

# ORDERED AMBULATORY Procedure Codes

eMedNY New York State Medicaid Provider Procedure  
Code Manual

## New York State Medicaid

Office of Health Insurance  
Department of Health

### CONTACTS and LINKS:

eMedNY URL

<https://www.emedny.org/>

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## 1 DOCUMENT CONTROL PROPERTIES

| Control Item            | Value                            |
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## 2 GENERAL INFORMATION AND INSTUCTIONS

### 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/index.html>

**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/index.html>

### 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

- 70460 with contrast material(s)
- 70470 without contrast material, followed by contrast material(s) and further sections
- 70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material
- 70481 with contrast material(s)
- 70482 without contrast material, followed by contrast material(s) and further sections
- 70486 Computed tomography, maxillofacial area; without contrast material
- 70487 with contrast material(s)
- 70488 without contrast material, followed by contrast material(s) and further sections
- 70490 Computed tomography, soft tissue neck; without contrast material
- 70491 with contrast material(s)
- 70492 without contrast material, followed by contrast material(s) and further sections
- 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing
- 70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing
- 70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)
- 70542 with contrast material
- 70543 without contrast material(s), followed by contrast material(s) and further sequences
- 70544 Magnetic resonance angiography, head; without contrast material(s)
- 70545 with contrast material(s)
- 70546 without contrast material(s), followed by contrast material(s) and further sequences
- 70547 Magnetic resonance angiography, neck; without contrast material(s)
- 70548 with contrast material
- 70549 without contrast material(s), followed by contrast material(s) and further sequences
- 70551 Magnetic resonance (eg, proton) imaging, brain, (including brain stem); without contrast material
- 70552 with contrast material(s)
- 70553 without contrast material, followed by contrast material(s) and further sequences
- 70555 Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, requiring physician or psychologist administration of entire neurofunctional testing
- 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

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

**4.1.4 UPPER EXTREMITIES**

- 73000 Radiologic examination; clavicle, complete
- 73010 scapula, complete
- 73020 Radiologic examination, shoulder; 1 view

|              |  |
|--------------|--|
| 73030        | complete, minimum of 2 views   |
| 73040        | Radiologic examination, shoulder, arthrography, radiological supervision and interpretation  |
| 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  |
| <u>73200</u> | Computed tomography, upper extremity; without contrast material  |
| <u>73201</u> | with contrast material(s)  |
| <u>73202</u> | without contrast material, followed by contrast material(s) and further sections   |
| <u>73206</u> | Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing |
| <u>73218</u> | Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)   |
| <u>73219</u> | with contrast material(s)  |
| <u>73220</u> | without contrast material(s), followed by contrast material(s) and further sequences extremity, other than joint                                   |
| <u>73221</u> | Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)  |
| <u>73222</u> | with contrast material(s)  |
| <u>73223</u> | without contrast material(s), followed by contrast material(s) and further sections  |
| <u>73225</u> | 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 Urethrocytography, retrograde, radiological supervision and interpretation
- 74455 Urethrocytography, voiding, radiological supervision and interpretation

**4.1.9 GYNECOLOGICAL AND OBSTETRICAL**

- 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 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 paraspinous 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 plantar 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 performer); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection
- 78456 Acute venous thrombosis imaging, peptide
- 78457 Venous thrombosis imaging, venogram; unilateral
- 78458                      bilateral
- 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**

A4641 Radiopharmaceutical, diagnostic, not otherwise classified

# ORDERED AMBULATORY

eMedNY > Procedure Codes



Department of Health

|       |   |
|-------|---|
| 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 thallos 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 bismuthate, diagnostic, per study dose, up to 25 millicuries
- A9558 Xenon Xe-133 gas, diagnostic, per 10 millicuries
- A9559 Cobalt Co-57 cyanocobalamin, oral, diagnostic, per study dose, up to 1 microcurie
- A9560 Technetium Tc-99m labeled red blood cells, diagnostic, per study dose, up to 30 millicuries
- A9561 Technetium Tc-99m oxidronate, diagnostic, per study dose, up to 30 millicuries
- A9562 Technetium Tc-99m mertiatide, diagnostic, per study dose, up to 15 millicuries
- A9563 Sodium phosphate P-32, therapeutic, per millicurie
- A9564 Chromic phosphate P-32 suspension, therapeutic, per millicurie
- A9566 Technetium Tc-99m fanolesomab, diagnostic, per study dose, up to 25 millicuries
- A9567 Technetium Tc-99m pentetate, diagnostic, aerosol, per study dose, up to 75 millicuries
- A9568 Technetium Tc-99m arcitumomab, diagnosis, per study dose up to 45 millicuries
- A9569 Technetium Tc-99m exametazime labeled autologous white blood cells, diagnostic, per study dose
- A9570 Indium IN-111 labeled autologous white blood cells, diagnostic, per study dose
- A9571 Indium IN-111 labeled autologous platelets, diagnostic, per study dose
- A9572 Indium IN-111 pentetreotide, diagnostic, per study dose, up to 6 millicuries
- 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, (ilucix), 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
- A9608 Flotufolastat f 18, diagnostic, 1 millicurie
- A9609 Fludeoxyglucose f18 up to 15 millicuries
- 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.

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

**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))
- 90480 Immunization administration by intermuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, single dose

**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.

- 91304 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, 5 mcg/0.5 mL dosage, for intramuscular use
- 91318 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use
- 91319 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 10 mcg/0.2 mL dosage, tris-sucrose formulation, for intramuscular use
- 91320 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use
- 91321 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 25 mcg/0.25 mL dosage, for intramuscular use
- 91322 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 50 mcg/0.5 mL dosage, for intramuscular use
- 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
- 90589 Chikungunya virus vaccine, live attenuated, for intramuscular use
- 90611 Smallpox and monkeypox vaccine, attenuated vaccinia virus, live, non-replicating, preservative free, 0.5 mL dosage, suspension, for subcutaneous use
- 90622 Vaccinia (smallpox) virus vaccine, live, lyophilized, 0.3 mL dosage, for percutaneous 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 (9Vhvp), 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
- 90661 Influenza virus vaccine, trivalent (ccIIV3), derived from cell cultures, subunit, antibiotic free, 0.5 mL dosage, for intramuscular use
- 90674 Influenza virus vaccine; quadrivalent (ccIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use
- 90756 Influenza virus vaccine, quadrivalent (ccIIV4), 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
- 90678 Respiratory syncytial virus vaccine, preF, subunit, bivalent, for intramuscular use
- 90679 Respiratory syncytial virus vaccine, preF, recombinant, subunit, adjuvanted, for intramuscular 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,

- 90685 hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use  
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, (allV4), 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
- 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

- 90623 Meningococcal pentavalent vaccine, conjugated Men A, C, W, Y- tetanus toxoid carrier, and Men B-FHbp, 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 Hepatitis B vaccine, 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 Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (4 dose schedule), for intramuscular use
- 90748 Hepatitis B and Hemophilus influenza B vaccine (HepB –Hib), for intramuscular use
- 90749 Unlisted vaccine/toxoid

**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

# ORDERED AMBULATORY

eMedNY > Procedure Codes



Department of Health

|       |   |
|-------|---|
| J0136 | Acetaminophen (b braun) not therapeutically equivalent to J0131, 10 mg  |
| J0137 | Acetaminophen (hikma) not therapeutically equivalent to j0131, 10 mg  |
| J0180 | Agalsidase beta, 1 mg   |
| J0185 | Aprepitant, 1 mg  |
| J0202 | Alemtuzumab, 1 mg   |
| J0206 | Allopurinol sodium, 1 mg  |
| J0207 | Amifostine, 500 mg  |
| J0208 | Sodium thiosulfate (pedmark), 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   |
| 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)               |
| J0736 | Clindamycin phosphate, 300 mg   |
| J0737 | Clindamycin phosphate (baxter), not therapeutically equivalent to j0736, 300 mg   |
| J0739 | Cabotegravir, 1mg, fda approved prescription, only for use as hiv pre-exposure prophylaxis (not for use as treatment for hiv) |
| J0740 | Cidofovir, 375 mg   |
| J0741 | Cabotegravir and rilpivirine, 2mg/3mg   |
| J0795 | Corticotrelin ovine triflutate, 1 mcg   |

## ORDERED AMBULATORY

eMedNY > Procedure Codes



Department  
of Health

|       |  |
|-------|--|
| J0870 | Imetelstat, 1mg  |
| 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<br>(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   |
| J1299 | Eculizumab, 2 mg   |
| J1301 | Edaravone, 1 mg  |
| J1302 | Sutimlimab-jome, 10 mg   |
| J1303 | Ravulizumab-cwvz, 10 mg  |
| J1305 | Evinacumab-dgnb, 5mg   |
| J1306 | Inclisiran, 1 mg   |
| J1307 | Crovalimab-dgnb, 5mg   |
| J1322 | Elosulfase alfa, 1 mg  |
| J1414 | Fidanacogene elaparvovec-dzkt, per therapeutic dose  |
| 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)   |
| J1440 | Fecal microbiota, live - jslm, 1 ml  |
| J1442 | Filgrastim (g-csf), excludes biosimilars, 1 microgram  |
| J1447 | Tbo-filgrastim, 1 microgram  |
| J1448 | Trilaciclib, 1mg   |
| 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                                 |

# ORDERED AMBULATORY

eMedNY > Procedure Codes



Department  
of Health

|       |  |
|-------|--|
| 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   |
| J1576 | Immune globulin (panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg                   |
| J1595 | Glatiramer acetate, 20 mg  |
| J1599 | Immune globulin, intravenous, non-lyophilized (e.g. liquid), not otherwise specified, 500 mg     |
| 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  |
| 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  |

## ORDERED AMBULATORY

eMedNY > Procedure Codes



Department  
of Health

|       |  |
|-------|--|
| J1826 | Interferon beta-1a, 30 mcg   |
| J1830 | Interferon beta-1b, 0.25 mg (not for self-administration)  |
| J1930 | Lanreotide, 1 mg   |
| J1932 | Lanreotide, (ciplra), 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   |
| J2329 | Ublituximab-xiyy, 1mg  |
| J2350 | Ocrelizumab, 1 mg  |
| J2351 | Ocrelizumab 1 mg hya-ocsq  |
| 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  |
| J2427 | Paliperidone palmitate extended release (invega hafyera, or invega trinza), 1 mg   |
| J2428 | Paliperidone palmitate extended release (erzofri), 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)  |
| J2777 | Faricimab-svoa, 0.1 mg   |
| J2779 | Ranibizumab, via intravitreal implant (susvimo), 0.1 mg  |

# ORDERED AMBULATORY

eMedNY > Procedure Codes



Department of Health

|       |   |
|-------|---|
| 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  |
| J2802 | Romiplostim, 1 microgram  |
| 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, intravenous, 1 mg  |
| J3385 | Velaglucerase alfa, 100 units   |
| J3392 | Exagamglogene autotemcel, per treatment   |
| J3397 | Vestronidase alfa-vjbk, 1 mg  |
| J3398 | Voretigene neparovvec-rzyl, 1 billion vector genomes                                  |
| J3399 | Onasemnogene abeparvovec-xioi, per treatment, up to $5 \times 10^{15}$ 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                               |

|       |   |
|-------|---|
| 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                      |
| J7213 | Coagulation factor ix (recombinant), ixinity, 1 i.u.  |
| 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

## ORDERED AMBULATORY

eMedNY > Procedure Codes



Department  
of Health

|       |  |
|-------|--|
| J9020 | Asparaginase (Elspar) 10,000 Units   |
| J9021 | Asparaginase, recombinant, (rylaze), 0.1 mg                                  |
| J9022 | Atezolizumab, 10 mg  |
| J9023 | Avelumab, 10 mg  |
| J9024 | Atezolizumab, 5 mg and hyaluronidase-tqjs                                    |
| J9025 | Azacitidine, 1 mg  |
| J9026 | Tartatamab-dlle,1mg  |
| J9027 | Clofarabine, 1 mg  |
| J9028 | Nogapendekin alfa inbakicept-pmin, for intravesical use, 1 microgram         |
| 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   |
| J9038 | Axatilimab-csfr, 0.1 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   |
| J9054 | Bortezomib (boruzu), 0.1 mg  |
| J9055 | Cetuximab, 10 mg   |
| J9056 | Bendamustine hydrochloride (vivimusta), 1 mg                                 |
| J9057 | Injection, copanlisib, 1 mg  |
| J9058 | Bendamustine hydrochloride (apotex), 1 mg                                    |
| J9059 | Bendamustine hydrochloride (baxter), 1 mg                                    |
| J9060 | Cisplatin, powder or solution, per 10 mg                                     |
| J9061 | Amivantamab-vmjw, 2 mg   |
| J9063 | Mirvetuximab soravtansine-gynx, 1 mg   |
| J9065 | Cladribine, per 1 mg   |
| J9070 | Cyclophosphamide, 100 mg   |
| J9071 | Cyclophosphamide, (auromedics), 5 mg   |
| J9073 | Cyclophosphamide (ingenus), 5 mg   |
| J9074 | Cyclophosphamide (sandoz), 5 mg  |
| J9075 | Cyclophosphamide, not otherwise specified, 5mg                               |
| J9076 | Cyclophosphamide (baxter), 5 mg  |
| J9098 | Cytarabine liposome, 10 mg   |

# ORDERED AMBULATORY

eMedNY > Procedure Codes



Department  
of Health

|        |  |
|--------|--|
| 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  |
| J9165  | Diethylstilbestrol diphosphate, 250 mg                         |
| J9171  | Docetaxel, 1 mg  |
| J9173  | Injection, durvalumab, 10 mg                                   |
| J9175  | Elliott's 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                              |

## ORDERED AMBULATORY

eMedNY > Procedure Codes



Department  
of Health

|       |  |
|-------|--|
| 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  |
| J9259 | Paclitaxel protein-bound particles (american regent) not therapeutically equivalent to j9264, 1 mg |
| J9260 | Methotrexate sodium, 50 mg   |
| J9261 | Nelarabine, 50 mg  |
| J9262 | Omacetaxine mepesuccinate, 0.01 mg   |
| J9263 | Oxaliplatin (Eloxatin), 0.5 mg   |
| J9264 | Paclitaxel protein-bound particles, 1 mg   |
| 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  |

## ORDERED AMBULATORY

eMedNY > Procedure Codes



Department  
of Health

|       |   |
|-------|---|
| 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   |
| J9322 | Pemetrexed (bluepoint) not therapeutically equivalent to j9305, 10 mg       |
| J9323 | Pemetrexed ditromethamine, 10 mg  |
| J9325 | Talimogene laherparpvec, per 1 million plaque forming units                 |
| J9328 | Temozolomide, 1 mg  |
| J9330 | Temsirolimus, 1 mg  |
| J9331 | Sirolimus protein-bound particles, 1 mg                                     |
| J9332 | Efgartigimod alfa-fcab, 2mg   |
| J9340 | Thiotepa, 15 mg   |
| J9347 | Tremelimumab-actl, 1 mg   |
| J9348 | Naxitamab-gqgk, 1 mg  |
| J9349 | Tafasitamab-cxix, 2 mg  |
| J9350 | Mosunetuzumab-axgb, 1 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                                |
| J9380 | Teclistamab-cqyv, 0.5 mg  |
| J9381 | Teplizumab-mzww, 5 mcg  |
| 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 Ferumoxytol, 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-arrr, 10 mg
- Q5125 Filgrastim-ayow, 1 mcg
- Q5126 Bevacizumab-maly, 10 mg
- Q5127 Pegfilgrastim-fpgk (stimufend), biosimilar, 0.5 mg
- Q5128 Cimerli, 0.1 mg
- Q5129 Vegzelma, 10 mg

- Q5131 Adalimumab-aacf (idacio), biosimilar, 20 mg
- Q5146 Trastuzumab-strf, (hercessi), biosimilar, 10 mg
- Q5147 Afibercept-ayyh (pavblu), biosimilar, 1 mg
- Q5151 Eculizumab-aagh (epysqli), biosimilar, 2 mg
- Q5152 Eculizumab-aeeb (bkemv), biosimilar, 2 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, Autoplots, 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

- 92083      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      Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), anterior segment, with interpretation and report, unilateral or bilateral
- 92133      Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), 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 PHRENIC NERVE STIMULATION**

- 93150 Therapy activation of implanted phrenic nerve stimulator system, including all

- interrogation and programming
- 93151 Interrogation and programming (minimum one parameter) of implanted phrenic nerve stimulator system
- 93152 Interrogation and programming of implanted phrenic nerve stimulator system during polysomnography
- 93153 Interrogation and programming of implanted phrenic nerve stimulator system during polysomnography

**11.5.4 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)

**11.5.5 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

**11.5.6 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

**11.5.7 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
- 93892 emboli detection without intravenous microbubble injection
- 93893 venous-arterial shunt 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
- 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

**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)
- 38225 Chimeric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-derived T lymphocytes for development of genetically modified autologous CAR-T cells, per day
  - 38228 CAR-T cell administration, autologous
  - 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 nonphysician qualified 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)
- 99401
- 99429 Unlisted preventive medicine
- 99459 Pelvic examination (List separately in addition to code for primary 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.