

RADIOLOGY

Procedure Codes

eMedNY New York State Medicaid Provider Procedure
Code Manual

New York State Medicaid

Office of Health Insurance
Department of Health

CONTACTS and LINKS:

eMedNY URL

<https://www.emedny.org/>

ePACES Reference Guide

https://www.emedny.org/selfhelp/ePACES/PDFS/5010_ePACES_Professional_Real_Time_Claim_Reference_Guide.pdf

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1 DOCUMENT CONTROL PROPERTIES

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2 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/>

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.

3 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:

- A. 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.
- B. Dollar values include consultation and a written report to the referring physician.
- C. 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.
- D. 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.)
- E. 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.
- F. **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.
- G. **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.

1. 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.
 2. Itemized invoices must document acquisition cost, the line item cost from a manufacturer or wholesaler net of any rebates, discounts or other valuable considerations.
- H. **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.
- I. **FEES:** The fees are listed in the Physician Radiology Fee Schedule, available at <http://www.emedny.org/ProviderManuals/Physician/>
- a. Listed fees are the maximum reimbursable Medicaid fees. Fees for the MOMS Program can be found in the Enhanced Program fee schedule.
- J. For additional general billing guidelines see the current CTP manual.

4 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.

5 DIAGNOSTIC RADIOLOGY (DIAGNOSTIC IMAGING)

5.1 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
<u>70336</u>	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
<u>70450</u>	Computed tomography, head or brain; without contrast material
<u>70460</u>	with contrast material(s)
<u>70470</u>	without contrast material, followed by contrast material(s) and further sections
<u>70480</u>	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material
<u>70481</u>	with contrast material(s)
<u>70482</u>	without contrast material, followed by contrast material(s) and further sections
<u>70486</u>	Computed tomography, maxillofacial area; without contrast material
<u>70487</u>	with contrast material(s)
<u>70488</u>	without contrast material, followed by contrast material(s) and further sections
<u>70490</u>	Computed tomography, soft tissue neck; without contrast material
<u>70491</u>	with contrast material(s)
<u>70492</u>	without contrast material followed by contrast material(s) and further sections
<u>70496</u>	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing
<u>70498</u>	Computed tomographic angiography, neck, with contrast material(s), including non-contrast images, if performed, and image postprocessing
<u>70540</u>	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)
<u>70542</u>	with contrast material(s)
<u>70543</u>	without contrast material(s), followed by contrast material(s) and further sequences
<u>70544</u>	Magnetic resonance angiography, head; without contrast material(s)
<u>70545</u>	with contrast material(s)
<u>70546</u>	without contrast material(s), followed by contrast material(s) and further sequences
<u>70547</u>	Magnetic resonance angiography, neck; without contrast material(s)
<u>70548</u>	with contrast material(s)
<u>70549</u>	without contrast material(s), followed by contrast material(s) and further sequences
<u>70551</u>	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

5.2 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)

5.3 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

<u>72072</u>	thoracic, three views
<u>72074</u>	thoracic, minimum of four views
<u>72080</u>	thoracolumbar junction, minimum of 2 views
<u>72081</u>	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view
<u>72082</u>	2 or 3 views
<u>72083</u>	4 or 5 views
<u>72084</u>	minimum of 6 views
<u>72100</u>	Radiologic examination, spine, lumbosacral; two or three views
<u>72110</u>	minimum of four views
<u>72114</u>	complete, including bending views, minimum of 6 views
<u>72120</u>	bending views only, 2 or 3 views
<u>72125</u>	Computed tomography, cervical spine; without contrast material
<u>72126</u>	with contrast material(s)
<u>72127</u>	without contrast material, followed by contrast material(s) and further sections
<u>72128</u>	Computed tomography, thoracic spine; without contrast material
<u>72129</u>	with contrast material(s)
<u>72130</u>	without contrast material, followed by contrast material(s) and further sections
<u>72131</u>	Computed tomography, lumbar spine; without contrast material
<u>72132</u>	with contrast material(s)
<u>72133</u>	without contrast material, followed by contrast material(s) and further sections
<u>72141</u>	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material
<u>72142</u>	with contrast material(s)
<u>72146</u>	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material
<u>72147</u>	with contrast material(s)
<u>72148</u>	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material
<u>72149</u>	with contrast material(s)
<u>72156</u>	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical
<u>72157</u>	thoracic
<u>72158</u>	lumbar
<u>72159</u>	Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)
<u>72170</u>	Radiologic examination, pelvis; one or two views
<u>72190</u>	complete, minimum of three views
<u>72191</u>	Computed tomographic angiography, pelvis, with contrast material(s), including non-contrast images, if performed, and image postprocessing
<u>72192</u>	Computed tomography, pelvis; without contrast material
<u>72193</u>	with contrast material(s)
<u>72194</u>	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
- 72285 Discography, cervical or thoracic, radiological supervision and interpretation
- 72295 Discography, lumbar, radiological supervision and interpretation

5.4 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
- 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
- 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
- 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)

5.5 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
- 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
- 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)

5.6 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
- 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

5.7 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)
 - 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

5.8 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 Urethrocytography, retrograde, radiological supervision and interpretation
- 74455 Urethrocytography, voiding, radiological supervision and interpretation
- 74470 Radiologic examination, renal cyst study, translumbar, contrast visualization, radiological supervision and interpretation
- 74485 Dilation of ureter(s) or urethra, radiological supervision and interpretation

5.9 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)

5.10 HEART

- 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)

5.11 VASCULAR PROCEDURES

5.11.1 AORTA AND ARTERIES

- 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)

5.11.2 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, LeVein 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

5.11.3 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
- 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
- 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

5.12 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
- 76120 Cineradiography/videoradiography, except where specifically included
- 76125 Cineradiography/videoradiography, to complement routine examination (List separately in addition to primary procedure)
- 76140 Consultation on X-ray examination made elsewhere, written report
- 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
- 76377 requiring image postprocessing on an independent workstation
- 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

6 DIAGNOSTIC ULTRASOUND

6.1 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

6.2 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

6.3 ABDOMEN AND RETROPERITONEUM

- 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

6.4 SPINAL CANAL

- 76800 Ultrasound, spinal canal and contents

6.5 PELVIS

6.5.1 OBSTETRICAL

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)
- 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)
- 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)
- 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
- 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
 - 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

6.5.2 NONOBSTETRICAL

- 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)

6.6 GENITALIA

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

6.7 EXTREMITIES

- 76881 Ultrasound, complete joint (ie, joint space and peri-articular soft tissue structures) real-time with image documentation
- 76882 Ultrasound, limited, joint or focal evaluation of 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
- 76883 Ultrasound, nerve(s) and accompanying structures throughout their entire anatomic course in one extremity, comprehensive, including real-time cine imaging with image documentation, per extremity
- 76885 Ultrasound, infant hips, real time with imaging documentation; dynamic (requiring physician or other qualified health care professional manipulation)
- 76886 limited, static (not requiring physician or other qualified health care professional manipulation)

6.8 VASCULAR STUDIES

(For vascular studies, see 93875-93990)

6.9 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

6.10 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)

7 RADIOLOGIC GUIDANCE

7.1 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)
- 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)

7.2 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
- 77014 Computed tomography guidance for placement of radiation therapy fields

7.3 MAGNETIC RESONANCE IMAGING 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

8 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

9 BONE/JOINT STUDIES

- 77072 Bone age studies
- 77073 Bone length studies (orthoroentgenogram, scanogram)
- 77074 Radiologic examination, osseous survey; limited (eg, for metastases)
- 77075 complete (axial and appendicular skeleton)
- 77076 Radiologic examination, osseous survey, infant
- 77077 Joint survey, single view, 2 or more joints (specify)
- 77078 Computed tomography, bone mineral density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)

- 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

10 RADIATION ONCOLOGY

10.1 CLINICAL TREATMENT PLANNING (EXTERNAL AND INTERNAL SOURCES)

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

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

10.2 OTHER PROCEDURES

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

10.3 RADIATION TREATMENT MANAGEMENT

- 77499 Unlisted procedure, therapeutic radiology treatment management
- 77799 Unlisted procedure, clinical brachytherapy

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

10.4 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

- 77317 afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s) 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

10.5 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

10.6 OTHER PROCEDURES

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

10.7 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

10.8 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)

10.9 RADIATION TREATMENT MANAGEMENT

Procedure codes 77427-77469 are for the professional component only, no modifier required.

- 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
- 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
- 77469 Intraoperative radiation treatment management
- 77470 Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)

10.10 HYPERTHERMIA

- 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

10.11 CLINICAL INTRACAVITARY HYPERTHERMIA

- 77620 Hyperthermia generated by intracavitary probe(s)

10.12 CLINICAL BRACHYTHERAPY

- 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

11 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*.

11.1 DIAGNOSTIC

11.1.1 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)

- 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

11.1.2 HEMATOPOIETIC, RETICULOENDOTHELIAL AND LYMPHATIC SYSTEM

- 78102 Bone marrow imaging; limited area
- 78103 multiple areas
- 78104 whole body
- 78110 Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); single sampling
- 78111 multiple samplings

- 78120 Red cell volume determination (separate procedure); single sampling
- 78121 multiple samplings
- 78122 Whole blood volume determination, including separate measurement of plasma volume and red cell volume (radiopharmaceutical volume-dilution technique)
- 78130 Red cell survival study
- 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

11.1.3 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
- 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

11.1.4 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

11.1.5 CARDIOVASCULAR SYSTEM

- 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)
- 78499 Unlisted cardiovascular procedure, diagnostic nuclear medicine

11.1.6 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

11.1.7 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

11.1.8 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)
- 78740 Ureteral reflux study (radiopharmaceutical voiding cystogram)
- 78761 Testicular imaging with vascular flow
- 78799 Unlisted genitourinary procedure, diagnostic nuclear medicine

11.1.9 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) or acquisition, 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) or acquisition, single day imaging
- 78831 tomographic (SPECT), minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition 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, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition 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

11.2 THERAPEUTIC

- 79005 Radiopharmaceutical therapy, by oral administration
- 79101 Radiopharmaceutical therapy, by intravenous administration
- 79200 Radiopharmaceutical therapy, by intracavitary administration
- 79300 Radiopharmaceutical therapy, by interstitial radioactive colloid administration
- 79403 Radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous infusion
- 79440 Radiopharmaceutical therapy, by intra-articular administration
- 79445 Radiopharmaceutical therapy, by intra-arterial particulate administration
- 79999 Radiopharmaceutical therapy, unlisted procedure

11.3 RADIOPHARMACEUTICAL IMAGING AGENTS

- A4641 Radiopharmaceutical, diagnostic, not otherwise classified
- A4642 Indium In-111 satumomab pendetide, diagnostic, per study dose up to 6 millicuries
- A9500 Technetium Tc-99m sestamibi, diagnostic, per study dose
- A9501 Technetium Tc-99m teboroxime, diagnostic, per study dose
- A9502 Technetium Tc-99m tetrofosmin, diagnostic, per study dose
- A9503 Technetium Tc-99m medronate, diagnostic, per study dose, up to 30 millicuries
- A9504 Technetium Tc-99m apcitide, diagnostic, per study dose, up to 20 millicuries
- A9505 Thallium 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 lothalamate, diagnostic, per study dose, up to 10 microcuries
- A9555 Rubidium Rb-82, diagnostic, per study dose, up to 60 millicuries
- A9557 Technetium Tc-99m bicsiate, diagnostic, per study dose, up to 25 millicuries
- A9558 Xenon Xe-133 gas, diagnostic, per 10 millicuries
- A9559 Cobalt Co-57 cyanocobalamin, oral, diagnostic, per study dose, up to 1 microcurie
- A9560 Technetium Tc-99m labeled red blood cells, diagnostic, per study dose, up to 30 millicuries
- A9561 Technetium Tc-99m oxidronate, diagnostic, per study dose, up to 30 millicuries
- A9562 Technetium Tc-99m mertiatide, diagnostic, per study dose, up to 15 millicuries
- A9563 Sodium phosphate P-32, therapeutic, per millicurie
- A9564 Chromic phosphate P-32 suspension, therapeutic, per millicurie
- A9566 Technetium Tc-99m fanolesomab, diagnostic, per study dose, up to 25 millicuries
- A9567 Technetium Tc-99m pentetate, diagnostic, aerosol, per study dose, up to 75 millicuries
- A9568 Technetium Tc-99m arcitumomab, diagnostic, per study dose, up to 45 millicuries
- A9569 Technetium Tc-99m exametazime labeled autologous white blood cells, diagnostic, per study dose
- A9570 Indium In-111 labeled autologous white blood cells, diagnostic, per study dose
- A9571 Indium In-111 labeled autologous platelets, diagnostic, per study dose
- A9572 Indium In-111 pentetreotide, diagnostic, per study dose, up to 6 millicuries
- 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
- A9590 Iodine, I-131, iobenguane, 1 millicurie
- A9591 Fluoroestradiol F 18, diagnostic, 1 millicurie
- A9592 Copper cu-64, dotatate, diagnostic, 1 millicurie
- A9595 Piflufolastat f-18, diagnostic, 1 millicurie
- A9596 Gallium ga-68 gozetotide, diagnostic, (illucix), 1 millicurie
- A9597 Positron emission tomography radiopharmaceutical, diagnostic, for tumor identification, not otherwise classified
- A9598 Positron emission tomography radiopharmaceutical, diagnostic, for non-tumor identification, not otherwise classified
- A9600 Strontium Sr-89 chloride, therapeutic, per millicurie
- A9601 Flortaucipir f 18 injection, diagnostic, 1 millicurie
- A9602 Fluorodopa f-18, diagnostic, per millicurie
- A9604 Samarium SM-153 lexidronam, therapeutic, per treatment dose, up to 150 millicuries
- A9606 Radium Ra-223 dichloride,therapeutic, per microcurie
- A9607 Lutetium lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie
- A9699 Radiopharmaceutical, therapeutic, not otherwise classified
- A9800 Gallium ga-68 gozetotide, diagnostic, (locametz), 1 millicurie
- J3472 Hyaluronidase, ovine, preservative free, per 1000 USP units

12 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)

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

13.1 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

13.2 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