NEW YORK STATE
MEDICAID PROGRAM

PHYSICIAN - PROCEDURE CODES

SECTION 4 - RADIOLOGY

Table of Contents

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. To determine the fee applicable only to the professional component, multiply the listed dollar value by a maximum conversion factor of 40%. (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.

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

When radiological services are rendered in hospital departments by radiologists who receive no salary/ compensation from the facility for patient care and who bill separately, the charge for the professional component may not exceed 40% of the maximum fee in the Radiology Services Fee Schedule. The remaining 60% of the fee is the maximum amount applicable for the technical and administrative services provided by the hospital. No payment will be made to a qualified practitioner solely for the technical and administrative component of radiology services. (See modifier -TC for the technical component.)

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.

3. Dictating report of examination or 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

MMIS RADIOLOGY MODIFIERS

-26 Professional Component: Certain procedures are a combination of a physician component and a technical component. When the physician component is reported separately, the service may be identified by adding the modifier -26 to the usual procedure number. (Reimbursement will not exceed 40% of the maximum State Medical Fee Schedule amount.)

-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. (Reimbursement will not exceed 60% of the maximum State Medical Fee Schedule amount.)

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 non contrast 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

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)

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 or vertebral augmentation including cavity creation, per vertebral body; under fluoroscopic guidance

72292 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)

73590 Radiologic examination; tibia and fibula, two views
73592 lower extremity, infant, minimum of two views
73600 Radiologic examination, ankle; two views
73610 complete, minimum of three views
73615 Radiologic examination, ankle, arthrography, radiological supervision and interpretation
(Do not report 77002 in conjunction with 73615)

73620 Radiologic examination, foot; two views
73630 complete, minimum of three views
73650 Radiologic examination; calcaneus, minimum of two views
73660 toe(s), minimum of two views
73700 Computed tomography, lower extremity; without contrast material
73701 with contrast material(s)
73702 without contrast material, followed by contrast material(s) and further sections

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

73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing

(For CTA aorta-iliofemoral runoff, use 75635)

73718 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)
73719 with contrast material(s)
73720 without contrast material(s), followed by contrast material(s) and further sequence
73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material
73722 with contrast material(s)
73723 without contrast material(s), followed by contrast material(s) and further sequences
73725 Magnetic resonance angiography, lower extremity, with or without contrast material(s)

(For CTA aorto-iliofemoral runoff, use 75635)

ABDOMEN

74000 Radiologic examination, abdomen; single anteroposterior view
74010 anteroposterior and additional oblique and cone views
74020 complete, including decubitus and/or erect views
74022 complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest
74150 Computed tomography, abdomen; without contrast material
74160 with contrast material(s)
74170 without contrast material, followed by contrast material(s) and further sections

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

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 and 75560 to report pharmacologic wall motion stress evaluation without contrast. Use 75563 and 75564 to report 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 75557-75564 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, 75560, 75563, 75564.

(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;
75558 with flow/velocity quantification
75559 with stress imaging
75560 with flow/velocity quantification and stress
75561 Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;
75562 with flow/velocity quantification
75563 with stress imaging
75564 with flow/velocity quantification and stress

(Do not report 75557-75564 in conjunction with 76376, 76377)

VASCULAR PROCEDURES

AORTA AND ARTERIES

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

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

(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 interpretaion
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 75600-75790)
(For catheterizations, see codes 36215-36248)
(For introduction of catheter, injection procedure, see 93501-93533, 93545, 93555, 93556)

75790 Angiography, arteriovenous shunt (eg, dialysis patient), radiological supervision and interpretation

(For introduction of catheter, use 36140, 36145, 36215-36217, 36245-36247)

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)

TRANSCATHETER 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 spearately 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 interpreation

(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 spearately 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 spearately 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 uretheral 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, abcess), 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 pyelostolithotomy, 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, abcess or specimen collection), with placement of catheter, radiological supervision and interpretation

TRANSLUMINAL ATHERECTOMY

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 spearately 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 spearately 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/videoradiography, except where specifically included
76125 Cineradiography/videoradiography, to complement routine examination (List separately in addition to primary procedure)

76140 Consultation on X-ray examination made elsewhere, written report
76376 3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; 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

76510 Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter
76511 quantitative A-scan only
76512 B-scan (with or without superimposed non-quantitative A-scan)
76513 anterior segment ultrasound immersion (water bath) B-scan or high resolution biomicroscopy
76514 corneal pachymetry, unilateral or bilateral (determination of corneal thickness)
76516 Ophthalmic biometry by ultrasound echography, A-scan;
76519 with intraocular lens power calculation

(For partial coherence interferometry, use 92136)

76529 Ophthalmic ultrasonic foreign body localization
76536 Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation

CHEST

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

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

ABDOMEN AND RETROPERITONEUM

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

76700 Ultrasound, abdominal, real time with image documentation; complete
76705 limited (eg, single organ, quadrant, follow-up)
76770 Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete
76775 limited
76776 Ultrasound, transplanted kidney, real time and duplex doppler with image documentation
(Do not report 76776 in conjunction with 93975, 93976)

(For ultrasound of transplanted kidney without duplex Doppler, use 76775)

SPINAL CANAL

76800 Ultrasound, spinal canal and contents

PELVIS

OBSTETRICAL

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

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

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

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

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

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

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

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

76801 Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (<14 weeks 0 days), transabdominal approach (complete fetal and maternal evaluation); single or first gestation

76802 each additional gestation
(List separately in addition to primary procedure)
(Use 76802 in conjunction with 76801)

76805 Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach (complete fetal and maternal evaluation); single or first gestation

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

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

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

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

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

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

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

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

(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 Ultrasound 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 catherter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural, transforaminal epidural, subarachnoid, paravertebral facet joint, paravertebral facet joint nerve, or sacroliac joint), including neurolytic agent destruction
(Injection of contrast during fluoroscopic guidance and localization [77003] is included in 22526, 22527, 62263, 62264, 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)

(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 paravertebral facet joint injection, see 64470-64476. 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 ports, special wedges or compensators, three or more separate treatment areas, rotational or special beam considerations, combination of therapeutic modalities.

Procedure codes 77261, 77262 & 77263 are for the professional component only, no modifier required.

77261	Therapeutic radiology treatment planning; simple
77262	intermediate
77263	complex

DEFINITIONS:

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

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

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

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

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

77280 Therapeutic radiology simulation-aided field setting; simple
77285 intermediate
77290 complex
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 **(Report required)**

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

STEREOTACTIC RADIATION TREATMENT DELIVERY

77371 Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based
77372 linear accelerator based

(For radiation treatment management, use 77432)

77373 Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions
(Do not report 77373 in conjunction with 77401-77416, 77418)

(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 **(Report required)**

(For intensity modulated treatment planning, use 77301)

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 (eg, assessment of the patient's response to treatment, coordination of care and treatment, review of imaging and/or lab results).

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

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

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

(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) 78460-78465, 78472, 78473, 78478, 78480, 78481, 78483, 78491 and 78492.

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)
78456 Acute venous thrombosis imaging, peptide
78457 Venous thrombosis imaging, venogram; unilateral
78458 bilateral
78460 Myocardial perfusion imaging; (planar) single study, at rest or stress (exercise and/or pharmacologic), with or without quantification
78461 multiple studies, (planar) at rest and/or stress (exercise and/or pharmacologic), and redistribution and/or rest injection, with or without quantification
78464 tomographic (spect), single study (including attenuation correction when performed), at rest or stress (exercise and/ or pharmacologic), with or without quantification
78465 tomographic (spect), multiple studies (including attenuation correction when performed), at rest and/or stress (exercise and/or pharmacologic) and redistribution and/or rest injection, with or without quantification
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

78478 Myocardial perfusion study with wall motion, qualitative or quantitative study (List separately in addition to primary procedure) (Use 78478 in conjunction with 78460 - 78465)

78480 Myocardial perfusion study with ejection fraction (List separately in addition to primary procedure) (Use 78480 in conjunction with 78460-78465)

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 tomographic (SPECT)
78804 Radiopharmaceutical localization of tumor or distribution of radiopharm-aceutical agent(s); whole body, requiring two or more days imaging
78805 Radiopharmaceutical localization of inflammatory process; limited area
78806 whole body
78807 tomograhic (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

A4641 Radiopharmaceutical, diagnostic, not otherwise classified
A4642 Indium In-111 satumomab pendetide, diagnostic, per study dose up to 6 millicuries
A9500 Technetium Tc-99m sestamibi, diagnostic, per study dose, up to 40 millicuries
A9501 Technetium tc-99m teboroxime, diagnostic, per study dose
A9502 Technetium Tc-99m tetrofosmin, diagnostic, per study dose
A9503 Technetium Tc-99m medronate, diagnostic, per study dose, up to 30 millicuries
A9504 Technetium Tc-99m apcitide, diagnostic, per study dose, up to 20 millicuries
A9505 Thallium Tl-201 thallous chloride, diagnostic, per millicurie
A9507 Indium In-111 capromab pendetide, diagnostic, per study dose, up to 10 millicuries
A9508 Iodine I-131 iobenguane sulfate, diagnostic, per 0.5 millicurie
A9509 Iodine I-123 sodium iodide, diagnostic, per millicurie
A9510 Technetium Tc-99m disofenin, diagnostic, per study dose, up to 15 millicuries
A9512 Technetium Tc-99m pertechnetate, diagnostic, per millicurie
A9516 Iodine I-123 sodium iodide, diagnostic, per 100 microcuries, up to 999 microcuries
A9517 Iodine I-131 sodium iodide capsule(s), therapeutic, per millicurie
A9521 Technetium Tc-99m exametazime, diagnostic, per study dose, up to 25 millicuries
A9524 Iodine I-131 iodinated serum albumin, diagnostic, per 5 microcuries
A9526 Nitrogen N-13 ammonia, diagnostic, per study dose, up to 40 millicuries
A9527 Iodine I-125, sodium iodide solution, therapeutic, per millicurie
A9528 Iodine I-131 sodium iodide capsule(s), diagnostic, per millicurie
A9529 Iodine I-131 sodium iodide solution, diagnostic, per millicurie
A9530 Iodine I-131 sodium iodide solution, therapeutic, per millicurie
A9531 Iodine I-131 sodium iodide, diagnostic, per microcurie (up to 100 microcuries)
A9532 Iodine I-125 serum albumin, diagnostic, per 5 microcuries
A9535 Methylene blue, 1 ml
A9536 Technetium Tc-99m depreotide, diagnostic, per study dose, up to 35 millicuries
A9537 Technetium Tc-99m mebrofenin, diagnostic, per study dose, up to 15 millicuries
A9538 Technetium Tc-99m pyrophosphate, diagnostic, per study dose, up to 25 millicuries
A9539 Technetium Tc-99m pentetate, diagnostic, per study dose, up to 25 millicuries
A9540 Technetium Tc-99m macroaggregated albumin, diagnostic, per study dose, up to 10 millicuries
A9541 Technetium Tc-99m sulfur colloid, diagnostic, per study dose, up to 20 millicuries
A9542 Indium In-111 ibritumomab tiuxetan, diagnostic, per study dose, up to 5 millicuries
A9543 Yttrium Y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 millicuries
A9544 Iodine I-131 tositumomab, diagnostic, per study dose
A9545 Iodine I-131 tositumomab, therapeutic, per treatment dose
A9546 Cobalt Co-57/58, cyanocobalamin, diagnostic, per study dose, up to 1 microcurie
A9547 Indium In-111 oxyquinoline, diagnostic, per 0.5 millicurie
A9548 Indium In-111 pentetate, diagnostic, per 0.5 millicurie
A9550 Technetium Tc-99m sodium gluceptate, diagnostic, per study dose, up to 25 millicurie
A9551 Technetium Tc-99m succimer, diagnostic, per study dose, up to 10 millicuries
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
A9576 Injection, gadoteridol, (prohance multipack), per ml
A9577 Injection, gadobenate dimeglumine (multihance), per ml
A9578 Injection, gadobenate dimeglumine (multihance multipack), per ml
A9600 Strontium Sr-89 chloride, therapeutic, per millicurie
A9605 Samarium Sm-153 lexidronamm, therapeutic, per 50 millicuries
A9699 Radiopharmaceutical, therapeutic, not otherwise classified

POSITRON EMISSION TOMOGRAPHY (PET) SERVICES

Maximum reimbursement amounts are for the complete procedure (professional and technical/administrative components) including the tracer. To receive reimbursement for only the professional component, see modifier -26 Professional Component.

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

(Report 78811-78816 only once per imaging session)