NEW YORK STATE
MEDICAID PROGRAM

ORDERED AMBULATORY

PROCEDURE CODES
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GENERAL INFORMATION

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

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

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

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

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

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

4. **DVS AUTHORIZATION (#)**: Codes followed by # require an authorization via the dispensing validation system (DVS) before services are rendered.
5. **FEES:** Fees in the Fee Schedule are the maximum reimbursable Medicaid fees and are available at:
   http://www.emedny.org/ProviderManuals/OrderedAmbulatory/index.html

**LABORATORY SERVICES INFORMATION**

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

**RADIOLOGY INFORMATION**

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

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

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

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

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

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

Additional information is available at
http://www.emedny.org/ProviderManuals/Radiology/index.html
TECHNICAL, ADMINISTRATIVE AND PROFESSIONAL RADIOLOGY COMPONENTS

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

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

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

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

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

GENERAL RULES

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

1. Dollar values include usual contrast media, equipment and materials. An additional charge may be warranted when special materials are provided.
2. Dollar values include consultation and a written report to the referring physician.
3. When multiple X-ray examinations are performed during the same visit, reimbursement shall be limited to the greater fee plus 60% of the lesser fee(s). When more than one part of the body is included in a single X-ray for which reimbursement is claimed, the charge shall be only for a single X-ray. When bilateral X-ray examinations are performed during the same visit, reimbursement shall be limited to 160% of the procedure value (see modifier -50). The above provisions regarding fee reductions for multiple X-rays are applicable to X-rays taken of all parts of the body.

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

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

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

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

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

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

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

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

**MMIS MODIFIERS**

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

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

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

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

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

-UD **340B Purchased Drug**: Drugs purchased through the 340B Program.
# RADIOLOGY SERVICES

## DIAGNOSTIC RADIOLOGY (DIAGNOSTIC IMAGING)

### HEAD AND NECK

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>70010</td>
<td>Myelography, posterior fossa; radiological supervision and interpretation</td>
</tr>
<tr>
<td>70015</td>
<td>Cisternography, positive contrast; radiological supervision and interpretation</td>
</tr>
<tr>
<td>70030</td>
<td>Radiologic examination, eye, for detection of foreign body (includes detection and localization)</td>
</tr>
<tr>
<td>70100</td>
<td>Radiologic examination, mandible; partial, less than four views</td>
</tr>
<tr>
<td>70110</td>
<td>complete, minimum of four views</td>
</tr>
<tr>
<td>70120</td>
<td>Radiologic examination, mastoids; less than three views per side</td>
</tr>
<tr>
<td>70130</td>
<td>complete, minimum of three views per side</td>
</tr>
<tr>
<td>70134</td>
<td>Radiologic examination, internal auditory meati, complete</td>
</tr>
<tr>
<td>70140</td>
<td>Radiologic examination, facial bones; less than three views</td>
</tr>
<tr>
<td>70150</td>
<td>complete, minimum of three views</td>
</tr>
<tr>
<td>70160</td>
<td>Radiologic examination, nasal bones, complete, minimum of three views</td>
</tr>
<tr>
<td>70170</td>
<td>Dacryocystography, nasolacrimal duct; radiological supervision and interpretation</td>
</tr>
<tr>
<td>70190</td>
<td>Radiologic examination; optic foramina</td>
</tr>
<tr>
<td>70200</td>
<td>orbits, complete, minimum of four views</td>
</tr>
<tr>
<td>70210</td>
<td>Radiologic examination, sinuses, paranasal; less than three views</td>
</tr>
<tr>
<td>70220</td>
<td>complete, minimum of three views</td>
</tr>
<tr>
<td>70240</td>
<td>Radiologic examination, sella turcica</td>
</tr>
<tr>
<td>70250</td>
<td>Radiologic examination, skull; less than four views</td>
</tr>
<tr>
<td>70260</td>
<td>complete, minimum of four views</td>
</tr>
<tr>
<td>70300</td>
<td>Radiologic examination, teeth; single view</td>
</tr>
<tr>
<td>70310</td>
<td>partial examination, less than full mouth</td>
</tr>
<tr>
<td>70320</td>
<td>complete, full mouth</td>
</tr>
<tr>
<td>70328</td>
<td>Radiologic examination, temporomandibular joint, open and closed mouth;</td>
</tr>
<tr>
<td></td>
<td>unilateral</td>
</tr>
<tr>
<td>70330</td>
<td>bilateral</td>
</tr>
<tr>
<td>70332</td>
<td>Temporomandibular joint arthrography; radiological supervision and</td>
</tr>
<tr>
<td></td>
<td>interpretation</td>
</tr>
<tr>
<td></td>
<td>(Do not report 70332 in conjunction with 77002)</td>
</tr>
<tr>
<td>70336</td>
<td>Magnetic resonance (eg, proton) imaging, temporomandibular joint</td>
</tr>
<tr>
<td>70350</td>
<td>Cephalogram, orthodontic</td>
</tr>
<tr>
<td>70355</td>
<td>Orthopantomogram (eg, panoramic x-ray)</td>
</tr>
<tr>
<td>70360</td>
<td>Radiologic examination; neck, soft tissue</td>
</tr>
<tr>
<td>70370</td>
<td>pharynx or larynx, including fluoroscopy and/or magnification technique</td>
</tr>
<tr>
<td>70371</td>
<td>Complex dynamic pharyngeal and speech evaluation by cine or video recording</td>
</tr>
<tr>
<td>70373</td>
<td>Laryngography, contrast; radiological supervision and interpretation</td>
</tr>
<tr>
<td>70380</td>
<td>Radiologic examination, salivary gland for calculus</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
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<tr>
<td>--------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>70390</td>
<td>Sialography; radiological supervision and interpretation</td>
</tr>
<tr>
<td>70450</td>
<td>Computed tomography, head or brain; without contrast material</td>
</tr>
<tr>
<td>70460</td>
<td>with contrast material(s)</td>
</tr>
<tr>
<td>70470</td>
<td>without contrast material(s), followed by contrast material(s) and further sections</td>
</tr>
<tr>
<td>70480</td>
<td>Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material</td>
</tr>
<tr>
<td>70481</td>
<td>with contrast material(s)</td>
</tr>
<tr>
<td>70482</td>
<td>without contrast material, followed by contrast material(s) and further sections</td>
</tr>
<tr>
<td>70486</td>
<td>Computed tomography, maxillofacial area; without contrast material</td>
</tr>
<tr>
<td>70487</td>
<td>with contrast material(s)</td>
</tr>
<tr>
<td>70488</td>
<td>without contrast material, followed by contrast material(s) and further sections</td>
</tr>
<tr>
<td>70490</td>
<td>Computed tomography, soft tissue neck; without contrast material</td>
</tr>
<tr>
<td>70491</td>
<td>with contrast material(s)</td>
</tr>
<tr>
<td>70492</td>
<td>without contrast material, followed by contrast material(s) and further sections</td>
</tr>
<tr>
<td>70496</td>
<td>Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing</td>
</tr>
<tr>
<td>70498</td>
<td>Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing</td>
</tr>
<tr>
<td>70540</td>
<td>Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material</td>
</tr>
<tr>
<td>70542</td>
<td>with contrast material</td>
</tr>
<tr>
<td>70543</td>
<td>without contrast material(s), followed by contrast material(s) and further sequences</td>
</tr>
<tr>
<td></td>
<td>(Report 70540-70543 once per imaging session)</td>
</tr>
<tr>
<td>70544</td>
<td>Magnetic resonance angiography, head; without contrast material(s)</td>
</tr>
<tr>
<td>70545</td>
<td>with contrast material</td>
</tr>
<tr>
<td>70546</td>
<td>without contrast material(s), followed by contrast material(s) and further sequences</td>
</tr>
<tr>
<td>70547</td>
<td>Magnetic resonance angiography, neck; without contrast material(s)</td>
</tr>
<tr>
<td>70548</td>
<td>with contrast material</td>
</tr>
<tr>
<td>70549</td>
<td>without contrast material(s), followed by contrast material(s) and further sequences</td>
</tr>
<tr>
<td>70551</td>
<td>Magnetic resonance (eg, proton) imaging, brain, (including brain stem); without contrast material</td>
</tr>
<tr>
<td>70552</td>
<td>with contrast material</td>
</tr>
<tr>
<td>70553</td>
<td>without contrast material, followed by contrast material(s) and further sequences</td>
</tr>
</tbody>
</table>
70555  Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, requiring physician or psychologist administration of entire neurofunctional testing  
(Do not report 70555 unless 96020 is performed)  
(Do not report 70555 in conjunction with 70551-70553 unless a separate diagnostic MRI is performed)

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
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
71035  Radiologic examination, chest, special views, (eg, lateral decubitus, Bucky studies)
71100  Radiologic examination, ribs, unilateral; two views
71101  including posteroanterior chest, minimum of three views
71110  Radiologic examination, ribs, bilateral; three views
71111  including posteroanterior chest, minimum of four views
71120  Radiologic examination; sternum, minimum of two views
71130  sternoclavicular joint or joints, minimum of three views
71250  Computed tomography, thorax; without contrast material
71260  with contrast material(s)
71270  without contrast material, followed by contrast material(s) and further sections
71275  Computed tomodiographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing
71550  Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)
71551 with contrast material(s)
71552 without contrast material(s), followed by contrast material(s) and further sequences
71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)

SPINE AND PELVIS

72010 Radiologic examination, spine, entire, survey study, anteroposterior and lateral
72020 Radiologic examination, spine, single view, specify level
72040 Radiologic examination, spine, cervical; 2 or 3 views
72050 4 or 5 views
72052 6 or more views
72069 Radiologic examination, spine, thoracolumbar, standing (scoliosis)
72070 Radiologic examination, spine; thoracic, 2 views
72072 thoracic, 3 views
72074 thoracic, minimum of 4 views
72080 thoracicolumbar, 2 views
72090 scoliosis study, including supine and erect studies
72100 Radiologic examination, spine, lumbosacral; 2 or 3views
72110 minimum of 4 views
72114 complete, including bending views, minimum of 6 views
72120 bending views only, 2 or 3 views
72125 Computed tomography, cervical spine; without contrast material
72126 with contrast material(s)
72127 without contrast material, followed by contrast material(s) and further sections
72128 Computed tomography, thoracic spine; without contrast material
72129 with contrast material(s)
72130 without contrast material, followed by contrast material(s) and further sections
72131 Computed tomography, lumbar spine; without contrast material
72132 with contrast material(s)
72133 without contrast material, followed by contrast material(s) and further sections
72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material
72142 with contrast material(s)
72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material
72147 with contrast material(s)
72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material
72149 with contrast material(s)
72156 Magnetic resonance (eg, proton) imaging, spinal canal and contents without contrast material, followed by contrast material(s) and further sequences; cervical
72157 thoracic
72158 lumbar
72159 Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)
72170 Radiologic examination, pelvis; 1 or 2 views
72190 complete, minimum of 3 views
72191 Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing (Do not report 72191 in conjunction with 73706 or 75635. For CTA aorto-iliofemoral runoff, use 75635) (Do not report 72191 in conjunction with 74175. For a combined computed tomographic angiography abdomen and pelvis study, use 74174)
72192 Computed tomography, pelvis; without contrast material
72193 with contrast material(s)
72194 without contrast material, followed by contrast material(s) and further sections
72195 Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)
72196 with contrast material(s)
72197 without contrast material(s), followed by contrast material(s) and further sequences
72198 Magnetic resonance angiography, pelvis, with or without contrast material(s)
72200 Radiologic examination, sacroiliac joints; less than 3 views
72202 3 or more views
72220 Radiologic examination, sacrum and coccyx, minimum of 2 views
72291 Radiological supervision and interpretation, percutaneous vertebroplasty, vertebral augmentation, or sacral augmentation (sacroplasty), including cavity creation, per vertebral body or sacrum; under fluoroscopic guidance
72292 under CT guidance

**UPPER EXTREMITIES**
73000 Radiologic examination; clavicle, complete
73010 scapula, complete
73020 Radiologic examination, shoulder; 1 view
73030 complete, minimum of 2 views
73040 Radiologic examination, shoulder, arthrography, radiological supervision and interpretation (Do not report 73040 in conjunction with 77002)
73050 Radiologic examination; acromioclavicular joints, bilateral, with or without weighted distraction
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>73060</td>
<td>humerus, minimum of 2 views</td>
</tr>
<tr>
<td>73070</td>
<td>Radiologic examination, elbow; 2 views</td>
</tr>
<tr>
<td>73080</td>
<td>complete, minimum of 3 views</td>
</tr>
<tr>
<td>73085</td>
<td>Radiologic examination, elbow, arthrography, radiological supervision and</td>
</tr>
<tr>
<td></td>
<td>interpretation (Do not report 73085 in conjunction with 77002)</td>
</tr>
<tr>
<td>73090</td>
<td>Radiologic examination; forearm, 2 views</td>
</tr>
<tr>
<td>73092</td>
<td>upper extremity, infant, minimum of 2 views</td>
</tr>
<tr>
<td>73100</td>
<td>Radiologic examination, wrist; 2 views</td>
</tr>
<tr>
<td>73110</td>
<td>complete, minimum of 3 views</td>
</tr>
<tr>
<td>73115</td>
<td>Radiologic examination, wrist, arthrography, radiological supervision and</td>
</tr>
<tr>
<td></td>
<td>interpretation (Do not report 73115 in conjunction with 77002)</td>
</tr>
<tr>
<td>73120</td>
<td>Radiologic examination, hand; 2 views</td>
</tr>
<tr>
<td>73130</td>
<td>minimum of 3 views</td>
</tr>
<tr>
<td>73140</td>
<td>Radiologic examination, finger(s), minimum of 2 views</td>
</tr>
<tr>
<td>73200</td>
<td>Computed tomography, upper extremity; without contrast material</td>
</tr>
<tr>
<td>73201</td>
<td>with contrast material(s)</td>
</tr>
<tr>
<td>73202</td>
<td>without contrast material, followed by contrast material(s) and further</td>
</tr>
<tr>
<td></td>
<td>sections</td>
</tr>
<tr>
<td>73206</td>
<td>Computed tomographic angiography, upper extremity, with contrast material(s),</td>
</tr>
<tr>
<td></td>
<td>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;</td>
</tr>
<tr>
<td></td>
<td>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</td>
</tr>
<tr>
<td></td>
<td>sequences extremity, other than joint</td>
</tr>
<tr>
<td>73221</td>
<td>Magnetic resonance (eg, proton) imaging, any joint of upper extremity;</td>
</tr>
<tr>
<td></td>
<td>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</td>
</tr>
<tr>
<td></td>
<td>sections</td>
</tr>
<tr>
<td>73225</td>
<td>Magnetic resonance angiography, upper extremity, with or without contrast</td>
</tr>
<tr>
<td></td>
<td>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, 1 view</td>
</tr>
<tr>
<td>73510</td>
<td>complete, minimum of 2 views</td>
</tr>
<tr>
<td>73520</td>
<td>Radiologic examination, hips, bilateral, minimum of 2 views of each hip,</td>
</tr>
<tr>
<td></td>
<td>including anteroposterior view of pelvis</td>
</tr>
</tbody>
</table>
73525  Radiologic examination, hip, arthrography, radiological supervision and interpretation
(Do not report 73525 in conjunction with 77002)

73540  Radiologic examination, pelvis and hips, infant or child, minimum of 2 views

73550  Radiologic examination, femur, 2 views

73560  Radiologic examination, knee; 1 or 2 views

73562  3 views

73564  complete, 4 or more views

73565  both knees, standing, anteroposterior

73580  Radiologic examination, knee, arthrography; radiological supervision and interpretation
(Do not report 73580 in conjunction with 77002)

73590  Radiologic examination; tibia and fibula, 2 views

73592  lower extremity, infant, minimum of 2 views

73600  Radiologic examination, ankle; 2 views

73610  complete, minimum of 3 views

73615  Radiologic examination, ankle, arthrography, radiological supervision and interpretation
(Do not report 73615 in conjunction with 77002)

73620  Radiologic examination, foot; 2 views

73630  complete, minimum of 3 views

73650  Radiologic examination; calcaneus, minimum of 2 views

73660  toe(s), minimum of 2 views

73700  Computed tomography, lower extremity; without contrast material

73701  with contrast material(s)

73702  without contrast material, followed by contrast material(s) and further sections

73706  Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing

73718  Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)

73719  with contrast material(s)

73720  without contrast material(s) followed by contrast material(s) and further sequences

73721  Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material

73722  with contrast material(s)

73723  without contrast material(s), followed by contrast material(s) and further sequence

73725  Magnetic resonance angiography, lower extremity, with or without contrast material(s)
## ABDOMEN

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>74000</td>
<td>Radiologic examination, abdomen; single anteroposterior view</td>
</tr>
<tr>
<td>74010</td>
<td>anteroposterior and additional oblique and cone views</td>
</tr>
<tr>
<td>74020</td>
<td>complete, including decubitus and/or erect views</td>
</tr>
<tr>
<td>74022</td>
<td>complete acute abdomen series, including supine, erect, and/or decubitus</td>
</tr>
<tr>
<td></td>
<td>views, single view chest</td>
</tr>
<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>74174</td>
<td>Computed tomographic angiography, abdomen and pelvis, with contrast</td>
</tr>
<tr>
<td></td>
<td>material(s), including noncontrast images, if performed, and image</td>
</tr>
<tr>
<td></td>
<td>postprocessing</td>
</tr>
<tr>
<td></td>
<td>(Do not report 74174 in conjunction with 72191, 73706, 74175, 75635, 76376,</td>
</tr>
<tr>
<td></td>
<td>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>(Do not report 74175 in conjunction with 73706 or 75635. For CTA aorto-</td>
</tr>
<tr>
<td></td>
<td>iliofemoral runoff, use 75635)</td>
</tr>
<tr>
<td></td>
<td>(Do not report 74175 in conjunction with 72191. For a combined computed</td>
</tr>
<tr>
<td></td>
<td>tomographic angiography abdomen and pelvis study, use 74174)</td>
</tr>
<tr>
<td>74176</td>
<td>Computed tomography, abdomen and pelvis; without contrast material</td>
</tr>
<tr>
<td>74177</td>
<td>with contrast material</td>
</tr>
<tr>
<td>74178</td>
<td>without contrast material in one or both body regions, followed by contrast</td>
</tr>
<tr>
<td></td>
<td>material(s) and further sections in one or both body regions</td>
</tr>
<tr>
<td></td>
<td>(Do not report 74176-74178 in conjunction with 72192, 72194, 74150-74170)</td>
</tr>
<tr>
<td>74181</td>
<td>Magnetic resonance (eg, proton) imaging, abdomen; without contrast</td>
</tr>
<tr>
<td></td>
<td>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</td>
</tr>
<tr>
<td></td>
<td>material(s)</td>
</tr>
<tr>
<td>74190</td>
<td>Peritoneogram (eg, after injection of air or contrast), radiological</td>
</tr>
<tr>
<td></td>
<td>supervision and interpretation</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>Code</td>
<td>Description</td>
</tr>
<tr>
<td>--------</td>
<td>-----------------------------------------------------------------------------</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>Radiological examination, gastrointestinal tract, upper, air contrast, with</td>
</tr>
<tr>
<td></td>
<td>specific high density barium, effervescent agent, with or without glucagon;</td>
</tr>
<tr>
<td></td>
<td>with or 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; contrast (eg, barium) enema, with or without</td>
</tr>
<tr>
<td></td>
<td>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>74290</td>
<td>Cholecystography, oral contrast;</td>
</tr>
<tr>
<td>74291</td>
<td>additional or repeat examination or multiple day examination</td>
</tr>
<tr>
<td>74305</td>
<td>Cholangiography and/or pancreatography; through existing catheter,</td>
</tr>
<tr>
<td></td>
<td>radiological supervision and interpretation</td>
</tr>
<tr>
<td>74320</td>
<td>Cholangiography, percutaneous, transhepatic, radiological supervision and</td>
</tr>
<tr>
<td></td>
<td>interpretation</td>
</tr>
<tr>
<td>74327</td>
<td>Postoperative biliary duct calculus removal, percutaneous via T-tube tract,</td>
</tr>
<tr>
<td></td>
<td>basket, or snare (eg, Burhenne technique), radiological supervision and</td>
</tr>
<tr>
<td></td>
<td>interpretation</td>
</tr>
<tr>
<td>74328</td>
<td>Endoscopic catheterization of the biliary ductal system, radiological</td>
</tr>
<tr>
<td></td>
<td>supervision and interpretation</td>
</tr>
<tr>
<td>74329</td>
<td>Endoscopic catheterization of the pancreatic ductal system, radiological</td>
</tr>
<tr>
<td></td>
<td>supervision and interpretation</td>
</tr>
<tr>
<td>74330</td>
<td>Combined endoscopic catheterization of the biliary and pancreatic ductal</td>
</tr>
<tr>
<td></td>
<td>systems, radiological supervision and interpretation</td>
</tr>
<tr>
<td>74340</td>
<td>Introduction of long gastrointestinal tube (eg, Miller-Abbott), including</td>
</tr>
<tr>
<td></td>
<td>multiple fluoroscopies and films, radiological supervision and interpretation</td>
</tr>
<tr>
<td>74355</td>
<td>Percutaneous placement of enteroclysis tube, radiological supervision and</td>
</tr>
<tr>
<td></td>
<td>interpretation</td>
</tr>
<tr>
<td>74360</td>
<td>Intraluminal dilation of strictures and/or obstructions (eg, esophagus),</td>
</tr>
<tr>
<td></td>
<td>radiological supervision and interpretation</td>
</tr>
<tr>
<td>74363</td>
<td>Percutaneous transhepatic dilation of biliary duct stricture with or without</td>
</tr>
<tr>
<td></td>
<td>placement of stent, radiological supervision and interpretation</td>
</tr>
</tbody>
</table>
**URINARY TRACT**

- **74400** Urography (pyelography), intravenous, with or without KUB, with or without tomography
- **74410** Urography, infusion, drip technique and/or bolus technique
- **74420** Urography, retrograde, with or without KUB
- **74425** Urography, antegrade, (pyelostogram, nephrostogram, loopogram), radiological supervision and interpretation
- **74430** Cystography, minimum of three views, radiological supervision and interpretation
- **74440** Vasography, vesiculography, or epididymography, radiological supervision and interpretation
- **74445** Corpora cavernosography, radiological supervision and interpretation
- **74450** Urethrocystography, retrograde, radiological supervision and interpretation
- **74455** Urethrocystography, voiding, radiological supervision and interpretation

**GYNECOLOGICAL AND OBSTETRICAL**

- **74710** Pelvimetry, with or without placental localization
- **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
- **75559** with stress imaging
- **75561** Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging
- **75565** Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to primary procedure) (Do not report 75557, 75559, 75561, 75563, 75565 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 (Do not report 75635 in conjunction with 72191, 73706, 74175 or 74174)
75658  Angiography, brachial, retrograde, 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
75726  Angiography, visceral; selective or supraselective, (with or without flush aortogram), radiological supervision and interpretation
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
75791  Complete evaluation of dialysis access, including fluoroscopy, image documentation and report (includes injections of contrast and all necessary imaging from the arterial anastomosis and adjacent through entire venous outflow

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
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>75807</td>
<td>Lymphangiography, pelvic/abdominal, bilateral, radiological supervision and interpretation</td>
</tr>
<tr>
<td>75820</td>
<td>Venography, extremity, unilateral, radiological supervision and interpretation</td>
</tr>
<tr>
<td>75822</td>
<td>Venography, extremity, bilateral, radiological supervision and interpretation</td>
</tr>
<tr>
<td>75825</td>
<td>Venography, caval, inferior, with serialography, radiological supervision and interpretation</td>
</tr>
<tr>
<td>75827</td>
<td>Venography, caval, superior, with serialography, radiological supervision and interpretation</td>
</tr>
<tr>
<td>75831</td>
<td>Venography, renal, unilateral, selective, radiological supervision and interpretation</td>
</tr>
<tr>
<td>75833</td>
<td>Venography, renal, bilateral, selective, radiological supervision and interpretation</td>
</tr>
<tr>
<td>75840</td>
<td>Venography, adrenal, unilateral, selective, radiological supervision and interpretation</td>
</tr>
<tr>
<td>75842</td>
<td>Venography, adrenal, bilateral, selective, radiological supervision and interpretation</td>
</tr>
<tr>
<td>75860</td>
<td>Venography, venous sinus (eg, petrosal and inferior sagittal) or jugular, catheter, radiological supervision and interpretation</td>
</tr>
<tr>
<td>75870</td>
<td>Venography, superior sagittal sinus, radiological supervision and interpretation</td>
</tr>
<tr>
<td>75872</td>
<td>Venography, epidural, radiological supervision and interpretation</td>
</tr>
<tr>
<td>75880</td>
<td>Venography, orbital, radiological supervision and interpretation</td>
</tr>
<tr>
<td>75884</td>
<td>Percutaneous transhepatic portography with hemodynamic evaluation, radiological supervision and interpretation</td>
</tr>
<tr>
<td>75885</td>
<td>Percutaneous transhepatic portography without hemodynamic evaluation, radiological supervision and interpretation</td>
</tr>
</tbody>
</table>

**TRANSCATHETER THERAPY AND BIOPSY**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>75894</td>
<td>Transcather therapy, embolization, any method, radiological supervision and interpretation</td>
</tr>
<tr>
<td>75945</td>
<td>Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; initial vessel</td>
</tr>
<tr>
<td>75946</td>
<td>each additional vessel</td>
</tr>
<tr>
<td>75984</td>
<td>Change of percutaneous tube or drainage catheter with contrast monitoring (eg, genitourinary system, abscess), radiological supervision and interpretation</td>
</tr>
<tr>
<td>75989</td>
<td>Radiological guidance (ie, fluoroscopy, ultrasound, or computed tomography) for percutaneous drainage (eg, abscess, specimen collection), with placement of catheter, radiological supervision and interpretation</td>
</tr>
</tbody>
</table>

**MISCELLANEOUS PROCEDURES**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>76000</td>
<td>Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time, other than 71023 or 71034 (eg, cardiac fluoroscopy)</td>
</tr>
</tbody>
</table>
76001 Fluoroscopy, physician or other qualified health care professional time more than 1 hour, assisting a nonradiologic physician or other qualified health care professional (eg, nephrostolithotomy, ERCP, bronchoscopy, transbronchial biopsy)

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

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

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

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

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 with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent workstation

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

(Do not report 76376 in conjunction with 70496, 70498, 70544-70549, 71275, 71555, 72159, 72191, 72198, 73206, 73225, 73706, 73725, 74174, 74175, 74185, 75635, 76377, 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, 74174, 74175, 74185, 75635, 76377, 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**

**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

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  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

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)

### SPINAL CANAL

76800  Ultrasound, spinal canal and contents
OBSTETRICAL

Codes 76801 and 76802 include determination of the number of gestational sacs and fetuses, gestational sac/fetal measurements appropriate for gestation (<14 weeks 0 days), survey of visible fetal and placental anatomic structure, qualitative assessment of amniotic fluid volume/gestational sac shape and examination of the maternal uterus and adnexa.

Codes 76805 and 76810 include determination of number of fetuses and amniotic/chorionic sacs, measurements appropriate for gestational age (> or = 14 weeks 0 days), survey of intracranial/spinal/abdominal anatomy, 4 chambered heart, umbilical cord insertion site, placenta location and amniotic fluid assessment and, when visible, examination of maternal adnexa.

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

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

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

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

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

76801 Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; (complete fetal and maternal evaluation), single or first gestation  
76802 each additional gestation  
(List separately in addition to primary procedure)

76805 Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach (complete fetal and maternal evaluation); single of first gestation  
76810 each additional gestation  
(List separately in addition to primary procedure)  
(Use 76810 in conjunction with 76805)

76811 Ultrasound, pregnant uterus, real time with image documentation, fetal and
maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; single or first gestation

76812 each additional gestation
(List separately in addition to primary procedure)
(Use 76812 in conjunction with 76811)

76813 Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; single or first gestation

76814 each additional gestation
(List separately in addition to primary procedure)

76815 Ultrasound, pregnant uterus, real time with image documentation, limited (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)

76818 Fetal biophysical profile; with non-stress testing
76819 without non-stress testing
76820 Doppler velocimetry, fetal; umbilical artery
(Billable with a diagnosis of polyhydramnios, oligohydramnios, placental transfusion syndromes or poor fetal growth)

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

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

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

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

76856 Ultrasound, pelvic (nonobstetric), real time with image documentation;
   complete

76857 limited or follow-up (eg, for follicles)

GENITALIA

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

EXTREMITIES

76881 Ultrasound, extremity, nonvascular, real-time with image documentation;
   complete

76882 limited, anatomic specific

76885 Ultrasound, infant hips, real time with imaging documentation; dynamic
   (requiring physician or other qualified health care professional manipulation)

76886 limited, static (not requiring physician or other qualified health care
   professional manipulation)

VASCULAR STUDIES

(For vascular studies, see 93981)

ULTRASONIC GUIDANCE PROCEDURES

76930 Ultrasound guidance for pericardiocentesis, imaging supervision and
   interpretation

76932 Ultrasound guidance for endomyocardial biopsy, imaging supervision and
   interpretation supervision and interpretation

76937 Ultrasound 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 Ultrasound guidance for, and monitoring of, parenchymal tissue ablation

76941 Ultrasound guidance for intrauterine fetal transfusion or cordocentesis, imaging
   supervision and interpretation
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>76942</td>
<td>Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation. (Do not report 76942 in conjunction with 76975)</td>
</tr>
<tr>
<td>76945</td>
<td>Ultrasonic guidance for chorionic villus sampling, imaging supervision and interpretation</td>
</tr>
<tr>
<td>76946</td>
<td>Ultrasonic guidance for amniocentesis, imaging supervision and interpretation</td>
</tr>
<tr>
<td>76950</td>
<td>Ultrasonic guidance for placement of radiation therapy fields</td>
</tr>
<tr>
<td>76965</td>
<td>Ultrasonic guidance for interstitial radioelement application</td>
</tr>
<tr>
<td>76975</td>
<td>Gastrointestinal endoscopic ultrasound, supervision and interpretation</td>
</tr>
<tr>
<td>76977</td>
<td>Ultrasound bone density measurement and interpretation, peripheral site(s), any method</td>
</tr>
</tbody>
</table>

**MISCELLANEOUS ULTRASONIC PROCEDURE**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>76999</td>
<td>Unlisted ultrasound procedure (eg, diagnostic, interventional)</td>
</tr>
</tbody>
</table>

**RADIOLOGIC GUIDANCE**

**FLUOROSCOPIC GUIDANCE**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>77001</td>
<td>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)</td>
</tr>
<tr>
<td>77002</td>
<td>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)</td>
</tr>
</tbody>
</table>
77003  Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid) (Do not report 77003 in conjunction with 27096, 64479-64484, 64490-64495, 64633-64636) (Injection of contrast during fluoroscopic guidance and localization [77003] is included in 22526, 22527, 27096, 62263, 62264, 62267, 62270-62282, 62310-62319)

**COMPUTED TOMOGRAPHY GUIDANCE**

77012  Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation (Do not report 77012 in conjunction with 27096, 64479-64484, 64490-64495, 64633-64636)

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

**MAGNETIC RESONANCE GUIDANCE**

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

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

**BREAST, MAMMOGRAPHY**

77051  Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further review for interpretation, with or without digitization of film radiographic images; diagnostic mammography (List separately in addition to primary procedure)

77052  screening mammography (List separately in addition to primary procedure)

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
G0202  Screening mammography, producing direct digital image, bilateral, all views
G0204  Diagnostic mammography, producing direct digital, image, bilateral, all views
G0206  unilateral, all views

BONE/JOINT STUDIES

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

RADIATION ONCOLOGY

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

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

CLINICAL TREATMENT PLANNING (EXTERNAL AND INTERNAL SOURCES)

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

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

77261  Therapeutic radiology treatment planning; simple
77262  intermediate
77263  complex

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

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

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>77280</td>
<td>Therapeutic radiology simulation-aided field setting; simple</td>
</tr>
<tr>
<td>77285</td>
<td>intermediate</td>
</tr>
<tr>
<td>77290</td>
<td>complex</td>
</tr>
<tr>
<td>77293</td>
<td>Respiratory motion management simulation (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>77299</td>
<td>Unlisted procedure, therapeutic radiology clinical treatment planning</td>
</tr>
</tbody>
</table>

**MEDICAL RADIATION PHYSICS, DOSIMETRY, TREATMENT DEVICES AND SPECIAL SERVICES**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>77295</td>
<td>3-dimensional radiotherapy plan, including dose-volume histograms</td>
</tr>
<tr>
<td>77300</td>
<td>Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose as required during course of treatment, only when prescribed by the treating physician</td>
</tr>
<tr>
<td>77301</td>
<td>Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications</td>
</tr>
<tr>
<td>77305</td>
<td>Teletherapy, isodose plan (whether hand or computer calculated); simple (1 or 2 parallel opposed unmodified ports directed to a single area of interest)</td>
</tr>
<tr>
<td>77310</td>
<td>intermediate (3 or more treatment ports directed to a single area of interest)</td>
</tr>
<tr>
<td>77315</td>
<td>complex (mantle or inverted Y, tangential ports, the use of wedges, compensators, complex blocking, rotational beam, or special beam considerations)</td>
</tr>
</tbody>
</table>

(Only 1 teletherapy isodose plan may be reported for a given course of therapy to a specific treatment area.)

<table>
<thead>
<tr>
<th>Code</th>
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<tbody>
<tr>
<td>77321</td>
<td>Special teletherapy port plan, particles, hemibody, total body</td>
</tr>
<tr>
<td>77326</td>
<td>Brachytherapy isodose plan; simple (calculation made from single plane, one to four source/ribbon application, remote afterloading brachytherapy, 1 to 8 sources)</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>77327</td>
<td>intermediate (multiplane dosage calculations, application involving 5 to 10 sources/ribbons, remote afterloading brachytherapy, 9 to 12 sources)</td>
</tr>
<tr>
<td>77328</td>
<td>complex (multiplane isodose plan, volume implant calculations, over 10</td>
</tr>
</tbody>
</table>
Ordered Ambulatory Procedure Codes

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 (Reimbursement is for the global fee)

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

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)

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. Procedure codes 77401-77418 are for the TC component only, no modifier required.

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

**RADIATION TREATMENT DELIVERY**

77421  Stereoscopic X-ray guidance for localization of target volume for the delivery of radiation therapy
(Do not report 77421 more than once per treatment delivery session)

**RADIATION TREATMENT MANAGEMENT**

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

Code 77427 is also reported if there are three or four fractions beyond a multiple of five at the end of a course of treatment; one or two fractions beyond a multiple of five at the end of a course of treatment are not reported separately.

The professional services furnished during treatment management typically consists of:
- Review of port films;
- Review of dosimetry, dose delivery; and treatment parameters;
- Review of patient treatment set-up;

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

77427  Radiation treatment management, 5 treatments
77431 Radiation therapy management with complete course of therapy consisting of 1 or 2 factions only
(77431 is not to be used to fill in the last week of a long course of therapy)
77432 Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)
77435 Stereotactic body radiation therapy, treatment management, per treatment course, to one or more lesions, including image guidance, entire course not to exceed 5 fractions
(Do not report 77435 in conjunction with 77427-77432)
The same physician should not report both stereotactic radiosurgery services [63620, 63621] and radiation treatment management [77435] for extracranial lesions)
77470 Special treatment procedure (eg, total body irradiation, hemibody irradiation, per oral or endocavitary irradiation)
(77470 assumes that the procedure is performed 1 or more times during the course of therapy, in addition to daily or weekly patient management)
77499 Unlisted procedure, therapeutic radiology clinical treatment management

PROTON BEAM TREATMENT DELIVERY

Definitions:
Simple proton treatment delivery to a single treatment area utilizing a single non-tangential/oblique port, custom block with compensation (77522) and without compensation (77520).
Intermediate proton treatment delivery to one or more treatment areas utilizing two or more ports or one or more tangential/oblique ports, with custom blocks and compensators.
Complex proton treatment delivery to one or more treatment areas utilizing two or more ports per treatment area with matching or patching fields and/or multiple isocenters, with custom blocks and compensators.

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

HYPERTHERMIA

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

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

**CLINICAL INTRACAVITARY HYPERTHERMIA**

77620   Hyperthermia generated by intracavitary probe(s)

**CLINICAL BRACHYTHERAPY**

Clinical brachytherapy requires the use of either natural or man-made radioelements applied into or around a treatment field of interest. The supervision of radioelements and dose interpretation are performed solely by the therapeutic radiologist. When a procedure requires the service of a surgeon, see appropriate codes from the Surgery Section Services. Services 77750-77799 include admission to the hospital and daily visits.

**Definitions:**
(Sources refer to intracavitary placement or permanent interstitial placement; ribbons refer to temporary interstitial placement.)

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

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

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

77750   Infusion or instillation of radioelement solution (includes 3- month follow-up care)
77761   Intracavitary radiation source application; simple
77762   intermediate
77763   complex
77776   Interstitial radiation source application; simple
77777   intermediate
77778   complex
77785   Remote afterloading high dose rate radionuclide brachytherapy; 1 channel
77786   2-12 channels
77787   over 12 channels
77789   Surface application of radiation source
77799   Unlisted procedure, clinical brachytherapy
NUCLEAR MEDICINE

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

DIAGNOSTIC

ENDOCRINE SYSTEM

78012  Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)
78013  Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)
78015  Thyroid carcinoma metastases imaging; limited area (eg, neck and chest only)
78016  with additional studies (eg, urinary recovery)
78018  whole body
78020  Thyroid carcinoma metastases uptake
(List separately in addition to primary procedure)
(Use 78020 in conjunction with 78018 only)
78070  Parathyroid plantar imaging (including subtraction, when performed); with tomographic (SPECT)
78075  Adrenal imaging, cortex and/or medulla
78099  Unlisted endocrine procedure, diagnostic nuclear medicine

HEMATOPOIETIC, RETICULOENDOTHELIAL AND LYMPHATIC SYSTEM

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

GASTROINTESTINAL SYSTEM

78201  Liver imaging; static only
78202  with vascular flow
78205  Liver imaging (SPECT)
78206  with vascular flow
78215  Liver and spleen imaging; static only
78216  with vascular flow
78226  Hepatobiliary system imaging, including gallbladder when present;
78227  with pharmacologic intervention, including quantitative measurement(s) when performed
78230  Salivary gland imaging;
78231  with serial images
78232  Salivary gland function study
78258  Esophageal motility
78261  Gastric mucosa imaging
78262  Gastroesophageal reflux study
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; 1 or more sites; single photon absorptiometry
78351  dual photon absorptiometry, 1 or more sites
78399  Unlisted musculoskeletal procedure, diagnostic nuclear medicine
CARDIOVASCULAR SYSTEM

78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)

78452 Multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection

78453 Planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)

78454 Planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection

78456 Acute venous thrombosis imaging, peptide

78457 Venous thrombosis imaging, venogram; unilateral

78458 bilateral

78466 Myocardial imaging, infarct avid, planar; qualitative or quantitative

78468 with ejection fraction by first pass technique

78469 tomographic SPECT with or without quantification

78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing

78473 multiple studies, wall motion study plus ejection fraction, at rest and stress (exercise and/or pharmacologic), with or without additional quantification

78481 Cardiac blood pool imaging, (planar), first pass technique; single study, at rest or with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification

78483 multiple studies, at rest and with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification

78494 Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing

78496 Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique (Use 78496 in conjunction with 78472)

78499 Unlisted cardiovascular procedure, diagnostic nuclear medicine

RESPIRATORY SYSTEM

78579 Pulmonary ventilation imaging (eg, aerosol or gas)

78580 Pulmonary perfusion imaging (eg, particulate)

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

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

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

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

**THERAPEUTIC**

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

**RADIOPHARMACEUTICAL IMAGING AGENTS** *(Report and Invoice Required)*

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
A9501 Technetium TC-99m teboroxime, diagnostic, per study dose
A9502 Technetium TC-99m tetrofosmin, diagnostic, per study dose
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
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A9520</td>
<td>Technetium Tc-99m tilmanocept, diagnostic, up to 0.5 millicuries</td>
</tr>
<tr>
<td>A9521</td>
<td>Technetium Tc-99m exametazime, diagnostic, per study dose, up to 25 millicuries</td>
</tr>
<tr>
<td>A9524</td>
<td>Iodine I-131 iodinated serum albumin, diagnostic, per 5 microcuries</td>
</tr>
<tr>
<td>A9526</td>
<td>Nitrogen N13 ammonia, diagnostic, per study dose, up to 40 millicuries</td>
</tr>
<tr>
<td>A9527</td>
<td>Iodine I-125, sodium iodide solution, therapeutic, per millicurie</td>
</tr>
<tr>
<td>A9528</td>
<td>Iodine I-131 sodium iodide capsule(s), diagnostic, per millicurie</td>
</tr>
<tr>
<td>A9529</td>
<td>Iodine I-131 sodium iodide solution, diagnostic, per millicurie</td>
</tr>
<tr>
<td>A9530</td>
<td>Iodine I-131 sodium iodide solution, therapeutic, per millicurie</td>
</tr>
<tr>
<td>A9531</td>
<td>Iodine I-131 sodium iodide, diagnostic, per microcurie (up to 100 microcuries)</td>
</tr>
<tr>
<td>A9532</td>
<td>Iodine I-125 serum albumin, diagnostic, per 5 microcuries</td>
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<tr>
<td>A9536</td>
<td>Technetium Tc-99m depreotide, diagnostic, per study dose, up to 35 millicuries</td>
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<tr>
<td>A9537</td>
<td>Technetium Tc-99m mebrofenin, diagnostic, per study dose, up to 15 millicuries</td>
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<tr>
<td>A9538</td>
<td>Technetium Tc-99m pyrophosphate, diagnostic, per study dose, up to 25 millicuries</td>
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<tr>
<td>A9539</td>
<td>Technetium Tc-99m pentetate, diagnostic, per study dose, up to 25 millicuries</td>
</tr>
<tr>
<td>A9540</td>
<td>Technetium Tc-99m macroaggregated albumin, diagnostic, per study dose, up to 10 millicuries</td>
</tr>
<tr>
<td>A9541</td>
<td>Technetium Tc-99m sulfur colloid, diagnostic, per study dose, up to 20 millicuries</td>
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<tr>
<td>A9542</td>
<td>Indium IN-111 ibritumomab tiuxetan, diagnostic, per study dose, up to 5 millicuries</td>
</tr>
<tr>
<td>A9543</td>
<td>Yttrium Y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 millicuries</td>
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<tr>
<td>A9544</td>
<td>Iodine I-131 tositumomab, diagnostic, per study dose</td>
</tr>
<tr>
<td>A9545</td>
<td>Iodine I-131 tositumomab, therapeutic, per treatment dose</td>
</tr>
<tr>
<td>A9546</td>
<td>Cobalt Co-57/58, cyanocobalamin, diagnostic, per study dose, up to 1 microcurie</td>
</tr>
<tr>
<td>A9547</td>
<td>Indium IN-111 oxyquinoline, diagnostic, per 0.5 millicurie</td>
</tr>
<tr>
<td>A9548</td>
<td>Indium IN-111 pentetate, diagnostic, per 0.5 millicurie</td>
</tr>
<tr>
<td>A9550</td>
<td>Technetium Tc-99m sodium gluceptate, diagnostic, per study dose, up to 25 millicuries</td>
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<tr>
<td>A9551</td>
<td>Technetium Tc-99m succimer, diagnostic, per study dose, up to 10 millicuries</td>
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<tr>
<td>A9553</td>
<td>Chromium Cr-51 sodium chromate, diagnostic, per study dose, up to 250 microcuries</td>
</tr>
<tr>
<td>A9554</td>
<td>Iodine I-125 sodium iothalamate, diagnostic, per study dose, up to 10 microcuries</td>
</tr>
<tr>
<td>A9557</td>
<td>Technetium Tc-99m bicisate, diagnostic, per study dose, up to 25 millicuries</td>
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<tr>
<td>Code</td>
<td>Description</td>
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<tr>
<td>--------</td>
<td>-----------------------------------------------------------------------------</td>
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<tr>
<td>A9558</td>
<td>Xenon Xe-133 gas, diagnostic, per 10 millicuries</td>
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<tr>
<td>A9559</td>
<td>Cobalt Co-57 cyanocobalamin, oral, diagnostic, per study dose, up to 1 microcurie</td>
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<tr>
<td>A9560</td>
<td>Technetium Tc-99m labeled red blood cells, diagnostic, per study dose, up to 30 millicuries</td>
</tr>
<tr>
<td>A9561</td>
<td>Technetium Tc-99m oxidronate, diagnostic, per study dose, up to 30 millicuries</td>
</tr>
<tr>
<td>A9562</td>
<td>Technetium Tc-99m mertiatide, diagnostic, per study dose, up to 15 millicuries</td>
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<tr>
<td>A9563</td>
<td>Sodium phosphate P-32, therapeutic, per millicurie</td>
</tr>
<tr>
<td>A9564</td>
<td>Chromic phosphate P-32 suspension, therapeutic, per millicurie</td>
</tr>
<tr>
<td>A9566</td>
<td>Technetium Tc-99m fanolesomab, diagnostic, per study dose, up to 25 millicuries</td>
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<tr>
<td>A9567</td>
<td>Technetium Tc-99m pentetate, diagnostic, aerosol, per study dose, up to 75 millicuries</td>
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<tr>
<td>A9568</td>
<td>Technetium Tc-99m arcitumomab, diagnosis, per study dose up tp 45 millicuries</td>
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<tr>
<td>A9569</td>
<td>Technetium Tc-99m exametazime labeled autologous white blood cells, diagnostic, per study dose</td>
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<tr>
<td>A9570</td>
<td>Indium IN-111 labeled autologous white blood cells, diagnostic, per study dose</td>
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<tr>
<td>A9571</td>
<td>Indium IN-111 labeled autologous platelets, diagnostic, per study dose</td>
</tr>
<tr>
<td>A9572</td>
<td>Indium IN-111 pentetetide, diagnostic, per study dose, up to 6 millicuries</td>
</tr>
<tr>
<td>A9582</td>
<td>Iodine I-123 lobenguane, diagnostic, per study dose, up to 6 millicuries</td>
</tr>
<tr>
<td>A9584</td>
<td>Iodine 1-123 ioflupane, diagnostic, per study dose, up to 5 millicuries</td>
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<tr>
<td>A9600</td>
<td>Strontium Sr-89 chloride, therapeutic, per millicurie</td>
</tr>
<tr>
<td>A9604</td>
<td>Samarium SM-153 lexidronam, therapeutic, per treatment dose, up to 150 millicuries</td>
</tr>
<tr>
<td>A9699</td>
<td>Radiopharmaceutical, therapeutic, not otherwise classified</td>
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</table>
**POSITRON EMISSION TOMOGRAPHY (PET)**

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 (e.g., 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 in amount charged field on claim form. For codes listed BR in the Fee Schedule, also attach an itemized invoice to claim form including the dose administered.

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

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

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

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

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

90291  Cytomegalovirus immune globulin (CMV-IgIV), human, for intravenous use
90371  Hepatitis B immune globulin (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
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 (RhlgIV), human, for intravenous use
90389  Tetanus immune globulin (T Ig), 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

IMMUNIZATION ADMINISTRATION FOR VACCINES/TOXOIDS

90460  Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered)
90471  Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)
90472  Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (list separately in addition to code for primary procedure))
90473  Immunization administration by intranasal or oral route; one vaccine (single or combination vaccine/toxoid) (Administration for 90660)
90474  Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (list separately in addition to code for primary procedure))

VACCINES/TOXOIDS

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

90585  Bacillus Calmette-Guerin vaccine (BCG) for tuberculosis, live, for percutaneous use
90586  Bacillus Calmette-Guerin vaccine (BCG) for bladder cancer, live, for intravesical use
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>90632</td>
<td>Hepatitis A vaccine, adult dosage, for intramuscular use</td>
</tr>
<tr>
<td>90633</td>
<td>Hepatitis A vaccine, pediatric/adolescent dosage-2 dose schedule, for intramuscular use</td>
</tr>
<tr>
<td>90636</td>
<td>Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use</td>
</tr>
<tr>
<td>90645</td>
<td>Hemophilus influenza B vaccine (Hib), HBOC conjugate (4 dose schedule), for intramuscular use</td>
</tr>
<tr>
<td>90646</td>
<td>Hemophilus influenza B vaccine (Hib), PRP-D conjugate, for booster use only, intramuscular use</td>
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<tr>
<td>90647</td>
<td>Hemophilus influenza B vaccine (Hib), PRP-OMP conjugate (3 dose schedule), for intramuscular use</td>
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<tr>
<td>90648</td>
<td>Hemophilus influenza B vaccine (Hib), PRP-T conjugate (4 dose schedule), for intramuscular use</td>
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<tr>
<td>90649</td>
<td>Human Papilloma virus (HPV) vaccine, types 6, 11,16, 18 (quadrivalent) 3 dose schedule, for intramuscular use</td>
</tr>
<tr>
<td>90650</td>
<td>Human Papilloma virus (HPV) vaccine, types 16, 18, bivalent, 3 dose schedule, for intramuscular use</td>
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<tr>
<td>90654</td>
<td>Influenza virus vaccine, split virus, preservative-free, for intradermal use</td>
</tr>
<tr>
<td>90655</td>
<td>Influenza virus vaccine, trivalent, split virus, preservative free, when administered to children 6-35 months of age, for intramuscular use</td>
</tr>
<tr>
<td>90656</td>
<td>Influenza virus vaccine, trivalent, split virus, preservative free, when administered to individuals 3 years and older, for intramuscular use</td>
</tr>
<tr>
<td>90657</td>
<td>Influenza virus vaccine, trivalent, split virus, when administered to children 6-35 months of age, for intramuscular use</td>
</tr>
<tr>
<td>90658</td>
<td>Influenza virus vaccine, trivalent, split virus, when administered to individuals 3 years of age and older, for intramuscular use</td>
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<tr>
<td>90660</td>
<td>Influenza virus vaccine, trivalent, live, for intranasal use</td>
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<tr>
<td>90662</td>
<td>Influenza virus vaccine, split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use</td>
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<tr>
<td>90669</td>
<td>Pneumococcal conjugate vaccine, 7 valent, for intramuscular use</td>
</tr>
<tr>
<td>90670</td>
<td>Pneumococcal conjugate vaccine, 13 valent, for intramuscular use</td>
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<tr>
<td>90675</td>
<td>Rabies vaccine, for intramuscular use</td>
</tr>
<tr>
<td>90676</td>
<td>Rabies vaccine, for intradermal use</td>
</tr>
<tr>
<td>90680</td>
<td>Rotavirus vaccine, pentavalent, 3 dose schedule, live, for oral use</td>
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<tr>
<td>90681</td>
<td>Rotavirus vaccine human, attenuated, 2 dose schedule, live, for oral use</td>
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<tr>
<td>90685</td>
<td>Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to children 6-35 months of age, for intramuscular use</td>
</tr>
<tr>
<td>90686</td>
<td>Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to individuals 3 years of age and older, for intramuscular use</td>
</tr>
<tr>
<td>90672</td>
<td>Influenza virus vaccine, quadrivalent, live, for intranasal use</td>
</tr>
<tr>
<td>90690</td>
<td>Typhoid vaccine, live, oral</td>
</tr>
<tr>
<td>90691</td>
<td>Typhoid vaccine, Vi capsular polysaccharide (ViCPs), for intramuscular use</td>
</tr>
<tr>
<td>90692</td>
<td>Typhoid vaccine, heat- and phenol-inactivated (H-P), for subcutaneous or intradermal use</td>
</tr>
</tbody>
</table>
90696  Diphtheria, tetanus toxoids, acellular pertussis vaccine and poliovirus vaccine, inactivated (DtaP-IPV), when administered to children 4 through 6 years of age, for intramuscular use
90698  Diphtheria, tetanus toxoids, acellular vaccine, haemophilus influenza Type B, and poliovirus vaccine, inactivated (DtaP–Hib–IPV), for intramuscular use
90700  Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years, 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
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
90738  Japanese encephalitis virus vaccine, inactivated, for intramuscular use
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
Ordered Ambulatory Procedure Codes

### MISCELLANEOUS DRUGS AND SOLUTIONS

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

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

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

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>J0129</td>
<td>Abatacept, 10 mg, (not for self administered)</td>
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<tr>
<td>J0180</td>
<td>Agalsidase beta, 1 mg</td>
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<tr>
<td>J0207</td>
<td>Amifostine, 500 mg</td>
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<tr>
<td>J0215</td>
<td>Alefacept (Amevive), 0.5 mg</td>
</tr>
<tr>
<td>J0221</td>
<td>Alglucosidase alfa, (lumizyme), 10 mg</td>
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<td>J0256</td>
<td>Alpha 1 proteinase inhibitor (human), not otherwise specified, 10 mg</td>
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<tr>
<td>J0401</td>
<td>Aripiprazole, extended release, 1 mg</td>
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<tr>
<td>J0456</td>
<td>Azithromycin, 500 mg</td>
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<tr>
<td>J0585</td>
<td>Onabotulinumtoxin, 1 unit</td>
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<tr>
<td>J0586</td>
<td>Abobotulinumtoxin, 5 units</td>
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<td>J0587</td>
<td>Rimabotulinumtoxinb, 100 units</td>
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<tr>
<td>J0598</td>
<td>C1 esterase inhibitor (human), cinryze, 10 units</td>
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<tr>
<td>J0640</td>
<td>Leucovorin calcium, 50 mg</td>
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<td>J0641</td>
<td>Levoleucovorin calcium, 0.5 mg</td>
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<tr>
<td>J0696</td>
<td>Ceftriaxone sodium, per 250 mg</td>
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<td>J0697</td>
<td>Sterile cefuroxime sodium, per 750 mg</td>
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<tr>
<td>J0712</td>
<td>Ceftrarline fosamil, 10 mg</td>
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<tr>
<td>J0717</td>
<td>Injection,(certoloizumab pegol, 1 mg (must be administered under direct physician supervision, not for self administration)</td>
</tr>
<tr>
<td>J0740</td>
<td>Cidofovir, 375 mg</td>
</tr>
<tr>
<td>J0795</td>
<td>Corticorelin ovine triflutate, 1 mcg</td>
</tr>
<tr>
<td>J0878</td>
<td>Daptomycin, 1 mg</td>
</tr>
</tbody>
</table>

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Intramuscular use

90746  adult dosage (3 dose schedule), 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
J0881 Darbepoetin alfa, 1 mcg (non-ESRD use)
J0882 Darbepoetin alfa, 1 mcg (for ESRD on dialysis)
J0885 Epoetin alfa, (non-ESRD use), 1000 units
J0897 Denosumab, 1 mg
J1050 Medroxyprogesterone acetate, 1 mg
   (J1050 Should not be billed in addition to the all-inclusive clinic rate)
J1100 Dexamethasone sodium phosphate, 1 mg
J1190 Dextranoxane HCl, per 250 mg
J1260 Dolasetron mesylate, 10 mg
J1300 Eculizumab, 10 mg
J1436 Etidronate disodium, per 300 mg
J1438 Etanercept, 25 mg, (not for self administration)
J1442 Injection, filgrastim (g-csf), 1 microgram
J1446 Injection, tbo-filgrastim, 5 micrograms
J1450 Fluconazole, 200 mg
J1452 Fomivirsen sodium, intraocular, 1.65 mg
J1453 Fosaprepitant, 1 mg
J1458 Galsulfase, 1 mg
J1459 Immune globulin (Privigen), intravenous, non lyophilized (e.g. liquid), 500 mg
J1460 Gamma globulin, intramuscular, 1 cc
J1556 Immune globulin Bivigam, 500 mg
J1557 Immune globulin, (gammaplex), intravenous, non-lyophilized (e.g., liquid), 500 mg
J1560 Gamma globulin, intramuscular, over 10 cc
J1561 Immune globulin, (gamunex-C/gammaked), non-lyophilized (e.g. liquid), 500 mg
J1562 Immune globulin (Vivaglobin), 100 mg
J1566 Immune globulin, intravenous, lyophilized (e.g. powder), not otherwise specified, 500 mg
J1568 Immune globulin, (Octagam), intravenous, non-lyophilized (e.g. liquid), 500 mg
J1569 Immune globulin, (gammagard liquid), non-lyophilized, (e.g. liquid), 500 mg
J1570 Ganciclovir sodium, 500 mg
J1572 Immune globulin, (flebogamma/flebogamma DIF), intravenous, non-lyophilized (e.g. liquid), 500 mg
J1595 Glatiramer acetate, 20 mg
J1599 Immune globulin, intravenous, non-lyophilized (e.g. liquid), not otherwise specified, 500 mg
J1626 Granisetron HCl, 100 mcg
J1631 Haloperidol decanoate, per 50 mg
J1640 Hemin, 1 mg
J1652 Fondaparinux sodium, 0.5 mg
J1655 Tinzaparin sodium, 1000 IU
J1725 Hydroxyprogesterone caproate, 1 mg
J1740 Ibandronate sodium, 1 mg
J1741 Ibuprofen, 100 mg
J1743 Idursulfase, 1 mg
J1745 Infliximab (Remicade), 10 mg
J1750   Iron dextran, 50 mg
J1786   Imiglucerase, 10 units
J1826   Interferon beta-1a, 30 mcg
J1830   Interferon beta-1b, 0.25 mg (not for self-administration)
J1930   Lanreotide, 1 mg
J1950   Leuprolide acetate (for depot suspension), per 3.75 mg
J2323   Natalizumab, 1 mg
J2353   Octreotide, depot form for intramuscular injection, 1 mg
J2355   Oprelvekin, 5 mg
J2358   Olanzapine, long-acting, 1 mg
J2405   Ondansetron HCl, per 1 mg
J2425   Palifermin, 50 mcg
J2426   Paliperidone palmitate extended release, 1 mg
J2430   Pamidronate disodium, per 30
J2469   Palonosetron HCl (Aloxi), 25 mcg
J2504   Pegademase bovine, 25 IU
J2505   Pegfilgrastim (Neulasta), 6 mg
J2513   Pentastarch, 10% solution, 100 ml
J2545   Pentamidine isethionate, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per 300 mg
J2562   Plerixafor, 1 mg
J2597   Desmopressin acetate, per 1 mcg
J2680   Fluphenazine decanoate, up to 25 mg
J2770   Quinupristin/dalfopristin, 500 mg (150/350)
J2783   Rasburicase, 0.5 mg
J2793   Riluzole, 1 mg
J2794   Risperidone, long acting, 0.5 mg
J2796   Romiplostim, 10 micrograms
J2997   Alteplase recombinant, 1 mg
J3110   Teriparatide, 10 mcg
J3240   Thyrotropin alpha (Thyrogen), 0.9 mg., provided in 1.1 mg vial
J3285   Treprostinil, 1 mg
J3305   Trimetrexate glucoronate, per 25 mg
J3385   Velaglucerase alfa, 100 units
J3472   Hyaluronidase, ovine, preservative free, per 1000 USP units
J3490   Unclassified drugs
J7030   Infusion, normal saline solution (or water), 1000 cc
J7040   Infusion, normal saline solution (or water), sterile (500 ml = 1 unit)
J7042   5% dextrose/normal saline (500 ml = 1 unit)
J7050   Infusion, normal saline solution (or water), 250 cc
J7060   5% dextrose/water (500 ml = 1 unit)
J7070   Infusion, D5W, 1000 cc
J7100   Infusion, Dextran 40, 500 ml
J7110   Infusion, Dextran 75, 500 ml
J7120   Ringers lactate infusion, up to 1000 cc
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>J7131</td>
<td>Hypertonic saline solution, 1 ml</td>
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<tr>
<td>J7185</td>
<td>Factor VIII (antihemophilic factor, recombinant) (Xyntha), per IU</td>
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<tr>
<td>J7186</td>
<td>Antihemophilic factor VIII/von Willebrand factor complex (human), per factor VIII IU</td>
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<tr>
<td>J7187</td>
<td>Von Willebrand Factor Complex (Humate-P) per IU VWF: RCO</td>
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<tr>
<td>J7189</td>
<td>Factor VIIA (antihemophilic factor, recombinant), per 1 mg</td>
</tr>
<tr>
<td>J7190</td>
<td>Factor VIII (antihemophilic factor (Human)), per IU</td>
</tr>
<tr>
<td>J7191</td>
<td>Factor VIII (antihemophilic factor (Porcine)), per IU</td>
</tr>
<tr>
<td>J7192</td>
<td>Factor VIII (antihemophilic factor, recombinant) per IU, not otherwise specified</td>
</tr>
<tr>
<td>J7193</td>
<td>Factor IX (antihemophilic factor, purified, non-recombinant), per IU</td>
</tr>
<tr>
<td>J7194</td>
<td>Factor IX, complex, per IU</td>
</tr>
<tr>
<td>J7190</td>
<td>Factor XIII (antihemophilic factor, human), 1 i.u.</td>
</tr>
<tr>
<td>J7186</td>
<td>Antihemophilic factor VIII/von Willebrand factor complex (human), per factor VIII IU</td>
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<tr>
<td>J7187</td>
<td>Von Willebrand Factor Complex (Humate-P) per IU VWF: RCO</td>
</tr>
<tr>
<td>J7189</td>
<td>Factor VIIA (antihemophilic factor, recombinant), per 1 mg</td>
</tr>
<tr>
<td>J790</td>
<td>Factor VIII (antihemophilic factor (Human)), per IU</td>
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<td>J791</td>
<td>Factor VIII (antihemophilic factor (Porcine)), per IU</td>
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<tr>
<td>J792</td>
<td>Factor VIII (antihemophilic factor, recombinant), per IU, not otherwise specified</td>
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<tr>
<td>J793</td>
<td>Factor IX (antihemophilic factor, purified, non-recombinant), per IU</td>
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<td>J794</td>
<td>Factor IX, complex, per IU</td>
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<tr>
<td>J795</td>
<td>Factor IX (antihemophilic factor, recombinant), per IU</td>
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<tr>
<td>J797</td>
<td>Antithrombin III (Human), per IU</td>
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<tr>
<td>J798</td>
<td>Anti-inhibitor, per IU</td>
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<tr>
<td>J799</td>
<td>Hemophilia clotting factor; not otherwise classified</td>
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<tr>
<td>J7300</td>
<td>Intrauterine copper contraceptive</td>
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<tr>
<td>J7301</td>
<td>Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg</td>
</tr>
<tr>
<td>J7302</td>
<td>Levonorgestrel-releasing intrauterine contraceptive system, 52 mg</td>
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<tr>
<td>J7306</td>
<td>Levonorgestral (contraceptive) implant system, including implants and supplies</td>
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<tr>
<td>J7307</td>
<td>Etonogestrel (contraceptive) implant system, including implant and supplies</td>
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<tr>
<td>J7310</td>
<td>Hemophilia clotting factor, not otherwise classified</td>
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<tr>
<td>J7311</td>
<td>Intrauterine copper contraceptive</td>
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<tr>
<td>J7301</td>
<td>Levonorgestrel-releasing intrauterine contraceptive system, 13.5 mg</td>
</tr>
<tr>
<td>J7302</td>
<td>Levonorgestrel-releasing intrauterine contraceptive system, 52 mg</td>
</tr>
<tr>
<td>J7306</td>
<td>Levonorgestral (contraceptive) implant system, including implants and supplies</td>
</tr>
<tr>
<td>J7307</td>
<td>Etonogestrel (contraceptive) implant system, including implant and supplies</td>
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<tr>
<td>J7310</td>
<td>Hemophilia clotting factor, not otherwise classified</td>
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<tr>
<td>J7311</td>
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<td>J7301</td>
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<td>Etonogestrel (contraceptive) implant system, including implant and supplies</td>
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<tr>
<td>J7310</td>
<td>Hemophilia clotting factor, not otherwise classified</td>
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<tr>
<td>J7311</td>
<td>Intrauterine copper contraceptive</td>
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<tr>
<td>J8498</td>
<td>Antiemetic drug, rectal/suppository, not otherwise specified</td>
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<tr>
<td>J8501</td>
<td>Aprepitant, oral, 5 mg</td>
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<tr>
<td>J8540</td>
<td>Dexamethasone, oral, 0.25 mg</td>
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<tr>
<td>J8597</td>
<td>Antiemetic drug, oral, not otherwise specified</td>
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<tr>
<td>J8650</td>
<td>Nabilone, oral, 1 mg</td>
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<tr>
<td>J9226</td>
<td>Histrelin implant (Supprelin LA), 50 mg</td>
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<tr>
<td>S0190</td>
<td>Mifepristone, oral, 200 mg</td>
</tr>
<tr>
<td></td>
<td>(when administered for medically necessary non-surgical abortion)</td>
</tr>
<tr>
<td>S0191</td>
<td>Misoprostol, oral, 200 mg</td>
</tr>
<tr>
<td></td>
<td>(when administered for medically necessary non-surgical abortion)</td>
</tr>
</tbody>
</table>
S9435^ Medical foods for inborn errors of metabolism
(Reimbursement limited to Inborn Metabolic Disease Centers or Medical Directors of Inborn Metabolic Disease Centers)
HYDRATION, THERAPEUTIC, PROPHYLACTIC, DIAGNOSTIC INJECTIONS and INFUSIONS, and CHEMOTHERAPY and OTHER HIGHLY COMPLEX DRUG or HIGHLY COMPLEX BIOLOGIC AGENT ADMINISTRATION

HYDRATION

96360  Intravenous infusion, hydration; initial, 31 minutes to 1 hour
(Do not report 96360 if performed as a concurrent infusion service)
(Do not report intravenous infusion for hydration of 30 minutes or less)

96361  each additional hour
(List separately in addition to primary procedure)
(Use 96361 in conjunction with 96360)
(Report 96361 for hydration infusion intervals of greater than 30 minutes beyond 1 hour increments)
(Report 96361 to identify hydration if provided as a secondary or subsequent service after a different initial service [96360, 96409, 96413] is administered through the same IV access)

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

96365  Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour

96366  each additional hour
(List separately in addition to primary procedure)
(Report 96366 in conjunction with 96365, 96367)
(Report 96366 for additional hour(s) of sequential infusion)
(Report 96366 for infusion intervals of greater than 30 minutes beyond 1 hour increments)

96367  additional sequential infusion of a new drug/substance, up to 1 hour
(List separately in addition to primary procedure)

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

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

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

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

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

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

96420  Chemotherapy administration, intra-arterial; push technique
96422  infusion technique, up to 1 hour
96423 infusion technique, each additional hour
(List separately in addition to primary procedure)
(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

**OTHER INJECTION AND INFUSION SERVICES**

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

**CHEMOTHERAPY DRUGS**

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

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

Reimbursement for drugs furnished by providers to their patients is based on the acquisition
cost to the provider of the drug dose administered to the patient. For all drugs furnished in
this fashion it is expected that the provider will maintain auditable records of the actual
itemized invoice cost of the drug, including the numbers of doses of the drug represented on
the invoice. New York State Medicaid does not intend to pay more than the acquisition cost of
the drug dosage, as established by invoice, to the provider. Regardless of whether an invoice
must be submitted to Medicaid for payment, the provider is expected to limit his or her
Medicaid claim amount to the actual invoice cost of the drug dosage administered.

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

J9000  Doxorubicin HCl (Adriamycin), 10 mg
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
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<th>Code</th>
<th>Description</th>
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<tr>
<td>J9031</td>
<td>BCG live (Intravesical), per installation</td>
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<td>J9033</td>
<td>Bendamustine HCL, 1 mg</td>
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<td>J9035</td>
<td>Bevacizumab, 10 mg</td>
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<tr>
<td>J9040</td>
<td>Bleomycin sulfate (Lenoxane), 15 units</td>
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<tr>
<td>J9041</td>
<td>Bortezomib, 0.1 mg</td>
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<td>J9042</td>
<td>Injection, brentuximab vedotin, 1 mg</td>
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<tr>
<td>J9043</td>
<td>Cabazitaxel, 1 mg</td>
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<tr>
<td>J9045</td>
<td>Carboplatin, 50 mg</td>
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<tr>
<td>J9047</td>
<td>Carfilzomib, 1 mg</td>
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<tr>
<td>J9050</td>
<td>Carmustine, 100 mg</td>
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<tr>
<td>J9055</td>
<td>Cetuximab, 10 mg</td>
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<tr>
<td>J9060</td>
<td>Cisplatin, powder or solution, per 10 mg</td>
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<tr>
<td>J9065</td>
<td>Cladribine, per 1 mg</td>
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<tr>
<td>J9070</td>
<td>Cyclophosphamide, 100 mg</td>
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<tr>
<td>J9098</td>
<td>Cytarabine liposome, 10 mg</td>
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<td>J9120</td>
<td>Dactinomycin (Cosmegen), 0.5 mg</td>
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<td>J9130</td>
<td>Dacarbazine, 100 mg</td>
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<td>J9150</td>
<td>Daunorubicin HCl, 10 mg</td>
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<td>J9151</td>
<td>Daunorubicin citrate, liposomal formulation, 10 mg</td>
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<td>J9155</td>
<td>Degarelix, 1 mg</td>
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<td>J9160</td>
<td>Denileukin diftitox, 300 mcg</td>
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<td>J9165</td>
<td>Diethylstilbestrol diphosphate, 250 mg</td>
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<td>J9171</td>
<td>Docetaxel, 1 mg</td>
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<td>J9175</td>
<td>Eliotts' B solution, 1 ml</td>
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<td>J9178</td>
<td>Epirubicin HCl, 2 mg</td>
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<td>Eribulin mesylate, 0.1 mg</td>
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<td>J9181</td>
<td>Etoposide, 10 mg</td>
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<td>J9182</td>
<td>Etoposide, 100 mg</td>
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<td>J9185</td>
<td>Fludarabine phosphate, 50 mg</td>
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<td>Fluorouracil, 500 mg</td>
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<td>Floxuridine (FUDR), 500 mg</td>
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<td>J9201</td>
<td>Gemcitabine HCl, 200 mg</td>
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<td>J9202</td>
<td>Goserelin acetate implant per 3.6 mg</td>
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<td>J9206</td>
<td>Irinotecan, 20 mg</td>
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<td>J9207</td>
<td>Ixabepilone, 1 mg</td>
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<td>J9208</td>
<td>Ifosfomide, 1 g</td>
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<td>J9209</td>
<td>Mesna, 200 mg</td>
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<td>J9211</td>
<td>Idarubicin HCl, 5 mg</td>
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<tr>
<td>J9212</td>
<td>Interferon alfacon-1, recombinant, 1 mcg</td>
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<tr>
<td>J9213</td>
<td>Interferon, alfa-2A, recombinant, 3 million units</td>
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<tr>
<td>J9214</td>
<td>Interferon, alfa-2B, recombinant, 1 million units</td>
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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 <strong>(Report required)</strong></td>
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<tr>
<td>J9217</td>
<td>Leuprolide acetate (for depot suspension), 7.5 mg</td>
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<tr>
<td>J9218</td>
<td>Leuprolide acetate, per 1 mg</td>
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</tbody>
</table>
J9219^  Leuprolide acetate implant, 65 mg
J9225  Histrelin implant (Vantas), 50 mg
J9228  Iplilimumab, 1 mg
J9230  Mechlorethamine HCl, (Nitrogen Mustard), 10 mg
J9245  Melphalan HCl, 50 mg
J9250  Methotrexate sodium, 5 mg
J9260  Methotrexate sodium, 50 mg
J9261  Nelarabine, 50 mg
J9262  Omacetaxine mepesuccinate, 0.01 mg
J9263  Oxaliplatin (Eloxatin), 0.5 mg
J9264  Paclitaxel protein-bound particles, 1 mg
J9265  Paclitaxel, 30 mg
J9266  Pegaspargase, per single dose vial
J9268  Pentostatin, per 10 mg
J9270  Plicamycin, 2.5 mg
J9280  Mitomycin, 5 mg
J9293  Mitoxantrone HCl, per 5 mg
J9300  Gemtuzumab ozogamicin, 5 mg
J9302  Ofatumumab, 10 mg
J9303  Panitumumab, 10 mg
J9305  Pemetrexed, 10 mg
J9306  Pertuzumab (Perjeta) 1 mg (Report required)
J9307  Pralatrexate, 1 mg
J9310  Rituximab, 100 mg
J9315  Topotecan, 0.1 mg
J9320  Streptozocin, 1 g
J9328  Temozolomide, 1 mg
J9330  Temsirolimus, 1 mg
J9340  Thiotepea, 15 mg
J9351  Topotecan, 0.1 mg
J9354  Ado-trastuzuman emtansine (Kadcyla) 1 mg (Report required)
J9355  Trastuzumab, 10 mg
J9357  Valrubicin, intravesical, 200 mg
J9360  Vinblastine sulfate, 1 mg
J9370  Vinorelbine tartrate, 10 mg
J9390  Fulvestrant, 25 mg
J9400  Ziv-aflibercept (Zaltrap), 1 mg (Report required)
J9600  Porfimer sodium, 75 mg
J9999  Not Otherwise Classified, Antineoplastic Drugs
Q2017  Teniposide, 50 mg
Q2050  Doxorubicin hydrochloride, liposomal, not otherwise specified, 10 mg
GASTROENTEROLOGY

91010 | Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report;
91013 | with stimulation or perfusion (eg, stimulant, acid or alkali perfusion)
         | (List separately in addition to primary procedure)
91020 | Gastric motility (manometric) studies
91022 | Duodenal motility (manometric) study
91030 | Esophagus, acid perfusion (Bernstein) test for esophagitis
91034 | Esophagus, gastroesophageal reflux test; with nasal catheter pH electrode(s) placement, recording, analysis and interpretation
91035 | Esophagus, gastroesophageal reflux test; with mucosal attached telemetry pH electrode placement, recording, analysis and interpretation
         | (91034, 91035 are for patients with esophageal reflux who have already undergone endoscopy and manometry/motility studies, or for those patients who are unable to undergo conventional tests or in whom conventional tests have proven inconclusive. These test are not covered for screening for Barrett's Esophagus)
91037 | Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation;
91038 | prolonged (greater than 1 hour, up to 24 hours)
91040 | Esophageal balloon distension provocation study
91065 | Breath hydrogen or methane test (eg, for detection of lactase deficiency, fructose intolerance, bacterial overgrowth, or oro-cecal gastrointestinal transit)
91110 | Gastrointestinal track imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with physician interpretation and report
91120 | Rectal sensation, tone, and compliance test (ie., response to graded balloon distention)
91122 | Anorectal manometry

OPHTHALMOLOGY

GENERAL OPHTHALMOLOGICAL SERVICES

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

SPECIAL OPHTHALMOLOGICAL SERVICES
<table>
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<th>Code</th>
<th>Procedure Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>92020</td>
<td>Gonioscopy (separate procedure)</td>
</tr>
<tr>
<td>92025</td>
<td>Computerized corneal topography, unilateral or bilateral, with interpretation and report (Do not report 92025 in conjunction with 65710-65771)</td>
</tr>
<tr>
<td>92060</td>
<td>Sensorimotor examination with multiple measurements of ocular deviation (eg, restrictive or paretic muscle with diplopia) with interpretation and report (separate procedure)</td>
</tr>
<tr>
<td>92081</td>
<td>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)</td>
</tr>
<tr>
<td>92082</td>
<td>intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)</td>
</tr>
<tr>
<td>92083</td>
<td>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)</td>
</tr>
<tr>
<td></td>
<td>(Gross visual field testing (eg, confrontation testing) is a part of general ophthalmological services and is not reported separately.)</td>
</tr>
<tr>
<td>92132</td>
<td>Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral</td>
</tr>
<tr>
<td>92133</td>
<td>Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve</td>
</tr>
<tr>
<td>92136</td>
<td>Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation (one or both eyes)</td>
</tr>
<tr>
<td>92140</td>
<td>Provocative tests for glaucoma, with interpretation and report, without tonography (one or both eyes)</td>
</tr>
</tbody>
</table>

**OPHTHALMOSCOPY**

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Procedure Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>92225</td>
<td>Ophthalmoscopy, extended, with retinal drawing, (eg, for retinal detachment, melanoma), with interpretation and report; initial</td>
</tr>
<tr>
<td>92226</td>
<td>subsequent</td>
</tr>
<tr>
<td>92230</td>
<td>Fluorescein angioscopy with interpretation and report</td>
</tr>
<tr>
<td>92235</td>
<td>Fluorescein angiography (includes multiframe imaging) with interpretation and report</td>
</tr>
<tr>
<td>92240</td>
<td>Indocyanine-green angiography (includes multiframe imaging) with interpretation and report</td>
</tr>
<tr>
<td>92250</td>
<td>Fundus photography with interpretation and report (one or both eyes)</td>
</tr>
<tr>
<td>92260</td>
<td>Ophthalmodynamometry (one or both eyes)</td>
</tr>
</tbody>
</table>
MISCELLANEOUS SPECIALIZED SERVICES

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

OTORHINOLARYNGOLOGIC & VESTIBULAR SERVICES

92533 Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes four tests)
92540 Basic vestibular evaluation, includes spontaneous nystagmus test with eccentric gaze fixation nystagmus, with recording, positional nystagmus test, minimum of 4 positions, with recording, optokinetic nystagmus test, bidirectional foveal and peripheral stimulation, with recording, and oscillating tracking test, with recording
92541 Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording
92542 Positional nystagmus test, minimum of 4 positions, with recording
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

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

CARDIOVASCULAR
CARDIOGRAPHY

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

93279 Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system
(Do not report 93279 in conjunction with 93288)

93280 dual lead pacemaker system
(Do not report 93280 in conjunction with 93288)

93281 multiple lead pacemaker system
(Do not report 93281 in conjunction with 93288)

93282 single lead implantable cardioverter-defibrillator system
(Do not report 93282 in conjunction with 93289)

93283 dual lead implantable cardioverter-defibrillator system
(Do not report 93283 in conjunction with 93289)

93284 multiple lead implantable cardioverter-defibrillator system
(Do not report 93284 in conjunction with 93289)

93285 implantable loop recorder system
(Do not report 93285 in conjunction with 93279-93284, 93291)

93288 Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system
(Do not report 93288, in conjunction with 93279-93281, 93294)

93289 single, dual, or multiple lead implantable cardioverter-defibrillator system, including analysis of heart rhythm derived data elements
(For monitoring physiologic cardiovascular data elements derived from an ICD, use 93290)
(Do not report 93289, in conjunction with 93282-93284, 93295)

93290 implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors
(For heart rhythm derived data elements, use 93289)
(Do not report 93290 in conjunction with 93297)

93291 implantable loop recorder system, including heart rhythm derived data analysis
(Do not report 93291 in conjunction with 93288-93290, 93298)

93292 wearable defibrillator system
93293  Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days
(Do not report 93293 in conjunction with 93294)
(Report 93293 only once per 90 days)

93294  Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional
(Do not report 93294 in conjunction with 93288, 93293)
(Report 93294 only once per 90 days)

93295  single, dual, or multiple lead implantable cardioverter-defibrillator system with analysis, review(s) and report(s) by a physician or other qualified health care professional
(Do not report 93295 in conjunction with 93289)
(Report 93295 only once per 90 days)

93297  Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified
(Do not report 93297 in conjunction with 93290, 93298)
(Report 93297 only once per 30 days)

93298  implantable loop recorder system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional
(Do not report 93298 in conjunction with 93291, 93297)
(Report 93298 only once per 90 days)

**ECHOCARDIOGRAPHY**

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

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

93303  Transthoracic echocardiography for congenital cardiac anomalies; complete
93304  follow-up or limited study
93306  Echocardiography, transthoracic, real-time with image documentation (2d), includes m-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography
93307  Echocardiography, transthoracic, real-time with image documentation (2D), includes
M-mode recording, when performed, complete, without spectral or color Doppler echocardiography

93308 Follow-up or limited study

93312 Echocardiography, transeosophageal, 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, transeosophageal (TEE) for monitoring purposes, including probe placement, real-time 2-dimensional image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis

93320 Doppler echocardiography, pulsed wave and/or continuous wave with spectral display; complete

93321 Follow-up or limited study

(Use 93320, 93321 separately in addition to codes for echocardiographic imaging 93303, 93304, 93307, 93308, 93312, 93314, 93315, 93317, 93350)

93325 Doppler echocardiography color flow velocity mapping

(List separately in addition to codes for echocardiography)

93350 Echocardiography, transthoracic, real-time with image documentation (2D, with or without M-mode recording), during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report

(The appropriate stress test code from the 93015-93017 series should be reported in addition to 93350 to capture the exercise stress portion of the study.)

93351 Including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional

(Do not report 93351 in conjunction with 93015-93017, 93350)

**MISCELLANEOUS VASCULAR STUDIES**

93561 Indicator dilution studies such as dye or thermodilution, including arterial and/or venous catheterization; with cardiac output measurement (separate procedure)

93562 Subsequent measurement of cardiac output

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

93701 Bioimpedance-derived physiologic cardiovascular analysis

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

93740 Temperature gradient studies
93750  Interrogation of ventricular assist device (vad), in person, with physician or other qualified health care professional analysis of device parameters (eg, drivelines, alarms, power surges), review of device function (eg, flow and volume status, septum status, recovery), with programming, if performed, and

93770  Determination of venous pressure

93780  Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning analysis; interpretation and report

93786  recording only

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

93798  with continuous ECG monitoring (per session)

NON-INVASIVE VASCULAR DIAGNOSTIC STUDIES

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

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

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

CEREBROVASCULAR ARTERIAL STUDIES

93880  Duplex scan of extracranial arteries; complete bilateral study

93882  unilateral or limited study

93886  Transcranial Doppler study of the intracranial arteries; complete study

93888  limited study

93890  vasoreactivity study

93892  emboli detection without intravenous microbubble injection

93893  emboli detection with intravenous microbubble injection

93998  Unlisted noninvasive vascular diagnostic study
EXTREMITY ARTERIAL STUDIES (INCLUDING DIGITS)

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

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

93924 Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, (ie, bidirectional Doppler waveform or volume plethysmography recording and analysis at rest with ankle/brachial indices immediately after and at timed intervals following performance of a standardized protocol on a motorized treadmill plus recording of time of onset of claudication or other symptoms, maximal walking time, and time to recovery) complete bilateral study
(Do not report 93924 in conjunction with 93922, 93923)

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

93926 unilateral or limited study

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

93931 unilateral or limited study

EXTREMITY VENOUS STUDIES (INCLUDING DIGITS)

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**

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
94011  Measurement of spirometric forced expiratory flows in an infant or child through 2 years of age
94012  Measurement of spirometric forced expiratory flows, before and after bronchodilator, in an infant or child through 2 years of age
94013  Measurement of lung volumes (ie, functional residual capacity [FRC], forced vital capacity [FVC], and expiratory reserve volume [ERV] in an infant or child through 2 years of age
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 review and interpretation by a physician or other qualified health care professional
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
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
94250  Expired gas collection, quantitative, single procedure (separate procedure)
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)
94726  Plethysmography for determination of lung volumes and, when performed, airway resistance
         (Do not report 94726 in conjunction with 94727, 94728)
94727  Gas dilution or washout for determination of lung volumes and, when performed, distribution of ventilation and closing volumes
         (Do not report 94727 in conjunction with 94726)
94728  Airway resistance by impulse oscillometry
         (Do not report 94728 in conjunction with 94010, 94060, 94070, 94375, 94726)
94729  Diffusing capacity (eg, carbon monoxide, membrane)
         (List separately in addition to primary procedure)
         (Report 94729 in conjunction with 94010, 94060, 94070, 94375, 94726-94728)
94750  Pulmonary compliance study (eg, plethysmography, volume and pressure measurements)
94770  Carbon dioxide, expired gas determination by infrared analyzer

ALLERGY AND CLINICAL IMMUNOLOGY

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

95004 Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests (Note: Must bill with paper claim on tests over 60. Report total number of tests on your documentation. Calculate total amount due as follows: full fee listed in Fee Schedule for each test up to 60 tests and 50% of the fee listed for each test over 60 tests).

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

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

95060 Ophthalmic mucous membrane tests

95065 Direct nasal mucous membrane test

ALLERGEN IMMUNOTHERAPY

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

SENSITIVITY TESTING

86485 Skin test; candida

86486 unlisted antigen, each

86490 coccidioidomycosis

86510 histoplasmosis

86580 tuberculosis, intradermal

NEUROLOGY AND NEUROMUSCULAR PROCEDURES

ROUTINE ELECTROENCEPHALOGRAPHY (EEG)

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

95812 Electroencephalogram (EEG) extended monitoring; 41-60 minutes

95813 greater than 1 hour

95816 Electroencephalogram (EEG); including recording awake and drowsy

95819 including recording awake and asleep

95822 recording in coma or sleep only

95827 all night recording

95830 Insertion by physician or other qualified health care professional of sphenoidal electrodes for electroencephalographic (eeg) recording
NERVE CONDUCTION TESTS

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

MUSCLE AND RANGE OF MOTION TESTING

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

95887  Needle electromyography, non-extremity (cranial nerve supplied or axial) muscle(s)
done with nerve conduction, amplitude and latency/velocity study
(List separately in addition to primary procedure)

NERVE CONDUCTION TESTS

NERVE CONDUCTION TESTS

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

AUTONOMIC FUNCTION TESTS

95921  Testing of autonomic nervous system function; cardiovagal innervation
(parasympathetic function), including two or more of the following: heart rate
response to deep breathing with recorded R-R interval Valsalva ratio, and 30:15
ratio

95922  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

EVOKE POTENTIALS AND REFLEX TESTS

95925  Short-latency somatosensory evoked potential study, stimulation of any/all
peripheral nerves or skin sites, recording from the central nervous system; in upper
limbs

95926  in lower limbs

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

95931  Orbicularis oculi (blink) reflex, by electrodiagnostic testing

95932  Neuromuscular junction testing (repetitive stimulation, paired stimuli), each nerve,
any one method
SPECIAL EEG TESTS

95950  Monitoring for identification and lateralization of cerebral seizure focus, electroencephalographic (eg, 8 channel EEG) recording and interpretation, each 24 hours

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

NEUROSTIMULATORS, ANALYSIS-PROGRAMMING

95980  Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; intraoperative, with programming

95981  subsequent, without reprogramming

95982  subsequent, with reprogramming

OTHER PROCEDURES

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

MOTION ANALYSIS

96002  Dynamic surface electromyography, during walking or other functional activities, 1-12 muscles

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

FUNCTIONAL BRAIN MAPPING

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

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

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

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

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

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

MISCELLANEOUS ORDERED AMBULATORY SERVICES

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

REHABILITATION SERVICES

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

SPEECH LANGUAGE PATHOLOGY

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

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

USE OF THE OPERATING ROOM

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