

## UPDATED\* 2012 ORDERED AMBULATORY PROCEDURE CODE CHANGES

Effective for **dates of service** on or after **1/1/2012**, refer to the **New Codes** listed below for billing. The discontinued codes are not valid for billing dates of service after **12/31/2011**. See the **2012 FS** for Fees.

| <b>DISCONTINUED CODES-<br/>NOT TO BE USED AFTER 12/31/11:</b> |   |                     |       |       |
|---|---|---------------------|-------|-------|
| <b>Drugs-</b>   |   |                     |       |       |
| J7130   | Q2042*  |                     |       |       |
| <b>Medicine-</b>  |   |                     |       |       |
| 92120   | 92130   | 93720               | 93721 | 93875 |
| 94240   | 94260   | 94350               | 94360 | 94370 |
| 94720   | 94725   |                     |       |       |
| <b>Radiology-</b>   |   |                     |       |       |
| 73542   | 75722   | 75724               | 77079 | 77083 |
| 78220   | 78223   | 78584               | 78585 | 78586 |
| 78587   | 78588   | 78591               | 78593 | 78594 |
| 78596   |   |                     |       |       |
| <b>NEW CODES-<br/>EFFECTIVE 1/1/2012:</b>                     |   |                     |       |       |
| <b>Drugs-</b>   |   | <b>Description-</b> |       |       |
| J7131   | HYPERTONIC SALINE SOLUTION, 1 ML  |                     |       |       |
| J1725*  | HYDROXYPROGESTERONE CAPROATE, 1 MG  |                     |       |       |
| <b>Medicine-</b>  |   | <b>Description-</b> |       |       |
| 94726*  | PLETHYSMOGRAPHY FOR DETERMINATION OF LUNG VOLUMES AND, WHEN PERFORMED, AIRWAY RESISTANCE  |                     |       |       |
| 94727*  | GAS DILUTION OR WASHOUT FOR DETERMINATION OF LUNG VOLUMES AND, WHEN PERFORMED, DISTRIBUTION OF VENTILATION AND CLOSING VOLUMES                                    |                     |       |       |
| 94728*  | AIRWAY RESISTANCE BY IMPULSE OSCILLOMETRY   |                     |       |       |
| 94729*  | DIFFUSING CAPACITY (EG, CARBON MONOXIDE, MEMBRANE)  |                     |       |       |
| 95885   | NEEDLE ELECTROMYOGRAPHY, EACH EXTREMITY, WITH RELATED PARASPINAL AREAS, WHEN PERFORMED, DONE WITH NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY; LIMITED |                     |       |       |

| <b>NEW CODES- EFFECTIVE 1/1/2012:</b> |  |
|---------------------------------------|--|
| <b>Medicine cont-</b>                 | <b>Description-</b>  |
| 95886                                 | NEEDLE ELECTROMYOGRAPHY, EACH EXTREMITY, WITH RELATED PARASPINAL AREAS, WHEN PERFORMED, DONE WITH NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY; COMPLETE, FIVE OR MORE MUSCLES STUDIED, INNERVATED BY THREE OR MORE NERVES OR FOUR OR MORE SPINAL LEVELS |
| 95887                                 | NEEDLE ELECTROMYOGRAPHY, NON-EXTREMITY (CRANIAL NERVE SUPPLIED OR AXIAL) MUSCLE(S) DONE WITH NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY  |
| 95938                                 | SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL PERIPHERAL NERVES OR SKIN SITES, RECORDING FROM THE CENTRAL NERVOUS SYSTEM; IN UPPER AND LOWER LIMBS  |
| 95939                                 | CENTRAL MOTOR EVOKED POTENTIAL STUDY (TRANSCRANIAL MOTOR STIMULATION); IN UPPER AND LOWER LIMBS  |
| <b>Radiology-</b>                     | <b>Description-</b>  |
| 74174                                 | COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING  |
| 78226                                 | HEPATOBIILIARY SYSTEM IMAGING, INCLUDING GALLBLADDER WHEN PRESENT;   |
| 78227                                 | HEPATOBIILIARY SYSTEM IMAGING, INCLUDING GALLBLADDER WHEN PRESENT; WITH PHARMACOLOGIC INTERVENTION, INCLUDING QUANTITATIVE MEASUREMENT(S) WHEN PERFORMED   |
| 78579                                 | PULMONARY VENTILATION IMAGING (EG, AEROSOL OR GAS)   |
| 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   |