and Lower Extremities	20.70	R76	\$986.77	R76A	\$789.42
MR – Venography	20.70	R78	\$986.77	R78A	\$789.42
MR Interventional Procedure	20.70	R80	\$986.77	R80A	\$789.42
MRI Other Region (Not Otherwise included)	15.20	R90	\$724.58	R90A	\$579.67
MR Arthrogram Other region (Not otherwise specified)	20.70	R91	\$986.77	R91A	\$789.42
COMPUTERISED TOMOGRAPHY					
CT Brain	8.50	T01	\$405.20	T01A	\$324.16
CT Sinuses	8.50	T11	\$405.20	T11A	\$324.16
CT Orbits	9.70	T13	\$462.40	T13A	\$369.92
CT Face	9.70	T14	\$462.40	T14A	\$369.92
CT Neck	9.70	T15	\$462.40	T15A	\$369.92
CT Chest	11.40	T20	\$543.44	T20A	\$434.75
CT High Resolution Lungs	11.40	T21	\$543.44	T21A	\$434.75
CT Abdomen	11.40	T30	\$543.44	T30A	\$434.75
CT Abdomen and Pelvis	11.40	T31	\$543.44	T31A	\$434.75
CT Pelvis	9.70	T35	\$462.40	T35A	\$369.92
CT Cervical Spine	11.40	T41	\$543.44	T41A	\$434.75
CT Thoracic Spine	11.40	T42	\$543.44	T42A	\$434.75
CT Lumbar Spine	11.40	T43	\$543.44	T43A	\$434.75
CT Sacrum	11.40	T44	\$543.44	T44A	\$434.75
CT Myelogram (sole charge – includes fluoroscopy)	18.10	T45	\$862.83	T45A	\$690.26
CT Discogram (sole charge – includes fluoroscopy)	21.10	T46	\$1,005.84	T46A	\$804.67
CT Upper Arm	9.70	T47	\$462.40	T47A	\$369.92
CT Elbow	9.70	T48	\$462.40	T48A	\$369.92

Procedure Description	Total RVU	Primary Service Item Code	2014-15 Primary Service Item Price (excl. GST)	Secondary Service Item Code	2014-15 Secondary Service Item Price (excl. GST)
CT Forearm	9.70	T49	\$462.40	T49A	\$369.92
CT Shoulder/Thoracic Outlet	9.70	T51	\$462.40	T51A	\$369.92
CT Wrist	9.70	T52	\$462.40	T52A	\$369.92
CT Hand	9.70	T53	\$462.40	T53A	\$369.92
CT Thigh	9.70	T54	\$462.40	T54A	\$369.92
CT Hips	8.50	T55	\$405.20	T55A	\$324.16
CT Knee	9.70	T56	\$462.40	T56A	\$369.92
CT Lower Leg	9.70	T57	\$462.40	T57A	\$369.92
CT Ankle	9.70	T58	\$462.40	T58A	\$369.92
CT Foot	9.70	T59	\$462.40	T59A	\$369.92
CT Arthrogram	12.50	T60	\$595.88	T60A	\$476.70
CT Arthrogram Upper Extremity	12.50	T61	\$595.88	T61A	\$476.70
CT Arthrogram Lower Extremity	12.50	T65	\$595.88	T65A	\$476.70
CT Angiography unspecified	18.10	T70	\$862.83	T70A	\$690.26
CT Angiography Intracranial	18.10	T71	\$862.83	T71A	\$690.26
CT Angiography Neck	18.10	T72	\$862.83	T72A	\$690.26
CT Angiography Upper Extremities	18.10	T73	\$862.83	T73A	\$690.26
CT Angiography Chest	18.10	T75	\$862.83	T75A	\$690.26
CT Angiography Abdomen and/or Pelvis	18.10	T77	\$862.83	T77A	\$690.26
CT Angiography Pelvis and Lower Limbs	18.10	T78	\$862.83	T78A	\$690.26
CT Guided Injection/ Aspiration (price includes CT scan and the injection/aspiration) Prior approval required for second or subsequent use of this procedure.	18.10	T80	\$862.83	T80A	\$690.26
CT Digital Radiograph/ Scanogram	5.90	T91	\$281.25	T91A	\$225.00
CT Leg Lengths	5.90	T92	\$281.25	T92A	\$225.00
CT Rotational Profile	5.90	T94	\$281.25	T94A	\$225.00
CT Additional 3D reconstruction	5.90	T97	\$281.25	T97A	\$225.00
CT Other region (not otherwise specified)	11.40	T98	\$543.44	T98A	\$434.75
SCINTIGRAPHY					
Nuclear Scan Brain	17.00	N01	\$810.39	N01A	\$648.31
Nuclear Scan Lung	12.00	N10	\$572.04	N10A	\$457.63
Nuclear Scan – Bone Triphasic	8.10	N20	\$386.13	N20A	\$308.90
Nuclear Scan Bone – Whole Body	9.50	N21	\$452.87	N21A	\$362.29
Nuclear Scan Bone – SPECT	9.80	N22	\$467.17	N22A	\$373.73

Procedure Description	Total RVU	Primary Service Item Code	2014-15 Primary Service Item Price (excl. GST)	Secondary Service Item Code	2014-15 Secondary Service Item Price (excl. GST)
NaF PET Scan Prior approval required	N/A	N23	\$1,010.59	N23A	\$808.47
Nuclear Scan SPECT-CT	N/A	N24	\$667.36	N24A	\$533.89
Nuclear Scan Renal Tracts	9.80	N30	\$467.17	N30A	\$373.73
Nuclear Scan Liver- Sulphur Colloid	9.10	N40	\$433.80	N40A	\$347.04
Nuclear Scan Biliary Tree	9.80	N41	\$467.17	N41A	\$373.73
Nuclear Scan Cardiac (myocardial perfusion)	18.60	N50	\$886.66	N50A	\$709.33
Nuclear Scan Blood Pool	9.80	N60	\$467.17	N60A	\$373.73
Nuclear Scan Thyroid	7.20	N80	\$343.22	N80A	\$274.58
Nuclear Scan Other Region/ Miscellaneous	N/A	N90	At cost	N90A	At 80% of cost
Nuclear Scan Additional Region SPECT	3	N/A	N91A	\$143.01	
ULTRA SOUND VASCULAR					
Duplex/Doppler US of Carotid arts	4.90	U50	\$233.58	U50A	\$186.87
Duplex/Doppler US of Chest	4.90	U51	\$233.58	U51A	\$186.87
Duplex/Doppler US of Abdomen/ Pelvis	4.90	U52	\$233.58	U52A	\$186.87
Duplex/Doppler US of Limb Veins for DVT (one limb)	4.10	U53	\$195.45	U53A	\$156.36
Duplex/Doppler Vein Mapping Lower Extremity (one limb)	6.10	U54	\$290.79	U54A	\$232.63
Duplex/Doppler US of Limb Arteries (one limb)	4.90	U55	\$233.58	U55A	\$186.87
Duplex/Doppler US of Additional Limb Arterial or Venous	3.90	U56	\$185.91	U56A	\$148.73
Duplex/Doppler Echocardiography	4.90	U58	\$233.58	U58A	\$186.87
Duplex/Doppler US Miscellaneous	4.90	U59	\$233.58	U59A	\$186.87
SPECIAL PROCEDURES					
Bone densitometry	2.80	S12	\$133.48		
Fluoroscopy (per half hour)	5.00	S20	\$238.35		
Sinogram	5.90	S41	\$281.25		
Arthrogram	5.90	S70	\$281.25		
Tenogram	5.90	S76	\$281.25		

Procedure Description	Total RVU	Primary Service Item Code	2014-15 Primary Service Item Price (excl. GST)	Secondary Service Item Code	2014-15 Secondary Service Item Price (excl. GST)
Injection or Aspiration under fluoroscopy <i>Prior approval required for second or subsequent use of this procedure</i>	5.90	S79	\$281.25		
Herniagram	10.20	S83	\$486.23		
IVP incl plain film + tomos.	5.90	D40	\$281.25		
Urethrogram	10.20	D45	\$486.23		
Micturating Cystourethrogram	10.20	D46	\$486.23		

Note

1. All plain film performed as part of a High Tech Imaging investigation is included in the contract price of that investigation.
2. All contrasts are included in the price of imaging.

4. **RELATIONSHIP MANAGEMENT**

Table 1 - Relationship Management

Level	ACC	Supplier	Frequency
Client	ACC Client Service Staff	Individual staff or operational contact	
Branch	Branch Manager	Operational contact	
Region	Designated Supplier Manager		
Account Management			

5. **ADDRESSES FOR NOTICES (PART 1, SCHEDULE 2)**

NOTICES FOR ACC TO:

ACC Health Procurement (For deliveries)

Justice Centre

19 Aitken Street

Wellington 6011

ACC Health Procurement

(For mail)

P O Box 242

Wellington 6140

Marked: "Attention: Procurement Specialist"

Phone: 0800 400 503

Email: health.procurement@acc.co.nz

SERVICE SCHEDULE FOR HIGH TECH IMAGING SERVICE

CONTRACT NO: HTIXXXX

A. QUICK REFERENCE INFORMATION

3. TERM FOR PROVIDING HIGH TECH IMAGING SERVICE

The Term for the provision of High Tech Imaging Services is the period from 1 August 2013 (“Commencement Date”) until the close of 31 July 2016 (the “Date of Expiry”) or such earlier date upon which the period is lawfully terminated or cancelled.

If ACC is satisfied with the performance of the Supplier, and at ACC’s sole discretion, the Term of this Agreement may be extended for two further periods of one year each on terms agreed by the parties. Nothing in this Agreement shall be taken or read as expressly or impliedly warranting that the Supplier is entitled to an extension or renewal of this Agreement at any time or to any further agreement with ACC. The Supplier shall not have any claim against ACC for any costs or expenses incurred in anticipation of a further agreement or that this Agreement will be extended or renewed or for any anticipated income, profits or other sums whatsoever.

4. SPECIFIED AREA AND SERVICE LOCATION (PART B, CLAUSE 4)

<<Facilities>>

5. SERVICE ITEMS AND PRICES (PART B, CLAUSE 16)

Prices

The price for any Imaging Service provided to a Client is calculated as follows:

STEP 1

Adding up the Relative Value Units (RVU) for the Imaging Procedures (“RVU Total”), which are specified in Table 1.

STEP 2

Multiplying the RVU Total by the Conversion Factor (CF) of \$47.98 i.e.

Price = RVU Total x CF (GST Exclusive).

The price for any anaesthesia and IV sedation associated with any Imaging Service is included in the procedure price. If General Anaesthesia is required, the supplier will seek approval prior to undertaking any imaging and the price will be agreed with ACC¹.

The price for a standard bed stay (day) is \$151.45(GST Exclusive).

¹ A request for General Anaesthesia will be made on a Assessment Report and Treatment Plan (ARTP) using the non-core application process and sent to ARTPS4ESU@acc.co.nz.

Service Item Code	Service Item Description	Service Item Definition	Price (excl. GST)
X82	Day Bed Stay Rate	Day Stay is defined as the patient not being in a hospital bed at midnight of the day of procedure.	\$151.45

The procedures which can be provided under this Agreement are those set out in Table 1 below:

Table 1 – Service Items and Prices

Procedure Description	Total RVU	Primary Service Item Code	2015-16 Primary Service Item Price (excl. GST)	Secondary Service Item Code	2015/16 Secondary Service Item Price (excl. GST)
Magnetic resonance imaging					
MRI Brain	15.20	R01	\$729.30	R01A	\$583.44
MRI Internal Auditory Meatus	15.20	R03	\$729.30	R03A	\$583.44
MRI Face	15.20	R11	\$729.30	R11A	\$583.44
MRI Neck	15.20	R12	\$729.30	R12A	\$583.44
MRI Upper Arm	15.20	R15	\$729.30	R15A	\$583.44
MRI Elbow	15.20	R16	\$729.30	R16A	\$583.44
MRI Forearm	15.20	R17	\$729.30	R17A	\$583.44
MRI Wrist	15.20	R18	\$729.30	R18A	\$583.44
MRI Hand	15.20	R19	\$729.30	R19A	\$583.44
MRI Chest	15.20	R20	\$729.30	R20A	\$583.44
MRI Breast	15.20	R26	\$729.30	R26A	\$583.44
MRI Abdomen	15.20	R30	\$729.30	R30A	\$583.44
MRI Pelvis	15.20	R36	\$729.30	R36A	\$583.44
MRI Cervical Spine	15.20	R41	\$729.30	R41A	\$583.44
MRI Thoracic Spine	15.20	R42	\$729.30	R42A	\$583.44
MRI Lumbar Spine	15.20	R43	\$729.30	R43A	\$583.44
MRI Sacrum	15.20	R44	\$729.30	R44A	\$583.44
MRI Thigh	15.20	R52	\$729.30	R52A	\$583.44
MRI Knee	15.20	R53	\$729.30	R53A	\$583.44
MRI Lower Leg	15.20	R54	\$729.30	R54A	\$583.44
MRI Shoulder Girdle	15.20	R55	\$729.30	R55A	\$583.44
MRI Hip	15.20	R57	\$729.30	R57A	\$583.44
MRI Ankle	15.20	R58	\$729.30	R58A	\$583.44
MRI Foot	15.20	R59	\$729.30	R59A	\$583.44
MR Arthrogram Shoulder	20.70	R62	\$993.19	R62A	\$794.55
MR Arthrogram Elbow	20.70	R63	\$993.19	R63A	\$794.55
MR Arthrogram Wrist	20.70	R64	\$993.19	R64A	\$794.55
MR Arthrogram Hand	20.70	R66	\$993.19	R66A	\$794.55
MR Arthrogram Hip	20.70	R67	\$993.19	R67A	\$794.55
MR Arthrogram Knee	20.70	R68	\$993.19	R68A	\$794.55
MR Arthrogram Ankle	20.70	R69	\$993.19	R69A	\$794.55
MR Arthrogram Foot	20.70	R85	\$993.19	R85A	\$794.55
MR Angiography Unspecified	20.70	R70	\$993.19	R70A	\$794.55

Procedure Description	Total RVU	Primary Service Item Code	2015-16 Primary Service Item Price (excl. GST)	Secondary Service Item Code	2015/16 Secondary Service Item Price (excl. GST)
MR Angiography Head	20.70	R71	\$993.19	R71A	\$794.55
MR Angiography Face or Neck	20.70	R72	\$993.19	R72A	\$794.55
MR Angiography Chest	20.70	R73	\$993.19	R73A	\$794.55
MR Angiography Upper Limbs	20.70	R74	\$993.19	R74A	\$794.55
MR Angiography Abdomen/Pelvis	20.70	R75	\$993.19	R75A	\$794.55
MR Angiography Pelvis and Lower Extremities	20.70	R76	\$993.19	R76A	\$794.55
MR – Venography	20.70	R78	\$993.19	R78A	\$794.55
MR Interventional Procedure	20.70	R80	\$993.19	R80A	\$794.55
MRI Other Region (Not Otherwise included)	15.20	R90	\$729.30	R90A	\$583.44
MR Arthrogram Other region (Not otherwise specified)	20.70	R91	\$993.19	R91A	\$794.55
Computerised tomography					
CT Brain	8.50	T01	\$407.83	T01A	\$326.26
CT Sinuses	8.50	T11	\$407.83	T11A	\$326.26
CT Orbits	9.70	T13	\$465.41	T13A	\$372.33
CT Face	9.70	T14	\$465.41	T14A	\$372.33
CT Neck	9.70	T15	\$465.41	T15A	\$372.33
CT Chest	11.40	T20	\$546.97	T20A	\$437.58
CT High Resolution Lungs	11.40	T21	\$546.97	T21A	\$437.58
CT Abdomen	11.40	T30	\$546.97	T30A	\$437.58
CT Abdomen and Pelvis	11.40	T31	\$546.97	T31A	\$437.58
CT Pelvis	9.70	T35	\$465.41	T35A	\$372.33
CT Cervical Spine	11.40	T41	\$546.97	T41A	\$437.58
CT Thoracic Spine	11.40	T42	\$546.97	T42A	\$437.58
CT Lumbar Spine	11.40	T43	\$546.97	T43A	\$437.58
CT Sacrum	11.40	T44	\$546.97	T44A	\$437.58
CT Myelogram (sole charge – includes fluoroscopy)	18.10	T45	\$868.44	T45A	\$694.75
CT Discogram (sole charge – includes fluoroscopy)	21.10	T46	\$1,012.38	T46A	\$809.90
CT Upper Arm	9.70	T47	\$465.41	T47A	\$372.33
CT Elbow	9.70	T48	\$465.41	T48A	\$372.33
CT Forearm	9.70	T49	\$465.41	T49A	\$372.33
CT Shoulder/Thoracic Outlet	9.70	T51	\$465.41	T51A	\$372.33
CT Wrist	9.70	T52	\$465.41	T52A	\$372.33
CT Hand	9.70	T53	\$465.41	T53A	\$372.33
CT Thigh	9.70	T54	\$465.41	T54A	\$372.33
CT Hips	8.50	T55	\$407.83	T55A	\$326.26
CT Knee	9.70	T56	\$465.41	T56A	\$372.33
CT Lower Leg	9.70	T57	\$465.41	T57A	\$372.33
CT Ankle	9.70	T58	\$465.41	T58A	\$372.33
CT Foot	9.70	T59	\$465.41	T59A	\$372.33

Procedure Description	Total RVU	Primary Service Item Code	2015-16 Primary Service Item Price (excl. GST)	Secondary Service Item Code	2015/16 Secondary Service Item Price (excl. GST)
CT Arthrogram	12.50	T60	\$599.75	T60A	\$479.80
CT Arthrogram Upper Extremity	12.50	T61	\$599.75	T61A	\$479.80
CT Arthrogram Lower Extremity	12.50	T65	\$599.75	T65A	\$479.80
CT Angiography unspecified	18.10	T70	\$868.44	T70A	\$694.75
CT Angiography Intracranial	18.10	T71	\$868.44	T71A	\$694.75
CT Angiography Neck	18.10	T72	\$868.44	T72A	\$694.75
CT Angiography Upper Extremities	18.10	T73	\$868.44	T73A	\$694.75
CT Angiography Chest	18.10	T75	\$868.44	T75A	\$694.75
CT Angiography Abdomen and/or Pelvis	18.10	T77	\$868.44	T77A	\$694.75
CT Angiography Pelvis and Lower Limbs	18.10	T78	\$868.44	T78A	\$694.75
CT Guided Injection/ Aspiration (price includes CT scan and the injection/aspiration) Prior approval required for second or subsequent use of this procedure.	18.10	T80	\$868.44	T80A	\$694.75
CT Digital Radiograph/ Scanogram	5.90	T91	\$283.08	T91A	\$226.46
CT Leg Lengths	5.90	T92	\$283.08	T92A	\$226.46
CT Rotational Profile	5.90	T94	\$283.08	T94A	\$226.46
CT Additional 3D reconstruction	5.90	T97	\$283.08	T97A	\$226.46
CT Other region (not otherwise specified)	11.40	T98	\$546.97	T98A	\$437.58
Scintigraphy					
Nuclear Scan Brain	17.00	N01	\$815.66	N01A	\$652.53
Nuclear Scan Lung	12.00	N10	\$575.76	N10A	\$460.61
Nuclear Scan – Bone Triphasic	8.10	N20	\$388.64	N20A	\$310.91
Nuclear Scan Bone – Whole Body	9.50	N21	\$455.81	N21A	\$364.65
Nuclear Scan Bone – SPECT	9.80	N22	\$470.20	N22A	\$376.16
NaF PET Scan Prior approval required	N/A	N23	\$1,017.26	N23A	\$813.81
Nuclear Scan SPECT-CT	N/A	N24	\$671.76	N24A	\$537.41
Nuclear Scan Renal Tracts	9.80	N30	\$470.20	N30A	\$376.16
Nuclear Scan Liver- Sulphur Colloid	9.10	N40	\$436.62	N40A	\$349.30
Nuclear Scan Biliary Tree	9.80	N41	\$470.20	N41A	\$376.16
Nuclear Scan Cardiac (myocardial perfusion)	18.60	N50	\$892.43	N50A	\$713.94
Nuclear Scan Blood Pool	9.80	N60	\$470.20	N60A	\$376.16
Nuclear Scan Thyroid	7.20	N80	\$345.46	N80A	\$276.37
Nuclear Scan Other Region/ Miscellaneous	N/A	N90	At cost	N90A	At 80% of the primary codes cost
Nuclear Scan Additional Region SPECT	3	N/A secondary procedure only	N/A secondary procedure only	N91A	\$143.94
Ultra sound vascular					

Procedure Description	Total RVU	Primary Service Item Code	2015-16 Primary Service Item Price (excl. GST)	Secondary Service Item Code	2015/16 Secondary Service Item Price (excl. GST)
Duplex/Doppler US of Carotid arts	4.90	U50	\$235.10	U50A	\$188.08
Duplex/Doppler US of Chest	4.90	U51	\$235.10	U51A	\$188.08
Duplex/Doppler US of Abdomen/Pelvis	4.90	U52	\$235.10	U52A	\$188.08
Duplex/Doppler US of Limb Veins for DVT (one limb)	4.10	U53	\$196.72	U53A	\$157.38
Duplex/Doppler Vein Mapping Lower Extremity (one limb)	6.10	U54	\$292.68	U54A	\$234.14
Duplex/Doppler US of Limb Arteries (one limb)	4.90	U55	\$235.10	U55A	\$188.08
Duplex/Doppler US of Additional Limb Arterial or Venous	3.90	U56	\$187.12	U56A	\$149.70
Duplex/Doppler Echocardiography	4.90	U58	\$235.10	U58A	\$188.08
Duplex/Doppler US Miscellaneous	4.90	U59	\$235.10	U59A	\$188.08
Special procedures					
Bone densitometry	2.80	S12	\$134.34	N/A	N/A
Fluoroscopy (per half hour)	5.00	S20	\$239.90	N/A	N/A
Sinogram	5.90	S41	\$283.08	N/A	N/A
Arthrogram	5.90	S70	\$283.08	N/A	N/A
Tenogram	5.90	S76	\$283.08	N/A	N/A
Injection or Aspiration under fluoroscopy <i>Prior approval required for second or subsequent use of this procedure</i>	5.90	S79	\$283.08	N/A	N/A
Herniagram	10.20	S83	\$489.40	N/A	N/A
IVP incl plain film + tomos.	5.90	D40	\$283.08	N/A	N/A
Urethrogram	10.20	D45	\$489.40	N/A	N/A
Micturating Cystourethrogram	10.20	D46	\$489.40	N/A	N/A

Note

1. All plain film performed as part of a High Tech Imaging investigation is included in the contract price of that investigation.
2. All contrasts are included in the price of imaging.

6. RELATIONSHIP MANAGEMENT

Table 1 - Relationship Management

Level	ACC	Supplier	Frequency
Client	ACC Client Service Staff	Individual staff or operational contact	
Branch	Branch Manager	Operational contact	
Region	Designated Supplier Manager		
Account Management			

SERVICE SCHEDULE FOR HIGH TECH IMAGING SERVICE

CONTRACT NO: HTIXXXX

A. QUICK REFERENCE INFORMATION

3. TERM FOR PROVIDING HIGH TECH IMAGING SERVICE

The Term for the provision of High Tech Imaging Services is the period from 1 August 2013 (“Commencement Date”) until the close of 31 July 2018 (the “Date of Expiry”) or such earlier date upon which the period is lawfully terminated or cancelled.

4. SPECIFIED AREA AND SERVICE LOCATION (PART B, CLAUSE 4)

<<Facilities>>

5. SERVICE ITEMS AND PRICES (PART B, CLAUSE 16)

The price for any Imaging Service provided to a Client is calculated as follows:

Multiply the RVU Total by the Conversion Factor (CF) of \$48.24 i.e. Price = RVU Total x CF (GST Exclusive).

The price for any anaesthesia and IV sedation associated with any Imaging Service is included in the procedure price. If General Anaesthesia is required, the supplier will seek approval prior to undertaking any imaging and the price will be agreed with ACC¹.

Service Item Code	Service Item Description	Service Item Definition	Price (excl. GST)
X82	Day Bed Stay Rate	Day Stay is defined as the patient not being in a hospital bed at midnight of the day of procedure.	\$152.27
X30	IV Sedation/ General Anaesthetic	High Tech Imaging Services requiring Anaesthesia and IV sedation.	Actual and reasonable cost

The procedures which can be provided under this Agreement are those set out in Table 1 below:

Table 1 – Service Items and Prices

¹ A request for General Anaesthesia will be made on an Assessment Report and Treatment Plan (ARTP) using the non-core application process and sent to ARTPS4ESU@acc.co.nz.

Procedure Description	Total Rvu	Primary Service Item Code	2016-17 Primary Service Item Price (Excl. Gst)	Secondary Service Item Code	Secondary Service Item Price [Excl. Gst]
Magnetic resonance imaging					
MRI Brain	15.20	R01	\$733.25	R01A	\$586.60
MRI Internal Auditory Meatus	15.20	R03	\$733.25	R03A	\$586.60
MRI Face	15.20	R11	\$733.25	R11A	\$586.60
MRI Neck	15.20	R12	\$733.25	R12A	\$586.60
MRI Upper Arm	15.20	R15	\$733.25	R15A	\$586.60
MRI Elbow	15.20	R16	\$733.25	R16A	\$586.60
MRI Forearm	15.20	R17	\$733.25	R17A	\$586.60
MRI Wrist	15.20	R18	\$733.25	R18A	\$586.60
MRI Hand	15.20	R19	\$733.25	R19A	\$586.60
MRI Chest	15.20	R20	\$733.25	R20A	\$586.60
MRI Breast	15.20	R26	\$733.25	R26A	\$586.60
MRI Abdomen	15.20	R30	\$733.25	R30A	\$586.60
MRI Pelvis	15.20	R36	\$733.25	R36A	\$586.60
MRI Cervical Spine	15.20	R41	\$733.25	R41A	\$586.60
MRI Thoracic Spine	15.20	R42	\$733.25	R42A	\$586.60
MRI Lumbar Spine	15.20	R43	\$733.25	R43A	\$586.60
MRI Sacrum	15.20	R44	\$733.25	R44A	\$586.60
MRI Thigh	15.20	R52	\$733.25	R52A	\$586.60
MRI Knee	15.20	R53	\$733.25	R53A	\$586.60
MRI Lower Leg	15.20	R54	\$733.25	R54A	\$586.60
MRI Shoulder Girdle	15.20	R55	\$733.25	R55A	\$586.60
MRI Hip	15.20	R57	\$733.25	R57A	\$586.60
MRI Ankle	15.20	R58	\$733.25	R58A	\$586.60
MRI Foot	15.20	R59	\$733.25	R59A	\$586.60
MR Arthrogram Shoulder	20.70	R62	\$998.57	R62A	\$798.86
MR Arthrogram Elbow	20.70	R63	\$998.57	R63A	\$798.86
MR Arthrogram Wrist	20.70	R64	\$998.57	R64A	\$798.86
MR Arthrogram Hand	20.70	R66	\$998.57	R66A	\$798.86
MR Arthrogram Hip	20.70	R67	\$998.57	R67A	\$798.86
MR Arthrogram Knee	20.70	R68	\$998.57	R68A	\$798.86
MR Arthrogram Ankle	20.70	R69	\$998.57	R69A	\$798.86
MR Arthrogram Foot	20.70	R85	\$998.57	R85A	\$798.86
MR Angiography Unspecified	20.70	R70	\$998.57	R70A	\$798.86
MR Angiography Head	20.70	R71	\$998.57	R71A	\$798.86
MR Angiography Face or Neck	20.70	R72	\$998.57	R72A	\$798.86
MR Angiography Chest	20.70	R73	\$998.57	R73A	\$798.86
MR Angiography Upper Limbs	20.70	R74	\$998.57	R74A	\$798.86
MR Angiography Abdomen/Pelvis	20.70	R75	\$998.57	R75A	\$798.86

MR Angiography Pelvis and Lower Extremities	20.70	R76	\$998.57	R76A	\$798.86
MR – Venography	20.70	R78	\$998.57	R78A	\$798.86
MR Interventional Procedure	20.70	R80	\$998.57	R80A	\$798.86
MRI Other Region (Not Otherwise included)	15.20	R90	\$733.25	R90A	\$586.60
MR Arthrogram Other region (Not otherwise specified)	20.70	R91	\$998.57	R91A	\$798.86
Computerised tomography					
CT Brain	8.50	T01	\$410.04	T01A	\$328.03
CT Sinuses	8.50	T11	\$410.04	T11A	\$328.03
CT Orbits	9.70	T13	\$467.93	T13A	\$374.34
CT Face	9.70	T14	\$467.93	T14A	\$374.34
CT Neck	9.70	T15	\$467.93	T15A	\$374.34
CT Chest	11.40	T20	\$549.94	T20A	\$439.95
CT High Resolution Lungs	11.40	T21	\$549.94	T21A	\$439.95
CT Abdomen	11.40	T30	\$549.94	T30A	\$439.95
CT Abdomen and Pelvis	11.40	T31	\$549.94	T31A	\$439.95
CT Pelvis	9.70	T35	\$467.93	T35A	\$374.34
CT Cervical Spine	11.40	T41	\$549.94	T41A	\$439.95
CT Thoracic Spine	11.40	T42	\$549.94	T42A	\$439.95
CT Lumbar Spine	11.40	T43	\$549.94	T43A	\$439.95
CT Sacrum	11.40	T44	\$549.94	T44A	\$439.95
CT Myelogram (sole charge – includes fluoroscopy)	18.10	T45	\$873.14	T45A	\$698.51
CT Discogram (sole charge – includes fluoroscopy)	21.10	T46	\$1,017.86	T46A	\$814.29
CT Upper Arm	9.70	T47	\$467.93	T47A	\$374.34
CT Elbow	9.70	T48	\$467.93	T48A	\$374.34
CT Forearm	9.70	T49	\$467.93	T49A	\$374.34
CT Shoulder/Thoracic Outlet	9.70	T51	\$467.93	T51A	\$374.34
CT Wrist	9.70	T52	\$467.93	T52A	\$374.34
CT Hand	9.70	T53	\$467.93	T53A	\$374.34
CT Thigh	9.70	T54	\$467.93	T54A	\$374.34
CT Hips	8.50	T55	\$410.04	T55A	\$328.03
CT Knee	9.70	T56	\$467.93	T56A	\$374.34
CT Lower Leg	9.70	T57	\$467.93	T57A	\$374.34
CT Ankle	9.70	T58	\$467.93	T58A	\$374.34
CT Foot	9.70	T59	\$467.93	T59A	\$374.34
CT Arthrogram	12.50	T60	\$603.00	T60A	\$482.40
CT Arthrogram Upper Extremity	12.50	T61	\$603.00	T61A	\$482.40
CT Arthrogram Lower Extremity	12.50	T65	\$603.00	T65A	\$482.40
CT Angiography unspecified	18.10	T70	\$873.14	T70A	\$698.51
CT Angiography Intracranial	18.10	T71	\$873.14	T71A	\$698.51
CT Angiography Neck	18.10	T72	\$873.14	T72A	\$698.51

CT Angiography Upper Extremities	18.10	T73	\$873.14	T73A	\$698.51
CT Angiography Chest	18.10	T75	\$873.14	T75A	\$698.51
CT Angiography Abdomen and/or Pelvis	18.10	T77	\$873.14	T77A	\$698.51
CT Angiography Pelvis and Lower Limbs	18.10	T78	\$873.14	T78A	\$698.51
CT Guided Injection/Aspiration (price includes CT scan and the injection/aspiration) Prior approval required for second or subsequent use of this procedure.	18.10	T80	\$873.14	T80A	\$698.51
CT Digital Radiograph/Scanogram	5.90	T91	\$284.62	T91A	\$227.70
CT Leg Lengths	5.90	T92	\$284.62	T92A	\$227.70
CT Rotational Profile	5.90	T94	\$284.62	T94A	\$227.70
CT Additional 3D reconstruction	5.90	T97	\$284.62	T97A	\$227.70
CT Other region (not otherwise specified)	11.40	T98	\$549.94	T98A	\$439.95
Scintigraphy					
Nuclear Scan Brain	17.00	N01	\$820.08	N01A	\$656.06
Nuclear Scan Lung	12.00	N10	\$578.88	N10A	\$463.10
Nuclear Scan – Bone Triphasic	8.10	N20	\$390.74	N20A	\$312.59
Nuclear Scan Bone – Whole Body	9.50	N21	\$458.28	N21A	\$366.62
Nuclear Scan Bone – SPECT	9.80	N22	\$472.75	N22A	\$378.20
NaF PET Scan Prior approval required	N/A	N23	\$1022.75	N23A	\$818.20
Nuclear Scan SPECT-CT	N/A	N24	\$675.39	N24A	\$540.31
Nuclear Scan Renal Tracts	9.80	N30	\$472.75	N30A	\$378.20
Nuclear Scan Liver- Sulphur Colloid	9.10	N40	\$438.98	N40A	\$351.18
Nuclear Scan Biliary Tree	9.80	N41	\$472.75	N41A	\$378.20
Nuclear Scan Cardiac (myocardial perfusion)	18.60	N50	\$897.26	N50A	\$717.81
Nuclear Scan Blood Pool	9.80	N60	\$472.75	N60A	\$378.20
Nuclear Scan Thyroid	7.20	N80	\$347.33	N80A	\$277.86
Nuclear Scan Other Region/ Miscellaneous	N/A	N90	At cost	N90A	At 80% of the primary codes cost
Nuclear Scan Additional Region SPECT	3	N/A secondary procedure only	N/A secondary procedure only	N91A	\$144.72
Ultra sound vascular					
Duplex/Doppler US of Carotid arts	4.90	U50	\$236.38	U50A	\$189.10

Duplex/Doppler US of Chest	4.90	U51	\$236.38	U51A	\$189.10
Duplex/Doppler US of Abdomen/Pelvis	4.90	U52	\$236.38	U52A	\$189.10
Duplex/Doppler US of Limb Veins for DVT (one limb)	4.10	U53	\$197.78	U53A	\$158.22
Duplex/Doppler Vein Mapping Lower Extremity (one limb)	6.10	U54	\$294.26	U54A	\$235.41
Duplex/Doppler US of Limb Arteries (one limb)	4.90	U55	\$236.38	U55A	\$189.10
Duplex/Doppler US of Additional Limb Arterial or Venous	3.90	U56	\$188.14	U56A	\$150.51
Duplex/Doppler Echocardiography	4.90	U58	\$236.38	U58A	\$189.10
Duplex/Doppler US Miscellaneous	4.90	U59	\$236.38	U59A	\$189.10
Special procedures					
Bone densitometry	2.80	S12	\$135.07	N/A	N/A
Fluoroscopy (per half hour)	5.00	S20	\$241.20	N/A	N/A
Sinogram	5.90	S41	\$284.62	N/A	N/A
Arthrogram	5.90	S70	\$284.62	N/A	N/A
Tenogram	5.90	S76	\$284.62	N/A	N/A
Injection or Aspiration under fluoroscopy <i>Prior approval required for second or subsequent use of this procedure</i>	5.90	S79	\$284.62	N/A	N/A
Herniagram	10.20	S83	\$492.05	N/A	N/A
IVP incl plain film + tomos.	5.90	D40	\$284.62	N/A	N/A
Urethrogram	10.20	D45	\$492.05	N/A	N/A
Micturating Cystourethrogram	10.20	D46	\$492.05	N/A	N/A

Note

1. All plain film performed as part of a High Tech Imaging investigation is included in the contract price of that investigation.
2. All contrasts are included in the price of imaging.

Price Review

ACC will review pricing when, at ACC's sole discretion, we consider a review necessary. The factors ACC may take into account during a review include, but are not limited to:

- general inflation
- changes in service component costs
- substantial changes in the market

If ACC finds that the factors we take into account have not had a significant impact on price, the prices will remain unchanged.

If ACC provides a price increase, the supplier must agree any adjustment in writing. The price increase will take effect from a date specified by ACC.

SERVICE SCHEDULE FOR HIGH TECH IMAGING SERVICES

CONTRACT NO: HTIXXXX

A. QUICK REFERENCE INFORMATION

1. TERM FOR PROVIDING HIGH TECH IMAGING SERVICES

The Term for the provision of High Tech Imaging Services is the period from 1 August 2013 (“Commencement Date”) until the close of 31 July 2018 (the “Date of Expiry”) or such earlier date upon which the period is lawfully terminated or cancelled.

2. SPECIFIED AREA AND SERVICE LOCATION (PART B, CLAUSE 4)

<<Facilities>>

3. SERVICE ITEMS AND PRICES (PART B, CLAUSE 16)

The price for any Imaging Service provided to a Client is calculated as follows:

Step 1 = Multiply the existing CF of \$48.24 (rounded to two decimal places) by 1.21% to get the new conversion factor of \$48.82 (rounded to 2 decimal places).

Step 2 = Multiply the new conversion factor of \$48.82 (rounded 2 decimal places) by the service item RVU.

The price for any anaesthesia and IV sedation associated with any Imaging Service is included in the procedure price. If General Anaesthesia is required, the supplier will seek approval prior to undertaking any imaging and the price will be agreed with ACC¹.

Service Item Code	Service Item Description	Service Item Definition	Price (excl. GST)
X82	Day Bed Stay Rate	Day Stay is defined as the patient not being in a hospital bed at midnight of the day of procedure.	\$154.11
X30	IV Sedation/ General Anaesthetic	High Tech Imaging Services requiring Anaesthesia and IV sedation.	Actual and reasonable cost

¹ A request for General Anaesthesia will be made on an Assessment Report and Treatment Plan (ARTP) using the non-core application process and sent to ARTPS4ESU@acc.co.nz.

The procedures which can be provided under this Agreement are those set out in Table 1 below:

Table 1 – Service Items and Prices

Procedure Description	Total Rvu	Primary Service Item Code	2017-18 Primary Service Item Price (Excl. GST)	Secondary Service Item Code	Secondary Service Item Price (Excl. GST)
Magnetic resonance imaging					
MRI Brain	15.20	R01	\$742.06	R01A	\$593.65
MRI Internal Auditory Meatis	15.20	R03	\$742.06	R03A	\$593.65
MRI Face	15.20	R11	\$742.06	R11A	\$593.65
MRI Neck	15.20	R12	\$742.06	R12A	\$593.65
MRI Upper Arm	15.20	R15	\$742.06	R15A	\$593.65
MRI Elbow	15.20	R16	\$742.06	R16A	\$593.65
MRI Forearm	15.20	R17	\$742.06	R17A	\$593.65
MRI Wrist	15.20	R18	\$742.06	R18A	\$593.65
MRI Hand	15.20	R19	\$742.06	R19A	\$593.65
MRI Chest	15.20	R20	\$742.06	R20A	\$593.65
MRI Breast	15.20	R26	\$742.06	R26A	\$593.65
MRI Abdomen	15.20	R30	\$742.06	R30A	\$593.65
MRI Pelvis	15.20	R36	\$742.06	R36A	\$593.65
MRI Cervical Spine	15.20	R41	\$742.06	R41A	\$593.65
MRI Thoracic Spine	15.20	R42	\$742.06	R42A	\$593.65
MRI Lumbar Spine	15.20	R43	\$742.06	R43A	\$593.65
MRI Sacrum	15.20	R44	\$742.06	R44A	\$593.65
MRI Thigh	15.20	R52	\$742.06	R52A	\$593.65
MRI Knee	15.20	R53	\$742.06	R53A	\$593.65
MRI Lower Leg	15.20	R54	\$742.06	R54A	\$593.65
MRI Shoulder Girdle	15.20	R55	\$742.06	R55A	\$593.65
MRI Hip	15.20	R57	\$742.06	R57A	\$593.65
MRI Ankle	15.20	R58	\$742.06	R58A	\$593.65
MRI Foot	15.20	R59	\$742.06	R59A	\$593.65
MR Arthrogram Shoulder	20.70	R62	\$1,010.57	R62A	\$808.46
MR Arthrogram Elbow	20.70	R63	\$1,010.57	R63A	\$808.46
MR Arthrogram Wrist	20.70	R64	\$1,010.57	R64A	\$808.46
MR Arthrogram Hand	20.70	R66	\$1,010.57	R66A	\$808.46
MR Arthrogram Hip	20.70	R67	\$1,010.57	R67A	\$808.46
MR Arthrogram Knee	20.70	R68	\$1,010.57	R68A	\$808.46
MR Arthrogram Ankle	20.70	R69	\$1,010.57	R69A	\$808.46
MR Arthrogram Foot	20.70	R85	\$1,010.57	R85A	\$808.46
MR Angiography Unspecified	20.70	R70	\$1,010.57	R70A	\$808.46
MR Angiography Head	20.70	R71	\$1,010.57	R71A	\$808.46
MR Angiography Face or Neck	20.70	R72	\$1,010.57	R72A	\$808.46
MR Angiography Chest	20.70	R73	\$1,010.57	R73A	\$808.46
MR Angiography Upper Limbs	20.70	R74	\$1,010.57	R74A	\$808.46
MR Angiography Abdomen/Pelvis	20.70	R75	\$1,010.57	R75A	\$808.46
MR Angiography Pelvis and Lower Extremities	20.70	R76	\$1,010.57	R76A	\$808.46

Procedure Description	Total Rvu	Primary Service Item Code	2017-18 Primary Service Item Price (Excl. GST)	Secondary Service Item Code	Secondary Service Item Price (Excl. GST)
MR – Venography	20.70	R78	\$1,010.57	R78A	\$808.46
MR Interventional Procedure	20.70	R80	\$1,010.57	R80A	\$808.46
MRI Other Region (Not Otherwise included)	15.20	R90	\$742.06	R90A	\$593.65
MR Arthrogram Other region (Not otherwise specified)	20.70	R91	\$1,010.57	R91A	\$808.46
Computerised tomography					
CT Brain	8.50	T01	\$414.97	T01A	\$331.98
CT Sinuses	8.50	T11	\$414.97	T11A	\$331.98
CT Orbits	9.70	T13	\$473.55	T13A	\$378.84
CT Face	9.70	T14	\$473.55	T14A	\$378.84
CT Neck	9.70	T15	\$473.55	T15A	\$378.84
CT Chest	11.40	T20	\$556.55	T20A	\$445.24
CT High Resolution Lungs	11.40	T21	\$556.55	T21A	\$445.24
CT Abdomen	11.40	T30	\$556.55	T30A	\$445.24
CT Abdomen and Pelvis	11.40	T31	\$556.55	T31A	\$445.24
CT Pelvis	9.70	T35	\$473.55	T35A	\$378.84
CT Cervical Spine	11.40	T41	\$556.55	T41A	\$445.24
CT Thoracic Spine	11.40	T42	\$556.55	T42A	\$445.24
CT Lumbar Spine	11.40	T43	\$556.55	T43A	\$445.24
CT Sacrum	11.40	T44	\$556.55	T44A	\$445.24
CT Myelogram (sole charge – includes fluoroscopy)	18.10	T45	\$883.64	T45A	\$706.91
CT Discogram (sole charge – includes fluoroscopy)	21.10	T46	\$1,030.10	T46A	\$824.08
CT Upper Arm	9.70	T47	\$473.55	T47A	\$378.84
CT Elbow	9.70	T48	\$473.55	T48A	\$378.84
CT Forearm	9.70	T49	\$473.55	T49A	\$378.84
CT Shoulder/Thoracic Outlet	9.70	T51	\$473.55	T51A	\$378.84
CT Wrist	9.70	T52	\$473.55	T52A	\$378.84
CT Hand	9.70	T53	\$473.55	T53A	\$378.84
CT Thigh	9.70	T54	\$473.55	T54A	\$378.84
CT Hips	8.50	T55	\$414.97	T55A	\$331.98
CT Knee	9.70	T56	\$473.55	T56A	\$378.84
CT Lower Leg	9.70	T57	\$473.55	T57A	\$378.84
CT Ankle	9.70	T58	\$473.55	T58A	\$378.84
CT Foot	9.70	T59	\$473.55	T59A	\$378.84
CT Arthrogram	12.50	T60	\$610.25	T60A	\$488.20
CT Arthrogram Upper Extremity	12.50	T61	\$610.25	T61A	\$488.20
CT Arthrogram Lower Extremity	12.50	T65	\$610.25	T65A	\$488.20
CT Angiography unspecified	18.10	T70	\$883.64	T70A	\$706.91
CT Angiography Intracranial	18.10	T71	\$883.64	T71A	\$706.91
CT Angiography Neck	18.10	T72	\$883.64	T72A	\$706.91

Procedure Description	Total Rvu	Primary Service Item Code	2017-18 Primary Service Item Price (Excl. GST)	Secondary Service Item Code	Secondary Service Item Price (Excl. GST)
CT Angiography Upper Extremities	18.10	T73	\$883.64	T73A	\$706.91
CT Angiography Chest	18.10	T75	\$883.64	T75A	\$706.91
CT Angiography Abdomen and/or Pelvis	18.10	T77	\$883.64	T77A	\$706.91
CT Angiography Pelvis and Lower Limbs	18.10	T78	\$883.64	T78A	\$706.91
CT Guided Injection/ Aspiration (price includes CT scan and the injection/aspiration) Prior approval required for second or subsequent use of this procedure.	18.10	T80	\$883.64	T80A	\$706.91
CT Digital Radiograph/ Scanogram	5.90	T91	\$288.04	T91A	\$230.43
CT Leg Lengths	5.90	T92	\$288.04	T92A	\$230.43
CT Rotational Profile	5.90	T94	\$288.04	T94A	\$230.43
CT Additional 3D reconstruction	5.90	T97	\$288.04	T97A	\$230.43
CT Other region (not otherwise specified)	11.40	T98	\$556.55	T98A	\$445.24
Scintigraphy					
Nuclear Scan Brain	17.00	N01	\$829.94	N01A	\$663.95
Nuclear Scan Lung	12.00	N10	\$585.84	N10A	\$468.67
Nuclear Scan – Bone Triphasic	8.10	N20	\$395.44	N20A	\$316.35
Nuclear Scan Bone – Whole Body	9.50	N21	\$463.79	N21A	\$371.03
Nuclear Scan Bone – SPECT	9.80	N22	\$478.44	N22A	\$382.75
NaF PET Scan Prior approval required	N/A	N23	\$1,035.13	N23A	\$828.10
Nuclear Scan SPECT-CT	N/A	N24	\$683.56	N24A	\$546.85
Nuclear Scan Renal Tracts	9.80	N30	\$478.44	N30A	\$382.75
Nuclear Scan Liver- Sulphur Colloid	9.10	N40	\$444.26	N40A	\$355.41
Nuclear Scan Biliary Tree	9.80	N41	\$478.44	N41A	\$382.75
Nuclear Scan Cardiac (myocardial perfusion)	18.60	N50	\$908.05	N50A	\$726.44
Nuclear Scan Blood Pool	9.80	N60	\$478.44	N60A	\$382.75
Nuclear Scan Thyroid	7.20	N80	\$351.50	N80A	\$281.20
Nuclear Scan Other Region/ Miscellaneous	N/A	N90	At cost	N90A	At 80% of the primary codes cost
Nuclear Scan Additional Region SPECT	3	N/A secondary procedure only	N/A secondary procedure only	N91A	\$146.47

Procedure Description	Total Rvu	Primary Service Item Code	2017-18 Primary Service Item Price (Excl. GST)	Secondary Service Item Code	Secondary Service Item Price (Excl. GST)
Ultra sound vascular					
Duplex/Doppler US of Carotid arts	4.90	U50	\$239.22	U50A	\$191.38
Duplex/Doppler US of Chest	4.90	U51	\$239.22	U51A	\$191.38
Duplex/Doppler US of Abdomen/Pelvis	4.90	U52	\$239.22	U52A	\$191.38
Duplex/Doppler US of Limb Veins for DVT (one limb)	4.10	U53	\$200.16	U53A	\$160.13
Duplex/Doppler Vein Mapping Lower Extremity (one limb)	6.10	U54	\$297.80	U54A	\$238.24
Duplex/Doppler US of Limb Arteries (one limb)	4.90	U55	\$239.22	U55A	\$191.38
Duplex/Doppler US of Additional Limb Arterial or Venous	3.90	U56	\$190.40	U56A	\$152.32
Duplex/Doppler Echocardiography	4.90	U58	\$239.22	U58A	\$191.38
Duplex/Doppler US Miscellaneous	4.90	U59	\$239.22	U59A	\$191.38
Special procedures					
Bone densitometry	2.80	S12	\$136.70	N/A	N/A
Fluoroscopy (per half hour)	5.00	S20	\$244.10	N/A	N/A
Sinogram	5.90	S41	\$288.04	N/A	N/A
Arthrogram	5.90	S70	\$288.04	N/A	N/A
Tenogram	5.90	S76	\$288.04	N/A	N/A
Injection or Aspiration under fluoroscopy <i>Prior approval required for second or subsequent use of this procedure</i>	5.90	S79	\$288.04	N/A	N/A
Herniagram	10.20	S83	\$497.96	N/A	N/A
IVP incl plain film + tomos.	5.90	D40	\$288.04	N/A	N/A
Urethrogram	10.20	D45	\$497.96	N/A	N/A
Micturating Cystourethrogram	10.20	D46	\$497.96	N/A	N/A

Note

1. All plain film performed as part of a High Tech Imaging investigation is included in the contract price of that investigation.
2. All contrasts are included in the price of imaging.

Price Review

ACC will review pricing when, at ACC's sole discretion, we consider a review necessary. The factors ACC may take into account during a review include, but are not limited to:

- general inflation
- changes in service component costs
- substantial changes in the market

SERVICE SCHEDULE FOR HIGH TECH IMAGING SERVICES

CONTRACT NO: HTISXXXX

A. QUICK REFERENCE INFORMATION

1. TERM FOR PROVIDING HIGH TECH IMAGING SERVICES

The Term for the provision of High Tech Imaging Services is the period from 1 August 2018 (“Commencement Date”) until the close of 31 July 2021 (the “Date of Expiry”) or such earlier date upon which the period is lawfully terminated or cancelled.

Prior to the End Date, the parties may agree in writing to extend the Term of this Service Schedule for a further term of three years. Any decision to extend the Term of this Service Schedule will be based on:

- 1.1.1 The parties reaching agreement on the extension in writing prior to the End Date; and
- 1.1.2 ACC being satisfied with the performance of the Services by the Supplier; and
- 1.1.3 All other provisions of this Service Schedule either continue to apply during such extended Term or are re-negotiated to the satisfaction of both parties.

There is no obligation on the part of ACC to extend the Term of the Service Schedule, even if the Supplier has satisfactorily performed all the Services.

2. SPECIFIED AREA AND SERVICE LOCATION (PART B, CLAUSE 4)

<<Facilities>>

3. SERVICE ITEMS AND PRICES (PART B, CLAUSE 16)

Service Item Code	Service Item Description	Service Item Definition	Price (excl. GST)
X82	Day Bed Stay Rate	Day Stay is defined as the patient not being in a hospital bed at midnight of the day of procedure.	\$156.93
X30	IV Sedation/ General Anaesthetic	High Tech Imaging Services requiring Anaesthesia and IV sedation.	Actual and reasonable cost

The procedures which can be provided under this Agreement are those set out in Table 1 below:

Table 1 – Service Items and Prices

Procedure Description	Primary Service Item Code	2018-19 Primary Service Item Price (Excl. GST)	Secondary Service Item Code	Secondary Service Item Price (Excl. GST)
MRI Brain	R01	\$755.59	R01A	\$604.47
MRI Internal Auditory Meatis	R03	\$755.59	R03A	\$604.47
MRI Face	R11	\$755.59	R11A	\$604.47
MRI Neck	R12	\$755.59	R12A	\$604.47

Procedure Description	Primary Service Item Code	2018-19 Primary Service Item Price (Excl. GST)	Secondary Service Item Code	Secondary Service Item Price (Excl. GST)
MRI Upper Arm	R15	\$755.59	R15A	\$604.47
MRI Elbow	R16	\$755.59	R16A	\$604.47
MRI Forearm	R17	\$755.59	R17A	\$604.47
MRI Wrist	R18	\$755.59	R18A	\$604.47
MRI Hand	R19	\$755.59	R19A	\$604.47
MRI Chest	R20	\$755.59	R20A	\$604.47
MRI Breast	R26	\$755.59	R26A	\$604.47
MRI Abdomen	R30	\$755.59	R30A	\$604.47
MRI Pelvis	R36	\$755.59	R36A	\$604.47
MRI Cervical Spine	R41	\$755.59	R41A	\$604.47
MRI Cervical Spine – GP referred	R41GP	\$755.59		
MRI Thoracic Spine	R42	\$755.59	R42A	\$604.47
MRI Lumbar Spine	R43	\$755.59	R43A	\$604.47
MRI Lumbar Spine – GP referred	R43GP	\$755.59		
MRI Sacrum	R44	\$755.59	R44A	\$604.47
MRI Thigh	R52	\$755.59	R52A	\$604.47
MRI Knee	R53	\$755.59	R53A	\$604.47
MRI Knee – GP referred	R53GP	\$755.59		
MRI Lower Leg	R54	\$755.59	R54A	\$604.47
MRI Shoulder Girdle	R55	\$755.59	R55A	\$604.47
MRI Shoulder Girdle – GP Referred	R55GP	\$755.59		
MRI Hip	R57	\$755.59	R57A	\$604.47
MRI Ankle	R58	\$755.59	R58A	\$604.47
MRI Foot	R59	\$755.59	R59A	\$604.47
MR Arthrogram Shoulder	R62	\$1,029.00	R62A	\$823.20
MR Arthrogram Elbow	R63	\$1,029.00	R63A	\$823.20
MR Arthrogram Wrist	R64	\$1,029.00	R64A	\$823.20
MR Arthrogram Hand	R66	\$1,029.00	R66A	\$823.20
MR Arthrogram Hip	R67	\$1,029.00	R67A	\$823.20
MR Arthrogram Knee	R68	\$1,029.00	R68A	\$823.20
MR Arthrogram Ankle	R69	\$1,029.00	R69A	\$823.20
MR Arthrogram Foot	R85	\$1,029.00	R85A	\$823.20
MR Angiography Unspecified	R70	\$1,029.00	R70A	\$823.20
MR Angiography Head	R71	\$1,029.00	R71A	\$823.20
MR Angiography Face or Neck	R72	\$1,029.00	R72A	\$823.20
MR Angiography Chest	R73	\$1,029.00	R73A	\$823.20
MR Angiography Upper Limbs	R74	\$1,029.00	R74A	\$823.20
MR Angiography Abdomen/Pelvis	R75	\$1,029.00	R75A	\$823.20
MR Angiography Pelvis and Lower Extremities	R76	\$1,029.00	R76A	\$823.20
MR – Venography	R78	\$1,029.00	R78A	\$823.20

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Procedure Description	Primary Service Item Code	2018-19 Primary Service Item Price (Excl. GST)	Secondary Service Item Code	Secondary Service Item Price (Excl. GST)
MR Interventional Procedure	R80	\$1,029.00	R80A	\$823.20
MRI Other Region (Not Otherwise included)	R90	\$755.59	R90A	\$604.47
MR Arthrogram Other region (Not otherwise specified)	R91	\$1,029.00	R91A	\$823.20
CT Brain	T01	\$422.54	T01A	\$338.03
CT Sinuses	T11	\$422.54	T11A	\$338.03
CT Orbits	T13	\$482.19	T13A	\$385.75
CT Face	T14	\$482.19	T14A	\$385.75
CT Neck	T15	\$482.19	T15A	\$385.75
CT Chest	T20	\$566.69	T20A	\$453.35
CT High Resolution Lungs	T21	\$566.69	T21A	\$453.35
CT Abdomen	T30	\$566.69	T30A	\$453.35
CT Abdomen and Pelvis	T31	\$566.69	T31A	\$453.35
CT Pelvis	T35	\$482.19	T35A	\$385.75
CT Cervical Spine	T41	\$566.69	T41A	\$453.35
CT Thoracic Spine	T42	\$566.69	T42A	\$453.35
CT Lumbar Spine	T43	\$566.69	T43A	\$453.35
CT Sacrum	T44	\$566.69	T44A	\$453.35
CT Myelogram (sole charge – includes fluoroscopy)	T45	\$899.75	T45A	\$719.80
CT Discogram (sole charge – includes fluoroscopy)	T46	\$1,048.88	T46A	\$839.10
CT Upper Arm	T47	\$482.19	T47A	\$385.75
CT Elbow	T48	\$482.19	T48A	\$385.75
CT Forearm	T49	\$482.19	T49A	\$385.75
CT Shoulder/Thoracic Outlet	T51	\$482.19	T51A	\$385.75
CT Wrist	T52	\$482.19	T52A	\$385.75
CT Hand	T53	\$482.19	T53A	\$385.75
CT Thigh	T54	\$482.19	T54A	\$385.75
CT Hips	T55	\$422.54	T55A	\$338.03
CT Knee	T56	\$482.19	T56A	\$385.75
CT Lower Leg	T57	\$482.19	T57A	\$385.75
CT Ankle	T58	\$482.19	T58A	\$385.75
CT Foot	T59	\$482.19	T59A	\$385.75
CT Arthrogram	T60	\$621.38	T60A	\$497.10
CT Arthrogram Upper Extremity	T61	\$621.38	T61A	\$497.10
CT Arthrogram Lower Extremity	T65	\$621.38	T65A	\$497.10
CT Angiography unspecified	T70	\$899.75	T70A	\$719.80
CT Angiography Intracranial	T71	\$899.75	T71A	\$719.80
CT Angiography Neck	T72	\$899.75	T72A	\$719.80

Procedure Description	Primary Service Item Code	2018-19 Primary Service Item Price (Excl. GST)	Secondary Service Item Code	Secondary Service Item Price (Excl. GST)
CT Angiography Upper Extremities	T73	\$899.75	T73A	\$719.80
CT Angiography Chest	T75	\$899.75	T75A	\$719.80
CT Angiography Abdomen and/or Pelvis	T77	\$899.75	T77A	\$719.80
CT Angiography Pelvis and Lower Limbs	T78	\$899.75	T78A	\$719.80
CT Guided Injection/Aspiration (price includes CT scan and the injection/aspiration) Prior approval required for third or subsequent use of this procedure.	T80	\$899.75	T80A	\$719.80
CT Digital Radiograph/Scanogram	T91	\$293.29	T91A	\$234.63
CT Leg Lengths	T92	\$293.29	T92A	\$234.63
CT Rotational Profile	T94	\$293.29	T94A	\$234.63
CT Additional 3D reconstruction	T97	\$293.29	T97A	\$234.63
CT Other region (not otherwise specified)	T98	\$566.69	T98A	\$453.35
Nuclear Scan Brain	N01	\$845.07	N01A	\$676.06
Nuclear Scan Lung	N10	\$596.52	N10A	\$477.22
Nuclear Scan – Bone Triphasic	N20	\$402.65	N20A	\$322.12
Nuclear Scan Bone – Whole Body	N21	\$472.25	N21A	\$377.80
Nuclear Scan Bone – SPECT	N22	\$487.16	N22A	\$389.73
NaF PET Scan Prior approval required	N23	\$1,054.07	N23A	\$843.26
Nuclear Scan SPECT-CT	N24	\$696.07	N24A	\$556.86
Nuclear Scan Renal Tracts	N30	\$487.16	N30A	\$389.73
Nuclear Scan Liver- Sulphur Colloid	N40	\$452.36	N40A	\$361.89
Nuclear Scan Biliary Tree	N41	\$487.16	N41A	\$389.73
Nuclear Scan Cardiac (myocardial perfusion)	N50	\$924.61	N50A	\$739.69
Nuclear Scan Blood Pool	N60	\$487.16	N60A	\$389.73
Nuclear Scan Thyroid	N80	\$357.91	N80A	\$286.33
Nuclear Scan Other Region/ Miscellaneous	N90	At cost	N90A	At 80% of the primary codes cost
Nuclear Scan Additional Region SPECT	N/A secondary procedure only	N/A secondary procedure only	N91A	\$149.13
Duplex/Doppler US of Carotid arts	U50	\$243.58	U50A	\$194.86
Duplex/Doppler US of Chest	U51	\$243.58	U51A	\$194.86
Duplex/Doppler US of Abdomen/Pelvis	U52	\$243.58	U52A	\$194.86

Procedure Description	Primary Service Item Code	2018-19 Primary Service Item Price (Excl. GST)	Secondary Service Item Code	Secondary Service Item Price (Excl. GST)
Duplex/Doppler US of Limb Veins for DVT (one limb)	U53	\$203.81	U53A	\$163.05
Duplex/Doppler Vein Mapping Lower Extremity (one limb)	U54	\$303.23	U54A	\$242.58
Duplex/Doppler US of Limb Arteries (one limb)	U55	\$243.58	U55A	\$194.86
Duplex/Doppler US of Additional Limb Arterial or Venous	U56	\$193.87	U56A	\$155.10
Duplex/Doppler Echocardiography	U58	\$243.58	U58A	\$194.86
Duplex/Doppler US Miscellaneous	U59	\$243.58	U59A	\$194.86
Bone densitometry	S12	\$139.19	N/A	N/A
Fluoroscopy (per half hour)	S20	\$248.55	N/A	N/A
Sinogram	S41	\$293.29	N/A	N/A
Arthrogram	S70	\$293.29	N/A	N/A
Tenogram	S76	\$293.29	N/A	N/A
Injection or Aspiration under fluoroscopy <i>Prior approval required for third or subsequent use of this procedure</i>	S79	\$293.29	N/A	N/A
Herniagram	S83	\$507.04	N/A	N/A
IVP incl plain film + tomos.	D40	\$293.29	N/A	N/A
Urethrogram	D45	\$507.04	N/A	N/A
Micturating Cystourethrogram	D46	\$507.04	N/A	N/A
Injection of steroid and/or local anaesthetic into joint under imaging – specialist referred only, approval required for the third and subsequent injections	S85	\$437.06	N/A	N/A

Note

1. All plain film performed as part of a High Tech Imaging investigation is included in the contract price of that investigation.
2. All contrasts are included in the price of imaging.

Price Review

ACC will review pricing when, at ACC's sole discretion, we consider a review necessary. The factors ACC may take into account during a review include, but are not limited to:

- general inflation
- changes in service component costs
- substantial changes in the market

If ACC finds that the factors we take into account have not had a significant impact on price, the prices will remain unchanged.