

ORDERED AMBULATORY Procedure Codes

eMedNY New York State Medicaid Provider Procedure
Code Manual

ORDERED AMBULATORY

eMedNY > Procedure Codes



Department
of Health

New York State Medicaid

Office of Health Insurance
Department of Health

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(800) 343-9000

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1 DOCUMENT CONTROL PROPERTIES

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2 GENERAL INFORMATION AND INSTRUCTIONS

2.1 OVERVIEW

- A. **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).
- B. **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.
 - a. 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 (e.g., procedure descriptions, itemized invoices, etc.) should accompany all claims submitted.
 - b. 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.
 - c. Itemized invoices must document acquisition cost, the line-item cost from a

manufacturer or wholesaler net of any rebates, discounts, or other valuable considerations.

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

2.2 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.

2.3 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.

2.3.1 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/>

2.3.2 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:

- A. 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.
- B. Study and evaluation of results obtained in diagnostic or therapeutic procedures, interpretation of radiographs or radioisotope data estimation resultant from treatment.
- C. Dictating report of examination or treatment.
- D. Consultation with referring physician regarding results of diagnostic or therapeutic procedures.
- E. 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.

2.3.3 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:

- A. Dollar values include usual contrast media, equipment, and materials. An additional charge may be warranted when special materials are provided.
- B. Dollar values include consultation and a written report to the referring physician.
- C. 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.

- D. 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.)
- E. 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.
- F. **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.
- G. **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 (e.g., 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.

- H. **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.

3 MMIS MODIFIERS

Note: NCCI associated modifiers are recognized for NCCI code pairs/related edits. For additional information please refer to the CMS website: <http://www.cms.hhs.gov/NationalCorrectCodInitEd/>

Under certain circumstances, the MMIS code identifying a specific procedure or service must be expanded by two additional characters to further define or explain the nature of the procedure.

The circumstances under which such further description is required are detailed below along with the appropriate modifiers to be added to the basic code when the particular circumstance applies.

- 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.

4 RADIOLOGY SERVICES

4.1 DIAGNOSTIC RADIOLOGY (DIAGNOSTIC IMAGING)

4.1.1 HEAD AND NECK

- 70010 Myelography, posterior fossa; radiological supervision and interpretation
- 70015 Cisternography, positive contrast; radiological supervision and interpretation
- 70030 Radiologic examination, eye, for detection of foreign body (includes detection and localization)
- 70100 Radiologic examination, mandible; partial, less than four views
- 70110 complete, minimum of four views
- 70120 Radiologic examination, mastoids; less than three views per side
- 70130 complete, minimum of three views per side
- 70134 Radiologic examination, internal auditory meati, complete
- 70140 Radiologic examination, facial bones; less than three views
- 70150 complete, minimum of three views
- 70160 Radiologic examination, nasal bones, complete, minimum of three views
- 70170 Dacryocystography, nasolacrimal duct; radiological supervision and interpretation
- 70190 Radiologic examination; optic foramina
- 70200 orbits, complete, minimum of four views
- 70210 Radiologic examination, sinuses, paranasal; less than three views
- 70220 complete, minimum of three views
- 70240 Radiologic examination, sella turcica
- 70250 Radiologic examination, skull; less than four views
- 70260 complete, minimum of four views
- 70300 Radiologic examination, teeth; single view
- 70310 partial examination, less than full mouth
- 70320 complete, full mouth
- 70328 Radiologic examination, temporomandibular joint, open and closed mouth; unilateral
- 70330 bilateral
- 70332 Temporomandibular joint arthrography; radiological supervision and interpretation
- 70336 Magnetic resonance (eg, proton) imaging, temporomandibular joint
- 70350 Cephalogram, orthodontic
- 70355 Orthopantomogram (eg, panoramic x-ray)
- 70360 Radiologic examination; neck, soft tissue
- 70370 pharynx or larynx, including fluoroscopy and/or magnification technique
- 70371 Complex dynamic pharyngeal and speech evaluation by cine or video recording
- 70380 Radiologic examination, salivary gland for calculus
- 70390 Sialography; radiological supervision and interpretation
- 70450 Computed tomography, head or brain; without contrast material

<u>70460</u>	with contrast material(s)
<u>70470</u>	without contrast material, followed by contrast material(s) and further sections
<u>70480</u>	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material
<u>70481</u>	with contrast material(s)
<u>70482</u>	without contrast material, followed by contrast material(s) and further sections
<u>70486</u>	Computed tomography, maxillofacial area; without contrast material
<u>70487</u>	with contrast material(s)
<u>70488</u>	without contrast material, followed by contrast material(s) and further sections
<u>70490</u>	Computed tomography, soft tissue neck; without contrast material
<u>70491</u>	with contrast material(s)
<u>70492</u>	without contrast material, followed by contrast material(s) and further sections
<u>70496</u>	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing
<u>70498</u>	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing
<u>70540</u>	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)
<u>70542</u>	with contrast material
<u>70543</u>	without contrast material(s), followed by contrast material(s) and further sequences
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
<u>70555</u>	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
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

4.1.2 CHEST

71045	Radiologic examination, chest; single view
71046	2 views
71047	3 views
71048	4 or more views
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, diagnostic; without contrast material
71260	with contrast material(s)
71270	without contrast material, followed by contrast material(s) and further sections
71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)
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)

4.1.3 SPINE AND PELVIS

72020	Radiologic examination, spine, single view, specify level
72040	Radiologic examination, spine, cervical; 2 or 3 views
72050	4 or 5 views
72052	6 or more views
72070	Radiologic examination, spine; thoracic, 2 views
72072	thoracic, 3 views
72074	thoracic, minimum of 4 views
72080	thoracolumbar junction, minimum of 2 views
72081	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view
72082	2 or 3 views
72083	4 or 5 views
72084	minimum of 6 views
72100	Radiologic examination, spine, lumbosacral; 2 or 3 views
72110	minimum of 4 views
72114	complete, including bending views, minimum of 6 views
72120	bending views only, 2 or 3 views

<u>72125</u>	Computed tomography, cervical spine; without contrast material
<u>72126</u>	with contrast material(s)
<u>72127</u>	without contrast material, followed by contrast material(s) and further sections
<u>72128</u>	Computed tomography, thoracic spine; without contrast material
<u>72129</u>	with contrast material(s)
<u>72130</u>	without contrast material, followed by contrast material(s) and further sections
<u>72131</u>	Computed tomography, lumbar spine; without contrast material
<u>72132</u>	with contrast material(s)
<u>72133</u>	without contrast material, followed by contrast material(s) and further sections
<u>72141</u>	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material
<u>72142</u>	with contrast material(s)
<u>72146</u>	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material
<u>72147</u>	with contrast material(s)
<u>72148</u>	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material
<u>72149</u>	with contrast material(s)
<u>72156</u>	Magnetic resonance (eg, proton) imaging, spinal canal and contents without contrast material, followed by contrast material(s) and further sequences; cervical
<u>72157</u>	thoracic
<u>72158</u>	lumbar
<u>72159</u>	Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)
<u>72170</u>	Radiologic examination, pelvis; 1 or 2 views
<u>72190</u>	complete, minimum of 3 views
<u>72191</u>	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing
<u>72192</u>	Computed tomography, pelvis; without contrast material
<u>72193</u>	with contrast material(s)
<u>72194</u>	without contrast material, followed by contrast material(s) and further sections
<u>72195</u>	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)
<u>72196</u>	with contrast material(s)
<u>72197</u>	without contrast material(s), followed by contrast material(s) and further sequences
<u>72198</u>	Magnetic resonance angiography, pelvis, with or without contrast material(s)
<u>72200</u>	Radiologic examination, sacroiliac joints; less than 3 views
<u>72202</u>	3 or more views
<u>72220</u>	Radiologic examination, sacrum and coccyx, minimum of 2 views

4.1.4 UPPER EXTREMITIES

<u>73000</u>	Radiologic examination; clavicle, complete
<u>73010</u>	scapula, complete
<u>73020</u>	Radiologic examination, shoulder; 1 view

73030	complete, minimum of 2 views
73040	Radiologic examination, shoulder, arthrography, radiological supervision and interpretation
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
73090	Radiologic examination; forearm, 2 views
73092	upper extremity, infant, minimum of 2 views
73100	Radiologic examination, wrist; 2 views
73110	complete, minimum of 3 views
73115	Radiologic examination, wrist, arthrography, radiological supervision and interpretation
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)

4.1.5 LOWER EXTREMITIES

73501	Radiologic examination, hip, unilateral, with pelvis when performed, 1 view
73502	2-3 views
73503	minimum of 4 views
73521	Radiologic examination, hips, bilateral, with pelvis when performed, 2 views
73522	3-4 views
73523	minimum 5 views
73525	Radiologic examination, hip, arthrography, radiological supervision and interpretation
73551	Radiologic examination, femur; 1 view
73552	minimum 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
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
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)

4.1.6 ABDOMEN

74018	Radiologic examination, abdomen; 1 view
74019	2 views
74021	3 or more views
74022	Radiologic examination, complete acute abdomen series, including 2 or more views of the abdomen (eg, supine, erect, decubitus), and a single view chest
74150	Computed tomography, abdomen; without contrast material
74160	with contrast material(s)
74170	without contrast material, followed by contrast material(s) and further sections
74174	Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing
74175	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing
74176	Computed tomography, abdomen and pelvis; without contrast material
74177	with contrast material

74178 without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions

74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)

74182 with contrast material(s)

74183 without contrast material(s), followed by contrast material(s) and further sequences

74185 Magnetic resonance angiography, abdomen, with or without contrast material(s)

74190 Peritoneogram (eg, after injection of air or contrast), radiological supervision and interpretation

4.1.7 GASTROINTESTINAL TRACT

74210 Radiologic examination, pharynx and/or cervical esophagus, including scout neck radiograph(s) and delayed image(s), when performed, contrast (eg, barium) study

74220 Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study

74221 double-contrast (eg, high-density barium and effervescent agent) study

74230 Radiologic examination, swallowing function, with cineradiography/videoradiography, including scout neck radiograph(s) and delayed image(s), when performed, contrast (eg, barium) study

74235 Removal of foreign body(s), esophageal, with use of balloon catheter, radiological supervision and interpretation

74240 Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study

74246 double-contrast (eg, high-density barium and effervescent agent) study, including glucagon, when administered

74248 Radiologic small bowel follow-through study, including multiple serial images (List separately in addition to code for primary procedure for upper GI radiologic examination

74250 Radiologic examination, small intestine, including multiple serial images and scout abdominal radiograph(s), when performed; single-contrast (eg, barium) study

74251 double-contrast (eg, high-density barium and air via enteroclysis tube) study, including glucagon, when administered

74261 Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material

74262 Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material

74263 Computed tomographic (CT) colonography, screening, including image postprocessing

74270 Radiologic examination, colon, including scout abdominal radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study

74280 double-contrast (eg, high density barium and air) study, including glucagon when administered

- 74283 Therapeutic enema, contrast or air, for reduction of intussusception or other intraluminal obstruction (eg, meconium ileus)
- 74290 Cholecystography, oral contrast;
- 74328 Endoscopic catheterization of the biliary ductal system, radiological supervision and interpretation
- 74329 Endoscopic catheterization of the pancreatic ductal system, radiological supervision and interpretation
- 74330 Combined endoscopic catheterization of the biliary and pancreatic ductal systems, radiological supervision and interpretation
- 74340 Introduction of long gastrointestinal tube (eg, Miller-Abbott), including multiple fluoroscopies and images, radiological supervision and interpretation
- 74355 Percutaneous placement of enteroclysis tube, radiological supervision and interpretation
- 74360 Intraluminal dilation of strictures and/or obstructions (eg, esophagus), radiological supervision and interpretation
- 74363 Percutaneous transhepatic dilation of biliary duct stricture with or without placement of stent, radiological supervision and interpretation

4.1.8 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, 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

4.1.9 GYNECOLOGICAL AND OBSTETRICAL

- 74710 Pelvimetry, with or without placental localization
- 74712 Magnetic resonance imaging (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation
- 74713 each additional gestation (List separately in addition to code for primary procedure)
- 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)

4.1.10 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)
- 75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)

4.1.11 VASCULAR PROCEDURES

4.1.11.1 AORTA AND ARTERIES

- 75600 Aortography, thoracic, without serialography, radiological supervision and interpretation
- 75605 Aortography, thoracic, by serialography, radiological supervision and interpretation
- 75625 Aortography, abdominal, by serialography, radiological supervision and interpretation
- 75630 Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography, radiological supervision and interpretation
- 75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing
- 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 supraseductive, (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 supraseductive, 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

4.1.11.2 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

4.1.11.3 TRANSCATHETER THERAPY AND BIOPSY

- 75894 Transcatheter therapy, embolization, any method, radiological supervision and interpretation
- 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

4.1.12 OTHER PROCEDURES

- 76000 Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time
- 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
- 76120 Cineradiography/videoradiography, except where specifically included
- 76125 Cineradiography/videoradiography, to complement routine examination (List separately in addition to primary procedure)

- 76145 Medical physics dose evaluation for radiation exposure that exceeds institutional review threshold, including report
- 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
- 76377 requiring image postprocessing on an independent workstation
- 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

4.2 DIAGNOSTIC ULTRASOUND

4.2.1 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, unilateral or bilateral
- 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

4.2.2 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

4.2.3 ABDOMEN AND RETROPERITONEUM

- 76700 Ultrasound, abdominal, real time with image documentation; complete
- 76705 limited (eg, single organ, quadrant, follow-up)
- 76706 Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA)
- 76770 Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image

- ul style="list-style-type: none;">
- documentation; complete
- 76775 limited
- 76776 Ultrasound, transplanted kidney, real time and duplex Doppler with image documentation
- 4.2.4 SPINAL CANAL**
- 76800 Ultrasound, spinal canal and contents
- 4.2.5 PELVIS**
- 4.2.5.1 OBSTETRICAL**
- 76801 Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; (complete fetal and maternal evaluation), single or first gestation
- 76802 each additional gestation (List separately in addition to primary procedure)
- 76805 Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach (complete fetal and maternal evaluation); single of first gestation
- 76810 each additional gestation (List separately in addition to primary procedure)
- 76811 Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; single or first gestation
- 76812 each additional gestation (List separately in addition to primary procedure)
- 76813 Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; single or first gestation
- 76814 each additional gestation (List separately in addition to primary procedure)
- 76815 Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), one or more fetuses
- 76816 Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus
- 76817 Ultrasound, pregnant uterus, real time with image documentation, transvaginal
- 76818 Fetal biophysical profile; with non-stress testing
- 76819 without non-stress testing
- 76820 Doppler velocimetry, fetal; umbilical artery
(Billable with a diagnosis of polyhydramnios, oligohydramnios, placental transfusion syndromes or poor fetal growth)
- 76821 middle cerebral artery
(Billable with a diagnosis of rhesus isoimmunization, placental transfusion syndromes or viral diseases complicating pregnancy (e.g. parvovirus B-19 infection))
- 76825 Echocardiography, fetal, cardiovascular system, real time with image documentation

- (2D), with or without M-mode recording;
- 76826 follow-up or repeat study
- 76827 Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; complete
- 76828 follow-up or repeat study

4.2.5.2 NON-OBSTETRICAL

- 76830 Ultrasound, transvaginal
- 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)

4.2.6 GENITALIA

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

4.2.7 EXTREMITIES

- 76881 Ultrasound, complete joint (ie, joint space and peri-articular soft tissue structures) real-time with image documentation
- 76882 Ultrasound, limited, joint or focal evaluation of other nonvascular extremity structure(s) (eg, joint space, peri-articular tendon(s), muscles (s), nerve(s), other soft tissue structure(s), or soft tissue mass(es)), real-time with image documentation
- 76883 Ultrasound, nerve(s) and accompanying structures throughout their entire anatomic course in one extremity, comprehensive, including real-time cine imaging with image documentation, per extremity
- 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)

4.2.8 ULTRASONIC GUIDANCE PROCEDURES

- 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)
- 76940 Ultrasound guidance for, and monitoring of, parenchymal tissue ablation
- 76941 Ultrasonic guidance for intrauterine fetal transfusion or cordocentesis, imaging supervision and interpretation
- 76942 Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation

- 76945 Ultrasonic guidance for chorionic villus sampling, imaging supervision and interpretation
- 76946 Ultrasonic guidance for amniocentesis, imaging supervision and interpretation
- 76965 Ultrasonic guidance for interstitial radioelement application

4.2.9 OTHER PROCEDURES

- 76975 Gastrointestinal endoscopic ultrasound, supervision and interpretation
- 76977 Ultrasound bone density measurement and interpretation, peripheral site(s), any method
- 76999 Unlisted ultrasound procedure (eg, diagnostic, interventional)

4.3 RADIOLOGIC GUIDANCE

4.3.1 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)
- 77002 Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)
- 77003 Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinal diagnostic or therapeutic injection procedures (epidural or subarachnoid) (List separately in addition to code for primary procedure)

4.3.2 COMPUTED TOMOGRAPHY GUIDANCE

- 77012 Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation
- 77013 Computerized tomography guidance for, and monitoring of, parenchymal tissue ablation

4.3.3 MAGNETIC RESONANCE GUIDANCE

- 77021 Magnetic resonance imaging guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation
- 77022 Magnetic resonance imaging guidance for, and monitoring of, parenchymal tissue ablation

4.4 BREAST, MAMMOGRAPHY

- 77046 Magnetic resonance imaging, breast, without contrast material; unilateral
- 77047 bilateral
- 77048 Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral

- 77049 bilateral
- 77053 Mammary ductogram or galactogram, single duct, radiological supervision and interpretation
- 77054 Mammary ductogram or galactogram, multiple ducts, radiological supervision and interpretation
- 77063 Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure)
- 77065 Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral
- 77066 bilateral
- 77067 Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed

4.5 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

4.6 RADIATION ONCOLOGY

- 77299 Unlisted procedure, therapeutic radiology clinical treatment planning
- 77399 Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services
- 77499 Unlisted procedure, therapeutic radiology clinical treatment management
- 77799 Unlisted procedure, clinical brachytherapy

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

4.6.1 CLINICAL TREATMENT PLANNING (EXTERNAL AND INTERNAL SOURCES)

- 77261 Therapeutic radiology treatment planning; simple
- 77262 intermediate
- 77263 complex
- 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

4.6.2 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)

4.6.3 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

4.6.4 OTHER PROCEDURES

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

4.6.5 RADIATION TREATMENT DELIVERY

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

77401 Radiation treatment delivery, superficial and/or ortho voltage, per day

77402 Radiation treatment delivery, >1 MeV: simple

77407 intermediate

77412 complex

77417 Therapeutic radiology port image(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, includes intrafraction tracking, when performed

4.6.6 RADIATION TREATMENT MANAGEMENT

77427 Radiation treatment management, 5 treatments

77431 Radiation therapy management with complete course of therapy consisting of 1 or 2 fractions only

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

77470 Special treatment procedure (eg, total body irradiation, hemibody irradiation, per oral or endocavitary irradiation)

77499 Unlisted procedure, therapeutic radiology clinical treatment management

4.6.7 PROTON BEAM TREATMENT DELIVERY

77520 Proton treatment delivery; simple, without compensation

77522 simple, with compensation

77523 intermediate

77525 complex

4.6.8 HYPERTHERMIA

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

4.6.9 CLINICAL INTRACAVITARY HYPERTHERMIA

77620 Hyperthermia generated by intracavitary probe(s)

4.6.10 CLINICAL BRACHYTHERAPY

77750 Infusion or instillation of radioelement solution (includes 3- month follow-up care)

77761 Intracavitary radiation source application; simple

77762 intermediate

77763 complex

77767 Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel

77768 lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions

77770 Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel

77771 2-12 channels

77772 over 12 channels

77778 Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source, when performed

77789 Surface application of low dose radionuclide source

77799 Unlisted procedure, clinical brachytherapy

4.7 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.

4.7.1 DIAGNOSTIC

4.7.1.1 ENDOCRINE SYSTEM

78012 Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)

78013 Thyroid imaging (including vascular flow, when performed);

78014 with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)

78015 Thyroid carcinoma metastases imaging; limited area (eg, neck and chest only)

78016 with additional studies (eg, urinary recovery)

78018 whole body

78020 Thyroid carcinoma metastases uptake (List separately in addition to primary procedure)

78070 Parathyroid planar imaging (including subtraction, when performed);

78071 with tomographic (SPECT)

78075 Adrenal imaging, cortex and/or medulla

78099 Unlisted endocrine procedure, diagnostic nuclear medicine

4.7.1.2 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
78185	Spleen imaging only, with or without vascular flow
78191	Platelet survival study
78195	Lymphatics and lymph nodes imaging
78199	Unlisted hematopoietic, reticuloendothelial and lymphatic procedure, diagnostic nuclear medicine

4.7.1.3 GASTROINTESTINAL SYSTEM

78201	Liver imaging; static only
78202	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 imaging study (eg, solid, liquid or both)
78265	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit
78266	with small bowel transit and colon transit, multiple days
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

4.7.1.4 MUSCULOSKELETAL SYSTEM

78300	Bone and/or joint imaging; limited area
78305	multiple areas
78306	whole body
78315	three phase study
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

4.7.1.5 CARDIOVASCULAR SYSTEM

- 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)
- 78452 Multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection
- 78453 Planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)
- 78454 Planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection
- 78456 Acute venous thrombosis imaging, peptide
- 78457 Venous thrombosis imaging, venogram; unilateral
- 78458 bilateral
- 78459 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion(s) and/or ejection fraction(s), when performed), single study;
- 78429 with concurrently acquired computed tomography transmission scan
- 78466 Myocardial imaging, infarct avid, planar; qualitative or quantitative
- 78468 with ejection fraction by first pass technique
- 78469 tomographic SPECT with or without quantification
- 78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing
- 78473 multiple studies, wall motion study plus ejection fraction, at rest and stress (exercise and/or pharmacologic), with or without additional quantification
- 78481 Cardiac blood pool imaging, (planar), first pass technique; single study, at rest or with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification
- 78483 multiple studies, at rest and with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification
- 78491 Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion(s) and/or ejection fraction(s), when performed); single study at rest or stress (exercise or pharmacologic)
- 78430 single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan
- 78492 multiple studies at rest and stress (exercise or pharmacologic)
- 78431 multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan

- 78432 Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability);
- 78433 with concurrently acquired computed tomography transmission scan
- 78494 Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing
- 78496 Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique
- 78499 Unlisted cardiovascular procedure, diagnostic nuclear medicine

4.7.1.6 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
- 78599 Unlisted respiratory procedure; diagnostic nuclear medicine

4.7.1.7 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
- 78610 Brain imaging, vascular flow only
- 78630 Cerebrospinal fluid flow, imaging (not including introduction of material); cisternography
- 78635 ventriculography
- 78645 shunt evaluation
- 78650 Cerebrospinal fluid leakage detection and localization
- 78660 Radio-pharmaceutical dacryocystography
- 78699 Unlisted nervous system procedure, diagnostic nuclear medicine

4.7.1.8 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)
- 78725 Kidney function study, non-imaging radioisotopic study
- 78730 Urinary bladder residual study (List separately in addition to primary procedure)
- 78740 Ureteral reflux study (radio-pharmaceutical voiding cystogram)

- 78761 Testicular imaging with vascular flow
- 78799 Unlisted genitourinary procedure, diagnostic nuclear medicine

4.7.1.9 OTHER PROCEDURES

- 78800 Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, single area (eg, head, neck, chest, pelvis), single day imaging
- 78801 planar, 2 or more areas (eg, abdomen and pelvis, head and chest), 1 or more days imaging or single area imaging over 2 or more days
- 78802 planar, whole body, single day imaging
- 78804 planar, whole body, requiring 2 or more days imaging
- 78803 tomographic (SPECT), single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging
- 78830 tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging
- 78831 tomographic (SPECT), minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days
- 78832 tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days
- 78835 Radiopharmaceutical quantification measurement(s) single area (List separately in addition to code for primary procedure)
- 78999 Unlisted miscellaneous procedure, diagnostic nuclear medicine

4.7.2 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
- 79440 by intra-articular administration
- 79445 by intra-arterial particulate administration
- 79999 Unlisted radio-pharmaceutical therapeutic procedure

5 RADIOPHARMACEUTICAL IMAGING AGENTS

5.1 GENERAL INFORMATION AND RULES

Report and Invoice Required

ORDERED AMBULATORY

eMedNY > Procedure Codes



Department
of Health

A4641	Radiopharmaceutical, diagnostic, not otherwise classified
A4642	Indium IN-111 satumomab pendetide, diagnostic, per study dose, up to 6 millicuries
A9500	Technetium TC-99m sestamibi, diagnostic, per study dose
A9501	Technetium TC-99m teboroxime, diagnostic, per study dose
A9502	Technetium TC-99m tetrofosmin, diagnostic, per study dose
A9503	Technetium TC-99m medronate, diagnostic, per study dose, up to 30 millicuries
A9504	Technetium TC-99m apcitide, diagnostic, per study dose, up to 20 millicuries
A9505	Thallium TI-201 thallous chloride, diagnostic, per millicurie
A9507	Indium IN-111 capromab pendetide, diagnostic, per study dose, up to 10 millicuries
A9508	Iodine I-131 iobenguane sulfate, diagnostic, per 0.5 millicurie
A9509	Iodine I-123 sodium iodide, diagnostic, per millicurie
A9510	Technetium Tc-99m disofenin, diagnostic, per study dose, up to 15 millicuries
A9512	Technetium T-99m pertechnetate, diagnostic, per millicurie
A9513	Lutetium lu 177, dotatate, therapeutic, 1 millicurie
A9515	Choline C-11, diagnostic, per study dose up to 20 millicuries
A9516	Iodine I-123 sodium iodide, diagnostic, per 100 microcuries, up to 999 microcuries
A9517	Iodine I-131 sodium iodide capsule(s), therapeutic, per millicurie
A9520	Technetium Tc-99m tilmanocept, diagnostic, up to 0.5 millicuries
A9521	Technetium T-99m exametazime, diagnostic, per study dose, up to 25 millicuries
A9524	Iodine I-131 iodinated serum albumin, diagnostic, per 5 microcuries
A9526	Nitrogen N-13 ammonia, diagnostic, per study dose, up to 40 millicuries
A9527	Iodine I-125, sodium iodide solution, therapeutic, per millicurie
A9528	Iodine I-131 sodium iodide capsule(s), diagnostic, per millicurie
A9529	Iodine I-131 sodium iodide solution, diagnostic, per millicurie
A9530	Iodine I-131 sodium iodide solution, therapeutic, per millicurie
A9531	Iodine I-131 sodium iodide, diagnostic, per microcurie (up to 100 microcuries)
A9532	Iodine I-125 serum albumin, diagnostic, per 5 microcuries
A9536	Technetium Tc-99m depreotide, diagnostic, per study dose, up to 35 millicuries
A9537	Technetium Tc-99m mebrofenin, diagnostic, per study dose, up to 15 millicuries
A9538	Technetium Tc-99m pyrophosphate, diagnostic, per study dose, up to 25 millicuries
A9539	Technetium Tc-99m pentetate, diagnostic, per study dose, up to 25 millicuries
A9540	Technetium Tc-99m macroaggregated albumin, diagnostic, per study dose, up to 10 millicuries
A9541	Technetium Tc-99m sulfur colloid, diagnostic, per study dose, up to 20 millicuries
A9542	Indium IN-111 ibritumomab tiuxetan, diagnostic, per study dose, up to 5 millicuries
A9543	Yttrium Y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 millicuries
A9546	Cobalt Co-57/58, cyanocobalamin, diagnostic, per study dose, up to 1 microcurie
A9547	Indium IN-111 oxyquinoline, diagnostic, per 0.5 millicurie
A9548	Indium IN-111 pentetate, diagnostic, per 0.5 millicurie
A9550	Technetium Tc-99m sodium gluceptate, diagnostic, per study dose, up to 25 millicurie
A9551	Technetium Tc-99m succimer, diagnostic, per study dose, up to 10 millicuries
A9552	Fluorodeoxyglucose F-18 FDG, diagnostic, per study dose, up to 45 millicuries

A9553	Chromium Cr-51 sodium chromate, diagnostic, per study dose, up to 250 microcuries
A9554	Iodine I-125 sodium iothalamate, diagnostic, per study dose, up to 10 microcuries
A9555	Rubidium Rb-82, diagnostic, per study dose, up to 60 millicuries
A9557	Technetium Tc-99m bismuth, 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 pentetate, diagnostic, per study dose, up to 6 millicuries
A9580	Sodium fluoride F-18, diagnostic, per study dose, up to 30 millicuries
A9582	Iodine I-123 iobenguane, diagnostic, per study dose, up to 15 millicuries
A9584	Iodine I-123 ioflupane, diagnostic, per study dose, up to 5 millicuries
A9587	Gallium Ga-68, dotatate, diagnostic, 0.1 millicurie
A9588	Fluciclovine F-18, diagnostic, 1 millicurie
A9589	Instillation, hexaminolevulinate hydrochloride, 100 mg
A9590	Iodine I-131, iobenguane, 1 millicurie
A9596	Gallium ga-68 gozetotide, diagnostic, (iluccix), 1 millicurie
A9597	Positron emission tomography radiopharmaceutical, diagnostic, for tumor identification, not otherwise classified
A9598	Positron emission tomography radiopharmaceutical, diagnostic, for non-tumor identification, not otherwise classified
A9600	Strontium Sr-89 chloride, therapeutic, per millicurie
A9601	Flortaucipir f 18 injection, diagnostic, 1 millicurie
A9602	Fluorodopa f-18, diagnostic, per millicurie
A9604	Samarium SM-153 lexidronam, therapeutic, per treatment dose, up to 150 millicuries
A9606	Radium Ra-223 dichloride, therapeutic, per microcurie
A9607	Lutetium lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie
A9699	Radiopharmaceutical, therapeutic, not otherwise classified
A9800	Gallium ga-68 gozetotide, diagnostic, (locametz), 1 millicurie

6 POSITRON EMISSION TOMOGRAPHY (PET)

6.1 GENERAL INFORMATION AND RULES

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

<u>78608</u>	Brain imaging, positron emission tomography (PET); metabolic evaluation
<u>78609</u>	perfusion evaluation
<u>78811</u>	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)
<u>78812</u>	skull base to mid-thigh
<u>78813</u>	whole body
<u>78814</u>	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)
<u>78815</u>	skull base to mid-thigh
<u>78816</u>	whole body

7 MEDICINE

7.1 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.)

7.2 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 (HBIG), 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
90377	Rabies immune globulin, heat- and solvent/detergent-treated (RIG-HT S/D), 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

7.3 IMMUNIZATION ADMINISTRATION FOR VACCINES/TOXOIDS

90460	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered)
90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or

- intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)
- 90472 Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure))
- 90473 Immunization administration by intranasal or oral route; one vaccine (single or combination vaccine/toxoid)
- 90474 Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure))

7.4 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
- 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
- 90651 Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9Vhpv), 2 or 3 dose schedule, for intramuscular use
- 90653 Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use
- 90654 Influenza vaccine, trivalent (IIV3), split virus, preservative-free, for intradermal use
- 90655 Influenza virus vaccine, trivalent, split virus, preservative-free, 0.25 mL dosage, for intramuscular use
- 90656 Influenza virus vaccine, trivalent, split virus, preservative-free, 0.5 mL dosage, for intramuscular use
- 90657 Influenza virus vaccine, trivalent, split virus, 0.25 mL dosage, for intramuscular use
- 90658 Influenza virus vaccine, trivalent, split virus, 0.5 mL dosage, for intramuscular use
- 90660 Influenza virus vaccine, trivalent, live, for intranasal use
- 90672 Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use

ORDERED AMBULATORY

eMedNY > Procedure Codes



Department
of Health

90661	Influenza virus vaccine, trivalent (cclIV3), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use
90674	Influenza virus vaccine; quadrivalent (cclIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use
90756	Influenza virus vaccine, quadrivalent (cclIV4), derived from cell cultures, subunit, antibiotic free, 0.5 ml dosage, for intramuscular use
90673	Influenza virus vaccine, trivalent, derived from recombinant DNA (RIV3), hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use
90662	Influenza virus vaccine, split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use
90670	Pneumococcal conjugate vaccine, 13 valent, for intramuscular use
90671	Pneumococcal conjugate vaccine, 15 valent (PCV15), for intramuscular use
90677	Pneumococcal conjugate vaccine, 20 valent (PCV20), 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
90682	Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use
90685	Influenza virus vaccine, quadrivalent, split virus, preservative free, 0.25 mL dosage, for intramuscular use
90686	Influenza virus vaccine, quadrivalent, split virus, preservative free, 0.5 mL dosage, for intramuscular use
90687	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 mL dosage, for intramuscular use
90688	Influenza virus vaccine, quadrivalent, split virus, 0.5 mL dosage, for intramuscular use
90694	Influenza virus vaccine, quadrivalent, (aIIV4), inactivated, adjuvanted, preservative free, 0.5 mL dosage, for intramuscular use.
90690	Typhoid vaccine, live, oral
90691	Typhoid vaccine, Vi capsular polysaccharide (ViCPs), for intramuscular 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
90697	Diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine, Haemophilus influenzae type b PRP-OMP conjugate vaccine, and hepatitis B vaccine (DTaP-IPV-Hib-HepB), 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
90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use
90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use

ORDERED AMBULATORY

eMedNY > Procedure Codes



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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
90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Hepatitis B, and poliovirus vaccine, inactivated (DTaP-HepB-IPV), for intramuscular 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, serogroups A,C,Y,W-135,quadrivalent (MPSV4), for subcutaneous use
90734	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 (quadrivalent) (MCV4 or MenACWY) for intramuscular use
90619	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, tetanus toxoid carrier (MenACWY-TT), for intramuscular use
90620	Meningococcal recombinant protein and outer membrane vesicle vaccine, Serogroup B (MenB-4C), 2 dose schedule, for intramuscular use
90621	Meningococcal recombinant lipoprotein vaccine, Serogroup B (MenB-FHbp), 2 or 3 dose schedule, for intramuscular use
90736	Zoster (shingles) vaccine, live, for subcutaneous injection
90750	Zoster (shingles) vaccine (HZV), recombinant, subunit, adjuvanted, for intramuscular use
90738	Japanese encephalitis virus vaccine, inactivated, for intramuscular use
90739	Hepatitis B vaccine (HepB), CpG-adjuvanted, adult dosage, 2 dose or 4 dose schedule, 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
90759	Hepatitis B vaccine (HepB), 3-antigen (S, Pre-S1, Pre-S2), 10 mcg dosage, 3 dose schedule, for intramuscular use
90747	dialysis or immunosuppressed patient dosage (4 dose schedule), for
90748	Hepatitis B and Hemophilus influenza B vaccine (HepB –Hib), for intramuscular use
90749	Unlisted vaccine/toxoid

8 J CODE DRUGS

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.

8.1 MISCELLANEOUS DRUGS

J0129	Abatacept, 10 mg, (not for self-administered)
J0134	Acetaminophen (fresenius kabi) not therapeutically equivalent to J0131, 10 mg
J0136	Acetaminophen (b braun) not therapeutically equivalent to J0131, 10 mg
J0180	Agalsidase beta, 1 mg
J0185	Aprepitant, 1 mg
J0202	Alemtuzumab, 1 mg
J0207	Amifostine, 500 mg
J0208	Sodium thiosulfate, 100 mg
J0215	Alefacept (Amevive), 0.5 mg
J0218	Olipudase alfa-rpcp, 1mg
J0219	Avalglucosidase alfa-ngpt, 4 mg
J0221	Alglucosidase alfa, (lumizyme), 10 mg
J0223	Givosiran, 0.5 mg
J0224	Lumasiran, 0.5 mg
J0225	Vutrisiran, 1 mg
J0256	Alpha 1proteinase inhibitor (human), not otherwise specified, 10 mg
J0401	Aripiprazole, extended release, 1 mg
J0456	Azithromycin, 500 mg
J0491	Anifrolumab-fnia, 1 mg
J0517	Benralizumab, 1 mg
J0565	Bezlotoxumab, 10 mg
J0567	Cerliponase alfa, 1 mg
J0584	Burosumab-twza, 1 mg
J0585	Onabotulinumtoxina, 1 unit
J0586	Abobotulinumtoxina, 5 units
J0587	Rimabotulinumtoxinb, 100 units
J0598	C1 esterase inhibitor (human), cinryze, 10 units
J0599	C1 esterase inhibitor (human), (haegarda), 10 units
J0611	Calcium gluconate (wg critical care), per 10 ml
J0640	Leucovorin calcium, 50 mg

ORDERED AMBULATORY

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J0641	Levoleucovorin, not otherwise specified, 0.5 mg
J0642	Levoleucovorin (Khapzory), 0.5 mg
J0696	Ceftriaxone sodium, per 250 mg
J0697	Sterile cefuroxime sodium, per 750 mg
J0712	Ceftaroline fosamil, 10 mg
J0717	Certolizumab pegol, 1 mg (must be administered under direct physician supervision, not for self-administration)
J0739	Cabotegravir, 1 mg
J0740	Cidofovir, 375 mg
J0741	Cabotegravir and rilpivirine, 2mg/3mg
J0795	Corticotropin ovine triflutate, 1 mcg
J0875	Dalbavancin, 5 mg
J0877	Daptomycin (hospira), not therapeutically equivalent to J0878, 1 mg
J0878	Daptomycin, 1 mg
J0881	Darbepoetin alfa, 1 mcg (non-ESRD use)
J0882	Darbepoetin alfa, 1 mcg (for ESRD on dialysis)
J0885	Epoetin alfa, (non-ESRD use), 1000 units
J0893	Decitabine (sun pharma) not therapeutically equivalent to J0894, 1 mg
J0894	Decitabine, 1 mg
J0896	Luspatercept-aamt, 0.25 mg
J0897	Denosumab, 1 mg
J1050	Medroxyprogesterone acetate, 1 mg (J1050 Should not be billed in addition to the all-inclusive clinic rate)
J1100	Dexamethasone sodium phosphate, 1 mg
J1190	Dexrazoxane HCl, per 250 mg
J1201	Cetirizine hydrochloride, 0.5 mg
J1260	Dolasetron mesylate, 10 mg
J1300	Eculizumab, 10 mg
J1301	Edaravone, 1 mg
J1302	Sutimlimab-jome, 10 mg
J1303	Ravulizumab-cwvz, 10 mg
J1305	Evinacumab-dgnb, 5mg
J1306	Inclisiran, 1 mg
J1322	Elosulfase alfa, 1 mg
J1426	Casimersen, 10 mg
J1427	Viltolarsen, 10 mg
J1428	Eteplirsen, 10 mg
J1429	Golodirsen, 10 mg
J1436	Etidronate disodium, per 300 mg
J1437	Ferric derisomaltose, 10 mg
J1438	Etanercept, 25 mg, (not for self-administration)
J1442	Filgrastim (g-csf), excludes biosimilars, 1 microgram
J1447	Tbo-filgrastim, 1 microgram
J1448	Trilaciclib, 1mg

ORDERED AMBULATORY

eMedNY > Procedure Codes



Department
of Health

J1449	Eflapegrastim-xnst, 0.1mg
J1450	Fluconazole, 200 mg
J1452	Fomivirsen sodium, intraocular, 1.65 mg
J1453	Fosaprepitant, 1 mg
J1454	Fosnetupitant 235 mg and palonestron 0.25 mg
J1458	Galsulfase, 1 mg
J1459	Immune globulin (Privigen), intravenous, non-lyophilized (e.g. liquid), 500 mg
J1460	Gamma globulin, intramuscular, 1 cc
J1551	Immune globulin (Cutaquig), 100 mg
J1554	Immune globulin (Asceniv), 500 mg
J1555	Immune globulin, (Cuvitru), 100 mg
J1556	Immune globulin Bivigam, 500 mg
J1557	Immune globulin, (gammaplex), intravenous, non-lyophilized (e.g., liquid), 500 mg
J1558	Immune globulin (xembify), 100 mg
J1560	Gamma globulin, intramuscular, over 10 cc
J1561	Immune globulin, (gamunex-C/gammaked), non-lyophilized (e.g. liquid), 500 mg
J1562	Immune globulin (Vivaglobin), 100 mg
J1566	Immune globulin, intravenous, lyophilized (e.g. powder), not otherwise specified, 500 mg
J1568	Immune globulin, (Octagam), intravenous, non-lyophilized (e.g. liquid), 500 mg
J1569	Immune globulin, (gammagard liquid), non-lyophilized, (e.g. liquid), 500 mg
J1570	Ganciclovir sodium, 500 mg
J1572	Immune globulin, (flebogamma/flebogamma DIF), intravenous, non-lyophilized (e.g. liquid), 500 mg
J1574	Ganciclovir sodium (exela) not therapeutically equivalent to J1570, 500 mg
J1575	Immune Globulin/Hyaluronidase (HYQVIA), 100 mg
J1595	Glatiramer acetate, 20 mg
J1599	Immune globulin, intravenous, non-lyophilized (e.g. liquid), not otherwise specified, 500 mg
J1611	Glucagon hydrochloride (fresenius kabi), not therapeutically equivalent to J1610, per 1 mg
J1626	Granisetron HCl, 100 mcg
J1627	Granisetron, extended-release, 0.1 mg
J1628	Guselkumab, 1 mg
J1631	Haloperidol decanoate, per 50 mg
J1640	Hemin, 1 mg
J1652	Fondaparinux sodium, 0.5 mg
J1655	Tinzaparin sodium, 1000 IU
J1726	Hydroxyprogesterone caproate, (Makena), 10 mg
J1729	Hydroxyprogesterone caproate, not otherwise specified, 10 mg
J1738	Meloxicam, 1mg
J1740	Ibandronate sodium, 1 mg
J1741	Ibuprofen, 100 mg
J1743	Idursulfase, 1 mg

ORDERED AMBULATORY

eMedNY > Procedure Codes



Department
of Health

J1745	Infliximab (Remicade), 10 mg
J1746	Ibalizumab-uiyk, 10 mg
J1747	Spesolimab-sbzo, 1 mg
J1750	Iron dextran, 50 mg
J1786	Imiglucerase, 10 units
J1823	Inebilizumab-cdon, 1 mg
J1826	Interferon beta-1a, 30 mcg
J1830	Interferon beta-1b, 0.25 mg (not for self-administration)
J1930	Lanreotide, 1 mg
J1932	Lanreotide, (cipl), 1 mg
J1943	Aripoprazole lauroxil, (Aristada Initio), 1 mg
J1944	Aripoprazole lauroxil, (Aristada), 1 mg
J1950	Leuprolide acetate (for depot suspension), per 3.75 mg
J1951	Leuprolide acetate for depot suspension (Fensolvi), per 0.25 mg
J1952	Leuprolide injectable, camcevi, 1 mg
J1954	Lutrate depot 7.5 mg
J2182	Mepolizumab, 1 mg
J2311	Naloxone hydrochloride (zimhi), 1 mg
J2315	Naltrexone, 1 mg
J2323	Natalizumab, 1 mg
J2326	Nusinersen, 0.1 mg
J2327	Risankizumab-rzaa, intravenous, 1 mg
J2350	Ocrelizumab, 1 mg
J2353	Octreotide, depot form for intramuscular injection, 1 mg
J2355	Oprelvekin, 5 mg
J2356	Tezepelumab-ekko, 1 mg
J2358	Olanzapine, long-acting, 1 mg
J2405	Ondansetron HCl, per 1 mg
J2406	Oritavancin (kimyrsa), 10 mg
J2407	Oritavancin, 10 mg
J2425	Palifermin, 50 mcg
J2426	Paliperidone palmitate extended release, 1 mg
J2430	Pamidronate disodium, per 30
J2469	Palonosetron HCl (Aloxi), 25 mcg
J2502	Pasireotide long acting, 1mg
J2504	Pegademase bovine, 25 IU
J2506	Pegfilgrastim, excludes biosimilar, 0.5 mg
J2513	Pentastarch, 10% solution, 100 ml
J2545	Pentamidine isethionate, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per 300 mg
J2562	Plerixafor, 1 mg
J2597	Desmopressin acetate, per 1 mcg
J2680	Fluphenazine decanoate, up to 25 mg
J2770	Quinupristin/dalfopristin, 500 mg (150/350)

ORDERED AMBULATORY

eMedNY > Procedure Codes



Department
of Health

J2777	Faricimab-svoa, 0.1 mg
J2779	Ranibizumab, via intravitreal implant (susvimo), 0.1 mg
J2783	Rasburicase, 0.5 mg
J2786	Reslizumab, 1 mg
J2793	Rilonacept, 1 mg
J2794	Risperidone, (Risperdal consta), 0.5 mg
J2796	Romiplostim, 10 micrograms
J2797	Rolapitant, 0.5 mg
J2798	Risperidone (perseris), 0.5 mg
J2840	Sebelipase alfa, 1 mg
J2860	Siltuximab, 10 mg
J2997	Alteplase recombinant, 1 mg
J2998	Plasminogen, human-tvmh, 1 mg
J3032	Eptinezumab-jjmr, 1 mg
J3090	Tedizolid phosphate, 1 mg
J3110	Teriparatide, 10 mcg
J3240	Thyrotropin alpha (Thyrogen), 0.9 mg, provided in 1.1 mg vial
J3241	Teprotumumab-trbw, 10 mg
J3245	Tildrakizumab, 1 mg
J3285	Treprostinil, 1 mg
J3299	Triamcinolone acetonide (xipere), 1 mg
J3304	Triamcinolone acetonide, preservative free, extended-release, 1 mg
J3305	Trimetrexate glucuronate, per 25 mg
J3316	Triptorelin, extended-release, 3.75 mg
J3358	Ustekinumab, for intravenous injection, 1 mg
J3380	Vedolizumab, 1 mg
J3385	Velaglucerase alfa, 100 units
J3397	Vestronidase alfa-vjbk, 1 mg
J3398	Voretigene neparvovec-rzyl, 1 billion vector genomes
J3399	Onasemnogene abeparvovec-xioi, per treatment, up to 5×10^{15} vector genomes
J3472	Hyaluronidase, ovine, preservative free, per 1000 USP units
J3490	Unclassified drugs
J3590	Unclassified biologics
J3591	Unclassified Drug or Biological used for ESRD on dialysis
J7030	Infusion, normal saline solution (or water), 1000 cc
J7040	Infusion, normal saline solution (or water), sterile (500 ml = 1 unit)
J7042	5% dextrose/normal saline (500 ml = 1 unit)
J7050	Infusion, normal saline solution (or water), 250 cc
J7060	5% dextrose/water (500 ml = 1 unit)
J7070	Infusion, D5W, 1000 cc
J7100	Infusion, Dextran 40, 500 ml
J7110	Infusion, Dextran 75, 500 ml
J7120	Ringers lactate infusion, up to 1000 cc
J7121	5% Dextrose in lactated ringers infusion, up to 1000 cc

ORDERED AMBULATORY

eMedNY > Procedure Codes



Department
of Health

J7131	Hypertonic saline solution, 1 ml
J7168	Prothrombin complex concentrate (human), Kcentra, per IU of factor IX activity
J7169	Coagulation Factor xa (recombinant), inactivated-zhzo (andexxa), 10 mg
J7170	Emicizumab-kxwh; 0.5 mg
J7175	Factor X, (human), 1 IU
J7179	von Willebrand factor (recombinant), (vonvendi), 1IU
J7180	Factor XIII (antihemophilic factor, human), 1 IU
J7181	Factor XIII a-subunit,(recombinant),per IU
J7182	Factor VIII, (antihemophilic factor; recombinant),(novoeight),per IU
J7185	Factor VIII, (antihemophilic factor; recombinant) (Xyntha), per IU
J7186	Antihemophilic factor VIII/von Willebrand factor complex (human), per factor VIII IU
J7187	Von Willebrand Factor Complex (Humate-P) per IU VWF: RCO
J7188	Factor VIII (antihemophilic factor, recombinant), (obizur) per i.u
J7189	Factor VIIA (antihemophilic factor, recombinant), per 1 microgram
J7190	Factor VIII antihemophilic factor; human, per IU
J7191	Factor VIII, antihemophilic factor (porcine), per IU
J7192	Factor VIII (antihemophilic factor; recombinant), per IU,not otherwise specified
J7193	Factor IX (antihemophilic factor; purified, non-recombinant), per IU
J7194	Factor IX, complex, per IU
J7195	Factor IX (antihemophilic factor, recombinant), per IU, not otherwise specified
J7197	Antithrombin III (human), per IU
J7198	Anti-inhibitor, per IU
J7199	Hemophilia clotting factor; not otherwise classified
J7200	Factor IX,(antihemophilic factor; recombinant), rixubis, per iu
J7201	Factor IX, fc fusion protein (recombinant),per iu
J7202	Factor IX, albumin fusion protein, (recombinant), idelvion, 1 IU
J7204	Factor VIII, Antihemophilic factor (recombinant), (esperoct), glycopegylated-exei, per iu
J7205	Factor VIII Fc fusion protein (recombinant), per iu
J7207	Factor VIII, (antihemophilic factor, recombinant), pegylated, 1 IU
J7208	Factor VIII, (antihemophilic factor, recombinant), pegylated-aucl, 1 IU
J7209	Factor VIII, (antihemophilic factor, recombinant), (nuwiq), 1 IU
J7210	Factor VIII, (antihemophilic factor, recombinant), (afstyla), 1 IU
J7211	Factor VIII, (antihemophilic factor, recombinant), (kovaltry), 1 IU
J7212	Factor viia (antihemophilic factor, recombinant)-jncw (sevenfact), 1 microgram
J7294	Segesterone acetate and ethinyl estradiol 0.15mg, 0.013mg per 24 hours; yearly vaginal system, each
J7295	Ethinyl estradiol and etonogestrel 0.015mg, 0.12mg per 24 hours; monthly vaginal ring, each
J7296	Levonorgestrel-releasing intrauterine contraceptive system,(kyleena), 19.5 mg
J7297	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 3 year duration
J7298	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 5 year duration
J7300	Intrauterine copper contraceptive
J7301	Levonorgestrel-releasing intrauterine contraceptive system, 13.5 mg

J7306	Levonorgestrel (contraceptive) implant system, including implants and supplies
J7307	Etonogestrel (contraceptive) implant system, including implant and supplies
J7310	Ganciclovir, 4.5 mg, long-acting implant
J7311	Fluocinolone acetonide, intravitreal implant, (Retisert), 0.01 mg
J7313	Fluocinolone acetonide, intravitreal implant, (Iluvien), 0.01 mg
J7345	Aminolevulinic acid hcl for topical administration, 10% gel, 10 mg
J7351	Bimatoprost, intracameral implant, 1 microgram
J7402	Mometasone furoate sinus implant, (sinuva), 10 micrograms
J7501	Azathioprine, parenteral, 100 mg
J7504	Lymphocyte immune globulin, antithymocyte globulin, equine, parenteral, 250 mg
J7505	Muromonab-CD3, parenteral, 5 mg
J7999	Compounded drug, not otherwise classified
J8498	Antiemetic drug, rectal/suppository, not otherwise specified

8.2 ORAL CHEMOTHERAPY DRUGS

J8501	Aprepitant, oral, 5 mg
J8540	Dexamethasone, oral, 0.25 mg
J8597	Antiemetic drug, oral, not otherwise specified
J8650	Nabilone, oral, 1 mg

8.3 INJECTABLE CHEMOTHERAPY DRUGS

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

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

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

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

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

J9000	Doxorubicin HCl (Adriamycin), 10 mg
J9015	Aldesleukin, per single use vial
J9017	Arsenic trioxide (Trisenox), 1 mg
J9019	Asparaginase (Erwinaze), 1,000 iu
J9020	Asparaginase (Elspar) 10,000 Units

ORDERED AMBULATORY

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Department
of Health

J9021	Asparaginase, recombinant, (rylaze), 0.1 mg
J9022	Atezolizumab, 10 mg
J9023	Avelumab, 10 mg
J9025	Azacitidine, 1 mg
J9027	Clofarabine, 1 mg
J9030	BCG live (Intravesical Instillation),1 mg
J9032	Belinostat, 10 mg (BR)
J9033	Bendamustine HCL (Treanda), 1 mg
J9034	Bendamustine HCL (Bendeka), 1 mg
J9035	Bevacizumab, 10 mg
J9036	Bendamustine HCL, 1 mg
J9037	Belantamab mafodotin-BLMF, 0.5 mg
J9039	Blinatumomab, 1 microgram
J9040	Bleomycin sulfate (Lenoxane), 15 units
J9041	Bortezomib, 0.1 mg
J9042	Injection, brentuximab vedotin, 1 mg
J9043	Cabazitaxel, 1 mg
J9045	Carboplatin, 50 mg
J9046	Bortezomib, (dr. reddy's), not therapeutically equivalent to J9041, 0.1 mg
J9048	Bortezomib (fresenius kabi), not therapeutically equivalent to J9041, 0.1 mg
J9049	Bortezomib (hospira), not therapeutically equivalent to J9041, 0.1 mg
J9047	Carfilzomib, 1 mg
J9050	Carmustine, 100 mg
J9055	Cetuximab, 10 mg
J9057	Injection, copanlisib, 1 mg
J9060	Cisplatin, powder or solution, per 10 mg
J9061	Amivantamab-vmjw, 2 mg
J9065	Cladribine, per 1 mg
J9070	Cyclophosphamide, 100 mg
J9071	Cyclophosphamide, (auromedics), 5 mg
J9098	Cytarabine liposome, 10 mg
J9100	Cytarabine, 100 mg
J9118	Calaspargase pegol-mknl, 10 units
J9119	Cemiplimab-rwlc, 1 mg
J9120	Dactinomycin (Cosmegen), 0.5 mg
J9130	Dacarbazine, 100 mg
J9144	Daratumumab, 10 mg and hyaluronidase-fihj
J9145	Daratumumab, 10 mg
J9150	Daunorubicin HCl, 10 mg
J9151	Daunorubicin citrate, liposomal formulation, 10 mg
J9153	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine
J9155	Degarelix, 1 mg
J9160	Denileukin diftitox, 300 mcg
J9165	Diethylstilbestrol diphosphate, 250 mg

ORDERED AMBULATORY

eMedNY > Procedure Codes



Department
of Health

J9171	Docetaxel, 1 mg
J9173	Injection, durvalumab, 10 mg
J9175	Elliotts' B solution, 1 ml
J9176	Elotuzumab, 1 mg
J9177	Enfortumab vedotin-ejfv 0.25mg
J9178	Epirubicin HCl, 2 mg
J9179	Eribulin mesylate, 0.1 mg
J9181	Etoposide, 10 mg
J9185	Fludarabine phosphate, 50 mg
J9190	Fluorouracil, 500 mg
J9196	Gemcitabine hcl (accord)
J9198	Gemcitabine hydrochloride, (infugem), 100 mg
J9200	Floxuridine (FUDR), 500 mg
J9201	Gemcitabine HCl, not otherwise specified, 200 mg
J9202	Goserelin acetate implant per 3.6 mg
J9203	Gemtuzumab ozogamicin, 0.1 mg
J9204	Mogamulizumab-kpkc, 1 mg
J9205	Irinotecan liposome, 1 mg
J9206	Irinotecan, 20 mg
J9207	Ixabepilone, 1 mg
J9208	Ifosfomide, 1 g
J9209	Mesna, 200 mg
J9210	Emapalumab-lxsg, 1 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
J9217	Leuprolide acetate (for depot suspension), 7.5 mg
J9218	Leuprolide acetate, per 1 mg
J9219^	Leuprolide acetate implant, 65 mg
J9223	Lurbinectedin, 0.1 mg
J9225	Histrelin implant (Vantas), 50 mg
J9226	Histrelin implant (Supprelin LA), 50 mg
J9227	Isatuximab-irfc, 10 mg
J9228	Ipilimumab, 1 mg
J9229	Injection, inotuzumab ozogamicin, 0.1 mg
J9230	Mechlorethamine HCl, (Nitrogen Mustard), 10 mg
J9245	Melphalan HCl, 50 mg
J9246	Melphalan (evomela), 1 mg
J9250	Methotrexate sodium, 5 mg
J9260	Methotrexate sodium, 50 mg
J9261	Nelarabine, 50 mg

ORDERED AMBULATORY

eMedNY > Procedure Codes



Department
of Health

J9262	Omacetaxine mepesuccinate, 0.01 mg
J9263	Oxaliplatin (Eloxatin), 0.5 mg
J9264	Paclitaxel protein-bound particles, 1 mg
J9266	Pegaspargase, per single dose vial
J9267	Paclitaxel, 1mg
J9268	Pentostatin, per 10 mg
J9269	Tagraxofusp-erzs, 10 mcg
J9270	Plicamycin, 2.5 mg
J9271	Pembrolizumab, 1 mg
J9272	Dostarlimab-gxly, 10 mg
J9273	Tisotumab vedotin-tftv, 1 mg
J9274	Tebentafusp-tebn, 1 mcg
J9280	Mitomycin, 5 mg
J9281	Mitomycin pyelocalyceal instillation, 1 mg
J9285	Olaratumab, 10 mg
J9293	Mitoxantrone HCl, per 5 mg
J9294	Pemetrexed, hospira 10mg
J9295	Necitumumab, 1 mg
J9296	Pemetrexed (accord) 10mg
J9297	Pemetrexed (sandoz) 10mg
J9298	Nivolumab and relatlimab-rmbw, 3 mg/1 mg
J9299	Nivolumab, 1 mg
J9301	Obinutuzumab, 10 mg
J9302	Ofatumumab, 10 mg
J9303	Panitumumab, 10 mg
J9304	Pemetrexed (pemfexy), 10 mg
J9305	Pemetrexed, 10 mg
J9306	Pertuzumab (Perjeta) 1 mg
J9307	Pralatrexate, 1 mg
J9308	Ramucirumab, 5 mg
J9309	Polatuzumab vedotin-piiq, 1 mg
J9311	Injection, rituximab 10 mg and hyaluronidase
J9312	Rituximab, 10 mg
J9313	Moxetumomab pasudotox-tdfk, 0,01 mg
J9314	Pemetrexed (teva) 10mg
J9316	Pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg
J9317	Sacituzumab govitecan-hziy, 2.5 mg
J9318	Romidepsin, non-lyophilized, 0.1 mg
J9319	Romidepsin, lyophilized, 0.1 mg
J9320	Streptozocin, 1 g
J9325	Talimogene laherparpvec, per 1 million plaque forming units
J9328	Temozolomide, 1 mg
J9330	Temsirolimus, 1 mg
J9331	Sirolimus protein-bound particles, 1 mg

ORDERED AMBULATORY

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Department
of Health

J9332	Efgartigimod alfa-fcab, 2mg
J9340	Thiotepa, 15 mg
J9348	Naxitamab-gqgk, 1 mg
J9349	Tafasitamab-cxix, 2 mg
J9351	Topotecan, 0.1 mg
J9352	Trabectedin, 0.1 mg
J9353	Margetuximab-cmkb, 5 mg
J9354	Ado-trastuzuman emtansine (Kadcyla) 1 mg
J9355	Trastuzumab, excludes biosimilar, 10 mg
J9356	Trastuzumab, 10 mg and hyaluronidase-oysk
J9357	Valrubicin, intravesical, 200 mg
J9358	Fam-trastuzumab deruxtecan-nxki, 1mg
J9359	Loncastuximab tesirine-lpyl, 0.075 mg
J9360	Vinblastine sulfate, 1 mg
J9370	Vincristine sulfate, 1 mg
J9371	Vincristine sulfate liposome (Marqibo), 1 mg
J9390	Vinorelbine tartrate, 10 mg
J9393	Fulvestrant (teva) not therapeutically equivalent to J9395, 25 mg
J9394	Fulvestrant (fresenius kabi) not therapeutically equivalent to J9395, 25 mg
J9395	Fulvestrant, 25 mg
J9400	Ziv-aflibercept (Zaltrap), 1 mg
J9600	Porfimer sodium, 75 mg
J9999	Not Otherwise Classified, Antineoplastic Drugs

9 Q CODES

Q0138	Ferumoxitol, for treatment of iron deficiency anemia, 1 mg (non-ESRD use)
Q2017	Teniposide, 50 mg
Q2041	Axicabtagene Ciloleucel, up to 200 million autologous Anti-CD19 CAR positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Q2042	Tisagenlecleucel, up to 600 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per infusion
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
Q2053	Brexucabtagene autoleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Q2054	Lisocabtagene maraleucel, up to 110 million autologous anti-cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Q2055	Idecabtagene vicleucel, up to 460 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose

Q2056	Ciltacabtagene autoleucel, up to 100 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Q5101	Filgrastim-sndz, biosimilar, (zarxio), 1 microgram
Q5103	Inflectra (Infliximab-dyyb), biosimilar, 10 mg
Q5104	Renflexis (Infliximab-abda), biosimilar, 10 mg
Q5107	Bevacizumab-awwb; 10 mg
Q5111	Pegfilgrastim-cbqv, biosimilar, 0.5 mg
Q5112	Trastuzumab-dttb; 10 mg
Q5113	Trastuzumab-pkrb; 10 mg
Q5114	Trastuzumab-dkst; 10 mg
Q5115	Rituximab-abbs, 10 mg
Q5116	Trastuzumab-qyyp; 10 mg
Q5117	Trastuzumab-anns; 10 mg
Q5118	Bevacizumab-bvzr; 10 mg
Q5119	Rituximab-pvvr; 10 mg
Q5120	Pegfilgrastim-bmez; 0.5 mg
Q5121	Infliximab-axxq; 10 mg
Q5123	Rituximab-arrx, 10 mg
Q5125	Filgrastim-ayow, 1 mcg
Q5126	Bevacizumab-maly, 10 mg
Q5128	Cimerli, 0.1 mg
Q5129	Vegzelma, 10 mg
Q5130	Fynetra, 0.5 mg

10 S CODES

S0013	Esketamine, nasal spray, 1 mg
S0189	Testosterone pellet, 75 mg
S0190	Mifepristone, oral, 200 mg (when administered for medically necessary non-surgical abortion)
S0191	Misoprostol, oral, 200 mg (when administered for medically necessary non-surgical abortion)
S9435^	Medical foods for inborn errors of metabolism (Reimbursement limited to Inborn Metabolic Disease Centers or Medical Directors of Inborn Metabolic Disease Centers)

11 HYDRATION, THERAPEUTIC, PROPHYLACTIC, DIAGNOSTIC INJECTIONS AND INFUSIONS, AND CHEMOTHERAPY AND OTHER HIGHLY COMPLEX DRUG OR HIGHLY COMPLEX BIOLOGIC AGENT ADMINISTRATION

11.1.1 HYDRATION

96360	Intravenous infusion, hydration; initial, 31 minutes to 1 hour
96361	each additional hour (List separately in addition to code for primary procedure)

11.1.2 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 code for primary procedure)
- 96367 additional sequential infusion of a new drug/substance, up to 1 hour (List separately in addition to code for primary procedure)
- 96368 concurrent infusion (List separately in addition to code for primary procedure)
- 96369 Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); initial, up to 1 hour, including pump set-up and
- 96371 additional pump set-up with establishment of new subcutaneous infusion site(s) (List separately in addition to code for primary procedure)
- 96372 Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular

11.1.3 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.

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

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

11.1.3.2 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)
- 96425 infusion technique, initiation of prolonged infusion (more than 8 hours), requiring the use of a portable or implantable pump

11.1.3.3 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

11.2 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)
- 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 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 tests 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

11.2.1 OTHER PROCEDURES

- 91200 Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report
- 91299 Unlisted diagnostic gastroenterology procedure

11.3 OPHTHALMOLOGY

11.3.1 GENERAL OPHTHALMOLOGICAL SERVICES

11.3.1.1 NEW PATIENT

- 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)

11.3.1.2 ESTABLISHED PATIENT

- 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)

11.3.2 SPECIAL OPHTHALMOLOGICAL SERVICES

- 92020 Gonioscopy (separate procedure)
- 92025 Computerized corneal topography, unilateral or bilateral, with interpretation and report
- 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)
- 92132 Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral
- 92133 Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve
- 92134 retina
- 92136 Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation (one or both eyes)

11.3.2.1 OPHTHALMOSCOPY

- 92230 Fluorescein angiography with interpretation and report
- 92235 Fluorescein angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral
- 92240 Indocyanine-green angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral
- 92242 Fluorescein angiography and indocyanine-green angiography (includes multiframe imaging) performed at the same patient encounter with interpretation and report, unilateral or bilateral
- 92250 Fundus photography with interpretation and report (one or both eyes)
- 92260 Ophthalmodynamometry (one or both eyes)

11.3.2.2 OTHER 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
- 92273 Electroretinography (ERG), with interpretation and report; full field (ie, ffERG, flash ERG, Ganzfeld (ERG)
- 92274 multifocal (mfERG)
- 92286 Anterior segment imaging with interpretation and report; with specular microscopy and endothelial cell analysis
- 92287 with fluorescein angiography

11.4 SPECIAL OTORHINOLARYNGOLOGIC SERVICES

11.4.1 VESTIBULAR FUNCTION TESTS, WITH ELECTRICAL RECORDING (EG, ENG)

- 92537 Caloric vestibular test with recording, bilateral; bithermal (ie, one warm and one cool irrigation in each ear for a total of four irrigations)
- 92538 monothermal (ie, one irrigation in each ear for a total of two irrigations)
- 92540 Basic vestibular evaluation, includes spontaneous nystagmus test with eccentric gaze fixation nystagmus, with recording, positional nystagmus test, minimum of 4 positions, with recording, optokinetic nystagmus test, bidirectional foveal and peripheral stimulation, with recording, and oscillating tracking test, with recording
- 92541 Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording
- 92542 Positional nystagmus test, minimum of 4 positions, with recording
- 92544 Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording
- 92545 Oscillating tracking test, with recording
- 92546 Sinusoidal vertical axis rotational testing
- 92517 Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP)
- 92518 ocular (oVEMP)
- 92519 cervical (cVEMP) and ocular (oVEMP)

11.4.2 AUDIOLOGIC FUNCTION TESTS

- 92550 Tympanometry and reflex threshold measurements
- 92551 Screening test, pure tone, air only
- 92552 Pure tone audiometry (threshold); air only
- 92553 air and bone
- 92555 Speech audiometry threshold;
- 92556 with speech recognition
- 92557 Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)
- 92563 Tone decay test
- 92565 Stenger test, pure tone
- 92567 Tympanometry (impedance testing)
- 92568 Acoustic reflex testing; threshold

- 92570 Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing
- 92571 Filtered speech test
- 92650 Auditory evoked potentials; screening of auditory potential with broadband stimuli, automated analysis
- 92651 for hearing status determination, broadband stimuli, with interpretation and report
- 92652 for threshold estimation at multiple frequencies, with interpretation and report
- 92653 neurodiagnostic, with interpretation and report
- 92587 Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report
- 92588 comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping, minimum of 12 frequencies), with interpretation and report

11.4.3 EVALUATIVE AND THERAPEUTIC SERVICES

- 92601 Diagnostic analysis of cochlear implant, patient younger than 7 years of age; with programming
- 92602 subsequent reprogramming
- 92603 Diagnostic analysis of cochlear implant, age 7 years or older; with programming
- 92604 subsequent reprogramming

11.5 CARDIOVASCULAR

11.5.1 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)
- 93242 External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; recording (includes connection and initial recording)
- 93246 External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; recording (includes connection and initial recording)

- 93228 External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional.
- 93229 technical support for connection and patient instructions for use, attended surveillance, analysis and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional.
- 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

11.5.2 CARDIOVASCULAR DEVICE MONITORING-IMPLANTABLE AND WEARABLE DEVICES

- 93279 Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system or leadless pacemaker system in one cardiac chamber
- 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 subcutaneous cardiac rhythm monitor 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, or leadless pacemaker system
- 93289 single, dual, or multiple lead transvenous implantable defibrillator system, including analysis of heart rhythm derived data elements
- 93261 implantable subcutaneous lead defibrillator system
- 93290 implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors
- 93291 subcutaneous cardiac rhythm monitor system, including heart rhythm derived data analysis
- 93292 wearable defibrillator system
- 93293 Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead

- pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days
- 93294 Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, or leadless pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional
- 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
- 93297 Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic 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
- 93298 subcutaneous cardiac rhythm monitor system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional

11.5.3 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).

- 93303 Transthoracic echocardiography for congenital cardiac anomalies; complete
- 93304 follow-up or limited study
- 93306 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography
- 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography
- 93308 follow-up or limited study
- 93312 Echocardiography, transesophageal, real time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report
- 93314 image acquisition, interpretation and report only
- 93315 Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report
- 93317 image acquisition, interpretation and report only
- 93318 Echocardiography, transesophageal (TEE) for monitoring purposes, including probe placement, real time 2-dimensional image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis
- 93319 3D echocardiographic imaging and postprocessing during transesophageal echocardiography, or during transthoracic echocardiography for congenital cardiac anomalies, for the assessment of cardiac structure(s) (eg, cardiac chambers and valves,

- left atrial appendage, interatrial septum, interventricular septum) and function, when performed (List separately in addition to code for echocardiographic imaging)
- 93320 Doppler echocardiography, pulsed wave and/or continuous wave with spectral display; complete
- 93321 follow-up or limited study
- 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
- 93351 including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional
- 93598 Cardiac output measurement(s) thermodilution or other indicator dilution method, performed during cardiac catheterization for the evaluation of congenital heart defects (List separately in addition to code for primary procedure)

11.5.4 INTRACARDIAC ELECTROPHYSIOLOGICAL PROCEDURES/STUDIES

- 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

11.5.5 NONINVASIVE PHYSIOLOGIC STUDIES AND PROCEDURES

- 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 report-generating software, automated, worn continuously for 24 hours or longer; including recording, scanning analysis, interpretation and report
- 93786 recording only

11.5.6 OTHER PROCEDURES

- 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)

11.6 NONINVASIVE VASCULAR DIAGNOSTIC STUDIES

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

11.6.1 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

11.7 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
- 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

11.7.1 EXTREMITY VENOUS STUDIES (INCLUDING DIGITS)

93970 Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study
93971 unilateral or limited study

11.7.2 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

11.7.3 EXTREMITY ARTERIAL VENOUS STUDIES

93985 Duplex scan of arterial flow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete bilateral study
93986 complete unilateral study
93990 Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)

11.8 PULMONARY

11.8.1 PULMONARY DIAGNOSTIC TESTING AND THERAPIES

Codes 94010-94729 include laboratory procedure(s), interpretation, and physician's services (except surgical and anesthesia services), unless otherwise stated.

94010 Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation
94011 Measurement of spirometric forced expiratory flows in an infant or child through 2 years of age
94012 Measurement of spirometric forced expiratory flows, before and after bronchodilator, in an infant or child through 2 years of age
94013 Measurement of lung volumes (ie, functional residual capacity [FRC], forced vital capacity [FVC], and expiratory reserve volume [ERV] in an infant or child through 2 years of age
94014 Patient-initiated spirometric recording per 30-day period of time; includes reinforced education, transmission of spirometric tracing, data capture, analysis of transmitted data, periodic recalibration and review and interpretation by a physician or other qualified health care professional
94015 recording (includes hook-up, reinforced education, data transmission, data

- capture, trend analysis, and periodic recalibration)
- 94060 Bronchodilation responsiveness, spirometry as in 94010, pre-and post-bronchodilator administration
 - 94070 Bronchospasm provocation evaluation, multiple spirometric determinations as in 94010, with administered agents (eg., antigen(s), cold air, methacholine)
 - 94150 Vital capacity, total (separate procedure)
 - 94200 Maximum breathing capacity, maximal voluntary ventilation
 - 94375 Respiratory flow volume loop
 - 94617 Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry; with electrocardiographic recording(s)
 - 94619 without electrocardiographic recordings.
 - 94618 Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry, and oxygen titration, when performed
 - 94621 Cardiopulmonary exercise testing including measurements of minute ventilation, CO₂ production, O₂ uptake and electrocardiographic recordings
 - 94625 Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; without continuous oximetry monitoring (per session)
 - 94626 with continuous oximetry monitoring (per session)
 - 94640 Pressurized or non-pressurized inhalation treatment for acute airway obstruction or for sputum induction for diagnostic purposes (eg, with aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing (IPPB) device)
 - 94642 Aerosol inhalation of pentamidine for pneumocystis pneumonia treatment or prophylaxis
 - 94664 Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device
 - 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
 - 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
 - 94729 Diffusing capacity (eg, carbon monoxide, membrane)

11.9 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.

11.9.1 ALLERGY TESTING

- 95060 Ophthalmic mucous membrane tests
- 95065 Direct nasal mucous membrane test

11.9.2 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)

11.9.3 SENSITIVITY TESTING

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

12 NEUROLOGY AND NEUROMUSCULAR PROCEDURES

12.1 ROUTINE ELECTROENCEPHALOGRAPHY (EEG)

- 95812 Electroencephalogram (EEG) extended monitoring; 41-60 minutes
- 95813 61-119 minutes
- 95816 Electroencephalogram (EEG); including recording awake and drowsy
- 95819 including recording awake and asleep
- 95822 recording in coma or sleep only
- 95830 Insertion by physician or other qualified health care professional of sphenoidal electrodes for electroencephalographic (EEG) recording

12.2 RANGE OF MOTION TESTING

- 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

12.3 ELECTROMYOGRAPHY

- 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
- 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)

12.4 ISCHEMIC MUSCLE TESTING AND GUIDANCE FOR CHEMODENERVATION

- 95875 Ischemic limb exercise test with serial specimen(s) acquisition for muscle(s) metabolite(s)

12.5 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
- 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

12.6 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

12.7 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) checkerboard or flash testing, central nervous system except glaucoma, with interpretation and report
- 95933 Orbicularis oculi (blink) reflex, by electrodiagnostic testing
- 95937 Neuromuscular junction testing (repetitive stimulation, paired stimuli), each nerve, any one method

12.8 SPECIAL EEG TESTS

- 95700 Electroencephalogram (EEG), continuous recording, with video when performed, setup, patient education, and takedown when performed, administered in person by EEG technologist, minimum of 8 channels
- 95705 Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; unmonitored
- 95706 with intermittent monitoring and maintenance
- 95707 with continuous, real-time monitoring and maintenance
- 95708 Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored
- 95709 with intermittent monitoring and maintenance
- 95710 with continuous, real-time monitoring and maintenance
- 95711 Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; unmonitored
- 95712 with intermittent monitoring and maintenance
- 95713 with continuous, real-time monitoring and maintenance
- 95714 Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored
- 95715 with intermittent monitoring and maintenance
- 95716 with continuous, real-time monitoring and maintenance

12.9 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

12.10 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

12.11 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

12.12 FUNCTIONAL BRAIN MAPPING

- 96020 Neurofunctional testing selection and administration during noninvasive imaging functional brain mapping, with test administered entirely by a physician or other qualified health care professional (ie, psychologist), with review of test results and report

13 ADAPTIVE BEHAVIOR TREATMENT

13.1 ADAPTIVE BEHAVIOR ASSESSMENTS

- 97151 Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan
- 97152 Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, each 15 minutes of the physician or other qualified health care professional, face-to-face with the patient, each 15 minutes

13.2 ADAPTIVE BEHAVIOR TREATMENT

- 97153 Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes
- 97154 Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes
- 97155 Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with home patient, each 15 minutes
- 97156 Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardians(s)/caregiver(s), each 15 minutes
- 97157 Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes
- 97158 Group adaptive behavior treatment with protocol modification, administered by

physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes

14 CENTRAL NERVOUS SYSTEM ASSESSMENTS/TESTS (e.g., NEURO-COGNITIVE, MENTAL STATUS, SPEECH TESTING)

14.1 ASSESSMENT OF APHASIA AND COGNITIVE PERFORMANCE TESTING

- 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
- 96112 Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour
- 96113 each additional 30 minutes (List separately in addition to code for primary procedure)

14.2 PSYCHOLOGICAL/NEUROPSYCHOLOGICAL TESTING

- 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]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour
- 96121 each additional hour (List separately in addition to code for primary procedure)
- 96132 Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour
- 96133 each additional hour (List separately in addition to code for primary procedure)
- 96136 Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes
- 96137 each additional 30 minutes (List separately in addition to code for primary procedure)

15 MISCELLANEOUS ORDERED AMBULATORY SERVICES

- 36430 Transfusion, blood or blood components
- 36511 Therapeutic apheresis; for white blood cells
- 36512 for red blood cells

36513	for platelets
36514	for plasma pheresis
36515	with extracorporeal immunoadsorption and plasma reinfusion
36516	with extracorporeal selective adsorption or selective filtration and plasma reinfusion
36522	Photopheresis, extracorporeal (For technical component see Modifier –TC)
38242	Allogeneic lymphocyte infusions
54240	Penile plethysmography
59020	Fetal contraction stress test
59025	Fetal non-stress test
98960	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient
98961	2-4 patients
98962	5-8 patients
99170	Anogenital examination magnified, in childhood for suspected trauma, including image recording when performed (99170 should not be billed in addition to the all-inclusive clinic rate or emergency room rate)
99195	Phlebotomy, therapeutic (separate procedure)
A0225	Ambulance service, neonatal transport, base rate, emergency transport, one way (Service limited to Hospital Based Ordered Ambulatory with a 740 specialty (Regional Perinatal Transportation))
A4264	Permanent implantable contraceptive intratubal occlusion device(s) and delivery system
G0108	Diabetes outpatient self-management training services, individual, per 30 minutes
G0109	group session (2 or more), per 30 minutes
G2023	Specimen collection for severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]), any specimen source).
S9445	Patient education, not otherwise classified, non-physician provider, individual, per session (The initial lactation counseling session should be a minimum of 45 minutes. Follow up sessions(s) should be a minimum of 30 minutes. Three sessions within 12-month period immediately following delivery.)
S9446	Patient education, not otherwise classified, non-physician provider, group, per session (Up to a maximum of eight participants in a group session. 60-minute minimum session length. One prenatal and one postpartum class per recipient per pregnancy.)
T2101	Human breast milk processing, storage and distribution only (T2101 is for institutional billing only)

16 REHABILITATION SERVICES

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

16.1 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

16.2 PHYSICAL THERAPY SERVICES/OCCUPATIONAL THERAPY

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

17 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.