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GENERAL INSTRUCTIONS

Fees listed in the Radiology Fee Schedule represent maximum allowances for reimbursement purposes in the Medical Assistance Program and include the administrative, technical and professional components of the service provided. (See below for further reference to the administrative, technical and professional components of a radiology fee item.)

Fees 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 practitioners who provide radiology services in their offices 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; or be the employees of physicians who own or directly lease the equipment and must supervise and control the radiology technician who performs the radiology procedures. NY Medicaid does not enroll offsite radiologists for the sole purpose of professional component billing.

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

RADIOLOGY PRIOR APPROVAL (underlined procedure codes)

Information for Ordering Providers-

If you are ordering a CT, CTA, MRI, MRA, Cardiac Nuclear, or PET procedure, you or your office staff are required to obtain an approval number through the RadConsult program. Requests will be reviewed against guidelines, and a prior approval number will be issued.

If you also provide in-office radiology imaging, you are asked to confirm that RadConsult has processed and approved the procedure request before scheduling an appointment. This will ensure payment of the claims you submit for services.

Using a secure login, you will have the ability to access RadConsult Online or call the RadConsult contact center to check the status of procedure requests.

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

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.

Additional information is available at

http://www.emedny.org/ProviderManuals/Radiology/index.html
TECHNICAL, ADMINISTRATIVE AND PROFESSIONAL RADIOLOGY COMPONENTS

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

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

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

Certain radiological procedures require the performance of a medical or surgical procedure (eg, studies necessitating an injection of radiopaque media, fluoroscopy, consultation) which must be performed by the radiologist and is not separable into technical and professional components for billing purposes. In these instances, the total fee listed in the Medicine or Surgery Services Fee Schedule is applicable.
GENERAL RULES AND INFORMATION

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

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

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

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

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

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

6. RADIOLOGICAL SUPERVISION AND INTERPRETATION CODES: The Maximum fee is applicable when the physician incurs the costs of both the technical /administrative and professional components of the imaging procedure. (For the professional component of radiologic procedures, see modifier -26). When a procedure is performed by two physicians, the radiologic portion of the procedure is designated as "radiological supervision and interpretation." When a physician performs both the procedure and provides imaging supervision and interpretation, a combination of procedure codes outside the 70000 series and imaging supervision and interpretation codes are to be used.

7. BY REPORT: A service that is rarely provided, unusual, variable, or new may require a special report in determining medical appropriateness of the service. Pertinent information should include an adequate definition or description of the nature, extent, and need for the procedure, and the time, effort and equipment necessary to provide the service. Additional items which may be included are: complexity of symptoms, final diagnosis, pertinent physical findings (such as size, locations, and number of lesion(s), if appropriate), diagnostic and therapeutic procedures including major and supplementary surgical procedures, if appropriate), concurrent problems, and follow-up care.
When the value of a procedure is to be determined "By Report" (BR), information concerning the nature, extent and need for the procedure or service must be furnished in addition to the time, skill and equipment necessitated. Appropriate documentation (eg, procedure description, itemized invoices, etc) should accompany all claims submitted.

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

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

9. FEES: The fees are listed in the Physician Radiology Fee Schedule, available at [http://www.emedny.org/ProviderManuals/Physician/index.html](http://www.emedny.org/ProviderManuals/Physician/index.html)
Listed fees are the maximum reimbursable Medicaid fees. Fees for the MOMS Program can be found in the Enhanced Program fee schedule.

10. For additional general billing guidelines see the current CTP manual.
**MMIS RADIOLOGY 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/](http://www.cms.hhs.gov/NationalCorrectCodInitEd/)

- **-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.

- **-50 Bilateral Procedures (X-ray):** Unless otherwise identified in the listing, when bilateral X-ray examinations are performed at the same time, 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 Procedure by Same Physician:** The physician may need to indicate that a procedure or service was repeated subsequent to the original procedure or service. (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.)

- **-AQ Physician Providing a Service in an Unlisted Health Professional Shortage Area (HPSA)**

- **-FP Service Provided as Part of 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.)

- **-LT Left Side (used to identify procedures performed on the left side of the body):** Add modifier –LT to the usual procedure code number. (Reimbursement will not exceed 100% of the Maximum Fee Schedule amount. One claim line should be billed.) *(Use modifier –50 when both sides done at same operative session.)*

- **-RT Right Side (used to identify procedures performed on the right side of the body):** Add modifier –RT to the usual procedure code number. (Reimbursement will not exceed 100% of the Maximum Fee Schedule amount. One claim line should be billed.) *(Use modifier –50 when both sides done at same operative session.)*

- **-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.
**DIAGNOSTIC RADIOLOGY (DIAGNOSTIC IMAGING)**

**HEAD AND NECK**

70010 Myelography, posterior fossa, radiological supervision and interpretation
70015 Cisternography, positive contrast, radiological supervision and interpretation
70030 Radiologic examination, eye, for detection of foreign body
70100 Radiologic examination, mandible; partial, less than four views
70110 complete, minimum of four views
70120 Radiologic examination, mastoids; less than three views per side
70130 complete, minimum of three views per side
70134 Radiologic examination, internal auditory meati, complete
70140 Radiologic examination, facial bones; less than three views
70150 complete, minimum of three views
70160 Radiologic examination, nasal bones, complete, minimum of three views
70170 Dacryocystography, nasolacrimal duct, radiological supervision and interpretation
70190 Radiologic examination; optic foramina
70200 orbits, complete, minimum of four views
70210 Radiologic examination, sinuses, paranasal, less than three views
70220 complete, minimum of three views
70240 Radiologic examination, sella turcica
70250 Radiologic examination, skull; less than four views
70260 complete, minimum of four views
70300 Radiologic examination, teeth; single view
70310 partial examination, less than full mouth
70320 complete, full mouth
70328 Radiologic examination, temporomandibular joint, open and closed mouth; unilateral
70330 bilateral
70332 Temporomandibular joint arthrography, radiological supervision and interpretation
(Do not report 70332 in conjunction with 77002)
70336 Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)
70350 Cephalogram, orthodontic
70355 Orthopantogram (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 non-contrast 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(s)
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(s)
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 (BR)
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

(70557, 70558 or 70559 may be reported only if a separate report is generated. Report only one of the above codes once per operative session. Do not use these codes in conjunction with 61751, 77021, 77022)

CHEST

71010  Radiologic examination, chest, single view, frontal
71015  stereo, frontal
71020  Radiologic examination, chest, two views, frontal and lateral;
71021  with apical lordotic procedure
71022  with oblique projections
71023  with fluoroscopy
71030  Radiologic examination, chest, complete, minimum of four views;
71034   with fluoroscopy
71035 Radiologic examination, chest, special views, (eg, lateral decubitus, Bucky studies)
71100 Radiologic examination, ribs, unilateral; two views
71101 including posteroanterior chest, minimum of three views
71110 Radiologic examination, ribs, bilateral; three views
71111 including posteroanterior chest, minimum of four views
71120 Radiologic examination; sternum, minimum of two views
71130 sternoclavicular joint or joints, minimum of three views
71250 Computed tomography, thorax; without contrast material
71260 with contrast material(s)
71270 without contrast material, followed by contrast material(s) and further sections
71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing
71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)
71551 with contrast material(s)
71552 without contrast material(s), followed by contrast material(s) and further sequences
71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)

**SPINE AND PELVIS**

(IV injection of contrast material is part of the CT procedure)

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, two views
72072 thoracic, three views
72074 thoracic, minimum of four 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; two or three views
72110 minimum of four 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
<table>
<thead>
<tr>
<th>Code</th>
<th>Procedure Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>72128</td>
<td>Computed tomography, thoracic spine; without contrast material</td>
</tr>
<tr>
<td>72129</td>
<td>with contrast material(s)</td>
</tr>
<tr>
<td>72130</td>
<td>without contrast material, followed by contrast material(s) and further sections</td>
</tr>
<tr>
<td>72131</td>
<td>Computed tomography, lumbar spine; without contrast material</td>
</tr>
<tr>
<td>72132</td>
<td>with contrast material(s)</td>
</tr>
<tr>
<td>72133</td>
<td>without contrast material, followed by contrast material(s) and further sections</td>
</tr>
<tr>
<td>72141</td>
<td>Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material</td>
</tr>
<tr>
<td>72142</td>
<td>with contrast material(s)</td>
</tr>
<tr>
<td>72146</td>
<td>Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material</td>
</tr>
<tr>
<td>72147</td>
<td>with contrast material(s)</td>
</tr>
<tr>
<td>72148</td>
<td>Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material</td>
</tr>
<tr>
<td>72149</td>
<td>with contrast material(s)</td>
</tr>
<tr>
<td>72156</td>
<td>Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical</td>
</tr>
<tr>
<td>72157</td>
<td>thoracic</td>
</tr>
<tr>
<td>72158</td>
<td>lumbar</td>
</tr>
<tr>
<td>72159</td>
<td>Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)</td>
</tr>
<tr>
<td>72170</td>
<td>Radiologic examination, pelvis; one or two views</td>
</tr>
<tr>
<td>72190</td>
<td>complete, minimum of three views</td>
</tr>
<tr>
<td>72191</td>
<td>Computed tomographic angiography, pelvis, with contrast material(s), including non-contrast images, if performed, and image postprocessing</td>
</tr>
<tr>
<td>72192</td>
<td>Computed tomography, pelvis; without contrast material</td>
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<tr>
<td>72193</td>
<td>with contrast material(s)</td>
</tr>
<tr>
<td>72194</td>
<td>without contrast material, followed by contrast material(s) and further sections</td>
</tr>
<tr>
<td>72195</td>
<td>Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)</td>
</tr>
<tr>
<td>72196</td>
<td>with contrast material(s)</td>
</tr>
<tr>
<td>72197</td>
<td>without contrast material(s), followed by contrast material(s) and further sequences</td>
</tr>
<tr>
<td>72198</td>
<td>Magnetic resonance angiography, pelvis, with or without contrast material(s)</td>
</tr>
<tr>
<td>72200</td>
<td>Radiologic examination, sacroiliac joints; less than three views</td>
</tr>
<tr>
<td>72202</td>
<td>three or more views</td>
</tr>
<tr>
<td>72220</td>
<td>Radiologic examination, sacrum and coccyx, minimum of two views</td>
</tr>
<tr>
<td>72240</td>
<td>Myelography, cervical, radiological supervision and interpretation</td>
</tr>
<tr>
<td>72255</td>
<td>Myelography, thoracic, radiological supervision and interpretation</td>
</tr>
<tr>
<td>72265</td>
<td>Myelography, lumbosacral, radiological supervision and interpretation</td>
</tr>
<tr>
<td>72270</td>
<td>Myelography, two or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical), radiological supervision and interpretation</td>
</tr>
<tr>
<td>72275</td>
<td>Epidurography, radiological supervision and interpretation</td>
</tr>
<tr>
<td></td>
<td>(72275 includes 77003)</td>
</tr>
<tr>
<td></td>
<td>(Use 72275 only when an epidurogram is performed, images documented and a formal radiologic report is issued)</td>
</tr>
<tr>
<td>72285</td>
<td>Discography, cervical or thoracic, radiological supervision and interpretation</td>
</tr>
</tbody>
</table>
72295  Discography, lumbar, radiological supervision and interpretation

**UPPER EXTREMITIES**

73000  Radiologic examination; clavicle, complete  
73010  scapula, complete  
73020  Radiologic examination, shoulder; one view  
73030  complete, minimum of two views  
73040  Radiologic examination, shoulder, arthrography, radiological supervision and interpretation  
(Do not report 77002 in conjunction with 73040)  
73050  Radiologic examination; acromioclavicular joints, bilateral, with or without weighted distraction  
73060  humerus, minimum of two views  
73070  Radiologic examination, elbow; two views  
73080  complete, minimum of three views  
73085  Radiologic examination, elbow, arthrography, radiological supervision and interpretation  
(Do not report 77002 in conjunction with 73085)  
73090  Radiologic examination; forearm, two views  
73092  upper extremity, infant, minimum of two views  
73100  Radiologic examination, wrist; two views  
73110  complete, minimum of three views  
73115  Radiologic examination, wrist, arthrography, radiological supervision and interpretation  
(Do not report 77002 in conjunction with 73115)  
73120  Radiologic examination, hand; two views  
73130  minimum of three views  
73140  Radiologic examination, finger(s), minimum of two views  
73200  Computed tomography, upper extremity; without contrast material  
73201  with contrast material(s)  
73202  without contrast material, followed by contrast material(s) and further sections  
73206  Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing  
73218  Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)  
73219  with contrast material(s)  
73220  without contrast material(s), followed by contrast material(s) and further sections  
73221  Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)  
73222  with contrast material(s)  
73223  without contrast material(s), followed by contrast material(s) and further sequences  
73225  Magnetic resonance angiography, upper extremity, with or without contrast material(s)

**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; one or two views  
73562  three views  
73564  complete, four or more views  
73565  both knees, standing, anteroposterior  
73580  Radiologic examination, knee, arthrography, radiological supervision and interpretation  
(Do not report 77002 in conjunction with 73580)  
73590  Radiologic examination; tibia and fibula, two views  
73592  lower extremity, infant, minimum of two views  
73600  Radiologic examination, ankle; two views  
73610  complete, minimum of three views  
73615  Radiologic examination, ankle, arthrography, radiological supervision and interpretation  
(Do not report 77002 in conjunction with 73615)  
73620  Radiologic examination, foot; two views  
73630  complete, minimum of three views  
73650  Radiologic examination; calcaneus, minimum of two views  
73660  toe(s), minimum of two views  
73700  Computed tomography, lower extremity; without contrast material  
73701  with contrast material(s)  
73702  without contrast material, followed by contrast material(s) and further sections  
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 sequence  
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 sequences  
73725  Magnetic resonance angiography, lower extremity, with or without contrast material(s)  

**ABDOMEN**  
74000  Radiologic examination, abdomen; single anteroposterior view  
74010  anteroposterior and additional oblique and cone views  
74020  complete, including decubitus and/or erect views  
74022  complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest  
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
### Radiology

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>74175</td>
<td>Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing</td>
</tr>
<tr>
<td>74176</td>
<td>Computed tomography, abdomen and pelvis; without contrast material</td>
</tr>
<tr>
<td>74177</td>
<td>with contrast material</td>
</tr>
<tr>
<td>74178</td>
<td>without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions</td>
</tr>
<tr>
<td></td>
<td>(Do not report 74176-74178 in conjunction with 72192-72194, 74150-74170)</td>
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<tr>
<td></td>
<td>(Report 74176, 74177, or 74178 only once per CT abdomen and pelvis examination)</td>
</tr>
<tr>
<td>74181</td>
<td>Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)</td>
</tr>
<tr>
<td>74182</td>
<td>with contrast material(s)</td>
</tr>
<tr>
<td>74183</td>
<td>without contrast material(s), followed by contrast material(s) and further sequences</td>
</tr>
<tr>
<td>74185</td>
<td>Magnetic resonance angiography, abdomen; with or without contrast material(s)</td>
</tr>
<tr>
<td>74190</td>
<td>Peritoneogram (eg, after injection of air or contrast), radiological supervision and interpretation</td>
</tr>
</tbody>
</table>

#### Gastrointestinal Tract

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>74210</td>
<td>Radiologic examination; pharynx and/or cervical esophagus</td>
</tr>
<tr>
<td>74220</td>
<td>esophagus</td>
</tr>
<tr>
<td>74230</td>
<td>Swallowing function, with cineradiography/videoradiography</td>
</tr>
<tr>
<td>74235</td>
<td>Removal of foreign body(s), esophageal, with use of balloon catheter, radiological supervision and interpretation</td>
</tr>
<tr>
<td>74240</td>
<td>Radiologic examination, gastrointestinal tract, upper; with or without delayed images, without KUB</td>
</tr>
<tr>
<td>74241</td>
<td>with or without delayed images, with KUB,</td>
</tr>
<tr>
<td>74245</td>
<td>with small intestine, includes multiple serial images</td>
</tr>
<tr>
<td>74246</td>
<td>Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed images, without KUB</td>
</tr>
<tr>
<td>74247</td>
<td>with or without delayed images, with KUB</td>
</tr>
<tr>
<td>74249</td>
<td>with small intestine follow-through</td>
</tr>
<tr>
<td>74250</td>
<td>Radiologic examination, small intestine, includes multiple serial images;</td>
</tr>
<tr>
<td>74251</td>
<td>via enteroclysis tube</td>
</tr>
<tr>
<td>74260</td>
<td>Duodenography, hypotonic</td>
</tr>
<tr>
<td>74270</td>
<td>Radiologic examination, colon; contrast (eg, barium) enema, with or without KUB</td>
</tr>
<tr>
<td>74280</td>
<td>air contrast with specific high density barium, with or without glucagon</td>
</tr>
<tr>
<td>74283</td>
<td>Therapeutic enema, contrast or air, for reduction of intussusception or other intraluminal obstruction (eg, meconium ileus)</td>
</tr>
<tr>
<td>74290</td>
<td>Cholecystography, oral contrast;</td>
</tr>
<tr>
<td>74300</td>
<td>Cholangiography and/or pancreateography; intraoperative, radiological supervision and interpretation</td>
</tr>
<tr>
<td>74301</td>
<td>additional set intraoperative, radiological supervision and interpretation</td>
</tr>
<tr>
<td></td>
<td>(List separately in addition to primary procedure)</td>
</tr>
<tr>
<td></td>
<td>(Use 74301 in conjunction with 74300)</td>
</tr>
</tbody>
</table>
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

**URINARY TRACT**

74400  Urography (pyelography), intravenous, with or without KUB, with or without tomography;
74410  Urography, infusion, drip technique and/or bolus technique;
74415   with nephrotomography
74420  Urography, retrograde, with or without KUB
74425  Urography, antegrade, (pyelostogram, nephrostogram, loopogram), radiological supervision and interpretation
74430  Cystography, minimum of three views, radiological supervision and interpretation
74440  Vasography, vesiculography, or epididymography, radiological supervision and interpretation
74445  Corpora cavernosography, radiological supervision and interpretation
74450  Urethrocystography, retrograde, radiological supervision and interpretation
74455  Urethrocystography, voiding, radiological supervision and interpretation
74470  Radiologic examination, renal cyst study, translumbar, contrast visualization, radiological supervision and interpretation
74485  Dilation of nephrostomy, ureters or urethra, radiological supervision and interpretation

**GYNECOLOGICAL AND OBSTETRICAL**

74710  Pelvimetry, with or without placental localization
74712  Magnetic resonance imaging (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation
74713   each additional gestation (list separately in addition to code for primary procedure)
74740  Hysterosalpingography, radiological supervision and interpretation
74742  Transcervical catheterization of fallopian tube, radiological supervision and interpretation
74775  Perineogram (eg, vaginogram, for sex determination or extent of anomalies)
Cardiac magnetic imaging differs from traditional magnetic resonance imaging (MRI) in its ability to provide a physiologic evaluation of cardiac function. Traditional MRI relies on static images to obtain clinical diagnoses based upon anatomic information. Improvement in spatial and temporal resolution has expanded the application from an anatomic test and includes physiologic evaluation of cardiac function. Flow and velocity assessment for valves and intracardiac shunts is performed in addition to a function and morphologic evaluation. Use 75559 with 75565 to report flow with pharmacologic wall motion stress evaluation without contrast. Use 75563 with 75565 to report flow with pharmacologic perfusion stress with contrast.

Listed procedures may be performed independently or in the course of overall medical care. If the physician providing these services is also responsible for diagnostic workup and/or follow-up care of the patient, see appropriate sections also. Only one procedure in the series 75557-75563 is appropriately reported per session. Cardiac MRI studies may be performed at rest and/or during pharmacologic stress. Therefore, the appropriate stress testing code from the 93015-93018 series should be reported in addition to 75559 or 75563.

- 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 code)
(Use 75565 in conjunction with 75557, 75559, 75561, 75563)
(Do not report 75557, 75559, 75561, 75563, 75565 in conjunction with 76376, 76377)
- 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)

**VASCULAR PROCEDURES**

**AORTA AND ARTERIES**

Selective vascular catheterizations should be coded to include introduction and all lesser order selective catheterizations used in the approach (e.g., the description for a selective right middle cerebral artery catheterization includes the introduction and placement catheterization of the right common and internal carotid arteries).

Additional second and/or third order arterial catheterizations within the same family of arteries supplied by a single first order artery should be expressed by 36218 or 36248. Additional first order or
higher catheterizations in vascular families supplied by a first order vessel different from a previously selected and coded family should be separately coded using the conventions described above.

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
75658 Angiography, brachial, retrograde, radiological supervision and interpretation
75705 Angiography, spinal, selective, radiological supervision and interpretation
75710 Angiography, extremity, unilateral, radiological supervision and interpretation
75716 Angiography, extremity, bilateral, radiological supervision and interpretation
75726 Angiography, visceral; selective or supraselective, (with or without flush aortogram), radiological supervision and interpretation
75731 Angiography, adrenal, unilateral, selective, radiological supervision and interpretation
75733 Angiography, adrenal, bilateral, selective, radiological supervision and interpretation
75736 Angiography, pelvic, selective or supraselective, radiological supervision and interpretation
75741 Angiography, pulmonary, unilateral, selective, radiological supervision and interpretation
75743 Angiography, pulmonary, bilateral, selective, radiological supervision and interpretation
75746 Angiography, pulmonary, by nonselective catheter or venous injection, radiological supervision and interpretation
75756 Angiography, internal mammary, radiological supervision and interpretation
75774 Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation
(List separately in addition to primary procedure)
(Use 75774 in addition to code for specific initial vessel studied)

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
75809 Shuntogram for investigation of previously placed indwelling nonvascular shunt (eg, LeVeen shunt, ventriculoperitoneal shunt, indwelling infusion pump), radiological supervision and interpretation
75810 Splenoportography, 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
75889  Hepatic venography, wedged or free, with hemodynamic evaluation, radiological supervision and interpretation
75891  Hepatic venography, wedged or free, without hemodynamic evaluation, radiological supervision and interpretation
75893  Venous sampling through catheter, with or without angiography (eg, for parathyroid hormone, renin), radiological supervision and interpretation

TRANSCATHETER PROCEDURES

75894  Transcatheter therapy, embolization, any method, radiological supervision and interpretation
75898  Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, other than for thrombolysis
75901  Mechanical removal of pericatheter obstructive material (eg, fibrin sheath) from central venous device via separate venous access, radiologic supervision and interpretation
75902  Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen, radiologic supervision and interpretation
75952  Endovascular repair of infrarenal abdominal aortic aneurysm or dissection, radiological supervision and interpretation
75953  Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal aortic or iliac artery aneurysm, pseudoaneurysm, or dissection, radiological supervision and interpretation
75954  Endovascular repair of iliac artery aneurysm, pseudoaneurysm, arteriovenous malformation, or trauma, using ilio-iliaic tube endoprosthesis, radiological supervision and interpretation
75956  Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin, radiological supervision and interpretation
75957  not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin, radiological supervision and interpretation
75958 Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption), radiological supervision and interpretation  
(Report 75958 for each proximal extension)

75959 Placement of distal extension prosthesis(s) (delayed) after endovascular repair of descending thoracic aorta, as needed, to level of celiac origin, radiological supervision and interpretation  
(Do not report 75959 in conjunction with 75956, 75957)  
(Report 75959 once, regardless of number of modules deployed)

75970 Transcatheter biopsy, 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 or specimen collection), with placement of catheter, radiological supervision and interpretation

OTHER PROCEDURES

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

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

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

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

76098 Radiological examination, surgical specimen

76100 Radiological examination, single plane body section (eg, tomography), other than with urography

76101 Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; unilateral

76102 bilateral

76120 Cineradiography/videoradiography, except where specifically included

76125 Cineradiography/videoradiography, to complement routine examination  
(List separately in addition to primary procedure)

76140 Consultation on X-ray examination made elsewhere, written 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  
(Use 76376 in conjunction with code[s] for base imaging procedure[s])  
(Do not report 76376 in conjunction with 70496, 70498, 70544-70549, 71275, 71555, 72159, 72191, 72198, 73206, 73225, 73706, 73725, 74175, 74175, 74185, 74261-74263, 75557, 75559, 75561, 75563, 75565, 75571-75574, 75635, 76377, 78012-78999, 0159T)

76377 requiring image postprocessing on an independent workstation  
(Use 76377 in conjunction with code(s) for base imaging procedure[s])
(Do not report 76377 in conjunction with 70496, 70498, 70544-70549, 71275, 71555, 72159, 72191, 72198, 73206, 73225, 73706, 73725, 74174, 74175, 74185, 74261-74263, 75557, 75559, 75561, 75563, 75565, 75571-75574, 75635, 76376, 76012-78999, 0159T)

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
G0297 Low-dose computer tomography for lung cancer screening

**DIAGNOSTIC ULTRASOUND**

All diagnostic ultrasound examinations require permanently recorded images with measurements, when such measurements are clinically indicated. For those codes whose sole diagnostic goal is a biometric measure (ie, 76514, 76516, and 76519), permanently recorded images are not required. A final, written report should be issued for inclusion in the patient’s medical record. The prescription form for the intraocular lens satisfies the written report requirement for 76519.

For those anatomic regions that have “complete” and “limited” ultrasound codes, note the elements that comprise a “complete” exam. The report should contain a description of these elements or the reason that an element could not be visualized (eg, obscured by bowel gas, surgically absent).

If less than the required elements for a “complete” exam are reported (eg, limited number of organs or limited portion of region evaluated), the “limited” code for that anatomic region should be used once per patient exam session. A “limited” exam of an anatomic region should not be reported for the same exam session as a “complete” exam of that same region.

Evaluation of vascular structures using both color and spectral Doppler is separately reportable. To report, see noninvasive vascular diagnostic studies (93875-93990). However, color Doppler alone, when performed for anatomic structure identification in conjunction with a real-time ultrasound examination, is not reported separately.

Ultrasound guidance procedures also require permanently recorded images of the site to be localized, as well as a documented description of the localization process, either separately or within the report of the procedure for which the guidance is utilized.

Use of ultrasound, without thorough evaluation of organ(s) or anatomic region, image documentation, and final, written report, is not separately reportable.

**DEFINITIONS:**

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

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

REAL-TIME SCAN: Implies a two-dimensional ultrasonic scanning procedure with display of both two-dimensional structure and motion with time.

**HEAD AND NECK**

76506 Echoencephalography, real time with image documentation (gray scale) (for determination of ventricular size, delineation of cerebral contents, and detection of fluid masses or other intracranial abnormalities), including A-mode encephalography as secondary component where indicated

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

76511 quantitative A-scan only

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

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

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

76516 Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation

76529 Ophthalmic ultrasonic foreign body localization

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

**CHEST**

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

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

76642 limited

**ABDOMEN AND RETROPERITONEUM**

Use of ultrasound, without thorough evaluation of organ(s) or anatomic region, image documentation and final, written report, is not separately reportable.

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

76800 Ultrasound, spinal canal and contents

PELVIS

OBSTETRICAL

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

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

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

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

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

Code 76816 describes an examination designed to reassess fetal size and interval growth or reevaluate one or more anatomic abnormalities of a fetus previously demonstrated on ultrasound, and should be coded once regardless of the number of fetus. (Bill on one line indicating the number of fetus in the units field)

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

Reimbursement amounts for the Medicaid Obstetrical and Maternal Services Program (MOMS) are noted in the Fee Schedule under column ‘FEE MOMS’. For information on the MOMS Program, see Policy Section.
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)
   (Use 76802 in conjunction with 76801)

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 or first gestation

76810 each additional gestation
   (List separately in addition to primary procedure)
   (Use 76810 in conjunction with 76805)

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

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

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

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

76815 Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), one or more fetuses
   (Use 76815 only once per exam and not per element)
   (Use ONLY code 76815 to report ultrasound services provided in conjunction with procedure codes 59812-59857. Procedure code 76815 should be billed regardless of the approach used to perform the ultrasound procedure (eg, transvaginal))

76816 Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus

76817 Ultrasound, pregnant uterus, real time with image documentation, transvaginal
   (If transvaginal examination is done in addition to transabdominal obstetrical ultrasound exam, use 76817 in addition to appropriate transabdominal exam code)

76818 Fetal biophysical profile; with non-stress testing

76819 without non-stress testing

76820 Doppler velocimetry, fetal; umbilical artery
   (Billable with a diagnosis of polyhydramnios, oligohydramnios, placental transfusion syndromes or poor fetal growth)

76821 middle cerebral artery
   (Billable with a diagnosis of rhesus isoimmunization, placental transfusion syndromes or viral diseases complicating pregnancy (e.g. parvovirus B-19 infection))
76825 Echocardiography, fetal, cardiovascular system, real time with image documentation (2D),
with or without M mode recording;
76826 follow-up or repeat study
76827 Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display;
complete
76828 follow-up or repeat study

NON OBSTETRICAL

76830 Ultrasound, transvaginal
(If transvaginal examination is done in addition to transabdominal non-obstetrical ultrasound
exam, use 76830 in addition to appropriate transabdominal exam code)
76831 Saline infusion sonohysterography (SIS), including color flow Doppler, when performed
76856 Ultrasound, pelvic (nonobstetric), real time with image documentation; complete
76857 limited or follow-up (eg, for follicles)

GENITALIA

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

EXTREMITIES

76881 Ultrasound, extremity, nonvascular, real-time with image documentation; complete
76882 limited, anatomic specific
76885 Ultrasound, infant hips, real time with imaging documentation; dynamic (requiring physician
or other qualified health care professional manipulation)
76886 limited, static (not requiring physician or other qualified health care professional
manipulation)

VASCULAR STUDIES
(For vascular studies, see 93875-93990)

ULTRASONIC GUIDANCE PROCEDURES

76930 Ultrasonic guidance for pericardiocentesis, imaging supervision and interpretation
76932 Ultrasonic guidance for endomyocardial biopsy, imaging supervision and interpretation
76936 Ultrasound guided compression repair of arterial pseudo-aneurysm or arteriovenous fistulae
(includes diagnostic ultrasound evaluation, compression of lesion and imaging)
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

OTHER PROCEDURES
76975 Gastrointestinal endoscopic ultrasound, supervision and interpretation
76977 Ultrasound bone density measurement and interpretation, peripheral site(s), any method
76998 Ultrasonic guidance, intraoperative
76999 Unlisted ultrasound procedure (eg, diagnostic, interventional)

RADIOLOGIC GUIDANCE

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

COMPUTED TOMOGRAPHY GUIDANCE
77011 Computed tomography guidance for stereotactic localization
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 (Do not report 77013 in conjunction with 20982)
77014 Computed tomography guidance for placement of radiation therapy fields

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

**BREAST, MAMMOGRAPHY**

77053  Mammary ductogram or galactogram, single duct, radiological supervision and interpretation
77054  Mammary ductogram or galactogram, multiple ducts, radiological supervision and interpretation
77058  Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral
77059  bilateral
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

**MAMMOGRAPHY CODES TO BE BILLED FOR MEDICARE PRIMARY RECIPIENTS ONLY**

G0202  Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed
G0204  Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral
G0206  Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral

**BONE/JOINT STUDIES**

77071  Manual application of stress performed by physician or other qualified health care professional for joint radiography, including contralateral joint if indicated
77072  Bone age studies
77073  Bone length studies (orthorontgenogram, scanogram)
77074  Radiologic examination, osseous survey; limited (eg, for metastases)
77075  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  appendicular skeleton (peripheral) (eg, radius, wrist, heel)
77084  Magnetic resonance (eg, proton) imaging, bone marrow blood supply

**RADIATION ONCOLOGY**

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

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

**CONSULTATION: CLINICAL MANAGEMENT**

Preliminary consultation, evaluation of patient prior to decision to treat, or full medical care (in addition to treatment management) when provided by the therapeutic radiologist may be identified by the appropriate procedure codes from Evaluation and Management, Medicine or Surgery sections.

**CLINICAL TREATMENT PLANNING (EXTERNAL AND INTERNAL SOURCES)**

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

**DEFINITIONS:**

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

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

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

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

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

Simulation is the process of defining relevant normal and abnormal target anatomy, and acquiring the images and date necessary to develop the optimal radiation treatment process for the patient.

**DEFINITIONS:**

**SIMPLE** - simulation of a single treatment area with either a single port or parallel opposed ports. Simple or no blocking.

**INTERMEDIATE** - simulation of three or more converging ports, two separate treatment areas, multiple blocks.

**COMPLEX** - simulation of tangential portals, three or more treatment areas, rotation or arc therapy, complex blocking, custom shielding blocks, brachytherapy source verification, hyperthermia probe verification, any use of contrast materials.

- **77280** Therapeutic radiology simulation-aided field setting; simple
- **77285** intermediate
- **77290** complex
77293  Respiratory motion management simulation (List separately in addition to code for primary procedure)
77299  Unlisted procedure, therapeutic radiology clinical treatment planning

MEDICAL RADIATION PHYSICS, DOSIMETRY, TREATMENT DEVICES AND SPECIAL SERVICES

77295  3-dimensional radiotherapy plan, including dose-volume histograms
77300  Basic radiation dosimetry calculation, central axis depth dose, 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 channel(s), includes basic dosimetry calculation(s)
77318  complex calculation(s) made from over 10 sources, or remote afterloading brachytherapy, over 12 channel(s), includes basic dosimetry calculation(s)
77321  Special teletherapy port plan, particles, hemi-body, 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 radiation 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
77338  Multi-leaf collimator MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan (Do not report 77338 more than once per IMRT plan)

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

OTHER PROCEDURES

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

RADIATION TREATMENT DELIVERY

All treatment delivery codes are reported once per treatment session. The treatment delivery codes recognize technical-only services and contain no physician work (the professional component).

77401  Radiation treatment delivery, superficial and/or ortho voltage, per day
77402  Radiation treatment delivery, >1MeV; simple
77407   intermediate
77412   complex
77417  Therapeutic radiology port images(s)
77385  Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple
77386   complex
77387  Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking, when performed
77424  Intraoperative radiation treatment delivery, x-ray, single treatment session
77425  Intraoperative radiation treatment delivery, electrons, single treatment session

NEUTRON BEAM TREATMENT DELIVERY

77422  High energy neutron radiation treatment delivery; single treatment area using a single port or parallel-opposed ports with no blocks or simple blocking
77423   1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s)

RADIATION TREATMENT MANAGEMENT

Radiation treatment management is reported in units of five fractions or treatment sessions, regardless of the actual time period in which the services are furnished. The services need not be furnished on consecutive days. Multiple fractions representing two or more treatment sessions furnished on the same day may be counted separately as long as there has been a distinct break in therapy sessions, and the fractions are of the character usually furnished on different days. Code 77427 is also reported if there are three or four fractions beyond a multiple of five at the end of a course of treatment; one or two fractions beyond a multiple of five at the end of a course of treatment are not reported separately. Procedure codes 77427-77469 are for the professional component only, no modifier required.

The professional services furnished during treatment management typically consists of:
• Review of port films;
• Review of dosimetry, dose delivery, and treatment parameters;
• Review of patient treatment set-up;
• Examination of patient for medical evaluation and management (eg, assessment of the patient’s response to treatment, coordination of care and treatment, review of imaging and/or lab results).

77427 Radiation treatment management, five treatments
(Weekly clinical management is based on five fractions delivered comprising one week regardless of the time interval separating the delivery of treatments)

77431 Radiation therapy management with complete course of therapy consisting of one or two fractions only
(77431 is not to be used to fill in the last week of a long course of therapy)

77432 Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of one session)

77435 Stereotactic body radiation therapy, treatment management, per treatment course, to one or more lesions, including image guidance, entire course not to exceed 5 fractions
(Do not report 77435 in conjunction with 77427-77432)

77469 Intraoperative radiation treatment management

77470 Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)
(77470 assumes that the procedure is performed 1 or more times during the course of therapy, in addition to daily or weekly patient management)

77499 Unlisted procedure, therapeutic radiology treatment management

**HYPERTHERMIA**

Hyperthermia treatments as listed in this section include external (superficial and deep), interstitial, and intracavitary. Radiation therapy when given concurrently is listed separately.

Hyperthermia is used only as an adjunct to radiation therapy or chemotherapy. It may be induced by a variety of sources, (eg, microwave, ultrasound, low energy radio-frequency conduction, or by probes).

The listed treatments include management during the course of therapy and follow-up care for three months after completion. Preliminary consultation is not included (see Evaluation and Management 99241-99255). Physics planning and interstitial insertion of temperature sensors, and use of external or interstitial heat generating sources are included.

The following descriptors are included in the treatment schedule:

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

**CLINICAL INTRACAVITARY HYPERTHERMIA**
77620 Hyperthermia generated by intracavitary probe(s)

**CLINICAL BRACHYTHERAPY**

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

Services 77750-77799 include admission to the hospital and daily visits.

**DEFINITIONS:**

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

**SIMPLE** - application with one to four sources/ribbons  
**INTERMEDIATE** - application with five to ten sources/ribbons  
**COMPLEX** - application with greater than ten sources/ribbons

77750 Infusion or instillation of radioelement solution (includes three months follow-up care)  
77761 Intracavitary radiation source application; simple  
77762 intermediate  
77763 complex  
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 rate radionuclide source  
77799 Unlisted procedure, clinical brachytherapy

**NUCLEAR MEDICINE**

The services listed do not include the provision of radium or other radioelements. Those materials supplied by the provider should be billed separately and identified by the specific code describing the diagnostic radiopharmaceutical(s) and/or the therapeutic radiopharmaceutical(s) which are listed under *Radiopharmaceutical Imaging Agents*. 
DIAGNOSTIC

ENDOCRINE SYSTEM

78012 Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)
78013 Thyroid imaging (including vascular flow, when performed);
78014 Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)
78015 Thyroid carcinoma metastases imaging; limited area (eg, neck and chest only)
78016 with additional studies (eg, urinary recovery)
78018 whole body
78020 Thyroid carcinoma metastases uptake
(List separately in addition to primary procedure)
(Use 78020 in conjunction with 78018 only)
78070 Parathyroid planar imaging (including subtraction, when performed);
78071 with tomographic (SPECT)
78072 with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization
78075 Adrenal imaging, cortex and/or medulla
78099 Unlisted endocrine procedure, diagnostic nuclear medicine

HEMATOPOIETIC, RETICULOENDOTHELIAL AND LYMPHATIC SYSTEM

78102 Bone marrow imaging; limited area
78103 multiple areas
78104 whole body
78110 Plasma volume, radiopharmaceutical 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 (radiopharmaceutical volume-dilution technique)
78130 Red cell survival study;
78135 differential organ/tissue kinetics, eg, splenic and/or hepatic sequestration
78185 Spleen imaging only, with or without vascular flow
78190 Kinetics, study of platelet survival, with or without differential organ/tissue localization
78191 Platelet survival study
78195 Lymphatics and lymph nodes imaging
78199 Unlisted hematopoietic, reticuloendothelial and lymphatic procedure, diagnostic nuclear medicine
## GASTROINTESTINAL SYSTEM

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>78201</td>
<td>Liver imaging; static only</td>
</tr>
<tr>
<td>78202</td>
<td>with vascular flow</td>
</tr>
<tr>
<td>78205</td>
<td>Liver imaging (SPECT);</td>
</tr>
<tr>
<td>78206</td>
<td>with vascular flow</td>
</tr>
<tr>
<td>78215</td>
<td>Liver and spleen imaging; static only</td>
</tr>
<tr>
<td>78216</td>
<td>with vascular flow</td>
</tr>
<tr>
<td>78226</td>
<td>Hepatobiliary system imaging, including gallbladder when present;</td>
</tr>
<tr>
<td>78227</td>
<td>with pharmacologic intervention, including quantitative measurement(s), when</td>
</tr>
<tr>
<td></td>
<td>preformed</td>
</tr>
<tr>
<td>78230</td>
<td>Salivary gland imaging;</td>
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<tr>
<td>78231</td>
<td>with serial images</td>
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<tr>
<td>78232</td>
<td>Salivary gland function study</td>
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<tr>
<td>78258</td>
<td>Esophageal motility</td>
</tr>
<tr>
<td>78261</td>
<td>Gastric mucosa imaging</td>
</tr>
<tr>
<td>78262</td>
<td>Gastroesophageal reflux study</td>
</tr>
<tr>
<td>78264</td>
<td>Gastric emptying imaging study (eg, solid, liquid, or both)</td>
</tr>
<tr>
<td>78265</td>
<td>with small bowel transit</td>
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<tr>
<td>78266</td>
<td>with small bowel and colon transit, multiple days</td>
</tr>
<tr>
<td></td>
<td>(Report 78264, 78265 or 78266 only once per imaging study)</td>
</tr>
<tr>
<td>78270</td>
<td>Vitamin B-12 absorption study (eg, Schilling test); without intrinsic factor</td>
</tr>
<tr>
<td>78271</td>
<td>with intrinsic factor</td>
</tr>
<tr>
<td>78272</td>
<td>Vitamin B-12 absorption studies combined, with and without intrinsic factor</td>
</tr>
<tr>
<td>78278</td>
<td>Acute gastrointestinal blood loss imaging</td>
</tr>
<tr>
<td>78290</td>
<td>Intestine imaging (eg, ectopic gastric mucosa, Meckel's localization, volvulus)</td>
</tr>
<tr>
<td>78291</td>
<td>Peritoneal-venous shunt patency test (eg, for LeVeen, Denver shunt)</td>
</tr>
<tr>
<td>78299</td>
<td>Unlisted gastrointestinal procedure, diagnostic nuclear medicine</td>
</tr>
</tbody>
</table>

## MUSCULOSKELETAL SYSTEM

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>78300</td>
<td>Bone and/or joint imaging; limited area</td>
</tr>
<tr>
<td>78305</td>
<td>multiple areas</td>
</tr>
<tr>
<td>78306</td>
<td>whole body</td>
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<tr>
<td>78315</td>
<td>three phase study</td>
</tr>
<tr>
<td>78320</td>
<td>tomographic (SPECT)</td>
</tr>
<tr>
<td>78350</td>
<td>Bone density (bone mineral content) study, one or more sites; single photon</td>
</tr>
<tr>
<td></td>
<td>absorptiometry</td>
</tr>
<tr>
<td>78351</td>
<td>dual photon absorptiometry, one or more sites</td>
</tr>
<tr>
<td>78399</td>
<td>Unlisted musculoskeletal procedure, diagnostic nuclear medicine</td>
</tr>
</tbody>
</table>

## CARDIOVASCULAR SYSTEM

Myocardial perfusion and cardiac blood pool imaging studies may be performed at rest and/or during stress. When performed during exercise and/or pharmacologic stress, the appropriate stress testing code from the 93015-93018 series should be reported in addition to code(s) 78451-78454, 78472, 78473, 78481 and 78483.
78414  Determination of central c-v hemodynamics (non-imaging) (eg, ejection fraction with probe technique) with or without pharmacologic intervention or exercise, single or multiple determinations

78445  Non-cardiac vascular flow imaging (ie, angiography, venography)

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  Myocardial perfusion imaging, 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  multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection

78456  Acute venous thrombosis imaging, peptide

78457  Venous thrombosis imaging, venogram; unilateral

78458  bilateral

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

78468  with ejection fraction by first pass technique

78469  tomographic SPECT with or without quantification

78472  Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or 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 pharmacologic), with or without additional quantification

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

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

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

78496  Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique
(List separately in addition to primary procedure)
(Use 78496 in conjunction with code 78472)

78499  Unlisted cardiovascular procedure, diagnostic nuclear medicine

RESPIRATORY SYSTEM
78579  Pulmonary ventilation imaging (eg, aerosol or gas)
78580  Pulmonary perfusion imaging (eg, particulate)
78582  Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging
78597  Quantitative differential pulmonary perfusion, including imaging when performed
78598  Quantitative differential pulmonary perfusion and ventilation (eg, aerosol or gas), including imaging when performed
78599  Unlisted respiratory procedure; diagnostic nuclear medicine

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

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

OTHER PROCEDURES
78800  Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); limited area
78801  multiple areas
78802  whole body, single day imaging
78803  tomographic (SPECT)
78804  Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); whole body, requiring two or more days imaging

Version 2017
78805 Radiopharmaceutical localization of inflammatory process; limited area
78806 whole body
78807 tomographic (SPECT)
78999 Unlisted miscellaneous procedure, diagnostic nuclear medicine

**THERAPEUTIC**

79005 Radiopharmaceutical therapy, by oral administration
79101 Radiopharmaceutical therapy, by intravenous administration
(Do not report 79101 in conjunction with 36400, 36410, 79403, 90760, 90774 or 90775, 96409)
79200 Radiopharmaceutical therapy, by intracavitary administration
79300 Radiopharmaceutical therapy, by interstitial radioactive colloid administration
79403 Radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous infusion
(Do not report 79403 in conjunction with 79101)
79440 Radiopharmaceutical therapy, by intra-articular administration
79445 Radiopharmaceutical therapy, by intra-arterial particulate administration
(Do not report 79445 in conjunction with 90773, 96420)
(Use appropriate procedural and radiological supervision and interpretation codes for the angiographic and interventional procedures provided prerequisite to intra-arterial radiopharmaceutical therapy)
79999 Radiopharmaceutical therapy, unlisted procedure

**RADIOPHARMACEUTICAL IMAGING AGENTS**

A4641 Radiopharmaceutical, diagnostic, not otherwise classified
A4642 Indium In-111 satumomab pendetide, diagnostic, per study dose up to 6 millicuries
A9500 Technetium Tc-99m sestamibi, diagnostic, per study dose
A9501 Technetium Tc-99m teboroxime, diagnostic, per study dose
A9502 Technetium Tc-99m tetrofosmin, diagnostic, per study dose
A9503 Technetium Tc-99m medronate, diagnostic, per study dose, up to 30 millicuries
A9504 Technetium Tc-99m apcitide, diagnostic, per study dose, up to 20 millicuries
A9505 Thallium TI-201 thallous chloride, diagnostic, per millicurie
A9507 Indium In-111 capromab pendetide, diagnostic, per study dose, up to 10 millicuries
A9508 Iodine I-131 iobenguane sulfate, diagnostic, per 0.5 millicurie
A9509 Iodine I-123 sodium iodide, diagnostic, per millicurie
A9510 Technetium Tc-99m disofenin, diagnostic, per study dose, up to 15 millicuries
A9512 Technetium Tc-99m pertechnetate, diagnostic, per 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 milicuries
A9521 Technetium Tc-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 millicuries
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 lothalamate, diagnostic, per study dose, up to 10 microcuries
A9555  Rubidium Rb-82, diagnostic, per study dose, up to 60 millicuries
A9557  Technetium Tc-99m bicine, 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, diagnostic, 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 pentetretotide, 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 1-123 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
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
A9604 Samarium SM-153 lexidronam, therapeutic, per treatment dose, up to 150 millicuries
A9606 Radium Ra-223 dichloride, therapeutic, per microcurie
A9699 Radiopharmaceutical, therapeutic, not otherwise classified
J3472 Hyaluronidase, ovine, preservative free, per 1000 USP units

**POSITRON EMISSION TOMOGRAPHY (PET) SERVICES**

Effective 4/1/2015, Medicaid is carving out the cost of the radioactive tracer from the PET scan global fee. *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 professional component *(facility based services only)*, see modifier -26 Professional Component.

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

**RADIATION TREATMENT CODES TO BE BILLED FOR MEDICARE PRIMARY RECIPIENTS ONLY**

**GUIDANCE**

G6001 Ultrasonic guidance for placement of radiation therapy fields
G6002 Stereoscopic X-ray guidance for localization of target volume for the delivery of radiation therapy
TREATMENT, RADIATION

G6003 Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: up to 5mev

G6004 Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 6-10mev

G6005 Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 11-19mev

G6006 Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 20mev or greater

G6007 Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: up to 5mev

G6008 Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 6-10mev

G6009 Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 11-19mev

G6010 Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 20mev or greater

G6011 Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam: up to 5mev

G6012 Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam: 6-10mev

G6013 Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam: 11-19mev

G6014 Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam: 20mev or greater

G6015 Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session

G6016 Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high resolution (milled or cast) compensator, convergent beam modulated fields, per treatment session