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.

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.

**MMIS RADIOLOGY MODIFIERS**

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

- **26 Professional Component:** Certain procedures are a combination of a physician component and a technical component. When the physician component is reported separately, the service may be identified by adding the modifier -26 to the usual procedure number.

- **50 Bilateral Procedures (X-ray):** Unless otherwise identified in the listing, when bilateral X-ray examinations are performed at the same time, the service will be identified by adding the modifier -50 to the usual procedure code number. (Reimbursement will not exceed 160% of the maximum State Medical Fee Schedule amount. One claim line is to be billed representing the bilateral procedure. Amount billed should reflect total amount due.)
-76 **Repeat Procedure by Same Physician**: The physician may need to indicate that a procedure or service was repeated subsequent to the original procedure or service. (When a repeat X-ray examination of the same part and for the same illness is required for reasons other than technical or professional error in the original X-ray, it will be identified by adding modifier -76.) (Reimbursement will not exceed 100% of the maximum State Medical Fee Schedule amount.)

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

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

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

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

-TC **Technical Component**: Under certain circumstances, a charge may be made for the technical component alone. Under those circumstances the technical component charge is identified by adding modifier -TC to the usual procedure number. Technical component charges are institutional charges and not billed separately by physicians.
## DIAGNOSTIC RADIOLOGY (DIAGNOSTIC IMAGING)

### HEAD AND NECK

- **70010** Myelography, posterior fossa, radiological supervision and interpretation
- **70015** Cisternography, positive contrast, radiological supervision and interpretation
- **70030** Radiologic examination, eye, for detection of foreign body
- **70100** Radiologic examination, mandible; partial, less than four views
  - **70110** complete, minimum of four views
- **70120** Radiologic examination, mastoids; less than three views per side
  - **70130** complete, minimum of three views per side
- **70134** Radiologic examination, internal auditory meati, complete
- **70140** Radiologic examination, facial bones; less than three views
  - **70150** complete, minimum of three views
- **70160** Radiologic examination, nasal bones, complete, minimum of three views
- **70170** Dacryocystography, nasolacrimal duct, radiological supervision and interpretation
- **70190** Radiologic examination; optic foramina
  - **70200** orbits, complete, minimum of four views
- **70210** Radiologic examination, sinuses, paranasal, less than three views
  - **70220** complete, minimum of three views
- **70240** Radiologic examination, sella turcica
- **70250** Radiologic examination, skull; less than four views
  - **70260** complete, minimum of four views
- **70300** Radiologic examination, teeth; single view
  - **70310** partial examination, less than full mouth
  - **70320** complete, full mouth
- **70328** Radiologic examination, temporomandibular joint, open and closed mouth; unilateral
  - **70330** bilateral
- **70332** Temporomandibular joint arthrography, radiological supervision and interpretation
  - (Do not report 70332 in conjunction with 77002)
- **70336** Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)
- **70350** Cephalogram, orthodontic
- **70355** Orthopantogram
- **70360** Radiologic examination; neck, soft tissue
  - **70370** pharynx or larynx, including fluoroscopy and/or magnification technique
- **70371** Complex dynamic pharyngeal and speech evaluation by cine or video recording
- **70373** Laryngography, contrast, radiological supervision and interpretation
- **70380** Radiologic examination, salivary gland for calculus
- **70390** Sialography, radiological supervision and interpretation
- **70450** Computed tomography, head or brain; without contrast material
  - **70460** with contrast material(s)
  - **70470** without contrast material, followed by contrast material(s) and further sections

(To report 3D rendering, see 76376, 76377)
70480  Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material
70481      with contrast material(s)
70482      without contrast material, followed by contrast material(s) and further sections
            (To report 3D rendering, see 76376, 76377)
70486  Computed tomography, maxillofacial area; without contrast material
70487      with contrast material(s)
70488      without contrast material, followed by contrast material(s) and further sections
            (To report 3D rendering, see 76376, 76377)
70490  Computed tomography, soft tissue neck; without contrast material
70491      with contrast material(s)
70492      without contrast material followed by contrast material(s) and further sections
            (To report 3D rendering, see 76376, 76377)
            (For cervical spine, see 72125, 72126)
70496  Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing
70498  Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing
70540  Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)
            (For head or neck magnetic resonance angiography studies, see 70544-70546, 70547-70549)
70542      with contrast material(s)
70543      without contrast material(s), followed by contrast material(s) and further sequences
            (Report 70540-70543 once per imaging session)
70544  Magnetic resonance angiography, head; without contrast material(s)
70545      with contrast material(s)
70546      without contrast material(s), followed by contrast material(s) and further sequences
70547  Magnetic resonance angiography, neck; without contrast material(s)
70548      with contrast material(s)
70549      without contrast material(s), followed by contrast material(s) and further sequences
70551  Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material
70552      with contrast material(s)
70553      without contrast material, followed by contrast material(s) and further sequences
70555  Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, requiring physician or psychologist administration of entire neurofunctional testing (BR)
70557  Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); without contrast material
70558 with contrast material(s)
70559 without contrast material(s), followed by contrast material(s) and further sequences
(For stereotactic biopsy of intracranial lesion with magnetic resonance guidance, use 61751)
(70557, 70558 or 70559 may be reported only if a separate report is generated)
(Report only one of the above codes once per operative session)
(Do not use these codes in conjunction with 61751, 77021, 77022)

CHEST
(For fluoroscopic or ultrasonic guidance for needle placement procedures (eg, biopsy, aspiration, injection, localization device) of the thorax, see 76942, 77002)
71010 Radiologic examination, chest, single view, frontal
71015 stereo, frontal
71020 Radiologic examination, chest, two views, frontal and lateral;
71021 with apical lordotic procedure
71022 with oblique projections
71023 with fluoroscopy
71030 Radiologic examination, chest, complete, minimum of four views;
71034 with fluoroscopy
(For separate chest fluoroscopy, use 76000)
71035 Radiologic examination, chest, special views, (eg, lateral decubitus, Bucky studies)
71040 Bronchography, unilateral, radiological supervision and interpretation
71060 Bronchography, bilateral, radiological supervision and interpretation
71090 Insertion pacemaker, fluoroscopy and radiography, radiological supervision and interpretation
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
(To report 3D rendering, see 76376, 76377)
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
(For breast MRI, see 77058, 77059)
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. For intrathecal injection procedure, see 61055, 62284; diskography, see 62290, 62291)

72010  Radiologic examination, spine, entire, survey study, anteroposterior and lateral
72020  Radiologic examination, spine, single view, specify level
72040  Radiologic examination, spine, cervical; two or three views
72050  minimum of four views
72052  complete, including oblique and flexion and/or extension studies
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
72120  Radiologic examination, spine, lumbosacral, bending views only, minimum of four views
72125  Computed tomography, cervical spine; without contrast material
72126  with contrast material(s)
72127  without contrast material, followed by contrast material(s) and further sections
72128  Computed tomography, thoracic spine; without contrast material
72129  with contrast material(s)
72130  without contrast material, followed by contrast material(s) and further sections
72131  Computed tomography, lumbar spine; without contrast material
72132  with contrast material(s)
72133  without contrast material, followed by contrast material(s) and further sections
(To report 3D rendering, see 76376, 76377)
72141  Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material
72142  with contrast material(s)
(For cervical spinal canal imaging without contrast material followed by contrast material, use 72156)
72146  Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material
72147  with contrast material(s)
        (For thoracic spinal canal imaging without contrast material followed by contrast material, use 72157)
72148  Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material
72149  with contrast material(s)
        (For lumbar spinal canal imaging without contrast material followed by contrast material, use 72158)
72156  Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical
72157  thoracic
72158  lumbar
72159  Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)
72170  Radiologic examination, pelvis; one or two views
72190  complete, minimum of three views
        (For pelvimetry, see 74710)
72191  Computed tomographic angiography, pelvis, with contrast material(s), including non contrast images, if performed, and image postprocessing
        (For CTA aorta-iliofemoral runoff, use 75635)
72192  Computed tomography, pelvis; without contrast material
72193  with contrast material(s)
72194  without contrast material, followed by contrast material(s) and further sections
        (To report 3D rendering, see 76376, 76377)
72195  Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)
72196  with contrast material(s)
72197  without contrast material(s), followed by contrast material(s) and further sequences
72198  Magnetic resonance angiography, pelvis, with or without contrast material(s)
72200  Radiologic examination, sacroiliac joints; less than three views
72202  three or more views
72220  Radiologic examination, sacrum and coccyx, minimum of two views
72240  Myelography, cervical, radiological supervision and interpretation
        (For complete cervical myelography, see 61055, 62284, 72240)
72255  Myelography, thoracic, radiological supervision and interpretation
        (For complete thoracic myelography, see 61055, 62284, 72255)
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72265  Myelography, lumbosacral, radiological supervision and interpretation
         (For complete lumbosacral myelography, see 61055, 62284, 72265)

72270  Myelography, two or more regions (eg, lumbar/thoracic, cervical/thoracic,
lumbar/cervical, lumbar/thoracic/cervical), radiological supervision and interpretation
         (For complete myelography of entire spinal canal, see 61055, 62284, 72270)

72275  Epidurography, radiological supervision and interpretation
         (72275 includes 77003)
         (Use 72275 only when an epidurogram is performed, images documented and a formal
          radiologic report is issued)
         (For injection procedure, see 62280-62282, 62310-62319, 64479-64484)

72285  Diskography, 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
         under CT guidance
         (For procedure, see 22520-22525)

72295  Diskography, lumbar, radiological supervision and interpretation

UPPER EXTREMITIES
(For injection procedure, arthrography, see 23350, 24220, 25246)

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

(To report 3D rendering, see 76376, 76377)

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
73225  Magnetic resonance angiography, upper extremity, with or without contrast material(s)

**LOWER EXTREMITIES**

(For stress views, any joint, use 77071)

73500  Radiologic examination, hip; unilateral, one view
73510  complete, minimum of two views
73520  Radiologic examination, hips, bilateral, minimum of two views of each hip, including anteroposterior view of pelvis
73525  Radiologic examination, hip, arthrography, radiological supervision and interpretation
(Do not report 77002 in conjunction with 73525)
73530  Radiologic examination, hip, during operative procedure
73540  Radiologic examination, pelvis and hips, infant or child, minimum of two views
73542  Radiological examination, sacroiliac joint arthrography, radiological supervision and interpretation
(Do not report 77002 in conjunction with 73542)

(For procedure, use 27096. If formal arthrography is not performed, recorded, and a formal radiologic report is not issued, use 77003 for fluoroscopic guidance for sacroiliac joint injections)

73550  Radiologic examination, femur, two views
73560  Radiologic examination, knee; one or two views
73562  three views
73564  complete, four or more views
73565  both knees, standing, anteroposterior
73580  Radiologic examination, knee, arthrography, radiological supervision and interpretation
(Do not report 77002 in conjunction with 73580)
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
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<tbody>
<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>
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<tr>
<td>73615</td>
<td>Radiologic examination, ankle, arthrography, radiological supervision and</td>
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<td></td>
<td>interpretation (Do not report 77002 in conjunction with 73615)</td>
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<tr>
<td>73620</td>
<td>Radiologic examination, foot; two views</td>
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<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>
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<tr>
<td>73660</td>
<td>toe(s), minimum of two views</td>
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<tr>
<td>73700</td>
<td>Computed tomography, lower extremity; without contrast material</td>
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<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</td>
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<td></td>
<td>sections (To report 3D rendering, see 76376, 76377)</td>
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<tr>
<td>73706</td>
<td>Computed tomographic angiography, lower extremity, with contrast material(s),</td>
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<td>including noncontrast images, if performed, and image postprocessing</td>
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<tr>
<td></td>
<td>(For CTA aorta-iliofemoral runoff, use 75635)</td>
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<tr>
<td>73718</td>
<td>Magnetic resonance (eg, proton) imaging, lower extremity other than joint;</td>
</tr>
<tr>
<td></td>
<td>without contrast material(s)</td>
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<tr>
<td>73719</td>
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<td>without contrast material(s), followed by contrast material(s) and further</td>
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<td>sequence</td>
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<tr>
<td>73721</td>
<td>Magnetic resonance (eg, proton) imaging, any joint of lower extremity;</td>
</tr>
<tr>
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<td>without contrast material</td>
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<td>73722</td>
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<td>sequences</td>
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<tr>
<td>73725</td>
<td>Magnetic resonance angiography, lower extremity, with or without contrast</td>
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<tr>
<td></td>
<td>material(s)</td>
</tr>
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<td>(For CTA aorta-iliofemoral runoff, use 75635)</td>
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**ABDOMEN**

<table>
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<tr>
<th>Code</th>
<th>Description</th>
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<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>
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<tr>
<td>74022</td>
<td>complete acute abdomen series, including supine, erect, and/or decubitus</td>
</tr>
<tr>
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<td>views, single view chest</td>
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<tr>
<td>74150</td>
<td>Computed tomography, abdomen; without contrast material</td>
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<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</td>
</tr>
<tr>
<td></td>
<td>sections (To report 3D rendering, see 76376, 76377)</td>
</tr>
</tbody>
</table>
74175  Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing

(For CTA aorto-iliofemoral runoff, use 75635)

74181  Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)
74182    with contrast material(s)
74183    without contrast material(s), followed by contrast material(s) and further sequences

74185  Magnetic resonance angiography, abdomen; with or without contrast material(s)
74190  Peritoneogram (eg, after injection of air or contrast), radiological supervision and interpretation

(For procedure, see 49400)
(For computerized axial tomography, see 72192 or 74150)

**GASTROINTESTINAL TRACT**

(For percutaneous placement of gastrotomy tube, use 43246)

74210  Radiologic examination; pharynx and/or cervical esophagus
74220    esophagus
74230  Swallowing function, with cineradiography videoradiography
74235  Removal of foreign body(s), esophageal, with use of balloon catheter, radiological supervision and interpretation

(For procedure, see 43215, 43247)

74240  Radiologic examination, gastrointestinal tract, upper; with or without delayed films, without KUB
74241    with or without delayed films, with KUB,
74245    with small intestine, includes multiple serial films
74246  Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed films, without KUB
74247    with or without delayed films, with KUB
74249    with small intestine follow-through
74250  Radiologic examination, small intestine, includes multiple serial films;
74251    via enteroclysis tube
74260  Duodenography, hypotonic
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
        (For procedure, see 47505, 48400, 47560-47561, 47563)
        (For biliary duct stone extraction, percutaneous, see 47630, 74327)
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
        (For procedure, see 47630)
74328  Endoscopic catheterization of the biliary ductal system, radiological supervision and interpretation
        (For procedure, see 43260-43272 as appropriate)
74329  Endoscopic catheterization of the pancreatic ductal system, radiological supervision and interpretation
        (For procedure, see 43260-43272 as appropriate)
74330  Combined endoscopic catheterization of the biliary and pancreatic ductal systems, radiological supervision and interpretation
        (For procedure, see 43260-43272 as appropriate)
74340  Introduction of long gastrointestinal tube (eg, Miller-Abbott), including multiple fluoroscopies and films, radiological supervision and interpretation
        (For tube placement, see 44500)
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
        (For procedure, see 47510, 47511, 47555, 47556)

**URINARY TRACT**

(For injection procedure: urography, see 50394, 50684, 50690; cystography, see 51600, 51605; vasography etc., see 52010, 55300; cavernosography, see 54230; urethrocystography, see 51600, 51610; cyst study, see 50390)

(For introduction only of catheter, stent or guide into renal pelvis and/or ureter, see 50392-50398)
74400  Urography (pyelography), intravenous, with or without KUB, with or without tomography;
74410  Urography, infusion, drip technique and/or bolus technique;
74415  with nephrotomography
74420  Urography, retrograde, with or without KUB
74425  Urography, antegrade, (pyelostogram, nephrostogram, loopogram), radiological supervision and interpretation
74430  Cystography, minimum of three views, radiological supervision and interpretation
74440  Vasography, vesiculography, or epididymography, radiological supervision and interpretation
74445  Corpora cavernosography, radiological supervision and interpretation
74450  Urethrocystography, retrograde, radiological supervision and interpretation
74455  Urethrocystography, voiding, radiological supervision and interpretation
74470  Radiologic examination, renal cyst study, translumbar, contrast visualization, radiological supervision and interpretation
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
   (For transurethral surgery (ureter and pelvis), see 52320-52355)
74485  Dilation of nephrostomy, ureters or urethra, radiological supervision and interpretation
   (For dilation of ureter without radiologic guidance, use 52341-52344)
   (For change of nephrostomy or pyelostomy tube, use 50398)

GYNECOLOGICAL AND OBSTETRICAL
(For abdomen and pelvis, see 72170-72190, 74000-74170)
74710  Pelvimetry, with or without placental localization
74740  Hysterosalpingography, radiological supervision and interpretation
   (For introduction of saline or contrast for hysterosalpingography, see 58340)
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 75557-75565 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.

(For separate injection procedures for vascular radiology, see Surgery section, 36000-36299)
(For cardiac catheterization procedures, see 93501-93556)

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 (e.g., the description for a selective right middle cerebral artery catheterization includes the introduction and placement catheterization of the right common and internal carotid arteries).

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

(For intravenous procedures, see 36000-36015, 36400-36425)
(For intra-arterial procedures, see 36100-36299)
(For radiological supervision and interpretation, see 75600-75978)
(For injection procedures for 75600, 75605, 75625, use 93544)
(For injection procedures for 75741, 75743, 75746, use 93541)

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
75650  Angiography, cervicocerebral, catheter, including vessel origin, radiological supervision
       and interpretation
75658  Angiography, brachial, retrograde, radiological supervision and interpretation
75660  Angiography, external carotid, unilateral, selective, radiological supervision and
       interpretation
75662  Angiography, external carotid, bilateral, selective, radiological supervision and
       interpretation
75665  Angiography, carotid, cerebral, unilateral, radiological supervision and interpretation
75671  Angiography, carotid, cerebral, bilateral, radiological supervision and interpretation
75676  Angiography, carotid, cervical, unilateral, radiological supervision and interpretation
75680  Angiography, carotid, cervical, bilateral, radiological supervision and interpretation
75685  Angiography, vertebral, cervical, and/or intracranial, 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
75722  Angiography, renal, unilateral, selective (including flush aortogram), radiological
       supervision and interpretation
75724  Angiography, renal, bilateral, selective (including flush aortogram), radiological
       supervision and interpretation
75726  Angiography, visceral; selective or supraselective, (with or without flush aortogram),
       radiological supervision and interpretation
       (For selective angiography, each additional visceral vessels studied after basic
       examination, see 75774)
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
(For introduction of catheter, injection procedure, see 93501-93533, 93545, 93556)

75756  Angiography, internal mammary, radiological supervision and interpretation
(For introduction of catheter, injection procedure, see 93501-93533, 93545, 93556)

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)
(For angiography, see codes 75600-75774, 75791)
(For catheterizations, see codes 36215-36248)
(For introduction of catheter, injection procedure, see 93501-93533, 93545, 93555, 93556)

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)
(For introduction of catheter, if necessary, see 36140, 36215-36217, 36245-36247)
(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)
(For radiological evaluation with needle/catheter introduction, AV dialysis shunt, complete procedure, use 36147)

**VEINS AND LYMPHATICS**
(For injection procedures: venous system, see 36000-36015, 36400-36510)
(For injection procedure for lymphatic system, use 38790)

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
(For procedure, see 49427 or 61070)

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

(For procedure, see 36500)

TRANS CATHETER PROCEDURES

(For transluminal angioplasty, open, see 35450-35460)
(For transluminal angioplasty, percutaneous, see 35470-35476)
(For transcatheter therapy and biopsy see 37200-37204)
(For interruption, inferior, vena cava, see 37620)
(For percutaneous cholecystostomy, see 47490)
(For percutaneous transhepatic catheter or stent, see 47510, 47511)
(For change of percutaneous biliary drainage catheter, see 47525)
(For revision/reinsertion of transhepatic T-tube, see 47530)
(For change of nephrostomy or pyelostomy tube, see 50398)
(For change of ureterostomy tube, see 50688)
(For transcatheter occlusion for embolization, see 61624, 61626)

75894  Transcatheter therapy, embolization, any method, radiological supervision and interpretation
75896  Transcatheter therapy, infusion, any method (eg, thrombolysis other than coronary), radiological supervision and interpretation

(For infusion for coronary disease, see 92975, 92977)
75898  Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion
75900  Exchange of a previously placed intravascular catheter during thrombolytic therapy with contrast monitoring, radiological supervision and interpretation
   (For procedure, use 37209)
75901  Mechanical removal of pericatheter obstructive material (eg, fibrin sheath) from central venous device via separate venous access, radiologic supervision and interpretation
   (For procedure, use 36595)
   (For venous catheterization, see 36010-36012)
75902  Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen, radiologic supervision and interpretation
   (For procedure, use 36596)
   (For venous catheterization, see 36010, 36012)
75940  Percutaneous placement of IVC filter, radiological 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)
   (For catheterizations, see codes 36215-36248)
   (For transcatheter therapies, see codes 37200-37208, 61624, 61626)
   (For procedure, see 37250, 37251)
75952  Endovascular repair of infrarenal abdominal aortic aneurysm or dissection, radiological supervision and interpretation
   (For implantation of endovascular grafts, see 34800—34808)
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
   (For implantation of endovascular extension prosthesis, see 34825, 34826)
75954  Endovascular repair of iliac artery aneurysm, pseudoaneurysm, arteriovenous malformation, or trauma, radiological supervision and interpretation (Report required)
   (For implantation of endovascular graft, see 34900)
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
   (For implantation of endovascular graft, see 33880)
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

(For implantation of endovascular graft, see 33881)

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)

(For implantation of proximal endovascular extension, see 33883, 33884)

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)

(For implantation of distal endovascular extension, use 33886)

75960  Transcatheter introduction of intravascular stent(s), (except coronary, carotid, and vertebral vessel), percutaneous and/ or open, radiological supervision and interpretation, each vessel

(For procedure, see 37205-37208)

75961  Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter), radiological supervision and interpretation

(For procedure, see 37203)

75962  Transluminal balloon angioplasty, peripheral artery, radiological supervision and interpretation

75964  each additional peripheral artery, 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)

(For percutaneous transluminal coronary angioplasty, see 92982-92984)

75970  Transcatheter biopsy, radiological supervision and interpretation
(For injection procedure only for transcatheter therapy or biopsy, see 36100-36299)
(For transcatheter renal and urethral biopsy, use 52007)
(For percutaneous needle biopsy of pancreas, use 48102; of retroperitoneal lymph node or mass, use 49180;
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
  (For percutaneous replacement of gastrostomy, duodenostomy, jejunostomy, gastro-jejunostomy, or cecostomy [or other colonic] tube including fluoroscopic imaging guidance, see 49450-49452)
  (For change of nephrostomy or pyelostomy tube only, use 50398)
  (For introduction procedure only for percutaneous biliary drainage, see 47510, 47511)
  (For percutaneous cholecystostomy, use 47490)
  (For change of percutaneous biliary drainage catheter only, use 47525)
  (For percutaneous nephrostolithotomy or pyelolithotomy, see 50080, 50081)
  (For removal and/or replacement of an internally dwelling ureteral stent via a transurethral approach, see 50385-50386)
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

TRANSPLUMINAL ATERECTOMY
75992  Transluminal atherectomy, peripheral artery, radiological supervision and interpretation
  (For procedure, see 35481-35485, 35491-35495)
75993  each additional peripheral artery, radiological supervision and interpretation
  (List separately in addition to primary procedure)
  (Use 75993 in conjunction with 75992)
  (For procedure, see 35481-35485, 35491-35495)
75994  Transluminal atherectomy, renal, radiological supervision and interpretation
  (For procedure, see 35480, 35490)
75995  visceral, radiological supervision and interpretation
  (For procedure, see 35480, 35490)
75996  each additional visceral artery, radiological supervision and interpretation
  (List separately in addition to primary procedure)
  (Use 75996 in conjunction with 75995)
  (For procedure, see 35480, 35490)
OTHER PROCEDURES

(For arthrography of shoulder, use 73040; elbow, use 73085; wrist, use 73115; hip, use 73525; knee, use 73580; ankle, use 73615)

76000 Fluoroscopy (separate procedure), up to one hour physician time, other than 71023 or 71034 (eg, cardiac fluoroscopy)

76001 Fluoroscopy, physician time more than one hour, assisting a non-radiologic physician (eg, nephrolithotomy, 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

(For contrast injection[s] and radiological assessment of gastrostomy, duodenostomy, jejunostomy, gastro-jejunostomy, or cecostomy [or other colonic] tube including fluoroscopic imaging guidance, use 49465)

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

(For nephrotomography, use 74415)

76120 Cineradiography/videoangiography, except where specifically included

76125 Cineradiography/videoangiography, 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; 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, 74185, 75635, 76377, 78000-78999)

76377 requiring image postprocessing on an independent workstation

(Use 76377 in conjunction with code(s) for base imaging procedure(s))

(Do not report 76377 in conjunction with 70496, 70498, 70544-70549, 71275, 71555, 72159, 72191, 72198, 73206, 73225, 73706, 73725, 74175, 74185, 75635, 76377, 78000-78999)

76380 Computed tomography, limited or localized follow-up study

76496 Unlisted fluoroscopic procedure (eg, diagnostic, interventional)

76497 Unlisted computed tomography procedure (eg, diagnostic, interventional)

76498 Unlisted magnetic resonance procedure (eg, diagnostic, interventional)

76499 Unlisted diagnostic radiographic procedure
**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.

(To report diagnostic vascular ultrasound studies, see 93875-93990)

**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
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>76510</td>
<td>Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter</td>
</tr>
<tr>
<td>76511</td>
<td>quantitative A-scan only</td>
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<tr>
<td>76512</td>
<td>B-scan (with or without superimposed non-quantitative A-scan)</td>
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<tr>
<td>76513</td>
<td>anterior segment ultrasound immersion (water bath) B-scan or high resolution biomicroscopy</td>
</tr>
<tr>
<td>76514</td>
<td>corneal pachymetry, unilateral or bilateral (determination of corneal thickness)</td>
</tr>
<tr>
<td>76516</td>
<td>Ophthalmic biometry by ultrasound echography, A-scan;</td>
</tr>
<tr>
<td>76519</td>
<td>with intraocular lens power calculation</td>
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<td></td>
<td>(For partial coherence interferometry, use 92136)</td>
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<tr>
<td>76529</td>
<td>Ophthalmic ultrasonic foreign body localization</td>
</tr>
<tr>
<td>76536</td>
<td>Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation</td>
</tr>
<tr>
<td>76546</td>
<td>Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation</td>
</tr>
<tr>
<td>76604</td>
<td>Ultrasound, chest, (includes mediastinum) real time with image documentation</td>
</tr>
<tr>
<td>76645</td>
<td>Ultrasound, breast(s) (unilateral or bilateral), real time with image documentation</td>
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</tbody>
</table>

**CHEST**

(To report A-mode echography of the breast, use 76999)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>76604</td>
<td>Ultrasound, chest, (includes mediastinum) real time with image documentation</td>
</tr>
<tr>
<td>76645</td>
<td>Ultrasound, breast(s) (unilateral or bilateral), real time with image documentation</td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>76700</td>
<td>Ultrasound, abdominal, real time with image documentation; complete</td>
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<tr>
<td>76705</td>
<td>limited (eg, single organ, quadrant, follow-up)</td>
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<tr>
<td>76770</td>
<td>Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete</td>
</tr>
<tr>
<td>76775</td>
<td>limited</td>
</tr>
<tr>
<td>76776</td>
<td>Ultrasound, transplanted kidney, real time and duplex doppler with image documentation</td>
</tr>
<tr>
<td></td>
<td>(Do not report 76776 in conjunction with 93975, 93976)</td>
</tr>
<tr>
<td></td>
<td>(For ultrasound of transplanted kidney without duplex Doppler, use 76775)</td>
</tr>
</tbody>
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**SPINAL CANAL**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>76800</td>
<td>Ultrasound, spinal canal and contents</td>
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</tbody>
</table>

**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.
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)
   (For non-obstetrical transvaginal ultrasound, use 76830)
76818 Fetal biophysical profile; with non-stress testing
76819 without non-stress testing
   (For amniotic fluid index without non-stress test, use 76815)
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
   (For obstetrical transvaginal ultrasound, use 76817)
   (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
   (For introduction of saline or contrast for hysterosonography, use 58340)
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
76880 Ultrasound, extremity, nonvascular, real time with image documentation
76885 Ultrasound of infant hips, real time with image documentation; dynamic (eg, requiring manipulation)
76886 limited, static (eg, not requiring physician 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 Ultrasound 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)
(If extremity venous non-invasive vascular diagnostic study is performed separate from venous access guidance, use 93965, 93970 or 93971)
76940 Ultrasonic guidance for, and monitoring of, parenchymal tissue ablation (Do not report 76940 in conjunction with 76998) (For ablation, see 32998, 47370-47382, 50592)
76941 Ultrasonic guidance for intrauterine fetal transfusion or cordocentesis, imaging supervision and interpretation (For procedure, see 36460, 59012)
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 (For procedure, see 59015)
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) (For ultrasound guidance for open and laparoscopic radiofrequency tissue ablation, use 76940)

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) (If formal extremity venography is performed from separate venous access and separately interpreted, use 36005 and 75820, 75822, 75825, or 75827)

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) (See appropriate surgical code for procedure and anatomic location)

77003  Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural, transforaminal epidural, subarachnoid, or sacroiliac joint), including neurolytic agent destruction (Injection of contrast during fluoroscopic guidance and localization [77003] is included in 22526, 22527, 62263, 62264, 62267, 62270-62282, 62310-62319) (Fluoroscopic guidance for subarachnoid puncture for diagnostic radiographic myelography is included in supervision and interpretation codes 72240-72270) (For epidural or subarachnoid needle or catheter placement and injection, see 62270-62282, 62310-62319)
(For sacroiliac joint arthrography, see 27096, 73542. If formal arthrography is not performed and recorded, and a formal radiographic report is not issued, use 77003 for fluoroscopic guidance for sacroiliac joint injections)
(For paravertebral facet joint injection, see 64490-64495. For transforaminal epidural needle placement and injection, see 64479-64484)
(For destruction by neurolytic agent, see 64600-64680)
(For percutaneous or endoscopic lysis of epidural adhesions, 62263, 62264 include fluoroscopic guidance and localization)

**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)
(For percutaneous radiofrequency ablation, see 32998, 47382, 50592, 50593)
77014  Computed tomography guidance for placement of radiation therapy fields
(For placement of interstitial device[s] for radiation therapy guidance, prostate, use 55876)

**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
(For procedure, see appropriate organ or site)
77022  Magnetic resonance guidance for, and monitoring of, parenchymal tissue ablation
(For percutaneous radiofrequency ablation, see 32998, 47382, 50592, 50593)

**OTHER RADIOLOGIC GUIDANCE**

77031  Stereotactic localization guidance for breast biopsy or needle placement (eg, for wire localization or for injection), each lesion, radiological supervision and interpretation
(For procedure, see 10022, 19000-19103, 19290, 19291)
(For injection for sentinel node localization without lymphoscintigraphy, use 38792)
77032  Mammographic guidance for needle placement, breast (eg, for wire localization or for injection), each lesion, radiological supervision and interpretation
(For procedure, see 10022, 19000, 19102, 19103, 19290, 19291)
(For injection for sentinel node localization without lymphoscintigraphy, use 38792)
**BREAST, MAMMOGRAPHY**

(For mammographic guidance for needle placement of breast lesion, use 77032)

77051  Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further physician 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)

77053  Mammary ductogram or galactogram, single duct, radiological supervision and interpretation
(For mammary ductogram or galactogram injection, use 19030)

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**

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)
77079  appendicular skeleton (peripheral) (eg, radius, wrist, heel)
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)
77083  Radiographic absorptiometry (eg, photodensitometry, radiogrammetry), 1 or more sites
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 portals, 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.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>77261</td>
<td>Therapeutic radiology treatment planning; simple</td>
</tr>
<tr>
<td>77262</td>
<td>intermediate</td>
</tr>
<tr>
<td>77263</td>
<td>complex</td>
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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
77295 three-dimensional
77299 Unlisted procedure, therapeutic radiology clinical treatment planning

**MEDICAL RADIATION PHYSICS, DOSIMETRY, TREATMENT DEVICES AND SPECIAL SERVICES**

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)  
(For immobilization in IMRT treatment, see 77332-77334)

**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 linear accelerator based  
(For radiation treatment management, use 77432)

77372  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)  
(For single fraction cranial lesion[s], see 77371, 77372)

**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

(For intensity modulated treatment planning, use 77301)

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)

**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 77427-77435 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 (e.g., assessment of the patient’s response to treatment, coordination of care and treatment, review of imaging and/or lab results).

77427 Radiation treatment management, 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)

(Single fraction cranial stereotactic radiation treatment is performed jointly by a surgeon and a radiation oncologist. The surgeon reports radiosurgery with 61793)

(For stereotactic body radiation therapy treatment, use 77435)

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)
(When stereotactic radiation therapy is performed jointly by a surgeon and a radiation oncologist [eg, spinal or cranial], the surgeon reports radiosurgery with 61793)

77470 Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral, endocavitary or intra-operative cone irradiation)
(77470 assumes that the procedure be performed one 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.
For insertion of ovoids and tandems, use 57155.
For insertion of Heyman capsules, use 58346.

**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)
  (For administration of radiolabeled monoclonal antibodies, use 79403)
  (For non-antibody radiopharmaceutical therapy by intravenous administration only, not
  including 3-month follow-up care, use 79101)

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

78000 Thyroid uptake; single determination
78001 multiple determinations
78003 stimulation, suppression or discharge (not including initial uptake studies)
78006 Thyroid imaging, with uptake; single determination
78007 multiple determinations
78010 Thyroid imaging; only
78011 with vascular flow
78015 Thyroid carcinoma metastases imaging; limited area (eg, neck and chest only)
78016 with additional studies (eg, urinary recovery)
78018 whole body
78020 Thyroid carcinoma metastases uptake
  (List separately in addition to primary procedure)
  (Use 78020 in conjunction with 78018 only)

78070 Parathyroid imaging
78075 Adrenal imaging, cortex and/or medulla
78099 Unlisted endocrine procedure, diagnostic nuclear medicine
HEMATOPOIETIC, RETICULENDOTHELIAL AND LYMPHARIC SYSTEM

78102  Bone marrow imaging; limited area
78103   multiple areas
78104   whole body
78110  Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); single sampling
78111   multiple samplings
78120  Red cell volume determination (separate procedure); single sampling
78121   multiple samplings
78122  Whole blood volume determination, including separate measurement of plasma volume and red cell volume (radiopharmaceutical volume-dilution technique)
78130  Red cell survival study;
78135   differential organ/tissue kinetics, eg, splenic and/or hepatic sequestration
78185  Spleen imaging only, with or without vascular flow
   (If combined with liver study, use procedures 78215, 78216)
78190  Kinetics, study of platelet survival, with or without differential organ/tissue localization
   (Report required)
78191  Platelet survival study
78195  Lymphatics and lymph nodes imaging
   (For sentinel node identification without scintigraphy imaging, use 38792)
   (For sentinel node excision, see 38500-38542)
78199  Unlisted hematopoietic, reticuloendothelial and lymphatic procedure, diagnostic nuclear medicine

GASTROINTESTINAL SYSTEM

78201  Liver imaging; static only
78202   with vascular flow
   (For spleen imaging only, use 78185)
78205  Liver imaging (SPECT);
78206   with vascular flow
78215  Liver and spleen imaging; static only
78216   with vascular flow
78220  Liver function study with hepatobiliary agents, with serial images
78223  Hepatobiliary ductal system imaging, including gallbladder, with or without pharmacologic intervention, with or without quantitative measurement of gallbladder function
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)
        (For injection procedure, use 49427)
78299  Unlisted gastrointestinal procedure, diagnostic nuclear medicine

MUSCULOSKELETAL SYSTEM

Bone and joint imaging can be used in the diagnosis of a variety of infectious inflammatory diseases (eg, osteomyelitis), as well as for localization of primary and/or metastatic neoplasms.

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
        (For radiolgraphic bone density (photodensitometry), use 77083)
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
   (For assessment of right ventricular ejection fraction by first pass technique, use 78496)
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
   (For cerebral blood flow study, use 78610)
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

78580  Pulmonary perfusion imaging; particulate
78584  Pulmonary perfusion imaging, particulate, with ventilation; single breath
78585    rebreathing and washout, with or without single breath
78586  Pulmonary ventilation imaging, aerosol; single projection
78587    multiple projections (eg, anterior, posterior, lateral views)
78588  Pulmonary perfusion imaging, particulate, with ventilation imaging, aerosol, one or multiple projections
78591  Pulmonary ventilation imaging, gaseous, single breath, single projection
78593  Pulmonary ventilation imaging, gaseous, with rebreathing and washout with or without single breath; single projection
78594    multiple projections (eg, anterior, posterior, lateral views)
78596  Pulmonary quantitative differential function (ventilation/perfusion) study
78599  Unlisted respiratory procedure; diagnostic nuclear medicine
NERVOUS SYSTEM
(For injection procedures for codes 78635, 78645, 78650, see 61000-61070; 62270-62294)

78600 Brain imaging, less than 4 static views;
78601 with vascular flow
78605 Brain imaging, minimum 4 static views;
78606 with vascular flow
78607 Brain imaging, tomographic (SPECT)
78610 Brain imaging, vascular flow only
78630 Cerebrospinal fluid flow, imaging (not including introduction of material); cisternography
(For injection procedure, see 61000-61070, 62270-62319)

78635 ventriculography
78645 shunt evaluation
78647 tomographic (SPECT)
78650 Cerebrospinal fluid leakage detection and localization
78660 Radiopharmaceutical dacryocystography
78699 Unlisted nervous system procedure, diagnostic nuclear medicine

GENITOURINARY SYSTEM
(For associated introduction of radioactive substance: cystotomy or cystostomy, see 51020; cystourethroscopy, see 52250;)

78700 Kidney imaging morphology;
78701 with vascular flow
78707 with vascular flow and function, single study, without pharmacological intervention
78708 with vascular flow and function, single study, with pharmacological intervention
(eg, angiotensin converting enzyme inhibitor and/or diuretic)
78709 with vascular flow and function, multiple studies, with and without pharmacological intervention
(eg, angiotensin converting enzyme inhibitor and/or diuretic)
(For introduction of radioactive substance in association with renal endoscopy, see 77776-77778)

78710 tomographic (SPECT)
78725 Kidney function study, non-imaging radioisotopic study
78730 Urinary bladder residual study
(List separately in addition to primary procedure)
(Use 78730 in conjunction with 78740)
(For measurement of postvoid residual urine and/or bladder capacity by ultrasound, nonimaging, use 51798)
(For ultrasound imaging of the bladder only, with measurement of postvoid residual urine when performed, use 76857)

78740 Ureteral reflux study (radiopharmaceutical voiding cystogram)
(Use 78740 in conjunction with 78730 for urinary bladder residual study)
(For catheterization, see 51701, 51702, 51703)
78761  Testicular imaging with vascular flow
78799  Unlisted genitourinary procedure, diagnostic nuclear medicine

OTHER PROCEDURES
(For imaging bone infectious or inflammatory disease, see 78300, 78305, 78306)
(For radiophosphorus tumor identification, ocular, see 78800)

78800  Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); limited area
78801  multiple areas
78802  whole body, single day imaging
78803  tomograph (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)

(For imaging bone infectious or inflammatory disease with a bone imaging radiopharmaceutical, see 78300, 78305, 78306)
(For pet of brain, see 78608, 78609)
(For pet myocardial imaging, see 78459, 78491, 78492)

78999  Unlisted miscellaneous procedure, diagnostic nuclear medicine

THERAPEUTIC

79005  Radiopharmaceutical therapy, by oral administration
    (For monoclonal antibody therapy, use 79403)
79101  Radiopharmaceutical therapy, by intravenous administration
    (Do not report 79101 in conjunction with 36400, 36410, 79403, 90760, 90774 or 90775, 96409)
    (For radiolabeled monoclonal antibody by intravenous infusion, use 79403)
    (For infusion or instillation of non-antibody radioelement solution that includes 3 months follow-up care, use 77750)
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)
    (For pre-treatment imaging, see 78802, 78804)
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)**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A4641</td>
<td>Radiopharmaceutical, diagnostic, not otherwise classified</td>
</tr>
<tr>
<td>A4642</td>
<td>Indium In-111 satumomab pendetide, diagnostic, per study dose up to 6 millicuries</td>
</tr>
<tr>
<td>A9500</td>
<td>Technetium Tc-99m sestamibi, diagnostic, per study dose</td>
</tr>
<tr>
<td>A9501</td>
<td>Technetium Tc-99m teboroxime, diagnostic, per study dose</td>
</tr>
<tr>
<td>A9502</td>
<td>Technetium Tc-99m tetrofosmin, diagnostic, per study dose</td>
</tr>
<tr>
<td>A9503</td>
<td>Technetium Tc-99m medronate, diagnostic, per study dose, up to 30 millicuries</td>
</tr>
<tr>
<td>A9504</td>
<td>Technetium Tc-99m apcitide, diagnostic, per study dose, up to 20 millicuries</td>
</tr>
<tr>
<td>A9505</td>
<td>Thallium Tl-201 thallous chloride, diagnostic, per millicurie</td>
</tr>
<tr>
<td>A9507</td>
<td>Indium In-111 capromab pendetide, diagnostic, per study dose, up to 10 millicuries</td>
</tr>
<tr>
<td>A9508</td>
<td>Iodine I-131 iobenguane sulfate, diagnostic, per 0.5 millicurie</td>
</tr>
<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>
</tr>
<tr>
<td>A9512</td>
<td>Technetium Tc-99m pertechnetate, diagnostic, per millicurie</td>
</tr>
<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>
</tr>
<tr>
<td>A9521</td>
<td>Technetium Tc-99m exametazime, diagnostic, per study dose, up to 25 millicuries</td>
</tr>
<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>
</tr>
<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>
</tr>
<tr>
<td>A9537</td>
<td>Technetium Tc-99m mebrofenin, diagnostic, per study dose, up to 15 millicuries</td>
</tr>
<tr>
<td>A9538</td>
<td>Technetium Tc-99m pyrophosphate, diagnostic, per study dose, up to 25 millicuries</td>
</tr>
<tr>
<td>A9539</td>
<td>Technetium Tc-99m pentetate, diagnostic, per study dose, up to 25 millicuries</td>
</tr>
<tr>
<td>A9540</td>
<td>Technetium Tc-99m macroaggregated albumin, diagnostic, per study dose, up to 10 millicuries</td>
</tr>
<tr>
<td>A9541</td>
<td>Technetium Tc-99m sulfur colloid, diagnostic, per study dose, up to 10 millicuries</td>
</tr>
<tr>
<td>A9542</td>
<td>Indium In-111 ibritumomab tiuxetan, diagnostic, per study dose, up to 20 millicuries</td>
</tr>
<tr>
<td>A9543</td>
<td>Yttrium Y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 millicuries</td>
</tr>
<tr>
<td>A9544</td>
<td>Iodine I-131 tositumomab, diagnostic, per study dose</td>
</tr>
<tr>
<td>A9545</td>
<td>Iodine I-131 tositumomab, therapeutic, per treatment dose</td>
</tr>
<tr>
<td>A9546</td>
<td>Cobalt Co-57/58, cyanocobalamin, diagnostic, per study dose, up to 1 microcurie</td>
</tr>
</tbody>
</table>
A9547  Indium In-111 oxyquinoline, diagnostic, per 0.5 millicurie
A9548  Indium In-111 pentetate, diagnostic, per 0.5 millicurie
A9550  Technetium Tc-99m sodium gluceptate, diagnostic, per study dose, up to 25 millicuries
A9551  Technetium Tc-99m succimer, diagnostic, per study dose, up to 10 millicuries
A9553  Chromium Cr-51 sodium chromate, diagnostic, per study dose, up to 250 microcuries
A9554  Iodine I-125 sodium iothalamate, diagnostic, per study dose, up to 10 microcuries
A9557  Technetium Tc-99m bicisate, diagnostic, per study dose, up to 25 millicuries
A9558  Xenon Xe-133 gas, diagnostic, per 10 millicuries
A9559  Cobalt Co-57 cyanocobalamin, oral, diagnostic, per study dose, up to 1 microcurie
A9560  Technetium Tc-99m labeled red blood cells, diagnostic, per study dose, up to 30 millicuries
A9561  Technetium Tc-99m oxidronate, diagnostic, per study dose, up to 30 millicuries
A9562  Technetium Tc-99m mertiatide, diagnostic, per study dose, up to 15 millicuries
A9563  Sodium phosphate P-32, therapeutic, per millicurie
A9564  Chromic phosphate P-32 suspension, therapeutic, per millicurie
A9566  Technetium Tc-99m fanolesomab, diagnostic, per study dose, up to 25 millicuries
A9567  Technetium Tc-99m pentetate, diagnostic, aerosol, per study dose, up to 75 millicuries
A9568  Technetium Tc-99m arcitumomab, 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
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
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>78814</td>
<td>Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)</td>
</tr>
<tr>
<td>78815</td>
<td>skull base to mid-thigh</td>
</tr>
<tr>
<td>78816</td>
<td>whole body</td>
</tr>
</tbody>
</table>

(Report 78811-78816 only once per imaging session)