# Table of Contents

GENERAL INFORMATION ........................................................................................................................... 3
LABORATORY SERVICES INFORMATION ................................................................................................ 3
RADIOLOGY INFORMATION .................................................................................................................... 3
MMIS MODIFIERS ...................................................................................................................................... 8
RADIOLOGY SERVICES ............................................................................................................................ 9
  DIAGNOSTIC RADIOLOGY (DIAGNOSTIC IMAGING) ........................................................................... 9
  DIAGNOSTIC ULTRASOUND .............................................................................................................. 18
  RADIOLOGIC GUIDANCE .................................................................................................................. 23
  BREAST, MAMMOGRAPHY ............................................................................................................. 24
  BONE/JOINT STUDIES ..................................................................................................................... 24
  RADIATION ONCOLOGY ..................................................................................................................... 25
  NUCLEAR MEDICINE .......................................................................................................................... 29
  POSITRON EMISSION TOMOGRAPHY (PET) ................................................................................... 36
MEDICINE SERVICES ............................................................................................................................... 37
  IMMUNIZATIONS ................................................................................................................................... 37
  MISCELLANEOUS DRUGS AND SOLUTIONS .................................................................................. 40
  HYDRATION, THERAPEUTIC, PROPHYLACTIC, DIAGNOSTIC INJECTIONS and INFUSIONS ..... 45
  CHEMOTHERAPY DRUGS ................................................................................................................... 47
  GASTROENTEROLOGY .......................................................................................................................... 50
  OPHTHALMOLOGY .............................................................................................................................. 50
  OTORHINOLARYNGOLOGIC & VESTIBULAR SERVICES ....................................................................... 52
  CARDIOVASCULAR ................................................................................................................................ 53
  NON INVASIVE VASCULAR DIAGNOSTIC STUDIES ........................................................................ 56
  PULMONARY ........................................................................................................................................ 57
  ALLERGY AND CLINICAL IMMUNOLOGY .......................................................................................... 59
  NEUROLOGY AND NEUROMUSCULAR PROCEDURES .................................................................... 60
  CENTRAL NERVOUS SYSTEM ASSESSMENTS/TESTS .................................................................... 63
MISCELLANEOUS ORDERED AMBULATORY SERVICES ..................................................................... 63
REHABILITATION SERVICES ..................................................................................................................... 64
  SPEECH LANGUAGE PATHOLOGY ....................................................................................................... 64
  PHYSICAL THERAPY SERVICES/OCCUPATIONAL THERAPY ............................................................ 65
USE OF THE OPERATING ROOM ............................................................................................................ 65
GENERAL INFORMATION

1. **INQUIRY**: Any questions regarding this section should be directed to the New York State Department of Health (See Inquiry Section under Information For All Providers).

2. **BY REPORT**: A service that is rarely provided, unusual, variable, or new may require a special report in determining medical appropriateness of the service as indicated by "BR" in the Fee Schedule. Pertinent information should include an adequate definition or description of the nature, extent, and need for the procedure, and the time, effort, and equipment necessary to provide the service. Additional items which may be included are: Complexity of symptoms, final diagnosis, pertinent physical findings (such as size, locations, and number of lesion(s), if appropriate), diagnostic and therapeutic procedures (including major supplementary surgical procedures, if appropriate), concurrent problems, and follow-up care.

When the value of a procedure is to be determined "By Report" (BR), information concerning the nature, extent and need for the procedure or service must be furnished in addition to the time, skill and equipment necessitated. Appropriate documentation (eg, procedure descriptions, itemized invoices, etc.) should accompany all claims submitted.

Reimbursement for supplies and materials (including drugs, vaccines and immune globulins) furnished by practitioners to their patients is based on the acquisition cost to the practitioner. For all items furnished in this fashion it is expected that the practitioner will maintain auditable records of the actual itemized invoice cost represented on the invoice. New York State Medicaid does not intend to pay more than the acquisition cost, as established by invoice, to the practitioner. Regardless of whether an invoice must be submitted to Medicaid for payment, the practitioner is expected to limit his or her Medicaid claim amount to the actual invoice cost of the item provided.

Itemized invoices must document acquisition cost, the line item cost from a manufacturer or wholesaler net of any rebates, discounts or other valuable considerations.

3. **UNLISTED PROCEDURES**: The value and appropriateness of services not specifically listed in the Fee Schedule will be manually reviewed by medical professional staff. The procedure codes to be utilized when submitting claims for such services may be found in this section.

4. **DVS AUTHORIZATION (#)**: Codes followed by # require an authorization via the dispensing validation system (DVS) before services are rendered.

5. **FEES**: Fees in the Fee Schedule are the maximum reimbursable Medicaid fees and are available at: [http://www.emedny.org/ProviderManuals/OrderedAmbulatory/index.html](http://www.emedny.org/ProviderManuals/OrderedAmbulatory/index.html)

LABORATORY SERVICES INFORMATION

To claim payment for laboratory services performed on an ordered ambulatory basis, the applicable procedure codes and fees must be identified from the Laboratory Provider Manual Fee Schedule.

RADIOLOGY INFORMATION
Fees listed in the Fee Schedule represent maximum allowances for reimbursement purposes in the Medicaid Program and include the administrative, technical and professional components of the service provided. To determine the fee applicable only to the technical and administrative component, multiply the listed dollar value by a maximum conversion factor of 60%. (See below for further reference to the administrative, technical and professional components of a radiology fee item.)

Fees listed in the Fee Schedule are to be considered as payment for the complete radiological procedure, unless otherwise indicated. In order to be paid for both the professional and the technical and administrative components of the radiology service, qualified facilities which provide radiology services on an ordered ambulatory basis must perform the professional component of radiology services and own or directly lease the equipment and must supervise and control the radiology technician who performs the radiology procedures.

Each State agency may determine, on an individual basis, fees for services or procedures not included in the Fee Schedule. Such fee determinations should be reported promptly to the Division of Health Care Financing of the State Department of Health for review by the Interdepartmental Committee on Health Economics for possible incorporation in the Radiology Fee Schedule.

**RADIOLOGY PRIOR APPROVAL (underlined procedure codes)**

**Information for Radiology Providers**

If you are performing a CT, CTA, MRI, MRA, Cardiac Nuclear, or PET procedure, you must verify that an approval has been obtained before performing these diagnostic imaging services for New York Medicaid FFS. Approvals will be required for claims payment. Failure to obtain an approval number may delay or prevent payment of a claim.

Beneficiaries who are eligible for both Medicaid and Medicare (dual eligible) or beneficiaries who are enrolled in a managed care plan are not included.

Additional information is available at [http://www.emedny.org/ProviderManuals/Radiology/index.html](http://www.emedny.org/ProviderManuals/Radiology/index.html)

**TECHNICAL, ADMINISTRATIVE AND PROFESSIONAL RADIOLOGY COMPONENTS**

When radiological services are rendered in hospital departments by radiologists who receive no salary/compensation from the facility for patient care and who bill separately, the charge for the professional component may not exceed 40% of the maximum fee listed in the Fee Schedule. The remaining 60% of the fee is the maximum amount applicable for the technical and administrative services provided by the hospital. No payment will be made to a qualified facility solely for the professional component.

The professional component (see modifier -26) for radiological services is intended to cover professional services, when applicable, as listed below:

1. Determination of the problem, including interviewing the patient, obtaining the history and making appropriate physical examination to determine the method of performing the radiologic procedure.
2. Study and evaluation of results obtained in diagnostic or therapeutic procedures, interpretation
   of radiographs or radioisotope data estimation resultant from treatment.


4. Consultation with referring physician regarding results of diagnostic or therapeutic procedures.

The technical or administrative component (see modifier -TC) includes items such as: cost or charges
for technologists, clerical staff, films, opaques, radioactive materials, chemicals, drugs or other
materials, purchase, rental use or maintenance of space, equipment, telephone services or other
facilities or supplies.

Certain radiological procedures require the performance of a medical or surgical procedure (eg,
studies necessitating an injection of radiopaque media, fluoroscopy, consultation) which must be
performed by the radiologist and is not separable into technical and professional components for
billing purposes. In these instances, reimbursement for the medical or surgical procedure will be
made to the physician via the appropriate procedure code listed in the Physician Fee Schedules.
GENERAL RULES

General rules which apply to all procedure codes in Radiology including sections of Diagnostic Radiology, Diagnostic Ultrasound, Radiation Oncology and Nuclear Medicine are as follows:

1. Dollar values include usual contrast media, equipment and materials. An additional charge may be warranted when special materials are provided.

2. Dollar values include consultation and a written report to the referring physician.

3. When multiple X-ray examinations are performed during the same visit, reimbursement shall be limited to the greater fee plus 60% of the lesser fee(s). When more than one part of the body is included in a single X-ray for which reimbursement is claimed, the charge shall be only for a single X-ray. When bilateral X-ray examinations are performed during the same visit, reimbursement shall be limited to 160% of the procedure value (see modifier -50). The above provisions regarding fee reductions for multiple X-rays are applicable to X-rays taken of all parts of the body.

4. When repeat X-ray examinations of the same part and for the same illness are required because of technical or professional error in the original X-rays, such repeat X-rays are not eligible for payment. (See Rule 5 below.)

5. When a repeat X-ray examination of the same part and for the same illness is required for reasons other than technical or professional error in the original X-ray, it should be identified by use of modifier -76.

6. RADIOLOGICAL SUPERVISION AND INTERPRETATION CODES: The maximum fee is applicable when the facility incurs the costs of both the technical/administrative and professional components of the imaging procedure. (For the technical or administrative component of imaging procedures, see modifier -TC). When the procedure is performed on an ordered ambulatory basis by a non-salaried/non-compensated physician, reimbursement will be made for the technical/administrative component of the imaging procedure via the use of modifier -TC on the appropriate "radiological supervision and interpretation" code.

7. BY REPORT: A service that is rarely provided, unusual, variable, or new may require a special report in determining medical appropriateness of the service as indicated by "BR" in the Fee Schedule. Pertinent information should include an adequate definition or description of the nature, extent, and need for the procedure, and the time, effort and equipment necessary to provide the service.

   Additional items which may be included are: complexity of symptoms, final diagnosis, pertinent physical findings (such as size, locations, and number of lesion(s), if appropriate), diagnostic and therapeutic procedures (including major and supplementary surgical procedures, if appropriate), concurrent problems, and follow up care.

   When the value of a procedure is to be determined "By Report" (BR), information concerning the nature, extent and need for the procedure or service must be furnished in addition to the time, skill
and equipment necessitated. Appropriate documentation (eg, procedure description, itemized invoices, etc.) should accompany all claims submitted.

Itemized invoices must document acquisition cost, the line item cost from a manufacturer or wholesaler net of any rebates, discounts or other valuable considerations.

8. **SEPARATE PROCEDURES**: Some of the listed procedures are commonly carried out as an integral part of a total service, and as such, do not warrant a separate identification. When, however, such a procedure is performed independently of, and is not immediately related to, other services, it may be listed as a "separate procedure." Thus, when a procedure that is ordinarily a component of a larger procedure is performed alone for a specific purpose, it may be reported as a separate procedure.
**MMIS MODIFIERS**

**-26 Professional Component:** Certain procedures are a combination of a physician component and a technical component. When the physician component is reported separately, the service may be identified by adding the modifier -26 to the usual procedure number. (Reimbursement will not exceed 40% of the maximum State Medical Fee Schedule amount.)

**-TC Technical Component:** Under certain circumstances, a charge may be made for the technical component alone. Under those circumstances the technical component charge is identified by adding modifier -TC to the usual procedure number. Technical component charges are institutional charges and not billed separately by physicians. (Reimbursement will not exceed 60% of the maximum State Medical Fee Schedule amount.)

**-50 Bilateral Procedures (X-ray):** When bilateral X-ray examinations are performed, the service will be identified by adding the modifier -50 to the usual procedure code number. (Reimbursement will not exceed 160% of the maximum State Medical Fee Schedule amount. One claim line is to be billed representing the bilateral procedure. Amount billed should reflect total amount due.)

**-76 Repeat X-ray Procedure:** When a repeat X-ray examination of the same part and for the same illness is required for reasons other than technical or professional error in the original X-ray, it will be identified by adding modifier -76. (Reimbursement will not exceed 100% of the maximum State Medical Fee Schedule amount.)

**-FP Service Provided as Part of a Family Planning Program:** All Family Planning Services will be identified by adding the modifier -FP to the usual procedure code number. (Reimbursement will not exceed 100% of the maximum State Medical Fee Schedule amount.)

**-UD 340B Purchased Drug:** Drugs purchased through the 340B Program.
## DIAGNOSTIC RADIOLOGY (DIAGNOSTIC IMAGING)

### HEAD AND NECK

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>70010</td>
<td>Myelography, posterior fossa; radiological supervision and interpretation</td>
</tr>
<tr>
<td>70015</td>
<td>Cisternography, positive contrast; radiological supervision and interpretation</td>
</tr>
<tr>
<td>70030</td>
<td>Radiologic examination, eye, for detection of foreign body (includes detection and localization)</td>
</tr>
<tr>
<td>70100</td>
<td>Radiologic examination, mandible; partial, less than four views</td>
</tr>
<tr>
<td>70110</td>
<td>complete, minimum of four views</td>
</tr>
<tr>
<td>70120</td>
<td>Radiologic examination, mastoids; less than three views per side</td>
</tr>
<tr>
<td>70130</td>
<td>complete, minimum of three views per side</td>
</tr>
<tr>
<td>70134</td>
<td>Radiologic examination, internal auditory meati, complete</td>
</tr>
<tr>
<td>70140</td>
<td>Radiologic examination, facial bones; less than three views</td>
</tr>
<tr>
<td>70150</td>
<td>complete, minimum of three views</td>
</tr>
<tr>
<td>70160</td>
<td>Radiologic examination, nasal bones, complete, minimum of three views</td>
</tr>
<tr>
<td>70170</td>
<td>Dacryocystography, nasolacrimal duct; radiological supervision and interpretation</td>
</tr>
<tr>
<td>70190</td>
<td>Radiologic examination; optic foramina</td>
</tr>
<tr>
<td>70200</td>
<td>orbits, complete, minimum of four views</td>
</tr>
<tr>
<td>70210</td>
<td>Radiologic examination, sinuses, paranasal; less than three views</td>
</tr>
<tr>
<td>70220</td>
<td>complete, minimum of three views</td>
</tr>
<tr>
<td>70240</td>
<td>Radiologic examination, sella turcica</td>
</tr>
<tr>
<td>70250</td>
<td>Radiologic examination, skull; less than four views</td>
</tr>
<tr>
<td>70260</td>
<td>complete, minimum of four views</td>
</tr>
<tr>
<td>70300</td>
<td>Radiologic examination, teeth; single view</td>
</tr>
<tr>
<td>70310</td>
<td>partial examination, less than full mouth</td>
</tr>
<tr>
<td>70320</td>
<td>complete, full mouth</td>
</tr>
<tr>
<td>70328</td>
<td>Radiologic examination, temporomandibular joint, open and closed mouth; unilateral</td>
</tr>
<tr>
<td>70330</td>
<td>bilateral</td>
</tr>
<tr>
<td>70332</td>
<td>Temporomandibular joint arthrography; radiological supervision and interpretation</td>
</tr>
<tr>
<td></td>
<td>(Do not report 70332 in conjunction with 77002)</td>
</tr>
<tr>
<td>70336</td>
<td>Magnetic resonance (eg, proton) imaging, temporomandibular joint</td>
</tr>
<tr>
<td>70350</td>
<td>Cephalogram, orthodontic</td>
</tr>
<tr>
<td>70355</td>
<td>Orthopantogram (eg, panoramic x-ray)</td>
</tr>
<tr>
<td>70360</td>
<td>Radiologic examination; neck, soft tissue</td>
</tr>
<tr>
<td>70370</td>
<td>pharynx or larynx, including fluoroscopy and/or magnification technique</td>
</tr>
<tr>
<td>70371</td>
<td>Complex dynamic pharyngeal and speech evaluation by cine or video recording</td>
</tr>
<tr>
<td>70380</td>
<td>Radiologic examination, salivary gland for calculus</td>
</tr>
<tr>
<td>70390</td>
<td>Sialography; radiological supervision and interpretation</td>
</tr>
<tr>
<td>70450</td>
<td>Computed tomography, head or brain; without contrast material</td>
</tr>
<tr>
<td>70460</td>
<td>with contrast material(s)</td>
</tr>
<tr>
<td>70470</td>
<td>without contrast material, followed by contrast material(s) and further sections</td>
</tr>
<tr>
<td>70480</td>
<td>Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>--------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>70481</td>
<td>with contrast material(s)</td>
</tr>
<tr>
<td>70482</td>
<td>without contrast material, followed by contrast material(s) and further sections</td>
</tr>
<tr>
<td>70486</td>
<td>Computed tomography, maxillofacial area; without contrast material</td>
</tr>
<tr>
<td>70487</td>
<td>with contrast material(s)</td>
</tr>
<tr>
<td>70488</td>
<td>without contrast material, followed by contrast material(s) and further sections</td>
</tr>
<tr>
<td>70490</td>
<td>Computed tomography, soft tissue neck; without contrast material</td>
</tr>
<tr>
<td>70491</td>
<td>with contrast material(s)</td>
</tr>
<tr>
<td>70492</td>
<td>without contrast material, followed by contrast material(s) and further sections</td>
</tr>
<tr>
<td>70496</td>
<td>Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing</td>
</tr>
<tr>
<td>70498</td>
<td>Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing</td>
</tr>
<tr>
<td>70504</td>
<td>Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)</td>
</tr>
<tr>
<td>70502</td>
<td>with contrast material</td>
</tr>
<tr>
<td>70503</td>
<td>without contrast material(s), followed by contrast material(s) and further sequences</td>
</tr>
<tr>
<td>70504</td>
<td>Magnetic resonance angiography, head; without contrast material(s)</td>
</tr>
<tr>
<td>70505</td>
<td>with contrast material</td>
</tr>
<tr>
<td>70506</td>
<td>without contrast material(s), followed by contrast material(s) and further sequences</td>
</tr>
<tr>
<td>70507</td>
<td>Magnetic resonance angiography, neck; without contrast material(s)</td>
</tr>
<tr>
<td>70508</td>
<td>with contrast material</td>
</tr>
<tr>
<td>70509</td>
<td>without contrast material(s), followed by contrast material(s) and further sequences</td>
</tr>
<tr>
<td>70510</td>
<td>Magnetic resonance (eg, proton) imaging, brain, (including brain stem); without contrast material</td>
</tr>
<tr>
<td>70512</td>
<td>with contrast material</td>
</tr>
<tr>
<td>70513</td>
<td>without contrast material(s), followed by contrast material(s) and further sequences</td>
</tr>
<tr>
<td>70514</td>
<td>Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, requiring physician or psychologist administration of entire neurofunctional testing</td>
</tr>
<tr>
<td></td>
<td>(Do not report 70514 unless 96020 is performed)</td>
</tr>
<tr>
<td></td>
<td>(Do not report 70514 in conjunction with 70512-70513 unless a separate diagnostic MRI is performed)</td>
</tr>
<tr>
<td>70517</td>
<td>Magnetic resonance (eg, proton) imaging, brain, (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); without contrast material</td>
</tr>
<tr>
<td>70518</td>
<td>with contrast material</td>
</tr>
<tr>
<td>70519</td>
<td>without contrast material(s), followed by contrast material(s) and further sequences</td>
</tr>
</tbody>
</table>

**CHEST**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>71010</td>
<td>Radiologic examination, chest; single view, frontal</td>
</tr>
<tr>
<td>71015</td>
<td>stereo, frontal</td>
</tr>
<tr>
<td>71020</td>
<td>Radiologic examination, chest, two views, frontal and lateral;</td>
</tr>
<tr>
<td>71021</td>
<td>with apical lordotic procedure</td>
</tr>
<tr>
<td>71022</td>
<td>with oblique projections</td>
</tr>
<tr>
<td>71023</td>
<td>with fluoroscopy</td>
</tr>
</tbody>
</table>
71030 Radiologic examination, chest, complete, minimum of four views; with fluoroscopy
71034 Radiologic examination, chest, special views, (eg, lateral decubitus, Bucky studies)
71100 Radiologic examination, ribs, unilateral; two views
71101 including posteroanterior chest, minimum of three views
71110 Radiologic examination, ribs, bilateral; three views
71111 including posteroanterior chest, minimum of four views
71120 Radiologic examination; sternum, minimum of two views
71130 sternoclavicular joint or joints, minimum of three views
71250 Computed tomography, thorax; without contrast material
71260 with contrast material(s)
71270 without contrast material, followed by contrast material(s) and further sections
71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing
71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)
71551 with contrast material(s)
71552 without contrast material(s), followed by contrast material(s) and further sequences
71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)

**SPINE AND PELVIS**

72020 Radiologic examination, spine, single view, specify level
72040 Radiologic examination, spine, cervical; 2 or 3 views
72050 4 or 5 views
72052 6 or more views
72070 Radiologic examination, spine; thoracic, 2 views
72072 thoracic, 3 views
72074 thoracic, minimum of 4 views
72080 thoracolumbar junction, minimum of 2 views
72081 Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view
72082 2 or 3 views
72083 4 or 5 views
72084 minimum of 6 views
72100 Radiologic examination, spine, lumbosacral; 2 or 3 views
72110 minimum of 4 views
72114 complete, including bending views, minimum of 6 views
72120 bending views only, 2 or 3 views
72125 Computed tomography, cervical spine; without contrast material
72126 with contrast material(s)
72127 without contrast material, followed by contrast material(s) and further sections
72128 Computed tomography, thoracic spine; without contrast material
72129 with contrast material(s)
72130 without contrast material, followed by contrast material(s) and further sections
72131 Computed tomography, lumbar spine; without contrast material
72132 with contrast material(s)
72133 without contrast material, followed by contrast material(s) and further sections
72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material
72142 with contrast material(s)
72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material
72147 with contrast material(s)
72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material
72149 with contrast material(s)
72156 Magnetic resonance (eg, proton) imaging, spinal canal and contents without contrast material, followed by contrast material(s) and further sequences; cervical
72157 thoracic
72158 lumbar
72159 Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)
72170 Radiologic examination, pelvis; 1 or 2 views
72190 complete, minimum of 3 views
72191 Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing
(Do not report 72191 in conjunction with 73706 or 75635. For CTA aorto-iliofemoral runoff, use 75635)
(Do not report 72191 in conjunction with 74175. For a combined computed tomographic angiography abdomen and pelvis study, use 74174)
72192 Computed tomography, pelvis; without contrast material
72193 with contrast material(s)
72194 without contrast material, followed by contrast material(s) and further sections
72195 Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)
72196 with contrast material(s)
72197 without contrast material(s), followed by contrast material(s) and further sequences
72198 Magnetic resonance angiography, pelvis, with or without contrast material(s)
72200 Radiologic examination, sacroiliac joints; less than 3 views
72202 3 or more views
72220 Radiologic examination, sacrum and coccyx, minimum of 2 views

UPPER EXTREMITIES

73000 Radiologic examination; clavicle, complete
73010 scapula, complete
73020 Radiologic examination, shoulder; 1 view
73030 complete, minimum of 2 views
73040 Radiologic examination, shoulder, arthrography, radiological supervision and interpretation
(Do not report 73040 in conjunction with 77002)
73050 Radiologic examination; acromioclavicular joints, bilateral, with or without weighted distraction
73060 humerus, minimum of 2 views
73070 Radiologic examination, elbow; 2 views
73080 complete, minimum of 3 views
73085 Radiologic examination, elbow, arthrography, radiological supervision and interpretation
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>73090</td>
<td>Radiologic examination; forearm, 2 views</td>
</tr>
<tr>
<td>73092</td>
<td>upper extremity, infant, minimum of 2 views</td>
</tr>
<tr>
<td>73100</td>
<td>Radiologic examination, wrist; 2 views</td>
</tr>
<tr>
<td>73110</td>
<td>complete, minimum of 3 views</td>
</tr>
<tr>
<td>73115</td>
<td>Radiologic examination, wrist, arthrography, radiological supervision and interpretation</td>
</tr>
<tr>
<td>73120</td>
<td>Radiologic examination, hand; 2 views</td>
</tr>
<tr>
<td>73130</td>
<td>minimum of 3 views</td>
</tr>
<tr>
<td>73140</td>
<td>Radiologic examination, finger(s), minimum of 2 views</td>
</tr>
<tr>
<td>73200</td>
<td>Computed tomography, upper extremity; without contrast material</td>
</tr>
<tr>
<td>73201</td>
<td>with contrast material</td>
</tr>
<tr>
<td>73202</td>
<td>without contrast material, followed by contrast material(s) and further sections</td>
</tr>
<tr>
<td>73206</td>
<td>Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing</td>
</tr>
<tr>
<td>73218</td>
<td>Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)</td>
</tr>
<tr>
<td>73219</td>
<td>with contrast material(s)</td>
</tr>
<tr>
<td>73220</td>
<td>without contrast material(s), followed by contrast material(s) and further sequences</td>
</tr>
<tr>
<td>73221</td>
<td>Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)</td>
</tr>
<tr>
<td>73222</td>
<td>with contrast material(s)</td>
</tr>
<tr>
<td>73223</td>
<td>without contrast material(s), followed by contrast material(s) and further sections</td>
</tr>
<tr>
<td>73225</td>
<td>Magnetic resonance angiography, upper extremity, with or without contrast material(s)</td>
</tr>
</tbody>
</table>

**LOWER EXTREMITIES**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>73501</td>
<td>Radiologic examination, hip, unilateral, with pelvis when performed, 1 view</td>
</tr>
<tr>
<td>73502</td>
<td>2-3 views</td>
</tr>
<tr>
<td>73503</td>
<td>minimum of 4 views</td>
</tr>
<tr>
<td>73521</td>
<td>Radiologic examination, hips, bilateral, with pelvis when performed, 2 views</td>
</tr>
<tr>
<td>73522</td>
<td>3-4 views</td>
</tr>
<tr>
<td>73523</td>
<td>minimum 5 views</td>
</tr>
<tr>
<td>73525</td>
<td>Radiologic examination, hip, arthrography, radiological supervision and interpretation</td>
</tr>
<tr>
<td>73551</td>
<td>Radiologic examination, femur; 1 view</td>
</tr>
<tr>
<td>73552</td>
<td>minimum 2 views</td>
</tr>
<tr>
<td>73560</td>
<td>Radiologic examination, knee; 1 or 2 views</td>
</tr>
<tr>
<td>73562</td>
<td>3 views</td>
</tr>
<tr>
<td>73564</td>
<td>complete, 4 or more views</td>
</tr>
<tr>
<td>73565</td>
<td>both knees, standing, anteroposterior</td>
</tr>
<tr>
<td>73580</td>
<td>Radiologic examination, knee, arthrography; radiological supervision and interpretation</td>
</tr>
<tr>
<td>73590</td>
<td>Radiologic examination; tibia and fibula, 2 views</td>
</tr>
<tr>
<td>73592</td>
<td>lower extremity, infant, minimum of 2 views</td>
</tr>
<tr>
<td>73600</td>
<td>Radiologic examination, ankle; 2 views</td>
</tr>
<tr>
<td>73610</td>
<td>complete, minimum of 3 views</td>
</tr>
</tbody>
</table>
73615 Radiologic examination, ankle, arthrography, radiological supervision and interpretation
(Do not report 73615 in conjunction with 77002)
73620 Radiologic examination, foot; 2 views
73630 complete, minimum of 3 views
73650 Radiologic examination; calcaneus, minimum of 2 views
73660 toe(s), minimum of 2 views
73700 Computed tomography, lower extremity; without contrast material
73701 with contrast material(s)
73702 without contrast material, followed by contrast material(s) and further sections
73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing
73718 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)
73719 with contrast material(s)
73720 without contrast material(s) followed by contrast material(s) and further sequences
73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material
73722 with contrast material(s)
73723 without contrast material(s), followed by contrast material(s) and further sequence
73725 Magnetic resonance angiography, lower extremity, with or without contrast material(s)

**ABDOMEN**

74000 Radiologic examination, abdomen; single anteroposterior view
74010 anteroposterior and additional oblique and cone views
74020 complete, including decubitus and/or erect views
74022 complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest
74150 Computed tomography, abdomen; without contrast material
74160 with contrast material(s)
74170 without contrast material, followed by contrast material(s) and further sections
74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing
(Do not report 74174 in conjunction with 72191, 73706, 74175, 75635, 76376, 76377)
74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing
(Do not report 74175 in conjunction with 73706 or 75635. For CTA aorto-iliofemoral runoff, use75635)
(Do not report 74175 in conjunction with 72191. For a combined computed tomographic angiography abdomen and pelvis study, use 74174)
74176 Computed tomography, abdomen and pelvis; without contrast material
74177 with contrast material
74178 without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions
(Do not report 74176-74178 in conjunction with 72192, 72194, 74150-74170)
74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)
74182 with contrast material(s)
74183 without contrast material(s), followed by contrast material(s) and further sequences
74185 Magnetic resonance angiography, abdomen, with or without contrast material(s)
74190 Peritoneogram (eg, after injection of air or contrast), radiological supervision and interpretation

GASTROINTESTINAL TRACT

74210 Radiologic examination; pharynx and/or cervical esophagus
74220 esophagus
74230 Swallowing function, with cineradiography/videoradiography
74235 Removal of foreign body(s), esophageal, with use of balloon catheter, radiological supervision and interpretation
74240 Radiologic examination, gastrointestinal tract, upper; with or without delayed images, without KUB
74241 with or without delayed images, with KUB
74245 with or without delayed images, with KUB
74246 Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed images, without KUB
74247 with or without delayed images, with KUB
74249 with or without delayed images, with KUB
74250 Radiologic examination, small intestine, includes multiple serial images;
74251 via enteroclysis tube
74260 Duodenography, hypotonic
74270 Radiologic examination, colon; contrast (eg, barium) enema, with or without KUB
74280 air contrast with specific high density barium, with or without glucagon
74283 Therapeutic enema, contrast or air, for reduction of intussusception or other intraluminal obstruction (eg, meconium ileus)
74290 Cholecystography, oral contrast;
74328 Endoscopic catheterization of the biliary ductal system, radiological supervision and interpretation
74329 Endoscopic catheterization of the pancreatic ductal system, radiological supervision and interpretation
74330 Combined endoscopic catheterization of the biliary and pancreatic ductal systems, radiological supervision and interpretation
74340 Introduction of long gastrointestinal tube (eg, Miller-Abbott), including multiple fluoroscopies and images, radiological supervision and interpretation
74355 Percutaneous placement of enteroclysis tube, radiological supervision and interpretation
74360 Intraluminal dilation of strictures and/or obstructions (eg, esophagus), radiological supervision and interpretation
74363 Percutaneous transhepatic dilation of biliary duct stricture with or without placement of stent, radiological supervision and interpretation

URINARY TRACT

74400 Urography (pyelography), intravenous, with or without KUB, with or without tomography
74410 Urography, infusion, drip technique and/or bolus technique
74420 Urography, retrograde, with or without KUB
74425 Urography, antegrade, (pyelostogram, nephrostogram, loopogram), radiological supervision and interpretation
<table>
<thead>
<tr>
<th>Code</th>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>74430</td>
<td>Cystography, minimum of three views, radiological supervision and interpretation</td>
</tr>
<tr>
<td>74440</td>
<td>Vasography, vesiculography, or epididymography, radiological supervision and interpretation</td>
</tr>
<tr>
<td>74445</td>
<td>Corpora cavernosography, radiological supervision and interpretation</td>
</tr>
<tr>
<td>74450</td>
<td>Urethrocystography, retrograde, radiological supervision and interpretation</td>
</tr>
<tr>
<td>74455</td>
<td>Urethrocystography, voiding, radiological supervision and interpretation</td>
</tr>
<tr>
<td>74710</td>
<td>Pelvimetry, with or without placental localization</td>
</tr>
<tr>
<td>74712</td>
<td>Magnetic resonance imaging (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation</td>
</tr>
<tr>
<td>74713</td>
<td>each additional gestation (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>74740</td>
<td>Hysterosalpingography, radiological supervision and interpretation</td>
</tr>
<tr>
<td>74742</td>
<td>Transcervical catheterization of fallopian tube, radiological supervision and interpretation</td>
</tr>
<tr>
<td>74775</td>
<td>Perineogram (eg, vaginogram, for sex determination or extent of anomalies)</td>
</tr>
<tr>
<td>75557</td>
<td>Cardiac magnetic resonance imaging for morphology and function without contrast material</td>
</tr>
<tr>
<td>75559</td>
<td>with stress imaging</td>
</tr>
<tr>
<td>75561</td>
<td>Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging</td>
</tr>
<tr>
<td>75565</td>
<td>Cardiac magnetic resonance imaging for velocity flow mapping</td>
</tr>
<tr>
<td></td>
<td>(List separately in addition to primary procedure)</td>
</tr>
<tr>
<td></td>
<td>(Do not report 75557, 75559, 75561, 75563, 75565 in conjunction with 76376, 76377)</td>
</tr>
<tr>
<td>75574</td>
<td>Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)</td>
</tr>
<tr>
<td>75600</td>
<td>Aortography, thoracic, without serialography, radiological supervision and interpretation</td>
</tr>
<tr>
<td>75605</td>
<td>Aortography, thoracic, by serialography, radiological supervision and interpretation</td>
</tr>
<tr>
<td>75625</td>
<td>Aortography, abdominal, by serialography, radiological supervision and interpretation</td>
</tr>
<tr>
<td>75630</td>
<td>Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography, radiological supervision and interpretation</td>
</tr>
<tr>
<td>75635</td>
<td>Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing</td>
</tr>
<tr>
<td></td>
<td>(Do not report 75635 in conjunction with 72191, 73706, 74175 or 74174)</td>
</tr>
<tr>
<td>75658</td>
<td>Angiography, brachial, retrograde, radiological supervision and interpretation</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>--------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>75705</td>
<td>Angiography, spinal, selective, radiological supervision and interpretation</td>
</tr>
<tr>
<td>75710</td>
<td>Angiography, extremity, unilateral, radiological supervision and interpretation</td>
</tr>
<tr>
<td>75716</td>
<td>Angiography, extremity, bilateral, radiological supervision and interpretation</td>
</tr>
<tr>
<td>75726</td>
<td>Angiography, visceral; selective or supraselective, (with or without flush aortogram), radiological supervision and interpretation</td>
</tr>
<tr>
<td>75731</td>
<td>Angiography, adrenal, unilateral, selective, radiological supervision and interpretation</td>
</tr>
<tr>
<td>75733</td>
<td>Angiography, adrenal, bilateral, selective, radiological supervision and interpretation</td>
</tr>
<tr>
<td>75736</td>
<td>Angiography, pelvic, selective or supraselective, radiological supervision and interpretation</td>
</tr>
<tr>
<td>75741</td>
<td>Angiography, pulmonary, unilateral, selective, radiological supervision and interpretation</td>
</tr>
<tr>
<td>75743</td>
<td>Angiography, pulmonary, bilateral, selective, radiological supervision and interpretation</td>
</tr>
<tr>
<td>75746</td>
<td>Angiography, pulmonary, by nonselective catheter or venous injection, radiological supervision and interpretation</td>
</tr>
<tr>
<td>75756</td>
<td>Angiography, internal mammary, radiological supervision and interpretation</td>
</tr>
<tr>
<td>75774</td>
<td>Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation</td>
</tr>
</tbody>
</table>

**VEINS AND LYMPHATICS**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>75801</td>
<td>Lymphangiography, extremity only, unilateral, radiological supervision and interpretation</td>
</tr>
<tr>
<td>75803</td>
<td>Lymphangiography, extremity only, bilateral, radiological supervision and interpretation</td>
</tr>
<tr>
<td>75805</td>
<td>Lymphangiography, pelvic/abdominal, unilateral, radiological supervision and interpretation</td>
</tr>
<tr>
<td>75807</td>
<td>Lymphangiography, pelvic/abdominal, bilateral, radiological supervision and interpretation</td>
</tr>
<tr>
<td>75820</td>
<td>Venography, extremity, unilateral, radiological supervision and interpretation</td>
</tr>
<tr>
<td>75822</td>
<td>Venography, extremity, bilateral, radiological supervision and interpretation</td>
</tr>
<tr>
<td>75825</td>
<td>Venography, caval, inferior, with serialography, radiological supervision and interpretation</td>
</tr>
<tr>
<td>75827</td>
<td>Venography, caval, superior, with serialography, radiological supervision and interpretation</td>
</tr>
<tr>
<td>75831</td>
<td>Venography, renal, unilateral, selective, radiological supervision and interpretation</td>
</tr>
<tr>
<td>75833</td>
<td>Venography, renal, bilateral, selective, radiological supervision and interpretation</td>
</tr>
<tr>
<td>75840</td>
<td>Venography, adrenal, unilateral, selective, radiological supervision and interpretation</td>
</tr>
<tr>
<td>75842</td>
<td>Venography, adrenal, bilateral, selective, radiological supervision and interpretation</td>
</tr>
<tr>
<td>75860</td>
<td>Venography, venous sinus (eg, petrosal and inferior sagittal) or jugular, catheter, radiological supervision and interpretation</td>
</tr>
<tr>
<td>75870</td>
<td>Venography, superior sagittal sinus, radiological supervision and interpretation</td>
</tr>
<tr>
<td>75872</td>
<td>Venography, epidural, radiological supervision and interpretation</td>
</tr>
<tr>
<td>75880</td>
<td>Venography, orbital, radiological supervision and interpretation</td>
</tr>
<tr>
<td>75885</td>
<td>Percutaneous transhepatic portography with hemodynamic evaluation, radiological supervision and interpretation</td>
</tr>
<tr>
<td>75887</td>
<td>Percutaneous transhepatic portography without hemodynamic evaluation, radiological supervision and interpretation</td>
</tr>
</tbody>
</table>

**TRANSCATHETER THERAPY AND BIOPSY**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>75894</td>
<td>Transcatheter therapy, embolization, any method, radiological supervision and interpretation</td>
</tr>
<tr>
<td>75984</td>
<td>Change of percutaneous tube or drainage catheter with contrast monitoring (eg, genitourinary system, abscess), radiological supervision and interpretation</td>
</tr>
</tbody>
</table>
Ordered Ambulatory Procedure Codes

75989 Radiological guidance (ie, fluoroscopy, ultrasound, or computed tomography) for percutaneous drainage (eg, abscess, specimen collection), with placement of catheter, radiological supervision and interpretation

MISCELLANEOUS PROCEDURES

76000 Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time, other than 71023 or 71034 (eg, cardiac fluoroscopy)

76001 Fluoroscopy, physician or other qualified health care professional time more than 1 hour, assisting a nonradiologic physician or other qualified health care professional (eg, nephrostolithotomy, ERCP, bronchoscopy, transbronchial biopsy)

76010 Radiologic examination from nose to rectum for foreign body, single view, child

76080 Radiologic examination, abscess, fistula or sinus tract study, radiological supervision and interpretation

76090 Radiologic examination, single plane body section (eg, tomography), other than with urography

76100 Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; unilateral

76102 bilateral

(Do not report 76101, 76102 more than once per day)

76120 Cineradiography/videoradiography, except where specifically included

76125 Cineradiography/videoradiography, to complement routine examination

76376 3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent workstation

(Use 76376 in conjunction with code[s] for base imaging procedure[s])

76377 requiring image postprocessing on an independent workstation

(Use 76377 in conjunction with code[s] for base imaging procedure[s])

76380 Computed tomography, limited or localized follow-up study

76496 Unlisted fluoroscopic procedure (eg, diagnostic, interventional)

76497 Unlisted computed tomography procedure (eg, diagnostic, interventional)

76498 Unlisted magnetic resonance procedure (eg, diagnostic, interventional)

76499 Unlisted diagnostic radiographic procedure

G0297 Low-dose computer tomography for lung cancer screening

DIAGNOSTIC ULTRASOUND

Definitions:

A-mode: Implies a one-dimensional ultrasonic measurement procedure.

M-mode: Implies a one-dimensional ultrasonic measurement procedure with movement of the trace to record amplitude and velocity of moving echo producing structures.

B-scan: Implies a two-dimensional ultrasonic scanning procedure with a two-dimensional display.

Real-time scan: Implies a two-dimensional ultrasonic scanning procedure with display of both two-dimensional structure and motion with time.
# Ordered Ambulatory Procedure Codes

## HEAD AND NECK

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>76506</td>
<td>Echoencephalography, real time with image documentation (gray scale) (for determination of ventricular size, delineation of cerebral contents, and detection of fluid masses or other intracranial abnormalities), including A-mode encephalography as secondary component where indicated</td>
</tr>
<tr>
<td>76510</td>
<td>Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter</td>
</tr>
<tr>
<td>76511</td>
<td>quantitative A-scan only</td>
</tr>
<tr>
<td>76512</td>
<td>B-scan (with or without superimposed non-quantitative A-scan)</td>
</tr>
<tr>
<td>76513</td>
<td>anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy</td>
</tr>
<tr>
<td>76514</td>
<td>corneal pachymetry, unilateral or bilateral (determination of corneal thickness)</td>
</tr>
<tr>
<td>76516</td>
<td>Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation</td>
</tr>
<tr>
<td>76519</td>
<td>Ophthalmic ultrasonic foreign body localization</td>
</tr>
<tr>
<td>76536</td>
<td>Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation</td>
</tr>
</tbody>
</table>

## CHEST

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>76604</td>
<td>Ultrasound, chest (includes mediastinum) real time with image documentation</td>
</tr>
<tr>
<td>76641</td>
<td>Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete</td>
</tr>
<tr>
<td>76642</td>
<td>limited</td>
</tr>
</tbody>
</table>

## ABDOMEN AND RETROPERITONEUM

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>76700</td>
<td>Ultrasound, abdominal, real time with image documentation; complete</td>
</tr>
<tr>
<td>76705</td>
<td>limited (eg, single organ, quadrant, follow-up)</td>
</tr>
<tr>
<td>76706</td>
<td>Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA)</td>
</tr>
<tr>
<td>76770</td>
<td>Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete</td>
</tr>
<tr>
<td>76775</td>
<td>limited</td>
</tr>
<tr>
<td>76776</td>
<td>Ultrasound, transplanted kidney, real time and duplex Doppler with image documentation</td>
</tr>
</tbody>
</table>

## SPINAL CANAL

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>76800</td>
<td>Ultrasound, spinal canal and contents</td>
</tr>
</tbody>
</table>

## PELVIS

## OBSTETRICAL

Codes 76801 and 76802 include determination of the number of gestational sacs and fetuses, gestational sac/fetal measurements appropriate for gestation (<14 weeks 0 days), survey of visible fetal and placental anatomic structure, qualitative assessment of amniotic fluid volume/gestational sac shape and examination of the maternal uterus and adnexa.
Codes 76805 and 76810 include determination of number of fetuses and amniotic/chorionic sacs, measurements appropriate for gestational age (> or = 14 weeks 0 days), survey of intracranial/spinal/abdominal anatomy, 4 chambered heart, umbilical cord insertion site, placenta location and amniotic fluid assessment and, when visible, examination of maternal adnexa.

Codes 76811 and 76812 include all elements of codes 76805 and 76810 plus detailed anatomic evaluation of the fetal brain/ventricles, face, heart/outflow tracts and chest anatomy, abdominal organ specific anatomy, number/length/architecture of limbs and detailed evaluation of the umbilical cord and placenta and other fetal anatomy as clinically indicated.

Patient record should document the results of the evaluation of each element described above or the reason for non-visualization.

Code 76815 represents a focused "quick look" exam limited to the assessment of one or more of the elements listed in code 76815.

Code 76816 describes an examination designed to reassess fetal size and interval growth or re-evaluated one or more anatomic abnormalities of a fetus previously demonstrated on ultrasound, and should be coded once regardless of the number of fetuses.

Code 76817 describes a transvaginal obstetric ultrasound performed separately or in addition to one of the transabdominal examinations described above. For the transvaginal examinations performed for non-obstetrical purposes, use code 76830.

76801 Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; (complete fetal and maternal evaluation), single or first gestation
76802 each additional gestation
(List separately in addition to primary procedure)
76805 Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach (complete fetal and maternal evaluation); single of first gestation
76810 each additional gestation
(List separately in addition to primary procedure)
(Use 76810 in conjunction with 76805)
76811 Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; single or first gestation
76812 each additional gestation
(List separately in addition to primary procedure)
(Use 76812 in conjunction with 76811)
76813 Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; single or first gestation
76814 each additional gestation
(List separately in addition to primary procedure)

76815 Ultrasound, pregnant uterus, real time with image documentation, limited (e.g., fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), one or more fetuses
(Use 76815 only once per exam and not per element)

76816 Ultrasound, pregnant uterus, real time with image documentation, follow-up (e.g., re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus

76817 Ultrasound, pregnant uterus, real time with image documentation, transvaginal
(If transvaginal examination is done in addition to transabdominal obstetrical ultrasound exam, use 76817 in addition to appropriate transabdominal exam code)

76818 Fetal biophysical profile; with non-stress testing
76819 without non-stress testing

76820 Doppler velocimetry, fetal; umbilical artery
(Billable with a diagnosis of polyhydramnios, oligohydramnios, placental transfusion syndromes or poor fetal growth)

76821 middle cerebral artery
(Billable with a diagnosis of rhesus isoimmunization, placental transfusion syndromes or viral diseases complicating pregnancy (e.g., parvovirus B-19 infection))

76825 Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording;
76826 follow-up or repeat study
76827 Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; complete
76828 follow-up or repeat study

NON-OBSTETRICAL

76830 Ultrasound, transvaginal
(If transvaginal examination is done in addition to transabdominal non-obstetrical ultrasound exam, use 76830 in addition to appropriate transabdominal exam code)

76831 Saline infusion sonohysterography (sis), including color flow Doppler, when performed

76856 Ultrasound, pelvic (nonobstetric), real time with image documentation; complete
76857 limited or follow-up (e.g., for follicles)

GENITALIA

76870 Ultrasound, scrotum and contents
76872 Ultrasound, transrectal;
76873 prostate volume study for brachytherapy treatment planning
(separate procedure)

EXTREMITIES

76881 Ultrasound, extremity, nonvascular, real-time with image documentation; complete
Ordered Ambulatory Procedure Codes

76882 limited, anatomic specific
76885 Ultrasound, infant hips, real time with imaging documentation; dynamic (requiring physician or other qualified health care professional manipulation)
76886 limited, static (not requiring physician or other qualified health care professional manipulation)

VASCULAR STUDIES

(For vascular studies, see 93981)

ULTRASONIC GUIDANCE PROCEDURES

76930 Ultrasonic guidance for pericardiocentesis, imaging supervision and interpretation
76932 Ultrasonic guidance for endomyocardial biopsy, imaging supervision and interpretation
76937 Ultrasonic guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to primary procedure)
76940 Ultrasound guidance for, and monitoring of, parenchymal tissue ablation
76941 Ultrasonic guidance for intrauterine fetal transfusion or cordocentesis, imaging supervision and interpretation
76942 Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation
76945 Ultrasonic guidance for chorionic villus sampling, imaging supervision and interpretation
76946 Ultrasonic guidance for amniocentesis, imaging supervision and interpretation
76965 Ultrasonic guidance for interstitial radionuclide application
76975 Gastrointestinal endoscopic ultrasound, supervision and interpretation
76977 Ultrasound bone density measurement and interpretation, peripheral site(s), any method

MISCELLANEOUS ULTRASONIC PROCEDURE

76999 Unlisted ultrasound procedure (eg, diagnostic, interventional)
RADIOLOGIC GUIDANCE

FLUOROSCOPIC GUIDANCE

77001 Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position) (List separately in addition to primary procedure) (Do not use 77001 in conjunction with 77002)

77002 Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)

77003 Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid) (List separately in addition to code for primary procedure)

COMPUTED TOMOGRAPHY GUIDANCE

77012 Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation

77013 Computerized tomography guidance for, and monitoring of, parenchymal tissue ablation

MAGNETIC RESONANCE GUIDANCE

77021 Magnetic resonance guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation

77022 Magnetic resonance guidance for, and monitoring of, parenchymal tissue ablation
BREAST, MAMMOGRAPHY

77053 Mammary ductogram or galactogram, single duct, radiological supervision and interpretation
77054 Mammary ductogram or galactogram, multiple ducts, radiological supervision and interpretation
77058 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral
77059 Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral
77065 Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral
77066 bilateral
77067 Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed

MAMMOGRAPHY CODES TO BE BILLED FOR MEDICARE PRIMARY RECIPIENTS ONLY

G0202 Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed
G0204 Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral
G0206 Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral

BONE/JOINT STUDIES

77072 Bone age studies
77073 Bone length studies (orthoroentgenogram, scanogram)
77074 Radiologic examination, osseous survey; limited (eg, for metastases)
77075 Radiologic examination, osseous survey; complete (axial and appendicular skeleton)
77076 Radiologic examination, osseous survey, infant
77077 Joint survey, single view, 2 or more joints (specify)
77078 Computed tomography, bone mineral density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)
77080 Dual-energy x-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)
77081 Dual-energy x-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)
77084 Magnetic resonance (eg, proton) imaging, bone marrow blood supply
RADIATION ONCOLOGY

Listings for Radiation Oncology provide for teletherapy and brachytherapy to include initial consultation, clinical treatment planning, simulation, medical radiation physics, dosimetry, treatment devices, special services, and clinical treatment management procedures. They include normal follow-up care during course of treatment and for three months following its completion.

For treatment by injectable or ingestible isotopes, see subsection Nuclear Medicine.

CLINICAL TREATMENT PLANNING (EXTERNAL AND INTERNAL SOURCES)

The clinical treatment planning process is a complex service including interpretation of special testing, tumor localization, treatment volume determination, treatment time/dosage determination, choice of treatment modality, determination of number and size, of treatment ports, selection of appropriate treatment devices, and other procedures.

Reimbursement for procedure codes 77261, 77262 & 77263 is for the global fee.

77261 Therapeutic radiology treatment planning; simple
77262 intermediate
77263 complex

Definitions:

Simple - simulation of a single treatment area with either a single port or parallel opposed ports. Simple or no blocking.
Intermediate – simulation of three or more converging ports, two separate treatment areas, multiple blocks.
Complex – simulation of tangential portals, three or more treatment areas, rotation or arc therapy, complex blocking, custom shielding blocks, brachytherapy source verification, hyperthermia probe verification, any use of contrast materials.

Three-dimensional (3D) - computer-generated 3D reconstruction of tumor volume and surrounding critical normal tissue structures from direct CT scans and/or MRI data in preparation for non-coplanar or coplanar therapy. The stimulation utilizes documented 3D beam’s eye view volume-dose displays of multiple or moving beams. Documentation with 3D volume reconstruction and dose distribution is required.

(Simulation may be carried out on a dedicated simulator, a radiation therapy treatment unit, or diagnostic x-ray machine.)

77280 Therapeutic radiology simulation-aided field setting; simple
77285 intermediate
77290 complex
77293 Respiratory motion management simulation (List separately in addition to code for primary procedure)
77299 Unlisted procedure, therapeutic radiology clinical treatment planning

MEDICAL RADIATION PHYSICS, DOSIMETRY, TREATMENT DEVICES AND SPECIAL SERVICES

77295 3-dimensional radiotherapy plan, including dose-volume histograms
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>77300</td>
<td>Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose as required during course of treatment, only when prescribed by the treating physician</td>
</tr>
<tr>
<td>77301</td>
<td>Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications</td>
</tr>
<tr>
<td>77306</td>
<td>Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)</td>
</tr>
<tr>
<td>77307</td>
<td>complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s)</td>
</tr>
<tr>
<td>77316</td>
<td>Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)</td>
</tr>
<tr>
<td>77317</td>
<td>intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)</td>
</tr>
<tr>
<td>77318</td>
<td>complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)</td>
</tr>
<tr>
<td>77321</td>
<td>Special teletherapy port plan, particles, hemibody, total body</td>
</tr>
<tr>
<td>77331</td>
<td>Special dosimetry (eg, TLD, microdosimetry) (specify), only when prescribed by the treating physician</td>
</tr>
<tr>
<td>77332</td>
<td>Treatment devices, design and construction; simple (simple block, simple bolus)</td>
</tr>
<tr>
<td>77333</td>
<td>intermediate (multiple blocks, stents, bite blocks, special bolus)</td>
</tr>
<tr>
<td>77334</td>
<td>complex (irregular blocks, special shields, compensators, wedges, molds or casts)</td>
</tr>
<tr>
<td>77336</td>
<td>Continuing medical physics consultation, including assessment of treatment parameters, quality assurance of dose delivery, and review of patient treatment documentation in support of the radiation oncologist, reported per week of therapy (Reimbursement is for the global fee)</td>
</tr>
</tbody>
</table>

**STEREOTACTIC RADIATION TREATMENT DELIVERY**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>77371</td>
<td>Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based</td>
</tr>
<tr>
<td>77372</td>
<td>linear accelerator based</td>
</tr>
<tr>
<td>77373</td>
<td>Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions</td>
</tr>
</tbody>
</table>

**MISCELLANEOUS PROCEDURES**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>77399</td>
<td>Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services</td>
</tr>
</tbody>
</table>
RADIATION TREATMENT DELIVERY

Radiation treatment delivery (77401-77416) recognizes the technical component and the various energy levels. Procedure codes 77401-77417 are for the **TC component only**, no modifier required.

- **77401** Radiation treatment delivery, superficial and/or ortho voltage, per day
- **77402** Radiation treatment delivery, >1 MeV: simple
  - intermediate
  - complex
- **77417** Therapeutic radiology port image(s)
- **77385** Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple
  - complex
- **77387** Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking, when performed

RADIATION TREATMENT MANAGEMENT

Radiation treatment management is reported in units of five fractions or treatment sessions, regardless of the actual time period in which the services are furnished. The services need not be furnished on consecutive days. Multiple fractions representing two or more treatment sessions furnished on the same day may be counted separately as long as there has been a distinct break in therapy sessions, and the fractions are of the character usually furnished on different days. Code 77427 is also reported if there are three or four fractions beyond a multiple of five at the end of a course of treatment; one or two fractions beyond a multiple of five at the end of a course of treatment are not reported separately.

The professional services furnished during treatment management typically consists of:

- Review of port films;
- Review of dosimetry, dose delivery; and treatment parameters;
- Review of patient treatment set-up;

Examination of patient for medical evaluation and management (eg, assessment of the patient's response to treatment, coordination of care and treatment, review of imaging and/or lab results).

- **77427** Radiation treatment management, 5 treatments
- **77431** Radiation therapy management with complete course of therapy consisting of 1 or 2 fractions only
  (77431 is not to be used to fill in the last week of a long course of therapy)
- **77432** Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)
- **77435** Stereotactic body radiation therapy, treatment management, per treatment course, to one or more lesions, including image guidance, entire course not to exceed 5 fractions
  (Do not report 77435 in conjunction with 77427-77432)
- **77470** Special treatment procedure (eg, total body irradiation, hemibody irradiation, per oral or endocavitary irradiation)
(77470 assumes that the procedure is performed 1 or more times during the course of therapy, in addition to daily or weekly patient management)

77499  Unlisted procedure, therapeutic radiology clinical treatment management

**PROTON BEAM TREATMENT DELIVERY**

**Definitions:**

**Simple** proton treatment delivery to a single treatment area utilizing a single non-tangential/oblique port, custom block with compensation (77522) and without compensation (77520).

**Intermediate** proton treatment delivery to one or more treatment areas utilizing two or more ports or one or more tangential/oblique ports, with custom blocks and compensators.

**Complex** proton treatment delivery to one or more treatment areas utilizing two or more ports per treatment area with matching or patching fields and/or multiple isocenters, with custom blocks and compensators.

77520  Proton treatment delivery; simple, without compensation
77522  simple, with compensation
77523  intermediate
77525  complex

**HYPERTHERMIA**

Hyperthermia treatments as listed in this section include external (superficial and deep), interstitial, and intracavitary. Radiation therapy when given concurrently is listed separately. Hyperthermia is used only as an adjunct to radiation therapy or chemotherapy. It may be induced by a variety of sources, (eg, microwave, ultrasound, low energy radio-frequency conduction, or by probes). The listed treatments include management during the course of therapy and follow-up care for three months after completion. Physics planning and interstitial insertion of temperature sensors, and use of external or interstitial heat generating sources are included.

77600  Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less)
77605  deep (ie, heating to depths greater than 4 cm)
77610  Hyperthermia generated by interstitial probe(s); 5 or fewer interstitial applicators
77615  more than 5 interstitial applicators

**CLINICAL INTRACAVITARY HYPERThERMIA**

77620  Hyperthermia generated by intracavitary probe(s)

**CLINICAL BRACHYTHERAPY**

Clinical brachytherapy requires the use of either natural or man-made radioelements applied into or around a treatment field of interest. The supervision of radioelements and dose interpretation are performed solely by the therapeutic radiologist. When a procedure requires the service of a surgeon, see appropriate codes from the Surgery Section Services. Services 77750-77799 include admission to the hospital and daily visits.
**Definitions:**
(Sources refer to intracavitary placement or permanent interstitial placement; ribbons refer to temporary interstitial placement.)

**Simple** - application with one to four sources/ribbons

**Intermediate** - application with five to ten sources/ribbons

**Complex** - application with greater than ten sources/ribbons

- 77750 Infusion or instillation of radioelement solution (includes 3-month follow-up care)
- 77761 Intracavitary radiation source application; simple
- 77762 Intermediate
- 77763 Complex
- 77767 Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel
- 77768 lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions
- 77770 Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel
- 77771 2-12 channels
- 77772 over 12 channels
- 77778 Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source, when performed
- 77789 Surface application of low dose radionuclide source
- 77799 Unlisted procedure, clinical brachytherapy

**NUCLEAR MEDICINE**

The services listed do not include the provision of radium or other radioelements. Those materials supplied by the provider should be billed separately and identified by the specific code describing the diagnostic radiopharmaceutical(s) and/or the therapeutic radiopharmaceutical(s) which are listed at the end of this section.

**DIAGNOSTIC**

**ENDOCRINE SYSTEM**

- 78012 Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)
- 78013 Thyroid imaging (including vascular flow, when performed);
- 78014 with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)
- 78015 Thyroid carcinoma metastases imaging; limited area (eg, neck and chest only)
- 78016 with additional studies (eg, urinary recovery)
- 78018 whole body
- 78020 Thyroid carcinoma metastases uptake
Ordered Ambulatory Procedure Codes

(List separately in addition to primary procedure)
(Use 78020 in conjunction with 78018 only)

78070 Parathyroid plantar imaging (including subtraction, when performed);
with tomographic (SPECT)
78075 Adrenal imaging, cortex and/or medulla
78099 Unlisted endocrine procedure, diagnostic nuclear medicine

HEMATOPOIETIC, RETICULOENDOTHELIAL AND LYMPHATIC SYSTEM

78102 Bone marrow imaging; limited area
78103 multiple areas
78104 whole body
78110 Plasma volume, radio-pharmaceutical volume-dilution technique (separate procedure); single sampling
78111 multiple samplings
78120 Red cell volume determination (separate procedure); single sampling
78121 multiple samplings
78122 Whole blood volume determination, including separate measurement of plasma volume and red cell volume (radio-pharmaceutical volume-dilution technique)
78130 Red cell survival study
78135 Differential organ/tissue kinetics, (eg, splenic and/or hepatic sequestration)
78185 Spleen imaging only, with or without vascular flow
78190 Kinetics, study of platelet survival, with or without differential organ/tissue localization
78191 Platelet survival study
78195 Lymphatics and lymph nodes imaging
78199 Unlisted hematopoietic, reticuloendothelial and lymphatic procedure, diagnostic nuclear medicine

GASTROINTESTINAL SYSTEM

78201 Liver imaging; static only
78202 with vascular flow
78205 Liver imaging (SPECT)
78206 with vascular flow
78215 Liver and spleen imaging; static only
78216 with vascular flow
78226 Hepatobiliary system imaging, including gallbladder when present;
with pharmacologic intervention, including quantitative measurement(s) when performed
78230 Salivary gland imaging;
78231 with serial images
78232 Salivary gland function study
78258 Esophageal motility
78261 Gastric mucosa imaging
78262 Gastroesophageal reflux study
Ordered Ambulatory Procedure Codes

78264 Gastric emptying imaging study (eg, solid, liquid or both)
78265 Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit
78266 with small bowel transit and colon transit, multiple days
(Report 78264, 78265, or 78266 only once per imaging study)
78270 Vitamin B-12 absorption study (eg, Schilling test); without intrinsic factor
78271 with intrinsic factor
78272 Vitamin B-12 absorption studies combined, with and without intrinsic factor
78278 Acute gastrointestinal blood loss imaging
78290 Intestine imaging (eg, ectopic gastric mucosa, Meckel's localization, volvulus)
78291 Peritoneal-venous shunt patency test (eg, for LeVeen, Denver shunt)
78299 Unlisted gastrointestinal procedure, diagnostic nuclear medicine

MUSCULOSKELETAL SYSTEM

78300 Bone and/or joint imaging; limited area
78305 multiple areas
78306 whole body
78315 three phase study
78320 tomographic (SPECT)
78350 Bone density (bone mineral content) study; 1 or more sites; single photon absorptiometry
78351 dual photon absorptiometry, 1 or more sites
78399 Unlisted musculoskeletal procedure, diagnostic nuclear medicine

CARDIOVASCULAR SYSTEM

78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)
78452 Multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection
78453 Planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)
78454 Planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performer); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection
78456 Acute venous thrombosis imaging, peptide
78457 Venous thrombosis imaging, venogram; unilateral
78458 bilateral
78466 Myocardial imaging, infarct avid, planar; qualitative or quantitative
78468 with ejection fraction by first pass technique
78469 tomographic SPECT with or without quantification
78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing
78473 multiple studies, wall motion study plus ejection fraction, at rest and stress (exercise and/or pharmacologic), with or without additional quantification
78481 Cardiac blood pool imaging, (planar), first pass technique; single study, at rest or with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification
78483 multiple studies, at rest and with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification
78494 Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing
78496 Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique (Use 78496 in conjunction with 78472)
78499 Unlisted cardiovascular procedure, diagnostic nuclear medicine

RESPIRATORY SYSTEM

78579 Pulmonary ventilation imaging (eg, aerosol or gas)
78580 Pulmonary perfusion imaging (eg, particulate)
78582 Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging
78597 Quantitative differential pulmonary perfusion, including imaging when performed
78598 Quantitative differential pulmonary perfusion and ventilation (eg, aerosol or gas), including imaging when performed (Report 78579, 78580, 78582-78598, only once per imaging session) (Do not report 78580, 78582-78598 in conjunction with 78451-78454)
78599 Unlisted respiratory procedure; diagnostic nuclear medicine

NERVOUS SYSTEM

78600 Brain imaging, less than 4 static views;
78601 with vascular flow
78605 Brain imaging, minimum 4 static views;
78606 with vascular flow
78607 tomographic (SPECT)
78610 Brain imaging, vascular flow only
78630 Cerebrospinal fluid flow, imaging (not including introduction of material); cisternography
78635 ventriculography
78645 shunt evaluation
78647 tomographic (SPECT)
78650 Cerebrospinal fluid leakage detection and localization
78660 Radio-pharmaceutical dacryocystography
78699 Unlisted nervous system procedure, diagnostic nuclear medicine
GENITOURINARY SYSTEM

78700 Kidney imaging morphology
78701 with vascular flow
78707 with vascular flow and function, single study without pharmacological intervention
78708 single study, with pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)
78709 multiple studies, with and without pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)
78710 tomographic (SPECT)
78725 Kidney function study, non-imaging radioisotopic study
78730 Urinary bladder residual study
   (List separately in addition to primary procedure)
   (Use 78730 in conjunction with 78740)
78740 Ureteral reflux study (radio-pharmaceutical voiding cystogram)
   (Use 78740 in conjunction with 78730 for urinary bladder residual study)
78761 Testicular imaging with vascular flow
78799 Unlisted genitourinary procedure, diagnostic nuclear medicine

MISCELLANEOUS PROCEDURES

78800 Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); limited area
78801 multiple areas
78802 whole body, single day imaging
78803 tomographic (SPECT)
78804 whole body, requiring two or more days imaging
78805 Radiopharmaceutical localization of inflammatory process, limited area
78806 whole body
78807 tomographic (SPECT)
78999 Unlisted miscellaneous procedure, diagnostic nuclear medicine

THERAPEUTIC

79005 Radiopharmaceutical therapy, by oral administration
79101 by intravenous administration
79200 by intracavitary administration
79300 by interstitial radioactive colloid administration
79403 radiolabeled monoclonal antibody by intravenous infusion
   (Do not report 79403 in conjunction with 79101)
79440 by intra-articular administration
79445 by intra-arterial particulate administration
79999 Unlisted radio-pharmaceutical therapeutic procedure
### RADIOPHARMACEUTICAL IMAGING AGENTS  
(Report and Invoice Required)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Unit(s)</th>
<th>Amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>A4641</td>
<td>Radiopharmaceutical, diagnostic, not otherwise classified</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A4642</td>
<td>Indium IN-111 satumomab pendetide, diagnostic, per study dose</td>
<td></td>
<td>up to 6 millicuries</td>
</tr>
<tr>
<td>A9500</td>
<td>Technetium TC-99m sestamibi, diagnostic, per study dose</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A9501</td>
<td>Technetium TC-99m teboroxime, diagnostic, per study dose</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A9502</td>
<td>Technetium TC-99m tetrofosmin, diagnostic, per study dose</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A9503</td>
<td>Technetium TC-99m medronate, diagnostic, per study dose, up to 30 millicuries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A9504</td>
<td>Technetium TC-99m apcitide, diagnostic, per study dose, up to 20 millicuries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A9505</td>
<td>Thallium TI-201 thallous chloride, diagnostic, per millicurie</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A9507</td>
<td>Indium IN-111 capromab pendetide, diagnostic, per study dose, up to 10 millicuries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A9508</td>
<td>Iodine I-131 iobenguane sulfate, diagnostic, per 0.5 millicurie</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A9509</td>
<td>Iodine I-123 sodium iodide, diagnostic, per millicurie</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A9510</td>
<td>Technetium Tc-99m disofenin, diagnostic, per study dose, up to 15 millicuries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A9512</td>
<td>Technetium T-99m pertechnetate, diagnostic, per millicurie</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A9515</td>
<td>Choline C-11, diagnostic, per study dose up to 20 millicuries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A9516</td>
<td>Iodine I-123 sodium iodide, diagnostic, per 100 microcuries, up to 999 microcuries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A9517</td>
<td>Iodine I-131 sodium iodide capsule(s), therapeutic, per millicurie</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A9520</td>
<td>Technetium Tc-99m tilmanocept, diagnostic, up to 0.5 millicuries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A9521</td>
<td>Technetium T-99m exametazime, diagnostic, per study dose, up to 25 millicuries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A9524</td>
<td>Iodine I-131 iodinated serum albumin, diagnostic, per 5 microcuries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A9526</td>
<td>Nitrogen N-13 ammonia, diagnostic, per study dose, up to 40 millicuries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A9527</td>
<td>Iodine I-125, sodium iodide solution, therapeutic, per millicurie</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A9528</td>
<td>Iodine I-131 sodium iodide capsule(s), diagnostic, per millicurie</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A9529</td>
<td>Iodine I-131 sodium iodide solution, diagnostic, per millicurie</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A9530</td>
<td>Iodine I-131 sodium iodide solution, therapeutic, per millicurie</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A9531</td>
<td>Iodine I-131 sodium iodide, diagnostic, per microcurie (up to 100 microcuries)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A9532</td>
<td>Iodine I-125 serum albumin, diagnostic, per 5 microcuries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A9536</td>
<td>Technetium Tc-99m depreotide, diagnostic, per study dose, up to 35 millicuries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A9537</td>
<td>Technetium Tc-99m mebrofenin, diagnostic, per study dose, up to 15 millicuries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A9538</td>
<td>Technetium Tc-99m pyrophosphate, diagnostic, per study dose, up to 25 millicuries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A9539</td>
<td>Technetium Tc-99m pentetate, diagnostic, per study dose, up to 25 millicuries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A9540</td>
<td>Technetium Tc-99m macroaggregated albumin, diagnostic, per study dose, up to 10 millicuries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A9541</td>
<td>Technetium Tc-99m sulfur colloid, diagnostic, per study dose, up to 20 millicuries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A9542</td>
<td>Indium IN-111 ibritumomab tiuxetan, diagnostic, per study dose, up to 5 millicuries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A9543</td>
<td>Yttrium Y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 millicuries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A9546</td>
<td>Cobalt Co-57/58, cyanocobalamin, diagnostic, per study dose, up to 1 microcurie</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A9547</td>
<td>Indium IN-111 oxyquinoline, diagnostic, per 0.5 millicurie</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A9548</td>
<td>Indium IN-111 pentetate, diagnostic, per 0.5 millicurie</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A9550</td>
<td>Technetium Tc-99m sodium gluceptate, diagnostic, per study dose, up to 25 millicuries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A9551</td>
<td>Technetium Tc-99m succimer, diagnostic, per study dose, up to 10 millicuries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A9552</td>
<td>Fluorodeoxyglucose F-18 FDG, diagnostic, per study dose, up to 45 millicuries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A9553</td>
<td>Chromium Cr-51 sodium chromate, diagnostic, per study dose, up to 250 microcuries</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
A9554  Iodine I-125 sodium iothalamate, diagnostic, per study dose, up to 10 microcuries
A9555  Rubidium Rb-82, diagnostic, per study dose, up to 60 millicuries
A9557  Technetium Tc-99m bicitrate, diagnostic, per study dose, up to 25 millicuries
A9558  Xenon Xe-133 gas, diagnostic, per 10 millicuries
A9559  Cobalt Co-57 cyanocobalamin, oral, diagnostic, per study dose, up to 1 microcurie
A9560  Technetium Tc-99m labeled red blood cells, diagnostic, per study dose, up to 30 millicuries
A9561  Technetium Tc-99m oxidronate, diagnostic, per study dose, up to 30 millicuries
A9562  Technetium Tc-99m meridiatide, diagnostic, per study dose, up to 15 millicuries
A9563  Sodium phosphate P-32, therapeutic, per millicurie
A9564  Chromic phosphate P-32 suspension, therapeutic, per millicurie
A9566  Technetium Tc-99m fanolesomab, diagnostic, per study dose, up to 25 millicuries
A9567  Technetium Tc-99m pentetate, diagnostic, aerosol, per study dose, up to 75 millicuries
A9568  Technetium Tc-99m arcitumomab, diagnosis, per study dose up to 45 millicuries
A9569  Technetium Tc-99m exametazime labeled autologous white blood cells, diagnostic, per study dose
A9570  Indium IN-111 labeled autologous white blood cells, diagnostic, per study dose
A9571  Indium IN-111 labeled autologous platelets, diagnostic, per study dose
A9572  Indium IN-111 pentetreotide, diagnostic, per study dose, up to 6 millicuries
A9580  Sodium fluoride F-18, diagnostic, per study dose, up to 30 millicuries
A9582  Iodine I-123 lobenguane, diagnostic, per study dose, up to 15 millicuries
A9584  Iodine 1-123 ioflupane, diagnostic, per study dose, up to 5 millicuries
A9587  Gallium Ga-68, dotatate, diagnostic, 0.1 millicurie
A9588  Fluciclovine F-18, diagnostic, 1 millicurie
A9597  Positron emission tomography radiopharmaceutical, diagnostic, for tumor identification, not otherwise classified
A9598  Positron emission tomography radiopharmaceutical, diagnostic, for non-tumor identification, not otherwise classified
A9600  Strontium Sr-89 chloride, therapeutic, per millicurie
A9604  Samarium SM-153 lexidronam, therapeutic, per treatment dose, up to 150 millicuries
A9606  Radium Ra-223 dichloride, therapeutic, per microcurie
A9699  Radiopharmaceutical, therapeutic, not otherwise classified
POSITRON EMISSION TOMOGRAPHY (PET)

Maximum reimbursement amounts are for the complete procedure (professional and technical/administrative components) excluding the tracer. Medicaid will reimburse for the professional/technical administrative component of a PET scan and separate reimbursement will be made for the PET scan tracer. To receive reimbursement for only the technical/administrative component, see modifier –TC Technical Component.

78459 Myocardial imaging, positron emission tomography (PET), metabolic evaluation
78491 Myocardial imaging, positron emission tomography (PET), perfusion; single study at rest or stress
78492 multiple studies at rest and/or stress
78608 Brain imaging, positron emission tomography (PET); metabolic evaluation
78609 perfusion evaluation
78811 Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)
78812 skull base to mid-thigh
78813 whole body
78814 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)
78815 skull base to mid-thigh
78816 whole body
MEDICINE SERVICES

IMMUNIZATIONS

Immunization procedures include the supply of material and administration.

For dates of service on or after 7/1/03 when immunization materials are supplied by the Vaccine for Children Program (VFC), bill using the procedure code that represents the immunization(s) administered and append modifier –SL State Supplied Vaccine to receive the VFC administration fee. See Modifier –SL for further information.

NOTE: The maximum fees for immunization injection codes are adjusted periodically by the State to reflect the estimated acquisition cost of the antigen. Insert actual acquisition cost per dose in amount charged field on claim form. For codes listed BR in the Fee Schedule, also attach an itemized invoice to claim form including the dose administered.

To meet the reporting requirements of immunization registries, vaccine distribution programs and reporting systems (eg, Vaccine Adverse Event Reporting System) the exact vaccine product administered needs to be reported. Multiple codes for a particular vaccine are provided in CPT when the schedule (number of doses or timing) differs for two or more products of the same vaccine type (eg, hepatitis A, Hib) or the vaccine product is available in more than one chemical formulation, dosage, or route of administration.

Reimbursement for drugs (including vaccines and immune globulins) furnished by provider to their patients is based on the acquisition cost to the provider of the drug dose administered to the patient. For all drugs furnished in this fashion it is expected that the provider will maintain auditable records of the actual itemized invoice cost of the drug, including the numbers of doses of the drug represented on the invoice.

New York State Medicaid does not intend to pay more than the acquisition cost of the drug dosage, as established by invoice, to the provider. Regardless of whether an invoice must be submitted to Medicaid for payment, the provider is expected to limit his or her Medicaid claim amount to the actual invoice cost of the drug dosage administered.

Separate codes are available for combination vaccines (eg, DTP-Hib, DtaP-Hib, HepB-Hib). It is inappropriate to code each component of a combination vaccine separately. If a specific vaccine code is not available, the unlisted procedure code should be reported, until a new code becomes available.

-SL State Supplied Vaccine: (Used to identify administration of vaccine supplied by the Vaccine for Children’s Program (VFC for children under 19 years of age). When administering vaccine supplied by the state (VFC Program), you must append modifier –SL State Supplied Vaccine to the procedure code number representing the vaccine administered. Omission of this modifier on claims for recipients under 19 years of age will cause your claim to deny. (Reimbursement will not exceed $17.85, the administration fee for the Vaccine for Children Program.)
IMMUNE GLOBULINS

Codes 90291-90399 identify the immune globulin product only and are reported in addition to the administration codes 96365-96368 as appropriate.

- 90291 Cytomegalovirus immune globulin (CMV-IgIV), human, for intravenous use
- 90371 Hepatitis B immune globulin (HBlg), human, for intramuscular use
- 90375 Rabies immune globulin (Rlg), human, for intramuscular and/or subcutaneous use
- 90376 Rabies immune globulin, heat-treated (Rlg-HT), human, for intramuscular and/or subcutaneous use
- 90384 Rho(D) immune globulin (RhIg), human, full-dose, for intramuscular use
- 90385 Rho(D) immune globulin (RhIg), human, mini-dose, for intramuscular use
- 90386 Rho(D) immune globulin (RhIgIV), human, for intravenous use
- 90389 Tetanus immune globulin (TIg), human, for intramuscular use
- 90393 Vaccinia immune globulin (TIg), human, for intramuscular use
- 90396 Varicella-zoster immune globulin, human, for intramuscular use
- 90399 Unlisted immune globulin

IMMUNIZATION ADMINISTRATION FOR VACCINES/TOXOIDS

- 90460 Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered
- 90471 Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)
- 90472 Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (list separately in addition to code for primary procedure)
- 90473 Immunization administration by intranasal or oral route; one vaccine (single or combination vaccine/toxoid)
- 90474 Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (list separately in addition to code for primary procedure)

VACCINES/TOXOIDS

For administration of vaccines supplied by VFC, including influenza and pneumococcal administration, providers will be required to bill vaccine administration code 90460. Providers must continue to bill the specific vaccine code with the “SL” modifier on the claim (payment for “SL” will be $0.00). If an administration code is billed without a vaccine code with “SL”, the claim will be denied. For reimbursement purposes, the administration of the components of a combination vaccine will continue to be considered as one vaccine administration. More than one vaccine administration is reimbursable under 90460 on a single date of service.

- 90585 Bacillus Calmette-Guerin vaccine (BCG) for tuberculosis, live, for percutaneous use
- 90586 Bacillus Calmette-Guerin vaccine (BCG) for bladder cancer, live, for intravesical use
<table>
<thead>
<tr>
<th>Code</th>
<th>Vaccine Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>90620</td>
<td>Meningococcal recombinant protein and outer membrane vesicle vaccine, Serogroup B, 2 dose schedule, for intramuscular use</td>
</tr>
<tr>
<td>90621</td>
<td>Meningococcal recombinant lipoprotein vaccine, Serogroup B, 2 or 3 dose schedule, for intramuscular use</td>
</tr>
<tr>
<td>90632</td>
<td>Hepatitis A vaccine, adult dosage, for intramuscular use</td>
</tr>
<tr>
<td>90633</td>
<td>Hepatitis A vaccine, pediatric/adolescent dosage-2 dose schedule, for intramuscular use</td>
</tr>
<tr>
<td>90636</td>
<td>Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use</td>
</tr>
<tr>
<td>90647</td>
<td>Hemophilus influenza B vaccine (Hib), PRP-OMP conjugate (3 dose schedule), for intramuscular use</td>
</tr>
<tr>
<td>90648</td>
<td>Hemophilus influenza B vaccine (Hib), PRP-T conjugate (4 dose schedule), for intramuscular use</td>
</tr>
<tr>
<td>90649</td>
<td>Human Papilloma virus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent) 3 dose schedule, for intramuscular use</td>
</tr>
<tr>
<td>90650</td>
<td>Human Papilloma virus (HPV) vaccine, types 16, 18, bivalent, 3 dose schedule, for intramuscular use</td>
</tr>
<tr>
<td>90651</td>
<td>Human Papillomavirus vaccine types 6, 11, 16, 31, 33, 45, 52, 58, nonavalent (HPV), 3 dose schedule for intramuscular use</td>
</tr>
<tr>
<td>90654</td>
<td>Influenza virus vaccine, trivalent (IIV3) split virus, preservative-free, for intradermal use</td>
</tr>
<tr>
<td>90655</td>
<td>Influenza virus vaccine, trivalent, split virus, preservative-free, 0.25 mL dosage, for intramuscular use</td>
</tr>
<tr>
<td>90656</td>
<td>Influenza virus vaccine, trivalent, split virus, preservative-free, 0.5 mL dosage, for intramuscular use</td>
</tr>
<tr>
<td>90657</td>
<td>Influenza virus vaccine, trivalent, split virus, 0.25 mL dosage, for intramuscular use</td>
</tr>
<tr>
<td>90658</td>
<td>Influenza virus vaccine, trivalent, split virus, 0.5 mL dosage, for intramuscular use</td>
</tr>
<tr>
<td>90660</td>
<td>Influenza virus vaccine, trivalent, live, for intranasal use</td>
</tr>
<tr>
<td>90661</td>
<td>Influenza virus vaccine, trivalent (ccIIV3), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use</td>
</tr>
<tr>
<td>90662</td>
<td>Influenza virus vaccine, split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use</td>
</tr>
<tr>
<td>90670</td>
<td>Pneumococcal conjugate vaccine, 13 valent, for intramuscular use</td>
</tr>
<tr>
<td>90673</td>
<td>Influenza virus vaccine, trivalent, derived from recombinant DNA (RIV3), hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use</td>
</tr>
<tr>
<td>90674</td>
<td>Influenza virus vaccine; quadrivalent (ccIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use</td>
</tr>
<tr>
<td>90675</td>
<td>Rabies vaccine, for intramuscular use</td>
</tr>
<tr>
<td>90676</td>
<td>Rabies vaccine, for intradermal use</td>
</tr>
<tr>
<td>90680</td>
<td>Rotavirus vaccine, pentavalent, 3 dose schedule, live, for oral use</td>
</tr>
<tr>
<td>90681</td>
<td>Rotavirus vaccine human, attenuated, 2 dose schedule, live, for oral use</td>
</tr>
<tr>
<td>90685</td>
<td>Influenza virus vaccine, quadrivalent, split virus, preservative free, 0.25 mL dosage, for intramuscular use</td>
</tr>
<tr>
<td>90686</td>
<td>Influenza virus vaccine, quadrivalent, split virus, preservative free, 0.5 mL dosage, for intramuscular use</td>
</tr>
<tr>
<td>90688</td>
<td>Influenza virus vaccine, quadrivalent, split virus, 0.5 mL dosage, for intramuscular use</td>
</tr>
<tr>
<td>90690</td>
<td>Typhoid vaccine, live, oral</td>
</tr>
<tr>
<td>90691</td>
<td>Typhoid vaccine, Vi capsular polysaccharide (ViCPs), for intramuscular use</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>-------</td>
<td>-------------</td>
</tr>
<tr>
<td>90696</td>
<td>Diphtheria, tetanus toxoids, acellular pertussis vaccine and poliovirus vaccine, inactivated (DtaP-IPV), when administered to children 4 through 6 years of age, for intramuscular use</td>
</tr>
<tr>
<td>90698</td>
<td>Diphtheria, tetanus toxoids, acellular vaccine, haemophilus influenza Type B, and poliovirus vaccine, inactivated (DtaP – Hib – IPV), for intramuscular use</td>
</tr>
<tr>
<td>90700</td>
<td>Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years, for intramuscular use</td>
</tr>
<tr>
<td>90702</td>
<td>Diphtheria and tetanus toxoids (DT) absorbed when administered to individuals younger than 7 years, for intramuscular use</td>
</tr>
<tr>
<td>90707</td>
<td>Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use</td>
</tr>
<tr>
<td>90710</td>
<td>Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use</td>
</tr>
<tr>
<td>90713</td>
<td>Poliovirus vaccine, inactivated, (IPV), for subcutaneous or intramuscular use</td>
</tr>
<tr>
<td>90714</td>
<td>Tetanus and diphtheria toxoids (Td) absorbed, preservative free, when administered to individuals 7 years or older, for intramuscular use</td>
</tr>
<tr>
<td>90715</td>
<td>Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use</td>
</tr>
<tr>
<td>90716</td>
<td>Varicella virus vaccine, live, for subcutaneous use</td>
</tr>
<tr>
<td>90717</td>
<td>Yellow fever vaccine, live, for subcutaneous use</td>
</tr>
<tr>
<td>90723</td>
<td>Diphtheria, tetanus toxoids, acellular pertussis vaccine, Hepatitis B, and poliovirus vaccine, inactivated (DTaP-HepB-IPV), for intramuscular use</td>
</tr>
<tr>
<td>90732</td>
<td>Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use</td>
</tr>
<tr>
<td>90733</td>
<td>Meningococcal polysaccharide vaccine (any group[s]), for subcutaneous use</td>
</tr>
<tr>
<td>90734</td>
<td>Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 (quadrivalent) (MCV4 or MenACWY) for intramuscular use</td>
</tr>
<tr>
<td>90736</td>
<td>Zoster (shingles) vaccine, live, for subcutaneous injection</td>
</tr>
<tr>
<td>90738</td>
<td>Japanese encephalitis virus vaccine, inactivated, for intramuscular use</td>
</tr>
<tr>
<td>90740</td>
<td>Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (3 dose schedule), for intramuscular use</td>
</tr>
<tr>
<td>90743</td>
<td>Hepatitis B vaccine, adolescent (2 dose schedule), for intramuscular use</td>
</tr>
<tr>
<td>90744</td>
<td>Hepatitis B vaccine, pediatric/adolescent dosage (3 dose schedule), for intramuscular use</td>
</tr>
<tr>
<td>90746</td>
<td>adult dosage (3 dose schedule), for intramuscular use</td>
</tr>
<tr>
<td>90747</td>
<td>dialysis or immunosuppressed patient dosage (4 dose schedule), for intramuscular use</td>
</tr>
<tr>
<td>90748</td>
<td>Hepatitis B and Hemophilus influenza B vaccine (HepB –Hib), for intramuscular use</td>
</tr>
<tr>
<td>90749</td>
<td>Unlisted vaccine/toxoid</td>
</tr>
</tbody>
</table>

**MISCELLANEOUS DRUGS AND SOLUTIONS**

**NOTE:** The maximum fees for these drugs are adjusted periodically by the State to reflect the estimated acquisition cost. Insert actual acquisition cost per dose in amount charged field on claim form. For codes listed BR also attach itemized invoice to claim form.

Reimbursement for drugs (including vaccines and immune globulins) furnished by practitioners to their patients is based on the acquisition cost to the provider of the drug dose administered to the patient. For all drugs furnished in this fashion it is expected that the provider will maintain auditable
records of the actual itemized invoice cost of the drug, including the numbers of doses of the drug represented on the invoice.

New York State Medicaid does not intend to pay more than the acquisition cost of the drug dosage, as established by invoice, to the provider. Regardless of whether an invoice must be submitted to Medicaid for payment, the practitioner is expected to limit his or her Medicaid claim amount to the actual invoice cost of the drug dosage administered.

**Codes followed by an ^ do not require an NDC to be provided when billed.**

J0129 Abatacept, 10 mg, (not for self-administered)
J0180 Agalsidase beta, 1 mg
J0202 Alemtuzumab, 1 mg
J0207 Amifostine, 500 mg
J0215 Alefacept (Amevive), 0.5 mg
J0221 Alglucosidase alfa, (lumizyme), 10 mg
J0256 Alpha 1proteinase inhibitor (human), not otherwise specified, 10 mg
J0401 Aripiprazole, extended release, 1 mg
J0456 Azithromycin, 500 mg
J0585 Onabotulinumtoxina, 1 unit
J0586 Abobotulinumtoxina, 5 units
J0587 Rimabotulinumtoxinb, 100 units
J0598 C1 esterase inhibitor (human), cinryze, 10 units
J0640 Leucovorin calcium, 50 mg
J0641 Levoleucovorin calcium, 0.5 mg
J0696 Ceftriaxone sodium, per 250 mg
J0697 Sterile cefuroxime sodium, per 750 mg
J0712 Ceftaroline fosamil, 10 mg
J0717 Certolizumab pegol, 1 mg (must be administered under direct physician supervision, not for self-administration)
J0740 Cidofovir, 375 mg
J0795 Corticorelin ovine triflutate, 1 mcg
J0875 Dalbavancin, 5 mg
J0878 Daptomycin, 1 mg
J0881 Darbepoetin alfa, 1 mcg (non-ESRD use)
J0882 Darbepoetin alfa, 1 mcg (for ESRD on dialysis)
J0885 Epoetin alfa, (non-ESRD use), 1000 units
J0897 Denosumab, 1 mg
J1050 Medroxyprogesterone acetate, 1 mg
(J1050 Should not be billed in addition to the all-inclusive clinic rate)
J1100 Dexamethasone sodium phosphate, 1 mg
J1190 Dexrazoxane HCl, per 250 mg
J1260 Dolasetron mesylate, 10 mg
J1300 Eculizumab, 10 mg
J1436 Etidronate disodium, per 300 mg
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>J1438</td>
<td>Etanercept, 25 mg, (not for self-administration)</td>
</tr>
<tr>
<td>J1442</td>
<td>Filgrastim (g-csf), excludes biosimilars, 1 microgram</td>
</tr>
<tr>
<td>J1447</td>
<td>Tbo-filgrastim, 1 microgram</td>
</tr>
<tr>
<td>J1450</td>
<td>Fluconazole, 200 mg</td>
</tr>
<tr>
<td>J1452</td>
<td>Fomivirsen sodium, intraocular, 1.65 mg</td>
</tr>
<tr>
<td>J1453</td>
<td>Fosaprepitant, 1 mg</td>
</tr>
<tr>
<td>J1458</td>
<td>Galsulfase, 1 mg</td>
</tr>
<tr>
<td>J1459</td>
<td>Immune globulin (Privigen), intravenous, non-lyophilized (e.g. liquid), 500 mg</td>
</tr>
<tr>
<td>J1460</td>
<td>Gamma globulin, intramuscular, 1 cc</td>
</tr>
<tr>
<td>J1556</td>
<td>Immune globulin Bivigam, 500 mg</td>
</tr>
<tr>
<td>J1557</td>
<td>Immune globulin, (gammaplex), intravenous, non-lyophilized (e.g., liquid), 500 mg</td>
</tr>
<tr>
<td>J1560</td>
<td>Gamma globulin, intramuscular, over 10 cc</td>
</tr>
<tr>
<td>J1561</td>
<td>Immune globulin, (gamunex-C/gammaked), non-lyophilized (e.g. liquid), 500 mg</td>
</tr>
<tr>
<td>J1562</td>
<td>Immune globulin (Vivaglobin), 100 mg</td>
</tr>
<tr>
<td>J1566</td>
<td>Immune globulin, intravenous, lyophilized (e.g. powder), not otherwise specified, 500 mg</td>
</tr>
<tr>
<td>J1568</td>
<td>Immune globulin, (Octagam), intravenous, non-lyophilized (e.g. liquid), 500 mg</td>
</tr>
<tr>
<td>J1569</td>
<td>Immune globulin, (gammagard liquid), non-lyophilized, (e.g. liquid), 500 mg</td>
</tr>
<tr>
<td>J1570</td>
<td>Ganciclovir sodium, 500 mg</td>
</tr>
<tr>
<td>J1572</td>
<td>Immune globulin, (flebogamma/flebogamma DIF), intravenous, non-lyophilized (e.g. liquid), 500 mg</td>
</tr>
<tr>
<td>J1575</td>
<td>Immune Globulin/Hyaluronidase (HYQVIA), 100 mg</td>
</tr>
<tr>
<td>J1595</td>
<td>Glatiramer acetate, 20 mg</td>
</tr>
<tr>
<td>J1599</td>
<td>Immune globulin, intravenous, non-lyophilized (e.g. liquid), not otherwise specified, 500 mg</td>
</tr>
<tr>
<td>J1626</td>
<td>Granisetron HCl, 100 mcg</td>
</tr>
<tr>
<td>J1631</td>
<td>Haloperidol decanoate, per 50 mg</td>
</tr>
<tr>
<td>J1640</td>
<td>Hemin, 1 mg</td>
</tr>
<tr>
<td>J1652</td>
<td>Fondaparinux sodium, 0.5 mg</td>
</tr>
<tr>
<td>J1655</td>
<td>Tinzaparin sodium, 1000 IU</td>
</tr>
<tr>
<td>J1725</td>
<td>Hydroxyprogesterone caproate, 1 mg</td>
</tr>
<tr>
<td>J1740</td>
<td>Ibandronate sodium, 1 mg</td>
</tr>
<tr>
<td>J1741</td>
<td>Ibuprofen, 100 mg</td>
</tr>
<tr>
<td>J1743</td>
<td>Idursulfase, 1 mg</td>
</tr>
<tr>
<td>J1745</td>
<td>Infliximab (Remicade), 10 mg</td>
</tr>
<tr>
<td>J1750</td>
<td>Iron dextran, 50 mg</td>
</tr>
<tr>
<td>J1786</td>
<td>Imiglucerase, 10 units</td>
</tr>
<tr>
<td>J1826</td>
<td>Interferon beta-1a, 30 mcg</td>
</tr>
<tr>
<td>J1830</td>
<td>Interferon beta-1b, 0.25 mg (not for self-administration)</td>
</tr>
<tr>
<td>J1930</td>
<td>Lanreotide, 1 mg</td>
</tr>
<tr>
<td>J1942</td>
<td>Aripiprazole lauroxil, 1 mg</td>
</tr>
<tr>
<td>J1950</td>
<td>Leuprolide acetate (for depot suspension), per 3.75 mg</td>
</tr>
<tr>
<td>J2182</td>
<td>Mepolizumab, 1 mg</td>
</tr>
<tr>
<td>J2323</td>
<td>Natalizumab, 1 mg</td>
</tr>
<tr>
<td>J2353</td>
<td>Octreotide, depot form for intramuscular injection, 1 mg</td>
</tr>
<tr>
<td>J2355</td>
<td>Oprelvekin, 5 mg</td>
</tr>
<tr>
<td>J2358</td>
<td>Olanzapine, long-acting, 1 mg</td>
</tr>
</tbody>
</table>
J2405  Ondansetron HCl, per 1 mg
J2407  Oritavancin, 10 mg
J2425  Palifermin, 50 mcg
J2426  Paliperidone palmitate extended release, 1 mg
J2430  Pamidronate disodium, per 30
J2469  Palonosetron HCl (Aloxi), 25 mcg
J2502  Pasireotide long acting, 1mg
J2504  Pegademase bovine, 25 IU
J2505  Pegfilgrastim (Neulasta), 6 mg
J2513  Pentastarch, 10% solution, 100 ml
J2545  Pentamidine isethionate, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per 300 mg
J2562  Plerixafor, 1 mg
J2597  Desmopressin acetate, per 1 mcg
J2680  Fluphenazine decanoate, up to 25 mg
J2770  Quinupristin/dalfopristin, 500 mg (150/350)
J2783  Rasburicase, 0.5 mg
J2786  Reslizumab, 1 mg
J2793  Rilonacept, 1 mg
J2794  Risperidone, long acting, 0.5 mg
J2796  Romiplostim, 10 micrograms
J2840  Sebelipase alfa, 1 mg
J2860  Siltuximab, 10 mg
J2997  Alteplase recombinant, 1 mg
J3090  Tedizolid phosphate, 1 mg
J3110  Teriparatide, 10 mcg
J3240  Thyrotropin alpha (Thyrogen), 0.9 mg., provided in 1.1 mg vial
J3285  Treprostinil, 1 mg
J3305  Trimetrexate glucoronate, per 25 mg
J3380  Vedolizumab, 1 mg
J3385  Velaglucerase alfa, 100 units
J3472  Hyaluronidase, ovine, preservative free, per 1000 USP units
J3490  Unclassified drugs
J3590  Unclassified biologics
J7030  Infusion, normal saline solution (or water), 1000 cc
J7040  Infusion, normal saline solution (or water), sterile (500 ml = 1 unit)
J7042  5% dextrose/normal saline (500 ml = 1 unit)
J7050  Infusion, normal saline solution (or water), 250 cc
J7060  5% dextrose/water (500 ml = 1 unit)
J7070  Infusion, D5W, 1000 cc
J7100  Infusion, Dextran 40, 500 ml
J7110  Infusion, Dextran 75, 500 ml
J7120  Ringers lactate infusion, up to 1000 cc
J7121  5% Dextrose in lactated ringers infusion, up to 1000 cc
J7131  Hypertonic saline solution, 1 ml
J7175  Factor X, (human), 1 IU
J7179  von Willebrand factor (recombinant), (vonvendi), 1IU
J7180  Factor XIII (antihemophilic factor, human), 1 i.u.
J7181  Factor XIII α-subunit,(recombinant),per iu
J7182  Factor VIII,(antihemophilic factor; recombinant),(novoeight),per iu
J7186  Antihemophilic factor VIII/von Willebrand factor complex (human), per factor VIII IU
J7187  Von Willebrand Factor Complex (Humate-P) per IU VWF: RCO
J7188  Factor VIII (antihemophilic factor, recombinant), (obizur) per i.u
J7189  Factor VIIA (antihemophilic factor, recombinant), per 1 microgram
J7190  Factor VIII antihemophilic factor; human, per IU
J7191  Factor VIII, antihemophilic factor (porcine), per IU
J7192  Factor VIII (antihemophilic factor; recombinant), per IU,not otherwise specified
J7193  Factor IX (antihemophilic factor; purified, non-recombinant), per IU
J7194  Factor IX, complex, per IU
J7195  Factor IX (antihemophilic factor, recombinant), per IU, not otherwise specified
J7197  Antithrombin III (human), per IU
J7198  Anti-inhibitor, per IU
J7199  Hemophilia clotting factor; not otherwise classified
J7200  Factor IX,(antihemophilic factor; recombinant), rixubis, per iu
J7201  Factor IX, fc fusion protein (recombinant),per iu
J7202  Factor IX, albumin fusion protein, (recombinant), idelvion, 1 IU
J7205  Factor VIII Fc fusion protein (recombinant), per iu
J7207  Factor VIII, (antihemophilic factor, recombinant), pegylated, 1 IU
J7209  Factor VIII, (antihemophilic factor, recombinant), (nuwiq), 1 IU
J7297  Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 3 year duration
J7298  Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 5 year duration
J7300  Intrauterine copper contraceptive
J7301  Levonorgestrel-releasing intrauterine contraceptive system, 13.5 mg
J7306  Levonorgestrel (contraceptive) implant system, including implants and supplies
J7307  Etonogestrel (contraceptive) implant system, including implant and supplies
J7310  Ganciclovir, 4.5 mg, long-acting implant
J7311  Fluocinolone acetonide, intravitreal implant
J7313  Fluocinolone acetonide, intravitreal implant, 0.01 mg
J7501  Azathioprine, parenteral, 100 mg
J7504  Lymphocyte immune globulin, antithymocyte globulin, equine, parenteral, 250 mg
J7505  Muromonab-CD3, parenteral, 5 mg
J7999  Compounded drug, not otherwise classified
J8498  Antiemetic drug, rectal/suppository, not otherwise specified
J8501  Aprepitant, oral, 5 mg
J8540  Dexamethasone, oral, 0.25 mg
J8597  Antiemetic drug, oral, not otherwise specified
J8650  Nabilone, oral, 1 mg
J9226  Histrelin implant (Supprelin LA), 50 mg
S0190  Mitepristone, oral, 200 mg
S0191 Misoprostol, oral, 200 mg

S9435^ Medical foods for inborn errors of metabolism
(Reimbursement limited to Inborn Metabolic Disease Centers or Medical Directors of Inborn Metabolic Disease Centers)

HYDRATION, THERAPEUTIC, PROPHYLACTIC, DIAGNOSTIC INJECTIONS and INFUSIONS, and CHEMOTHERAPY and OTHER HIGHLY COMPLEX DRUG or HIGHLY COMPLEX BIOLOGIC AGENT ADMINISTRATION

HYDRATION

96360 Intravenous infusion, hydration; initial, 31 minutes to 1 hour
(Do not report 96360 if performed as a concurrent infusion service)
(Do not report intravenous infusion for hydration of 30 minutes or less)
96361 each additional hour
(List separately in addition to primary procedure)
(Use 96361 in conjunction with 96360)
(Report 96361 for hydration infusion intervals of greater than 30 minutes beyond 1 hour increments)
(Report 96361 to identify hydration if provided as a secondary or subsequent service after a different initial service [96360, 96409, 96413] is administered through the same IV access)

THERAPEUTIC, PROPHYLACTIC AND DIAGNOSTIC INJECTIONS AND INFUSIONS
(EXCLUDES CHEMOTHERAPY AND OTHER HIGHLY COMPLEX DRUG OR HIGHLY COMPLEX BIOLOGIC AGENT ADMINISTRATION)

96365 Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour
96366 each additional hour
(List separately in addition to primary procedure)
(Report 96366 in conjunction with 96365, 96367)
(Report 96366 for additional hour(s) of sequential infusion)
(Report 96366 for infusion intervals of greater than 30 minutes beyond 1 hour increments)
96367 additional sequential infusion of a new drug/substance, up to 1 hour
(List separately in addition to primary procedure)
96368 concurrent infusion
(List separately in addition to primary procedure)
(Report 96368 only once per encounter)
(Report 96368 in conjunction with 96365, 96366, 96413, 96415, 96416)
96369  Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); initial, up to 1 hour, including pump set-up and establishment of subcutaneous infusion site(s)
96370  each additional hour
   (List separately in addition to primary procedure)
   (Use 96370 in conjunction with 96369)
   (Use 96370 for infusion intervals of greater than 30 minutes beyond one hour increments)
96371  additional pump set-up with establishment of new subcutaneous infusion site(s)
   (List separately in addition to primary procedure)
   (Use 96371 in conjunction with 96369)
   (Use 96369, 96371 only once per encounter)
96372  Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular

**CHEMOTHERAPY AND OTHER HIGHLY COMPLEX DRUG OR HIGHLY COMPLEX BIOLOGIC AGENT ADMINISTRATION**

Intravenous chemotherapy injections are administered by a physician, a nurse practitioner or by a qualified assistant under supervision of the physician or nurse practitioner.

**INJECTION AND INTRAVENOUS INFUSION CHEMOTHERAPY AND OTHER HIGHLY COMPLEX DRUG OR HIGHLY COMPLEX BIOLOGIC AGENT ADMINISTRATION**

96405  Chemotherapy administration; intralesional, up to and including 7 lesions
96406  intralesional, more than 7 lesions
96409  intravenous; push technique, single or initial substance/drug
96413  infusion technique, up to one hour, single or initial substance/drug
96415  each additional hour
   (List separately in addition to primary procedure)
   (Use 96415 in conjunction with 96413)
   Report 96415 for infusion intervals of greater than 30 minutes beyond 1-hour increments)
96416  initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump

**INTRA-ARTERIAL CHEMOTHERAPY AND OTHER HIGHLY COMPLEX DRUG OR HIGHLY COMPLEX BIOLOGIC AGENT ADMINISTRATION**

96420  Chemotherapy administration, intra-arterial; push technique
96422  infusion technique, up to 1 hour
96423  infusion technique, each additional hour
   (List separately in addition to primary procedure)
   (Report 96423 for infusion intervals of greater than 30 minutes beyond 1-hour increments)
96425  infusion technique, initiation of prolonged infusion (more than 8 hours), requiring the use of a portable or implantable pump

**OTHER INJECTION AND INFUSION SERVICES**
96521 Refilling and maintenance of portable pump
96522 Refilling and maintenance of implantable pump or reservoir for drug delivery, systemic (eg, intravenous, intra-arterial)
96542 Chemotherapy injection, subarachnoid or intraventricular via subcutaneous reservoir, single or multiple agents
96549 Unlisted chemotherapy procedure
J9999 Not otherwise classified, antineoplastic drugs

**CHEMOTHERAPY DRUGS**

(Maximum fee is for chemotherapy drug only and does not include the administration fees listed above)

**NOTE:** The maximum fees for these drugs are adjusted periodically by the State to reflect the current acquisition cost. Insert acquisition cost per dose in amount charged field on claim form. For codes listed BR, also attach itemized invoice to claim form.

Reimbursement for drugs furnished by providers to their patients is based on the acquisition cost to the provider of the drug dose administered to the patient. For all drugs furnished in this fashion it is expected that the provider will maintain auditable records of the actual itemized invoice cost of the drug, including the numbers of doses of the drug represented on the invoice.

New York State Medicaid does not intend to pay more than the acquisition cost of the drug dosage, as established by invoice, to the provider. Regardless of whether an invoice must be submitted to Medicaid for payment, the provider is expected to limit his or her Medicaid claim amount to the actual invoice cost of the drug dosage administered.

**Codes followed by an ^ do not require an NDC to be provided when billed.**

J9000 Doxorubicin HCl (Adriamycin), 10 mg
J9015 Aldesleukin, per single use vial
J9017 Arsenic trioxide (Trisenox), 1 mg
J9020 Asparaginase (Elspar) 10,000 Units
J9025 Azacitidine, 1 mg
J9027 Clofarabine, 1 mg
J9031 BCG live (Intravesical), per installation
J9032 Belinostat, 10 mg (BR)
J9033 Bendamustine HCL (Treanda), 1 mg
J9034 Bendamustine HCL (Bendeka), 1 mg
J9035 Bevacizumab, 10 mg
J9039 Blinatumomab, 1 microgram
J9040 Bleomycin sulfate (Lenoxane), 15 units
J9041 Bortezomib, 0.1 mg
J9042 Injection, brentuximab vedotin, 1 mg
J9043 Cabazitaxel, 1 mg
J9045 Carboplatin, 50 mg
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>J9047</td>
<td>Carfilzomib, 1 mg</td>
</tr>
<tr>
<td>J9050</td>
<td>Carmustine, 100 mg</td>
</tr>
<tr>
<td>J9055</td>
<td>Cetuximab, 10 mg</td>
</tr>
<tr>
<td>J9060</td>
<td>Cisplatin, powder or solution, per 10 mg</td>
</tr>
<tr>
<td>J9065</td>
<td>Cladribine, per 1 mg</td>
</tr>
<tr>
<td>J9070</td>
<td>Cyclophosphamide, 100 mg</td>
</tr>
<tr>
<td>J9085</td>
<td>Cytarabine liposome, 10 mg</td>
</tr>
<tr>
<td>J9100</td>
<td>Dactinomycin (Cosmegen), 0.5 mg</td>
</tr>
<tr>
<td>J9105</td>
<td>Daunorubicin HCl, 10 mg</td>
</tr>
<tr>
<td>J9106</td>
<td>Daunorubicin citrate, liposomal formulation, 10 mg</td>
</tr>
<tr>
<td>J9120</td>
<td>Denileukin diftitox, 300 mcg</td>
</tr>
<tr>
<td>J9130</td>
<td>Diethylstilbestrol diphosphate, 250 mg</td>
</tr>
<tr>
<td>J9145</td>
<td>Docetaxel, 1 mg</td>
</tr>
<tr>
<td>J9150</td>
<td>Elliotts' B solution, 1 ml</td>
</tr>
<tr>
<td>J9153</td>
<td>Elotuzumab, 1 mg</td>
</tr>
<tr>
<td>J9155</td>
<td>Epirubicin HCl, 2 mg</td>
</tr>
<tr>
<td>J9171</td>
<td>Eribulin mesylate, 0.1 mg</td>
</tr>
<tr>
<td>J9180</td>
<td>Etoposide, 10 mg</td>
</tr>
<tr>
<td>J9181</td>
<td>Etoposide, 100 mg</td>
</tr>
<tr>
<td>J9185</td>
<td>Fludarabine phosphate, 50 mg</td>
</tr>
<tr>
<td>J9190</td>
<td>Fluorouracil, 500 mg</td>
</tr>
<tr>
<td>J9200</td>
<td>Floxuridine (FUDR), 500 mg</td>
</tr>
<tr>
<td>J9201</td>
<td>Gemcitabine HCl, 200 mg</td>
</tr>
<tr>
<td>J9202</td>
<td>Goserelin acetate implant per 3.6 mg</td>
</tr>
<tr>
<td>J9205</td>
<td>Irinotecan liposome, 1 mg</td>
</tr>
<tr>
<td>J9206</td>
<td>Irinotecan, 20 mg</td>
</tr>
<tr>
<td>J9207</td>
<td>Ixabepilone, 1 mg</td>
</tr>
<tr>
<td>J9211</td>
<td>Ixabepilone, 1 g</td>
</tr>
<tr>
<td>J9212</td>
<td>Irinotecan, 200 mg</td>
</tr>
<tr>
<td>J9215</td>
<td>Leuprolide acetate (for depot suspension), 7.5 mg</td>
</tr>
<tr>
<td>J9216</td>
<td>Leuprolide acetate, per 1 mg</td>
</tr>
<tr>
<td>J9219</td>
<td>Leuprolide acetate implant, 65 mg</td>
</tr>
<tr>
<td>J9220</td>
<td>Histrelin implant (Vantas), 50 mg</td>
</tr>
<tr>
<td>J9223</td>
<td>Ipilimumab, 1 mg</td>
</tr>
<tr>
<td>J9230</td>
<td>Melphalan HCl, (Nitrogen Mustard), 10 mg</td>
</tr>
<tr>
<td>J9245</td>
<td>Melphalan HCl, 50 mg</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>--------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>J9250</td>
<td>Methotrexate sodium, 5 mg</td>
</tr>
<tr>
<td>J9260</td>
<td>Methotrexate sodium, 50 mg</td>
</tr>
<tr>
<td>J9261</td>
<td>Nelarabine, 50 mg</td>
</tr>
<tr>
<td>J9262</td>
<td>Omacetaxine mepesuccinate, 0.01 mg</td>
</tr>
<tr>
<td>J9263</td>
<td>Oxaliplatin (Eloxatin), 0.5 mg</td>
</tr>
<tr>
<td>J9264</td>
<td>Paclitaxel protein-bound particles, 1 mg</td>
</tr>
<tr>
<td>J9265</td>
<td>Paclitaxel, 30 mg</td>
</tr>
<tr>
<td>J9266</td>
<td>Pegasparagase, per single dose vial</td>
</tr>
<tr>
<td>J9267</td>
<td>Paclitaxel, 1 mg</td>
</tr>
<tr>
<td>J9268</td>
<td>Pentostatin, per 10 mg</td>
</tr>
<tr>
<td>J9270</td>
<td>Plicamycin, 2.5 mg</td>
</tr>
<tr>
<td>J9271</td>
<td>Pembrolizumab, 1 mg</td>
</tr>
<tr>
<td>J9280</td>
<td>Mitomycin, 5 mg</td>
</tr>
<tr>
<td>J9293</td>
<td>Mitoxantrone HCl, per 5 mg</td>
</tr>
<tr>
<td>J9295</td>
<td>Necitumumab, 1 mg</td>
</tr>
<tr>
<td>J9299</td>
<td>Nivolumumab, 1 mg</td>
</tr>
<tr>
<td>J9300</td>
<td>Gemtuzumab ozogamicin, 5 mg</td>
</tr>
<tr>
<td>J9301</td>
<td>Obinutuzumab, 10 mg</td>
</tr>
<tr>
<td>J9302</td>
<td>Ofatumumab, 10 mg</td>
</tr>
<tr>
<td>J9303</td>
<td>Panitumumab, 10 mg</td>
</tr>
<tr>
<td>J9305</td>
<td>Pemtrexed, 10 mg</td>
</tr>
<tr>
<td>J9306</td>
<td>Pertuzumab (Perjeta) 1 mg</td>
</tr>
<tr>
<td>J9307</td>
<td>Pralatrexate, 1 mg</td>
</tr>
<tr>
<td>J9308</td>
<td>Ramucirumab, 5 mg</td>
</tr>
<tr>
<td>J9310</td>
<td>Rituximab, 100 mg</td>
</tr>
<tr>
<td>J9315</td>
<td>Topotecan, 0.1 mg</td>
</tr>
<tr>
<td>J9320</td>
<td>Streptozocin, 1 g</td>
</tr>
<tr>
<td>J9325</td>
<td>Talimogene laherparpvec, per 1 million plaque forming units</td>
</tr>
<tr>
<td>J9328</td>
<td>Temozolomide, 1 mg</td>
</tr>
<tr>
<td>J9330</td>
<td>Temsirolimus, 1 mg</td>
</tr>
<tr>
<td>J9340</td>
<td>Thiotepa, 15 mg</td>
</tr>
<tr>
<td>J9351</td>
<td>Topotecan, 0.1 mg</td>
</tr>
<tr>
<td>J9352</td>
<td>Trabectedin, 0.1 mg</td>
</tr>
<tr>
<td>J9354</td>
<td>Ado-trastuzuman emtansine (Kadcyla) 1 mg</td>
</tr>
<tr>
<td>J9355</td>
<td>Trastuzumab, 10 mg</td>
</tr>
<tr>
<td>J9357</td>
<td>Valrubcin, intravesical, 200 mg</td>
</tr>
<tr>
<td>J9360</td>
<td>Vinblastine sulfate, 1 mg</td>
</tr>
<tr>
<td>J9370</td>
<td>Vincristine sulfate, 1 mg</td>
</tr>
<tr>
<td>J9371</td>
<td>Vincristine sulfate liposome (Marqibo), 1 mg</td>
</tr>
<tr>
<td>J9390</td>
<td>Vinorelbine tartrate, 10 mg</td>
</tr>
<tr>
<td>J9395</td>
<td>Fulvestrant, 25 mg</td>
</tr>
<tr>
<td>J9400</td>
<td>Ziv-aflibercept (Zaltrap), 1 mg</td>
</tr>
<tr>
<td>J9600</td>
<td>Porfimer sodium, 75 mg</td>
</tr>
<tr>
<td>J9999</td>
<td>Not Otherwise Classified, Antineoplastic Drugs</td>
</tr>
<tr>
<td>Q2017</td>
<td>Teniposide, 50 mg</td>
</tr>
</tbody>
</table>
Q2043  Sipuleucel-t (Provenge) minimum of 50 million autologous CD54+ cells activated with PAP-GM-CSF, including leukapheresis and all other preparatory procedures, per infusion
Q2050  Doxorubicin hydrochloride, liposomal, not otherwise specified, 10 mg

GASTROENTEROLOGY

91010  Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report;
91013  with stimulation or perfusion (eg, stimulant, acid or alkali perfusion)
   (List separately in addition to primary procedure)
91020  Gastric motility (manometric) studies
91022  Duodenal motility (manometric) study
91030  Esophagus, acid perfusion (Bernstein) test for esophagitis
91034  Esophagus, gastroesophageal reflux test; with nasal catheter pH electrode(s) placement, recording, analysis and interpretation
91035  Esophagus, gastroesophageal reflux test; with mucosal attached telemetry pH electrode placement, recording, analysis and interpretation
   (91034, 91035 are for patients with esophageal reflux who have already undergone endoscopy and manometry/motility studies, or for those patients who are unable to undergo conventional tests or in whom conventional tests have proven inconclusive. These test are not covered for screening for Barrett's Esophagus)
91037  Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation;
91038  prolonged (greater than 1 hour, up to 24 hours)
91040  Esophageal balloon distension provocation study
91065  Breath hydrogen or methane test (eg, for detection of lactase deficiency, fructose intolerance, bacterial overgrowth, or oro-cecal gastrointestinal transit)
91110  Gastrointestinal track imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with physician interpretation and report
91120  Rectal sensation, tone, and compliance test (ie., response to graded balloon distention)
91122  Anorectal manometry
91200  Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report
91299  Unlisted diagnostic gastroenterology procedure

OPHTHALMEOLOGY

GENERAL OPHTHALMOLOGICAL SERVICES

92002  Ophthalmological services, medical examination, and evaluation with initiation of diagnostic and treatment program; intermediate, new patient (with/without refraction)
92004  comprehensive, new patient, 1 or more visits (with/without refraction)
92012  Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient (with/without refraction)
92014  comprehensive, established patient, 1 or more visits (with/without refraction)
SPECIAL OPHTHALMOLOGICAL SERVICES

92020  Gonioscopy (separate procedure)
92025  Computerized corneal topography, unilateral or bilateral, with interpretation and report
(Do not report 92025 in conjunction with 65710-65771)
92060  Sensorimotor examination with multiple measurements of ocular deviation (eg, restrictive or
paretic muscle with diplopia) with interpretation and report (separate procedure)
92081  Visual field examination, unilateral or bilateral, with interpretation and report; limited
examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)
92082  intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or
semiquantitative, automated suprathreshold screening program, Humphrey
suprathreshold automatic diagnostic test, Octopus program 33)
92083  extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and
static determination within the central 30 degrees, or quantitative, automated threshold
perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full
threshold programs 30-2, 24-2, or 30/60-2)
(Gross visual field testing (eg, confrontation testing) is a part of general ophthalmological
services and is not reported separately.)
92132  Scanning computerized ophthalmic diagnostic imaging, anterior segment, with
interpretation and report, unilateral or bilateral
92133  Scanning computerized ophthalmic diagnostic imaging, posterior segment, with
interpretation and report, unilateral or bilateral; optic nerve
92134  retina
92136  Ophthalmic biometry by partial coherence interferometry with intraocular lens power
calculation (one or both eyes)

OPHTHALMOSCOPY

Routine ophthalmoscopy is part of general and special ophthalmologic services whenever indicated.
It is a non-itemized service and is not reported separately.

92225  Ophthalmoscopy, extended, with retinal drawing, (eg, for retinal detachment, melanoma),
with interpretation and report; initial
92226  subsequent
92230  Fluorescein angioscopy with interpretation and report
92235  Fluorescein angiography (includes multiframe imaging) with interpretation and report,
unilateral or bilateral
92240  Indocyanine-green angiography (includes multiframe imaging) with interpretation and report,
unilateral or bilateral
92242  Fluorescein angiography and indocyanine-green angiography (includes multiframe
imaging) performed at the same patient encounter with interpretation and report, unilateral
or bilateral
92250  Fundus photography with interpretation and report (one or both eyes)
92260  Ophthalmodynamometry (one or both eyes)

MISCELLANEOUS SPECIALIZED SERVICES
92265  Needle oculoelectromyography, 1 or more extraocular muscles, 1 or both eyes, with interpretation and report
92270  Electro-oculography with interpretation and report
92275  Electroretinography with interpretation and report
92286  Anterior segment imaging with interpretation and report; with specular microscopy and endothelial cell analysis
92287  with fluorescein angiography

**OTORHINOLARYNGOLOGIC & VESTIBULAR SERVICES**

92533  Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes four tests)
92537  Caloric vestibular test with recording, bilateral; bithermal (ie, one warm and one cool irrigation in each ear for a total of four irrigations)
92538  monothermal (ie, one irrigation in each ear for a total of two irrigations)
92540  Basic vestibular evaluation, includes spontaneous nystagmus test with eccentric gaze fixation nystagmus, with recording, positional nystagmus test, minimum of 4 positions, with recording, optokinetic nystagmus test, bidirectional foveal and peripheral stimulation, with recording, and oscillating tracking test, with recording
92541  Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording
92542  Positional nystagmus test, minimum of 4 positions, with recording
92544  Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording
92545  Oscillating tracking test, with recording
92546  Sinusoidal vertical axis rotational testing

**AUDIOLOGIC FUNCTION TESTS WITH MEDICAL DIAGNOSTIC EVALUATION**

92550  Tympanometry and reflex threshold measurements
92551  Screening test, pure tone, air only
92552  Pure tone audiometry (threshold); air only
92553  air and bone
92555  Speech audiometry threshold;
92566  with speech recognition
92557  Comprehensive audiometry threshold evaluation and speech recognition
(92553 and 92556 combined)
92561  diagnostic
92563  Tone decay test
92564  Short increment sensitivity index (SISI)
92565  Stenger test, pure tone
92567  Tympanometry (impedance testing)
92568  Acoustic reflex testing; threshold
92570  Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing
92571  Filtered speech test
92585  Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive
92586  limited
92587 Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report
92588 comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping, minimum of 12 frequencies), with interpretation and report
92601 Diagnostic analysis of cochlear implant, patient younger than 7 years of age; with programming
92602 subsequent reprogramming
92603 Diagnostic analysis of cochlear implant, age 7 years or older; with programming
92604 subsequent reprogramming

**CARDIOVASCULAR**

**CARDIOGRAPHY**

93000 Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report
93005 tracing only, without interpretation and report
93015 Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report
93017 supervision only without interpretation and report
93024 Ergonovine provocation test
93025 Microvolt T-wave alternans for assessment of ventricular arrhythmias
93040 Rhythm ECG, one to three leads; with interpretation and report
93224 External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional
93225 recording (includes connection, recording, and disconnection)
93268 External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; includes transmission, review and interpretation by a physician or other qualified health care professional
93270 recording (includes connection, recording, and disconnection)
93271 transmission download and analysis
93278 Signal-averaged electrocardiography (SAECG), with or without ECG

**CARDIOVASCULAR DEVICE MONITORING-IMPLANTABLE AND WEARABLE DEVICES**

93279 Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system
93280 dual lead pacemaker system
93281 multiple lead pacemaker system
93282 single lead transvenous implantable defibrillator system
93283  dual lead transvenous implantable defibrillator system
93284  multiple lead transvenous implantable defibrillator system
93260  implantable subcutaneous lead defibrillator system
93285  implantable loop recorder system
93288 Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system
93289  single, dual, or multiple lead transvenous implantable defibrillator system, including analysis of heart rhythm derived data elements
   (For monitoring physiologic cardiovascular data elements derived from an ICD, use 93290)
93261  implantable subcutaneous lead defibrillator system
93290  implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors
   (For heart rhythm derived data elements, use 93289)
93291  implantable loop recorder system, including heart rhythm derived data analysis
93292  wearable defibrillator system
93293 Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days
   (Report 93293 only once per 90 days)
93294 Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional
   (Report 93294 only once per 90 days)
93295  single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional
   (Report 93295 only once per 90 days)
93297 Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional
   (Report 93297 only once per 30 days)
93298  implantable loop recorder system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional
   (Report 93298 only once per 90 days)

**ECHOCARDIOGRAPHY**

For procedure codes 93303-93350, See Radiology Section General Instructions and General Information and Rules. When more than one of these procedures are performed during the same visit, reimbursement shall be limited to the greater fee plus 60% of the lesser fee(s).
Ordered Ambulatory Procedure Codes

(Echocardiography includes obtaining ultrasonic signals from the heart and great arteries, with two-dimensional image and/or Doppler ultrasonic signal documentation, and interpretation and report. When technical component is performed separately, use Modifier –TC.)

93303 Transthoracic echocardiography for congenital cardiac anomalies; complete
93304 follow-up or limited study
93306 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography
93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography
93308 follow-up or limited study
93312 Echocardiography, transesophageal, real time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report
93314 image acquisition, interpretation and report only
93315 Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report
93317 image acquisition, interpretation and report only
93318 Echocardiography, transesophageal (TEE) for monitoring purposes, including probe placement, real time 2-dimensional image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis
93320 Doppler echocardiography, pulsed wave and/or continuous wave with spectral display; complete
93321 follow-up or limited study
(Use 93320, 93321 separately in addition to codes for echocardiographic imaging 93303, 93304, 93307, 93308, 93312, 93314, 93315, 93317, 93350)
93325 Doppler echocardiography color flow velocity mapping
(List separately in addition to codes for echocardiography)
93350 Echocardiography, transthoracic, real-time with image documentation (2D, with or without M-mode recording), during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report
(The appropriate stress test code from the 93015-93017 series should be reported in addition to 93350 to capture the exercise stress portion of the study.)
93351 including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional
(Do not report 93351 in conjunction with 93015-93017, 93350)

MISCELLANEOUS VASCULAR STUDIES

93561 Indicator dilution studies such as dye or thermodilution, including arterial and/or venous catheterization; with cardiac output measurement (separate procedure)
93562 subsequent measurement of cardiac output
93644 Electrophysiologic evaluation of subcutaneous implantable defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for
arrhythmia, termination, and programming or reprogramming of sensing or therapeutic parameters)

93660 Evaluation of cardiovascular function with tilt table evaluation, with continuous ECG monitoring and intermittent blood pressure monitoring, with or without pharmacological intervention

93701 Bioimpedance-derived physiologic cardiovascular analysis

93724 Electronic analysis of antitachycardia pacemaker system (includes electrocardiographic recording, programming of device, induction and termination of tachycardia via implanted pacemaker, and interpretation of recordings)

93740 Temperature gradient studies

93750 Interrogation of ventricular assist device (vad), in person, with physician or other qualified health care professional analysis of device parameters (eg, drivelines, alarms, power surges), review of device function (eg, flow and volume status, septum status, recovery), with programming, if performed, and

93770 Determination of venous pressure

93784 Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning analysis; interpretation and report

93786 recording only

93797 Physician or other qualified health care professional services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session)

93798 with continuous ECG monitoring (per session)

NON INVASIVE VASCULAR DIAGNOSTIC STUDIES

For procedure codes 93880- 93990, see Radiology Section General Instructions and General Information and Rules.

Vascular studies include patient care required to perform the studies, supervision of the studies and interpretation of study results with copies for patient records of hard copy output with analysis of all data, including bidirectional vascular flow or imaging when provided. The use of a simple hand-held or other Doppler device that does not produce hard copy output, or that produces a record that does not permit analysis of bidirectional vascular flow, is considered to be part of the physical examination of the vascular system and is not separately reported.

Duplex scan: An ultrasonic scanning procedure with display of both two-dimensional structure and motion with time and Doppler ultrasonic signal documentation with spectral analysis and/or color flow velocity mapping or imaging.

CEREBROVASCULAR ARTERIAL STUDIES

93880 Duplex scan of extracranial arteries; complete bilateral study

93882 unilateral or limited study

93886 Transcranial Doppler study of the intracranial arteries; complete study

93888 limited study

93890 vasoreactivity study

93892 emboli detection without intravenous microbubble injection

93893 emboli detection with intravenous microbubble injection
93998  Unlisted noninvasive vascular diagnostic study

**EXTREMITY ARTERIAL STUDIES (INCLUDING DIGITS)**

93922  Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries, (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional, Doppler waveform recording and analysis at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus volume plethysmography at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries with transcutaneous oxygen tension measurements 1-2 levels)

93923  Complete bilateral non-invasive physiologic studies of upper or lower extremity arteries, 3 or more levels (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental blood pressure measurements with bidirectional Doppler waveform recording and analysis, at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental volume plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more level(s), or single level study with provocative functional maneuvers (eg, measurements with postural provocative tests, or measurements with reactive hyperemia)

93924  Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, (ie, bidirectional Doppler waveform or volume plethysmography recording and analysis at rest with ankle/brachial indices immediately after and at timed intervals following performance of a standardized protocol on a motorized treadmill plus recording of time of onset of claudication or other symptoms, maximal walking time, and time to recovery) complete bilateral study

(Do not report 93924 in conjunction with 93922, 93923)

93925  Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study

93926  unilateral or limited study

93930  Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study

93931  unilateral or limited study

**EXTREMITY VENOUS STUDIES (INCLUDING DIGITS)**

93970  Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study

93971  unilateral or limited study

**VISCERAL AND PENILE VASCULAR STUDIES**

93975  Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study

93976  limited study

93978  Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study

93979  unilateral or limited study

93980  Duplex scan of arterial inflow and venous outflow of penile vessels; complete study
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>93981</td>
<td>follow-up or limited study</td>
</tr>
<tr>
<td>93982</td>
<td>Noninvasive physiologic study of implanted wireless pressure sensor in aneurysmal sac following endovascular repair, complete study including recording, analysis of pressure and waveform tracings, interpretation and report</td>
</tr>
<tr>
<td>93990</td>
<td>Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)</td>
</tr>
</tbody>
</table>

**EXTREMITY ARTERIAL VENOUS STUDIES**

**PULMONARY**

Codes 94010-94770 include laboratory procedure(s), interpretation and physician’s services (except surgical and anesthesia services), unless otherwise stated.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>94010</td>
<td>Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation</td>
</tr>
<tr>
<td>94011</td>
<td>Measurement of spirometric forced expiratory flows in an infant or child through 2 years of age</td>
</tr>
<tr>
<td>94012</td>
<td>Measurement of spirometric forced expiratory flows, before and after bronchodilator, in an infant or child through 2 years of age</td>
</tr>
<tr>
<td>94013</td>
<td>Measurement of lung volumes (ie, functional residual capacity [FRC], forced vital capacity [FVC], and expiratory reserve volume [ERV] in an infant or child through 2 years of age</td>
</tr>
<tr>
<td>94014</td>
<td>Patient-initiated spirometric recording per 30-day period of time; includes reinforced education, transmission of spirometric tracing, data capture, analysis of transmitted data, periodic recalibration and review and interpretation by a physician or other qualified health care professional</td>
</tr>
<tr>
<td>94015</td>
<td>Recording (includes hook-up, reinforced education, data transmission, data capture, trend analysis, and periodic recalibration)</td>
</tr>
<tr>
<td>94060</td>
<td>Bronchodilation responsiveness, spirometry as in 94010, pre-and post-bronchodilator administration</td>
</tr>
<tr>
<td>94070</td>
<td>Bronchospasm provocation evaluation, multiple spirometric determinations as in 94010, with administered agents (eg., antigen(s), cold air, methacholine)</td>
</tr>
<tr>
<td>94150</td>
<td>Vital capacity, total (separate procedure)</td>
</tr>
<tr>
<td>94200</td>
<td>Maximum breathing capacity, maximal voluntary ventilation</td>
</tr>
<tr>
<td>94250</td>
<td>Expired gas collection, quantitative, single procedure (separate procedure)</td>
</tr>
<tr>
<td>94375</td>
<td>Respiratory flow volume loop</td>
</tr>
<tr>
<td>94620</td>
<td>Pulmonary stress testing; simple (eg, 6-minute walk test, prolonged exercise test for bronchospasm with pre- and post-spirometry and oximetry)</td>
</tr>
<tr>
<td>94621</td>
<td>Complex (including measurements of CO2 production, O2 uptake, and electrocardiographic recordings)</td>
</tr>
<tr>
<td>94640</td>
<td>Pressurized or non-pressurized inhalation treatment for acute airway obstruction or for sputum induction for diagnostic purposes (eg, with aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing (IPPB) device)</td>
</tr>
<tr>
<td>94642</td>
<td>Aerosol inhalation of pentamidine for pneumocystis pneumonia treatment or prophylaxis</td>
</tr>
</tbody>
</table>
94664  Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device (Report 94664 one time only per day of service)

94680  Oxygen uptake, expired gas analysis; rest and exercise, direct, simple

94681  including CO2 output, percentage oxygen extracted

94690  rest, indirect (separate procedure)

94726  Plethysmography for determination of lung volumes and, when performed, airway resistance

(Do not report 94726 in conjunction with 94727, 94728)

94727  Gas dilution or washout for determination of lung volumes and, when performed, distribution of ventilation and closing volumes

(Do not report 94727 in conjunction with 94726)

94728  Airway resistance by impulse oscillometry

(Do not report 94728 in conjunction with 94010, 94060, 94070, 94375, 94726)

94729  Diffusing capacity (eg, carbon monoxide, membrane)

(List separately in addition to primary procedure)

(Report 94729 in conjunction with 94010, 94060, 94070, 94375, 94726-94728)

94750  Pulmonary compliance study (eg, plethysmography, volume and pressure measurements)

94770  Carbon dioxide, expired gas determination by infrared analyzer

ALLERGY AND CLINICAL IMMUNOLOGY

ALLERGY SENSITIVITY TESTS: the performance and evaluation of selective cutaneous and mucous membrane tests in correlation with the history, physical examination, and other observations of the patient. The number of tests performed should be judicious and dependent upon the history, physical findings, and clinical judgment. All patients should not necessarily receive the same tests nor the same number of sensitivity tests. Maximum fees include observation and interpretation of the tests by an allergist.

ALLERGY TESTING

95004  Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests

(Note: Must bill with paper claim on tests over 60. Report total number of tests on your documentation. Calculate total amount due as follows: full fee listed in Fee Schedule for each test up to 60 tests and 50% of the fee listed for each test over 60 tests).

95024  Intracutaneous (intradermal) tests with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests

95028  Intracutaneous (intradermal) tests with allergenic extracts, delayed type reaction, including reading, specify number of tests

95060  Ophthalmic mucous membrane tests

95065  Direct nasal mucous membrane test

ALLERGEN IMMUNOTHERAPY

95165  Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)

SENSITIVITY TESTING

86485  Skin test; candida
86486  unlisted antigen, each
86490  coccidioidomycosis
86510  histoplasmosis
86580  tuberculosis, intradermal

**NEUROLOGY AND NEUROMUSCULAR PROCEDURES**

**ROUTINE ELECTROENCEPHALOGRAPHY (EEG)**

EEG codes 95812-95822 include hyperventilation and/or photic stimulation when appropriate. Routine EEG codes 95816-95822 include 20-40 minutes of recording. Extended EEG codes 95812-95813 include reporting times longer than 40 minutes.

95812  Electroencephalogram (EEG) extended monitoring; 41-60 minutes
95813  greater than 1 hour
95816  Electroencephalogram (EEG); including recording awake and drowsy
95819  including recording awake and asleep
95822  recording in coma or sleep only
95827  all night recording
95830  Insertion by physician or other qualified health care professional of sphenoidal electrodes for electroencephalographic (eeg) recording

**NERVE CONDUCTION TESTS**

95907  Nerve conduction studies; 1-2 studies
95908  3-4 studies
95909  5-6 studies
95910  7-8 studies
95911  9-10 studies
95912  11-12 studies
95913  13 or more studies

**MUSCLE AND RANGE OF MOTION TESTING**

95831  Muscle testing, manual (separate procedure) with report; extremity (excluding hand) or trunk
95832  hand, with or without comparison with normal side
95833  total evaluation of body, excluding hands
95834  total evaluation of body, including hands
95851  Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)
95852  hand, with or without comparison with normal side
95857  Cholinesterase inhibitor challenge test for myasthenia gravis
95860  Needle electromyography; one extremity with or without related paraspinal areas
95861  two extremities with or without related paraspinal areas
95863  three extremities with or without related paraspinal areas
95864  four extremities with or without related paraspinal areas
95865  larynx
95866  hemidiaphragm
95867  cranial nerve supplied muscle(s); unilateral
95868  bilateral
95869  thoracic paraspinal muscles (excluding T1 or T2)
95870  limited study of muscles in one extremity or non-limb (axial) muscles (unilateral or bilateral), other than thoracic paraspinal, cranial nerve supplied muscles, or sphincters
95872  Needle electromyography using single fiber electrode, with quantitative measurement of jitter, blocking and/or fiber density, any/all sites of each muscle studied
95875  Ischemic limb exercise test with serial specimen(s) acquisition for muscle(s) metabolite(s)
95885  Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; limited
   (List separately in addition to primary procedure)
95886  complete, five or more muscles studied, innervated by three or more nerves or four or more spinal levels
   (List separately in addition to primary procedure)
95887  Needle electromyography, non-extremity (cranial nerve supplied or axial) muscle(s) done with nerve conduction, amplitude and latency/velocity study
   (List separately in addition to primary procedure)

NERVE CONDUCTION TESTS

95905  Motor and/or sensory nerve conduction, using preconfigured electrode array(s), amplitude and latency/velocity study, each limb, includes F-wave study when performed, with interpretation and report

AUTONOMIC FUNCTION TESTS

95921  Testing of autonomic nervous system function; cardiovagal innervation (parasympathetic function), including two or more of the following: heart rate response to deep breathing with recorded R-R interval Valsalva ratio, and 30:15 ratio
95922  vasmotor adrenergic innervation (sympathetic adrenergic function), including beat-to-beat blood pressure and R-R interval changes during Valsalva maneuver and at least five minutes of passive tilt
95923  sudomotor, including one or more of the following: quantitative sudomotor axon reflex test (QSART), silastic sweat imprint, thermoregulatory sweat test, and changes in sympathetic skin potential

EVOKE POTENTIALS AND REFLEX TESTS

95925  Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper limbs
95926  in lower limbs
95938  in upper and lower limbs
95927  in the trunk or head
95928  Central motor evoked potential study (transcranial motor stimulation); upper limbs
Ordered Ambulatory Procedure Codes

95929  lower limbs
95939  in upper and lower limbs
95930  Visual evoked potential (VEP) testing central nervous system, checkerboard or flash
95933  Orbicularis oculi (blink) reflex, by electrodiagnostic testing
95937  Neuromuscular junction testing (repetitive stimulation, paired stimuli), each nerve, any one method

SPECIAL EEG TESTS

95950  Monitoring for identification and lateralization of cerebral seizure focus, electroencephalographic (eg, 8 channel EEG) recording and interpretation, each 24 hours
95951  Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, combined electroencephalographic (EEG) and video recording and interpretation, (eg, for presurgical localization), each 24 hours

NEUROSTIMULATORS, ANALYSIS-PROGRAMMING

95980  Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; intraoperative, with programming
95981  subsequent, without reprogramming
95982  subsequent, with reprogramming

OTHER PROCEDURES

95990  Refilling and maintenance on implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed

MOTION ANALYSIS

96002  Dynamic surface electromyography, during walking or other functional activities, 1-12 muscles
96003  Dynamic fine wire electromyography, during walking or other functional activities, 1 muscle (Do not report 96002, 96003 in conjunction with 95860-95864, 95869-95872)

FUNCTIONAL BRAIN MAPPING

96020  Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed; requiring skill of a physician or other qualified health care professional (Report required) (Do not report 96020 in conjunction with 96101, 96116-96118) (Evaluation and Management services codes should not be reported on the same day as 96020)
CENTRAL NERVOUS SYSTEM ASSESSMENTS/TESTS (e.g., NEURO COGNITIVE, MENTAL STATUS, SPEECH TESTING)

(When billing for procedure codes 96105 thru 96118, the total time billed to New York State Medicaid should reflect the face-to-face contact time with the patient. Reimbursement for all work performed before and after the face-to-face encounter (e.g., analysis of tests, reviewing records, etc.) is included in the maximum reimbursable amount for the face-to-face encounter.)

96105  Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour

96111  Developmental testing, (includes assessment of motor, language, social, adaptive, and/or cognitive functioning by standardized developmental instruments) with interpretation and report

96116  Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving and visual spatial abilities) per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report

96118  Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report
MISCELLANEOUS ORDERED AMBULATORY SERVICES

36430 Transfusion, blood or blood components
36511 Therapeutic apheresis; for white blood cells
36512  for red blood cells
36513  for platelets
36514  for plasma pheresis
36515  with extracorporeal immunoadsorption and plasma reinfusion
36516  with extracorporeal selective adsorption or selective filtration and plasma reinfusion
36522 Photopheresis, extracorporeal (For technical component see Modifier –TC)
38242 Allogeneic lymphocyte infusions
54240 Penile plethysmography
59020 Fetal contraction stress test
59025 Fetal non-stress test
98960 Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient
98961  2-4 patients
98962  5-8 patients
99170 Anogenital examination magnified, in childhood for suspected trauma, including image recording when performed (99170 should not be billed in addition to the all-inclusive clinic rate or emergency room rate)
99195 Phlebotomy, therapeutic (separate procedure)
A0225 Ambulance service, neonatal transport, base rate, emergency transport, one way (Service limited to Hospital Based Ordered Ambulatory with a 740 specialty (Regional Perinatal Transportation))
A4264 Permanent implantable contraceptive intratubal occlusion device(s) and delivery system
G0108 Diabetes outpatient self-management training services, individual, per 30 minutes
G0109  group session (2 or more), per 30 minutes
S9445 Patient education, not otherwise classified, non-physician provider, individual, per session (The initial lactation counseling session should be a minimum of 45 minutes. Follow up sessions(s) should be a minimum of 30 minutes. Three sessions within 12-month period immediately following delivery.)
S9446 Patient education, not otherwise classified, non-physician provider, group, per session (Up to a maximum of eight participants in a group session. 60 minute minimum session length. One prenatal and one postpartum class per recipient per pregnancy.)

REHABILITATION SERVICES

Inclusion of Modifier GN (Services delivered under an outpatient speech-language pathology plan of care), GO (Services delivered under an outpatient occupational therapy plan of care), or GP (Services delivered under an outpatient physical therapy plan of care) is required when billing for rehabilitation services.

SPEECH LANGUAGE PATHOLOGY
92507# Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual, (includes aural rehabilitation); (each half hour)
92521 Evaluation of speech fluency (eg, stuttering, cluttering)
92522 Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria)
92523 with evaluation of language comprehension and expression (eg, receptive and expressive language)
92524 Behavioral and qualitative analysis of voice and resonance

PHYSICAL THERAPY SERVICES/OCCUPATIONAL THERAPY

97530# Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes (up to a maximum of 2 hours)

USE OF THE OPERATING ROOM

For information regarding the application process required for the Hospital-Based Ambulatory Surgery Program, please contact the hospital services representative in the appropriate OHSM Area Office for consultation. Current addresses and telephone numbers for the OHSM Area Offices are provided in the Inquiry Section of the manual.