NEW YORK STATE
MEDICAID PROGRAM

ORDERED AMBULATORY

PROCEDURE CODES
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**USE OF THE OPERATING ROOM**
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. **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.

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 Schedule.

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.)

- **-99 Multiple Modifiers**: Under certain circumstances two or more modifiers may be necessary to completely delineate a service. In such situations modifier -99 should be added to the basic procedure, and other applicable modifiers may be listed as part of the description of the service.
RADIOLOGY SERVICES

DIAGNOSTIC RADIOLOGY (DIAGNOSTIC IMAGING)

HEAD AND NECK

70010  Myelography, posterior fossa; radiological supervision and interpretation
70015  Cisternography, positive contrast; radiological supervision and interpretation
70030  Radiologic examination, eye, for detection of foreign body (includes detection and localization)
70100  Radiologic examination, mandible; partial, less than four views
70110   complete, minimum of four views
70120  Radiologic examination, mastoids; less than three views per side
70130   complete, minimum of three views per side
70134  Radiologic examination, internal auditory meati, complete
70140  Radiologic examination, facial bones; less than three views
70150   complete, minimum of three views
70160  Radiologic examination, nasal bones, complete, minimum of three views
70170  Dacryocystography, nasolacrimal duct; radiological supervision and interpretation
70190  Radiologic examination; optic foramina
70200   orbits, complete, minimum of four views
70210  Radiologic examination, sinuses, paranasal; less than three views
70220   complete, minimum of three views
70240  Radiologic examination, sella turcica
70250  Radiologic examination, skull; less than four views
70260   complete, minimum of four views
70300  Radiologic examination, teeth; single view
70310   partial examination, less than full mouth
70320   complete, full mouth
70328  Radiologic examination, temporomandibular joint, open and closed mouth; unilateral
70330   bilateral
70332  Temporomandibular joint arthrography; radiological supervision and interpretation
   (Do not report 70332 in conjunction with 77002)
70336  Magnetic resonance (eg, proton) imaging, temporomandibular joint
70350  Cephalogram, orthodontic
70355  Orthopantogram
70360  Radiologic examination; neck, soft tissue
70370   pharynx or larynx, including fluoroscopy and/or magnification technique
70371  Complex dynamic pharyngeal and speech evaluation by cine or video recording
70373  Laryngography, contrast; radiological supervision and interpretation
70380  Radiologic examination, salivary gland for calculus
70390  Sialography; radiological supervision and interpretation
70450  Computed tomography, head or brain; without contrast material  
70460  with contrast material(s)  
70470  without contrast material, followed by contrast material(s) and further sections  

(To report 3D rendering, see 76376, 76377)  
70480  Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material  
70481  with contrast material(s)  
70482  without contrast material, followed by contrast material(s) and further sections  

(To report 3D rendering, see 76376, 76377)  
70486  Computed tomography, maxillofacial area; without contrast material  
70487  with contrast material(s)  
70488  without contrast material, followed by contrast material(s) and further sections  

(To report 3D rendering, see 76376, 76377)  
70490  Computed tomography, soft tissue neck; without contrast material  
70491  with contrast material(s)  
70492  without contrast material, followed by contrast material(s) and further sections  

(To report 3D rendering, see 76376, 76377)  
(For cervical spine, see 72125, 72126)  
70496  Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing  
70498  Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing  
70540  Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)  

(For head or neck magnetic resonance angiography studies, see 70544-70546, 70547-70549)  
70542  with contrast material  
70543  without contrast material(s), followed by contrast material(s) and further sequences  

(Report 70540-70543 once per imaging session)  
70544  Magnetic resonance angiography, head; without contrast material(s)  
70545  with contrast material(s)
70546 without contrast material(s), followed by contrast material(s) and further sequences
70547 Magnetic resonance angiography, neck; without contrast material(s)
70548 with contrast material
70549 without contrast material(s), followed by contrast material(s) and further sequences
70551 Magnetic resonance (eg, proton) imaging, brain, (including brain stem); without contrast material
70552 with contrast material(s)
70553 without contrast material, followed by contrast material(s) and further sequences
70557 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
70558 with contrast material(s)
70559 without contrast material(s), followed by contrast material(s) and further sequences

CHEST

(For fluoroscopic or ultrasonic guidance for needle placement procedures (eg, biopsy, aspiration, injection, localization device) of the thorax, see 76942, 77002)

71010 Radiologic examination, chest; single view, frontal
71015 stereo, frontal
71020 Radiologic examination, chest, two views, frontal and lateral;
71021 with apical lordotic procedure
71022 with oblique projections
71023 with fluoroscopy
71030 Radiologic examination, chest, complete, minimum of four views;
71034 with fluoroscopy

(For separate chest fluoroscopy, use 76000)

71035 Radiologic examination, chest, special views, (eg, lateral decubitus, Bucky studies)
71040 Bronchography, unilateral, radiological supervision and interpretation
71060 Bronchography, bilateral, radiological supervision and interpretation
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

(To report 3D rendering, see 76376, 76377)

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

(For breast MRI, see 77058, 77059)
71555  Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)

**SPINE AND PELVIS**
72010  Radiologic examination, spine, entire, survey study, anteroposterior and lateral
72020  Radiologic examination, spine, single view, specify level
72040  Radiologic examination, spine, cervical; two or three views
72050  minimum of four views
72052  complete, including oblique and flexion and/or extension studies
72069  Radiologic examination, spine, thoracolumbar, standing (scoliosis)
72070  Radiologic examination, spine; thoracic, two views
72072  thoracic, three views
72074  thoracic, minimum of four views
72080  thoracolumbar, two views
72090  scoliosis study, including supine and erect studies
72100  Radiologic examination, spine, lumbosacral; two or three views
72110  minimum of four views
72114  complete, including bending views
72120  Radiologic examination, spine, lumbosacral, bending views only, minimum of four 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
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>72131</td>
<td>Computed tomography, lumbar spine; without contrast material</td>
</tr>
<tr>
<td>72132</td>
<td>with contrast material(s)</td>
</tr>
<tr>
<td>72133</td>
<td>without contrast material, followed by contrast material(s) and further</td>
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<tr>
<td></td>
<td>sections</td>
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<td></td>
<td>(To report 3D rendering, see 76376, 76377)</td>
</tr>
<tr>
<td>72141</td>
<td>Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical;</td>
</tr>
<tr>
<td>72142</td>
<td>without contrast material</td>
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<tr>
<td></td>
<td>with contrast material(s)</td>
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<tr>
<td></td>
<td>(For cervical spinal canal imaging without contrast material followed by</td>
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<tr>
<td></td>
<td>contrast material, use 72156)</td>
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<tr>
<td>72146</td>
<td>Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic;</td>
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<tr>
<td>72147</td>
<td>without contrast material</td>
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<td>(For thoracic spinal canal imaging without contrast material followed by</td>
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<tr>
<td></td>
<td>contrast material, use 72157)</td>
</tr>
<tr>
<td>72148</td>
<td>Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar;</td>
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<td>72149</td>
<td>without contrast material</td>
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<tr>
<td></td>
<td>with contrast material(s)</td>
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<tr>
<td></td>
<td>(For lumbar spinal canal imaging without contrast material followed by</td>
</tr>
<tr>
<td></td>
<td>contrast material, use 72158)</td>
</tr>
<tr>
<td>72156</td>
<td>Magnetic resonance (eg, proton) imaging, spinal canal and contents without</td>
</tr>
<tr>
<td></td>
<td>contrast material, followed by contrast material(s) and further sequences;</td>
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<tr>
<td></td>
<td>cervical</td>
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<tr>
<td>72157</td>
<td>thoracic</td>
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<tr>
<td>72158</td>
<td>lumbar</td>
</tr>
<tr>
<td>72159</td>
<td>Magnetic resonance angiography, spinal canal and contents, with or without</td>
</tr>
<tr>
<td></td>
<td>contrast material(s)</td>
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<tr>
<td>72170</td>
<td>Radiologic examination, pelvis; one or two views</td>
</tr>
<tr>
<td>72190</td>
<td>complete, minimum of three views</td>
</tr>
<tr>
<td></td>
<td>(For pelvimetry, use 74710)</td>
</tr>
<tr>
<td>72191</td>
<td>Computed tomographic angiography, pelvis, with contrast material(s),</td>
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<td></td>
<td>including noncontrast images, if performed, and image postprocessing</td>
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<tr>
<td></td>
<td>(For CTA aorto-iliofemoral runoff, use 75635)</td>
</tr>
<tr>
<td>72192</td>
<td>Computed tomography, pelvis; without contrast material</td>
</tr>
<tr>
<td>72193</td>
<td>with contrast material(s)</td>
</tr>
</tbody>
</table>
72194 without contrast material, followed by contrast material(s) and further sections

(To report 3D rendering, see 76376, 76377)

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 three views
72202 three or more views
72220 Radiologic examination, sacrum and coccyx, minimum of two views
72291 Radiological supervision and interpretation, percutaneous vertebroplasty or vertebral augmentation including cavity creation, per vertebral body; under fluoroscopic guidance
72292 under CT guidance

**UPPER EXTREMITIES**

73000 Radiologic examination; clavicle, complete
73010 scapula, complete
73020 Radiologic examination, shoulder; one view
73030 complete, minimum of two 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 two views
73070 Radiologic examination, elbow; two views
73080 complete, minimum of three views
73085 Radiologic examination, elbow, arthrography, radiological supervision and interpretation
(Do not report 73085 in conjunction with 77002)
73090 Radiologic examination; forearm, two views
73092 upper extremity, infant, minimum of two views
73100 Radiologic examination, wrist; two views
73110 complete, minimum of three views
73115 Radiologic examination, wrist, arthrography, radiological supervision and interpretation
(Do not report 73115 in conjunction with 77002)
73120 Radiologic examination, hand; two views
73130 minimum of three views
<table>
<thead>
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<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>73140</td>
<td>Radiologic examination, finger(s), minimum of two 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(s)</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 extremity, other than joint</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>73500</td>
<td>Radiologic examination, hip; unilateral, one view</td>
</tr>
<tr>
<td>73510</td>
<td>complete, minimum of two views</td>
</tr>
<tr>
<td>73520</td>
<td>Radiologic examination, hips, bilateral, minimum of two views of each hip, including anteroposterior view of pelvis</td>
</tr>
<tr>
<td>73525</td>
<td>Radiologic examination, hip, arthrography, radiological supervision and interpretation</td>
</tr>
<tr>
<td></td>
<td>(Do not report 73525 in conjunction with 77002)</td>
</tr>
<tr>
<td>73540</td>
<td>Radiologic examination, pelvis and hips, infant or child, minimum of two views</td>
</tr>
<tr>
<td>73542</td>
<td>Radiological examination, sacroiliac joint arthrography, radiological supervision and interpretation</td>
</tr>
<tr>
<td></td>
<td>(Do not report 73542 in conjunction with 77002)</td>
</tr>
<tr>
<td>73550</td>
<td>Radiologic examination, femur, two views</td>
</tr>
<tr>
<td>73560</td>
<td>Radiologic examination, knee; one or two views</td>
</tr>
<tr>
<td>73562</td>
<td>three views</td>
</tr>
<tr>
<td>73564</td>
<td>complete, four 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></td>
<td>(Do not report 73580 in conjunction with 77002)</td>
</tr>
</tbody>
</table>
73590  Radiologic examination; tibia and fibula, two views
73592  lower extremity, infant, minimum of two views
73600  Radiologic examination, ankle; two views
73610  complete, minimum of three views
73615  Radiologic examination, ankle, arthrography, radiological supervision and interpretation
(Do not report 73615 in conjunction with 77002)
73620  Radiologic examination, foot; two views
73630  complete, minimum of three views
73650  Radiologic examination; calcaneus, minimum of two views
73660  toe(s), minimum of two 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
(To report 3D rendering, see 76376, 76377)
73706  Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing
(For CTA aorto-iliofemoral runoff, use 75635)
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
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>74150</td>
<td>Computed tomography, abdomen; without contrast material</td>
</tr>
<tr>
<td>74160</td>
<td>with contrast material(s)</td>
</tr>
<tr>
<td>74170</td>
<td>without contrast material, followed by contrast material(s) and further</td>
</tr>
<tr>
<td></td>
<td>sections</td>
</tr>
<tr>
<td></td>
<td>(To report 3D rendering, see 76376, 76377)</td>
</tr>
<tr>
<td>74175</td>
<td>Computed tomographic angiography, abdomen, with contrast material(s),</td>
</tr>
<tr>
<td></td>
<td>including noncontrast images, if performed, and image postprocessing</td>
</tr>
<tr>
<td></td>
<td>(For CTA aorto-iliofemoral runoff, use 75635)</td>
</tr>
<tr>
<td>74181</td>
<td>Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)</td>
</tr>
<tr>
<td>74182</td>
<td>with contrast material(s)</td>
</tr>
<tr>
<td>74183</td>
<td>without contrast material(s), followed by contrast material(s) and further</td>
</tr>
<tr>
<td></td>
<td>sequences</td>
</tr>
<tr>
<td>74185</td>
<td>Magnetic resonance angiography, abdomen, with or without contrast material(s)</td>
</tr>
<tr>
<td>74190</td>
<td>Peritoneogram (eg, after injection of air or contrast), radiological supervision and interpretation</td>
</tr>
<tr>
<td></td>
<td>(For computed tomography, see 72192 or 74150)</td>
</tr>
</tbody>
</table>

**GASTROINTESTINAL TRACT**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>74210</td>
<td>Radiologic examination; pharynx and/or cervical esophagus</td>
</tr>
<tr>
<td>74220</td>
<td>esophagus</td>
</tr>
<tr>
<td>74230</td>
<td>Swallowing function, with cineradiography/videoradiography</td>
</tr>
<tr>
<td>74235</td>
<td>Removal of foreign body(s), esophageal, with use of balloon catheter,</td>
</tr>
<tr>
<td></td>
<td>radiological supervision and interpretation</td>
</tr>
<tr>
<td>74240</td>
<td>Radiologic examination, gastrointestinal tract, upper; with or without delayed</td>
</tr>
<tr>
<td></td>
<td>films, without KUB</td>
</tr>
<tr>
<td>74241</td>
<td>with or without delayed films, with KUB</td>
</tr>
<tr>
<td>74245</td>
<td>with small intestine, includes multiple serial films</td>
</tr>
<tr>
<td>74246</td>
<td>Radiologic examination, gastrointestinal tract, upper, air contrast, with specific</td>
</tr>
<tr>
<td></td>
<td>high density barium, effervescent agent, with or without glucagon; with or</td>
</tr>
<tr>
<td></td>
<td>without delayed films, without KUB</td>
</tr>
<tr>
<td>74247</td>
<td>with or without delayed films, with KUB</td>
</tr>
<tr>
<td>74249</td>
<td>with small intestine follow-through</td>
</tr>
<tr>
<td>74250</td>
<td>Radiologic examination, small intestine, includes multiple serial films;</td>
</tr>
<tr>
<td>74251</td>
<td>via enteroclysis tube</td>
</tr>
<tr>
<td>74260</td>
<td>Duodenography, hypotonic</td>
</tr>
<tr>
<td>74270</td>
<td>Radiologic examination, colon; barium enema, with or without KUB</td>
</tr>
<tr>
<td>74280</td>
<td>air contrast with specific high density barium, with or without glucagon</td>
</tr>
<tr>
<td>74283</td>
<td>Therapeutic enema, contrast or air, for reduction of intussusception or other</td>
</tr>
<tr>
<td></td>
<td>intraluminal obstruction (eg, meconium ileus)</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>-------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>74290</td>
<td>Cholecystography, oral contrast; additional or repeat examination or multiple day examination</td>
</tr>
<tr>
<td>74291</td>
<td>Cholangiography and/or pancreatography; through existing catheter, radiological supervision and interpretation</td>
</tr>
<tr>
<td>74305</td>
<td>Cholangiography, percutaneous, transhepatic, radiological supervision and interpretation</td>
</tr>
<tr>
<td>74320</td>
<td>Postoperative biliary duct calculus removal, percutaneous via T-tube tract, basket, or snare (eg, Burhenne technique), radiological supervision and interpretation</td>
</tr>
<tr>
<td>74327</td>
<td>Endoscopic catheterization of the biliary ductal system, radiological supervision and interpretation</td>
</tr>
<tr>
<td>74328</td>
<td>Endoscopic catheterization of the pancreatic ductal system, radiological supervision and interpretation</td>
</tr>
<tr>
<td>74330</td>
<td>Combined endoscopic catheterization of the biliary and pancreatic ductal systems, radiological supervision and interpretation</td>
</tr>
<tr>
<td>74340</td>
<td>Introduction of long gastrointestinal tube (eg, Miller-Abbott), including multiple fluoroscopies and films, radiological supervision and interpretation</td>
</tr>
<tr>
<td>74355</td>
<td>Percutaneous placement of enteroclysis tube, radiological supervision and interpretation</td>
</tr>
<tr>
<td>74360</td>
<td>Intraluminal dilation of strictures and/or obstructions (eg, esophagus), radiological supervision and interpretation</td>
</tr>
<tr>
<td>74363</td>
<td>Percutaneous transhepatic dilation of biliary duct stricture with or without placement of stent, radiological supervision and interpretation</td>
</tr>
</tbody>
</table>

**URINARY TRACT**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>74400</td>
<td>Urography (pyelography), intravenous, with or without KUB, with or without tomography</td>
</tr>
<tr>
<td>74410</td>
<td>Urography, infusion, drip technique and/or bolus technique</td>
</tr>
<tr>
<td>74420</td>
<td>Urography, retrograde, with or without KUB</td>
</tr>
<tr>
<td>74425</td>
<td>Urography, antegrade, (pyelostogram, nephrostogram, loopogram), radiological supervision and interpretation</td>
</tr>
<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>
</tbody>
</table>

**GYNECOLOGICAL AND OBSTETRICAL**

(For abdomen and pelvis, see 72170-72190, 74000-74170)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>74710</td>
<td>Pelvimetry, with or without placental localization</td>
</tr>
</tbody>
</table>
74740 Hysterosalpingography, radiological supervision and interpretation
74742 Transcervical catheterization of fallopian tube, radiological supervision and interpretation
74775 Perineogram (eg, vaginogram, for sex determination or extent of anomalies)

**HEART**

75557 Cardiac magnetic resonance imaging for morphology and function without contrast material
75558 with flow/velocity quantification
75559 with stress imaging
75560 with flow/velocity quantification and stress
75561 Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;
75562 with flow/velocity quantification
75563 with stress imaging
75564 with flow/velocity quantification and stress

(Do not report 75557-75564 in conjunction with 76376, 76377)

**VASCULAR PROCEDURES**

**AORTA AND ARTERIES**

75600 Aortography, thoracic, without serialography, radiological supervision and interpretation
75605 Aortography, thoracic, by serialography, radiological supervision and interpretation
75625 Aortography, abdominal, by serialography, radiological supervision and interpretation
75630 Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography, radiological supervision and interpretation
75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing
75650 Angiography, cervicocerebral, catheter, including vessel origin, radiological supervision and interpretation
75658 Angiography, brachial, retrograde, radiological supervision and interpretation
75660 Angiography, external carotid, unilateral, selective, radiological supervision and interpretation
75662 Angiography, external carotid, bilateral, selective, radiological supervision and interpretation
75665 Angiography, carotid, cerebral, unilateral, radiological supervision and interpretation
75671 Angiography, carotid, cerebral, bilateral, radiological supervision and interpretation
75676 Angiography, carotid, cervical, unilateral radiological supervision and interpretation
75680 Angiography, carotid, cervical, bilateral radiological supervision and interpretation
75685 Angiography, vertebral, cervical, and/or intracranial, radiological supervision and interpretation
75705 Angiography, spinal, selective, radiological supervision and interpretation
75710 Angiography, extremity, unilateral, radiological supervision and interpretation
75716 Angiography, extremity, bilateral, radiological supervision and interpretation
75722 Angiography, renal, unilateral, selective (including flush aortogram), radiological supervision and interpretation
75724 Angiography, renal, bilateral, selective (including flush aortogram), radiological supervision and interpretation
75726 Angiography, visceral; selective or supraselective, (with or without flush aortogram), radiological supervision and interpretation

(For selective angiography, each additional visceral vessels studied after basic examination, use 75774)

75731 Angiography, adrenal, unilateral, selective, radiological supervision and interpretation
75733 Angiography, adrenal, bilateral, selective, radiological supervision and interpretation
75736 Angiography, pelvic, selective or supraselective, radiological supervision and interpretation
75741 Angiography, pulmonary, unilateral, selective, radiological supervision and interpretation
75743 Angiography, pulmonary, bilateral, selective, radiological supervision and interpretation
75746 Angiography, pulmonary, by nonselective catheter or venous injection, radiological supervision and interpretation
75756 Angiography, internal mammary, radiological supervision and interpretation
75774 Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation

(For angiography, see codes 75600-75790)

75790 Angiography, arteriovenous shunt (eg, dialysis patient), radiological supervision and interpretation

VEINS AND LYMPHATICS

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

**TRANSCATHETER THERAPY AND BIOPSY**

75894  Transcatheter therapy, embolization, any method, radiological supervision and interpretation
75945  Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; initial vessel
75946  each additional vessel
75984  Change of percutaneous tube or drainage catheter with contrast monitoring (eg, genitourinary system, abscess), radiological supervision and interpretation
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**

(For arthrography of shoulder, use 73040; elbow, use 73085; wrist, use 73115; hip, use 73525; knee, use 73580; ankle, use 73615)

76000  Fluoroscopy (separate procedure), up to one hour physician time, other than 71023 or 71034 (eg, cardiac fluoroscopy)
76001  Fluoroscopy, physician time more than one hour, assisting a non-radiologic physician (eg, nephrolithotomy, ERCP, bronchoscopy, transbronchial biopsy)
76010  Radiologic examination from nose to rectum for foreign body, single view, child
Ordered Ambulatory Procedure Codes

76080 Radiologic examination, abscess, fistula or sinus tract study, radiological supervision and interpretation
76100 Radiological examination, single plane body section (eg, tomography), other than with urography
76101 Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; unilateral
76102 bilateral
76120 Cineradiography/videoradiography, except where specifically included
76125 Cineradiography/videoradiography, to complement routine examination (List separately in addition to primary procedure)
76376 3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; not requiring image postprocessing on an independent workstation (Use 76376 in conjunction with code[s] for base imaging procedure[s])
(Do not report 76376 in conjunction with 70496, 70498, 70544-70549, 71275, 71555, 72159, 72191, 72198, 73206, 73225, 73706, 73725, 74175, 74185, 75635, 76377, 78000-78999)
76377 requiring image postprocessing on an independent workstation (Use 76377 in conjunction with code[s] for base imaging procedure[s])
(Do not report 76377 in conjunction with 70496, 70498, 70544-70549, 71275, 71555, 72159, 72191, 72198, 73206, 73225, 73706, 73725, 74175, 74185, 75635, 76377, 78000-78999)
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

**DIAGNOSTIC ULTRASOUND SERVICES**

**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.
HEAD AND NECK

(To report complete A-mode echoencephalography, use 76999)

76506 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

76510 Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter

76511 Ophthalmic ultrasound, diagnostic; quantitative a-scan only

76512 B-scan (with or without superimposed non-quantitative a-scan)

76513 anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy

76514 Corneal pachymetry, unilateral or bilateral (determination of corneal thickness)

76516 Ophthalmic biometry by ultrasound echography, A-scan;

76519 with intraocular lens power calculation

76529 Ophthalmic ultrasonic foreign body localization

76536 Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation

CHEST

(To report A-mode echography of the breast, use 76999)

76604 Ultrasound, chest (includes mediastinum) real time with image documentation

76645 Ultrasound, breast(s) (unilateral or bilateral) real time with image documentation

ABDOMEN AND RETROPERITONEUM

76700 Ultrasound, abdominal, real time with image documentation; complete

76705 limited (eg, single organ, quadrant, follow-up)

76770 Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete

76775 limited

76776 Ultrasound, transplanted kidney, real time and duplex doppler with image documentation

(Do not report 76776 in conjunction with 93975, 93976)

(For ultrasound of transplanted kidney without duplex doppler, use 76775)

SPINAL CANAL

76800 Ultrasound, spinal canal and contents
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)
76815 Ultrasound, pregnant uterus, real time with image documentation, limited (eg, 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 (eg, 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)  
  (For non-obstetrical transvaginal ultrasound, use 76830)
76818 Fetal biophysical profile; with non-stress testing
76819 without non-stress testing  
  (For amniotic fluid index without non-stress test, use 76815)
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)  
  (For obstetrical transvaginal ultrasound, use 76817)
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 (eg, for follicles)
GENITALIA
76870 Ultrasound, scrotum and contents
76872 Ultrasound, transrectal;
76873 prostate volume study for brachytherapy treatment planning (separate procedure)

EXTREMITIES
76880 Ultrasound, extremity, nonvascular, real time with image documentation
76885 Ultrasound, infant hips, real time with imaging documentation; dynamic (eg, requiring physician manipulation)
76886 limited, static (not requiring physician manipulation)

VASCULAR STUDIES
(For vascular studies, see 93875-93981)

ULTRASONIC GUIDANCE PROCEDURES
76930 Ultrasonic guidance for pericardiocentesis, imaging supervision and interpretation
76932 Ultrasonic guidance for endomyocardial biopsy, imaging supervision and interpretation 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) (Do not use 76937 in conjunction with 76942)
76940 Ultrasonic 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
76950 Ultrasonic guidance for placement of radiation therapy fields
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)
(77002 includes all radiographic arthrography with the exception of supervision and interpretation for ct and mr arthrography)
(Do not report 77002 in addition to 70332, 73040, 73085, 73115, 73525, 73580, 73615)
(77002 is included in the organ/anatomic specific radiological supervision and interpretation procedures 74320, 74350, 74355, 74445, 75885, 75887, 75989)

77003 Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinal diagnostic or therapeutic injection procedures (epidural, transformaminal epidural, subarachnoid, paravertebral facet joint, paravertebral facet joint nerve, or sacroiliac joint), including neurolytic agent destruction

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

MISCELLANEOUS RADIOLOGIC GUIDANCE

77031 Stereotactic localization guidance for breast biopsy or needle placement (eg, for wire localization or for injection), each lesion, radiological supervision and interpretation

77032 Mammographic guidance for needle placement, breast (eg, for wire localization or for injection), each lesion, radiological supervision and interpretation
BREAST, MAMMOGRAPHY

77053 Mammary ductogram or galactogram, single duct, radiological supervision and interpretation
77054 Mammary ductogram or galactogram, multiple ducts, radiological supervision and interpretation
77055 Mammography; unilateral
77056 Mammography; bilateral
77057 Screening mammography, bilateral (2-view film study of each breast)
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

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)
77079 Computed tomography, bone mineral density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)
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)
77083 Radiographic absorptiometry (eg, photodensitometry, radiogrammetry), 1 or more sites
77084 Magnetic resonance (eg, proton) imaging, bone marrow blood supply

RADIATION ONCOLOGY SERVICES

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.
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.

**DEFINITIONS:**

**Simple** - planning requiring single treatment area of interest encompassed in a single port or simple parallel opposed ports with simple or no blocking.

**Intermediate** - planning requiring three or more converging ports, two separate treatment areas, multiple blocks, or special time dose constraints.

**Complex** - planning requiring highly complex blocking, custom shielding blocks, tangential ports, special wedges or compensators, three or more separate treatment areas, rotational or special beam considerations, combination of therapeutic modalities.

77261 Therapeutic radiology treatment planning; simple
77262 Intermediate
77263 Complex

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

**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
77295 Three-dimensional
77299 Unlisted procedure, therapeutic radiology clinical treatment planning
MEDICAL RADIATION PHYSICS, DOSIMETRY, TREATMENT DEVICES AND SPECIAL SERVICES

77300  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

77301  Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications (Report required)

77305  Teletherapy, isodose plan (whether hand or computer calculated); simple (one or two parallel opposed unmodified ports directed to a single area of interest)

77310  intermediate (three or more treatment ports directed to a single area of interest)

77315  complex (mantle or inverted Y, tangential ports, the use of wedges, compensators, complex blocking, rotational beam, or special beam considerations)

(Only one teletherapy isodose plan may be reported for a given course of therapy to a specific treatment area.)

77321  Special teletherapy port plan, particles, hemi-body, total body

77326  Brachytherapy isodose plan; simple (calculation made from single plane, one to four source/ribbon application, remote afterloading brachytherapy, 1 to 8 sources)

(For definition of sources/ribbon, see Clinical Brachytherapy section.)

77327  intermediate (multiplane dosage calculations, application involving five to ten sources/ribbons, remote afterloading brachytherapy, 9 to 12 sources)

77328  complex (multiplane isodose plan, volume implant calculations, over ten sources/ribbons used, special spatial reconstruction, remote afterloading brachytherapy, over 12 sources)

77331  Special dosimetry (eg, TLD, microdosimetry) (specify), only when prescribed by the treating physician

77332  Treatment devices, design and construction; simple (simple block, simple bolus)

77333  intermediate (multiple blocks, stents, bite blocks, special bolus)

77334  complex (irregular blocks, special shields, compensators, wedges, molds or casts)

77336  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
STEREOTACTIC RADIATION TREATMENT DELIVERY

77371 Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based
77372 linear accelerator based
(For radiation treatment management, use 77432)

77373 Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions
(Do not report 77373 in conjunction with 77401-77416, 77418)
(For single fraction cranial lesion[s], see 77371, 77372)

MISCELLANEOUS PROCEDURES

77399 Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services

RADIATION TREATMENT DELIVERY

Radiation treatment delivery (77401-77416) recognizes the technical component and the various energy levels.

77401 Radiation treatment delivery, superficial and/or ortho voltage
77402 Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; up to 5 MeV
  77403 6-10 MeV
  77404 11-19 MeV
  77406 20 MeV or greater
77407 Radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks; up to 5 MeV
  77408 6-10 MeV
  77409 11-19 MeV
  77411 20 MeV or greater
77412 Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5 mev
  77413 6-10 MeV
  77414 11-19 MeV
  77416 20 MeV or greater
77417 Therapeutic radiology port film(s)
77418 Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic mlc, per treatment session (Report required)
(For intensity modulated treatment planning, use 77301)
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 (e.g., assessment of the patient's response to treatment, coordination of care and treatment, review of imaging and/or lab results).

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>77427</td>
<td>Radiation treatment management, five treatments</td>
</tr>
<tr>
<td>77431</td>
<td>Radiation therapy management with complete course of therapy consisting of one or two factions only (77431 is not to be used to fill in the last week of a long course of therapy)</td>
</tr>
<tr>
<td>77432</td>
<td>Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of one session)</td>
</tr>
<tr>
<td>77435</td>
<td>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)</td>
</tr>
<tr>
<td>77470</td>
<td>Special treatment procedure (e.g., total body irradiation, hemibody irradiation, per oral, endocavitary or intra-operative cone irradiation) (77470 assumes that the procedure is performed one or more times during the course of therapy, in addition to daily or weekly patient management)</td>
</tr>
<tr>
<td>77499</td>
<td>Unlisted procedure, therapeutic radiology clinical treatment management</td>
</tr>
</tbody>
</table>
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.

The following descriptors are included in the treatment schedule:

- **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 three months follow-up care)
- **77761** Intracavitary radiation source application; simple
- **77762** intermediate
- **77763** complex
- **77776** Interstitial radiation source application; simple
- **77777** intermediate
- **77778** complex
<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>77781</td>
<td>Remote afterloading high intensity brachytherapy; 1-4 source positions or catheters</td>
</tr>
<tr>
<td>77782</td>
<td>5-8 source positions or catheters</td>
</tr>
<tr>
<td>77783</td>
<td>9-12 source positions or catheters</td>
</tr>
<tr>
<td>77784</td>
<td>over 12 source positions or catheters</td>
</tr>
<tr>
<td>77789</td>
<td>Surface application of radiation source</td>
</tr>
<tr>
<td>77799</td>
<td>Unlisted procedure, clinical brachytherapy</td>
</tr>
</tbody>
</table>

**NUCLEAR MEDICINE SERVICES**

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**

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>78000</td>
<td>Thyroid uptake; single determination</td>
</tr>
<tr>
<td>78001</td>
<td>multiple determinations</td>
</tr>
<tr>
<td>78003</td>
<td>stimulation, suppression or discharge (not including initial uptake studies)</td>
</tr>
<tr>
<td>78006</td>
<td>Thyroid imaging, with uptake; single determination</td>
</tr>
<tr>
<td>78007</td>
<td>multiple determinations</td>
</tr>
<tr>
<td>78010</td>
<td>Thyroid imaging; only</td>
</tr>
<tr>
<td>78011</td>
<td>with vascular flow</td>
</tr>
<tr>
<td>78015</td>
<td>Thyroid carcinoma metastases imaging; limited area (eg, neck and chest only)</td>
</tr>
<tr>
<td>78016</td>
<td>with additional studies (eg, urinary recovery)</td>
</tr>
<tr>
<td>78018</td>
<td>whole body</td>
</tr>
<tr>
<td>78020</td>
<td>Thyroid carcinoma metastases uptake</td>
</tr>
<tr>
<td></td>
<td>(List separately in addition to primary procedure)</td>
</tr>
<tr>
<td></td>
<td>(Use 78020 in conjunction with 78018 only)</td>
</tr>
<tr>
<td>78070</td>
<td>Parathyroid imaging</td>
</tr>
<tr>
<td>78075</td>
<td>Adrenal imaging, cortex and/or medulla</td>
</tr>
<tr>
<td>78099</td>
<td>UNLISTED endocrine procedure, diagnostic nuclear medicine</td>
</tr>
</tbody>
</table>

**HEMATOPOIETIC, RETICULOENDOTHELIAL AND LYMPHATIC SYSTEM**

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>78102</td>
<td>Bone marrow imaging; limited area</td>
</tr>
<tr>
<td>78103</td>
<td>multiple areas</td>
</tr>
<tr>
<td>78104</td>
<td>whole body</td>
</tr>
<tr>
<td>78110</td>
<td>Plasma volume, radio-pharmaceutical volume-dilution technique (separate procedure); single sampling</td>
</tr>
<tr>
<td>78111</td>
<td>multiple samplings</td>
</tr>
<tr>
<td>78120</td>
<td>Red cell volume determination (separate procedure); single sampling</td>
</tr>
<tr>
<td>78121</td>
<td>multiple samplings</td>
</tr>
</tbody>
</table>
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
         (If combined with liver study, use procedures 78215, 78216)
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
         (For spleen imaging only, use 78185)
78205  Liver imaging (SPECT)
78206   with vascular flow
78215  Liver and spleen imaging; static only
78216   with vascular flow
78220  Liver function study with hepatobiliary agents, with serial images
78223  Hepatobiliary ductal system imaging, including gallbladder, with or without pharmacologic intervention, with or without quantitative measurement of gallbladder function
78230  Salivary gland imaging;
78231   with serial images
78232  Salivary gland function study
78258  Esophageal motility
78261  Gastric mucosa imaging
78262  Gastroesophageal reflux study
78264  Gastric emptying 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; one or more sites; single photon absorptiometry
78351   dual photon absorptiometry, one or more sites
   (For radiological bone density (photodensitometry), use 77083)
78399   UNLISTED musculoskeletal procedure, diagnostic nuclear medicine

**CARDIOVASCULAR SYSTEM**

78456   Acute venous thrombosis imaging, peptide
78457   Venous thrombosis imaging, venogram; unilateral
78458   bilateral
78460   Myocardial perfusion imaging; (planar) single study, at rest or stress (exercise and/or pharmacologic), with or without quantification
78461   multiple studies, (planar) at rest and/or stress (exercise and/or pharmacologic), and redistribution and/or rest injection, with or without quantification
78464   tomographic (spect), single study (including attenuation correction when performed), at rest or stress (exercise and/or pharmacologic), with or without quantification
78465   tomographic (spect), multiple studies (including attenuation correction when performed), at rest and/or stress (exercise and/or pharmacologic) and redistribution and/or rest injection, with or without quantification
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
   (For assessment of right ventricular ejection fraction by first pass technique, use 78496)
78473   multiple studies, wall motion study plus ejection fraction, at rest and stress (exercise and/or pharmacologic), with or without additional quantification
78478   Myocardial perfusion study with wall motion, qualitative or quantitative study
   (List separately in addition to primary procedure)
   (Use 78478 in conjunction with 78460, 78461, 78465, 78465)
78480   Myocardial perfusion study with ejection fraction
   (List separately in addition to primary procedure)
   (Use 78480 in conjunction with 78460, 78461, 78465, 78465)
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

(For cerebral blood flow study, see 78615)

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 code 78472)

78499 UNLISTED cardiovascular procedure, diagnostic nuclear medicine

RESPIRATORY SYSTEM

78580 Pulmonary perfusion imaging; particulate

78584 Pulmonary perfusion, imaging, particulate, with ventilation; single breath

78585 rebreathing and washout, with or without single breath

78586 Pulmonary ventilation imaging, aerosol; single projection

78587 multiple projections (eg, anterior, posterior, lateral views)

78588 Pulmonary perfusion imaging, particulate, with ventilation imaging, aerosol, one or multiple projections

78591 Pulmonary ventilation imaging, gaseous, single breath, single projection

78593 Pulmonary ventilation imaging, gaseous, with rebreathing and washout with or without single breath; single projection

78594 multiple projections (eg, anterior, posterior, lateral views)

78596 Pulmonary quantitative differential function (ventilation/perfusion) study

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)

(For introduction of radioactive substance in association with renal endoscopy, see 77776-77778)

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)
(For ultrasound imaging of the bladder only, with measurement of postvoid residual urine when performed, use 76857)

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

(For radiophosphorus tumor identification, ocular, see 78800)

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)

(For imaging bone infectious or inflammatory disease with a bone imaging radiopharmaceutical, see 78300, 78305, 78306)

78999 UNLISTED miscellaneous procedure, diagnostic nuclear medicine
THERAPEUTIC

79005 Radiopharmaceutical therapy, by oral administration
   (For monoclonal antibody therapy, use 79403)
79101 by intravenous administration
   (For radiolabeled monoclonal antibody by intravenous infusion, use 79403)
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)
   (For pre-treatment imaging, see 78802, 78804)
79440 by intra-articular administration
79445 by intra-arterial particulate administration
79999 UNLISTED radio-pharmaceutical therapeutic procedure

RADIOPHARMACEUTICAL IMAGING AGENTS

A4641 Radiopharmaceutical, diagnostic, not otherwise classified
A4642 Indium IN-111 satumomab pendetide, diagnostic, per study dose, up to 6 millicuries
A9500 Technetium Tc-99m sestamibi, diagnostic, per study dose, up to 40 millicuries
A9501 Technetium Tc-99m teboroxime, diagnostic, per study dose
A9502 Technetium Tc-99m tetrofosmin, diagnostic, per study dose, up to 40 millicuries
A9503 Technetium Tc-99m medronate, diagnostic, per study dose, up to 30 millicuries
A9504 Technetium Tc-99m apcitide, diagnostic, per study dose, up to 20 millicuries
A9505 Thallium TI-201 thallous chloride, diagnostic, per millicurie
A9507 Indium IN-111 capromab pendetide, diagnostic, per study dose, up to 10 millicuries
A9508 Iodine I-131 iobenguane sulfate, diagnostic, per 0.5 millicurie
A9509 Iodine I-123 sodium iodide, diagnostic, per millicurie
A9510 Technetium Tc-99m disofenin, diagnostic, per study dose, up to 15 millicuries
A9512 Technetium T-99m pertechnetate, diagnostic, per millicurie
A9516 Iodine I-123 sodium iodide, diagnostic, per 100 microcuries, up to 999 microcuries
A9517 Iodine I-131 sodium iodide capsule(s), therapeutic, per millicurie
A9521 Technetium T-99m exametazime, diagnostic, per study dose, up to 25 millicuries
A9524 Iodine I-131 iodinated serum albumin, diagnostic, per 5 microcuries
A9526  Nitrogen N13 ammonia, diagnostic, per study dose, up to 40 millicuries
A9527  Iodine I-125, sodium iodide solution, therapeutic, per millicurie
A9528  Iodine I-131 sodium iodide capsule(s), diagnostic, per millicurie
A9529  Iodine I-131 sodium iodide solution, diagnostic, per millicurie
A9530  Iodine I-131 sodium iodide solution, therapeutic, per millicurie
A9531  Iodine I-131 sodium iodide, diagnostic, per microcurie (up to 100 microcuries)
A9532  Iodine I-125 serum albumin, diagnostic, per 5 microcuries
A9535  Methylene blue, 1 ml
A9536  Technetium Tc-99m depreotide, diagnostic, per study dose, up to 35 millicuries
A9537  Technetium Tc-99m mebrofenin, diagnostic, per study dose, up to 15 millicuries
A9538  Technetium Tc-99m pyrophosphate, diagnostic, per study dose, up to 25 millicuries
A9539  Technetium Tc-99m pentetate, diagnostic, per study dose, up to 25 millicuries
A9540  Technetium Tc-99m macroaggregated albumin, diagnostic, per study dose, up to 10 millicuries
A9541  Technetium Tc-99m sulfur colloid, diagnostic, per study dose, up to 20 millicuries
A9542  Indium IN-111 ibritumomab tiuxetan, diagnostic, per study dose, up to 5 millicuries
A9543  Yttrium Y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 millicuries
A9544  Iodine I-131 tositumomab, diagnostic, per study dose
A9545  Iodine I-131 tositumomab, therapeutic, per treatment dose
A9546  Cobalt Co-57/58, cyanocobalamin, diagnostic, per study dose, up to 1 microcurie
A9547  Indium IN-111 oxyquinoline, diagnostic, per 0.5 millicurie
A9548  Indium IN-111 pentetate, diagnostic, per 0.5 millicurie
A9550  Technetium Tc-99m sodium gluceptate, diagnostic, per study dose, up to 25 millicuries
A9551  Technetium Tc-99m succimer, diagnostic, per study dose, up to 10 millicuries
A9553  Chromium Cr-51 sodium chromate, diagnostic, per study dose, up to 250 microcuries
A9554  Iodine I-125 sodium iothalamate, diagnostic, per study dose, up to 10 microcuries
A9557  Technetium Tc-99m bicisate, 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 mertiatide, 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
A9576  Gadoteridol, (ProHance multipack), per ml
A9577  Gadobenate dimeglumine (MultiHance), per ml
A9578  Gadobenate dimeglumine (MultiHance multipack), per ml
A9600  Strontium Sr-89 chloride, therapeutic, per millicurie
A9605  Samarium Sm-153 lexidronamm, therapeutic, per 50 millicuries
A9699  Radiopharmaceutical, therapeutic, not otherwise classified

**POSITRON EMISSION TOMOGRAPHY (PET) SERVICES**

Maximum reimbursement amounts are for the complete procedure (professional and technical/administrative components) including the 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 (e.g., 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 plus a two dollar ($2.00) administration fee 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 90281-90399 identify the immune globulin product only and are reported in addition to the administration codes 90765-90768, 90772, 90774, 90775 as appropriate. Modifier 51 should not be reported with the immune globulin codes when performed with another procedure. Immune globulin products listed here include broad-spectrum and anti-infective immune globulins, antitoxins, and various isoantibodies.

90281 Immune globulin (Ig), human, for intramuscular use
90283 Immune globulin (IgIV), human, for intravenous use
90284 Immune globulin (SCIg), human, for use in subcutaneous infusions, 100 mg, each
90291 Cytomegalovirus immune globulin (CMV-IgIV), human, for intravenous use
90371 Hepatitis B immune globulin (HB Ig), human, for intramuscular use
90375 Rabies immune globulin (R Ig), human, for intramuscular and/or subcutaneous use
90376 Rabies immune globulin, heat-treated (R Ig-HT), human, for intramuscular and/or subcutaneous use
90379 Respiratory syncytial virus immune globulin (RVS-IgIV), human, for intravenous use
90384 Rho(D) immune globulin (Rh Ig), human, full-dose, for intramuscular use
90385 Rho(D) immune globulin (Rh Ig), human, mini-dose, for intramuscular use
90386 Rho(D) immune globulin (Rh IgIV), human, for intravenous use
90389 Tetanus immune globulin (Tig), human, for intramuscular use
90393 Vaccinia immune globulin, human, for intramuscular use
90396 Varicella-zoster immune globulin, human, for intramuscular use
90399 Unlisted immune globulin

VACCINES/TOXOIDS

When billing for vaccine supplied by the Vaccine for Childrens Program, append modifier –SL to the appropriate procedure code to receive the VFC administration fee.

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
90632 Hepatitis A vaccine, adult dosage, for intramuscular use
90633 Hepatitis A vaccine, pediatric/adolescent dosage-2 dose schedule, for intramuscular use
90636 Hepatitis A and Hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use
90645 Hemophilus influenza B vaccine (Hib), HibOC conjugate (4 dose schedule), for intramuscular use
90646 Hemophilus influenza B vaccine (Hib), PRP-D conjugate, for booster use only, intramuscular use
90647 Hemophilus influenza B vaccine (Hib), PRP-OMP conjugate (3 dose schedule), for intramuscular use
90648  Hemophilus influenza B vaccine (Hib), PRP-T conjugate (4 dose schedule), for intramuscular use
90649  Human papilloma virus (HPV) vaccine, Types 6, 11,16, 18 (quadrivalent) 3 dose schedule, for intramuscular use
90655  Influenza virus vaccine, split virus, preservative free, when administered to children 6-35 months of age, for intramuscular use
90656  Influenza virus vaccine, split virus, preservative free, when administered to individuals 3 years and older, for intramuscular use
90657  Influenza virus vaccine, split virus, when administered to children 6-35 months of age, for intramuscular use
90658  Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use
90660  Influenza virus vaccine, live, for intranasal use
90663  Lyme disease vaccine, adult dosage, for intramuscular use
90669  Pneumococcal conjugate vaccine, polyvalent, when administered to children younger than 5 years, for intramuscular use
90675  Rabies vaccine, for intramuscular use
90676  Rabies vaccine, for intradermal use
90680  Rotavirus vaccine, pentavalent, 3 dose schedule, live, for oral use
90690  Typhoid vaccine, live, oral
90691  Typhoid vaccine, Vi capsular polysaccharide (ViCPs), for intramuscular use
90692  Typhoid vaccine, heat- and phenol-inactivated (H-P), for subcutaneous or intradermal use
90700  Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years, for intramuscular use
90701  Diphtheria, tetanus toxoids and whole cell Pertussis vaccine (DTP), for intramuscular use
90702  Diphtheria and tetanus toxoids (DT) absorbed when administered to individuals younger than 7 years, for intramuscular use
90703  Tetanus toxoid absorbed, for intramuscular use
90704  Mumps virus vaccine, live, for subcutaneous use
90705  Measles virus vaccine, live, for subcutaneous use
90706  Rubella virus vaccine, live, for subcutaneous use
90707  Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use
90708  Measles and Rubella virus vaccine, live, for subcutaneous use
90710  Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use
90712  Poliovirus vaccine, (any type[s]) (OPV), live, for oral use
90713  Poliovirus vaccine, inactivated, (IPV), for subcutaneous or intramuscular use
90714  Tetanus and diphtheria toxoids (Td) absorbed, preservative free, when administered to individuals 7 years or older, for intramuscular use
90715  Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use
90716  Varicella virus vaccine, live, for subcutaneous use
90717 Yellow fever vaccine, live, for subcutaneous use
90718 Tetanus and diphtheria toxoids (Td) absorbed when administered to individuals 7 years or older, for intramuscular use
90720 Diphtheria, tetanus toxoids, and whole cell pertussis vaccine and Hemophilus influenza B vaccine (DTP-Hib), for intramuscular use
90721 Diphtheria, tetanus toxoids, and acellular pertussis vaccine and Hemophilus influenza B vaccine (DtaP-Hib), for intramuscular use
90723 Diphtheria, tetanus toxoids, acellular pertussis vaccine, Hepatitis B, and poliovirus vaccine, inactivated (DtaP-HepB-IPV), for intramuscular use
90725 Cholera vaccine for injectable use
90732 Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use
90733 Meningococcal polysaccharide vaccine (any group[s]), for subcutaneous use
90734 Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 (Tetravalent), for intramuscular use
90735 Japanese encephalitis virus vaccine, for subcutaneous use
90736 Zoster (shingles) vaccine, live, for subcutaneous injection
90740 Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (3 dose schedule), for intramuscular use
90743 Hepatitis B vaccine, adolescent (2 dose schedule), for intramuscular use
90744 Hepatitis B vaccine, pediatric/adolescent dosage (3 dose schedule), for intramuscular use
90746 adult dosage, for intramuscular use
90747 dialysis or immunosuppressed patient dosage (4 dose schedule), for intramuscular use
90748 Hepatitis B and Hemophilus influenza B vaccine (HepB –Hib), for intramuscular use
90749 Unlisted vaccine/toxoid

**HYDRATION, THERAPEUTIC, PROPHYLACTIC AND DIAGNOSTIC INJECTIONS AND INFUSIONS (EXCLUDES CHEMOTHERAPY)**

**HYDRATION**

90760 Intravenous infusion, hydration; initial, 31 minutes to 1 hour  
(Do not report 90760 if performed as a concurrent infusion service)

90761 each additional hour,  
(List separately in addition to code for primary procedure)  
(Use 90761 in conjunction with 90760)  
(Report 90761 for hydration infusion intervals of greater than 30 minutes beyond 1 hour increments)
THERAPEUTIC OR DIAGNOSTIC INFUSIONS (EXCLUDES CHEMOTHERAPY)

These procedures encompass prolonged intravenous injections. These codes require the presence of the physician during the infusion. These codes are not to be used for intradermal, subcutaneous or intramuscular or routine IV drug injections.

90765  Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour

90766  each additional hour
        (List separately in addition to primary procedure)
        (Report 90766 in conjunction with 90765, 90767)
        (Report 90766 for additional hour(s) of sequential infusion)
        (Report 90766 for infusion intervals of greater than 30 minutes beyond 1 hour increments)

90767  additional sequential infusion, up to 1 hour
        (List separately in addition to primary procedure)
        (Report 90767 in conjunction with 90765)

90768  concurrent infusion
        (List separately in addition to primary procedure)
        (Report 90768 in conjunction with 90765, 90766, 96413, 96415, 96416, 96422, 96423)
        (Report 90768 only once per encounter)

90769  Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); initial, up to one hour, including pump set-up and establishment of subcutaneous infusion site(s)

90770  each additional hour
        (List separately in addition to primary procedure)
        (Use 90770 in conjunction with 90769)
        (Use 90770 for infusion intervals of greater than 30 minutes beyond one hour increments)

90771  additional pump set-up with establishment of new subcutaneous infusion site(s)
        (List separately in addition to primary procedure)
        (Use 90771 in conjunction with 90769)

(Use 90769 and 90771 only once per encounter)
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.

J0207 Amifostine, 500 mg
J0215 Alefacept (Amevive), 0.5 mg
J0256 Alpha 1-proteinase inhibitor-human, 10 mg
J0456 Azithromycin, 500 mg
J0585 Botulinum toxin type A, per unit
J0587 Botulinum toxin type B, per 100 units
J0640 Leucovorin calcium, 50 mg
J0696 Ceftriaxone sodium, per 250 mg
J0697 Sterile cefuroxime sodium, per 750 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
J1055 Medroxyprogesterone acetate for contraceptive use, 150 mg (J1055 Should not be billed in addition to the all-inclusive clinic rate)
J1056 Medroxyprogesterone acetate/estradiol cypionate, 5 mg/25 mg (J1056 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
J1436 Etidronate disodium, per 300 mg
J1438 Etanercept, 25 mg (not for self-administration)
J1440 Filgrastim (G-CSF) (Neupogen), 300 mcg
J1441 Filgrastim (G-CSF) (Neupogen), 480 mcg
J1450 Fluconazole, 200 mg
J1452 Fomivirsen sodium, intraocular, 1.65 mg
J1570 Ganciclovir sodium, 500 mg
J1595 Glatiramer acetate, 20 mg
J1626  Granisetron HCl, 100 mcg
J1652  Fondaparinux sodium, 0.5 mg
J1655  Tinzaparin sodium, 1000 IU
J1740  Ibandronate sodium, 1 mg
J1745  Infliximab (Remicade), 10 mg
J1751  Iron dextran 165, 50 mg
J1752  Iron dextran 267, 50 mg
J1825  Interferon beta-1a, 33 mcg (not for self-administration)
J1830  Interferon beta-1b, 0.25 mg (not for self-administration)
J1950  Leuprolide acetate (for depot suspension), per 3.75 mg
J2353  Octreotide, depot form for intramuscular injection, 1 mg
J2355  Oprelvekin, 5 mg
J2405  Ondansetron HCl, per 1 mg
J2425  Palifermin, 50 mcg
J2430  Pamidronate disodium, per 30 mg
J2469  Palonosetron HCl (Aloxi), 25 mcg
J2504  Pegademase bovine, 25 IU
J2505  Pegfilgrastim (Neulasta), 6 mg
J2545  Pentamidine isethionate, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per 300 mg
J2597  Desmopressin acetate, per 1 mcg
J2783  Rasburicase, 0.5 mg
J3240  Thyrotropin alpha (Thyrogen), 0.9 mg., provided in 1.1 mg vial
J3285  Treprostinil, 1 mg
J3305  Trimetrexate glucoronate, per 25 mg
J3487  Zoledronic acid (Zometa), 1 mg
J3488  Zoledronic acid (Reclast), 1 mg
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  Ringes lactate infusion, up to 1000 cc
J7130  Hypertonic saline solution, 50 or 100 mEq, 20 cc vial
J7187  Von Willebrand Factor Complex (Humate-P) per IU VWF: RCO
J7189  Factor VIIA (antihemophilic factor, recombinant), per 1 mg
J7190  Factor VIII (antihemophilic factor (Human)), per IU
J7191  Factor VIII (antihemophilic factor (Porcine)), per IU
J7192  Factor VIII (antihemophilic factor (recombinant)), per IU
J7193  Factor IX (antihemophilic factor, purified, non-recombinant), per IU
J7194  Factor IX, complex, per IU
J7195  Factor IX (antihemophilic factor, recombinant), per IU
J7197 Antithrombin III (Human), per IU
J7198 Anti-inhibitor, per IU
J7199 Hemophilia clotting factor, not otherwise classified
J7300 Intrauterine copper contraceptive
J7302 Levonorgestrel-releasing intrauterine contraceptive system, 52 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
   (J7310 should not be billed in addition to the all-inclusive clinic rate)
J7501 Azathioprine parenteral (eg, Imuran), 100 mg
J7504 Lymphocyte immune globulin, anti-thymocyte globulin, parenteral, 250 mg
J8501 Aprepitant, oral, 5 mg
S0190 Mitepristone, oral, 200 mg
   (when administered for medically necessary non-surgical abortion)
S0191 Misoprostol, oral, 200 mg
   (when administered for medically necessary non-surgical abortion)
S9435 Medical foods for inborn errors of metabolism
   (Reimbursement limited to Inborn Metabolic Disease Centers or Medical Directors of
   Inborn Metabolic Disease Centers)
90779 Unlisted therapeutic, prophylactic or diagnostic intravenous or intra-arterial injection
   or infusion

**CHEMOTHERAPY 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.

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 infusion technique, 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 infusion technique, initiation of prolonged chemotherapy infusion (more than 8
   hours), requiring use of a portable or implantable pump
96420 Chemotherapy administration, intra-arterial; push technique
96422 infusion technique, up to one hour
96423 infusion technique, each additional hour
(List separately in addition to primary procedure)
(Use 96423 in conjunction with 96422)
(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

96521 Refilling and maintenance of portable pump
96522 Refilling and maintenance of implantable pump or reservoir for drug delivery, systemic (eg, intravenous, intra-arterial)
(Access of pump port is included in filling of implantable pump)
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.

J0128 Abarelix, 10 mg
J9000 Doxorubicin HCl (Adriamycin), 10 mg
J9001 Doxorubicin HCl, all lipid formulations, 10 mg
J9010 Alemtuzumab, 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
J9035 Bevacizumab, 10 mg
J9040  Bleomycin sulfate (Lenoxane), 15 units
J9041  Bortezomib, 0.1 mg
J9045  Carboplatin, 50 mg
J9050  Carmustine, 100 mg
J9055  Cetuximab, 10 mg
J9060  Cisplatin (Platinol), powder or solution, per 10 mg
J9062  Cisplatin (Platinol), 50 mg
J9065  Cladribine, per 1 mg
J9070  Cyclophosphamide, 100 mg
J9080  Cyclophosphamide, 200 mg
J9090  Cyclophosphamide, 500 mg
J9091  Cyclophosphamide, 1 g
J9092  Cyclophosphamide, 2 g
J9093  Cyclophosphamide, lyophilized, 100 mg
J9094  Cyclophosphamide, lyophilized, 200 mg
J9095  Cyclophosphamide, lyophilized, 500 mg
J9096  Cyclophosphamide, lyophilized, 1 g
J9097  Cyclophosphamide, lyophilized, 2 g
J9098  Cytarabine liposome, 10 mg
J9100  Cytarabine (Cytosar-U), 100 mg
J9110  Cytarabine (Cytosar-U), 500 mg
J9120  Dactinomycin (Cosmegen), 0.5 mg
J9130  Dacarbazine, 100 mg
J9140  Dacarbazine, 200 mg
J9150  Daunorubicin HCl, 10 mg
J9151  Daunorubicin citrate, liposomal formulation, 10 mg
J9160  Denileukin diftitox, 300 mcg
J9165  Diethylstilbestrol diphosphate, 250 mg
J9170  Docetaxel, 20 mg
J9175  Elliots' B solution, 1 ml
J9178  Epirubicin HCl, 2 mg
J9181  Etoposide, 10 mg
J9182  Etoposide, 100 mg
J9185  Fludarabine phosphate, 50 mg
J9190  Fluorouracil, 500 mg
J9200  Floxuridine (FUDR), 500 mg
J9201  Gemcitabine HCl, 200 mg
J9202  Goserelin acetate implant per 3.6 mg
J9206  Irinotecan, 20 mg
J9208  Ifosfomide, 1 g
J9209  Mesna, 200 mg
J9211  Idarubicin HCl, 5 mg
J9212  Interferon alfacon-1, recombinant, 1 mcg
J9213  Interferon, alfa-2A, recombinant, 3 million units
J9214  Interferon, alfa-2B, recombinant, 1 million units
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<tr>
<th>Code</th>
<th>Description</th>
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<tr>
<td>J9215</td>
<td>Interferon, alfa-N3, (human leukocyte derived), 250,000 IU</td>
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<tr>
<td>J9216</td>
<td>Interferon, gamma-1B, 3 million units</td>
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<td>J9217</td>
<td>Leuprolide acetate (for depot suspension), 7.5 mg</td>
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<td>J9218</td>
<td>Leuprolide acetate, per 1 mg</td>
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<td>Leuprolide acetate implant, 65 mg</td>
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<td>Histrelin implant (Vantas), 50 mg</td>
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<td>J9230</td>
<td>Mechlorethamine HCl, (Nitrogen Mustard), 10 mg</td>
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<td>J9245</td>
<td>Melphalan HCl, 50 mg</td>
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<td>J9250</td>
<td>Methotrexate sodium, 5 mg</td>
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<td>J9261</td>
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<td>Oxaliplatin (Eloxatin), 0.5 mg</td>
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<td>J9264</td>
<td>Paclitaxel protein-bound particles, 1 mg</td>
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<td>Paclitaxel, 30 mg</td>
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<td>Mitomycin, 40 mg</td>
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<td>Mitoxantrone HCl, per 5 mg</td>
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<td>Gemtuzumab ozogamicin, 5 mg</td>
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<td>Panitumumab, 10 mg</td>
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<td>Rituximab, 100 mg</td>
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<td>Topotecan, 4 mg</td>
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<td>Valrubcin, intravesical, 200 mg</td>
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<td>Vinblastine sulfate, 1 mg</td>
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<td>J9370</td>
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<td>Porfimer sodium, 75 mg</td>
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<td>J9999</td>
<td>Not Otherwise Classified, Antineoplastic Drugs</td>
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<td>Teniposide, 50 mg</td>
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GASTROENTEROLOGY SERVICES

91000  Esophageal intubation and collection of washings for cytology, including preparation of specimens (separate procedure)
91010  Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study;
       with mecholyl or similar stimulant
91012  with acid perfusion studies
91020  Gastric motility (manometric) studies
91022  Duodenal motility (manometric) study
91030  Esophagus, acid perfusion (Bernstein) test for esophagitis
91037  Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation;
       prolonged (greater than 1 hour, up to 24 hours)
91040  Esophageal balloon distension provocation study
91065  Breath hydrogen 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

OPHTHALMOLOGY

GENERAL OPHTHALMOLOGICAL SERVICES

92002  Ophthalmological services, medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient
92004  comprehensive, new patient, one or more visits (includes refraction)
92012  Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient (includes refraction)
92014  comprehensive, established patient, one or more visits (includes refraction)

SPECIAL OPHTHALMOLOGICAL SERVICES

92020  Gonioscopy (separate procedure)
92025  Computerized corneal topography, unilateral or bilateral, with interpretation and report (Not for use in conjunction with Lasix surgery)
       (92025 is not used for manual keratoscopy, which is part of a single system evaluation and management or ophthalmological service)
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.)

92120  Tonography with interpretation and report, recording indentation tonometer method or perilimbal suction method

92130  Tonography with water provocation

92135  Scanning computerized ophthalmic diagnostic imaging, posterior segment, (eg, scanning laser) with interpretation and report, unilateral

92136  Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation

92140  Provocative tests for glaucoma, with interpretation and report, without tonography

**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; (one or both eyes)

92235  Fluorescein angiography (includes multiframe imaging) with interpretation and report

92240  Indocyanine-green angiography (includes multiframe imaging) with interpretation and report

92250  Fundus photography with interpretation and report

92260  Ophthalmodynamometry

**MISCELLANEOUS SPECIALIZED SERVICES**

92265  Needle oculo electromyography, one or more extraocular muscles, one or both eyes, with interpretation and report

92270  Electro-oculography with interpretation and report

92275  Electroretinography with interpretation and report
92286  Special anterior segment photography with interpretation and report; with specular endothelial microscopy and cell count
92287  with fluorescein angiography

**OTORHINOLARYNGOLOGIC SERVICES**

92533  Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes four tests)
92541  Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording
92542  Positional nystagmus test, minimum of 4 positions, with recording
92543  Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes four tests), 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**

92506  Evaluation of speech, language, voice, communication, and/or auditory processing disorder; individual
92507  Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
92551  Screening test, pure tone, air only
92552  Pure tone audiometry (threshold); air only
92553    air and bone
92555  Speech audiometry threshold;
92556    with speech recognition
92557  Comprehensive audiometry threshold evaluation and speech recognition
492553 and 92556 combined)
92561  Bekesy Audiometry; 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
92569    decay
92571  Filtered speech test
92585  Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive
92586    limited
92587  Evoked otoacoustic emissions; limited (single stimulus level, either transient or distortion products)
92588    comprehensive or diagnostic evaluation (comparison of transient and/or distortion product otoacoustic emissions at multiple levels and frequencies)
CARDIOVASCULAR SERVICES

CARDIOGRAPHY

93000 Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report
93005 tracing only, without interpretation and report
93012 Telephonic transmission of post-symptom electrocardiogram rhythm strip(s), 24 hour attended monitoring, per 30 day period of time; tracing only
93014 physician review with interpretation and report (complete procedure)
93015 Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with physician interpretation and report
93017 tracing 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 Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage, with visual superimposition scanning; includes recording, scanning analysis with report, physician review and interpretation
93225 recording (includes hook-up, recording, and disconnection)
93230 Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage, without superimposition scanning utilizing a device capable of producing a full miniaturized printout; includes recording, microprocessor-based analysis with report, physician review and interpretation
93231 recording (includes hook-up, recording, and disconnection)
93235 Electrocardiographic monitoring for 24 hours by continuous computerized monitoring and non-continuous recording, and real-time data analysis utilizing a device capable of producing intermittent full-sized waveform tracings, possibly patient activated; includes monitoring and real time data analysis with report, physician review and interpretation
93236 monitoring and real-time data analysis with report
93268 Patient demand single or multiple event recording with presymptom memory loop, 24 hour attended monitoring, per 30 day period of time; includes transmission, physician review and interpretation (complete procedure)
93270 recording (includes hook-up, recording, and disconnection)
93271 monitoring, receipt of transmissions, and analysis
93278 Signal-averaged electrocardiography (SAECG), with or without ECG
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).

(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 follow-up or limited study
93304 Echocardiography, transthoracic, real-time with image documentation (2D) with or without M-mode recording; complete follow-up or limited study
93307 Echocardiography, transthoracic, real-time with image documentation (2D) with image acquisition, interpretation and report
93308 Echocardiography, transthoracic, real-time with image documentation (2D) without M-mode recording; including probe placement, image acquisition, interpretation and report
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 follow-up or limited study
93321 (Use 93320, 93321 separately in addition to codes for echocardiographic imaging 93303, 93304, 93307, 93308, 93312, 93314, 93315, 93317, 93350)
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.)

MISCELLANEOUS VASCULAR STUDIES

93561 Indicator dilution studies such as dye or thermal dilution, including arterial and/or venous catheterization; with cardiac output measurement (separate procedure)
93562 subsequent measurement of cardiac output
93660 Evaluation of cardiovascular function with tilt table evaluation, with continuous ECG monitoring and intermittent blood pressure monitoring, with or without pharmacological intervention

(For testing of autonomic nervous system function, see 95921-95923)

93701 Bioimpedance, thoracic, electrical
93720 Plethysmography, total body; with interpretation and report
93721 tracing only, without interpretation and report
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)
93727 Electronic analysis of implantable loop recorder (ILR) system (includes retrieval of recorded and stored ECG data, physician review and interpretation of retrieved ECG data and reprogramming)
93731 Electronic analysis of dual-chamber pacemaker system (includes evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); without reprogramming
93732 with reprogramming
93733 Electronic analysis of dual chamber internal pacemaker system (may include rate, pulse amplitude and duration, configuration of wave form, and/or testing of sensory function of pacemaker), telephonic analysis
93734 Electronic analysis of single-chamber pacemaker system (includes evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); without reprogramming
93735 with reprogramming
93736 Electronic analysis of single chamber internal pacemaker system (may include rate, pulse amplitude and duration, configuration of wave form , and/or testing of sensory function of pacemaker), telephonic analysis
93740 Temperature gradient studies
93741 Electronic analysis of pacing cardioverter-defibrillator (includes interrogation, evaluation of pulse generator status, evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); single chamber, or wearable cardioverter-defibrillator system, without reprogramming
93742 single chamber, or wearable cardioverter-defibrillator system, with reprogramming
93743 dual chamber, without reprogramming
93744 dual chamber, with reprogramming
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

**NON-INVASIVE VASCULAR DIAGNOSTIC STUDIES**

For procedure codes 93875-93990, 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**

93875 Non-invasive physiologic studies of extracranial arteries, complete bilateral study (eg, periorbital flow direction with arterial compression, ocular pneumoplethysmography, Doppler ultrasound spectral analysis)
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

**EXTREMITY ARTERIAL STUDIES (INCLUDING DIGITS)**

93922 Non-invasive physiologic studies of upper or lower extremity arteries, single level, bilateral (eg, ankle/brachial indices, Doppler waveform analysis, volume plethysmography, transcutaneous oxygen tension measurement)
93923 Non-invasive physiologic studies of upper or lower extremity arteries, multiple levels or with provocative functional maneuvers, complete bilateral study (eg, segmental blood pressure measurements, segmental Doppler waveform analysis, segmental volume plethysmography, segmental transcutaneous oxygen tension measurements, measurements with postural provocative tests, measurements with reactive hyperemia)
93924 Non-invasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, complete bilateral study
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)**

93965  Non-invasive physiologic studies of extremity veins, complete bilateral study, (eg, Doppler waveform analysis with responses to compression and other maneuvers, phleborheography, impedance plethysmography)
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
93981  follow-up or limited study
93982  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

**EXTREMITY ARTERIAL-VENOUS STUDIES**

93990  Duplex scan of hemodialysis access(including arterial inflow, body of access and venous outflow)

**PULMONARY SERVICES**

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

94010  Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation
94014  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 physician review and interpretation
94015  recording (includes hook-up, reinforced education, data transmission, data capture, trend analysis, and periodic recalibration)
94060  Bronchodilation responsiveness, spirometry as in 94010, pre-and post-bronchodilator administration

(For prolonged exercise test for bronchospasm with pre- and post-spirometry, use 94620)

94070  Bronchospasm provocation evaluation, multiple spirometric determinations as in 94010, with administered agents (eg., antigen(s), cold air, methacholine)

94150  Vital capacity, total (separate procedure)
94200  Maximum breathing capacity, maximal voluntary ventilation
94240  Functional residual capacity or residual volume: helium method, nitrogen open circuit method, or other method
94250  Expired gas collection, quantitative, single procedure

(For bronchoscopy with pre- and post-spirometry, use 94620)

94260  Thoracic gas volume
94350  Determination of maldistribution of inspired gas: multiple breath nitrogen washout curve including alveolar nitrogen or helium equilibration time
94360  Determination of resistance to airflow, oscillatory or plethysmographic methods
94370  Determination of airway closing volume, single breath tests
94375  Respiratory flow volume loop
94620  Pulmonary stress testing; simple (eg, 6-minute walk test, prolonged exercise test for bronchospasm with pre- and post-spirometry and oximetry)

94621  complex (including measurements of CO2 production, O2 uptake, and electrocardiographic recordings)
94640  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)
94642  Aerosol inhalation of pentamidine for pneumocystis pneumonia treatment or prophylaxis
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)
94720  Carbon monoxide diffusing capacity (eg, single breath, steady state)
94725  Membrane diffusion capacity
94750  Pulmonary compliance study (eg, plethysmography, volume and pressure measurements)
94770  Carbon dioxide, expired gas determination by infrared analyzer
ALLERGY AND CLINICAL IMMUNOLOGY SERVICES

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 by a physician, 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: $0.50 for each test up to 60 tests and $0.25 for each test over 60 tests).

95010 Percutaneous tests (scratch, puncture, prick) sequential and incremental, with drugs, biologicals or venoms, immediate type reaction, specify number of tests

95015 Intracutaneous (intradermal) tests, sequential and incremental, with drugs, biologicals, or venoms, immediate type reaction, specify number of tests

95024 Intracutaneous (intradermal) tests with allergenic extracts, immediate type reaction, including test interpretation and report by a physician, 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; (to be administered by or under the supervision of another physician 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 SERVICES

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 one 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 of sphenoidal electrodes for electroencephalographic (EEG) recording (includes tracing, interpretation and report)

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 Tensilon test for myasthenia gravis;
95860 Needle electromyography; one extremity with or without related paraspinal areas
95861 two extremities with or without related paraspinal areas

(For dynamic electromyography performed during motion analysis studies, see 96002-96003)

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

(To report a complete study of the extremities, see 95860-95864)
(For needle electromyography of cranial supplied muscles, see 95867, 95868)
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)

**NERVE CONDUCTION STUDIES**

95900 Nerve conduction, amplitude and latency/velocity study, each nerve; motor, without F-wave study

95903 motor, with F-wave study

95904 sensor

(Report 95900, 95903 and/or 95904 only once when multiple sites on the same nerve are stimulated or recorded)

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 vasomotor 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

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

95927 in the trunk or head

95928 Central motor evoked potential study (transcranial motor stimulation); upper limbs

95929 lower limbs

95930 Visual evoked potential (VEP) testing central nervous system, checkerboard or flash

95933 Orbicularis oculi (blink) reflex, by electrodiagnostic testing

95934 H-reflex, amplitude and latency study; record gastrocnemius/soleus muscle

95936 record muscle other than gastrocnemius/soleus muscle

95937 Neuromuscular junction testing (repetitive stimulation, paired stimuli), each nerve, any one method

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
95953 Monitoring for localization of cerebral seizure focus by computerized portable 16 or more channel EEG; electroencephalographic (EEG) recording and interpretation, each 24 hours

95956 Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry; electroencephalographic (EEG) recording and interpretation, each 24 hours

95990 Refilling and maintenance on implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular)

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)

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; extended (includes assessment of motor language, social, adaptive and/or cognitive functioning by standardized developmental instruments) with interpretation and report (Report required)

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 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 Bone marrow or blood-derived peripheral stem cell transplantation; allogenic donor lymphocyte infusions
54240 Penile plethysmography
59020 Fetal contraction stress test
59025 Fetal non-stress test
99170 Anogenital examination with colposcopic magnification in childhood for suspected trauma
(99170 should not be billed in addition to the all-inclusive clinic rate or emergency room rate)
99195 Phlebotomy, therapeutic (separate procedure) (Report required)
A0225 Ambulance service, neonatal transport, base rate, emergency transport, one way
(Service limited to Hospital Based Ordered Ambulatory with a 740 speciality (Regional Perinatal Transportation))

**REHABILITATION SERVICES**

**SPEECH LANGUAGE PATHOLOGY SERVICES**

92506 Evaluation of speech, language, voice, communication, and/or auditory processing
92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual, (includes aural rehabilitation); (each half hour)

**PHYSICAL THERAPY SERVICES/OCCUPATIONAL THERAPY SERVICES**

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 OHSMS Area Office for consultation. Current addresses and telephone numbers for the OHSMS Area Offices are provided in the Inquiry Section of the manual.