NEW YORK STATE
MEDICAID PROGRAM

ORDERED AMBULATORY

PROCEDURE CODES

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GENERAL INFORMATION

1. **INQUIRY**: Any questions regarding this section should be directed to the New York State Department of Health (See Inquiry Section under Information For All Providers).

2. **BY REPORT**: A service that is rarely provided, unusual, variable, or new may require a special report in determining medical appropriateness of the service as indicated by “BR” in the Fee Schedule. 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 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 descriptions, itemized invoices, etc.) should accompany all claims submitted.

   Reimbursement for supplies and materials (including drugs, vaccines and immune globulins) furnished by practitioners to their patients is based on the acquisition cost to the practitioner. For all items furnished in this fashion it is expected that the practitioner will maintain auditable records of the actual itemized invoice cost represented on the invoice. New York State Medicaid does not intend to pay more than the acquisition cost, as established by invoice, to the practitioner. Regardless of whether an invoice must be submitted to Medicaid for payment, the practitioner is expected to limit his or her Medicaid claim amount to the actual invoice cost of the item provided.

   Itemized invoices must document acquisition cost, the line item cost from a manufacturer or wholesaler net of any rebates, discounts or other valuable considerations.

3. **UNLISTED PROCEDURES**: The value and appropriateness of services not specifically listed in the Fee Schedule will be manually reviewed by medical professional staff. The procedure codes to be utilized when submitting claims for such services may be found in this section.

4. **DVS AUTHORIZATION (#):** Codes followed by # require an authorization via the dispensing validation system (DVS) before services are rendered.

5. **FEES:** Fees in the Fee Schedule are the maximum reimbursable Medicaid fees and are available at:
http://www.emedny.org/ProviderManuals/OrderedAmbulatory/index.html

LABORATORY SERVICES INFORMATION

To claim payment for laboratory services performed on an ordered ambulatory basis, the applicable procedure codes and fees must be identified from the Laboratory Provider Manual Fee Schedule.

RADIOLOGY INFORMATION

Fees listed in the Fee Schedule represent maximum allowances for reimbursement purposes in the Medicaid Program and include the administrative, technical and professional components of the service provided. To determine the fee applicable only to the technical and administrative component, multiply the listed dollar value by a maximum conversion factor of 60%. (See below for further reference to the administrative, technical and professional components of a radiology fee item.)

Fees listed in the Fee Schedule 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 facilities which provide radiology services on an ordered ambulatory basis 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.

Each State agency may determine, on an individual basis, fees for services or procedures not included in the 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 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.

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

Additional information is available at
http://www.emedny.org/ProviderManuals/Radiology/index.html

TECHNICAL, ADMINISTRATIVE AND PROFESSIONAL RADIOLOGY COMPONENTS

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

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

1. Determination of the problem, including interviewing the patient, obtaining the history and making appropriate physical examination to determine the method of performing the radiologic procedure.

2. Study and evaluation of results obtained in diagnostic or therapeutic procedures, interpretation of radiographs or radioisotope data estimation resultant from treatment.

3. Dictating report of examination or treatment.

4. Consultation with referring physician regarding results of diagnostic or therapeutic procedures.

The technical or administrative component (see modifier -TC) includes items such as: cost or charges for technologists, clerical staff, films, opaques, radioactive materials, chemicals, drugs or other materials, purchase, rental use or maintenance of space, equipment, telephone services or other facilities or supplies.

Certain radiological procedures require the performance of a medical or surgical procedure (eg, studies necessitating an injection of radiopaque media, fluoroscopy, consultation) which must be performed by the radiologist and is not separable into technical and professional components for billing purposes. In these instances, reimbursement for the medical or surgical procedure will be made to the physician via the appropriate procedure code listed in the Physician Fee Schedules.

GENERAL RULES

General rules which apply to all procedure codes in Radiology including 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 materials are provided.

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 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 should be identified by use of modifier -76.

6. RADIOLOGICAL SUPERVISION AND INTERPRETATION CODES: The maximum fee is applicable when the facility incurs the costs of both the technical/administrative and professional components of the imaging procedure. (For the technical or administrative component of imaging procedures, see modifier -TC). When the procedure is performed on an ordered ambulatory basis by a non-salaried/non-compensated physician, reimbursement will be made for the technical /administrative component of the imaging procedure via the use of modifier -TC on the appropriate "radiological supervision and interpretation" code.

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 as indicated by “BR” in the Fee Schedule. 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.

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   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.

MMIS MODIFIERS

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

-TC Technical Component: Under certain circumstances, a charge may be made for the technical component alone. Under those circumstances the technical component charge is identified by adding modifier -TC to the usual procedure number. Technical component charges are institutional charges and not billed separately by physicians. (Reimbursement will not exceed 60% of the maximum State Medical Fee Schedule amount.)

-50 Bilateral Procedures (X-ray): When bilateral X-ray examinations are performed, 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 X-ray Procedure: 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.)

-FP Service Provided as Part of a 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.)

-UD 340B Purchased Drug: Drugs purchased through the 340B Program.

RADIOLOGY SERVICES

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 (includes detection and localization)
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
70350 Cephalogram, orthodontic
70355 Orthopantogram (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
70373 Laryngography, contrast; radiological supervision and interpretation
70380 Radiologic examination, salivary gland for calculus

70390 Sialography; radiological supervision and interpretation
70450 Computed tomography, head or brain; without contrast material
70460 with contrast material(s)
70470 without contrast material, followed by contrast material(s) and further sections
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 noncontrast 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
70543 without contrast material(s), followed by contrast material(s) and further sequences
(Report 70540-70543 once per imaging session)
70544 Magnetic resonance angiography, head; without contrast material(s)
70545 with contrast material(s)
70546 without contrast material(s), followed by contrast material(s) and further sequences
70547 Magnetic resonance angiography, neck; without contrast material(s)
70548 with contrast material
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
(Do not report 70555 unless 96020 is performed)
(Do not report 70555 in conjunction with 70551-70553 unless a separate diagnostic MRI is performed)

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

CHEST

71010 Radiologic examination, chest; single view, frontal
71015 stereo, frontal
71020 Radiologic examination, chest, two views, frontal and lateral;
71021 with apical lordotic procedure
71022 with oblique projections
71023 with fluoroscopy
71030 Radiologic examination, chest, complete, minimum of four views;
71034 with fluoroscopy
71035 Radiologic examination, chest, special views, (eg, lateral decubitus, Bucky studies)
71100 Radiologic examination, ribs, unilateral; two views
71101 including posteroanterior chest, minimum of three views
71110 Radiologic examination, ribs, bilateral; three views
71111 including posteroanterior chest, minimum of four views
71120 Radiologic examination; sternum, minimum of two views
71130 sternoclavicular joint or joints, minimum of three views
71250 Computed tomography, thorax; without contrast material
71260 with contrast material(s)
71270 without contrast material, followed by contrast material(s) and further sections
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

72010 Radiologic examination, spine, entire, survey study, anteroposterior and lateral
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
72069 Radiologic examination, spine, thoracolumbar, standing (scoliosis)
72070 Radiologic examination, spine; thoracic, 2 views
72072 thoracic, 3 views
72074 thoracic, minimum of 4 views
72080 thoracolumbar, 2 views
72090 scoliosis study, including supine and erect studies
72100 Radiologic examination, spine, lumbosacral; 2 or 3views
72110 minimum of 4 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; 1 or 2 views
72190 complete, minimum of 3 views
72191 Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing
(Do not report 72191 in conjunction with 73706 or 75635. For CTA aorto-iliofemoral runoff, use 75635)
(Do not report 72191 in conjunction with 74175. For a combined computed tomographic angiography abdomen and pelvis study, use 74174)
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 3 views
72202 3 or more views
72220 Radiologic examination, sacrum and coccyx, minimum of 2 views
72291 Radiological supervision and interpretation, percutaneous vertebroplasty, vertebral augmentation, or sacral augmentation (sacroplasty), including cavity creation, per vertebral body or sacrum; under fluoroscopic guidance
72292 under CT guidance

UPPER EXTREMITIES

73000 Radiologic examination; clavicle, complete
73010 scapula, complete
73020 Radiologic examination, shoulder; 1 view
73030 complete, minimum of 2 views
73040 Radiologic examination, shoulder, arthrography, radiological supervision and interpretation
(Do not report 73040 in conjunction with 77002)
73050 Radiologic examination; acromioclavicular joints, bilateral, with or without weighted distraction

73060 humerus, minimum of 2 views
73070 Radiologic examination, elbow; 2 views
73080 complete, minimum of 3 views
73085 Radiologic examination, elbow, arthrography, radiological supervision and interpretation
(Do not report 73085 in conjunction with 77002)

73090 Radiologic examination; forearm, 2 views
73092 upper extremity, infant, minimum of 2 views
73100 Radiologic examination, wrist; 2 views
73110 complete, minimum of 3 views
73115 Radiologic examination, wrist, arthrography, radiological supervision and interpretation
(Do not report 73115 in conjunction with 77002)

73120 Radiologic examination, hand; 2 views
73130 minimum of 3 views
73140 Radiologic examination, finger(s), minimum of 2 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 that joint; without contrast material(s)
73219 with contrast material(s)
73220 without contrast material(s), followed by contrast material(s) and further sequences extremity, other than joint
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 sections
73225 Magnetic resonance angiography, upper extremity, with or without contrast material(s)

LOWER EXTREMITIES

73500 Radiologic examination, hip; unilateral, 1 view
73510 complete, minimum of 2 views
73520 Radiologic examination, hips, bilateral, minimum of 2 views of each hip, including anteroposterior view of pelvis

73525 Radiologic examination, hip, arthrography, radiological supervision and interpretation
(Do not report 73525 in conjunction with 77002)

73540 Radiologic examination, pelvis and hips, infant or child, minimum of 2 views
73550 Radiologic examination, femur, 2 views
73560 Radiologic examination, knee; 1 or 2 views
73562 3 views
73564 complete, 4 or more views
73565 both knees, standing, anteroposterior
73580 Radiologic examination, knee, arthrography; radiological supervision and interpretation
(Do not report 73580 in conjunction with 77002)

73590 Radiologic examination; tibia and fibula, 2 views
73592 lower extremity, infant, minimum of 2 views
73600 Radiologic examination, ankle; 2 views
73610 complete, minimum of 3 views
73615 Radiologic examination, ankle, arthrography, radiological supervision and interpretation
(Do not report 73615 in conjunction with 77002)

73620 Radiologic examination, foot; 2 views
73630 complete, minimum of 3 views
73650 Radiologic examination; calcaneus, minimum of 2 views
73660 toe(s), minimum of 2 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 sequences
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 sequence
73725 Magnetic resonance angiography, lower extremity, with or without contrast material(s)

ABDOMEN

74000 Radiologic examination, abdomen; single anteroposterior view
74010 anteroposterior and additional oblique and cone views
74020 complete, including decubitus and/or erect views
74022 complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest
74150 Computed tomography, abdomen; without contrast material
74160 with contrast material(s)
74170 without contrast material, followed by contrast material(s) and further sections
74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing
(Do not report 74174 in conjunction with 72191, 73706, 74175, 75635, 76376, 76377)
74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing
(Do not report 74175 in conjunction with 73706 or 75635. For CTA aorto-iliofemoral runoff, use75635)
(Do not report 74175 in conjunction with 72191. For a combined computed tomographic angiography abdomen and pelvis study, use 74174)
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
(Do not report 74176-74178 in conjunction with 72192, 72194, 74150-74170)
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
74220 esophagus
74230 Swallowing function, with cineradiography/videoradiography

74235 Removal of foreign body(s), esophageal, with use of balloon catheter, radiological supervision and interpretation
74240 Radiologic examination, gastrointestinal tract, upper; with or without delayed films, without KUB
74241 with or without delayed films, with KUB
74245 with small intestine, includes multiple serial films
74246 Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed films, without KUB
74247 with or without delayed films, with KUB
74249 with small intestine follow-through
74250 Radiologic examination, small intestine, includes multiple serial films;
74251 via enteroclysis tube
74260 Duodenography, hypotonic
74270 Radiologic examination, colon; contrast (eg, barium) enema, with or without KUB
74280 air contrast with specific high density barium, with or without glucagon
74283 Therapeutic enema, contrast or air, for reduction of intussusception or other intraluminal obstruction (eg, meconium ileus)
74290 Cholecystography, oral contrast;
74291 additional or repeat examination or multiple day examination
74305 Cholangiography and/or pancreatography; through existing catheter, radiological supervision and interpretation
74320 Cholangiography, percutaneous, transhepatic, radiological supervision and interpretation
74327 Postoperative biliary duct calculus removal, percutaneous via T-tube tract, basket, or snare (eg, Burhenne technique), radiological supervision and interpretation
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 films, 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
74420 Urography, retrograde, with or without KUB
74425 Urography, antegrade, (pyelostogram, nephrostogram, loopogram), radiological supervision and interpretation
74430 Cystography, minimum of three views, radiological supervision and interpretation
74440 Vasography, vesiculography, or epididymography, radiological supervision and interpretation
74445 Corpora cavernosography, radiological supervision and interpretation
74450 Urethrocystography, retrograde, radiological supervision and interpretation
74455 Urethrocystography, voiding, radiological supervision and interpretation

GYNECOLOGICAL AND OBSTETRICAL

74710 Pelvimetry, with or without placental localization
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)

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 primary procedure)
(Do not report 75557, 75559,75561, 75563, 75565 in conjunction with 76376, 76377)

VASCULAR PROCEDURES

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
(Do not report 75635 in conjunction with 72191, 73706, 74175 or 74174)
75658 Angiography, brachial, retrograde, radiological supervision and interpretation
75705 Angiography, spinal, selective, radiological supervision and interpretation
75710 Angiography, extremity, unilateral, radiological supervision and interpretation
75716 Angiography, extremity, bilateral, radiological supervision and interpretation
75726 Angiography, visceral; selective or supraselective, (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 supraselective, radiological supervision and interpretation
75741 Angiography, pulmonary, unilateral, selective, radiological supervision and interpretation
75743 Angiography, pulmonary, bilateral, selective, radiological supervision and interpretation
75746 Angiography, pulmonary, by nonselective catheter or venous injection, radiological supervision and interpretation
75756 Angiography, internal mammary, radiological supervision and interpretation
75774 Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation
75791 Complete evaluation of dialysis access, including fluoroscopy, image documentation and report (includes injections of contrast and all necessary imaging from the arterial anastomosis and adjacent through entire venous outflow

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
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

TRANSCATHETER THERAPY AND BIOPSY

75894 Transcatheter therapy, embolization, any method, radiological supervision and interpretation
75945 Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; initial vessel
75946 each additional vessel
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, specimen collection), with placement of catheter, radiological supervision and interpretation

MISCELLANEOUS PROCEDURES

76000 Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time, other than 71023 or 71034 (eg, cardiac fluoroscopy)

76001 Fluoroscopy, physician or other qualified health care professional time more than 1 hour, assisting a nonradiologic physician or other qualified health care professional (eg, nephrostolithotomy, ERCP, bronchoscopy, transbronchial biopsy)
76010 Radiologic examination from nose to rectum for foreign body, single view, child
76080 Radiologic examination, abscess, fistula or sinus tract study, radiological supervision and interpretation
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
(Do not report 76101, 76102 more than once per day)

76120 Cineradiography/videoradiography, except where specifically included
76125 Cineradiography/videoradiography, to complement routine examination
(List separately in addition to primary procedure)

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])
(Do not report 76376 in conjunction with 70496, 70498, 70544-70549, 71275, 71555, 72159, 72191, 72198, 73206, 73225, 73706, 73725, 74174, 74175, 74185, 75635, 76377, 78999)

76377 requiring image postprocessing on an independent workstation
(Use 76377 in conjunction with code[s] for base imaging procedure[s])
(Do not report 76377 in conjunction with 70496, 70498, 70544-70549, 71275, 71555, 72159, 72191, 72198, 73206, 73225, 73706, 73725, 74175, 74185, 75635, 76376, 78999)

76380 Computed tomography, limited or localized follow-up study
76496 Unlisted fluoroscopic procedure (eg, diagnostic, interventional)
76497 Unlisted computed tomography procedure (eg, diagnostic, interventional)
76498 Unlisted magnetic resonance procedure (eg, diagnostic, interventional)
76499 Unlisted diagnostic radiographic procedure

DIAGNOSTIC ULTRASOUND

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
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
76645	Ultrasound, breast(s) (unilateral or bilateral) real time with image documentation

ABDOMEN AND RETROPERITONEUM

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

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 re-evaluated one or more anatomic abnormalities of a fetus previously demonstrated on ultrasound, and should be coded once regardless of the number of fetuses.

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

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 of 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; 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)

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, extremity, nonvascular, real-time with image documentation; complete

76882 limited, anatomic specific

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)

VASCULAR STUDIES

(For vascular studies, see 93981)

ULTRASONIC GUIDANCE PROCEDURES

76930 Ultrasonic guidance for pericardiocentesis, imaging supervision and interpretation

76932 Ultrasonic guidance for endomyocardial biopsy, imaging supervision and interpretation supervision and interpretation

76937 Ultrasonic guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting
(List separately in addition to primary procedure)
(Do not use 76937 in conjunction with 76942)

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
(Do not report 76942 in conjunction with 76975)

76945 Ultrasonic guidance for chorionic villus sampling, imaging supervision and interpretation
76946 Ultrasonic guidance for amniocentesis, imaging supervision and interpretation
76950 Ultrasonic guidance for placement of radiation therapy fields
76965 Ultrasonic guidance for interstitial radioelement application
76975 Gastrointestinal endoscopic ultrasound, supervision and interpretation
76977 Ultrasound bone density measurement and interpretation, peripheral site(s), any method

MISCELLANEOUS ULTRASONIC PROCEDURE

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)
(77002 includes all radiographic arthrography with the exception of supervision and interpretation for CT and MR arthrography)
(Do not report 77002 in addition to 70332, 73040, 73085, 73115, 73525, 73580, 73615)
(77002 is included in the organ/anatomic specific radiological supervision and interpretation procedures 74320, 74350, 74355, 74445, 75885, 75887, 75989)

77003 Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid)
(Do not report 77003 in conjunction with 27096, 64479-64484, 64490-64495, 64633-64636)
(Injection of contrast during fluoroscopic guidance and localization [77003] is included in 22526, 22527, 27096, 62263, 62264, 62267, 62270-62282, 62310-62319)

COMPUTED TOMOGRAPHY GUIDANCE

77012 Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation
(Do not report 77012 in conjunction with 27096, 64479-64484, 64490-64495, 64633-64636)

77013 Computerized tomography guidance for, and monitoring of, parenchymal tissue ablation

MAGNETIC RESONANCE GUIDANCE

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

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

BREAST, MAMMOGRAPHY

77051 Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further review for interpretation, with or without digitization of film radiographic images; diagnostic mammography
(List separately in addition to primary procedure)

77052 screening mammography
(List separately in addition to primary procedure)

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

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

77055 Mammography; unilateral

77056 Mammography; bilateral

77057 Screening mammography, bilateral (2-view film study of each breast)

77058 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral

77059 Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral

G0202	Screening mammography, producing direct digital image, bilateral, all views
G0204	Diagnostic mammography, producing direct digital, image, bilateral, all views
G0206	unilateral, all views

BONE/JOINT STUDIES

77072	Bone age studies
77073	Bone length studies (orthoroentgenogram, scanogram)
77074	Radiologic examination, osseous survey; limited (eg, for metastases)
77075	Radiologic examination, osseous survey; 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	Dual-energy x-ray absorptiometry (DXA), bone density study, 1 or more sites; 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.**

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

77261	Therapeutic radiology treatment planning; simple
77262	intermediate
77263	complex

Definitions:
Simple - simulation of a single treatment area with either a single port or parallel opposed ports. Simple or no blocking.
I***ntermediate*** – simulation of three or more converging ports, two separate treatment areas, multiple blocks.

Complex – simulation of tangential portals, three or more treatment areas, rotation or arc therapy, complex blocking, custom shielding blocks, brachytherapy source verification, hyperthermia probe verification, any use of contrast materials.
Three-dimensional (3D) - computer-generated 3D reconstruction of tumor volume and surrounding critical normal tissue structures from direct CT scans and/or MRI data in preparation for non-coplanar or coplanar therapy. The stimulation utilizes documented 3D beam's eye view volume-dose displays of multiple or moving beams. Documentation with 3D volume reconstruction and dose distribution is required.

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

77280 Therapeutic radiology simulation-aided field setting; simple
77285 intermediate
77290 complex
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 calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose as required during course of treatment, only when prescribed by the treating physician
77301 Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications
77305 Teletherapy, isodose plan (whether hand or computer calculated); simple (1 or 2 parallel opposed unmodified ports directed to a single area of interest)
77310 intermediate (3 or more treatment ports directed to a single area of interest)
77315 complex (mantle or inverted Y, tangential ports, the use of wedges, compensators, complex blocking, rotational beam, or special beam considerations)

(Only 1 teletherapy isodose plan may be reported for a given course of therapy to a specific treatment area.)
77321 Special teletherapy port plan, particles, hemibody, total body
77326 Brachytherapy isodose plan; simple (calculation made from single plane, one to four source/ribbon application, remote afterloading brachytherapy, 1 to 8 sources)

(For definition of sources/ribbon, see Clinical Brachytherapy section.)

77327 intermediate (multiplane dosage calculations, application involving 5 to 10 sources/ribbons, remote afterloading brachytherapy, 9 to 12 sources)
77328 complex (multiplane isodose plan, volume implant calculations, over 10

sources/ribbons used, special spatial reconstruction, remote afterloading brachytherapy, over 12 sources)

77331 Special dosimetry (eg, TLD, microdosimetry) (specify), only when prescribed by the treating physician

77332 Treatment devices, design and construction; simple (simple block, simple bolus)

77333 intermediate (multiple blocks, stents, bite blocks, special bolus)

77334 complex (irregular blocks, special shields, compensators, wedges, molds or casts)

77336 Continuing medical physics consultation, including assessment of treatment parameters, quality assurance of dose delivery, and review of patient treatment documentation in support of the radiation oncologist, reported per week of therapy **(Reimbursement is for the global fee)**

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 (Do not report 77373 in conjunction with 77401-77416, 77418)

MISCELLANEOUS PROCEDURES

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

RADIATION TREATMENT DELIVERY

Radiation treatment delivery (77401-77416) recognizes the technical component and the various energy levels. **Procedure codes 77401-77418 are for the TC component only, no modifier required.**

77401 Radiation treatment delivery, superficial and/or ortho voltage

77402 Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; up to 5 MeV
77403 6-10 MeV
77404 11-19 MeV
77406 20 MeV or greater
77407 Radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks; up to 5 MeV
77408 6-10 MeV
77409 11-19 MeV
77411 20 MeV or greater
77412 Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5 MeV
77413 6-10 MeV
77414 11-19 MeV
77416 20 MeV or greater
77417 Therapeutic radiology port film(s)
77418 Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session

RADIATION TREATMENT DELIVERY

77421 Stereoscopic X-ray guidance for localization of target volume for the delivery of radiation therapy
(Do not report 77421 more than once per treatment delivery session)

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.
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, 5 treatments

77431 Radiation therapy management with complete course of therapy consisting of 1 or 2 factions 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 1 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)
The same physician should not report both stereotactic radiosurgery services [63620, 63621] and radiation treatment management [77435] for extracranial lesions)

77470 Special treatment procedure (eg, total body irradiation, hemibody irradiation, per oral or endocavitary irradiation)
(77470 assumes that the procedure is performed 1or more times during the course of therapy, in addition to daily or weekly patient management)

77499 Unlisted procedure, therapeutic radiology clinical treatment management

PROTON BEAM TREATMENT DELIVERY

Definitions:
Simple proton treatment delivery to a single treatment area utilizing a single non-tangential/oblique port, custom block with compensation (77522) and without compensation (77520).
Intermediate proton treatment delivery to one or more treatment areas utilizing two or more ports or one or more tangential/oblique ports, with custom blocks and compensators.
Complex proton treatment delivery to one or more treatment areas utilizing two or more ports per treatment area with matching or patching fields and/or multiple isocenters, with custom blocks and compensators.

77520 Proton treatment delivery; simple, without compensation
77522 simple, with compensation
77523 intermediate
77525 complex

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. Physics planning and interstitial insertion of

temperature sensors, and use of external or interstitial heat generating sources are included.

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. 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 3- month follow-up care)
77761 Intracavitary radiation source application; simple
77762 intermediate
77763 complex
77776 Interstitial radiation source application; simple
77777 intermediate
77778 complex
77785 Remote afterloading high dose rate radionuclide brachytherapy; 1 channel
77786 2-12 channels
77787 over 12 channels
77789 Surface application of radiation source
77799 Unlisted procedure, clinical brachytherapy

NUCLEAR MEDICINE

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

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 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 plantar imaging (including subtraction, when performed);
78071 with tomographic (SPECT)

78075 Adrenal imaging, cortex and/or medulla
78099 Unlisted endocrine procedure, diagnostic nuclear medicine

HEMATOPOIETIC, RETICULOENDOTHELIAL AND LYMPHATIC SYSTEM

78102 Bone marrow imaging; limited area
78103 multiple areas
78104 whole body
78110 Plasma volume, radio-pharmaceutical 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 (radio-pharmaceutical volume-dilution technique)
78130 Red cell survival study
78135 Differential organ/tissue kinetics, (eg, splenic and/or hepatic sequestration)
78185 Spleen imaging only, with or without vascular flow
78190 Kinetics, study of platelet survival, with or without differential organ/tissue localization
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
78205 Liver imaging (SPECT)
78206 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 performed
78230 Salivary gland imaging;
78231 with serial images
78232 Salivary gland function study
78258 Esophageal motility
78261 Gastric mucosa imaging
78262 Gastroesophageal reflux study
78264 Gastric emptying study
78270 Vitamin B-12 absorption study (eg, Schilling test); without intrinsic factor
78271 with intrinsic factor
78272 Vitamin B-12 absorption studies combined, with and without intrinsic factor
78278 Acute gastrointestinal blood loss imaging
78290 Intestine imaging (eg, ectopic gastric mucosa, Meckel's localization, volvulus)
78291 Peritoneal-venous shunt patency test (eg, for LeVeen, Denver shunt)
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
78320 tomographic (SPECT)
78350 Bone density (bone mineral content) study; 1 or more sites; single photon absorptiometry
78351 dual photon absorptiometry, 1 or more sites
78399 Unlisted musculoskeletal procedure, diagnostic nuclear medicine

CARDIOVASCULAR SYSTEM

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 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 Planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performer); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection
78456 Acute venous thrombosis imaging, peptide
78457 Venous thrombosis imaging, venogram; unilateral
78458 bilateral
78466 Myocardial imaging, infarct avid, planar; qualitative or quantitative
78468 with ejection fraction by first pass technique
78469 tomographic SPECT with or without quantification
78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or with 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 fraction, at rest and stress (exercise and/or 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
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
(Use 78496 in conjunction with 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
(Report 78579, 78580, 78582-78598, only once per imaging session)
(Do not report 78580, 78582-78598 in conjunction with 78451-78454)

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
78607 tomographic (SPECT)
78610 Brain imaging, vascular flow only
78630 Cerebrospinal fluid flow, imaging (not including introduction of material); cisternography
78635 ventriculography
78645 shunt evaluation
78647 tomographic (SPECT)
78650 Cerebrospinal fluid leakage detection and localization
78660 Radio-pharmaceutical 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 single study, with pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)
78709 multiple studies, with and without pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)
78710 tomographic (SPECT)
78725 Kidney function study, non-imaging radioisotopic study
78730 Urinary bladder residual study
(List separately in addition to primary procedure)
(Use 78730 in conjunction with 78740)

78740 Ureteral reflux study (radio-pharmaceutical 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

MISCELLANEOUS PROCEDURES

78800 Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); limited area
78801 multiple areas
78802 whole body, single day imaging
78803 tomographic (SPECT)
78804 whole body, requiring two or more days imaging
78805 Radiopharmaceutical localization of inflammatory process, limited area
78806 whole body
78807 tomographic (SPECT)
78999 Unlisted miscellaneous procedure, diagnostic nuclear medicine

THERAPEUTIC

79005 Radiopharmaceutical therapy, by oral administration
79101 by intravenous administration
79200 by intracavitary administration
79300 by interstitial radioactive colloid administration
79403 radiolabeled monoclonal antibody by intravenous infusion
(Do not report 79403 in conjunction with 79101)
79440 by intra-articular administration
79445 by intra-arterial particulate administration
79999 Unlisted radio-pharmaceutical therapeutic procedure

RADIOPHARMACEUTICAL IMAGING AGENTS (Report and Invoice Required)

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 TI-201 thallous chloride, diagnostic, per millicurie
A9507 Indium IN-111 capromab pendetide, diagnostic, per study dose, up to 10 millicuries
A9508 Iodine I-131 iobenguane sulfate, diagnostic, per 0.5 millicurie
A9509 Iodine I-123 sodium iodide, diagnostic, per millicurie
A9510 Technetium Tc-99m disofenin, diagnostic, per study dose, up to 15 millicuries
A9512 Technetium T-99m pertechnetate, diagnostic, per millicurie
A9516 Iodine I-123 sodium iodide, diagnostic, per 100 microcuries, up to 999 microcuries
A9517 Iodine I-131 sodium iodide capsule(s), therapeutic, per millicurie

A9520	Technetium Tc-99m tilmanocept, diagnostic, up to 0.5 millicures
A9521	Technetium T-99m exametazime, diagnostic, per study dose, up to 25 millicuries
A9524	Iodine I-131 iodinated serum albumin, diagnostic, per 5 microcuries
A9526	Nitrogen N13 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
A9544	Iodine I-131 tositumomab, diagnostic, per study dose
A9545	Iodine I-131 tositumomab, therapeutic, per treatment dose
A9546	Cobalt Co-57/58, cyanocobalamin, diagnostic, per study dose, up to 1 microcurie
A9547	Indium IN-111 oxyquinoline, diagnostic, per 0.5 millicurie
A9548	Indium IN-111 pentetate, diagnostic, per 0.5 millicurie
A9550	Technetium Tc-99m sodium gluceptate, diagnostic, per study dose, up to 25 millicurie
A9551	Technetium Tc-99m succimer, diagnostic, per study dose, up to 10 millicuries
A9553	Chromium Cr-51 sodium chromate, diagnostic, per study dose, up to 250 microcuries
A9554	Iodine I-125 sodium iothalamate, diagnostic, per study dose, up to 10 microcuries
A9557	Technetium Tc-99m bicisate, diagnostic, per study dose, up to 25 millicuries

A9558	Xenon Xe-133 gas, diagnostic, per 10 millicuries
A9559	Cobalt Co-57 cyanocobalamin, oral, diagnostic, per study dose, up to 1 microcurie
A9560	Technetium Tc-99m labeled red blood cells, diagnostic, per study dose, up to 30 millicuries
A9561	Technetium Tc-99m oxidronate, diagnostic, per study dose, up to 30 millicuries
A9562	Technetium Tc-99m mertiatide, diagnostic, per study dose, up to 15 millicuries
A9563	Sodium phosphate P-32, therapeutic, per millicurie
A9564	Chromic phosphate P-32 suspension, therapeutic, per millicurie
A9566	Technetium Tc-99m fanolesomab, diagnostic, per study dose, up to 25 millicuries
A9567	Technetium Tc-99m pentetate, diagnostic, aerosol, per study dose, up to 75 millicuries
A9568	Technetium Tc-99m arcitumomab, diagnosis, per study dose up tp 45 millicuries
A9569	Technetium Tc-99m exametazime labeled autologous white blood cells, diagnostic, per study dose
A9570	Indium IN-111 labeled autologous white blood cells, diagnostic, per study dose
A9571	Indium IN-111 labeled autologous platelets, diagnostic, per study dose
A9572	Indium IN-111 pentetreotide, diagnostic, per study dose, up to 6 millicuries
A9582	Iodine I-123 Iobenguane, diagnostic, per study dose, up to 15 millicuries
A9584	Iodine 1-123 ioflupane, diagnostic, per study dose, up to 5 millicuries
A9600	Strontium Sr-89 chloride, therapeutic, per millicurie
A9604	Samarium SM-153 lexidronam, therapeutic, per treatment dose, up to 150 millicurues
A9699	Radiopharmaceutical, therapeutic, not otherwise classified

POSITRON EMISSION TOMOGRAPHY (PET)

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

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

MEDICINE SERVICES

IMMUNIZATIONS

Immunization procedures include the supply of material and administration**.**

For dates of service on or after 7/1/03 when immunization materials are supplied by the Vaccine for Children Program (VFC), bill using the procedure code that represents the immunization(s) administered and append modifier –SL State Supplied Vaccine to receive the VFC administration fee. See Modifier –SL for further information.

NOTE: The maximum fees for immunization injection codes are adjusted periodically by the State to reflect the estimated acquisition cost of the antigen. Insert actual acquisition cost per dose in amount charged field on claim form. For codes listed **BR** in the Fee Schedule, also attach an itemized invoice to claim form including the dose administered.

To meet the reporting requirements of immunization registries, vaccine distribution programs and reporting systems (eg, Vaccine Adverse Event Reporting System) the exact vaccine product administered needs to be reported. Multiple codes for a particular vaccine are provided in CPT when the schedule (number of doses or timing) differs for two or more products of the same vaccine type (eg, hepatitis A, Hib) or the vaccine product is available in more than one chemical formulation, dosage, or route of administration.

Reimbursement for drugs (including vaccines and immune globulins) furnished by provider to their patients is based on the acquisition cost to the provider of the drug dose administered to the patient. For all drugs furnished in this fashion it is expected that the provider will maintain auditable records of the actual itemized invoice cost of the drug, including the numbers of doses of the drug represented on the invoice. New York State Medicaid does not intend to pay more than the acquisition cost of the drug dosage, as established by invoice, to the provider. Regardless of whether an invoice must be submitted to Medicaid for payment, the provider is expected to limit his or her Medicaid claim amount to the actual invoice cost of the drug dosage administered.

Separate codes are available for combination vaccines (eg, DTP-Hib, DtaP-Hib, HepB-Hib). It is inappropriate to code each component of a combination vaccine separately. If a specific vaccine code is not available, the unlisted procedure code should be reported, until a new code becomes available.

-SL State Supplied Vaccine: (Used to identify administration of vaccine supplied by the Vaccine for Children's Program (VFC for children under 19 years of age). When administering vaccine supplied by the state (VFC Program), you **must** append modifier –SL State Supplied Vaccine to the procedure code number representing the vaccine administered. Omission of this modifier on claims for recipients under 19 years of age will cause your claim to deny. (Reimbursement will not exceed $17.85, the administration fee for the Vaccine for Children Program.)

IMMUNE GLOBULINS

Codes 90291-90399 identify the immune globulin product only and are reported in addition to the administration codes 96365-96368 as appropriate.

90291 Cytomegalovirus immune globulin (CMV-IgIV), human, for intravenous use
90371 Hepatitis B immune globulin (HBIg), human, for intramuscular use
90375 Rabies immune globulin (RIg), human, for intramuscular and/or subcutaneous use
90376 Rabies immune globulin, heat-treated (RIg-HT), human, for intramuscular and/or subcutaneous use
90384 Rho(D) immune globulin (RhIg), human, full-dose, for intramuscular use
90385 Rho(D) immune globulin (RhIg), human, mini-dose, for intramuscular use
90386 Rho(D) immune globulin (RhIgIV), human, for intravenous use
90389 Tetanus immune globulin (TIg), human, for intramuscular use
90393 Vaccinia immune globulin, human, for intramuscular use
90396 Varicella-zoster immune globulin, human, for intramuscular use
90399 Unlisted immune globulin

IMMUNIZATION ADMINISTRATION FOR VACCINES/TOXOIDS

90460 Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered)
90471 Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)
90472 Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (list separately in addition to code for primary procedure))
90473 Immunization administration by intranasal or oral route; one vaccine (single or combination vaccine/toxoid) **(Administration for 90660)**
90474 Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (list separately in addition to code for primary procedure))

VACCINES/TOXOIDS

For administration of vaccines supplied by VFC, including i**nfluenza and pneumococcal administration,** providers will be required to bill **vaccine administration** code **90460.** Providers **must continue to bill the specific vaccine code with the "SL"** modifier on the claim (payment for "SL" will be $0.00). If an administration code is billed without a vaccine code with "SL", the claim will be denied. For reimbursement purposes, the administration of the components of a combination vaccine will continue to be considered as one vaccine administration. More than one vaccine administration is reimbursable under 90460 on a single date of service.

90585 Bacillus Calmette-Guerin vaccine (BCG) for tuberculosis, live, for percutaneous use
90586 Bacillus Calmette-Guerin vaccine (BCG) for bladder cancer, live, for intravesical use

90632 Hepatitis A vaccine, adult dosage, for intramuscular use
90633 Hepatitis A vaccine, pediatric/adolescent dosage-2 dose schedule, for intramuscular use
90636 Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use
90645 Hemophilus influenza B vaccine (Hib), HBOC conjugate (4 dose schedule), for intramuscular use
90646 Hemophilus influenza B vaccine (Hib), PRP-D conjugate, for booster use only, intramuscular use
90647 Hemophilus influenza B vaccine (Hib), PRP-OMP conjugate (3 dose schedule), for intramuscular use
90648 Hemophilus influenza B vaccine (Hib), PRP-T conjugate (4 dose schedule), for intramuscular use

90649 Human Papilloma virus (HPV) vaccine, types 6, 11,16, 18 (quadrivalent) 3 dose schedule, for intramuscular use
90650 Human Papilloma virus (HPV) vaccine, types 16, 18, bivalent, 3 dose schedule, for intramuscular use
90654 Influenza virus vaccine, split virus, preservative-free, for intradermal use
90655 Influenza virus vaccine, trivalent, split virus, preservative free, when administered to children 6-35 months of age, for intramuscular use
90656 Influenza virus vaccine, trivalent, split virus, preservative free, when administered to individuals 3 years and older, for intramuscular use
90657 Influenza virus vaccine, trivalent, split virus, when administered to children 6-35 months of age, for intramuscular use
90658 Influenza virus vaccine, trivalent, split virus, when administered to individuals 3 years of age and older, for intramuscular use
90660 Influenza virus vaccine, trivalent, live, for intranasal use
90662 Influenza virus vaccine, split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use
90669 Pneumococcal conjugate vaccine, 7 valent, for intramuscular use
90670 Pneumococcal conjugate vaccine, 13 valent, for intramuscular use
90675 Rabies vaccine, for intramuscular use
90676 Rabies vaccine, for intradermal use
90680 Rotavirus vaccine, pentavalent, 3 dose schedule, live, for oral use
90681 Rotavirus vaccine human, attenuated, 2 dose schedule, live, for oral use
90685 Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to children 6-35 months of age, for intramuscular use
90686 Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to individuals 3 years of age and older, for intramuscular use
90672 Influenza virus vaccine, quadrivalent, live, for intranasal use
90690 Typhoid vaccine, live, oral
90691 Typhoid vaccine, Vi capsular polysaccharide (ViCPs), for intramuscular use
90692 Typhoid vaccine, heat- and phenol-inactivated (H-P), for subcutaneous or intradermal use

90696 Diphtheria, tetanus toxoids, acellular pertussis vaccine and poliovirus vaccine, inactivated (DtaP-IPV), when administered to children 4 through 6 years of age, for intramuscular use
90698 Diphtheria, tetanus toxoids, acellular vaccine, haemophilus influenza Type B, and poliovirus vaccine, inactivated (DtaP – Hib – IPV), for intramuscular use
90700 Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years, for intramuscular use
90702 Diphtheria and tetanus toxoids (DT) absorbed when administered to individuals younger than 7 years, for intramuscular use
90703 Tetanus toxoid absorbed, for intramuscular use
90704 Mumps virus vaccine, live, for subcutaneous use
90705 Measles virus vaccine, live, for subcutaneous use
90706 Rubella virus vaccine, live, for subcutaneous use
90707 Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use
90708 Measles and Rubella virus vaccine, live, for subcutaneous use
90710 Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use
90712 Poliovirus vaccine, (any type[s]) (OPV), live, for oral use

90713 Poliovirus vaccine, inactivated, (IPV), for subcutaneous or intramuscular use
90714 Tetanus and diphtheria toxoids (Td) absorbed, preservative free, when administered to individuals 7 years or older, for intramuscular use
90715 Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use
90716 Varicella virus vaccine, live, for subcutaneous use
90717 Yellow fever vaccine, live, for subcutaneous use
90720 Diphtheria, tetanus toxoids, and whole cell pertussis vaccine and Hemophilus influenza B vaccine (DTP-Hib), for intramuscular use
90721 Diphtheria, tetanus toxoids, and acellular pertussis vaccine and Hemophilus influenza B vaccine (DtaP-Hib), for intramuscular use
90723 Diphtheria, tetanus toxoids, acellular pertussis vaccine, Hepatitis B, and poliovirus vaccine, inactivated (DtaP-HepB-IPV), for intramuscular use
90725 Cholera vaccine for injectable use
90732 Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use
90733 Meningococcal polysaccharide vaccine (any group[s]), for subcutaneous use
90734 Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 (Tetravalent), for intramuscular use
90735 Japanese encephalitis virus vaccine, for subcutaneous use
90736 Zoster (shingles) vaccine, live, for subcutaneous injection
90738 Japanese encephalitis virus vaccine, inactivated, for intramuscular use
90740 Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (3 dose schedule), for intramuscular use
90743 Hepatitis B vaccine, adolescent (2 dose schedule), for intramuscular use
90744 Hepatitis B vaccine, pediatric/adolescent dosage (3 dose schedule), for

intramuscular use

90746 adult dosage (3 dose schedule), for intramuscular use

90747 dialysis or immunosuppressed patient dosage (4 dose schedule), for intramuscular use

90748 Hepatitis B and Hemophilus influenza B vaccine (HepB –Hib), for intramuscular use

90749 Unlisted vaccine/toxoid

MISCELLANEOUS DRUGS AND SOLUTIONS

NOTE: The maximum fees for these drugs are adjusted periodically by the State to reflect the estimated acquisition cost. Insert actual acquisition cost per dose in amount charged field on claim form. For codes listed BR also attach itemized invoice to claim form.

Reimbursement for drugs (including vaccines and immune globulins) furnished by practitioners to their patients is based on the acquisition cost to the provider of the drug dose administered to the patient. For all drugs furnished in this fashion it is expected that the provider will maintain auditable records of the actual itemized invoice cost of the drug, including the numbers of doses of the drug represented on the invoice.

New York State Medicaid does not intend to pay more than the acquisition cost of the drug dosage, as established by invoice, to the provider. Regardless of whether an invoice must be submitted to Medicaid for payment, the practitioner is expected to limit his or her Medicaid claim amount to the actual invoice cost of the drug dosage administered.

Codes followed by an ^ do not require an NDC to be provided when billed.

J0129 Abatacept, 10 mg, (not for self administered)
J0180 Agalsidase beta, 1 mg
J0207 Amifostine, 500 mg
J0215 Alefacept (Amevive), 0.5 mg
J0221 Alglucosidase alfa, (lumizyme), 10 mg
J0256 Alpha 1proteinase inhibitor (human), not otherwise specified, 10 mg
J0401 Aripiprazole, extended release, 1 mg
J0456 Azithromycin, 500 mg
J0585 Onabotulinumtoxina, 1 unit
J0586 Abobotulinumtoxina, 5 units
J0587 Rimabotulinumtoxinb, 100 units
J0598 C1 esterase inhibitor (human), cinryze, 10 units
J0640 Leucovorin calcium, 50 mg
J0641 Levoleucovorin calcium, 0.5 mg
J0696 Ceftriaxone sodium, per 250 mg
J0697 Sterile cefuroxime sodium, per 750 mg
J0712 Ceftaroline fosamil, 10 mg
J0717 Injection, certoloizumab pegol, 1 mg (must be administered under direct physician supervision, not for self administration)
J0740 Cidofovir, 375 mg
J0795 Corticorelin ovine triflutate, 1 mcg
J0878 Daptomycin, 1 mg

J0881 Darbepoetin alfa, 1 mcg (non-ESRD use)
J0882 Darbepoetin alfa, 1 mcg (for ESRD on dialysis)
J0885 Epoetin alfa, (non-ESRD use), 1000 units
J0897 Denosumab, 1 mg
J1050 Medroxyprogesterone acetate, 1 mg
(J1050 Should not be billed in addition to the all-inclusive clinic rate)
J1100 Dexamethasone sodium phosphate, 1 mg
J1190 Dexrazoxane HCl, per 250 mg
J1260 Dolasetron mesylate, 10 mg
J1300 Eculizumab, 10 mg
J1436 Etidronate disodium, per 300 mg
J1438 Etanercept, 25 mg, (not for self administration)
J1442 Injection, filgrastim (g-csf), 1 microgram
J1446 Injection, tbo-filgrastim, 5 micrograms
J1450 Fluconazole, 200 mg
J1452 Fomivirsen sodium, intraocular, 1.65 mg
J1453 Fosaprepitant, 1 mg
J1458 Galsulfase, 1 mg
J1459 Immune globulin (Privigen), intravenous, non lyophilized (e.g. liquid), 500 mg
J1460 Gamma globulin, intramuscular, 1 cc
J1556 Immune globulin Bivigam, 500 mg
J1557 Immune globulin, (gammaplex), intravenous, non-lyophilized (e.g., liquid), 500 mg
J1560 Gamma globulin, intramuscular, over 10 cc
J1561 Immune globulin, (gamunex-C/gammaked), non-lyophilized (e.g. liquid), 500 mg
J1562 Immune globulin (Vivaglobin), 100 mg
J1566 Immune globulin, intravenous, lyophilized (e.g. powder), not otherwise specified, 500 mg
J1568 Immune globulin, (Octagam), intravenous, non-lyophilized (e.g. liquid), 500 mg
J1569 Immune globulin, (gammagard liquid), non-lyophilized, (e.g. liquid), 500 mg
J1570 Ganciclovir sodium, 500 mg
J1572 Immune globulin, (flebogamma/flebogamma DIF), intravenous, non-lyophilized (e.g. liquid), 500 mg
J1595 Glatiramer acetate, 20 mg
J1599 Immune globulin, intravenous, non-lyophilized (e.g. liquid), not otherwise specified, 500 mg
J1626 Granisetron HCl, 100 mcg
J1631 Haloperidol decanoate, per 50 mg
J1640 Hemin, 1 mg
J1652 Fondaparinux sodium, 0.5 mg
J1655 Tinzaparin sodium, 1000 IU
J1725 Hydroxyprogesterone caproate, 1 mg
J1740 Ibandronate sodium, 1 mg
J1741 Ibuprofen, 100 mg
J1743 Idursulfase, 1 mg
J1745 Infliximab (Remicade), 10 mg

J1750 Iron dextran, 50 mg
J1786 Imiglucerase, 10 units
J1826 Interferon beta-1a, 30 mcg
J1830 Interferon beta-1b, 0.25 mg (not for self-administration)
J1930 Lanreotide, 1 mg
J1950 Leuprolide acetate (for depot suspension), per 3.75 mg
J2323 Natalizumab, 1 mg
J2353 Octreotide, depot form for intramuscular injection, 1 mg
J2355 Oprelvekin, 5 mg
J2358 Olanzapine, long-acting, 1 mg
J2405 Ondansetron HCl, per 1 mg
J2425 Palifermin, 50 mcg
J2426 Paliperidone palmitate extended release, 1 mg
J2430 Pamidronate disodium, per 30
J2469 Palonosetron HCl (Aloxi), 25 mcg
J2504 Pegademase bovine, 25 IU
J2505 Pegfilgrastim (Neulasta), 6 mg
J2513 Pentastarch, 10% solution, 100 ml
J2545 Pentamidine isethionate, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per 300 mg
J2562 Plerixafor, 1 mg
J2597 Desmopressin acetate, per 1 mcg
J2680 Fluphenazine decanoate, up to 25 mg
J2770 Quinupristin/dalfopristin, 500 mg (150/350)
J2783 Rasburicase, 0.5 mg
J2793 Rilonacept, 1 mg
J2794 Risperidone, long acting, 0.5 mg
J2796 Romiplostim, 10 micrograms
J2997 Alteplase recombinant, 1 mg
J3110 Teriparatide, 10 mcg
J3240 Thyrotropin alpha (Thyrogen), 0.9 mg., provided in 1.1 mg vial
J3285 Treprostinil, 1 mg
J3305 Trimetrexate glucoronate, per 25 mg
J3385 Velaglucerase alfa, 100 units
J3472 Hyaluronidase, ovine, preservative free, per 1000 USP units
J3490 Unclassified drugs
J7030 Infusion, normal saline solution (or water), 1000 cc
J7040 Infusion, normal saline solution (or water), sterile (500 ml = 1 unit)
J7042 5% dextrose/normal saline (500 ml = 1 unit)
J7050 Infusion, normal saline solution (or water), 250 cc
J7060 5% dextrose/water (500 ml = 1 unit)
J7070 Infusion, D5W, 1000 cc
J7100 Infusion, Dextran 40, 500 ml
J7110 Infusion, Dextran 75, 500 ml
J7120 Ringers lactate infusion, up to 1000 cc

J7131 Hypertonic saline solution, 1 ml
J7185 Factor VIII (antihemophilic factor, recombinant) (Xyntha), per IU
J7186 Antihemophilic factor VIII/von Willebrand factor complex (human), per factor VIII IU
J7187 Von Willebrand Factor Complex (Humate-P) per IU VWF: RCO
J7189 Factor VIIA (antihemophilic factor, recombinant), per 1 mg
J7190 Factor VIII (antihemophilic factor (Human)), per IU
J7191 Factor VIII (antihemophilic factor (Porcine)), per IU
J7192 Factor VIII (antihemophilic factor, recombinant) per IU, not otherwise specified
J7193 Factor IX (antihemophilic factor, purified, non-recombinant), per IU
J7194 Factor IX, complex, per IU
J7180 Factor XIII (antihemophilic factor, human), 1 i.u.
J7186 Antihemophilic factor VIII/von Willebrand factor complex (human), per factor VIII IU
J7187 Von Willebrand Factor Complex (Humate-P) per IU VWF: RCO
J7189 Factor VIIA (antihemophilic factor, recombinant), per 1 mg
J7190 Factor VIII (antihemophilic factor (Human)), per IU
J7191 Factor VIII (antihemophilic factor (Porcine)), per IU
J7192 Factor VIII (antihemophilic factor (recombinant)), per IU
J7193 Factor IX (antihemophilic factor, purified, non-recombinant), per IU
J7194 Factor IX, complex, per IU
J7195 Factor IX (antihemophilic factor, recombinant), per IU
J7197 Antithrombin III (Human), per IU
J7198 Anti-inhibitor, per IU
J7199 Hemophilia clotting factor; not otherwise classified
J7300 Intrauterine copper contraceptive
J7301 Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg
J7302 Levonorgestrel-releasing intrauterine contraceptive system, 52 mg
J7306 Levonorgestral (contraceptive) implant system, inclusing implants and supplies
J7307 Etonogestrel (contraceptive) implant system, including implant and supplies
J7310 Hemophilia clotting factor, not otherwise classified
J7311 Intrauterine copper contraceptive
J7501 Levonorgestrel-releasing intrauterine contraceptive system, 52 mg
J7504 Levonorgestrel (contraceptive) implant system, including implants and supplies
J7505 Muromonab-CD3, parenteral, 5 mg
J8498 Antiemetic drug, rectal/suppository, not otherwise specified
J8501 Aprepitant, oral, 5 mg
J8540 Dexamethasone, oral, 0.25 mg
J8597 Antiemetic drug, oral, not otherwise specified
J8650 Nabilone, oral, 1 mg
J9226 Histrelin implant (Supprelin LA), 50 mg

S0190 Mitepristone, oral, 200 mg
(when administered for medically necessary non-surgical abortion)

S0191 Misoprostol, oral, 200 mg
(when administered for medically necessary non-surgical abortion)

S9435^ Medical foods for inborn errors of metabolism
(Reimbursement limited to Inborn Metabolic Disease Centers or Medical Directors of Inborn Metabolic Disease Centers)

HYDRATION, THERAPEUTIC, PROPHYLACTIC, DIAGNOSTIC INJECTIONS and INFUSIONS, and CHEMOTHERAPY and OTHER HIGHLY COMPLEX DRUG or HIGHLY COMPLEX BIOLOGIC AGENT ADMINISTRATION

HYDRATION

96360 Intravenous infusion, hydration; initial, 31 minutes to 1 hour
(Do not report 96360 if performed as a concurrent infusion service)
(Do not report intravenous infusion for hydration of 30 minutes or less)

96361 each additional hour
(List separately in addition to primary procedure)
(Use 96361 in conjunction with 96360)
(Report 96361 for hydration infusion intervals of greater than 30 minutes beyond 1 hour increments)
(Report 96361 to identify hydration if provided as a secondary or subsequent service after a different initial service [96360, 96409, 96413] is administered through the same IV access)

THERAPEUTIC, PROPHYLACTIC AND DIAGNOSTIC INJECTIONS AND INFUSIONS (EXCLUDES CHEMOTHERAPY AND OTHER HIGHLY COMPLEX DRUG OR HIGHLY COMPLEX BIOLOGIC AGENT ADMINISTRATION)

96365 Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour

96366 each additional hour
(List separately in addition to primary procedure)
(Report 96366 in conjunction with 96365, 96367)
(Report 96366 for additional hour(s) of sequential infusion)
(Report 96366 for infusion intervals of greater than 30 minutes beyond 1 hour increments)

96367 additional sequential infusion of a new drug/substance, up to 1 hour
(List separately in addition to primary procedure)

96368 concurrent infusion
(List separately in addition to primary procedure)
(Report 96368 only once per encounter)
(Report 96368 in conjunction with 96365, 96366, 96413, 96415, 96416)

96369 Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); initial, up to 1 hour, including pump set-up and establishment of subcutaneous infusion site(s)

96370 each additional hour
(List separately in addition to primary procedure)
(Use 96370 in conjunction with 96369)
(Use 96370 for infusion intervals of greater than 30 minutes beyond one hour increments)

96371 additional pump set-up with establishment of new subcutaneous infusion site(s)
(List separately in addition to primary procedure)
(Use 96371 in conjunction with 96369)
(Use 96369, 96371 only once per encounter)

96372 Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular

CHEMOTHERAPY AND OTHER HIGHLY COMPLEX DRUG OR HIGHLY COMPLEX BIOLOGIC AGENT ADMINISTRATION

Intravenous chemotherapy injections are administered by a physician, a nurse practitioner or by a qualified assistant under supervision of the physician or nurse practitioner.

INJECTION AND INTRAVENOUS INFUSION CHEMOTHERAPY AND OTHER HIGHLY COMPLEX DRUG OR HIGHLY COMPLEX BIOLOGIC AGENT ADMINISTRATION

96405 Chemotherapy administration; intralesional, up to and including 7 lesions

96406 intralesional, more than 7 lesions

96409 intravenous; push technique, single or initial substance/drug

96413 infusion technique, up to one hour, single or initial substance/drug

96415 each additional hour
(List separately in addition to primary procedure)
(Use 96415 in conjunction with 96413)
Report 96415 for infusion intervals of greater than 30 minutes beyond 1-hour increments)

96416 initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump

INTRA-ARTERIAL CHEMOTHERAPY AND OTHER HIGHLY COMPLEX DRUG OR HIGHLY COMPLEX BIOLOGIC AGENT ADMINISTRATION

96420 Chemotherapy administration, intra-arterial; push technique

96422 infusion technique, up to 1 hour

96423	infusion technique, each additional hour (List separately in addition to primary procedure) (Use 96423 in conjunction with 96422) (Report 96423 for infusion intervals of greater than 30 minutes beyond 1-hour increments)
96425	infusion technique, initiation of prolonged infusion (more than 8 hours), requiring the use of a portable or implantable pump

OTHER INJECTION AND INFUSION SERVICES

96521	Refilling and maintenance of portable pump
96522	Refilling and maintenance of implantable pump or reservoir for drug delivery, systemic (eg, intravenous, intra-arterial)
96542	Chemotherapy injection, subarachnoid or intraventricular via subcutaneous reservoir, single or multiple agents
96549	Unlisted chemotherapy procedure
J9999	Not otherwise classified, antineoplastic drugs

CHEMOTHERAPY DRUGS

(Maximum fee is for chemotherapy drug only and does not include the administration fees listed above)

NOTE: The maximum fees for these drugs are adjusted periodically by the State to reflect the current acquisition cost. Insert acquisition cost per dose in amount charged field on claim form. For codes listed BR, also attach itemized invoice to claim form.

Reimbursement for drugs furnished by providers to their patients is based on the acquisition cost to the provider of the drug dose administered to the patient. For all drugs furnished in this fashion it is expected that the provider will maintain auditable records of the actual itemized invoice cost of the drug, including the numbers of doses of the drug represented on the invoice. New York State Medicaid does not intend to pay more than the acquisition cost of the drug dosage, as established by invoice, to the provider. Regardless of whether an invoice must be submitted to Medicaid for payment, the provider is expected to limit his or her Medicaid claim amount to the actual invoice cost of the drug dosage administered.

Codes followed by an ^ do not require an NDC to be provided when billed.

J9000	Doxorubicin HCl (Adriamycin), 10 mg
J9010	Alemtuzumab, 10 mg
J9015	Aldesleukin, per single use vial
J9017	Arsenic trioxide (Trisenox), 1 mg
J9020	Asparaginase (Elspar) 10,000 Units
J9025	Azacitidine, 1 mg
J9027	Clofarabine, 1 mg

J9031 BCG live (Intravesical), per installation
J9033 Bendamustine HCL, 1 mg
J9035 Bevacizumab, 10 mg
J9040 Bleomycin sulfate (Lenoxane), 15 units
J9041 Bortezomib, 0.1 mg
J9042 Injection, brentuximab vedotin, 1 mg
J9043 Cabazitaxel, 1 mg
J9045 Carboplatin, 50 mg
J9047 Carfilzomib, 1 mg
J9050 Carmustine, 100 mg
J9055 Cetuximab, 10 mg
J9060 Cisplatin, powder or solution, per 10 mg
J9065 Cladribine, per 1 mg
J9070 Cyclophosphamide, 100 mg
J9098 Cytarabine liposome, 10 mg
J9120 Dactinomycin (Cosmegen), 0.5 mg
J9130 Dacarbazine, 100 mg
J9150 Daunorubicin HCl, 10 mg
J9151 Daunorubicin citrate, liposomal formulation, 10 mg
J9155 Degarelix, 1 mg
J9160 Denileukin diftitox, 300 mcg
J9165 Diethylstilbestrol diphosphate, 250 mg
J9171 Docetaxel, 1 mg
J9175 Elliotts' B solution, 1 ml
J9178 Epirubicin HCl, 2 mg
J9179 Eribulin mesylate, 0.1 mg
J9181 Etoposide, 10 mg
J9182 Etoposide, 100 mg
J9185 Fludarabine phosphate, 50 mg
J9190 Fluorouracil, 500 mg
J9200 Floxuridine (FUDR), 500 mg
J9201 Gemcitabine HCl, 200 mg
J9202 Goserelin acetate implant per 3.6 mg
J9206 Irinotecan, 20 mg
J9207 Ixabepilone, 1 mg
J9208 Ifosfomide, 1 g
J9209 Mesna, 200 mg
J9211 Idarubicin HCl, 5 mg
J9212 Interferon alfacon-1, recombinant, 1 mcg
J9213 Interferon, alfa-2A, recombinant, 3 million units
J9214 Interferon, alfa-2B, recombinant, 1 million units
J9215 Interferon, alfa-N3, (human leukocyte derived), 250,000 IU
J9216 Interferon, gamma-1B, 3 million units **(Report required)**
J9217 Leuprolide acetate (for depot suspension), 7.5 mg
J9218 Leuprolide acetate, per 1 mg

J9219^ Leuprolide acetate implant, 65 mg
J9225 Histrelin implant (Vantas), 50 mg
J9228 Ipilimumab, 1 mg
J9230 Mechlorethamine HCl, (Nitrogen Mustard), 10 mg
J9245 Melphalan HCl, 50 mg
J9250 Methotrexate sodium, 5 mg
J9260 Methotrexate sodium, 50 mg
J9261 Nelarabine, 50 mg
J9262 Omacetaxine mepesuccinate, 0.01 mg
J9263 Oxaliplatin (Eloxatin), 0.5 mg
J9264 Paclitaxel protein-bound particles, 1 mg
J9265 Paclitaxel, 30 mg
J9266 Pegaspargase, per single dose vial
J9268 Pentostatin, per 10 mg
J9270 Plicamycin, 2.5 mg
J9280 Mitomycin, 5 mg
J9293 Mitoxantrone HCl, per 5 mg
J9300 Gemtuzumab ozogamicin, 5 mg
J9302 Ofatumumab, 10 mg
J9303 Panitumumab, 10 mg
J9305 Pemetrexed, 10 mg
J9306 Pertuzumab (Perjeta) 1 mg (Report required)
J9307 Pralatrexate, 1 mg
J9310 Rituximab, 100 mg
J9315 Topotecan, 0.1 mg
J9320 Streptozocin, 1 g
J9328 Temozolomide, 1 mg
J9330 Temsirolimus, 1 mg
J9340 Thiotepa, 15 mg
J9351 Topotecan, 0.1 mg
J9354 Ado-trastuzuman emtansine (Kadcyla) 1 mg (Report required)
J9355 Trastuzumab, 10 mg
J9357 Valrubicin, intravesical, 200 mg
J9360 Vinblastine sulfate, 1 mg
J9370 Vincristine sulfate, 1 mg
J9371 Vincristine sulfate liposome (Marqibo), 1 mg (Report required)
J9390 Vinorelbine tartrate, 10 mg
J9395 Fulvestrant, 25 mg
J9400 Ziv-aflibercept (Zaltrap), 1 mg (Report required)
J9600 Porfimer sodium, 75 mg
J9999 Not Otherwise Classified, Antineoplastic Drugs
Q2017 Teniposide, 50 mg
Q2050 Doxorubicin hydrochloride, liposomal, not otherwise specified, 10 mg

GASTROENTEROLOGY

91010 Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report;
91013 with stimulation or perfusion (eg, stimulant, acid or alkali perfusion) (List separately in addition to primary procedure)

91020 Gastric motility (manometric) studies
91022 Duodenal motility (manometric) study
91030 Esophagus, acid perfusion (Bernstein) test for esophagitis
91034 Esophagus, gastroesophageal reflux test; with nasal catheter pH electrode(s) placement, recording, analysis and interpretation
91035 Esophagus, gastroesophageal reflux test; with mucosal attached telemetry pH electrode placement, recording, analysis and interpretation
(91034, 91035 are for patients with esophageal reflux who have already undergone endoscopy and manometry/motility studies, or for those patients who are unable to undergo conventional tests or in whom conventional tests have proven inconclusive. These test are not covered for screening for Barrett's Esophagus)

91037 Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation;
91038 prolonged (greater than 1 hour, up to 24 hours)
91040 Esophageal balloon distension provocation study
91065 Breath hydrogen or methane test (eg, for detection of lactase deficiency, fructose intolerance, bacterial overgrowth, or oro-cecal gastrointestinal transit)
91110 Gastrointestinal track imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with physician interpretation and report
91120 Rectal sensation, tone, and compliance test (ie., response to graded balloon distention)
91122 Anorectal manometry

OPHTHALMOLOGY

GENERAL OPHTHALMOLOGICAL SERVICES

92002 Ophthalmological services, medical examination, and evaluation with initiation of diagnostic and treatment program; intermediate, new patient (with/without refraction)
92004 comprehensive, new patient, 1 or more visits (with/without refraction)
92012 Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient (with/without refraction)
92014 comprehensive, established patient, 1 or more visits (with/without refraction)

SPECIAL OPHTHALMOLOGICAL SERVICES

92020 Gonioscopy (separate procedure)
92025 Computerized corneal topography, unilateral or bilateral, with interpretation and report
(Do not report 92025 in conjunction with 65710-65771)

92060 Sensorimotor examination with multiple measurements of ocular deviation (eg, restrictive or paretic muscle with diplopia) with interpretation and report (separate procedure)
92081 Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)
92082 intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)
92083 extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 degrees, or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)

(Gross visual field testing (eg, confrontation testing) is a part of general ophthalmological services and is not reported separately.)

92132 Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral
92133 Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve
92134 retina
92136 Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation (one or both eyes)
92140 Provocative tests for glaucoma, with interpretation and report, without tonography (one or both eyes)

OPHTHALMOSCOPY

Routine ophthalmoscopy is part of general and special ophthalmologic services whenever indicated. It is a non-itemized service and is not reported separately.

92225 Ophthalmoscopy, extended, with retinal drawing, (eg, for retinal detachment, melanoma), with interpretation and report; initial
92226 subsequent
92230 Fluorescein angioscopy with interpretation and report
92235 Fluorescein angiography (includes multiframe imaging) with interpretation and report
92240 Indocyanine-green angiography (includes multiframe imaging) with interpretation and report
92250 Fundus photography with interpretation and report (one or both eyes)
92260 Ophthalmodynamometry (one or both eyes)

MISCELLANEOUS SPECIALIZED SERVICES

92265 Needle oculoelectromyography, 1 or more extraocular muscles, 1 or both eyes, with interpretation and report
92270 Electro-oculography with interpretation and report
92275 Electroretinography with interpretation and report
92286 Anterior segment imaging with interpretation and report; with specular microscopy and endothelial cell analysis
92287 with fluorescein angiography

OTORHINOLARYNGOLOGIC & VESTIBULAR SERVICES

92533 Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes four tests)
92540 Basic vestibular evaluation, includes spontaneous nystagmus test with eccentric gaze fixation nystagmus, with recording, positional nystagmus test, minimum of 4 positions, with recording, optokinetic nystagmus test, bidirectional foveal and peripheral stimulation, with recording, and oscillating tracking test, with recording
92541 Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording
92542 Positional nystagmus test, minimum of 4 positions, with recording
92543 Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes four tests), with recording
92544 Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording
92545 Oscillating tracking test, with recording
92546 Sinusoidal vertical axis rotational testing

AUDIOLOGIC FUNCTION TESTS WITH MEDICAL DIAGNOSTIC EVALUATION

92550 Tympanometry and reflex threshold measurements
92551 Screening test, pure tone, air only
92552 Pure tone audiometry (threshold); air only
92553 air and bone
92555 Speech audiometry threshold;
92556 with speech recognition
92557 Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)
92561 diagnostic
92563 Tone decay test
92564 Short increment sensitivity index (SISI)
92565 Stenger test, pure tone
92567 Tympanometry (impedance testing)
92568 Acoustic reflex testing; threshold
92570 Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing

92571 Filtered speech test
92585 Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive
92586 limited
92587 Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report
92588 comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping, minimum of 12 frequencies), with interpretation and report
92601 Diagnostic analysis of cochlear implant, patient younger than 7 years of age; with programming
92602 subsequent reprogramming
92603 Diagnostic analysis of cochlear implant, age 7 years or older; with programming
92604 subsequent reprogramming

CARDIOVASCULAR

CARDIOGRAPHY

93000 Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report
93005 tracing only, without interpretation and report
93015 Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report
93017 supervision only without interpretation and report
93024 Ergonovine provocation test
93025 Microvolt T-wave alternans for assessment of ventricular arrhythmias
93040 Rhythm ECG, one to three leads; with interpretation and report
93224 External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional
93225 recording (includes connection, recording, and disconnection)
93268 External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; includes transmission, review and interpretation by a physician or other qualified health care professional
93270 recording (includes connection, recording, and disconnection)
93271 transmission download and analysis
93278 Signal-averaged electrocardiography (SAECG), with or without ECG

CARDIOVASCULAR DEVICE MONITORING-IMPLANTABLE AND WEARABLE DEVICES

93279 Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system
(Do not report 93279 in conjunction with 93288)

93280 dual lead pacemaker system
(Do not report 93280 in conjunction with 93288)

93281 multiple lead pacemaker system
(Do not report 93281 in conjunction with 93288)

93282 single lead implantable cardioverter-defibrillator system
(Do not report 93282 in conjunction with 93289)

93283 dual lead implantable cardioverter-defibrillator system
(Do not report 93283 in conjunction with 93289)

93284 multiple lead implantable cardioverter-defibrillator system
(Do not report 93284 in conjunction with 93289)

93285 implantable loop recorder system
(Do not report 93285 in conjunction with 93279-93284, 93291)

93288 Interrogation device evaluation (in person) with analysis, review and report bya physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system
(Do not report 93288, in conjunction with 93279-93281, 93294)

93289 single, dual, or multiple lead implantable cardioverter-defibrillator system, including analysis of heart rhythm derived data elements
(For monitoring physiologic cardiovascular data elements derived from an ICD, use 93290)
(Do not report 93289, in conjunction with 93282-93284, 93295)

93290 implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors
(For heart rhythm derived data elements, use 93289)
(Do not report 93290 in conjunction with 93297)

93291 implantable loop recorder system, including heart rhythm derived data analysis
(Do not report 93291 in conjunction with 93288-93290, 93298)

93292 wearable defibrillator system

93293 Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days
(Do not report 93293 in conjunction with 93294)
(Report 93293 only once per 90 days)

93294 Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional
(Do not report 93294 in conjunction with 93288, 93293)
(Report 93294 only once per 90 days)

93295 single, dual, or multiple lead implantable cardioverter-defibrillator system with analysis, review(s) and report(s) by a physician or other qualified health care professional
(Do not report 93295 in conjunction with 93289)
(Report 93295 only once per 90 days)

93297 Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified
(Do not report 93297 in conjunction with 93290, 93298)
(Report 93297 only once per 30 days)

93298 implantable loop recorder system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional
(Do not report 93298 in conjunction with 93291, 93297)
(Report 93298 only once per 90 days)

ECHOCARDIOGRAPHY

For procedure codes 93303-93350, See Radiology Section General Instructions and General Information and Rules. When more than one of these procedures are performed during the same visit, reimbursement shall be limited to the greater fee plus 60% of the lesser fee(s).

(Echocardiography includes obtaining ultrasonic signals from the heart and great arteries, with two-dimensional image and/or Doppler ultrasonic signal documentation, and interpretation and report. When technical component is performed separately, use Modifier –TC.)

93303 Transthoracic echocardiography for congenital cardiac anomalies; complete

93304 follow-up or limited study

93306 Echocardiography, transthoracic, real-time with image documentation (2d), includes m-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography

93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes

M-mode recording, when performed, complete, without spectral or color Doppler echocardiography

93308 follow-up or limited study

93312 Echocardiography, transesophageal, real time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report

93314 image acquisition, interpretation and report only

93315 Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report

93317 image acquisition, interpretation and report only

93318 Echocardiography, transesophageal (TEE) for monitoring purposes, including probe placement, real time 2-dimensional image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis

93320 Doppler echocardiography, pulsed wave and/or continuous wave with spectral display; complete

93321 follow-up or limited study

(Use 93320, 93321 separately in addition to codes for echocardiographic imaging 93303, 93304, 93307, 93308, 93312, 93314, 93315, 93317, 93350)

93325 Doppler echocardiography color flow velocity mapping
(List separately in addition to codes for echocardiography)

93350 Echocardiography, transthoracic, real-time with image documentation (2D, with or without M-mode recording), during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report
(The appropriate stress test code from the 93015-93017 series should be reported in addition to 93350 to capture the exercise stress portion of the study.)

93351 including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional
(Do not report 93351 in conjunction with 93015-93017, 93350)

MISCELLANEOUS VASCULAR STUDIES

93561 Indicator dilution studies such as dye or thermodilution, including arterial and/or venous catheterization; with cardiac output measurement (separate procedure)

93562 subsequent measurement of cardiac output

93660 Evaluation of cardiovascular function with tilt table evaluation, with continuous ECG monitoring and intermittent blood pressure monitoring, with or without pharmacological intervention

93701 Bioimpedance-derived physiologic cardiovascular analysis

93724 Electronic analysis of antitachycardia pacemaker system (includes electrocardiographic recording, programming of device, induction and termination of tachycardia via implanted pacemaker, and interpretation of recordings)

93740 Temperature gradient studies

93750 Interrogation of ventricular assist device (vad), in person, with physician or other qualified health care professional analysis of device parameters (eg, drivelines, alarms, power surges), review of device function (eg, flow and volume status, septum status, recovery), with programming, if performed, and
93770 Determination of venous pressure
93784 Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning analysis; interpretation and report
93786 recording only
93797 Physician or other qualified health care professional services for outpatient cardiac rehabilitation; without continuous ecg monitoring (per session)
93798 with continuous ECG monitoring (per session)

NON-INVASIVE VASCULAR DIAGNOSTIC STUDIES

For procedure codes 93880- 93990, see Radiology Section General Instructions and General Information and Rules.

Vascular studies include patient care required to perform the studies, supervision of the studies and interpretation of study results with copies for patient records of hard copy output with analysis of all data, including bidirectional vascular flow or imaging when provided. The use of a simple hand-held or other Doppler device that does not produce hard copy output, or that produces a record that does not permit analysis of bidirectional vascular flow, is considered to be part of the physical examination of the vascular system and is not separately reported.

Duplex scan: An ultrasonic scanning procedure with display of both two-dimensional structure and motion with time and Doppler ultrasonic signal documentation with spectral analysis and/or color flow velocity mapping or imaging.

CEREBROVASCULAR ARTERIAL STUDIES

93880 Duplex scan of extracranial arteries; complete bilateral study
93882 unilateral or limited study
93886 Transcranial Doppler study of the intracranial arteries; complete study
93888 limited study
93890 vasoreactivity study
93892 emboli detection without intravenous microbubble injection
93893 emboli detection with intravenous microbubble injection
93998 Unlisted noninvasive vascular diagnostic study

EXTREMITY ARTERIAL STUDIES (INCLUDING DIGITS)

93922 Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries, (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional, Doppler waveform recording and analysis at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus volume plethysmography at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries with transcutaneous oxygen tension measurements 1-2 levels)

93923 Complete bilateral non-invasive physiologic studies of upper or lower extremity arteries, 3 or more levels (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental blood pressure measurements with bidirectional Doppler waveform recording and analysis, at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental volume plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more level(s), or single level study with provocative functional maneuvers (eg, measurements with postural provocative tests, or measurements with reactive hyperemia)

93924 Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, (ie, bidirectional Doppler waveform or volume plethysmography recording and analysis at rest with ankle/brachial indices immediately after and at timed intervals following performance of a standardized protocol on a motorized treadmill plus recording of time of onset of claudication or other symptoms, maximal walking time, and time to recovery) complete bilateral study
(Do not report 93924 in conjunction with 93922, 93923)

93925 Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study

93926 unilateral or limited study

93930 Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study

93931 unilateral or limited study

EXTREMITY VENOUS STUDIES (INCLUDING DIGITS)

93965 Non-invasive physiologic studies of extremity veins, complete bilateral study, (eg, Doppler waveform analysis with responses to compression and other maneuvers, phleborheography, impedance plethysmography)

93970 Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study

93971 unilateral or limited study

VISCERAL AND PENILE VASCULAR STUDIES

93975 Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study
93976 limited study
93978 Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study
93979 unilateral or limited study
93980 Duplex scan of arterial inflow and venous outflow of penile vessels; complete study
93981 follow-up or limited study
93982 Noninvasive physiologic study of implanted wireless pressure sensor in aneurysmal sac following endovascular repair, complete study including recording, analysis of pressure and waveform tracings, interpretation and report

EXTREMITY ARTERIAL-VENOUS STUDIES

93990 Duplex scan of hemodialysis access(including arterial inflow, body of access and venous outflow)

PULMONARY

Codes 94010-94770 include laboratory procedure(s), interpretation and physician's services (except surgical and anesthesia services), unless otherwise stated.

94010 Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation
94011 Measurement of spirometric forced expiratory flows in an infant or child through 2 years of age
94012 Measurement of spirometric forced expiratory flows, before and after bronchodilator, in an infant or child through 2 years of age
94013 Measurement of lung volumes (ie, functional residual capacity [FRC], forced vital capacity [FVC], and expiratory reserve volume [ERV] in an infant or child through 2 years of age
94014 Patient-initiated spirometric recording per 30-day period of time; includes reinforced education, transmission of spirometric tracing, data capture, analysis of transmitted data, periodic recalibration and review and interpretation by a physician or other qualified health care professional
94015 recording (includes hook-up, reinforced education, data transmission, data capture, trend analysis, and periodic recalibration)
94060 Bronchodilation responsiveness, spirometry as in 94010, pre-and post-bronchodilator administration
94070 Bronchospasm provocation evaluation, multiple spirometric determinations as in 94010, with administered agents (eg., antigen(s), cold air, methacholine)
94150 Vital capacity, total (separate procedure)
94200 Maximum breathing capacity, maximal voluntary ventilation

94250 Expired gas collection, quantitative, single procedure (separate procedure)
94375 Respiratory flow volume loop
94620 Pulmonary stress testing; simple (eg, 6-minute walk test, prolonged exercise test for bronchospasm with pre- and post-spirometry and oximetry)
94621 complex (including measurements of CO_2 production, O_2 uptake, and electrocardiographic recordings)
94640 Pressurized or non-pressurized inhalation treatment for acute airway obstruction or for sputum induction for diagnostic purposes (eg, with aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing (IPPB) device)
94642 Aerosol inhalation of pentamidine for pneumocystis pneumonia treatment or prophylaxis
94664 Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device (Report 94664 one time only per day of service)
94680 Oxygen uptake, expired gas analysis; rest and exercise, direct, simple
94681 including C02 output, percentage oxygen extracted
94690 rest, indirect (separate procedure)
94726 Plethysmography for determination of lung volumes and, when performed, airway resistance
(Do not report 94726 in conjunction with 94727, 94728)

94727 Gas dilution or washout for determination of lung volumes and, when performed, distribution of ventilation and closing volumes
(Do not report 94727 in conjunction with 94726)

94728 Airway resistance by impulse oscillometry
(Do not report 94728 in conjunction with 94010, 94060, 94070, 94375, 94726)

94729 Diffusing capacity (eg, carbon monoxide, membrane)
(List separately in addition to primary procedure)
(Report 94729 in conjunction with 94010, 94060, 94070, 94375, 94726-94728)

94750 Pulmonary compliance study (eg, plethysmography, volume and pressure measurements)
94770 Carbon dioxide, expired gas determination by infrared analyzer

ALLERGY AND CLINICAL IMMUNOLOGY

ALLERGY SENSITIVITY TESTS: the performance and evaluation of selective cutaneous and mucous membrane tests in correlation with the history, physical examination, and other observations of the patient. The number of tests performed should be judicious and dependent upon the history, physical findings, and clinical judgment. All patients should not necessarily receive the same tests nor the same number of sensitivity tests. Maximum fees include observation and interpretation of the tests by an allergist.

ALLERGY TESTING

95004 Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests (**Note**: **Must bill with paper claim on tests over 60. Report total number of tests on your documentation. Calculate total amount due as follows: full fee listed in Fee Schedule for each test up to 60 tests and 50% of the fee listed for each test over 60 tests).**

95024 Intracutaneous (intradermal) tests with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests

95028 Intracutaneous (intradermal) tests with allergenic extracts, delayed type reaction, including reading, specify number of tests

95060 Ophthalmic mucous membrane tests

95065 Direct nasal mucous membrane test

ALLERGEN IMMUNOTHERAPY

95165 Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)

SENSITIVITY TESTING

86485 Skin test; candida

86486 unlisted antigen, each

86490 coccidioidomycosis

86510 histoplasmosis

86580 tuberculosis, intradermal

NEUROLOGY AND NEUROMUSCULAR PROCEDURES

ROUTINE ELECTROENCEPHALOGRAPHY (EEG)

EEG codes 95812-95822 include hyperventilation and/or photic stimulation when appropriate. Routine EEG codes 95816-95822 include 20-40 minutes of recording. Extended EEG codes 95812-95813 include reporting times longer than 40 minutes.

95812 Electroencephalogram (EEG) extended monitoring; 41-60 minutes

95813 greater than 1 hour

95816 Electroencephalogram (EEG); including recording awake and drowsy

95819 including recording awake and asleep

95822 recording in coma or sleep only

95827 all night recording

95830 Insertion by physician or other qualified health care professional of sphenoidal electrodes for electroencephalographic (eeg) recording

NERVE CONDUCTION TESTS

95907	Nerve conduction studies; 1-2 studies
95908	3-4 studies
95909	5-6 studies
95910	7-8 studies
95911	9-10 studies
95912	11-12 studies
95913	13 or more studies

MUSCLE AND RANGE OF MOTION TESTING

95831	Muscle testing, manual (separate procedure) with report; extremity (excluding hand) or trunk
95832	hand, with or without comparison with normal side
95833	total evaluation of body, excluding hands
95834	total evaluation of body, including hands
95851	Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)
95852	hand, with or without comparison with normal side
95857	Cholinesterase inhibitor challenge test for myasthenia gravis
95860	Needle electromyography; one extremity with or without related paraspinal areas
95861	two extremities with or without related paraspinal areas
95863	three extremities with or without related paraspinal areas
95864	four extremities with or without related paraspinal areas
95865	larynx
95866	hemidiaphragm
95867	cranial nerve supplied muscle(s); unilateral
95868	bilateral
95869	thoracic paraspinal muscles (excluding T1 or T2)
95870	limited study of muscles in one extremity or non-limb (axial) muscles (unilateral or bilateral), other than thoracic paraspinal, cranial nerve supplied muscles, or sphincters
95872	Needle electromyography using single fiber electrode, with quantitative measurement of jitter, blocking and/or fiber density, any/all sites of each muscle studied
95875	Ischemic limb exercise test with serial specimen(s) acquisition for muscle(s) metabolite(s)
95885	Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; limited (List separately in addition to primary procedure)

95886 complete, five or more muscles studied, innervated by three or more nerves or four or more spinal levels
(List separately in addition to primary procedure)

95887 Needle electromyography, non-extremity (cranial nerve supplied or axial) muscle(s) done with nerve conduction, amplitude and latency/velocity study
(List separately in addition to primary procedure)

NERVE CONDUCTION TESTS

95905 Motor and/or sensory nerve conduction, using preconfigured electrode array(s), amplitude and latency/velocity study, each limb, includes F-wave study when performed, with interpretation and report

AUTONOMIC FUNCTION TESTS

95921 Testing of autonomic nervous system function; cardiovagal innervation (parasympathetic function), including two or more of the following: heart rate response to deep breathing with recorded R-R interval Valsalva ratio, and 30:15 ratio

95922 vasomotor adrenergic innervation (sympathetic adrenergic function), including beat-to-beat blood pressure and R-R interval changes during Valsalva maneuver and at least five minutes of passive tilt

95923 sudomotor, including one or more of the following: quantitative sudomotor axon reflex test (QSART), silastic sweat imprint, thermoregulatory sweat test, and changes in sympathetic skin potential

EVOKED POTENTIALS AND REFLEX TESTS

95925 Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper limbs

95926 in lower limbs

95938 in upper and lower limbs

95927 in the trunk or head

95928 Central motor evoked potential study (transcranial motor stimulation); upper limbs

95929 lower limbs

95939 in upper and lower limbs

95930 Visual evoked potential (VEP) testing central nervous system, checkerboard or flash

95933 Orbicularis oculi (blink) reflex, by electrodiagnostic testing

95937 Neuromuscular junction testing (repetitive stimulation, paired stimuli), each nerve, any one method

SPECIAL EEG TESTS

95950 Monitoring for identification and lateralization of cerebral seizure focus, electroencephalographic (eg, 8 channel EEG) recording and interpretation, each 24 hours

95951 Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, combined electroencephalographic (EEG) and video recording and interpretation, (eg, for presurgical localization), each 24 hours

NEUROSTIMULATORS, ANALYSIS-PROGRAMMING

95980 Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; intraoperative, with programming

95981 subsequent, without reprogramming

95982 subsequent, with reprogramming

OTHER PROCEDURES

95990 Refilling and maintenance on implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed

MOTION ANALYSIS

96002 Dynamic surface electromyography, during walking or other functional activities, 1-12 muscles

96003 Dynamic fine wire electromyography, during walking or other functional activities, 1 muscle
(Do not report 96002, 96003 in conjunction with 95860-95864, 95869-95872)

FUNCTIONAL BRAIN MAPPING

96020 Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronicanalysis of pump, when performed; requiring skill of a physician or other qualified health care professional **(Report required)**
(Do not report 96020 in conjunction with 96101, 96116-96118)
(Evaluation and Management services codes should not be reported on the same day as 96020)

CENTRAL NERVOUS SYSTEM ASSESSMENTS/TESTS (e.g., NEURO-COGNITIVE, MENTAL STATUS, SPEECH TESTING)

(When billing for procedure codes 96105 thru 96118, the total time billed to New York State Medicaid should reflect the face-to-face contact time with the patient. Reimbursement for all work performed before and after the face-to-face encounter (e.g., analysis of tests, reviewing records, etc.) is included in the maximum reimbursable amount for the face-to-face encounter.)

96105	Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour
96111	Developmental testing, (includes assessment of motor, language, social, adaptive, and/or cognitive functioning by standardized developmental instruments) with interpretation and report
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving and visual spatial abilities) per hour of the psychologist's or physician's time, both face-to-face time with the patient and time or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report
96118	Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report

MISCELLANEOUS ORDERED AMBULATORY SERVICES

36430	Transfusion, blood or blood components
36511	Therapeutic apheresis; for white blood cells
36512	for red blood cells
36513	for platelets
36514	for plasma pheresis
36515	with extracorporeal immunoadsorption and plasma reinfusion
36516	with extracorporeal selective adsorption or selective filtration and plasma reinfusion
36522	Photopheresis, extracorporeal (For technical component see Modifier –TC)
38242	Allogeneic lymphocyte infusions
54240	Penile plethysmography
59020	Fetal contraction stress test
59025	Fetal non-stress test

98960 Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient
98961 2-4 patients
98962 5-8 patients
99170 Anogenital examination magnified, in childhood for suspected trauma, including image recording when performed
(99170 should not be billed in addition to the all-inclusive clinic rate or emergency room rate)
99195 Phlebotomy, therapeutic (separate procedure) (Report required)
A0225 Ambulance service, neonatal transport, base rate, emergency transport, one way (Service limited to Hospital Based Ordered Ambulatory with a 740 speciality (Regional Perinatal Transportation))
A4264 Permanent implantable contraceptive intratubal occlusion device(s) and delivery system
G0108 Diabetes outpatient self-management training services, individual, per 30 minutes
G0109 group session (2 or more), per 30 minutes
S9445 Patient education, not otherwise classified, non-physician provider, individual, per session (The initial lactation counseling session should be a minimum of 45 minutes. Follow up sessions(s) should be a minimum of 30 minutes. Three sessions within 12-month period immedicately following delivery.)
S9446 Patient education, not otherwise classified, non-physician provider, group, per session (Up to a maximum of eight participants in a group session. 60 minute minimum session length. One prenatal and one postpartum class per recipient per pregnancy.)

REHABILITATION SERVICES

Inclusion of Modifier **GN** (Services delivered under an outpatient speech-language pathology plan of care), **GO** (Services delivered under an outpatient occupational therapy plan of care), or **GP** (Services delivered under an outpatient physical therapy plan of care) is required when billing for rehabilitation services.

SPEECH LANGUAGE PATHOLOGY

92507# Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual, (includes aural rehabilitation); (each half hour)
92521# Evaluation of speech fluency (eg, stuttering, cluttering)
92522# Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria)
92523# with evaluation of language comprehension and expression (eg, receptive and expressive language)
92524# Behavioral and qualitative analysis of voice and resonance

PHYSICAL THERAPY SERVICES/OCCUPATIONAL THERAPY

97530# Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes (up to a maximum of 2 hours)

USE OF THE OPERATING ROOM

For information regarding the application process required for the Hospital-Based Ambulatory Surgery Program, please contact the hospital services representative in the appropriate OHSM Area Office for consultation. Current addresses and telephone numbers for the OHSM Area Offices are provided in the Inquiry Section of the manual.