

NEW YORK STATE

MEDICAID PROGRAM

PHYSICIAN - PROCEDURE CODES

SECTION 4 - RADIOLOGY

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GENERAL INSTRUCTIONS

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

Fees are to be considered as payment for the complete radiological procedure, unless otherwise indicated. In order to be paid for both the professional and the technical and administrative components of the radiology service, qualified practitioners who provide radiology services in their offices must perform the professional component of radiology services and own or directly lease the equipment and must supervise and control the radiology technician who performs the radiology procedures; or be the employees of physicians who own or directly lease the equipment and must supervise and control the radiology technician who performs the radiology procedures. **NY Medicaid does not enroll offsite radiologists for the sole purpose of professional component billing.**

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

RADIOLOGY PRIOR APPROVAL (underlined procedure codes)

Information for Ordering Providers-

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

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

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

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

Information for Radiology Providers-

If you are **performing** a CT, CTA, MRI, MRA, Cardiac Nuclear, or PET procedure, you must verify that an approval has been obtained before performing these diagnostic imaging services for New York Medicaid FFS. Approvals will be required for claims payment. Failure to obtain an approval number may delay or prevent payment of a claim.

Additional information is available at

<http://www.emedny.org/ProviderManuals/Radiology/index.html>

TECHNICAL, ADMINISTRATIVE AND PROFESSIONAL RADIOLOGY COMPONENTS

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

1. Determination of the problem, including interviewing the patient, obtaining the history and making appropriate physical examination to determine the method of performing the radiologic procedure.
2. Study and evaluation of results obtained in diagnostic or therapeutic procedures, interpretation of radiographs or radioisotope data estimation resultant from treatment.
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>
Listed fees are the maximum reimbursable Medicaid fees. Fees for the MOMS Program can be found in the Enhanced Program fee schedule.
10. For additional general billing guidelines see the current CTP manual.

MMIS RADIOLOGY MODIFIERS

Note: NCCI associated modifiers are recognized for NCCI code pairs/related edits. For additional information please refer to the CMS website:

<http://www.cms.hhs.gov/NationalCorrectCodInitEd/>

- 26 Professional Component: Certain procedures are a combination of a physician component and a technical component. When the physician component is reported separately, the service may be identified by adding the modifier -26 to the usual procedure number.
- 50 Bilateral Procedures (X-ray): Unless otherwise identified in the listing, when bilateral X-ray examinations are performed at the same time, the service will be identified by adding the modifier -50 to the usual procedure code number. (Reimbursement will not exceed 160% of the maximum State Medical Fee Schedule amount. One claim line is to be billed representing the bilateral procedure. Amount billed should reflect total amount due.)
- 76 Repeat Procedure by Same Physician: The physician may need to indicate that a procedure or service was repeated subsequent to the original procedure or service. (When a repeat X-ray examination of the same part and for the same illness is required for reasons other than technical or professional error in the original X-ray, it will be identified by adding modifier -76.) (Reimbursement will not exceed 100% of the maximum State Medical Fee Schedule amount.)
- AQ Physician Providing a Service in an Unlisted Health Professional Shortage Area (HPSA)
- FP Service Provided as Part of Family Planning Program: All Family Planning Services will be identified by adding the modifier -FP to the usual procedure code number. (Reimbursement will not exceed 100% of the maximum State Medical Fee Schedule amount.)
- LT Left Side (used to identify procedures performed on the left side of the body): Add modifier –LT to the usual procedure code number. (Reimbursement will not exceed 100% of the Maximum Fee Schedule amount. One claim line should be billed.) **(Use modifier –50 when both sides done at same operative session.)**
- RT Right Side (used to identify procedures performed on the right side of the body): Add modifier –RT to the usual procedure code number. (Reimbursement will not exceed 100% of the Maximum Fee Schedule amount. One claim line should be billed.) **(Use modifier –50 when both sides done at same operative session.)**
- TC Technical Component: Under certain circumstances, a charge may be made for the technical component alone. Under those circumstances the technical component charge is identified by adding modifier -TC to the usual procedure number. Technical component charges are institutional charges and not billed separately by physicians.

DIAGNOSTIC RADIOLOGY (DIAGNOSTIC IMAGING)

HEAD AND NECK

- 70010 Myelography, posterior fossa, radiological supervision and interpretation
- 70015 Cisternography, positive contrast, radiological supervision and interpretation
- 70030 Radiologic examination, eye, for detection of foreign body
- 70100 Radiologic examination, mandible; partial, less than four views
- 70110 complete, minimum of four views
- 70120 Radiologic examination, mastoids; less than three views per side
- 70130 complete, minimum of three views per side
- 70134 Radiologic examination, internal auditory meati, complete
- 70140 Radiologic examination, facial bones; less than three views
- 70150 complete, minimum of three views
- 70160 Radiologic examination, nasal bones, complete, minimum of three views
- 70170 Dacryocystography, nasolacrimal duct, radiological supervision and interpretation
- 70190 Radiologic examination; optic foramina
- 70200 orbits, complete, minimum of four views
- 70210 Radiologic examination, sinuses, paranasal, less than three views
- 70220 complete, minimum of three views
- 70240 Radiologic examination, sella turcica
- 70250 Radiologic examination, skull; less than four views
- 70260 complete, minimum of four views
- 70300 Radiologic examination, teeth; single view
- 70310 partial examination, less than full mouth
- 70320 complete, full mouth
- 70328 Radiologic examination, temporomandibular joint, open and closed mouth; unilateral
- 70330 bilateral
- 70332 Temporomandibular joint arthrography, radiological supervision and interpretation
(Do not report 70332 in conjunction with 77002)
- 70336 Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)
- 70350 Cephalogram, orthodontic
- 70355 Orthopantomogram (eg, panoramic x-ray)
- 70360 Radiologic examination; neck, soft tissue
- 70370 pharynx or larynx, including fluoroscopy and/or magnification technique
- 70371 Complex dynamic pharyngeal and speech evaluation by cine or video recording
- 70380 Radiologic examination, salivary gland for calculus
- 70390 Sialography, radiological supervision and interpretation
- 70450 Computed tomography, head or brain; without contrast material
- 70460 with contrast material(s)
- 70470 without contrast material, followed by contrast material(s) and further sections
- 70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material
- 70481 with contrast material(s)
- 70482 without contrast material, followed by contrast material(s) and further sections
- 70486 Computed tomography, maxillofacial area; without contrast material

- 70487 with contrast material(s)
- 70488 without contrast material, followed by contrast material(s) and further sections
- 70490 Computed tomography, soft tissue neck; without contrast material
- 70491 with contrast material(s)
- 70492 without contrast material followed by contrast material(s) and further sections
- 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing
- 70498 Computed tomographic angiography, neck, with contrast material(s), including non-contrast images, if performed, and image postprocessing
- 70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)
- 70542 with contrast material(s)
- 70543 without contrast material(s), followed by contrast material(s) and further sequences
- 70544 Magnetic resonance angiography, head; without contrast material(s)
- 70545 with contrast material(s)
- 70546 without contrast material(s), followed by contrast material(s) and further sequences
- 70547 Magnetic resonance angiography, neck; without contrast material(s)
- 70548 with contrast material(s)
- 70549 without contrast material(s), followed by contrast material(s) and further sequences
- 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material
- 70552 with contrast material(s)
- 70553 without contrast material, followed by contrast material(s) and further sequences
- 70555 Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, requiring physician or psychologist administration of entire neurofunctional testing (BR)
- 70557 Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); without contrast material
- 70558 with contrast material(s)
- 70559 without contrast material(s), followed by contrast material(s) and further sequences (70557, 70558 or 70559 may be reported only if a separate report is generated. Report only one of the above codes once per operative session.

CHEST

- 71045 Radiologic examination, chest; single view
- 71046 2 views
- 71047 3 views
- 71048 4 or more views
- 71100 Radiologic examination, ribs, unilateral; two views
- 71101 including posteroanterior chest, minimum of three views
- 71110 Radiologic examination, ribs, bilateral; three views
- 71111 including posteroanterior chest, minimum of four views
- 71120 Radiologic examination; sternum, minimum of two views

- 71130 sternoclavicular joint or joints, minimum of three views
- 71250 Computed tomography, thorax, diagnostic; without contrast material
- 71260 with contrast material(s)
- 71270 without contrast material, followed by contrast material(s) and further sections
- 71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)
- 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing
- 71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)
- 71551 with contrast material(s)
- 71552 without contrast material(s), followed by contrast material(s) and further sequences
- 71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)

SPINE AND PELVIS

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

- 72020 Radiologic examination, spine, single view, specify level
- 72040 Radiologic examination, spine, cervical; 2 or 3 views
- 72050 4 or 5 views
- 72052 6 or more views
- 72070 Radiologic examination, spine; thoracic, two views
- 72072 thoracic, three views
- 72074 thoracic, minimum of four views
- 72080 thoracolumbar junction, minimum of 2 views
- 72081 Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view
- 72082 2 or 3 views
- 72083 4 or 5 views
- 72084 minimum of 6 views
- 72100 Radiologic examination, spine, lumbosacral; two or three views
- 72110 minimum of four views
- 72114 complete, including bending views, minimum of 6 views
- 72120 bending views only, 2 or 3 views
- 72125 Computed tomography, cervical spine; without contrast material
- 72126 with contrast material(s)
- 72127 without contrast material, followed by contrast material(s) and further sections
- 72128 Computed tomography, thoracic spine; without contrast material
- 72129 with contrast material(s)
- 72130 without contrast material, followed by contrast material(s) and further sections
- 72131 Computed tomography, lumbar spine; without contrast material
- 72132 with contrast material(s)

- 72133 without contrast material, followed by contrast material(s) and further sections
- 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material
- 72142 with contrast material(s)
- 72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material
- 72147 with contrast material(s)
- 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material
- 72149 with contrast material(s)
- 72156 Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical
- 72157 thoracic
- 72158 lumbar
- 72159 Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)
- 72170 Radiologic examination, pelvis; one or two views
- 72190 complete, minimum of three views
- 72191 Computed tomographic angiography, pelvis, with contrast material(s), including non-contrast images, if performed, and image postprocessing
- 72192 Computed tomography, pelvis; without contrast material
- 72193 with contrast material(s)
- 72194 without contrast material, followed by contrast material(s) and further sections
- 72195 Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)
- 72196 with contrast material(s)
- 72197 without contrast material(s), followed by contrast material(s) and further sequences
- 72198 Magnetic resonance angiography, pelvis, with or without contrast material(s)
- 72200 Radiologic examination, sacroiliac joints; less than three views
- 72202 three or more views
- 72220 Radiologic examination, sacrum and coccyx, minimum of two views
- 72240 Myelography, cervical, radiological supervision and interpretation
- 72255 Myelography, thoracic, radiological supervision and interpretation
- 72265 Myelography, lumbosacral, radiological supervision and interpretation
- 72270 Myelography, two or more regions (eg, lumbar/thoracic, cervical/ thoracic, lumbar/cervical, lumbar/thoracic/cervical), radiological supervision and interpretation
- 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)
- 72285 Discography, cervical or thoracic, radiological supervision and interpretation
- 72295 Discography, lumbar, radiological supervision and interpretation

UPPER EXTREMITIES

- 73000 Radiologic examination; clavicle, complete

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

LOWER EXTREMITIES

- 73501 Radiologic examination, hip, unilateral, with pelvis when performed, 1 view
 73502 2-3 views
 73503 minimum of 4 views
 73521 Radiologic examination, hips, bilateral, with pelvis when performed 2 views
 73522 3-4 views
 73523 minimum 5 views
 73525 Radiologic examination, hip, arthrography, radiological supervision and interpretation
 73551 Radiologic examination, femur; 1 view
 73552 minimum 2 views

- 73560 Radiologic examination, knee; one or two views
 73562 three views
 73564 complete, four or more views
 73565 both knees, standing, anteroposterior
 73580 Radiologic examination, knee, arthrography, radiological supervision and interpretation
 (Do not report 77002 in conjunction with 73580)
 73590 Radiologic examination; tibia and fibula, two views
 73592 lower extremity, infant, minimum of two views
 73600 Radiologic examination, ankle; two views
 73610 complete, minimum of three views
 73615 Radiologic examination, ankle, arthrography, radiological supervision and interpretation
 (Do not report 77002 in conjunction with 73615)
 73620 Radiologic examination, foot; two views
 73630 complete, minimum of three views
 73650 Radiologic examination; calcaneus, minimum of two views
 73660 toe(s), minimum of two views
 73700 Computed tomography, lower extremity; without contrast material
 73701 with contrast material(s)
 73702 without contrast material, followed by contrast material(s) and further sections
 73706 Computed tomographic angiography, lower extremity, with contrast material(s), including
 noncontrast images, if performed, and image postprocessing
 73718 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast
 material(s)
 73719 with contrast material(s)
 73720 without contrast material(s), followed by contrast material(s) and further sequence
 73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material
 73722 with contrast material(s)
 73723 without contrast material(s), followed by contrast material(s) and further sequences
 73725 Magnetic resonance angiography, lower extremity, with or without contrast material(s)

ABDOMEN

- 74018 Radiologic examination, abdomen; 1 view
 74019 2 views
 74021 3 or more views
 74022 Radiologic examination, complete acute abdomen series, including 2 or more views of the
 abdomen (eg, supine, erect, decubitus), and a single view of chest
 74150 Computed tomography, abdomen; without contrast material
 74160 with contrast material(s)
 74170 without contrast material, followed by contrast material(s) and further sections
 74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s),
 including noncontrast images, if performed, and image postprocessing
 74175 Computed tomographic angiography, abdomen, with contrast material(s), including
 noncontrast images, if performed, and image postprocessing
 74176 Computed tomography, abdomen and pelvis; without contrast material
 74177 with contrast material

74178 without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions

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

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

GASTROINTESTINAL TRACT

74210 Radiologic examination, pharynx and/or cervical esophagus, including scout neck radiograph(s) and delayed image(s), when performed, contrast (eg, barium) study

74220 Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium study)

single contrast (eg, barium) study

74221 double-contrast (eg, high-density barium and effervescent agent) study

74230 Radiologic examination, swallowing function, with cineradiography/videoradiography, including scout neck radiograph(s) and delayed image(s), when performed, contrast (eg, barium) study

74235 Removal of foreign body(s), esophageal, with use of balloon catheter, radiological supervision and interpretation

74240 Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study

74246 double-contrast (eg, high-density barium and effervescent agent) study, including glucagon, when administered

74248 Radiologic small bowel follow-through study, including multiple serial images (List separately in addition to code for primary procedure for upper GI radiologic examination

74250 Radiologic examination, small intestine, including multiple serial images and scout abdominal radiograph(s), when performed; single contrast (eg, barium) study

74251 double-contrast (eg, high-density barium and air via enteroclysis tube) study, including glucagon, when administered

74261 Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material

74262 Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material

74263 Computed tomographic (CT) colonography, screening, including image postprocessing

74270 Radiologic examination, colon, including scout abdominal radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study

74280 double-contrast (eg, high density barium and air) study, including glucagon, when administered

74283 Therapeutic enema, contrast or air, for reduction of intussusception or other intraluminal obstruction (eg, meconium ileus)

- 74290 Cholecystography, oral contrast;
- 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)
- 74328 Endoscopic catheterization of the biliary ductal system, radiological supervision and interpretation
- 74329 Endoscopic catheterization of the pancreatic ductal system, radiological supervision and interpretation
- 74330 Combined endoscopic catheterization of the biliary and pancreatic ductal systems, radiological supervision and interpretation
- 74340 Introduction of long gastrointestinal tube (eg, Miller-Abbott), including multiple fluoroscopies and images, radiological supervision and interpretation
- 74355 Percutaneous placement of enteroclysis tube, radiological supervision and interpretation
- 74360 Intraluminal dilation of strictures and/or obstructions (eg, esophagus), radiological supervision and interpretation
- 74363 Percutaneous transhepatic dilation of biliary duct stricture with or without placement of stent, radiological supervision and interpretation

URINARY TRACT

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

GYNECOLOGICAL AND OBSTETRICAL

- 74710 Pelvimetry, with or without placental localization
- 74712 Magnetic resonance imaging (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation
- 74713 each additional gestation (list separately in addition to code for primary procedure)
- 74740 Hysterosalpingography, radiological supervision and interpretation
- 74742 Transcervical catheterization of fallopian tube, radiological supervision and interpretation

74775 Perineogram (eg, vaginogram, for sex determination or extent of anomalies)

ARCHIVED

HEART

Cardiac magnetic imaging differs from traditional magnetic resonance imaging (MRI) in its ability to provide a physiologic evaluation of cardiac function. Traditional MRI relies on static images to obtain clinical diagnoses based upon anatomic information. Improvement in spatial and temporal resolution has expanded the application from an anatomic test and includes physiologic evaluation of cardiac function. Flow and velocity assessment for valves and intracardiac shunts is performed in addition to a function and morphologic evaluation. Use 75559 with 75565 to report flow with pharmacologic wall motion stress evaluation without contrast. Use 75563 with 75565 to report flow with pharmacologic perfusion stress with contrast.

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

75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;
75559 with stress imaging

75561 Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;

75563 with stress imaging

75565 Cardiac magnetic resonance imaging for velocity flow mapping
 (List separately in addition to code)

75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)

VASCULAR PROCEDURES

AORTA AND ARTERIES

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

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

75600 Aortography, thoracic, without serialography, radiological supervision and interpretation

- 75605 Aortography, thoracic, by serialography, radiological supervision and interpretation
- 75625 Aortography, abdominal, by serialography, radiological supervision and interpretation
- 75630 Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography, radiological supervision and interpretation
- 75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing
- 75705 Angiography, spinal, selective, radiological supervision and interpretation
- 75710 Angiography, extremity, unilateral, radiological supervision and interpretation
- 75716 Angiography, extremity, bilateral, radiological supervision and interpretation
- 75726 Angiography, visceral, selective or supraseductive, (with or without flush aortogram), radiological supervision and interpretation
- 75731 Angiography, adrenal, unilateral, selective, radiological supervision and interpretation
- 75733 Angiography, adrenal, bilateral, selective, radiological supervision and interpretation
- 75736 Angiography, pelvic, selective or supraseductive, radiological supervision and interpretation
- 75741 Angiography, pulmonary, unilateral, selective, radiological supervision and interpretation
- 75743 Angiography, pulmonary, bilateral, selective, radiological supervision and interpretation
- 75746 Angiography, pulmonary, by nonselective catheter or venous injection, radiological supervision and interpretation
- 75756 Angiography, internal mammary, radiological supervision and interpretation
- 75774 Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation
(List separately in addition to primary procedure)
(Use 75774 in addition to code for specific initial vessel studied)

VEINS AND LYMPHATICS

- 75801 Lymphangiography, extremity only, unilateral, radiological supervision and interpretation
- 75803 Lymphangiography, extremity only, bilateral, radiological supervision and interpretation
- 75805 Lymphangiography, pelvic/abdominal, unilateral, radiological supervision and interpretation
- 75807 Lymphangiography, pelvic/abdominal, bilateral, radiological supervision and interpretation
- 75809 Shuntogram for investigation of previously placed indwelling nonvascular shunt (eg, LeVeen shunt, ventriculoperitoneal shunt, indwelling infusion pump), radiological supervision and interpretation
- 75810 Splenoportography, radiological supervision and interpretation
- 75820 Venography, extremity, unilateral, radiological supervision and interpretation
- 75822 Venography, extremity, bilateral, radiological supervision and interpretation
- 75825 Venography, caval, inferior, with serialography, radiological supervision and interpretation
- 75827 Venography, caval, superior, with serialography, radiological supervision and interpretation
- 75831 Venography, renal, unilateral, selective, radiological supervision and interpretation
- 75833 Venography, renal, bilateral, selective, radiological supervision and interpretation
- 75840 Venography, adrenal, unilateral, selective, radiological supervision and interpretation
- 75842 Venography, adrenal, bilateral, selective, radiological supervision and interpretation
- 75860 Venography, venous sinus (eg, petrosal and inferior sagittal) or jugular, catheter, radiological supervision and interpretation

- 75870 Venography, superior sagittal sinus, radiological supervision and interpretation
- 75872 Venography, epidural, radiological supervision and interpretation
- 75880 Venography, orbital, radiological supervision and interpretation
- 75885 Percutaneous transhepatic portography with hemodynamic evaluation, radiological supervision and interpretation
- 75887 Percutaneous transhepatic portography without hemodynamic evaluation, radiological supervision and interpretation
- 75889 Hepatic venography, wedged or free, with hemodynamic evaluation, radiological supervision and interpretation
- 75891 Hepatic venography, wedged or free, without hemodynamic evaluation, radiological supervision and interpretation
- 75893 Venous sampling through catheter, with or without angiography (eg, for parathyroid hormone, renin), radiological supervision and interpretation

TRANSCATHETER PROCEDURES

- 75894 Transcatheter therapy, embolization, any method, radiological supervision and interpretation
- 75898 Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, other than for thrombolysis
- 75901 Mechanical removal of pericatheter obstructive material (eg, fibrin sheath) from central venous device via separate venous access, radiologic supervision and interpretation
- 75902 Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen, radiologic supervision and interpretation
- 75956 Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin, radiological supervision and interpretation
- 75957 not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin, radiological supervision and interpretation
- 75958 Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption), radiological supervision and interpretation
(Report 75958 for each proximal extension)
- 75959 Placement of distal extension prosthesis(s) (delayed) after endovascular repair of descending thoracic aorta, as needed, to level of celiac origin, radiological supervision and interpretation
(Do not report 75959 in conjunction with 75956, 75957)
(Report 75959 once, regardless of number of modules deployed)
- 75970 Transcatheter biopsy, radiological supervision and interpretation
- 75984 Change of percutaneous tube or drainage catheter with contrast monitoring (eg, genitourinary system, abscess), radiological supervision and interpretation

75989 Radiological guidance (ie, fluoroscopy, ultrasound or computed tomography), for percutaneous drainage (eg, abscess or specimen collection), with placement of catheter, radiological supervision and interpretation

OTHER PROCEDURES

- 76000 Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time
- 76010 Radiologic examination from nose to rectum for foreign body, single view, child
- 76080 Radiologic examination, abscess, fistula or sinus tract study, radiological supervision and interpretation
- 76098 Radiological examination, surgical specimen
- 76100 Radiological examination, single plane body section (eg, tomography), other than with urography
- 76101 Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; unilateral
- 76102 bilateral
- 76120 Cineradiography/vidoradiography, except where specifically included
- 76125 Cineradiography/vidoradiography, to complement routine examination
(List separately in addition to primary procedure)
- 76140 Consultation on X-ray examination made elsewhere, written report
- 76145 Medical physics dose evaluation for radiation exposure that exceeds institutional review threshold, including report
- 76376 3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent workstation
(Use 76376 in conjunction with code[s] for base imaging procedure[s])
- 76377 requiring image postprocessing on an independent workstation
(Use 76377 in conjunction with code(s) for base imaging procedure[s])
- 76380 Computed tomography, limited or localized follow-up study
- 76496 Unlisted fluoroscopic procedure (eg, diagnostic, interventional)
- 76497 Unlisted computed tomography procedure (eg, diagnostic, interventional)
- 76498 Unlisted magnetic resonance procedure (eg, diagnostic, interventional)
- 76499 Unlisted diagnostic radiographic procedure

DIAGNOSTIC ULTRASOUND

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

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

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

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

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

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

DEFINITIONS:

A MODE: Implies a one-dimensional ultrasonic measurement procedure.

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

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

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

HEAD AND NECK

- 76506 Echoencephalography, real time with image documentation (gray scale) (for determination of ventricular size, delineation of cerebral contents, and detection of fluid masses or other intracranial abnormalities), including A-mode encephalography as secondary component where indicated
- 76510 Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter
- 76511 quantitative A-scan only
- 76512 B-scan (with or without superimposed non-quantitative A-scan)
- 76513 anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy, unilateral or bilateral
- 76514 corneal pachymetry, unilateral or bilateral (determination of corneal thickness)
- 76516 Ophthalmic biometry by ultrasound echography, A-scan;
- 76519 with intraocular lens power calculation
- 76529 Ophthalmic ultrasonic foreign body localization

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

CHEST

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

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

76642 limited

ABDOMEN AND RETROPERITONEUM

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

76700 Ultrasound, abdominal, real time with image documentation; complete

76705 limited (eg, single organ, quadrant, follow-up)

76706 Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA)

76770 Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete

76775 limited

76776 Ultrasound, transplanted kidney, real time and duplex Doppler with image documentation (Do not report 76776 in conjunction with 93975, 93976)

SPINAL CANAL

76800 Ultrasound, spinal canal and contents

PELVIS

OBSTETRICAL

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

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

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

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

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

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

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

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

- 76801 Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (<14 weeks 0 days), transabdominal approach (complete fetal and maternal evaluation); single or first gestation
- 76802 each additional gestation
(List separately in addition to primary procedure)
(Use 76802 in conjunction with 76801)
- 76805 Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach (complete fetal and maternal evaluation); single or first gestation
- 76810 each additional gestation
(List separately in addition to primary procedure)
(Use 76810 in conjunction with 76805)
- 76811 Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach (complete fetal and maternal evaluation); single or first gestation
- 76812 each additional gestation
(List separately in addition to primary procedure)
(Use 76812 in conjunction with 76811)
- 76813 Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; single or first gestation
- 76814 each additional gestation
(List separately in addition to primary procedure)

- 76815 Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), one or more fetuses
(Use 76815 only once per exam and not per element)
(Use **ONLY** code 76815 to report ultrasound services provided in conjunction with procedure codes 59812-59857. Procedure code 76815 should be billed regardless of the approach used to perform the ultrasound procedure (eg, transvaginal))
- 76816 Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus
- 76817 Ultrasound, pregnant uterus, real time with image documentation, transvaginal
(If transvaginal examination is done in addition to transabdominal obstetrical ultrasound exam, use 76817 in addition to appropriate transabdominal exam code)
- 76818 Fetal biophysical profile; with non-stress testing
- 76819 without non-stress testing
- 76820 Doppler velocimetry, fetal; umbilical artery
(Billable with a diagnosis of polyhydramnios, oligohydramnios, placental transfusion syndromes or poor fetal growth)
- 76821 middle cerebral artery
(Billable with a diagnosis of rhesus isoimmunization, placental transfusion syndromes or viral diseases complicating pregnancy (e.g. parvovirus B-19 infection))
- 76825 Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M mode recording;
- 76826 follow-up or repeat study
- 76827 Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; complete
- 76828 follow-up or repeat study

NON OBSTETRICAL

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

GENITALIA

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

EXTREMITIES

- 76881 Ultrasound, complete joint (ie, joint space and peri-articular soft tissue structures) real-time with image documentation
- 76882 Ultrasound, limited, joint or other nonvascular extremity structure(s) (eg, joint space, peri-articular tendon(s), muscles (s), nerve(s), other soft tissue structure(s), or soft tissue mass(es)), real-time with image documentation
- 76885 Ultrasound, infant hips, real time with imaging documentation; dynamic (requiring physician or other qualified health care professional manipulation)
- 76886 Ultrasound, limited, static (not requiring physician or other qualified health care professional manipulation)

VASCULAR STUDIES

(For vascular studies, see 93875-93990)

ULTRASONIC GUIDANCE PROCEDURES

- 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)
- 76940 Ultrasound guidance for, and monitoring of, parenchymal tissue ablation
- 76941 Ultrasonic guidance for intrauterine fetal transfusion or cordocentesis, imaging supervision and interpretation
- 76942 Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation
- 76945 Ultrasonic guidance for chorionic villus sampling, imaging supervision and interpretation
- 76946 Ultrasonic guidance for amniocentesis, imaging supervision and interpretation
- 76965 Ultrasonic guidance for interstitial radioelement application

OTHER PROCEDURES

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

RADIOLOGIC GUIDANCE

FLUOROSCOPIC GUIDANCE

- 77001 Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with

related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position)

(List separately in addition to primary procedure)

(Do not use 77001 in conjunction with 77002)

77002 Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)

77003 Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinal diagnostic or therapeutic injection procedures (epidural or subarachnoid) (List separately in addition to code for primary procedure)

COMPUTED TOMOGRAPHY GUIDANCE

77011 Computed tomography guidance for stereotactic localization

77012 Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation

77013 Computerized tomography guidance for, and monitoring of, parenchymal tissue ablation (Do not report 77013 in conjunction with 20982)

77014 Computed tomography guidance for placement of radiation therapy fields

MAGNETIC RESONANCE GUIDANCE

77021 Magnetic resonance imaging guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation

77022 Magnetic resonance imaging guidance for, and monitoring of, parenchymal tissue ablation

BREAST, MAMMOGRAPHY

77046 Magnetic resonance imaging, breast, without contrast material; unilateral
77047 bilateral

77048 Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral

77049 bilateral

77053 Mammary ductogram or galactogram, single duct, radiological supervision and interpretation

77054 Mammary ductogram or galactogram, multiple ducts, radiological supervision and interpretation

77063 Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure)

77065 Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral

77066 bilateral

77067 Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed

BONE/JOINT STUDIES

- 77071 Manual application of stress performed by physician or other qualified health care professional for joint radiography, including contralateral joint if indicated
- 77072 Bone age studies
- 77073 Bone length studies (orthoroentgenogram, scanogram)
- 77074 Radiologic examination, osseous survey; limited (eg, for metastases)
- 77075 complete (axial and appendicular skeleton)
- 77076 Radiologic examination, osseous survey, infant
- 77077 Joint survey, single view, 2 or more joints (specify)
- 77078 Computed tomography, bone mineral density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)
- 77080 Dual-energy x-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)
- 77081 appendicular skeleton (peripheral) (eg, radius, wrist, heel)
- 77084 Magnetic resonance (eg, proton) imaging, bone marrow blood supply

RADIATION ONCOLOGY

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

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

CONSULTATION: CLINICAL MANAGEMENT

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

CLINICAL TREATMENT PLANNING (EXTERNAL AND INTERNAL SOURCES)

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

DEFINITIONS:

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

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

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

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

77261 Therapeutic radiology treatment planning; simple

77262 intermediate

77263 complex

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

DEFINITIONS:

SIMPLE - simulation of a single treatment area with either a single port or parallel opposed ports.

Simple or no blocking.

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

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

77280 Therapeutic radiology simulation-aided field setting; simple

77285 intermediate

77290 complex

77293 Respiratory motion management simulation (List separately in addition to code for primary procedure)

77299 Unlisted procedure, therapeutic radiology clinical treatment planning

MEDICAL RADIATION PHYSICS, DOSIMETRY, TREATMENT DEVICES AND SPECIAL SERVICES

77295 3-dimensional radiotherapy plan, including dose-volume histograms

77300 Basic radiation dosimetry calculation, central axis depth dose, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician

77301 Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications

77306 Teletherapy isodose plan, simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)

77307 complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s)

77316 Brachytherapy isodose plan; simple (calculation(s) made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)

- 77317 intermediate (calculation(s) made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channel(s), includes basic dosimetry calculation(s)
- 77318 complex calculation(s) made from over 10 sources, or remote afterloading brachytherapy, over 12 channel(s), includes basic dosimetry calculation(s)
- 77321 Special teletherapy port plan, particles, hemi-body, total body
- 77331 Special dosimetry (eg, TLD, microdosimetry) (specify), only when prescribed by the treating physician
- 77332 Treatment devices, design and construction; simple (simple block, simple bolus)
- 77333 intermediate (multiple blocks, stents, bite blocks, special bolus)
- 77334 complex (irregular blocks, special shields, compensators, wedges, molds or casts)
- 77336 Continuing medical radiation physics consultation, including assessment of treatment parameters, quality assurance of dose delivery, and review of patient treatment documentation in support of the radiation oncologist, reported per week of therapy
- 77338 Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan
(Do not report 77338 more than once per IMRT plan)

STEREOTACTIC RADIATION TREATMENT DELIVERY

- 77371 Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based
- 77372 linear accelerator based
- 77373 Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions

OTHER PROCEDURES

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

RADIATION TREATMENT DELIVERY

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

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

- 77424 Intraoperative radiation treatment delivery, x-ray, single treatment session
77425 Intraoperative radiation treatment delivery, electrons, single treatment session

NEUTRON BEAM TREATMENT DELIVERY

- 77423 High energy neutron radiation treatment delivery, 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s)

RADIATION TREATMENT MANAGEMENT

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

The professional services furnished during treatment management typically consists of:

- Review of port films;
- Review of dosimetry, dose delivery, and treatment parameters;
- Review of patient treatment set-up;
- Examination of patient for medical evaluation and management (eg, assessment of the patient's response to treatment, coordination of care and treatment, review of imaging and/or lab results).

- 77427 Radiation treatment management, five treatments
(Weekly clinical management is based on five fractions delivered comprising one week regardless of the time interval separating the delivery of treatments)
- 77431 Radiation therapy management with complete course of therapy consisting of one or two fractions only
(77431 is not to be used to fill in the last week of a long course of therapy)
- 77432 Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of one session)
- 77435 Stereotactic body radiation therapy, treatment management, per treatment course, to one or more lesions, including image guidance, entire course not to exceed 5 fractions
(Do not report 77435 in conjunction with 77427-77432)
- 77469 Intraoperative radiation treatment management
- 77470 Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)
(77470 assumes that the procedure is performed 1 or more times during the course of therapy, in addition to daily or weekly patient management)
- 77499 Unlisted procedure, therapeutic radiology treatment management

HYPERTHERMIA

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

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

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

The following descriptors are included in the treatment schedule:

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

CLINICAL INTRACAVITARY HYPERTHERMIA

- 77620 Hyperthermia generated by intracavitary probe(s)

CLINICAL BRACHYTHERAPY

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

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

DEFINITIONS:

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

SIMPLE - application with one to four sources/ribbons

INTERMEDIATE - application with five to ten sources/ribbons

COMPLEX - application with greater than ten sources/ribbons

- 77750 Infusion or instillation of radioelement solution (includes three months follow-up care)
- 77761 Intracavitary radiation source application; simple
- 77762 intermediate
- 77763 complex
- 77767 Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed;

- lesion diameter up to 2.0 cm or 1 channel
- 77768 lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions
- 77770 Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed;
1 channel
- 77771 2-12 channels
- 77772 over 12 channels
- 77778 Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source, when performed
- 77789 Surface application of low dose rate radionuclide source
- 77799 Unlisted procedure, clinical brachytherapy

NUCLEAR MEDICINE

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

DIAGNOSTIC

ENDOCRINE SYSTEM

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

HEMATOPOIETIC, RETICULENDOTHELIAL AND LYMPHATIC SYSTEM

- 78102 Bone marrow imaging; limited area
- 78103 multiple areas
- 78104 whole body
- 78110 Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); single sampling
- 78111 multiple samplings
- 78120 Red cell volume determination (separate procedure); single sampling
- 78121 multiple samplings
- 78122 Whole blood volume determination, including separate measurement of plasma volume and red cell volume (radiopharmaceutical volume-dilution technique)
- 78130 Red cell survival study
- 78185 Spleen imaging only, with or without vascular flow
- 78191 Platelet survival study
- 78195 Lymphatics and lymph nodes imaging
- 78199 Unlisted hematopoietic, reticuloendothelial and lymphatic procedure, diagnostic nuclear medicine

GASTROINTESTINAL SYSTEM

- 78201 Liver imaging; static only
- 78202 with vascular flow
- 78215 Liver and spleen imaging; static only
- 78216 with vascular flow
- 78226 Hepatobiliary system imaging, including gallbladder when present;
- 78227 with pharmacologic intervention, including quantitative measurement(s), when preformed
- 78230 Salivary gland imaging;
- 78231 with serial images
- 78232 Salivary gland function study
- 78258 Esophageal motility
- 78261 Gastric mucosa imaging
- 78262 Gastroesophageal reflux study
- 78264 Gastric emptying imaging study (eg, solid, liquid, or both)
- 78265 with small bowel transit
- 78266 with small bowel and colon transit, multiple days
(Report 78264, 78265 or 78266 only once per imaging study)
- 78278 Acute gastrointestinal blood loss imaging
- 78290 Intestine imaging (eg, ectopic gastric mucosa, Meckel's localization, volvulus)
- 78291 Peritoneal-venous shunt patency test (eg, for LeVeen, Denver shunt)
- 78299 Unlisted gastrointestinal procedure, diagnostic nuclear medicine

MUSCULOSKELETAL SYSTEM

- 78300 Bone and/or joint imaging; limited area
- 78305 multiple areas

- 78306 whole body
- 78315 three phase study
- 78350 Bone density (bone mineral content) study, one or more sites; single photon absorptiometry
- 78351 dual photon absorptiometry, one or more sites
- 78399 Unlisted musculoskeletal procedure, diagnostic nuclear medicine

CARDIOVASCULAR SYSTEM

Myocardial perfusion and cardiac blood pool imaging studies may be performed at rest and/or during stress. When performed during exercise and/or pharmacologic stress, the appropriate stress testing code from the 93015-93018 series should be reported in addition to code(s) 78451-78454, 78472, 78473, 78481 and 78483.

- 78414 Determination of central c-v hemodynamics (non-imaging) (eg, ejection fraction with probe technique) with or without pharmacologic intervention or exercise, single or multiple determinations
- 78445 Non-cardiac vascular flow imaging (ie, angiography, venography)
- 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)
- 78452 multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection
- 78453 Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)
- 78454 multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection
- 78456 Acute venous thrombosis imaging, peptide
- 78457 Venous thrombosis imaging, venogram; unilateral
- 78458 bilateral
- 78459 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion(s) and/or ejection fraction(s), when performed), single Study;
- 78429 with concurrently acquired computed tomography transmission scan
- 78466 Myocardial imaging, infarct avid, planar; qualitative or quantitative
- 78468 with ejection fraction by first pass technique
- 78469 tomographic SPECT with or without quantification
- 78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing
- 78473 multiple studies, wall motion study plus ejection pharmacologic), with or without additional quantification
- 78481 Cardiac blood pool imaging, (planar), first pass technique; single study, at rest or with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification

- 78483 multiple studies, at rest and with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification
- 78491 Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion(s) and/or ejection fraction(s), when performed); single study, at rest or stress (exercise or pharmacologic)
- 78430 single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan
- 78492 multiple studies at rest and stress (exercise or pharmacologic)
- 78431 multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan
- 78432 Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability);
- 78433 with concurrently acquired computed tomography transmission scan
- 78434 Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET), rest and pharmacologic stress (List separately in addition to code for primary procedure)
- 78494 Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing
- 78496 Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique
(List separately in addition to primary procedure)
(Use 78496 in conjunction with code 78472)
- 78499 Unlisted cardiovascular procedure, diagnostic nuclear medicine

RESPIRATORY SYSTEM

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

NERVOUS SYSTEM

- 78600 Brain imaging, less than 4 static views;
- 78601 with vascular flow
- 78605 Brain imaging, minimum 4 static views;
- 78606 with vascular flow
- 78610 Brain imaging, vascular flow only
- 78630 Cerebrospinal fluid flow, imaging (not including introduction of material); cisternography
- 78635 ventriculography
- 78645 shunt evaluation
- 78650 Cerebrospinal fluid leakage detection and localization
- 78660 Radiopharmaceutical dacryocystography

78699 Unlisted nervous system procedure, diagnostic nuclear medicine

GENITOURINARY SYSTEM

78700 Kidney imaging morphology;

78701 with vascular flow

78707 with vascular flow and function, single study, without pharmacological intervention

78708 with vascular flow and function, single study, with pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)

78709 with vascular flow and function, multiple studies, with and without pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)

78725 Kidney function study, non-imaging radioisotopic study

78730 Urinary bladder residual study

(List separately in addition to primary procedure)

(Use 78730 in conjunction with 78740)

78740 Ureteral reflux study (radiopharmaceutical voiding cystogram)

(Use 78740 in conjunction with 78730 for urinary bladder residual study)

78761 Testicular imaging with vascular flow

78799 Unlisted genitourinary procedure, diagnostic nuclear medicine

OTHER PROCEDURES

78800 Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, single area (eg, head, neck, chest, pelvis), single day imaging

78801 planar, 2 or more areas (eg, abdomen and pelvis, head and chest), 1 or more days imaging or single area imaging over 2 days

78802 planar, whole body, single day imaging

78803 tomographic (SPECT), single area (eg, head, neck, chest, pelvis), single day imaging

78830 tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, single area (eg, head, neck, chest, pelvis), single day imaging

78831 tomographic (SPECT), minimum 2 areas (eg, pelvis and knees, abdomen and pelvis), single day imaging, or single area imaging over 2 or more days

78832 tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, minimum 2 areas (eg, pelvis and knees, abdomen and pelvis), single day imaging, or single area imaging over 2 or more days

78835 Radiopharmaceutical quantification measurement(s) single area (List separately in addition to code for primary procedure)

78804 planar, whole body, requiring 2 or more days imaging

78999 Unlisted miscellaneous procedure, diagnostic nuclear medicine

THERAPEUTIC

79005 Radiopharmaceutical therapy, by oral administration

79101 Radiopharmaceutical therapy, by intravenous administration

(Do not report 79101 in conjunction with 36400, 36410, 79403, 90760, 90774 or 90775, 96409)

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

RADIOPHARMACEUTICAL IMAGING AGENTS

- A4641 Radiopharmaceutical, diagnostic, not otherwise classified
- A4642 Indium In-111 satumomab pendetide, diagnostic, per study dose up to 6 millicuries
- A9500 Technetium Tc-99m sestamibi, diagnostic, per study dose
- A9501 Technetium Tc-99m tetrofosmin, 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 thallos chloride, diagnostic, per millicurie
- A9507 Indium In-111 capromab pendetide, diagnostic, per study dose, up to 10 millicuries
- A9508 Iodine I-131 iobenguane sulfate, diagnostic, per 0.5 millicurie
- A9509 Iodine I-123 sodium iodide, diagnostic, per millicurie
- A9510 Technetium Tc-99m disofenin, diagnostic, per study dose, up to 15 millicuries
- A9512 Technetium Tc-99m pertechnetate, diagnostic, per millicurie
- A9513 Lutetium Lu 177, dotatate, therapeutic, 1 millicurie
- A9515 Choline C-11, diagnostic, per study dose up to 20 millicuries
- A9516 Iodine I-123 sodium iodide, diagnostic, per 100 microcuries, up to 999 microcuries
- A9517 Iodine I-131 sodium iodide capsule(s), therapeutic, per millicurie
- A9520 Technetium Tc-99m, tilmanocept, diagnostic, up to 0.5 millicuries
- A9521 Technetium Tc-99m exametazime, diagnostic, per study dose, up to 25 millicuries
- A9524 Iodine I-131 iodinated serum albumin, diagnostic, per 5 microcuries
- A9526 Nitrogen N-13 ammonia, diagnostic, per study dose, up to 40 millicuries
- A9527 Iodine I-125, sodium iodide solution, therapeutic, per millicurie
- A9528 Iodine I-131 sodium iodide capsule(s), diagnostic, per millicurie
- A9529 Iodine I-131 sodium iodide solution, diagnostic, per millicurie
- A9530 Iodine I-131 sodium iodide solution, therapeutic, per millicurie
- A9531 Iodine I-131 sodium iodide, diagnostic, per microcurie (up to 100 microcuries)
- A9532 Iodine I-125 serum albumin, diagnostic, per 5 microcuries
- A9536 Technetium Tc-99m depreotide, diagnostic, per study dose, up to 35 millicuries
- A9537 Technetium Tc-99m mebrofenin, diagnostic, per study dose, up to 15 millicuries

- A9538 Technetium Tc-99m pyrophosphate, diagnostic, per study dose, up to 25 millicuries
- A9539 Technetium Tc-99m pentetate, diagnostic, per study dose, up to 25 millicuries
- A9540 Technetium Tc-99m macroaggregated albumin, diagnostic, per study dose, up to 10 millicuries
- A9541 Technetium Tc-99m sulfur colloid, diagnostic, per study dose, up to 20 millicuries
- A9542 Indium In-111 ibritumomab tiuxetan, diagnostic, per study dose, up to 5 millicuries
- A9543 Yttrium Y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 millicuries
- A9546 Cobalt Co-57/58, cyanocobalamin, diagnostic, per study dose, up to 1 microcurie
- A9547 Indium In-111 oxyquinoline, diagnostic, per 0.5 millicurie
- A9548 Indium In-111 pentetate, diagnostic, per 0.5 millicurie
- A9550 Technetium Tc-99m sodium gluceptate, diagnostic, per study dose, up to 25 millicurie
- A9551 Technetium Tc-99m succimer, diagnostic, per study dose, up to 10 millicuries
- A9552 Fluorodeoxyglucose F-18 FDG, diagnostic, per study dose, up to 45 millicuries
- A9553 Chromium Cr-51 sodium chromate, diagnostic, per study dose, up to 250 microcuries
- A9554 Iodine I-125 sodium iothalamate, diagnostic, per study dose, up to 10 microcuries
- A9555 Rubidium Rb-82, diagnostic, per study dose, up to 60 millicuries
- A9557 Technetium Tc-99m bismate, 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 pentetate, diagnostic, per study dose, up to 6 millicuries
- A9580 Sodium fluoride F-18, diagnostic, per study dose, up to 30 millicuries
- A9582 Iodine I-123 iobenguane, diagnostic, per study dose, up to 15 millicuries
- A9584 Iodine I-123 ioflupane, diagnostic, per study dose, up to 5 millicuries
- A9587 Gallium Ga-68, dotatate, diagnostic, 0.1 millicurie
- A9588 Fluciclovine F-18, diagnostic, 1 millicurie
- A9589 Instillation, hexaminolevulinate hydrochloride, 100 mg
- A9597 Positron emission tomography radiopharmaceutical, diagnostic, for tumor identification, not otherwise classified
- A9598 Positron emission tomography radiopharmaceutical, diagnostic, for non-tumor identification, not otherwise classified

- A9600 Strontium Sr-89 chloride, therapeutic, per millicurie
- A9604 Samarium SM-153 lexidronam, therapeutic, per treatment dose, up to 150 millicuries
- A9606 Radium Ra-223 dichloride, therapeutic, per microcurie
- A9699 Radiopharmaceutical, therapeutic, not otherwise classified
- J3472 Hyaluronidase, ovine, preservative free, per 1000 USP units

POSITRON EMISSION TOMOGRAPHY (PET) SERVICES

Effective 4/1/2015, Medicaid is carving out the cost of the radioactive tracer from the PET scan global fee. **Medicaid will reimburse for the professional/technical administrative component of a PET scan and separate reimbursement will be made for the PET scan tracer.** To receive reimbursement for only the professional component (**facility based services only**), see modifier -26 Professional Component.

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

RADIATION TREATMENT CODES TO BE BILLED FOR MEDICARE PRIMARY RECIPIENTS ONLY

GUIDANCE

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

TREATMENT, RADIATION

- G6003 Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: up to 5mev
- G6004 Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 6-10mev
- G6005 Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 11-19mev
- G6006 Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 20mev or greater
- G6007 Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: up to 5mev
- G6008 Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 6-10mev

- G6009 Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 11-19mev
- G6010 Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 20mev or greater
- G6011 Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam: up to 5mev
- G6012 Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam: 6-10mev
- G6013 Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam: 11-19mev
- G6014 Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam: 20mev or greater
- G6015 Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session
- G6016 Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high resolution (milled or cast) compensator, convergent beam modulated fields, per treatment session