NEW YORK STATE
MEDICAID PROGRAM

PHYSICIAN - PROCEDURE CODES

SECTION 4 - RADIOLOGY
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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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>70010</td>
<td>Myelography, posterior fossa, radiological supervision and interpretation</td>
</tr>
<tr>
<td>70015</td>
<td>Cisternography, positive contrast, radiological supervision and interpretation</td>
</tr>
<tr>
<td>70030</td>
<td>Radiologic examination, eye, for detection of foreign body</td>
</tr>
<tr>
<td>70100</td>
<td>Radiologic examination, mandible; partial, less than four views</td>
</tr>
<tr>
<td>70110</td>
<td>complete, minimum of four views</td>
</tr>
<tr>
<td>70120</td>
<td>Radiologic examination, mastoids; less than three views per side</td>
</tr>
<tr>
<td>70130</td>
<td>complete, minimum of three views per side</td>
</tr>
<tr>
<td>70134</td>
<td>Radiologic examination, internal auditory meati, complete</td>
</tr>
<tr>
<td>70140</td>
<td>Radiologic examination, facial bones; less than three views</td>
</tr>
<tr>
<td>70150</td>
<td>complete, minimum of three views</td>
</tr>
<tr>
<td>70160</td>
<td>Radiologic examination, nasal bones, complete, minimum of three views</td>
</tr>
<tr>
<td>70170</td>
<td>Dacryocystography, nasolacrimal duct, radiological supervision and interpretation</td>
</tr>
<tr>
<td>70190</td>
<td>Radiologic examination; optic foramina</td>
</tr>
<tr>
<td>70200</td>
<td>orbits, complete, minimum of four views</td>
</tr>
<tr>
<td>70210</td>
<td>Radiologic examination, sinuses, paranasal, less than three views</td>
</tr>
<tr>
<td>70220</td>
<td>complete, minimum of three views</td>
</tr>
<tr>
<td>70240</td>
<td>Radiologic examination, sella turcica</td>
</tr>
<tr>
<td>70250</td>
<td>Radiologic examination, skull; less than four views</td>
</tr>
<tr>
<td>70260</td>
<td>complete, minimum of four views</td>
</tr>
<tr>
<td>70300</td>
<td>Radiologic examination, teeth; single view</td>
</tr>
<tr>
<td>70310</td>
<td>partial examination, less than full mouth</td>
</tr>
<tr>
<td>70320</td>
<td>complete, full mouth</td>
</tr>
<tr>
<td>70328</td>
<td>Radiologic examination, temporomandibular joint, open and closed mouth; unilateral</td>
</tr>
<tr>
<td>70330</td>
<td>bilateral</td>
</tr>
<tr>
<td>70332</td>
<td>Temporomandibular joint arthrography, radiological supervision and interpretation</td>
</tr>
<tr>
<td></td>
<td>(Do not report 70332 in conjunction with 77002)</td>
</tr>
<tr>
<td>70336</td>
<td>Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)</td>
</tr>
<tr>
<td>70350</td>
<td>Cephalogram, orthodontic</td>
</tr>
<tr>
<td>70355</td>
<td>Orthopantogram (eg, panoramic x-ray)</td>
</tr>
<tr>
<td>70360</td>
<td>Radiologic examination; neck, soft tissue</td>
</tr>
<tr>
<td>70370</td>
<td>pharynx or larynx, including fluoroscopy and/or magnification technique</td>
</tr>
<tr>
<td>70371</td>
<td>Complex dynamic pharyngeal and speech evaluation by cine or video recording</td>
</tr>
<tr>
<td>70373</td>
<td>Laryngography, contrast, radiological supervision and interpretation</td>
</tr>
<tr>
<td>70380</td>
<td>Radiologic examination, salivary gland for calculus</td>
</tr>
<tr>
<td>70390</td>
<td>Sialography, radiological supervision and interpretation</td>
</tr>
<tr>
<td>70450</td>
<td>Computed tomography, head or brain; without contrast material</td>
</tr>
<tr>
<td>70460</td>
<td>with contrast material(s)</td>
</tr>
<tr>
<td>70470</td>
<td>without contrast material, followed by contrast material(s) and further sections</td>
</tr>
<tr>
<td>70480</td>
<td>Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material</td>
</tr>
<tr>
<td>70481</td>
<td>with contrast material(s)</td>
</tr>
<tr>
<td>70482</td>
<td>without contrast material, followed by contrast material(s) and further sections</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>-------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>70486</td>
<td>Computed tomography, maxillofacial area; without contrast material</td>
</tr>
<tr>
<td>70487</td>
<td>with contrast material(s)</td>
</tr>
<tr>
<td>70488</td>
<td>without contrast material, followed by contrast material(s) and further sections</td>
</tr>
<tr>
<td>70490</td>
<td>Computed tomography, soft tissue neck; without contrast material</td>
</tr>
<tr>
<td>70491</td>
<td>with contrast material(s)</td>
</tr>
<tr>
<td>70492</td>
<td>without contrast material followed by contrast material(s) and further sections</td>
</tr>
<tr>
<td>70496</td>
<td>Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing</td>
</tr>
<tr>
<td>70498</td>
<td>Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing</td>
</tr>
<tr>
<td>70540</td>
<td>Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)</td>
</tr>
<tr>
<td>70542</td>
<td>with contrast material(s)</td>
</tr>
<tr>
<td>70543</td>
<td>without contrast material(s), followed by contrast material(s) and further sequences</td>
</tr>
<tr>
<td>70544</td>
<td>Magnetic resonance angiography, head; without contrast material(s)</td>
</tr>
<tr>
<td>70545</td>
<td>with contrast material(s)</td>
</tr>
<tr>
<td>70546</td>
<td>without contrast material(s), followed by contrast material(s) and further sequences</td>
</tr>
<tr>
<td>70547</td>
<td>Magnetic resonance angiography, neck; without contrast material(s)</td>
</tr>
<tr>
<td>70548</td>
<td>with contrast material(s)</td>
</tr>
<tr>
<td>70549</td>
<td>without contrast material(s), followed by contrast material(s) and further sequences</td>
</tr>
<tr>
<td>70551</td>
<td>Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material</td>
</tr>
<tr>
<td>70552</td>
<td>with contrast material(s)</td>
</tr>
<tr>
<td>70553</td>
<td>without contrast material, followed by contrast material(s) and further sequences</td>
</tr>
<tr>
<td>70555</td>
<td>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)</td>
</tr>
<tr>
<td>70557</td>
<td>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</td>
</tr>
<tr>
<td>70558</td>
<td>with contrast material(s)</td>
</tr>
<tr>
<td>70559</td>
<td>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)</td>
</tr>
</tbody>
</table>

**CHEST**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>71010</td>
<td>Radiologic examination, chest, single view, frontal</td>
</tr>
<tr>
<td>71015</td>
<td>stereo, frontal</td>
</tr>
<tr>
<td>71020</td>
<td>Radiologic examination, chest, two views, frontal and lateral;</td>
</tr>
<tr>
<td>71021</td>
<td>with apical lordotic procedure</td>
</tr>
</tbody>
</table>
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)

72010 Radiologic examination, spine, entire, survey study, anteroposterior and lateral
72020 Radiologic examination, spine, single view, specify level
72040 Radiologic examination, spine, cervical; 2 or 3 views
72050 4 or 5 views
72052 6 or more views
72069 Radiologic examination, spine, thoracolumbar, standing (scoliosis)
72070 Radiologic examination, spine; thoracic, two views
72072 thoracic, three views
72074 thoracic, minimum of four views
72080 thoracolumbar, two views
72090 scoliosis study, including supine and erect studies
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)
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>72127</td>
<td>without contrast material, followed by contrast material(s) and further sections</td>
</tr>
<tr>
<td>72128</td>
<td>Computed tomography, thoracic spine; without contrast material</td>
</tr>
<tr>
<td>72129</td>
<td>with contrast material(s)</td>
</tr>
<tr>
<td>72130</td>
<td>without contrast material, followed by contrast material(s) and further sections</td>
</tr>
<tr>
<td>72131</td>
<td>Computed tomography, lumbar spine; without contrast material</td>
</tr>
<tr>
<td>72132</td>
<td>with contrast material(s)</td>
</tr>
<tr>
<td>72133</td>
<td>without contrast material, followed by contrast material(s) and further sections</td>
</tr>
<tr>
<td>72141</td>
<td>Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material</td>
</tr>
<tr>
<td>72142</td>
<td>with contrast material(s)</td>
</tr>
<tr>
<td>72146</td>
<td>Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material</td>
</tr>
<tr>
<td>72147</td>
<td>with contrast material(s)</td>
</tr>
<tr>
<td>72148</td>
<td>Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material</td>
</tr>
<tr>
<td>72149</td>
<td>with contrast material(s)</td>
</tr>
<tr>
<td>72156</td>
<td>Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical</td>
</tr>
<tr>
<td>72157</td>
<td>thoracic</td>
</tr>
<tr>
<td>72158</td>
<td>lumbar</td>
</tr>
<tr>
<td>72159</td>
<td>Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)</td>
</tr>
<tr>
<td>72170</td>
<td>Radiologic examination, pelvis; 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>
</tr>
<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>
</tbody>
</table>

(72275 includes 77003)
(Use 72275 only when an epidurogram is performed, images documented and a formal radiologic report is issued)
72285  Discography, cervical or thoracic, radiological supervision and interpretation
72291  Radiological supervision and interpretation, percutaneous vertebroplasty, vertebral augmentation, or sacral augmentation (sacroplasty), including cavity creation, per vertebral body or sacrum; under fluoroscopic guidance
72292  under CT guidance
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 sequences
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
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>73225</td>
<td>Magnetic resonance angiography, upper extremity, with or without contrast material(s)</td>
</tr>
</tbody>
</table>

**LOWER EXTREMITIES**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>73500</td>
<td>Radiologic examination, hip; unilateral, one view</td>
</tr>
<tr>
<td>73510</td>
<td>complete, minimum of two views</td>
</tr>
<tr>
<td>73520</td>
<td>Radiologic examination, hips, bilateral, minimum of two views of each hip, including anteroposterior view of pelvis</td>
</tr>
<tr>
<td>73525</td>
<td>Radiologic examination, hip, arthrography, radiological supervision and interpretation (Do not report 77002 in conjunction with 73525)</td>
</tr>
<tr>
<td>73530</td>
<td>Radiologic examination, hip, during operative procedure</td>
</tr>
<tr>
<td>73540</td>
<td>Radiologic examination, pelvis and hips, infant or child, minimum of two views</td>
</tr>
<tr>
<td>73550</td>
<td>Radiologic examination, femur, two views</td>
</tr>
<tr>
<td>73560</td>
<td>Radiologic examination, knee; one or two views</td>
</tr>
<tr>
<td>73562</td>
<td>three views</td>
</tr>
<tr>
<td>73564</td>
<td>complete, four or more views</td>
</tr>
<tr>
<td>73565</td>
<td>both knees, standing, anteroposterior</td>
</tr>
<tr>
<td>73580</td>
<td>Radiologic examination, knee, arthrography, radiological supervision and interpretation (Do not report 77002 in conjunction with 73580)</td>
</tr>
<tr>
<td>73590</td>
<td>Radiologic examination; tibia and fibula, two views</td>
</tr>
<tr>
<td>73592</td>
<td>lower extremity, infant, minimum of two views</td>
</tr>
<tr>
<td>73600</td>
<td>Radiologic examination, ankle; two views</td>
</tr>
<tr>
<td>73610</td>
<td>complete, minimum of three views</td>
</tr>
<tr>
<td>73615</td>
<td>Radiologic examination, ankle, arthrography, radiological supervision and interpretation (Do not report 77002 in conjunction with 73615)</td>
</tr>
<tr>
<td>73620</td>
<td>Radiologic examination, foot; two views</td>
</tr>
<tr>
<td>73630</td>
<td>complete, minimum of three views</td>
</tr>
<tr>
<td>73650</td>
<td>Radiologic examination; calcaneus, minimum of two views</td>
</tr>
<tr>
<td>73660</td>
<td>toe(s), minimum of two views</td>
</tr>
<tr>
<td>73700</td>
<td>Computed tomography, lower extremity; without contrast material</td>
</tr>
<tr>
<td>73701</td>
<td>with contrast material(s)</td>
</tr>
<tr>
<td>73702</td>
<td>without contrast material, followed by contrast material(s) and further sections</td>
</tr>
<tr>
<td>73706</td>
<td>Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing</td>
</tr>
<tr>
<td>73718</td>
<td>Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material</td>
</tr>
<tr>
<td>73719</td>
<td>with contrast material(s)</td>
</tr>
<tr>
<td>73720</td>
<td>without contrast material(s), followed by contrast material(s) and further sequence</td>
</tr>
<tr>
<td>73721</td>
<td>Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material</td>
</tr>
<tr>
<td>73722</td>
<td>with contrast material(s)</td>
</tr>
<tr>
<td>73723</td>
<td>without contrast material(s), followed by contrast material(s) and further sequences</td>
</tr>
<tr>
<td>73725</td>
<td>Magnetic resonance angiography, lower extremity, with or without contrast material(s)</td>
</tr>
</tbody>
</table>
### ABDOMEN

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>74000</td>
<td>Radiologic examination, abdomen; single anteroposterior view</td>
</tr>
<tr>
<td>74010</td>
<td>anteroposterior and additional oblique and cone views</td>
</tr>
<tr>
<td>74020</td>
<td>complete, including decubitus and/or erect views</td>
</tr>
<tr>
<td>74022</td>
<td>complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest</td>
</tr>
<tr>
<td>74150</td>
<td>Computed tomography, abdomen; without contrast material</td>
</tr>
<tr>
<td>74160</td>
<td>with contrast material(s)</td>
</tr>
<tr>
<td>74170</td>
<td>without contrast material, followed by contrast material(s) and further sections</td>
</tr>
<tr>
<td>74174</td>
<td>Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing</td>
</tr>
<tr>
<td>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>
</tbody>
</table>

(Do not report 74176-74178 in conjunction with 72192-72194, 74150-74170)

(Report 74176, 74177, or 74178 only once per CT abdomen and pelvis examination)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<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/vidioradiography</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 films, without KUB</td>
</tr>
<tr>
<td>74241</td>
<td>with or without delayed films, with KUB,</td>
</tr>
<tr>
<td>74245</td>
<td>with small intestine, includes multiple serial films</td>
</tr>
<tr>
<td>74246</td>
<td>Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed films, without KUB</td>
</tr>
<tr>
<td>74247</td>
<td>with or without delayed films, with KUB</td>
</tr>
<tr>
<td>74249</td>
<td>with small intestine follow-through</td>
</tr>
<tr>
<td>74250</td>
<td>Radiologic examination, small intestine, includes multiple serial films;</td>
</tr>
<tr>
<td>74251</td>
<td>via enteroclysis tube</td>
</tr>
<tr>
<td>74260</td>
<td>Duodenography, hypotonic</td>
</tr>
</tbody>
</table>
74270 Radiologic examination, colon; contrast (eg, barium) enema, with or without KUB
74280 air contrast with specific high density barium, with or without glucagon
74283 Therapeutic enema, contrast or air, for reduction of intussusception or other intraluminal obstruction (eg, meconium ileus)
74290 Cholecystography, oral contrast;
74291 additional or repeat examination or multiple day examination
74300 Cholangiography and/or pancreatography; intraoperative, radiological supervision and interpretation
74301 additional set intraoperative, radiological supervision and interpretation
(List separately in addition to primary procedure)
(Use 74301 in conjunction with 74300)
74305 through existing catheter, radiological supervision and interpretation
74320 Cholangiography, percutaneous, transhepatic, radiological supervision and interpretation
74327 Postoperative biliary duct calculus removal, percutaneous via T-tube tract, basket or snare (eg, Burhenne technique), radiological supervision and interpretation
74328 Endoscopic catheterization of the biliary ductal system, radiological supervision and interpretation
74329 Endoscopic catheterization of the pancreatic ductal system, radiological supervision and interpretation
74330 Combined endoscopic catheterization of the biliary and pancreatic ductal systems, radiological supervision and interpretation
74340 Introduction of long gastrointestinal tube (eg, Miller-Abbott), including multiple fluoroscopies and films, radiological supervision and interpretation
74355 Percutaneous placement of enteroclysis tube, radiological supervision and interpretation
74360 Intraluminal dilation of strictures and/or obstructions (eg, esophagus), radiological supervision and interpretation
74363 Percutaneous transhepatic dilation of biliary duct stricture with or without placement of stent, radiological supervision and interpretation

**UrineR 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, (pyelogram, 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 Urethrocytography, retrograde, radiological supervision and interpretation
74455 Urethrocytography, voiding, radiological supervision and interpretation
74470 Radiologic examination, renal cyst study, translumbar, contrast visualization, radiological supervision and interpretation
74475  Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation
74480  Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous, 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
74740  Hysterosalpingography, radiological supervision and interpretation
74742  Transcervical catheterization of fallopian tube, radiological supervision and interpretation
74775  Perineogram (eg, vaginogram, for sex determination or extent of anomalies)

HEART

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)
VASCULAR PROCEDURES

AORTA AND ARTERIES

Selective vascular catheterizations should be coded to include introduction and all lesser order selective catheterizations used in the approach (eg, 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)

75791  Angiography, arteriovenous shunt (eg, dialysis patient fistula/graft), complete evaluation of dialysis access, including fluoroscopy, image documentation and report (includes injections of contrast and all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava), radiological supervision and interpretation
(Do not report 75791 in conjunction with 36147, 36148)
(Use 75791 only if radiological evaluation is performed through an already existing access into the shunt or from an access that is not a direct puncture of the shunt)

**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
75896  Transcatheter therapy, infusion, other than for thrombolysis, 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
75945  Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; initial vessel
75946  each additional non-coronary vessel
   (List separately in addition to primary procedure)
   (Use 75946 in conjunction with 75945)
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-iliac tube endoprosthesis, radiological supervision and interpretation (Report required)
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)

75962  Transluminal balloon angioplasty, peripheral artery other than renal, or other visceral artery, iliac or lower extremity, radiological supervision and interpretation

75964  Transluminal balloon angioplasty, each additional peripheral artery other than renal, or other visceral artery, iliac or lower extremity, radiological supervision and interpretation (List separately in addition to primary procedure) (Use 75964 in conjunction with 75962)

75966  Transluminal balloon angioplasty, renal or other visceral artery, radiological supervision and interpretation

75968  each additional visceral artery, radiological supervision and interpretation (List separately in addition to primary procedure) (Use 75968 in conjunction with 75966)

75970  Transcatheter biopsy, radiological supervision and interpretation

75978  Transluminal balloon angioplasty, venous (eg, subclavian stenosis), radiological supervision and interpretation

75980  Percutaneous transhepatic biliary drainage with contrast monitoring, radiological supervision and interpretation

75982  Percutaneous placement of drainage catheter for combined internal and external biliary drainage or of a drainage stent for internal biliary drainage in patients with an inoperable mechanical biliary obstruction, 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, 78012-78999, 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

**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;

76519 with intraocular lens power calculation

76529 Ophthalmic ultrasonic foreign body localization

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

76604  Ultrasound, chest, (includes mediastinum) real time with image documentation
76645  Ultrasound, breast(s) (unilateral or bilateral), real time with image documentation

ABDOMEN AND RETROPERITONEUM

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)
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 Ultrason guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to primary procedure) (Do not use 76937 in conjunction with 76942)
76940 Ultrasound guidance for, and monitoring of, parenchymal tissue ablation (Do not report 76940 in conjunction with 76998)
76941 Ultrasonic guidance for intrauterine fetal transfusion or cordocentesis, imaging supervision and interpretation
76942 Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation (Do not report 76942 in conjunction with 43232, 43237, 43242, 45341, 45342 or 76975)
76945 Ultrasonic guidance for chorionic villus sampling, imaging supervision and interpretation
76946 Ultrasonic guidance for amniocentesis, imaging supervision and interpretation
76950 Ultrasonic guidance for placement of radiation therapy fields
76965 Ultrasonic guidance for interstitial radioelement application

OTHER PROCEDURES

76975 Gastrointestinal endoscopic ultrasound, supervision and interpretation (Do not report 76975 in conjunction with 43231, 43232, 43237, 43238, 43242, 43259, 45341, 45342, or 76942)
76977 Ultrasound bone density measurement and interpretation, peripheral site(s), any method
76998 Ultrasonic guidance, intraoperative (Do not report 76998 in conjunction with 47370-47382)
76999 Unlisted ultrasound procedure (eg, diagnostic, interventional)

RADIOLOGIC GUIDANCE

FLUOROSCOPIC GUIDANCE

77001 Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position) (List separately in addition to primary procedure) (Do not use 77001 in conjunction with 77002)
77002 Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device)
(77002 includes all radiographic arthrography with the exception of supervision and interpretation for CT and MR arthrography)
(Do not report 77002 in addition to 70332, 73040, 73085, 73115, 73525, 73580, 73615)
(77002 is included in the organ/anatomic specific radiological supervision and interpretation procedures 49440, 74320, 74355, 74445, 74470, 74475, 75809, 75810, 75885, 75887, 75980, 75982, 75989)

77003 Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid)
(Injection of contrast during fluoroscopic guidance and localization [77003] is included in 22526, 22527, 62263, 62264, 62267, 62270-62282, 62310-62319)
(Do not report 77003 in conjunction with 64479-64484, 64490-64495)

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)

MAGNETIC RESONANCE GUIDANCE

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

BREAST, MAMMOGRAPHY

77051 Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further review for interpretation, with or without digitization of film radiographic images; diagnostic mammography (List separately in addition to primary procedure)
(Use 77051 in conjunction with 77055, 77056)

77052 screening mammography
(List separately in addition to primary procedure)
(Use 77052 in conjunction with 77057)
Physician – Procedure Codes, Section 4- Radiology

77053 Mammary ductogram or galactogram, single duct, radiological supervision and interpretation
77054 Mammary ductogram or galactogram, multiple ducts, radiological supervision and interpretation
77055 Mammography; unilateral
77056 bilateral
77057 Screening mammography, bilateral (2-view film study of each breast)
77058 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral
77059 bilateral
G0202 Screening mammography, producing direct digital image, bilateral, all views
G0204 Diagnostic mammography, producing direct digital image, bilateral, all views
G0206 Diagnostic mammography, producing direct digital image, unilateral, all views

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 (orthoroentgenogram, 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 requiring single treatment area of interest encompassed in a single port or simple parallel opposed ports with simple or no blocking.
INTERMEDIATE - planning requiring three or more converging ports, two separate treatment areas, multiple blocks, or special time dose constraints.
COMPLEX - planning requiring 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

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

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

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

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

77295 3-dimensional radiotherapy plan, including dose-volume histograms
77300 Basic radiation dosimetry calculation, central axis depth dose, 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
77305 Teletherapy, isodose plan (whether hand or computer calculated); simple (one or two parallel opposed unmodified ports directed to a single area of interest)
77310 intermediate (three or more treatment ports directed to a single area of interest)
77315 complex (mantle or inverted Y, tangential ports, the use of wedges, compensators, complex blocking, rotational beam, or special beam considerations)

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

77321 Special teletherapy port plan, particles, hemi-body, total body
77326 Brachytherapy isodose plan; simple (calculation made from single plane, one to four sources/ribbon application, remote afterloading brachytherapy, 1 to 8 sources)

(For definition of sources/ribbon, see Clinical Brachytherapy section)
77327 intermediate (multiplane dosage calculations, application involving five to ten sources/ribbons, remote afterloading brachytherapy, 9 to 12 sources)
77328 complex (multiplane isodose plan, volume implant calculations, over ten sources/ribbons used, special spatial reconstruction, remote afterloading brachytherapy, over 12 sources)
77331 Special dosimetry (eg, TLD, microdosimetry) (specify), only when prescribed by the treating physician
77332 Treatment devices, design and construction; simple (simple block, simple bolus)
77333 intermediate (multiple blocks, stents, bite blocks, special bolus)
77334 complex (irregular blocks, special shields, compensators, wedges, molds or casts)
77336 Continuing medical 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

(Reimbursement is for the global fee)
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 (Do not report 77373 in conjunction with 77401-77416, 77418)

OTHER PROCEDURES

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

RADIATION TREATMENT DELIVERY

Radiation treatment delivery (77401-77416) recognizes the technical component and the various energy levels. Procedure codes 77401-77418 are for the TC component only, no modifier required.

77401  Radiation treatment delivery, superficial and/or ortho voltage
77402  Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; up to 5 MeV
77403  6-10 MeV
77404  11-19 MeV
77406  20 MeV or greater
77407  Radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks; up to 5 MeV
77408  6-10 MeV
77409  11-19 MeV
77411  20 MeV or greater
77412  Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5 MeV
77413  6-10 MeV
77414  11-19 MeV
77416  20 MeV or greater
77417  Therapeutic radiology port film(s)
77418  Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session
77421  Stereoscopic X-ray guidance for localization of target volume for the delivery of radiation therapy (Do not report 77421 in conjunction with 77432, 77435)
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 (Report required)
77423  1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s) (Report required)
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)  
(Report required)

77605    deep (ie, heating to depths greater than 4 cm) (Report required)

77610 Hyperthermia generated by interstitial probe(s); 5 or fewer interstitial applicators  
(Report required)

77615 more than 5 interstitial applicators (Report required)

**CLINICAL INTRACAVITARY HYPERThERMIA**

77620 Hyperthermia generated by intracavitary probe(s) (Report required)

**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

77776 Interstitial radiation source application; simple

77777 intermediate

77778 complex

77785 Remote afterloading high dose rate radionuclide brachytherapy; 1 channel

77786 2-12 channels

77787 over 12 channels

77789 Surface application of radiation source

77799 Unlisted procedure, clinical brachytherapy
NUCLEAR MEDICINE

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

DIAGNOSTIC

ENDOCRINE SYSTEM

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>78012</td>
<td>Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)</td>
</tr>
<tr>
<td>78013</td>
<td>Thyroid imaging (including vascular flow, when performed);</td>
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<tr>
<td>78014</td>
<td>Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)</td>
</tr>
<tr>
<td>78015</td>
<td>Thyroid carcinoma metastases imaging; limited area (eg, neck and chest only)</td>
</tr>
<tr>
<td>78016</td>
<td>with additional studies (eg, urinary recovery)</td>
</tr>
<tr>
<td>78018</td>
<td>whole body</td>
</tr>
<tr>
<td>78020</td>
<td>Thyroid carcinoma metastases uptake</td>
</tr>
</tbody>
</table>
(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, RETICULENDOTHELIAL AND LYMPHARIC SYSTEM

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

**GASTROINTESTINAL SYSTEM**

78201  Liver imaging; static only
78202  with vascular flow
78205  Liver imaging (SPECT);
78206  with vascular flow
78215  Liver and spleen imaging; static only
78216  with vascular flow
78226  Hepatobiliary system imaging, including gallbladder when present;
78227  with pharmacologic intervention, including quantitative measurement(s), when preformed
78230  Salivary gland imaging;
78231  with serial images
78232  Salivary gland function study
78258  Esophageal motility
78261  Gastric mucosa imaging
78262  Gastroesophageal reflux study
78264  Gastric emptying study
78270  Vitamin B-12 absorption study (eg, Schilling test); without intrinsic factor
78271  with intrinsic factor
78272  Vitamin B-12 absorption studies combined, with and without intrinsic factor
78278  Acute gastrointestinal blood loss imaging
78290  Intestine imaging (eg, ectopic gastric mucosa, Meckel’s localization, volvulus)
78291  Peritoneal-venous shunt patency test (eg, for LeVeen, Denver shunt)
78299  Unlisted gastrointestinal procedure, diagnostic nuclear medicine

**MUSCULOSKELETAL SYSTEM**

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

**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;
       with vascular flow
78601  Brain imaging, minimum 4 static views;
       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
       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;
       with vascular flow
78701  with vascular flow and function, single study, without pharmacological intervention
78707  with vascular flow and function, single study, with pharmacological intervention
       (eg, angiotensin converting enzyme inhibitor and/or diuretic)
78708  with vascular flow and function, multiple studies, with and without
       pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or
       diuretic)
78709  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
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 (Report required)
(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 (Report and Invoice Required)

A4641 Radiopharmaceutical, diagnostic, not otherwise classified
A4642 Indium In-111 satumomab pendetide, diagnostic, per study dose up to 6 millicuries
A9500 Technetium Tc-99m sestamibi, diagnostic, per study dose
A9501 Technetium Tc-99m teboroxime, diagnostic, per study dose
A9502 Technetium Tc-99m tetrofosmin, diagnostic, per study dose
A9503 Technetium Tc-99m medronate, diagnostic, per study dose, up to 30 millicuries
A9504 Technetium Tc-99m apcitide, diagnostic, per study dose, up to 20 millicuries
A9505 Thallium Ti-201 thallous chloride, diagnostic, per millicurie
A9507 Indium In-111 capromab pendetide, diagnostic, per study dose, up to 10 millicuries
A9508 Iodine I-131 iobenguane sulfate, diagnostic, per 0.5 millicurie
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A9509</td>
<td>Iodine I-123 sodium iodide, diagnostic, per millicurie</td>
</tr>
<tr>
<td>A9510</td>
<td>Technetium Tc-99m disofenin, diagnostic, per study dose, up to 15 millicuries</td>
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<tr>
<td>A9512</td>
<td>Technetium Tc-99m pertechnetate, diagnostic, per millicurie</td>
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<tr>
<td>A9516</td>
<td>Iodine I-123 sodium iodide, diagnostic, per 100 microcuries, up to 999 microcuries</td>
</tr>
<tr>
<td>A9517</td>
<td>Iodine I-131 sodium iodide capsule(s), therapeutic, per millicurie</td>
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<tr>
<td>A9520</td>
<td>Technetium tc-99m, tilmanocept, diagnostic, up to 0.5 milicuries</td>
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<tr>
<td>A9521</td>
<td>Technetium Tc-99m exametazime, diagnostic, per study dose, up to 25 millicuries</td>
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<tr>
<td>A9524</td>
<td>Iodine I-131 iodinated serum albumin, diagnostic, per 5 microcuries</td>
</tr>
<tr>
<td>A9526</td>
<td>Nitrogen N-13 ammonia, diagnostic, per study dose, up to 40 millicuries</td>
</tr>
<tr>
<td>A9527</td>
<td>Iodine I-125, sodium iodide solution, therapeutic, per millicurie</td>
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<tr>
<td>A9528</td>
<td>Iodine I-131 sodium iodide capsule(s), diagnostic, per millicurie</td>
</tr>
<tr>
<td>A9529</td>
<td>Iodine I-131 sodium iodide solution, diagnostic, per millicurie</td>
</tr>
<tr>
<td>A9530</td>
<td>Iodine I-131 sodium iodide solution, therapeutic, per millicurie</td>
</tr>
<tr>
<td>A9531</td>
<td>Iodine I-131 sodium iodide, diagnostic, per microcurie (up to 100 microcuries)</td>
</tr>
<tr>
<td>A9532</td>
<td>Iodine I-125 serum albumin, diagnostic, per 5 microcuries</td>
</tr>
<tr>
<td>A9536</td>
<td>Technetium Tc-99m depreotide, diagnostic, per study dose, up to 35 millicuries</td>
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<tr>
<td>A9537</td>
<td>Technetium Tc-99m mebrofenin, diagnostic, per study dose, up to 15 millicuries</td>
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<tr>
<td>A9538</td>
<td>Technetium Tc-99m pyrophosphate, diagnostic, per study dose, up to 25 millicuries</td>
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<tr>
<td>A9539</td>
<td>Technetium Tc-99m pentetate, diagnostic, per study dose, up to 25 millicuries</td>
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<tr>
<td>A9540</td>
<td>Technetium Tc-99m macroaggregated albumin, diagnostic, per study dose, up to 10 millicuries</td>
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<tr>
<td>A9541</td>
<td>Technetium Tc-99m sulfur colloid, diagnostic, per study dose, up to 20 millicuries</td>
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<tr>
<td>A9542</td>
<td>Indium In-111 ibritumomab tiuxetan, diagnostic, per study dose, up to 5 millicuries</td>
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<tr>
<td>A9543</td>
<td>Yttrium Y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 millicuries</td>
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<tr>
<td>A9544</td>
<td>Iodine I-131 tositumomab, diagnostic, per study dose</td>
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<tr>
<td>A9545</td>
<td>Iodine I-131 tositumomab, therapeutic, per treatment dose</td>
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<tr>
<td>A9546</td>
<td>Cobalt Co-57/58, cyanocobalamin, diagnostic, per study dose, up to 1 microcurie</td>
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<tr>
<td>A9547</td>
<td>Indium In-111 oxyquinoline, diagnostic, per 0.5 millicurie</td>
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<tr>
<td>A9548</td>
<td>Indium In-111 pentetate, diagnostic, per 0.5 millicurie</td>
</tr>
<tr>
<td>A9549</td>
<td>Technetium Tc-99m sodium gluceptate, diagnostic, per study dose, up to 25 millicuries</td>
</tr>
<tr>
<td>A9551</td>
<td>Technetium Tc-99m succim, diagnostic, per study dose, up to 10 millicuries</td>
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<tr>
<td>A9553</td>
<td>Chromium Cr-51 sodium chromate, diagnostic, per study dose, up to 250 microcuries</td>
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<tr>
<td>A9554</td>
<td>Iodine I-125 sodium lothalamate, diagnostic, per study dose, up to 10 microcuries</td>
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<tr>
<td>A9555</td>
<td>Technetium Tc-99m bicisate, diagnostic, per study dose, up to 25 millicuries</td>
</tr>
<tr>
<td>A9558</td>
<td>Xenon Xe-133 gas, diagnostic, per 10 microcuries</td>
</tr>
<tr>
<td>A9559</td>
<td>Cobalt Co-57 cyanocobalamin, oral, diagnostic, per study dose, up to 1 microcurie</td>
</tr>
<tr>
<td>A9560</td>
<td>Technetium Tc-99m labeled red blood cells, diagnostic, per study dose, up to 30 millicuries</td>
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<tr>
<td>A9561</td>
<td>Technetium Tc-99m oxidronate, diagnostic, per study dose, up to 30 millicuries</td>
</tr>
<tr>
<td>A9562</td>
<td>Technetium Tc-99m mertiatide, diagnostic, per study dose, up to 15 millicuries</td>
</tr>
<tr>
<td>A9563</td>
<td>Sodium phosphate P-32, therapeutic, per millicurie</td>
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<tr>
<td>A9564</td>
<td>Chronic phosphate P-32 suspension, therapeutic, per millicurie</td>
</tr>
<tr>
<td>A9566</td>
<td>Technetium Tc-99m fanolesomab, diagnostic, per study dose, up to 25 millicuries</td>
</tr>
<tr>
<td>A9567</td>
<td>Technetium Tc-99m pentetate, diagnostic, aerosol, per study dose, up to 75 millicuries</td>
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</tbody>
</table>
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 pentetreotide, diagnostic, per study dose, up to 6 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
A9600  Strontium Sr-89 chloride, therapeutic, per millicurie
A9604  Samarium SM-153 lexidronam, therapeutic, per treatment dose, up to 150 millicuries
A9699  Radiopharmaceutical, therapeutic, not otherwise classified
J3472  Hyaluronidase, ovine, preservative free, per 1000 USP units

**POSITRON EMISSION TOMOGRAPHY (PET) SERVICES**

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