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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

-UD  340B Purchased Drug: Drugs purchased through the 340B Program.
### 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; unilateral</td>
</tr>
<tr>
<td>70330</td>
<td>bilateral</td>
</tr>
<tr>
<td>70332</td>
<td>Temporomandibular joint arthrography; radiological supervision and interpretation</td>
</tr>
<tr>
<td></td>
<td>(Do not report 70332 in conjunction with 77002)</td>
</tr>
<tr>
<td>70336</td>
<td>Magnetic resonance (eg, proton) imaging, temporomandibular joint</td>
</tr>
<tr>
<td>70350</td>
<td>Cephalogram, orthodontic</td>
</tr>
<tr>
<td>70355</td>
<td>Orthopantogram (eg, panoramic x-ray)</td>
</tr>
<tr>
<td>70360</td>
<td>Radiologic examination; neck, soft tissue</td>
</tr>
<tr>
<td>70370</td>
<td>pharynx or larynx, including fluoroscopy and/or magnification technique</td>
</tr>
<tr>
<td>70371</td>
<td>Complex dynamic pharyngeal and speech evaluation by cine or video recording</td>
</tr>
<tr>
<td>70373</td>
<td>Laryngography, contrast; radiological supervision and interpretation</td>
</tr>
</tbody>
</table>
70380  Radiologic examination, salivary gland for calculus
70390  Sialography; radiological supervision and interpretation
70450  Computed tomography, head or brain; without contrast material
70460  with contrast material(s)
70470  without contrast material, followed by contrast material(s) and further sections
70480  Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material
70481  with contrast material(s)
70482  without contrast material, followed by contrast material(s) and further sections
70486  Computed tomography, maxillofacial area; without contrast material
70487  with contrast material(s)
70488  without contrast material, followed by contrast material(s) and further sections
70490  Computed tomography, soft tissue neck; without contrast material
70491  with contrast material(s)
70492  without contrast material, followed by contrast material(s) and further sections
70496  Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing
70498  Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing
70540  Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)
70542  with contrast material
70543  without contrast material(s), followed by contrast material(s) and further sequences
(Report 70540-70543 once per imaging session)
70544  Magnetic resonance angiography, head; without contrast material(s)
70545  with contrast material(s)
70546  without contrast material(s), followed by contrast material(s) and further sequences
70547  Magnetic resonance angiography, neck; without contrast material(s)
70548  with contrast material
70549  without contrast material(s), followed by contrast material(s) and further sequences
70551  Magnetic resonance (eg, proton) imaging, brain, (including brain stem); without contrast material
70552  with contrast material(s)
70553  without contrast material, followed by contrast material(s) and further sequences
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 tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing  
71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)  
71551 with contrast material(s)  
71552 without contrast material(s), followed by contrast material(s) and further sequences  
71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>72010</td>
<td>Radiologic examination, spine, entire, survey study, anteroposterior and lateral</td>
</tr>
<tr>
<td>72020</td>
<td>Radiologic examination, spine, single view, specify level</td>
</tr>
<tr>
<td>72040</td>
<td>Radiologic examination, spine, cervical; 2 or 3 views</td>
</tr>
<tr>
<td>72050</td>
<td>4 or 5 views</td>
</tr>
<tr>
<td>72052</td>
<td>6 or more views</td>
</tr>
<tr>
<td>72069</td>
<td>Radiologic examination, spine, thoracolumbar, standing (scoliosis)</td>
</tr>
<tr>
<td>72070</td>
<td>Radiologic examination, spine; thoracic, 2 views</td>
</tr>
<tr>
<td>72072</td>
<td>thoracic, 3 views</td>
</tr>
<tr>
<td>72074</td>
<td>thoracic, minimum of 4 views</td>
</tr>
<tr>
<td>72080</td>
<td>thoracolumbar, 2 views</td>
</tr>
<tr>
<td>72090</td>
<td>scoliosis study, including supine and erect studies</td>
</tr>
<tr>
<td>72100</td>
<td>Radiologic examination, spine, lumbosacral; 2 or 3 views</td>
</tr>
<tr>
<td>72110</td>
<td>minimum of 4 views</td>
</tr>
<tr>
<td>72114</td>
<td>complete, including bending views, minimum of 6 views</td>
</tr>
<tr>
<td>72120</td>
<td>bending views only, 2 or 3 views</td>
</tr>
<tr>
<td>72125</td>
<td>Computed tomography, cervical spine; without contrast material</td>
</tr>
<tr>
<td>72126</td>
<td>with contrast material(s)</td>
</tr>
<tr>
<td>72127</td>
<td>without contrast material, followed by contrast material(s) and further sections</td>
</tr>
<tr>
<td>72128</td>
<td>Computed tomography, thoracic spine; without contrast material</td>
</tr>
<tr>
<td>72129</td>
<td>with contrast material(s)</td>
</tr>
<tr>
<td>72130</td>
<td>without contrast material, followed by contrast material(s) and further sections</td>
</tr>
<tr>
<td>72131</td>
<td>Computed tomography, lumbar spine; without contrast material</td>
</tr>
<tr>
<td>72132</td>
<td>with contrast material(s)</td>
</tr>
<tr>
<td>72133</td>
<td>without contrast material, followed by contrast material(s) and further sections</td>
</tr>
<tr>
<td>72141</td>
<td>Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material</td>
</tr>
<tr>
<td>72142</td>
<td>with contrast material(s)</td>
</tr>
<tr>
<td>72146</td>
<td>Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material</td>
</tr>
<tr>
<td>72147</td>
<td>with contrast material(s)</td>
</tr>
<tr>
<td>72148</td>
<td>Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material</td>
</tr>
<tr>
<td>72149</td>
<td>with contrast material(s)</td>
</tr>
<tr>
<td>72156</td>
<td>Magnetic resonance (eg, proton) imaging, spinal canal and contents without contrast material, followed by contrast material(s) and further sequences; cervical</td>
</tr>
<tr>
<td>72157</td>
<td>thoracic</td>
</tr>
<tr>
<td>72158</td>
<td>lumbar</td>
</tr>
<tr>
<td>72159</td>
<td>Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)</td>
</tr>
<tr>
<td>72170</td>
<td>Radiologic examination, pelvis; 1 or 2 views</td>
</tr>
</tbody>
</table>
72190  complete, minimum of 3 views
72191  Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing (Do not report 72191 in conjunction with 73706 or 75635. For CTA aorto-iliofemoral runoff, use 75635) (Do not report 72191 in conjunction with 74175. For a combined computed tomographic angiography abdomen and pelvis study, use 74174)
72192  Computed tomography, pelvis; without contrast material
72193  with contrast material(s)
72194  without contrast material, followed by contrast material(s) and further sections
72195  Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)
72196  with contrast material(s)
72197  without contrast material(s), followed by contrast material(s) and further sequences
72198  Magnetic resonance angiography, pelvis, with or without contrast material(s)
72200  Radiologic examination, sacroiliac joints; less than 3 views
72202  3 or more views
72220  Radiologic examination, sacrum and coccyx, minimum of 2 views
UPPER EXTREMITIES

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

73500  Radiologic examination, hip; unilateral, 1 view
73510  complete, minimum of 2 views
73520  Radiologic examination, hips, bilateral, minimum of 2 views of each hip, including anteroposterior view of pelvis

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 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 sections</td>
</tr>
<tr>
<td>74174</td>
<td>Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing</td>
</tr>
<tr>
<td></td>
<td>(Do not report 74174 in conjunction with 72191, 73706, 74175, 75635, 76376, 76377)</td>
</tr>
<tr>
<td>74175</td>
<td>Computed tomographic angiography, abdomen, with contrast material(s), 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-iliofemoral runoff, use 75635)</td>
</tr>
<tr>
<td></td>
<td>(Do not report 74175 in conjunction with 72191. For a combined computed 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 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 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 sequences</td>
</tr>
<tr>
<td>74185</td>
<td>Magnetic resonance angiography, abdomen, with or without contrast material(s)</td>
</tr>
<tr>
<td>74190</td>
<td>Peritoneogram (eg, after injection of air or contrast), radiological supervision and interpretation</td>
</tr>
</tbody>
</table>
**GASTROINTESTINAL TRACT**

74210 Radiologic examination; pharynx and/or cervical esophagus
74220 esophagus
74230 Swallowing function, with cineradiography/videoradiography
74235 Removal of foreign body(s), esophageal, with use of balloon catheter, radiological supervision and interpretation
74240 Radiologic examination, gastrointestinal tract, upper; with or without delayed films, without KUB
74241 with or without delayed films, with KUB
74245 with small intestine, includes multiple serial films
74246 Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed films, without KUB
74247 with or without delayed films, with KUB
74249 with small intestine follow-through
74250 Radiologic examination, small intestine, includes multiple serial films; via enteroclysis tube
74260 Duodenography, hypotonic
74270 Radiologic examination, colon; contrast (eg, barium) enema, with or without KUB
74273 air contrast with specific high density barium, with or without glucagon
74280 Therapeutic enema, contrast or air, for reduction of intussusception or other intraluminal obstruction (eg, meconium ileus)
74290 Cholecystography, oral contrast;
74305 Cholangiography and/or pancreatography; through existing catheter, radiological supervision and interpretation
74320 Cholangiography, percutaneous, transhepatic, radiological supervision and interpretation
74327 Postoperative biliary duct calculus removal, percutaneous via T tube tract, basket, or snare (eg, Burhenne technique), radiological supervision and interpretation
74328 Endoscopic catheterization of the biliary ductal system, radiological supervision and interpretation
74329 Endoscopic catheterization of the pancreatic ductal system, radiological supervision and interpretation
74330 Combined endoscopic catheterization of the biliary and pancreatic ductal systems, radiological supervision and interpretation
74340 Introduction of long gastrointestinal tube (eg, Miller-Abbott), including multiple fluoroscopies and films, radiological supervision and interpretation
74355 Percutaneous placement of enteroclysis tube, radiological supervision and interpretation
74360 Intraluminal dilation of strictures and/or obstructions (eg, esophagus), radiological supervision and interpretation
74363 Percutaneous transhepatic dilation of biliary duct stricture with or without placement of stent, radiological supervision and interpretation
Ordered Ambulatory Procedure Codes

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;
75563  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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>75600</td>
<td>Aortography, thoracic, without serialography, radiological supervision and interpretation</td>
</tr>
<tr>
<td>75605</td>
<td>Aortography, thoracic, by serialography, radiological supervision and interpretation</td>
</tr>
<tr>
<td>75625</td>
<td>Aortography, abdominal, by serialography, radiological supervision and interpretation</td>
</tr>
<tr>
<td>75630</td>
<td>Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography, radiological supervision and interpretation</td>
</tr>
</tbody>
</table>
| 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) |
| 75638 | 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
75807  Lymphangiography, pelvic/abdominal, bilateral, radiological supervision and interpretation
75820  Venography, extremity, unilateral, radiological supervision and interpretation
75822  Venography, extremity, bilateral, radiological supervision and interpretation
75825  Venography, caval, inferior, with serialography, radiological supervision and interpretation
75827  Venography, caval, superior, with serialography, radiological supervision and interpretation
75831  Venography, renal, unilateral, selective, radiological supervision and interpretation
75833  Venography, renal, bilateral, selective, radiological supervision and interpretation
75840  Venography, adrenal, unilateral, selective, radiological supervision and interpretation
75842  Venography, adrenal, bilateral, selective, radiological supervision and interpretation
75860  Venography, venous sinus (eg, petrosal and inferior sagittal) or jugular, catheter, radiological supervision and interpretation
75870  Venography, superior sagittal sinus, radiological supervision and interpretation
75872  Venography, epidural, radiological supervision and interpretation
75880  Venography, orbital, radiological supervision and interpretation
75885  Percutaneous transhepatic portography with hemodynamic evaluation, radiological supervision and interpretation
75887  Percutaneous transhepatic portography without hemodynamic evaluation, radiological supervision and interpretation

TRANSCATHETER THERAPY AND BIOPSY

75894  Transcatheter therapy, embolization, any method, radiological supervision and interpretation
75945  Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; initial vessel
75946   each additional vessel
75984  Change of percutaneous tube or drainage catheter with contrast monitoring (eg, genitourinary system, abscess), radiological supervision and interpretation
75989  Radiological guidance (ie, fluoroscopy, ultrasound, or computed tomography) for percutaneous drainage (eg, abscess, specimen collection), with placement of catheter, radiological supervision and interpretation
MISCELLANEOUS PROCEDURES

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

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

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

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

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, 74175, 74185, 75635, 76376, 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

S8032  Low-dose computer tomography for lung cancer screening
**DIAGNOSTIC ULTRASOUND**

**Definitions:**

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

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

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

**Real-time scan:** Implies a two-dimensional ultrasonic scanning procedure with display of both two-dimensional structure and motion with time.

**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

76641 Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete

76642 limited

**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

PELVIS

OBSTETRICAL

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

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

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

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

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

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

Code 76817 describes a transvaginal obstetric ultrasound performed separately or in addition to one of the transabdominal examinations described above. For the transvaginal examinations performed for non-obstetrical purposes, use code 76830.
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>76801</td>
<td>Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (&lt; 14 weeks 0 days), transabdominal approach; (complete fetal and maternal evaluation), single or first gestation</td>
</tr>
<tr>
<td>76802</td>
<td>each additional gestation (List separately in addition to primary procedure)</td>
</tr>
<tr>
<td>76805</td>
<td>Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (&gt; or = 14 weeks 0 days), transabdominal approach (complete fetal and maternal evaluation); single of first gestation</td>
</tr>
<tr>
<td>76810</td>
<td>each additional gestation (List separately in addition to primary procedure) (Use 76810 in conjunction with 76805)</td>
</tr>
<tr>
<td>76811</td>
<td>Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; single or first gestation</td>
</tr>
<tr>
<td>76812</td>
<td>each additional gestation (List separately in addition to primary procedure) (Use 76812 in conjunction with 76811)</td>
</tr>
<tr>
<td>76813</td>
<td>Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; single or first gestation</td>
</tr>
<tr>
<td>76814</td>
<td>each additional gestation (List separately in addition to primary procedure)</td>
</tr>
<tr>
<td>76815</td>
<td>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)</td>
</tr>
<tr>
<td>76816</td>
<td>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</td>
</tr>
<tr>
<td>76817</td>
<td>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)</td>
</tr>
<tr>
<td>76818</td>
<td>Fetal biophysical profile; with non-stress testing</td>
</tr>
<tr>
<td>76819</td>
<td>without non-stress testing</td>
</tr>
<tr>
<td>76820</td>
<td>Doppler velocimetry, fetal; umbilical artery (Billable with a diagnosis of polyhydramnios, oligohydramnios, placental transfusion syndromes or poor fetal growth)</td>
</tr>
<tr>
<td>76821</td>
<td>middle cerebral artery</td>
</tr>
</tbody>
</table>
(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; follow-up or repeat study
76826 Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; complete; 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 Ultrasonic guidance for pericardiocentesis, imaging supervision and interpretation
76932 Ultrasonic guidance for endomyocardial biopsy, imaging supervision and interpretation supervision and interpretation
76937 Ultrasonic guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting
   (List separately in addition to primary procedure)
   (Do not use 76937 in conjunction with 76942)
76940 Ultrasound guidance for, and monitoring of, parenchymal tissue ablation
76941 Ultrasonic guidance for intrauterine fetal transfusion or cordocentesis, imaging supervision and interpretation
76942 Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation
   (Do not report 76942 in conjunction with 76975)
76945 Ultrasonic guidance for chorionic villus sampling, imaging supervision and interpretation
76946 Ultrasonic guidance for amniocentesis, imaging supervision and interpretation
76965 Ultrasonic guidance for interstitial radioelement application
76975 Gastrointestinal endoscopic ultrasound, supervision and interpretation
76977 Ultrasound bone density measurement and interpretation, peripheral site(s), any method

MISCELLANEOUS ULTRASONIC PROCEDURE

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

FLUOROSCOPIC GUIDANCE

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

77002 Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device)
(77002 includes all radiographic arthrography with the exception of supervision and interpretation for CT and MR arthrography)
(Do not report 77002 in addition to 70332, 73040, 73085, 73115, 73525, 73580, 73615)
(77002 is included in the organ/anatomic specific radiological supervision and interpretation procedures 74320, 74350, 74355, 74445, 75885, 75887, 75989)

77003 Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinal diagnostic or therapeutic injection procedures (epidural 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 2-d digital image, bilateral, all views

G0206  Diagnostic mammography, producing direct 2-d digital image, 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.)

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

77295  3-dimensional radiotherapy plan, including dose-volume histograms

77300  Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose as required during course of treatment, only when prescribed by the treating physician

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

77306  Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)

77307  complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s)

77316  Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)

77317  intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)

77318  complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)

77321  Special teletherapy port plan, particles, hemibody, total body

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

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, per day
77402 Radiation treatment delivery, >1 MeV: simple
77407 intermediate
77412 complex
77417 Therapeutic radiology port film(s)
77385 Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple
77386 complex
77387 Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking, when performed of radiation therapy

RADIATION TREATMENT MANAGEMENT

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

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

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

77427 Radiation treatment management, 5 treatments
77431 Radiation therapy management with complete course of therapy consisting of 1 or 2 fractions only
(77431 is not to be used to fill in the last week of a long course of therapy)
77432 Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)
77435 Stereotactic body radiation therapy, treatment management, per treatment course, to one or more lesions, including image guidance, entire course not to exceed 5 fractions
(Do not report 77435 in conjunction with 77427-77432)
The same physician should not report both stereotactic radiosurgery services [63620, 63621] and radiation treatment management [77435] for extracranial lesions
77470 Special treatment procedure (e.g., 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

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

**NUCLEAR MEDICINE**

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);
78071 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
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>78451</td>
<td>Myocardial perfusion imaging, tomographic (SPECT) (including attenuation</td>
</tr>
<tr>
<td></td>
<td>correction, qualitative or quantitative wall motion, ejection fraction by</td>
</tr>
<tr>
<td></td>
<td>first pass or gated technique, additional quantification, when performed);</td>
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<tr>
<td></td>
<td>single study, at rest or stress (exercise or pharmacologic)</td>
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<tr>
<td>78452</td>
<td>Multiple studies, at rest and/or stress (exercise or pharmacologic) and/or</td>
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<tr>
<td></td>
<td>redistribution and/or rest reinjection</td>
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<tr>
<td>78453</td>
<td>Planar (including qualitative or quantitative wall motion, ejection fraction</td>
</tr>
<tr>
<td></td>
<td>by first pass or gated technique, additional quantification, when performed);</td>
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<tr>
<td></td>
<td>single study, at rest or stress (exercise or pharmacologic)</td>
</tr>
<tr>
<td>78454</td>
<td>Planar (including qualitative or quantitative wall motion, ejection fraction</td>
</tr>
<tr>
<td></td>
<td>by first pass or gated technique, additional quantification, when performer);</td>
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<tr>
<td></td>
<td>multiple studies, at rest and/or stress (exercise or pharmacologic) and/or</td>
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<tr>
<td></td>
<td>redistribution and/or rest reinjection</td>
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<tr>
<td>78456</td>
<td>Acute venous thrombosis imaging, peptide</td>
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<tr>
<td>78457</td>
<td>Venous thrombosis imaging, venogram; unilateral</td>
</tr>
<tr>
<td>78458</td>
<td>bilaterals</td>
</tr>
<tr>
<td>78466</td>
<td>Myocardial imaging, infarct avid, planar; qualitative or quantitative</td>
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<tr>
<td>78468</td>
<td>with ejection fraction by first pass technique</td>
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<tr>
<td>78469</td>
<td>tomographic SPECT with or without quantification</td>
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<tr>
<td>78472</td>
<td>Cardiac blood pool imaging, gated equilibrium; planar, single study at rest</td>
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<tr>
<td></td>
<td>or with stress (exercise and/or pharmacologic), wall motion study plus</td>
</tr>
<tr>
<td></td>
<td>ejection fraction, with or without additional quantitative processing</td>
</tr>
<tr>
<td>78473</td>
<td>multiple studies, wall motion study plus ejection fraction, at rest and</td>
</tr>
<tr>
<td></td>
<td>stress (exercise and/or pharmacologic), with or without additional</td>
</tr>
<tr>
<td></td>
<td>quantification</td>
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<tr>
<td>78481</td>
<td>Cardiac blood pool imaging, (planar), first pass technique; single study,</td>
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<tr>
<td></td>
<td>at rest or with stress (exercise and/or pharmacologic), wall motion study</td>
</tr>
<tr>
<td></td>
<td>plus ejection fraction, with or without quantification</td>
</tr>
<tr>
<td>78483</td>
<td>multiple studies, at rest and with stress (exercise and/or pharmacologic),</td>
</tr>
<tr>
<td></td>
<td>wall motion study plus ejection fraction, with or without quantification</td>
</tr>
<tr>
<td>78494</td>
<td>Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion</td>
</tr>
<tr>
<td></td>
<td>study plus ejection fraction, with or without quantitative processing</td>
</tr>
<tr>
<td>78496</td>
<td>Cardiac blood pool imaging, gated equilibrium, single study, at rest, with</td>
</tr>
<tr>
<td></td>
<td>right ventricular ejection fraction by first pass technique</td>
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<tr>
<td></td>
<td>(Use 78496 in conjunction with 78472)</td>
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<tr>
<td>78499</td>
<td>Unlisted cardiovascular procedure, diagnostic nuclear medicine</td>
</tr>
</tbody>
</table>
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
<table>
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<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>A9507</td>
<td>Indium IN-111 capromab pendetide, diagnostic, per study dose, up to 10 millicuries</td>
</tr>
<tr>
<td>A9508</td>
<td>Iodine I-131 iobenguane sulfate, diagnostic, per 0.5 millicurie</td>
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<tr>
<td>A9509</td>
<td>Iodine I-123 sodium iodide, diagnostic, per millicurie</td>
</tr>
<tr>
<td>A9510</td>
<td>Technetium Tc-99m disofenin, diagnostic, per study dose, up to 15 millicuries</td>
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<td>A9512</td>
<td>Technetium T-99m pertechnetate, diagnostic, per millicurie</td>
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<tr>
<td>A9516</td>
<td>Iodine I-123 sodium iodide, diagnostic, per 100 microcuries, up to 999 microcuries</td>
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<td>A9517</td>
<td>Iodine I-131 sodium iodide capsule(s), therapeutic, per millicurie</td>
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<td>A9520</td>
<td>Technetium Tc-99m tilmanocept, diagnostic, up to 0.5 millicuries</td>
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<tr>
<td>A9524</td>
<td>Iodine I-131 iodinated serum albumin, diagnostic, per 5 microcuries</td>
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<tr>
<td>A9527</td>
<td>Iodine I-125, sodium iodide solution, therapeutic, per millicurie</td>
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<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>
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<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>
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<td>A9532</td>
<td>Iodine I-125 serum albumin, diagnostic, per 5 microcuries</td>
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<td>A9536</td>
<td>Technetium Tc-99m depreotide, diagnostic, per study dose, up to 35 millicuries</td>
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<td>A9537</td>
<td>Technetium Tc-99m mebrofenin, diagnostic, per study dose, up to 15 millicuries</td>
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<td>A9538</td>
<td>Technetium Tc-99m pyrophosphate, diagnostic, per study dose, up to 25 millicuries</td>
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<td>A9539</td>
<td>Technetium Tc-99m pentetate, diagnostic, per study dose, up to 25 millicuries</td>
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<td>A9540</td>
<td>Technetium Tc-99m macroaggregated albumin, diagnostic, per study dose, up to 10 millicuries</td>
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<td>A9541</td>
<td>Technetium Tc-99m sulfur colloid, diagnostic, per study dose, up to 20 millicuries</td>
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<td>A9542</td>
<td>Indium IN-111 ibritumomab tiuxetan, diagnostic, per study dose, up to 5 millicuries</td>
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<td>A9543</td>
<td>Yttrium Y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 millicuries</td>
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<td>A9544</td>
<td>Iodine I-131 tositumomab, diagnostic, per study dose</td>
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<td>A9545</td>
<td>Iodine I-131 tositumomab, therapeutic, per treatment dose</td>
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<td>A9546</td>
<td>Cobalt Co-57/58, cyanocobalamin, diagnostic, per study dose, up to 1 microcurie</td>
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<td>A9547</td>
<td>Indium IN-111 oxyquinoline, diagnostic, per 0.5 millicurie</td>
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<td>A9548</td>
<td>Indium IN-111 pentetate, diagnostic, per 0.5 millicurie</td>
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<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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A9553 Chromium Cr-51 sodium chromate, diagnostic, per study dose, up to 250 microcuries
A9554 Iodine I-125 sodium iothalamate, diagnostic, per study dose, up to 10 microcuries
A9557 Technetium Tc-99m bicisate, diagnostic, per study dose, up to 25 millicuries
A9558 Xenon Xe-133 gas, diagnostic, per 10 millicuries
A9559 Cobalt Co-57 cyanocobalamin, oral, diagnostic, per study dose, up to 1 microcurie
A9560 Technetium Tc-99m labeled red blood cells, diagnostic, per study dose, up to 30 millicuries
A9561 Technetium Tc-99m oxidronate, diagnostic, per study dose, up to 30 millicuries
A9562 Technetium Tc-99m mertiatide, diagnostic, per study dose, up to 15 millicuries
A9563 Sodium phosphate P-32, therapeutic, per millicurie
A9564 Chromic phosphate P-32 suspension, therapeutic, per millicurie
A9566 Technetium Tc-99m fanolesomab, diagnostic, per study dose, up to 25 millicuries
A9567 Technetium Tc-99m pentetate, diagnostic, aerosol, per study dose, up to 75 millicuries
A9568 Technetium Tc-99m arcitumomab, diagnosis, per study dose up to 45 millicuries
A9569 Technetium Tc-99m exametazime labeled autologous white blood cells, diagnostic, per study dose
A9570 Indium IN-111 labeled autologous white blood cells, diagnostic, per study dose
A9571 Indium IN-111 labeled autologous platelets, diagnostic, per study dose
A9572 Indium IN-111 pentetreotide, diagnostic, per study dose, up to 6 millicuries
A9582 Iodine I-123 lobenguane, diagnostic, per study dose, up to 15 millicuries
A9584 Iodine 1-123 ioflupane, diagnostic, per study dose, up to 5 millicuries
A9600 Strontium Sr-89 chloride, therapeutic, per millicurie
A9604 Samarium SM-153 lexidronam, therapeutic, per treatment dose, up to 150 millicuries
A9606 Radium Ra-223 dichloride, therapeutic, per microcurie
A9699 Radiopharmaceutical, therapeutic, not otherwise classified
**POSITRON EMISSION TOMOGRAPHY (PET)**

Maximum reimbursement amounts are for the complete procedure (professional and technical/administrative components) including the tracer. To receive reimbursement for only the technical/administrative component, see modifier –TC Technical Component.

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

IMMUNIZATIONS

Immunization procedures include the supply of material and administration.

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

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

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

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

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

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

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

**IMMUNE GLOBULINS**

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

- 90291 Cytomegalovirus immune globulin (CMV-IgIV), human, for intravenous use
- 90371 Hepatitis B immune globulin (HB Ig), human, for intramuscular use
- 90375 Rabies immune globulin (RIg), human, for intramuscular and/or subcutaneous use
- 90376 Rabies immune globulin, heat-treated (RIg-HT), human, for intramuscular and/or subcutaneous use
- 90384 Rho(D) immune globulin (RhIg), human, full-dose, for intramuscular use
- 90385 Rho(D) immune globulin (RhIg), human, mini-dose, for intramuscular use
- 90386 Rho(D) immune globulin (RhIgIV), human, for intravenous use
- 90389 Tetanus immune globulin (TIg), human, for intramuscular use
- 90393 Vaccinia immune globulin, 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
90632 Hepatitis A vaccine, adult dosage, for intramuscular use
90633 Hepatitis A vaccine, pediatric/adolescent dosage-2 dose schedule, for intramuscular use
90636 Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use
90645 Hemophilus influenza B vaccine (Hib), HBOC conjugate (4 dose schedule), for intramuscular use
90646 Hemophilus influenza B vaccine (Hib), PRP-D conjugate, for booster use only, intramuscular use
90647 Hemophilus influenza B vaccine (Hib), PRP-OMP conjugate (3 dose schedule), for intramuscular use
90648 Hemophilus influenza B vaccine (Hib), PRP-T conjugate (4 dose schedule), for intramuscular use
90649 Human Papilloma virus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent) 3 dose schedule, for intramuscular use
90650 Human Papilloma virus (HPV) vaccine, types 16, 18, bivalent, 3 dose schedule, for intramuscular use
90654 Influenza virus vaccine, trivalent (IIV3) split virus, preservative-free, for intradermal use
90655 Influenza virus vaccine, trivalent, split virus, preservative-free, when administered to children 6-35 months of age, for intramuscular use
90656 Influenza virus vaccine, trivalent, split virus, preservative-free, when administered to individuals 3 years and older, for intramuscular use
90657 Influenza virus vaccine, trivalent, split virus, when administered to children 6-35 months of age, for intramuscular use
90658 Influenza virus vaccine, trivalent, split virus, when administered to individuals 3 years of age and older, for intramuscular use
90660 Influenza virus vaccine, trivalent, live, for intranasal use
90661  Influenza virus vaccine, derived from cell cultures, subunit, preservative and antibiotic free, for intramuscular use
90662  Influenza virus vaccine, split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use
90669  Pneumococcal conjugate vaccine, 7 valent, for intramuscular use
90670  Pneumococcal conjugate vaccine, 13 valent, for intramuscular use
90672  Influenza virus vaccine, quadrivalent, live, for intranasal use
90673  Influenza virus vaccine, trivalent, derived from recombinant DNA (RIV3), hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use
90675  Rabies vaccine, for intramuscular use
90676  Rabies vaccine, for intradermal use
90680  Rotavirus vaccine, pentavalent, 3 dose schedule, live, for oral use
90681  Rotavirus vaccine human, attenuated, 2 dose schedule, live, for oral use
90685  Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to children 6-35 months of age, for intramuscular use
90686  Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to individuals 3 years of age and older, for intramuscular use
90688  Influenza virus vaccine, quadrivalent, split virus, when administered to individuals 3 years of age or older, for intramuscular use
90690  Typhoid vaccine, live, oral
90691  Typhoid vaccine, Vi capsular polysaccharide (ViCPs), for intramuscular use
90692  Typhoid vaccine, heat- and phenol-inactivated (H-P), for subcutaneous or intradermal use
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 (quadrivalent) 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 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

MISCELLANEOUS DRUGS AND SOLUTIONS

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

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

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

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

- J0129 Abatacept, 10 mg, (not for self-administered)
- J0180 Agalsidase beta, 1 mg
- J0207 Amifostine, 500 mg
- J0215 Alefacept (Amevive), 0.5 mg
- J0221 Alglucosidase alfa, (lumizyme), 10 mg
- J0256 Alpha 1proteinase inhibitor (human), not otherwise specified, 10 mg
- J0401 Aripiprazole, extended release, 1 mg
- J0456 Azithromycin, 500 mg
- J0585 Onabotulinumtoxina, 1 unit
- J0586 Abobotulinumtoxina, 5 units
- J0587 Rimabotulinumtoxinb, 100 units
- J0598 C1 esterase inhibitor (human), cinryze, 10 units
- J0640 Leucovorin calcium, 50 mg
- J0641 Levoleucovorin calcium, 0.5 mg
- J0696 Ceftriaxone sodium, per 250 mg
- J0697 Sterile cefuroxime sodium, per 750 mg
- J0712 Ceftaroline fosamil, 10 mg
- J0717 Injection, certoloizumab pegol, 1 mg (must be administered under direct
  physician supervision, not for self-administration)
- J0740 Cidofovir, 375 mg
- J0795 Corticorelin ovine triflutate, 1 mcg
- J0878 Daptomycin, 1 mg
- J0881 Darbepoetin alfa, 1 mcg (non-ESRD use)
- J0882 Darbepoetin alfa, 1 mcg (for ESRD on dialysis)
- J0885 Epoetin alfa, (non-ESRD use), 1000 units
- J0897 Denosumab, 1 mg
- J1050 Medroxyprogesterone acetate, 1 mg
  (J1050 Should not be billed in addition to the all-inclusive clinic rate)
- J1100 Dexamethasone sodium phosphate, 1 mg
- J1190 Dextrazoxane 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
J1558  Immune globulin, (gamunex-C/gammaked), non-lyophilized (e.g. liquid), 500 mg
J1561  Immune globulin (Vivaglobin), 100 mg
J1562  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 **(Report required)**
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)
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>J1930</td>
<td>Lanreotide, 1 mg</td>
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<tr>
<td>J1950</td>
<td>Leuprolide acetate (for depot suspension), per 3.75 mg</td>
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<td>J2323</td>
<td>Natalizumab, 1 mg</td>
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<td>J2353</td>
<td>Octreotide, depot form for intramuscular injection, 1 mg</td>
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<tr>
<td>J2355</td>
<td>Oprelvekin, 5 mg</td>
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<td>J2358</td>
<td>Olanzapine, long-acting, 1 mg</td>
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<tr>
<td>J2405</td>
<td>Ondansetron HCl, per 1 mg</td>
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<tr>
<td>J2425</td>
<td>Palifermin, 50 mcg</td>
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<tr>
<td>J2426</td>
<td>Paliperidone palmitate extended release, 1 mg</td>
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<tr>
<td>J2430</td>
<td>Pamidronate disodium, per 30</td>
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<tr>
<td>J2469</td>
<td>Palonosetron HCl (Aloxi), 25 mcg</td>
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<tr>
<td>J2504</td>
<td>Pegademase bovine, 25 IU</td>
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<tr>
<td>J2505</td>
<td>Pegfilgrastim (Neulasta), 6 mg</td>
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<td>J2513</td>
<td>Pentastarch, 10% solution, 100 ml</td>
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<tr>
<td>J2545</td>
<td>Pentamidine isethionate, inhalation solution, FDA-approved final product,</td>
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<td></td>
<td>non-compounded, administered through DME, unit dose form, per 300 mg</td>
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<tr>
<td>J2562</td>
<td>Plerixafor, 1 mg</td>
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<tr>
<td>J2597</td>
<td>Desmopressin acetate, per 1 mc</td>
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<tr>
<td>J2680</td>
<td>Fluphenazine decanoate, up to 25 mg</td>
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<tr>
<td>J2770</td>
<td>Quinupristin/dalfopristin, 500 mg (150/350)</td>
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<td>J2783</td>
<td>Rasburicase, 0.5 mg</td>
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<tr>
<td>J2793</td>
<td>Rilonecept, 1 mg</td>
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<tr>
<td>J2794</td>
<td>Risperidone, long acting, 0.5 mg</td>
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<tr>
<td>J2796</td>
<td>Romiplostim, 10 micrograms</td>
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<tr>
<td>J2997</td>
<td>Alteplase recombinant, 1 mg</td>
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<tr>
<td>J3110</td>
<td>Teriparatide, 10 mcg</td>
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<tr>
<td>J3240</td>
<td>Thyrotropin alpha (Thyrogen), 0.9 mg., provided in 1.1 mg vial</td>
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<tr>
<td>J3285</td>
<td>Treprostinil, 1 mg</td>
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<tr>
<td>J3305</td>
<td>Trimetrexate glucoronate, per 25 mg</td>
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<tr>
<td>J3385</td>
<td>Velaglucerase alfa, 100 units</td>
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<td>J3472</td>
<td>Hyaluronidase, ovine, preservative free, per 1000 USP units</td>
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<td>J3490</td>
<td>Unclassified drugs</td>
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<td>J7030</td>
<td>Infusion, normal saline solution (or water), 1000 cc</td>
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<tr>
<td>J7040</td>
<td>Infusion, normal saline solution (or water), sterile (500 ml = 1 unit)</td>
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<td>J7042</td>
<td>5% dextrose/normal saline (500 ml = 1 unit)</td>
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<tr>
<td>J7050</td>
<td>Infusion, normal saline solution (or water), 250 cc</td>
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<tr>
<td>J7060</td>
<td>5% dextrose/water (500 ml = 1 unit)</td>
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<tr>
<td>J7070</td>
<td>Infusion, D5W, 1000 cc</td>
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<tr>
<td>J7100</td>
<td>Infusion, Dextran 40, 500 ml</td>
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<tr>
<td>J7110</td>
<td>Infusion, Dextran 75, 500 ml</td>
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<tr>
<td>J7120</td>
<td>Ringers lactate infusion, up to 1000 cc</td>
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<tr>
<td>J7131</td>
<td>Hypertonic saline solution, 1 ml</td>
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<tr>
<td>J7180</td>
<td>Factor XIII (antihemophilic factor, human), 1 i.u.</td>
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<td>Code</td>
<td>Description</td>
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<tr>
<td>J7181</td>
<td>Factor XIII a-subunit, (recombinant), per IU</td>
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<tr>
<td>J7182</td>
<td>Factor VIII, (antihemophilic factor; recombinant), (novoeight), 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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<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>
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<tr>
<td>J7190</td>
<td>Factor VIII (antihemophilic factor (Human)), per IU</td>
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<tr>
<td>J7191</td>
<td>Factor VIII (antihemophilic factor (Porcine)), per IU</td>
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<tr>
<td>J7192</td>
<td>Factor VIII (antihemophilic factor (recombinant)), per IU</td>
</tr>
<tr>
<td>J7193</td>
<td>Factor IX (antihemophilic factor, purified, non-recombinant), per IU</td>
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<tr>
<td>J7194</td>
<td>Factor IX, complex, per IU</td>
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<tr>
<td>J7195</td>
<td>Factor IX (antihemophilic factor, recombinant), per IU, not otherwise specified</td>
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<tr>
<td>J7197</td>
<td>Antithrombin III (Human), per IU</td>
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<tr>
<td>J7198</td>
<td>Anti-inhibitor, per IU</td>
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<tr>
<td>J7199</td>
<td>Hemophilia clotting factor; not otherwise classified</td>
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<tr>
<td>J7200</td>
<td>Factor IX, (antihemophilic factor; recombinant), rixubis, per IU</td>
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<tr>
<td>J7201</td>
<td>Factor IX, fc fusion protein (recombinant), per IU</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, 13.5 mg</td>
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<tr>
<td>J7302</td>
<td>Levonorgestrel-releasing intrauterine contraceptive system, 52 mg</td>
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<tr>
<td>J7306</td>
<td>Levonorgestrel (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>Ganciclovir, 4.5 mg, long-acting implant</td>
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<tr>
<td>J7311</td>
<td>Fluocinolone acetonide, intravitreal implant</td>
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<tr>
<td>J7501</td>
<td>Azathioprine, parenteral, 100 mg</td>
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<tr>
<td>J7504</td>
<td>Lymphocyte immune globulin, antithymocyte globulin, equine, parenteral, 250 mg</td>
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<tr>
<td>J7505</td>
<td>Muromonab-CD3, parenteral, 5 mg</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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<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>
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<tr>
<td>S0191</td>
<td>Misoprostol, oral, 200 mg</td>
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<tr>
<td>S9435^</td>
<td>Medical foods for inborn errors of metabolism</td>
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</tbody>
</table>

(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 intraleisional, 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
J9031  BCG live (Intravesical), per installation
J9033  Bendamustine HCL, 1 mg
J9035  Bevacizumab, 10 mg
J9040  Bleomycin sulfate (Lenoxane), 15 units
J9041  Bortezomib, 0.1 mg
J9042  Injection, brentuximab vedotin, 1 mg
J9043  Cabazitaxel, 1 mg
J9045  Carboplatin, 50 mg
J9047  Carfilzomib, 1 mg
J9050  Carmustine, 100 mg
J9055  Cetuximab, 10 mg
J9060  Cisplatin, powder or solution, per 10 mg
J9065  Cladribine, per 1 mg
J9070  Cyclophosphamide, 100 mg
J9098  Cytarabine liposome, 10 mg
J9120  Dactinomycin (Cosmegen), 0.5 mg
J9130  Dacline, 100 mg
J9150  Daunorubicin HCl, 10 mg
J9151  Daunorubicin citrate, liposomal formulation, 10 mg
J9155  Degarelix, 1 mg
J9160  Denileukin difitox, 300 mcg
J9165  Diethylstilbestrol diphosphate, 250 mg
J9171  Docetaxel, 1 mg
J9175  Elliott's B solution, 1 ml
J9178  Epirubicin HCl, 2 mg
J9179  Eribulin mesylate, 0.1 mg
J9181  Etoposide, 10 mg
J9182  Etoposide, 100 mg
J9185  Fludarabine phosphate, 50 mg
J9190  Fluorouracil, 500 mg
J9200  Floxuridine (FUDR), 500 mg
J9201  Gemcitabine HCl, 200 mg
J9202  Goserelin acetate implant per 3.6 mg
J9206  Irinotecan, 20 mg
J9207  Ixabepilone, 1 mg
J9208  Ifosfamide, 1 g
J9209  Mesna, 200 mg
J9211  Idarubicin HCl, 5 mg
J9212  Interferon alfacon-1, recombinant, 1 mcg
J9213  Interferon, alfa-2A, recombinant, 3 million units
J9214  Interferon, alfa-2B, recombinant, 1 million units
J9215  Interferon, alfa-N3, (human leukocyte derived), 250,000 IU
J9216  Interferon, gamma-1B, 3 million units (Report required)
J9217  Leuprolide acetate (for depot suspension), 7.5 mg
J9218  Leuprolide acetate, per 1 mg
J9219  Leuprolide acetate implant, 65 mg
J9225  Histrelin implant (Vantas), 50 mg  
J9228  Ipilimumab, 1 mg  
J9230  Mechlorethamine HCl, (Nitrogen Mustard), 10 mg  
J9245  Melphalan HCl, 50 mg  
J9250  Methotrexate sodium, 5 mg  
J9250  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 *(Report required)*  
**J9267** Paclitaxel, 1mg  
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  
**J9301** Obinutuzumab, 10 mg *(Report required)*  
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  Thiotepa, 15 mg  
J9351  Topotecan, 0.1 mg  
J9354  Ado-trastuzumab emtansine (Kadcyla) 1 mg *(Report required)*  
J9355  Trastuzumab, 10 mg  
J9357  Valrubicin, intravesical, 200 mg  
J9360  Vinblastine sulfate, 1 mg  
J9370  Vincristine sulfate, 1 mg  
J9371  Vincristine sulfate liposome (Marqibo), 1 mg *(Report required)*  
J9390  Vinorelbine tartrate, 10 mg  
J9395  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
Q2043  Sipuleucel-t (Provenge) minimum of 50 million autologous CD54+ cells activated with PAP-GM-CSF, including leukapheresis and all other preparatory procedures, per infusion
Q2050  Doxorubicin hydrochloride, liposomal, not otherwise specified, 10 mg

GASTROENTEROLOGY

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

**92002** Ophthalmological services, medical examination, and evaluation with initiation of diagnostic and treatment program; intermediate, new patient (with/without refraction)

**92004** comprehensive, new patient, 1 or more visits (with/without refraction)

**92012** Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient (with/without refraction)

**92014** comprehensive, established patient, 1 or more visits (with/without refraction)

### SPECIAL OPHTHALMOLOGICAL SERVICES

**92020** Gonioscopy (separate procedure)

**92025** Computerized corneal topography, unilateral or bilateral, with interpretation and report

(Do not report 92025 in conjunction with 65710-65771)

**92060** Sensorimotor examination with multiple measurements of ocular deviation (eg, restrictive or paretic muscle with diplopia) with interpretation and report (separate procedure)

**92081** Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)

**92082** intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)

**92083** extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 degrees, or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)

(Gross visual field testing (eg, confrontation testing) is a part of general ophthalmological services and is not reported separately.)

**92132** Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral

**92133** Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve retina

**92136** Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation (one or both eyes)

**92140** Provocative tests for glaucoma, with interpretation and report, without tonography (one or both eyes)
OPHTHALMOSCOPY

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

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

MISCELLANEOUS SPECIALIZED SERVICES

92265 Needle oculoelectromyography, 1 or more extraocular muscles, 1 or both eyes, with interpretation and report
92270 Electro-oculography with interpretation and report
92275 Electoretinography 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
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<tr>
<th>Code</th>
<th>Description</th>
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<tr>
<td>92550</td>
<td>Tympanometry and reflex threshold measurements</td>
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<tr>
<td>92551</td>
<td>Screening test, pure tone, air only</td>
</tr>
<tr>
<td>92552</td>
<td>Pure tone audiometry (threshold); air only</td>
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<tr>
<td>92553</td>
<td>air and bone</td>
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<td>92555</td>
<td>Speech audiometry threshold;</td>
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<td>92556</td>
<td>with speech recognition</td>
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<tr>
<td>92557</td>
<td>Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)</td>
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<td>Tone decay test</td>
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<td>Short increment sensitivity index (SISI)</td>
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<td>92567</td>
<td>Tympanometry (impedance testing)</td>
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<td>92568</td>
<td>Acoustic reflex testing; threshold</td>
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<td>92570</td>
<td>Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing</td>
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<td>92571</td>
<td>Filtered speech test</td>
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<td>92585</td>
<td>Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive</td>
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<tr>
<td>92586</td>
<td>limited</td>
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<tr>
<td>92587</td>
<td>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</td>
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<tr>
<td>92588</td>
<td>comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping, minimum of 12 frequencies), with interpretation and report</td>
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<tr>
<td>92601</td>
<td>Diagnostic analysis of cochlear implant, patient younger than 7 years of age; with programming</td>
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<tr>
<td>92602</td>
<td>subsequent reprogramming</td>
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<tr>
<td>92603</td>
<td>Diagnostic analysis of cochlear implant, age 7 years or older; with programming</td>
</tr>
<tr>
<td>92604</td>
<td>subsequent reprogramming</td>
</tr>
</tbody>
</table>
CARDOVASCULAR

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

CARDOVASCULAR DEVICE MONITORING-IMPLANTABLE AND WEARABLE DEVICES

93279  Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system
93280  dual lead pacemaker system
93281  multiple lead pacemaker system
93282  single lead transvenous implantable defibrillator system
93283  dual lead transvenous implantable defibrillator system
93284  multiple lead transvenous implantable defibrillator system
93260  implantable subcutaneous lead defibrillator system
93285  implantable loop recorder system
93288 Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system

93289 single, dual, or multiple lead transvenous implantable defibrillator system, including analysis of heart rhythm derived data elements (For monitoring physiologic cardiovascular data elements derived from an ICD, use 93290)

93261 **implantable subcutaneous lead defibrillator system**

93290 implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors (For heart rhythm derived data elements, use 93289)

93291 implantable loop recorder system, including heart rhythm derived data analysis

93292 wearable defibrillator system

93293 Transtelphoneic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days (Report 93293 only once per 90 days)

93294 Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional (Report 93294 only once per 90 days)

93295 single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional (Report 93295 only once per 90 days)

93297 Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified (Report 93297 only once per 30 days)

93298 implantable loop recorder system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional (Report 93298 only once per 90 days)

**ECHOCARDIOGRAPHY**

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

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

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

**MISCELLANEOUS VASCULAR STUDIES**

93561  Indicator dilution studies such as dye or thermodilution, including arterial and/or venous catheterization; with cardiac output measurement (separate procedure)
93562  subsequent measurement of cardiac output
93644  Electrophysiologic evaluation of subcutaneous implantable defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia, termination, and programming or reprogramming of sensing or therapeutic parameters)
93660  Evaluation of cardiovascular function with tilt table evaluation, with continuous ECG monitoring and intermittent blood pressure monitoring, with or without pharmacological intervention
93701  Bioimpedance-derived physiologic cardiovascular analysis
93724  Electronic analysis of antitachycardia pacemaker system (includes electrocardiographic recording, programming of device, induction and termination of tachycardia via implanted pacemaker, and interpretation of recordings)
93740  Temperature gradient studies
93750  Interrogation of ventricular assist device (vad), in person, with physician or other qualified health care professional analysis of device parameters (eg, drivelines, alarms, power surges), review of device function (eg, flow and volume status, septum status, recovery), with programming, if performed, and
93770  Determination of venous pressure
93784  Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning analysis; interpretation and report
93786  recording only
93797  Physician or other qualified health care professional services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session)
93798  with continuous ECG monitoring (per session)

**NON INVASIVE VASCULAR DIAGNOSTIC STUDIES**

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

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

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

**CEREBROVASCULAR ARTERIAL STUDIES**

93880 Duplex scan of extracranial arteries; complete bilateral study
93882 unilateral or limited study
93886 Transcranial Doppler study of the intracranial arteries; complete study
93888 limited study
93890 vasoreactivity study
93892 emboli detection without intravenous microbubble injection
93893 emboli detection with intravenous microbubble injection
93998 Unlisted noninvasive vascular diagnostic study

**EXTREMITY ARTERIAL STUDIES (INCLUDING DIGITS)**

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

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

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

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

93926  unilateral or limited study

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

93931  unilateral or limited study

**EXTREMITIES 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

**EXTREMITIES 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 recording (includes hook-up, reinforced education, data transmission, data capture, trend analysis, and periodic recalibration)
94015 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
94644 Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device (Report 94644 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
94728  Airway resistance by impulse oscillometry
(Do not report 94728 in conjunction with 94010, 94060, 94070, 94375, 94726)

94729  Diffusing capacity (eg, carbon monoxide, membrane)
(List separately in addition to primary procedure)
(Report 94729 in conjunction with 94010, 94060, 94070, 94375, 94726-94728)

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

94770  Carbon dioxide, expired gas determination by infrared analyzer

ALLERGY AND CLINICAL IMMUNOLOGY

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

ALLERGY TESTING

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

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

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

95060  Ophthalmic mucous membrane tests

95065  Direct nasal mucous membrane test

ALLERGEN IMMUNOTHERAPY

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

SENSITIVITY TESTING

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

NEUROLOGY AND NEUROMUSCULAR PROCEDURES

ROUTINE ELECTROENCEPHALOGRAPHY (EEG)

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

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

NERVE CONDUCTION TESTS

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

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

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

### AUTONOMIC FUNCTION TESTS

95921  Testing of autonomic nervous system function; cardiovagal innervation (parasympathetic function), including two or more of the following: heart rate response to deep breathing with recorded R-R interval Valsalva ratio, and 30:15 ratio
95922  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

### EVOKED POTENTIALS AND REFLEX TESTS

95925  Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper limbs
95926   in lower limbs
95938   in upper and lower limbs
95927   in the trunk or head
95928  Central motor evoked potential study (transcranial motor stimulation); upper limbs
95929   lower limbs
95939   in upper and lower limbs
95930  Visual evoked potential (VEP) testing central nervous system, checkerboard or flash
95933  Orbicularis oculi (blink) reflex, by electrodiagnostic testing
95937  Neuromuscular junction testing (repetitive stimulation, paired stimuli), each nerve, any one method

### SPECIAL EEG TESTS

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

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

95981  subsequent, without reprogramming
95982  subsequent, with reprogramming

OTHER PROCEDURES

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

MOTION ANALYSIS

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

FUNCTIONAL BRAIN MAPPING

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>36430</td>
<td>Transfusion, blood or blood components</td>
</tr>
<tr>
<td>36511</td>
<td>Therapeutic apheresis; for white blood cells</td>
</tr>
<tr>
<td>36512</td>
<td>for red blood cells</td>
</tr>
<tr>
<td>36513</td>
<td>for platelets</td>
</tr>
<tr>
<td>36514</td>
<td>for plasma pheresis</td>
</tr>
<tr>
<td>36515</td>
<td>with extracorporeal immunoadsorption and plasma reinfusion</td>
</tr>
<tr>
<td>36516</td>
<td>with extracorporeal selective adsorption or selective filtration and plasma reinfusion</td>
</tr>
<tr>
<td>36522</td>
<td>Photopheresis, extracorporeal (For technical component see Modifier –TC)</td>
</tr>
<tr>
<td>38242</td>
<td>Allogeneic lymphocyte infusions</td>
</tr>
<tr>
<td>54240</td>
<td>Penile plethysmography</td>
</tr>
<tr>
<td>59020</td>
<td>Fetal contraction stress test</td>
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<tr>
<td>59025</td>
<td>Fetal non-stress test</td>
</tr>
<tr>
<td>98960</td>
<td>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</td>
</tr>
<tr>
<td>98961</td>
<td>2-4 patients</td>
</tr>
<tr>
<td>98962</td>
<td>5-8 patients</td>
</tr>
<tr>
<td>99170</td>
<td>Anogenital examination magnified, in childhood for suspected trauma, including image recording when performed</td>
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<tr>
<td></td>
<td>(99170 should not be billed in addition to the all-inclusive clinic rate or emergency room rate)</td>
</tr>
<tr>
<td>99195</td>
<td>Phlebotomy, therapeutic (separate procedure) (Report required)</td>
</tr>
<tr>
<td>A0225</td>
<td>Ambulance service, neonatal transport, base rate, emergency transport, one way</td>
</tr>
<tr>
<td></td>
<td>(Service limited to Hospital Based Ordered Ambulatory with a 740 specialty (Regional Perinatal Transportation))</td>
</tr>
<tr>
<td>A4264</td>
<td>Permanent implantable contraceptive intratubal occlusion device(s) and delivery system</td>
</tr>
<tr>
<td>G0108</td>
<td>Diabetes outpatient self-management training services, individual, per 30 minutes</td>
</tr>
<tr>
<td>G0109</td>
<td>group session (2 or more), per 30 minutes</td>
</tr>
<tr>
<td>S9445</td>
<td>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.)</td>
</tr>
<tr>
<td>S9446</td>
<td>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.)</td>
</tr>
</tbody>
</table>
REHABILITATION SERVICES

Inclusion of Modifier GN (Services delivered under an outpatient speech-language patholgy 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/OCUPATIONAL 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.