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**Executive Office of Health and Human Services**  
**Office of Medicaid**  
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Boston, MA 02111  
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MassHealth  
Transmittal Letter CHC-79  
December 2007

**TO:** Community Health Centers Participating in MassHealth

**FROM:** Tom Dehner, Medicaid Director 

**RE:** *Community Health Center Manual* (New Behavioral Health Screening Tool Service Codes and Descriptions and 2008 HCPCS Coding Update)

This letter transmits revisions to the service codes and descriptions in Subchapter 6 of the *Community Health Center Manual*. The revised Subchapter 6 incorporates new behavioral health screening service codes and reflects the 2008 revisions to the Centers for Medicare & Medicaid Services (CMS) Healthcare Common Procedure Coding System (HCPCS). Please read below for a more-detailed description of the new codes, including the new tobacco-cessation counseling codes.

### **Behavioral Health Screening**

Effective for dates of service on or after December 31, 2007, all primary-care providers serving MassHealth-enrolled members under the age of 21 (except MassHealth Limited members) must offer to use a standardized behavioral-health screening tool when performing the behavioral-health screening component of an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) or Pediatric Preventive Healthcare Screening and Diagnosis (PPHSD) visit according to Appendix W of your MassHealth provider manual. Appendix W contains a menu of screening tools from which to choose. MassHealth will pay for the administration and scoring of the standardized behavioral-health screening tool in addition to, and separately from, the office visit.

MassHealth provided detailed information about the new requirements surrounding the standardized behavioral-health screening tool in Transmittal Letter ALL-155, which communicated updates to the EPSDT/PPHSD regulations at 130 CMR 450.140 through 450.150, Appendix W, and Appendix Z.

Subchapter 6 of the *Community Health Center Manual* now contains a new Section 612, entitled Behavioral Health Screening Tool Service Codes and Descriptions. Claims for behavioral health screening tools must be submitted using Service Code 96110. Distinct modifiers are required with Service Code 96110. Effective July 1, 2008, failure to include the modifier will result in denial of the claim. These modifiers vary by the type of provider and whether a behavioral health need is identified or not.

Behavioral Health Screening of Members < 21 Years Service Code 96110 and Modifiers		
Servicing Provider in Community Health Center	When No Behavioral Health Need Identified *	When Behavioral Health Need Identified *
Physician	96110 U1	96110 U2
Nurse Midwife	96110 U3	96110 U4
Nurse Practitioner	96110 U5	96110 U6
Physician Assistant	96110 U7	96110 U8

\* Behavioral health need identified includes needs in the areas of behavioral health, social-emotional well-being, or mental health.

If you wish to obtain a fee schedule, you may download the Division of Health Care Finance and Policy (DHCFP) regulations at no cost at [www.mass.gov/dhcfp](http://www.mass.gov/dhcfp). You may also purchase a paper copy of the DHCFP regulations from either the Massachusetts State Bookstore or from DHCFP (see addresses and telephone numbers below). You must contact them first to find out the price of the paper copy of the publication. The regulation title for behavioral health screening tools is 114.3 CMR 17.00: Medicine.

Massachusetts State Bookstore  
 State House, Room 116  
 Boston, MA 02133  
 Telephone: 617-727-2834  
[www.mass.gov/sec/spr](http://www.mass.gov/sec/spr)

Division of Health Care Finance and Policy  
 Two Boylston Street  
 Boston, MA 02116  
 Telephone: 617-988-3100  
[www.mass.gov/dhcfp](http://www.mass.gov/dhcfp)

## 2008 HCPCS

For dates of service on or after January 1, 2008, service codes that have been discontinued by CMS and replaced by the American Medical Association *Current Procedural Terminology (CPT)* are **not payable** by MassHealth. Services described by these codes may be billed with replacement codes. Replacement codes are Level I and Level II HCPCS codes from any year, including 2008, that replace the 2008 “deleted” codes. The 2008 HCPCS deleted codes are listed below in this letter. 2008 HCPCS replacement codes that are payable for dates of service on or after January 1, 2008, are found in Subchapter 6 of the *Community Health Center Manual*.

In addition to replacement codes, CMS has also added HCPCS codes. At this time, MassHealth is only adopting replacement codes. MassHealth will communicate with providers at a later date if it adopts any of the HCPCS codes CMS has added. Prior-authorization requests may be submitted to MassHealth for any medically necessary service for a MassHealth Standard or CommonHealth member younger than 21 years of age.

## Payment

In accordance with MassHealth regulations, payment is subject to the terms and conditions of 130 CMR 405.000 and 450.000.

Payment for a 2008 HCPCS code that replaces a deleted 2007 HCPCS code will be the same rate as the 2007 deleted code in accordance with DHCFP regulations. Some new 2008 codes will have reimbursement determined through individual consideration (I.C.) until DHCFP establishes specific rates and these rates are incorporated into the appropriate regulation. For more information regarding payment, you may download DHCFP Informational Bulletins at [www.mass.gov/dhcfp](http://www.mass.gov/dhcfp).

## Discontinued Service Codes for Community Health Centers

The following service codes are deleted for 2008 and are not payable by MassHealth for dates of service on or after January 1, 2008. Providers should refer to [www.cms.hhs.gov](http://www.cms.hhs.gov) for service descriptions.

74350	75554	78615	99387	G0376
75552	75555	86586	99396	
75553	75556	99386	99397	

## Tobacco Cessation

The MassHealth tobacco cessation benefit covers both pharmacotherapy and counseling services. Effective January 1, 2008, the code for counseling used in combination with provider-specific modifiers is changing from Service Code G0376 to Service Code 99407. Please see the chart below for the modifier definitions.

Because Service Code 99407 represents distinct services for tobacco cessation, it can be reported in addition to, and on the same date of service as other evaluation and management service codes, except 99420.

	Tobacco Cessation Counseling Services		
	Individual tobacco cessation counseling visit, at least 30 minutes	Individual tobacco cessation intake/ assessment counseling visit, at least 45 minutes	Group tobacco cessation counseling visit, at least 60-90 minutes
<b>Servicing Provider</b>	<b>Service Code + Modifier</b>	<b>Service Code + Modifier</b>	<b>Service Code + Modifier</b>
Physician	99407 (no required modifier)	99407 TF	99407 HQ
Nurse Practitioner	99407 SA	99407 U2	99407 U3
Nurse Midwife	99407 SB	99407 U2	99407 U3
Physician Assistant	99407 HN	99407 U2	99407 U3
Registered Nurse	99407 TD	99407 U2	99407 U3
Tobacco Cessation Counselor	99407 U1	99407 U2	99407 U3

### **Effective Date**

The revisions to Subchapter 6 are effective January 1, 2008, with the exception of the change to Service Code 96110 for behavioral health. This change is effective for dates of service on or after December 31, 2007.

### **MassHealth Web Site**

This transmittal letter and attached pages are available on the MassHealth Web site at [www.mass.gov/masshealth](http://www.mass.gov/masshealth).

### **Questions**

If you have any questions about the information in this transmittal letter please contact MassHealth Customer Service at 1-800-841-2900, e-mail your inquiry to [providersupport@mahealth.net](mailto:providersupport@mahealth.net), or fax your inquiry to 617-988-8974.

### **NEW MATERIAL**

(The pages listed here contain new or revised language.)

#### **Community Health Center Manual**

Pages vi and 6-1 through 6-72

### **OBSOLETE MATERIAL**

(The pages listed here are no longer in effect.)

#### **Community Health Center Manual**

Page vi and 6-1 through 6-72 — transmitted by Transmittal Letter CHC-77

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601 Introduction and Explanation of Abbreviations

MassHealth pays for the services represented by the codes listed in Subchapter 6 in effect at the time of service, subject to all conditions and limitations in MassHealth regulations at 130 CMR 405.000 and 450.000. A community health center may request prior authorization for any medically necessary service reimbursable under the federal Medicaid Act in accordance with 130 CMR 450.144, 42 U.S.C. 1396d(a), and 42 U.S.C. 1396d(r)(5) for a MassHealth Standard or CommonHealth member younger than 21 years of age, even if it is not designated as covered or payable in Subchapter 6 of the *Community Health Center Manual*.

The following abbreviations are used in Subchapter 6.

- (A) P.A. indicates that service-specific prior authorization is required (see 130 CMR 450.303).
- (B) I.C. indicates that the claim will receive individual consideration to determine payment. A descriptive report must accompany the claim (see 130 CMR 450.271).
- (C) S.P. indicates that the procedure is commonly performed as part of a total service and does not usually warrant a separate fee. The procedure must be performed separately to receive the separate fee.

602 Radiology Service Codes and Descriptions

Service

Code      Service Description

**DIAGNOSTIC RADIOLOGY (DIAGNOSTIC IMAGING)**

**HEAD AND NECK**

- 70010 Myelography, posterior fossa, radiological supervision and interpretation
- 70015 Cisternography, positive contrast, radiological supervision and interpretation
- 70030 Radiologic examination, eye, for detection of foreign body
- 70100 Radiologic examination, mandible; partial, less than four views
- 70110      complete, minimum of four views
- 70120 Radiologic examination, mastoids; less than three views per side
- 70130      complete, minimum of three views per side
- 70134 Radiologic examination, internal auditory meati, complete
- 70140 Radiologic examination, facial bones; less than three views
- 70150      complete, minimum of three views
- 70160 Radiologic examination, nasal bones, complete, minimum of three views
- 70170 Dacryocystography, nasolacrimal duct, radiological supervision and interpretation
- 70190 Radiologic examination; optic foramina
- 70200      orbits, complete, minimum of four views
- 70210 Radiologic examination, sinuses, paranasal, less than three views
- 70220 Radiologic examination, sinuses, paranasal, complete, minimum of three views
- 70240 Radiologic examination, sella turcica
- 70250 Radiologic examination, skull; less than four views
- 70260      complete, minimum of four views

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602 Radiology Service Codes and Descriptions (cont.)

Service

<u>Code</u>	<u>Service Description</u>
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
70336	Magnetic resonance (e.g., proton) imaging, temporomandibular joint(s)
70350	Cephalogram, orthodontic
70355	Orthopantomogram
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
70540	Magnetic resonance (e.g., proton) imaging, orbit, face, and neck; without contrast material(s)
70542	with contrast materials
70543	without contrast material(s), followed by contrast material(s) and further sequences
70551	Magnetic resonance (e.g., proton) imaging, brain (including brain stem); without contrast material
70552	with contrast material(s) (professional component only)
70553	without contrast material, followed by contrast material(s) and further sequences
70554	Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration
70555	requiring physician or psychologist administration of entire neurofunctional testing
70557	Magnetic resonance (e.g., proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (e.g., 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

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602 Radiology Service Codes and Descriptions (cont.)

Service

Code      Service Description

**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 (e.g., lateral decubitus, Bucky studies)
71040	Bronchography, unilateral, radiological supervision and interpretation
71060	Bronchography, bilateral, radiological supervision and interpretation
71090	Insertion pacemaker, fluoroscopy and radiography, radiological supervision and interpretation
71100	Radiologic examination, ribs, unilateral; two views
71101	including posteroanterior chest, minimum of three views
71110	Radiologic examination, ribs, bilateral; three views
71111	including posteroanterior chest, minimum of four views
71120	Radiologic examination; sternum, minimum of two views
71130	sternoclavicular joint or joints, minimum of three views
71250	Computed tomography, thorax; without contrast material
71260	with contrast material(s)
71270	without contrast material, followed by contrast material(s) and further sections
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; two or three views
72050	minimum of four views
72052	complete, including oblique and flexion and/or extension studies
72069	Radiological examination, spine, thoracolumbar, standing (scoliosis)
72070	Radiologic examination, spine; thoracic, two views
72072	thoracic, three views
72074	thoracic, minimum of four views
72080	thoracolumbar, two views
72090	scoliosis study, including supine and erect studies
72100	Radiologic examination, spine, lumbosacral; two or three views
72110	minimum of four views
72114	complete, including bending views
72120	Radiologic examination, spine, lumbosacral, bending views only, minimum of four views
72125	Computed tomography, cervical spine; without contrast material



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602 Radiology Service Codes and Descriptions (cont.)

Service

<u>Code</u>	<u>Service Description</u>
72126	with contrast material
72127	without contrast material, followed by contrast material(s) and further sections
72128	Computed tomography, thoracic spine; without contrast material
72129	with contrast material
72130	without contrast material, followed by contrast material(s) and further sections
72131	Computed tomography, lumbar spine; without contrast material
72132	with contrast material
72133	without contrast material, followed by contrast material(s) and further sections
72141	Magnetic resonance (e.g., proton) imaging, spinal canal and contents, cervical; without contrast material
72142	with contrast material(s)
72146	Magnetic resonance (e.g., proton) imaging, spinal canal and contents, thoracic; without contrast material
72147	with contrast material(s)
72148	Magnetic resonance (e.g., proton) imaging, spinal canal and contents, lumbar; without contrast material
72149	with contrast material(s)
72156	Magnetic resonance (e.g., proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical
72157	thoracic
72158	lumbar
72170	Radiologic examination, pelvis; one or two views
72190	complete, minimum of three views
72192	Computed tomography, pelvis; without contrast material
72193	with contrast material(s)
72194	without contrast material, followed by contrast material(s) and further sections
72196	Magnetic resonance (e.g., proton) imaging, pelvis; with contrast material(s)
72200	Radiologic examination, sacroiliac joints; less than three views
72202	three or more views
72220	Radiologic examination, sacrum and coccyx, minimum of two views
72240	Myelography, cervical, radiological supervision and interpretation
72255	Myelography, thoracic, radiological supervision and interpretation
72265	Myelography, lumbosacral, radiological supervision and interpretation
72270	Myelography, two or more regions (e.g., lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical), radiological supervision and interpretation
72275	Epidurography, radiological supervision and interpretation
72285	Diskography, cervical or thoracic, radiological supervision and interpretation
72291	Radiological supervision and interpretation, percutaneous vertebroplasty or vertebral augmentation including cavity creation, per vertebral body; under fluoroscopic guidance
72292	under CT guidance
72295	Diskography, lumbar, radiological supervision and interpretation

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602 Radiology Service Codes and Descriptions (cont.)

Service

Code      Service Description

**UPPER EXTREMITIES**

- 73000 Radiologic examination; clavicle, complete
- 73010      scapula, complete
- 73020 Radiologic examination, shoulder; one view
- 73030      complete, minimum of two views
- 73040 Radiologic examination, shoulder, arthrography, radiological supervision and interpretation
- 73050 Radiologic examination; acromioclavicular joints, bilateral, with or without weighted distraction
- 73060      humerus, minimum of two views
- 73070 Radiologic examination, elbow; two views
- 73080      complete, minimum of three views
- 73085 Radiologic examination, elbow, arthrography, radiological supervision and interpretation
- 73090 Radiologic examination; forearm, two views
- 73092      upper extremity, infant, minimum of two views
- 73100 Radiologic examination, wrist; two views
- 73110      complete, minimum of three views
- 73115 Radiologic examination, wrist, arthrography, radiological supervision and interpretation
- 73120 Radiologic examination, hand; two views
- 73130      minimum of three views
- 73140 Radiologic examination, finger(s), minimum of two views
- 73200 Computed tomography, upper extremity; without contrast material
- 73201      with contrast material(s)
- 73202      without contrast material, followed by contrast material(s) and further sections
- 73220 Magnetic resonance (e.g., proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences
- 73221 Magnetic resonance (e.g., proton) imaging, any joint of upper extremity; without contrast material(s)

**LOWER EXTREMITIES**

- 73500 Radiologic examination, hip, unilateral; one view
- 73510      complete, minimum of two views
- 73520 Radiologic examination, hips, bilateral, minimum of two views of each hip, including anteroposterior view of pelvis
- 73525 Radiologic examination, hip, arthrography, radiological supervision and interpretation
- 73530 Radiologic examination, hip, during operative procedure
- 73540 Radiologic examination, pelvis and hips, infant or child, minimum of two views
- 73542 Radiological examination, sacroliac joint arthrography, radiological supervision and interpretation
- 73550 Radiologic examination, femur, two views
- 73560 Radiologic examination, knee; one or two views
- 73562      three views
- 73564      complete, four or more views
- 73565      both knees, standing, anteroposterior

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602 Radiology Service Codes and Descriptions (cont.)

Service

Code      Service Description

73580	Radiologic examination, knee, arthrography, radiological supervision and interpretation
73590	Radiologic examination; tibia and fibula, two views
73592	lower extremity, infant, minimum of two views
73600	Radiologic examination, ankle; two views
73610	complete, minimum of three views
73615	Radiologic examination, ankle, arthrography, radiological supervision and interpretation
73620	Radiologic examination, foot; two views
73630	complete, minimum of three views
73650	Radiologic examination; calcaneus, minimum of two views
73660	toe(s), minimum of two views
73700	Computed tomography, lower extremity; without contrast material
73701	with contrast material(s)
73702	without contrast material, followed by contrast material(s) and further sections
73720	Magnetic resonance (e.g., proton) imaging, lower extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences
73721	Magnetic resonance (e.g., proton) imaging, any joint of lower extremity; without contrast material
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
74181	Magnetic resonance (e.g., proton) imaging, abdomen; without contrast material(s)
74185	Magnetic resonance angiography, abdomen, with or without contrast material(s)
74190	Peritoneogram (e.g., 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

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602 Radiology Service Codes and Descriptions (cont.)

Service

Code      Service Description

- 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; 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 (e.g., meconium ileus)  
74290      Cholecystography, oral contrast  
74291      additional or repeat examination or multiple day examination  
74300      Cholangiography and/or pancreatography; intraoperative, radiological supervision and interpretation  
74301      additional set intraoperative, radiological supervision and interpretation (List separately in addition to code for primary procedure.)  
74305      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 (e.g., 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 (e.g., 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 (e.g., esophagus), radiological supervision and interpretation  
74363      Percutaneous transhepatic dilatation of biliary duct stricture with or without placement of stent, radiological supervision and interpretation

**URINARY TRACT**

- 74400      Urography (pyelography), intravenous, with or without KUB, with or without tomography  
74410      Urography, infusion, drip technique and/or bolus technique  
74415      with nephrotomography  
74420      Urography, retrograde, with or without KUB  
74425      Urography, antegrade (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      Urethrocytography, retrograde, radiological supervision and interpretation

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602 Radiology Service Codes and Descriptions (cont.)

Service

Code      Service Description

- 74455      Urethrocytography, voiding, radiological supervision and interpretation  
74470      Radiologic examination, renal cyst study, translumbar, contrast visualization, radiological supervision and interpretation  
74475      Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation  
74480      Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation  
74485      Dilation of nephrostomy, ureters, or urethra, 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 (e.g., vaginogram, for sex determination or extent of anomalies)

**HEART**

- 75557      Cardiac magnetic resonance imaging for morphology and function without contrast material;  
75558          with flow/velocity quantification  
75559          with stress imaging  
75560          with flow/velocity quantification and stress  
75561      Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;  
75562          with flow/velocity quantification  
75563          with stress imaging  
75564          with flow/velocity quantification and stress

**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  
75650      Angiography, cervicocerebral, catheter, including vessel origin, radiological supervision and interpretation  
75658      Angiography, brachial, retrograde, radiological supervision and interpretation  
75660      Angiography, external carotid, unilateral, selective, radiological supervision and interpretation  
75662      Angiography, external carotid, bilateral, selective, radiological supervision and interpretation  
75665      Angiography, carotid, cerebral, unilateral, radiological supervision and interpretation  
75671      Angiography, carotid, cerebral, bilateral, radiological supervision and interpretation  
75676      Angiography, carotid, cervical, unilateral, radiological supervision and interpretation  
75680      Angiography, carotid, cervical, bilateral, radiological supervision and interpretation

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602 Radiology Service Codes and Descriptions (cont.)

Service

<u>Code</u>	<u>Service Description</u>
75685	Angiography, vertebral, cervical, and/or intracranial, radiological supervision and interpretation
75705	Angiography, spinal, selective, radiological supervision and interpretation
75710	Angiography, extremity, unilateral, radiological supervision and interpretation
75716	Angiography, extremity, bilateral, radiological supervision and interpretation
75722	Angiography, renal, unilateral, selective (including flush aortogram), radiological supervision and interpretation
75724	Angiography, renal, bilateral, selective (including flush aortogram), radiological supervision and interpretation
75726	Angiography, visceral, selective or supraseductive (with or without flush aortogram), radiological supervision and interpretation
75731	Angiography, adrenal, unilateral, selective, radiological supervision and interpretation
75733	Angiography, adrenal, bilateral, selective, radiological supervision and interpretation
75736	Angiography, pelvic, selective or supraseductive, radiological supervision and interpretation
75741	Angiography, pulmonary, unilateral, selective, radiological supervision and interpretation
75743	Angiography, pulmonary, bilateral, selective, radiological supervision and interpretation
75746	Angiography, pulmonary, by nonselective catheter or venous injection, radiological supervision and interpretation
75756	Angiography, internal mammary, radiological supervision and interpretation
75774	Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation (List separately in addition to code for primary procedure.)
75790	Angiography, arteriovenous shunt (e.g., dialysis patient), radiological supervision and interpretation

**VEINS AND LYMPHATICS**

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

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602 Radiology Service Codes and Descriptions (cont.)

Service

Code      Service Description

- 75885 Percutaneous transhepatic portography with hemodynamic evaluation, radiological supervision and interpretation
- 75887 Percutaneous transhepatic portography without hemodynamic evaluation, radiological supervision and interpretation
- 75889 Hepatic venography, wedged or free, with hemodynamic evaluation, radiological supervision and interpretation
- 75891 Hepatic venography, wedged or free, without hemodynamic evaluation, radiological supervision and interpretation
- 75893 Venous sampling through catheter, with or without angiography (e.g., for parathyroid hormone, renin), radiological supervision and interpretation

**Transcatheter Procedures**

- 75894 Transcatheter therapy, embolization, any method, radiological supervision and interpretation
- 75896 Transcatheter therapy, infusion, any method (e.g., thrombolysis other than coronary), radiological supervision and interpretation
- 75898 Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion
- 75900 Exchange of a previously placed intravascular catheter during thrombolytic therapy with contrast monitoring, radiological supervision and interpretation
- 75901 Mechanical removal of pericatheter obstructive material (e.g., fibrin sheath) from central venous device via separate venous access, radiologic supervision and interpretation
- 75902 Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen, radiologic supervision and interpretation
- 75940 Percutaneous placement of IVC filter, radiological supervision and interpretation
- 75945 Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; initial vessel
- 75946 each additional non-coronary vessel (List separately in addition to code for primary procedure.)
- 75952 Endovascular repair of infrarenal abdominal aortic aneurysm or dissection, radiological supervision and interpretation
- 75953 Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal aortic or iliac artery aneurysm, pseudoaneurysm, or dissection, radiological supervision and interpretation
- 75954 Endovascular repair of iliac artery aneurysm, pseudoaneurysm, arteriovenous malformation, or trauma, radiological supervision and interpretation
- 75956 Endovascular repair of descending thoracic aorta (e.g., aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin, radiological supervision and interpretation
- 75957 not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin, radiological supervision and interpretation

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602 Radiology Service Codes and Descriptions (cont.)

Service

Code      Service Description

- 75958      Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (e.g., aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption), radiological supervision and interpretation
- 75959      Placement of distal extension prosthesis(s) (delayed) after endovascular repair of descending thoracic aorta, as needed, to level of celiac origin, radiological supervision and interpretation
- 75960      Transcatheter introduction of intravascular stent(s), (except coronary, carotid, and vertebral vessel), percutaneous and/or open, radiological supervision and interpretation, each vessel
- 75961      Transcatheter retrieval, percutaneous, of intravascular foreign body (e.g., fractured venous or arterial catheter), radiological supervision and interpretation
- 75962      Transluminal balloon angioplasty, peripheral artery, radiological supervision and interpretation
- 75964      Transluminal balloon angioplasty, each additional peripheral artery, radiological supervision and interpretation (List separately in addition to code for primary procedure.)
- 75966      Transluminal balloon angioplasty, renal or other visceral artery, radiological supervision and interpretation
- 75968      Transluminal balloon angioplasty, each additional visceral artery, radiological supervision and interpretation (List separately in addition to code for primary procedure.)
- 75970      Transcatheter biopsy, radiological supervision and interpretation
- 75978      Transluminal balloon angioplasty, venous (e.g., subclavian stenosis), radiological supervision and interpretation
- 75980      Percutaneous transhepatic biliary drainage with contrast monitoring, radiological supervision and interpretation
- 75982      Percutaneous placement of drainage catheter for combined internal and external biliary drainage or of a drainage stent for internal biliary drainage in patients with an inoperable mechanical biliary obstruction, radiological supervision and interpretation
- 75984      Change of percutaneous tube or drainage catheter with contrast monitoring (e.g., genitourinary system, abscess), radiological supervision and interpretation
- 75989      Radiological guidance (i.e., fluoroscopy, ultrasound, or computed tomography), for percutaneous drainage (e.g., abscess, specimen collection), with placement of catheter, radiological supervision and interpretation

**Transluminal Atherectomy**

- 75992      Transluminal atherectomy, peripheral artery, radiological supervision and interpretation
- 75993      Transluminal atherectomy, each additional peripheral artery, radiological supervision and interpretation (List separately in addition to code for primary procedure.)
- 75994      Transluminal atherectomy, renal, radiological supervision and interpretation
- 75995      Transluminal atherectomy, visceral, radiological supervision and interpretation
- 75996      Transluminal atherectomy, each additional visceral artery, radiological supervision and interpretation (List separately in addition to code for primary procedure.)

**Other Procedures**

- R0070      Transportation of portable X-ray equipment and personnel to home or nursing facility, per trip to facility or location, more than one patient seen, per patient (one or more patients)



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602 Radiology Service Codes and Descriptions (cont.)

Service

Code      Service Description

- 76000      Fluoroscopy (separate procedure), up to one hour physician time, other than 71023 or 71034 (e.g., cardiac fluoroscopy)
- 76001      Fluoroscopy, physician time more than one hour, assisting a non-radiologic physician (e.g., 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
- 76098      Radiological examination, surgical specimen
- 76100      Radiologic examination, single plane body section (e.g., tomography), other than with urography
- 76101      Radiologic examination, complex motion (i.e., hypercycloidal) body section (e.g., mastoid polytomography), other than with urography; unilateral
- 76102      bilateral
- 76120      Cineradiography/videoradiography, except where specifically included
- 76125      Cineradiography/videoradiography to complement routine examination (List separately in addition to code for primary procedure.)
- 76376      3D rendering with interpretation and reporting of computer tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; not requiring image postprocessing on an independent workstation
- 76377      requiring image postprocessing on an independent workstation
- 76380      Computed tomography, limited or localized follow-up study
- 76499      Unlisted diagnostic radiographic procedure (I.C.)

**DIAGNOSTIC ULTRASOUND**

**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 (e.g., thyroid, parathyroid, parotid), B-scan and/or real time with image documentation

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602 Radiology Service Codes and Descriptions (cont.)

Service

Code      Service Description

**CHEST**

- 76604      Ultrasound, chest, B-scan (includes mediastinum) and/or real time with image documentation  
76645      Ultrasound, breast(s) (unilateral or bilateral), B-scan and/or real time with image documentation

**ABDOMEN AND RETROPERITONEUM**

- 76700      Ultrasound, abdominal, B-scan and/or real time with image documentation; complete  
76705           limited (e.g., single organ, quadrant, follow-up)  
76770      Ultrasound, retroperitoneal (e.g., renal, aorta, nodes), B-scan and/or real time with image  
                 documentation; complete  
76775           limited  
76776      Ultrasound, transplanted kidney, real time and duplex Doppler with image documentation

**SPINAL CANAL**

- 76800      Ultrasound, spinal canal and contents

**PELVIS**

- 76801      Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation,  
                 first trimester (<14 weeks 0 days), transabdominal approach; single or first gestation  
76802           each additional gestation (List separately in addition to code for 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; single or first  
                 gestation  
76810           each additional gestation (List separately in addition to code for primary procedure)  
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 code for primary procedure.)  
76813      Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal  
                 translucency measurement, transabdominal or transvaginal approach; single or first gestation  
76814           each additional gestation (List separately in addition to code for primary procedure)  
76815      Ultrasound, pregnant uterus, real time with image documentation, limited (e.g., fetal heart beat,  
                 placental location, fetal position and/or qualitative amniotic fluid volume), one or more fetuses  
76816      Ultrasound, pregnant uterus, real time with image documentation, follow-up (e.g., reevaluation of  
                 fetal size by measuring standard growth parameters and amniotic fluid volume, reevaluation of  
                 organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal  
                 approach, per fetus  
76817      Ultrasound, pregnant uterus, real time with image documentation, transvaginal  
76818      Fetal biophysical profile; with non-stress testing  
76820      Doppler velocimetry, fetal; umbilical artery  
76821           middle cerebral artery  
76825      Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or  
                 without M-mode recording

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602 Radiology Service Codes and Descriptions (cont.)

Service

Code      Service Description

- 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

**NONOBSTETRICAL**

- 76830      Ultrasound, transvaginal  
76831      Saline infusion sonohysterography (SIS), including color flow Doppler, when performed  
76856      Ultrasound, pelvic (nonobstetric), B-scan and/or real time with image documentation; complete  
76857      limited or follow-up (e.g., for follicles)

**GENITALIA**

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

**EXTREMITIES**

- 76880      Ultrasound, extremity, non-vascular, B-scan and/or real time with image documentation  
76885      Ultrasound, infant hips, real time with imaging documentation; dynamic (requiring physician manipulation)  
76886      limited, static (not requiring physician manipulation)

**ULTRASONIC GUIDANCE PROCEDURES**

- 76930      Ultrasonic guidance for pericardiocentesis, imaging supervision and interpretation  
76932      Ultrasonic guidance for endomyocardial biopsy, imaging supervision and interpretation  
76936      Ultrasound guided compression repair of arterial pseudoaneurysm or arteriovenous fistulae (includes diagnostic ultrasound evaluation, compression of lesion and imaging)  
76937      Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure.)  
76940      Ultrasonic guidance for, and monitoring of, visceral tissue ablation  
76941      Ultrasonic guidance for intrauterine fetal transfusion or cordocentesis, imaging supervision and interpretation  
76942      Ultrasonic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device), imaging supervision and interpretation  
76945      Ultrasonic guidance for chorionic villus sampling, imaging supervision and interpretation  
76946      Ultrasonic guidance for amniocentesis, imaging supervision and interpretation  
76948      Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation  
76950      Ultrasonic guidance for placement of radiation therapy fields

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602 Radiology Service Codes and Descriptions (cont.)

Service

Code      Service Description

**Other Procedures**

- 76965      Ultrasonic guidance for interstitial radioelement application
- 76970      Ultrasound study follow-up (specify)
- 76975      Gastrointestinal endoscopic ultrasound, supervision and interpretation
- 76977      Ultrasound bone density measurement and interpretation, peripheral site(s), any method
- 76998      Ultrasonic guidance, intraoperative
- 76999      Unlisted ultrasound procedure (e.g., diagnostic, interventional) (I.C.)

**RADIATION ONCOLOGY**

**CLINICAL TREATMENT PLANNING (EXTERNAL AND INTERNAL SOURCES)**

- 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 code for primary procedure)
- 77002      Fluoroscopic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device)
- 77003      Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural, transforaminal epidural, subarachnoid, paravertebral facet joint, paravertebral facet joint nerve, or sacroiliac joint), including neurolytic agent destruction
- 77011      Computed tomography guidance for stereotactic localization
- 77012      Computed tomography guidance for needle placement (e.g., biopsy, aspiration, injection, localization device), radiological supervision and interpretation
- 77013      Computerized tomography guidance for, and monitoring of, parenchymal tissue ablation
- 77014      Computed tomography guidance for placement of radiation therapy fields
- 77021      Magnetic resonance guidance for needle placement (e.g., 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
- 77031      Stereotactic localization guidance for breast biopsy or needle placement (e.g., for wire localization or for injection), each lesion, radiological supervision and interpretation
- 77032      Mammographic guidance for needle placement, breast (e.g., for wire localization or for injection), each lesion, radiological supervision and interpretation
- 77051      Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation, with or without digitization of film radiographic images; diagnostic mammography (List separately in addition to code for primary procedure.)
- 77052      screening mammography (List separately in addition to code for 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                           bilateral

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602 Radiology Service Codes and Descriptions (cont.)

Service

Code      Service Description

- 77057 Screening mammography, bilateral (two-view film study of each breast)
- 77058 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral (P.A.)
- 77059      bilateral (P.A.)
- 77071 Manual application of stress performed by physician for joint radiography, including contralateral joint if indicated
- 77072 Bone age studies
- 77073 Bone length studies
- 77074 Radiologic examination, osseous survey; limited (e.g., for metastases)
- 77075      complete (axial and appendicular skeleton)
- 77076 Radiologic examination, osseous survey, infant
- 77077 Joint survey, single view, 2 or more joints (specify)
- 77078 Computed tomography, bone mineral density study, 1 or more sites; axial skeleton (e.g., hips, pelvis, spine)
- 77079      appendicular skeleton (peripheral) (e.g., radius, wrist, heel)
- 77080 Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (e.g., hips, pelvis, spine)
- 77081      appendicular skeleton (peripheral) (e.g., radius, wrist, heel)
- 77082      vertebral fracture assessment
- 77083 Radiographic absorptiometry (e.g., photodensitometry, radiogrammetry), 1 or more sites
- 77084 Magnetic resonance (e.g., proton) imaging, bone marrow blood supply
- 77261 Therapeutic radiology treatment planning; simple
- 77262      intermediate
- 77263      complex
- 77280 Therapeutic radiology simulation-aided field setting; simple
- 77285      intermediate
- 77290      complex
- 77295      three-dimensional
- 77299 Unlisted procedure, therapeutic radiology clinical treatment planning (I.C.)
- 77399 Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services (I.C.)

**RADIATION TREATMENT MANAGEMENT**

- 77427 Radiation treatment management, five treatments
- 77431 Radiation therapy management with complete course of therapy consisting of one or two fractions only
- 77432 Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of one session)
- 77435 Stereotactic body radiation therapy, treatment management, per treatment course, to one or more lesions, including image guidance, entire course not to exceed five fractions
- 77470 Special treatment procedure (e.g., total body irradiation, hemibody radiation, per oral, endocavitary, or intraoperative cone irradiation)
- 77499 Unlisted procedure, therapeutic radiology treatment management (I.C.)

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602 Radiology Service Codes and Descriptions (cont.)

Service

Code      Service Description

**Hyperthermia**

Hyperthermia is used **only** as an adjunct to radiation therapy or chemotherapy.

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

**Clinical Intracavitary Hyperthermia**

Clinical intracavitary hyperthermia is used **only** as an adjunct to radiation therapy or chemotherapy.

- 77620 Hyperthermia generated by intracavitary probe(s)

**Clinical Brachytherapy**

- 77750 Infusion or instillation of radioelement solution (includes three months follow-up care)
- 77761 Intracavitary radiation source application; simple
- 77762      intermediate
- 77763      complex
- 77776 Interstitial radiation source application; simple
- 77777      intermediate
- 77778      complex
- 77781 Remote afterloading high intensity brachytherapy; one to four source positions or catheters
- 77782      five to eight source positions or catheters
- 77783      nine to 12 source positions or catheters
- 77784      over 12 source positions or catheters
- 77789 Surface application of radiation source
- 77799 Unlisted procedure, clinical brachytherapy (I.C.)

**NUCLEAR MEDICINE**

**DIAGNOSTIC**

**Endocrine System**

- 78000 Thyroid uptake; single determination
- 78001      multiple determinations
- 78003      stimulation, suppression or discharge (not including initial uptake studies)
- 78006 Thyroid imaging, with uptake; single determination
- 78007      multiple determinations
- 78010 Thyroid imaging; only
- 78011      with vascular flow

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602 Radiology Service Codes and Descriptions (cont.)

Service

Code      Service Description

- 78015      Thyroid carcinoma metastases imaging; limited area (e.g., neck and chest only)
- 78016          with additional studies (e.g., urinary recovery)
- 78018          whole body
- 78020      Thyroid carcinoma metastases uptake (List separately in addition to code for primary procedure.)
- 78070      Parathyroid imaging
- 78075      Adrenal imaging, cortex and/or medulla
- 78099      Unlisted endocrine procedure, diagnostic nuclear medicine (I.C.)

**Hematopoietic, Reticuloendothelial and Lymphatic System**

- 78102      Bone marrow imaging; limited area
- 78103          multiple areas
- 78104          whole body
- 78110      Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); single sampling
- 78111          multiple samplings
- 78120      Red cell volume determination (separate procedure); single sampling
- 78121          multiple samplings
- 78122      Whole blood volume determination, including separate measurement of plasma volume and red cell volume (radiopharmaceutical volume-dilution technique)
- 78130      Red cell survival study
- 78135          differential organ/tissue kinetics (e.g., splenic and/or hepatic sequestration)
- 78140      Labeled red cell sequestration, differential organ/tissue (e.g., splenic and/or hepatic)
- 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 (I.C.)

**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
- 78220      Liver function study with hepatobiliary agents, with serial images
- 78223      Hepatobiliary ductal system imaging, including gallbladder, with or without pharmacologic intervention, with or without quantitative measurement of gallbladder function
- 78230      Salivary gland imaging
- 78231          with serial images
- 78232      Salivary gland function study

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602 Radiology Service Codes and Descriptions (cont.)

Service

Code      Service Description

- 78258 Esophageal motility
- 78261 Gastric mucosa imaging
- 78262 Gastroesophageal reflux study
- 78264 Gastric emptying study
- 78270 Vitamin B-12 absorption study (e.g., Schilling test); without intrinsic factor
- 78271       with intrinsic factor
- 78272 Vitamin B-12 absorption studies combined, with and without intrinsic factor
- 78278 Gastrointestinal protein loss
- 78282 Gastrointestinal protein loss
- 78290 Intestine imaging (e.g., ectopic gastric mucosa, Meckel's localization, volvulus)
- 78291 Peritoneal-venous shunt patency test (e.g., for LeVeen, Denver shunt)
- 78299 Unlisted gastrointestinal procedure, diagnostic nuclear medicine (I.C.)

**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, one or more sites; single photon absorptiometry
- 78399 Unlisted musculoskeletal procedure, diagnostic nuclear medicine (I.C.)

**Cardiovascular System**

- 78414 Determination of central c-v hemodynamics (non-imaging) (e.g., ejection fraction with probe technique) with or without pharmacologic intervention or exercise, single or multiple determinations
- 78428 Cardiac shunt detection
- 78445 Non-cardiac vascular flow imaging (i.e., angiography, venography)
- 78456 Acute venous thrombosis imaging, peptide
- 78457 Venous thrombosis imaging, venogram; unilateral
- 78458       bilateral
- 78459 Myocardial imaging, positron emission tomography (PET), metabolic evaluation
- 78460 Myocardial perfusion imaging; (planar) single study, at rest or stress (exercise and/or pharmacologic), with or without quantification
- 78461       multiple studies, (planar) at rest and/or stress (exercise and/or pharmacologic), and redistribution and/or rest injection, with or without quantification
- 78464       tomographic (SPECT), single study (including attenuation correction when performed), at rest or stress (exercise and/or pharmacologic), with or without quantification
- 78465       tomographic (SPECT), multiple studies (including attenuation correction when performed), at rest and/or stress (exercise and/or pharmacologic) and redistribution and/or rest injection, with or without quantification



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602 Radiology Service Codes and Descriptions (cont.)

Service

Code      Service Description

- 78466 Myocardial imaging, infarct avid, planar; qualitative or quantitative  
78468 with ejection fraction by first pass technique  
78469 tomographic SPECT with or without quantification  
78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing  
78473 multiple studies, wall motion study plus ejection fraction, at rest and stress (exercise and/or pharmacologic), with or without additional quantification  
78478 Myocardial perfusion study with wall motion, qualitative or quantitative study (List separately in addition to code for primary procedure.)  
78480 Myocardial perfusion study with ejection fraction (List separately in addition to code for primary procedure.)  
78481 Cardiac blood pool imaging, (planar), first pass technique; single study, at rest or with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification  
78483 multiple studies, at rest and with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification  
78491 Myocardial imaging, positron emission tomography (PET), perfusion; single study at rest or stress  
78492 multiple studies at rest and/or stress  
78494 Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing  
78496 Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique (List separately in addition to code for primary procedure.)  
78499 Unlisted cardiovascular procedure, diagnostic nuclear medicine (I.C.)

**Respiratory System**

- 78580 Pulmonary perfusion imaging; particulate  
78584 Pulmonary perfusion imaging, particulate, with ventilation; single breath  
78585 rebreathing and washout, with or without single breath  
78586 Pulmonary ventilation imaging, aerosol; single projection  
78587 multiple projections (e.g., anterior, posterior, lateral views)  
78588 Pulmonary perfusion imaging, particulate, with ventilation imaging, aerosol, one or multiple projections  
78591 Pulmonary ventilation imaging, gaseous, single breath, single projection  
78593 Pulmonary ventilation imaging, gaseous, with rebreathing and washout with or without single breath; single projection  
78594 multiple projections (e.g., anterior, posterior, lateral views)  
78596 Pulmonary quantitative differential function (ventilation/perfusion) study  
78599 Unlisted respiratory procedure, diagnostic nuclear medicine (I.C.)

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602 Radiology Service Codes and Descriptions (cont.)

Service

Code      Service Description

**Nervous System**

- 78600 Brain imaging, less than 4 static views
- 78601      with vascular flow
- 78605 Brain imaging, minimum 4 static views
- 78607 Brain imaging, tomographic (SPECT)
- 78608 Brain imaging, positron emission tomography (PET); metabolic evaluation
- 78609      perfusion evaluation
- 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 Radiopharmaceutical dacryocystography
- 78699 Unlisted nervous system procedure, diagnostic nuclear medicine (I.C.)

**Genitourinary System**

- 78700 Kidney imaging; static only
- 78701      with vascular flow
- 78707 Kidney imaging with vascular flow and function; single study without pharmacological intervention
- 78708      single study, with pharmacological intervention (e.g., angiotensin converting enzyme inhibitor and/or diuretic)
- 78709      multiple studies, with and without pharmacological intervention (e.g., angiotensin converting enzyme inhibitor and/or diuretic)
- 78710 Kidney imaging, tomographic (SPECT)
- 78725 Kidney function study, non-imaging radioisotopic study
- 78730 Urinary bladder residual study
- 78740 Ureteral reflux study (radiopharmaceutical voiding cystogram)
- 78761      with vascular flow
- 78799 Unlisted genitourinary procedure, diagnostic nuclear medicine (I.C.)

**Other 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

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602 Radiology Service Codes and Descriptions (cont.)

Service

Code      Service Description

78806	whole body
78807	tomographic (SPECT)
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
78999	Unlisted miscellaneous procedure, diagnostic nuclear medicine (I.C.)

**THERAPEUTIC**

79005	Radiopharmaceutical therapy, by oral administration
79101	Radiopharmaceutical therapy, by intravenous administration
79200	Radiopharmaceutical therapy by intracavitary administration
79300	Radiopharmaceutical therapy by interstitial radioactive colloid administration
79403	Radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous infusion
79440	Radiopharmaceutical therapy, by intra-articular administration
79999	Radiopharmaceutical therapy, unlisted procedure (I.C.)

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603 Laboratory Service Codes and Descriptions

**PATHOLOGY AND LABORATORY**

**ORGAN OR DISEASE-ORIENTED PANELS**

These panels were developed for coding purposes only and should not be interpreted as clinical parameters. The tests listed with each panel identify the defined components of that panel. These panel components are not intended to limit the performance of other tests. If one performs tests in addition to those specifically indicated for a particular panel, those tests should be reported separately in addition to the panel code.

Service

Code      Service Description

80048      Basic metabolic panel (Calcium, total)(This panel must include the following: Calcium (82310), Carbon dioxide (82374), Chloride (82435), Creatinine (82565), Glucose (82947), Potassium (84132), Sodium (84295), and Urea Nitrogen (BUN) (84520).)

80050      General health panel (This panel must include the following: Comprehensive metabolic panel (80053), Blood count, complete (CBC), automated and automated differential (85025 of 85027 and 85004) or Blood count, complete (CBC), automated (85027) and appropriate manual differential WBC count (85007 or 85009) and Thyroid stimulating hormone (TSH) (84443).)

80051      Electrolyte panel (This panel must include the following: Carbon dioxide (82374), Chloride (82435), Potassium (84132), and Sodium (84295).)

80053      Comprehensive metabolic panel (This panel must include the following: Albumin (82040), Bilirubin, total (82247), Calcium (82310), Carbon dioxide (bicarbonate) (82374), Chloride (82435), Creatinine (82565), Glucose (82947), Phosphatase, alkaline (84075), Potassium (84132), Protein, total (84155), Sodium (84295), Transferase, alanine amino (ALT) (SGPT) (84460), Transferase, aspartate amino (AST) (SGOT) (84450), and Urea Nitrogen (BUN) (84520).)

80055      Obstetric panel (This panel must include the following: Blood count, complete (CBC), automated and automated differential WBC count (85025 or 85027 and 85004) or Blood count, complete (CBC), automated (85027) and appropriate manual differential WBC count (85007 or 95009), Hepatitis B surface antigen (HbsAg) (87340), Antibody, rubella (86762), Syphilis test, qualitative (e.g., VDRL, RPR, ART) (86592), Antibody screen, RBC, each serum technique (86850), Blood typing, ABO (86900), and Blood typing, Rh (D) (86901).)

80061      Lipid panel (This panel must include the following: Cholesterol, serum, total (82465), Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718), and Triglycerides (84478).)

80069      Renal function panel (This panel must include the following: Albumin (82040), Calcium (82310), Carbon dioxide (bicarbonate) (82374), Chloride (82435), Creatinine (82565), Glucose (82947), Phosphorus inorganic (phosphate) (84100), Potassium (84132), Sodium (84295), and Urea nitrogen (BUN) (84520).)

80074      Acute hepatitis panel (This panel must include the following: Hepatitis A antibody (HAAb), IgM antibody (86709), Hepatitis B core antibody (HBcAb), IgM antibody (86705), Hepatitis B surface antigen (HBsAg) (87340), and Hepatitis C antibody (86803).)

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603 Laboratory Service Codes and Descriptions (cont.)

Service

Code      Service Description

80076      Hepatic function panel (This panel must include the following: Albumin (82040), Bilirubin, total (82247), Bilirubin, direct (82248), Phosphatase, alkaline (84075), Protein, total (84155), Transferase, alanine amino (ALT) (SGPT) (84460), and Transferase, aspartate amino (AST) (SGOT) (84450).)

**DRUG TESTING**

The following list contains examples of drugs or classes of drugs that are commonly assayed by qualitative screen, followed by confirmation with a second method.

- Alcohols
- Amphetamines
- Barbiturates
- Benzodiazepines
- Cocaine and metabolites
- Methadones
- Methaqualones
- Opiates
- Phencyclidines
- Phenothiazines
- Propoxyphenes
- Tetrahydrocannabinoids
- Tricyclic antidepressants

Confirmed drugs may also be quantitated.

Use 80100 for each multiple drug class chromatographic procedure. Use 80102 for each procedure necessary for confirmation. For chromatography, each combination of stationary and mobile phase is to be counted as one procedure. For example, if detection of three drugs by chromatography requires one stationary phase with three mobile phases, use 80100 three times. However, if multiple drugs can be detected using a single analysis (e.g., one stationary phase with one mobile phase), use 80100 only once.

For quantitation of drugs screened, use appropriate code in Chemistry section (82000-84999) or Therapeutic Drug Assay section (0150-80299).

80100      Drug screen, qualitative; multiple drug classes chromatographic method, each procedure  
 80101              single drug class method (e.g., immunoassay, enzyme assay), each drug class  
 80102      Drug confirmation, each procedure  
 80103      Tissue preparation for drug analysis

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603 Laboratory Service Codes and Descriptions (cont.)

Service

Code      Service Description

**THERAPEUTIC DRUG ASSAYS**

The material for examination may be from any source. Examination is quantitative. For nonquantitative testing, see drug testing (80100-80103).

- 80150      Amikacin
- 80152      Amitriptyline
- 80154      Benzodiazepines
- 80156      Carbamazepine; total
- 80157          free
- 80158      Cyclosporine
- 80160      Desipramine
- 80162      Digoxin
- 80164      Dipropylacetic acid (valproic acid)
- 80166      Doxepin
- 80168      Ethosuximide
- 80170      Gentamicin
- 80172      Gold
- 80173      Haloperidol
- 80174      Imipramine
- 80176      Lidocaine
- 80178      Lithium
- 80182      Nortriptyline
- 80184      Phenobarbital
- 80185      Phenytoin; total
- 80186          free
- 80188      Primidone
- 80190      Procainamide
- 80192          with metabolites (e.g., n-acetyl procainamide)
- 80194      Quinidine
- 80195      Sirolimus
- 80196      Salicylate
- 80197      Tacrolimus
- 80198      Theophylline
- 80200      Tobramycin
- 80201      Topiramate
- 80202      Vancomycin
- 80299      Quantitation of drug, not elsewhere specified

**EVOCATIVE/SUPPRESSION TESTING**

- 80400      ACTH stimulation panel; for adrenal insufficiency (This panel must include the following:  
Cortisol (82533 x 2).)

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603 Laboratory Service Codes and Descriptions (cont.)

Service

Code      Service Description

- 80402      for 21 hydroxylase deficiency (This panel must include the following: Cortisol (82533 x 2) and 17 hydroxyprogesterone (83498 x 2).)
- 80406      for 3 beta-hydroxydehydrogenase deficiency (This panel must include the following: Cortisol (82533 x 2) and 17 hydroxypregnenolone (84143 x 2).)
- 80408      Aldosterone suppression evaluation panel (e.g., saline infusion) (This panel must include the following: Aldosterone (82088 x 2) and Renin (84244 x 2).)
- 80410      Calcitonin stimulation panel (e.g., calcium, pentagastrin) (This panel must include the following: Calcitonin (82308 x 3).)
- 80412      Corticotropin releasing hormone (CRH) stimulation panel (This panel must include the following: Cortisol (82533 x 6) and Adrenocorticotropin hormone (ACTH) (82024 x 6).)
- 80414      Chorionic gonadotropin stimulation panel; testosterone response (This panel must include the following: Testosterone (84403 x 2 on three pooled blood samples).)
- 80415      estradiol response (This panel must include the following: Estradiol (82670 x 2 on three pooled blood samples).)
- 80416      Renal vein renin stimulation panel (e.g., captopril) (This panel must include the following: Renin (84244 x 6).)
- 80417      Peripheral vein renin stimulation panel (e.g., captopril) (This panel must include the following: Renin (84244 x 2).)
- 80418      Combined rapid anterior pituitary evaluation panel (This panel must include the following: Adrenocorticotropin hormone (ACTH) (82024 x 4), Luteinizing hormone (LH) (83002 x 4), Follicle stimulating hormone (FSH) (83001 x 4), Prolactin (84146 x 4), Human growth hormone (HGH) (83003 x 4), Cortisol (82533 x 4), and Thyroid stimulating hormone (TSH) (84443 x 4).)
- 80420      Dexamethasone suppression panel, 48 hour (This panel must include the following: Free cortisol, urine (82530 x 2), Cortisol (82533 x 2), and Volume measurement for timed collection (81050 x 2).) (For single dose dexamethasone, use 82533.)
- 80422      Glucagon tolerance panel; for insulinoma (This panel must include the following: Glucose (82947 x 3) and Insulin (83525 x 3).)
- 80424      for pheochromocytoma (This panel must include the following: Catecholamines, fractionated (82384 x 2).)
- 80426      Gonadotropin releasing hormone stimulation panel (This panel must include the following: Follicle stimulating hormone (FSH) (83001 x 4) and Luteinizing hormone (LH) (83002 x 4).)
- 80428      Growth hormone stimulation panel (e.g., arginine infusion, l-dopa administration). (This panel must include the following: Human growth hormone (HGH) (83003 x 4).)
- 80430      Growth hormone suppression panel (glucose administration) (This panel must include the following: Glucose (82947 x 3) and Human growth hormone (HGH) (83003 x 4).)
- 80432      Insulin-induced C-peptide suppression panel (This panel must include the following: Insulin (83525), C-peptide (84681 x 5), and Glucose (82947 x 5).)
- 80434      Insulin tolerance panel; for ACTH insufficiency (This panel must include the following: Cortisol (82533 x 5) and Glucose (82947 x 5).)
- 80435      for growth hormone deficiency (This panel must include the following: Glucose (82947 x 5) and Human growth hormone (HGH) (83003 x 5).)
- 80436      Metyrapone panel (This panel must include the following: Cortisol (82533 x 2) and 11 deoxycortisol (82634 x 2).)

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603 Laboratory Service Codes and Descriptions (cont.)

Service

Code      Service Description

- 80438      Thyrotropin releasing hormone (TRH) stimulation panel; one hour (This panel must include the following: Thyroid stimulating hormone (TSH) (84443 x 3).)
- 80439      two hour (This panel must include the following: Thyroid stimulating hormone (TSH) (84443 x 4).)
- 80440      for hyperprolactinemia (This panel must include the following: Prolactin (84146 x 3).)

**URINALYSIS**

- 81000      Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy
- 81001      automated, with microscopy
- 81002      non-automated, without microscopy
- 81003      automated, without microscopy
- 81005      Urinalysis; qualitative or semiquantitative, except immunoassays
- 81007      bacteriuria screen, except by culture or dipstick (specify type)
- 81015      microscopic only
- 81020      two or three glass test
- 81025      Urine pregnancy test, by visual color comparison methods
- 81050      Volume measurement for timed collection, each
- 81099      Unlisted urinalysis procedure (I.C.)

**CHEMISTRY**

The material for examination may be from any source. Examination is quantitative unless specified.

Clinical information derived from the results of laboratory data that is mathematically calculated (e.g., free thyroxine index (T7)) is considered part of the test procedure and therefore is not a separately reportable service.

- 82000      Acetaldehyde, blood
- 82003      Acetaminophen
- 82009      Acetone or other ketone bodies, serum; qualitative
- 82010      quantitative
- 82013      Acetylcholinesterase
- 82016      Acylcarnitines; qualitative, each specimen
- 82017      quantitative, each specimen
- 82024      Adrenocorticotrophic hormone (ACTH)
- 82030      Adenosine; 5-monophosphate, cyclic (cyclic AMP)
- 82040      Albumin; serum
- 82042      urine or other source, quantitative, each specimen
- 82043      urine, microalbumin, quantitative
- 82044      urine, microalbumin, semiquantitative (e.g., reagent strip assay)



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Service

<u>Code</u>	<u>Service Description</u>
82045	Ischemia modified
82055	Alcohol (ethanol); any specimen except breath
82085	Aldolase
82088	Aldosterone
82101	Alkaloids, urine, quantitative
82103	Alpha-1-antitrypsin; total
82104	phenotype
82105	Alpha-fetoprotein; serum
82106	amniotic fluid
82108	Aluminum
82120	Amines, vaginal fluid, qualitative
82127	Amino acids; single, qualitative, each specimen
82128	multiple, qualitative, each specimen
82131	single, quantitative, each specimen
82135	Aminolevulinic acid, delta (ALA)
82136	Amino acids, two to five amino acids, quantitative, each specimen
82139	Amino acids, six or more amino acids, quantitative, each specimen
82140	Ammonia
82143	Amniotic fluid scan (spectrophotometric)
82145	Amphetamine or methamphetamine
82150	Amylase
82154	Androstanediol glucuronide
82157	Androstenedione
82160	Androsterone
82163	Angiotensin II
82164	Angiotensin I - converting enzyme (ACE)
82172	Apolipoprotein, each
82175	Arsenic
82180	Ascorbic acid (vitamin C), blood
82190	Atomic absorption spectroscopy, each analyte
82205	Barbiturates, not elsewhere specified
82232	Beta-2 microglobulin
82239	Bile acids; total
82240	cholyglycine
82247	Bilirubin; total
82248	direct
82252	feces, qualitative
82261	Biotinidase, each specimen
82270	Blood, occult, by peroxidase activity (e.g., guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening (ie, patient was provided three cards or single triple card for consecutive collection)
82271	other sources
82272	Blood, occult, by peroxidase activity (eg, guaiac), qualitative, feces, 1-3 simultaneous determinations, performed for other than colorectal neoplasm screening

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Service

Code      Service Description

82274	Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, one to three simultaneous determinations
82286	Bradykinin
82300	Cadmium
82306	Calcifediol (25-OH vitamin D-3)
82307	Calciferol (vitamin D)
82308	Calcitonin
82310	Calcium; total
82330	ionized
82331	after calcium infusion test
82340	urine quantitative, timed specimen
82355	Calculus; qualitative analysis
82360	quantitative analysis, chemical
82365	infrared spectroscopy
82370	X-ray diffraction
82373	Carbohydrate deficient transferrin
82374	Carbon dioxide (bicarbonate)
82375	Carbon monoxide (carboxyhemoglobin); quantitative
82376	qualitative
82378	Carcinoembryonic antigen (CEA)
82379	Carnitine (total and free), quantitative, each specimen
82380	Carotene
82382	Catecholamines; total urine
82383	blood
82384	fractionated
82387	Cathepsin-D
82390	Ceruloplasmin
82397	Chemiluminescent assay
82415	Chloramphenicol
82435	Chloride; blood
82436	urine
82438	other source
82441	Chlorinated hydrocarbons, screen
82465	Cholesterol, serum or whole blood, total
82480	Cholinesterase; serum
82482	RBC
82485	Chondroitin B sulfate, quantitative
82486	Chromatography, qualitative; column (e.g., gas liquid or HPLC), analyte not elsewhere specified
82487	paper, one-dimensional, analyte not elsewhere specified
82488	paper, two-dimensional, analyte not elsewhere specified
82489	thin layer, analyte not elsewhere specified
82491	Chromatography, quantitative, column (e.g., gas liquid or HPLC); single analyte not elsewhere specified, single stationary and mobile phase
82492	multiple analytes, single stationary and mobile phase

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<u>Code</u>	<u>Service Description</u>
82495	Chromium
82507	Citrate
82520	Cocaine or metabolite
82523	Collagen cross links, any method
82525	Copper
82528	Corticosterone
82530	Cortisol; free
82533	total
82540	Creatine
82541	Column chromatography/mass spectrometry (e.g., GC/MS, or HPLC/MS), analyte not elsewhere specified; qualitative, single stationary and mobile phase
82542	quantitative, single stationary and mobile phase
82543	stable isotope dilution, single analyte, quantitative, single stationary and mobile phase
82544	stable isotope dilution, multiple analytes, quantitative, single stationary and mobile phase
82550	Creatine kinase (CK), (CPK); total
82552	isoenzymes
82553	MB fraction only
82554	isoforms
82565	Creatinine; blood
82570	other source
82575	clearance
82585	Cryofibrinogen
82595	Cryoglobulin, qualitative or semi-quantitative (e.g., cryocrit)
82600	Cyanide
82607	Cyanocobalamin (vitamin B-12)
82608	unsaturated binding capacity
82615	Cystine and homocystine, urine, qualitative
82626	Dehydroepiandrosterone (DHEA)
82627	Dehydroepiandrosterone-sulfate (DHEA-S)
82633	Desoxycorticosterone, 11-
82634	Deoxycortisol, 11-
82638	Dibucaine number
82646	Dihydrocodeinone
82649	Dihydromorphinone
82651	Dihydrotestosterone (DHT)
82652	Dihydroxyvitamin D, 1,25-
82654	Dimethadione
82656	Elastase, pancreatic (EL-1), fecal, qualitative or semiquantitative
82657	Enzyme activity in blood cells, cultured cells, or tissue, not elsewhere specified; nonradioactive substrate, each specimen
82658	radioactive substrate, each specimen
82664	Electrophoretic technique, not elsewhere specified
82666	Epiandrosterone
82668	Erythropoietin

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603 Laboratory Service Codes and Descriptions (cont.)

Service

<u>Code</u>	<u>Service Description</u>
82670	Estradiol
82671	Estrogens; fractionated
82672	total
82677	Estriol
82679	Estrone
82690	Ethchlorvynol
82693	Ethylene glycol
82696	Etiocholanolone
82705	Fat or lipids, feces; qualitative
82710	quantitative
82715	Fat differential, feces, quantitative
82725	Fatty acids, nonesterified
82726	Very long chain fatty acids
82728	Ferritin
82731	Fetal fibronectin, cervicovaginal secretions, semi-quantitative
82735	Fluoride
82742	Flurazepam
82746	Folic acid; serum
82747	RBC
82757	Fructose, semen
82759	Galactokinase, RBC
82760	Galactose
82775	Galactose-1-phosphate uridyl transferase; quantitative
82776	screen
82784	Gammaglobulin; IgA, IgD, IgG, IgM, each
82785	IgE
82787	immunoglobulin subclasses (IgG1, 2, 3, or 4), each
82800	Gases, blood, pH only
82803	Gases, blood, any combination of pH, pCO <sub>2</sub> , pO <sub>2</sub> , CO <sub>2</sub> , HCO <sub>3</sub> (including calculated O <sub>2</sub> saturation)
82805	with O <sub>2</sub> saturation, by direct measurement, except pulse oximetry
82810	Gases, blood, O <sub>2</sub> saturation only, by direct measurement, except pulse oximetry
82820	Hemoglobin-oxygen affinity (pO <sub>2</sub> for 50% hemoglobin saturation with oxygen)
82926	Gastric acid, free and total, each specimen
82928	Gastric acid, free or total; each specimen
82938	Gastrin after secretin stimulation
82941	Gastrin
82943	Glucagon
82945	Glucose, body fluid, other than blood
82946	Glucagon tolerance test
82947	Glucose; quantitative, blood (except reagent strip)
82948	blood, reagent strip
82950	post-glucose dose (includes glucose)
82951	tolerance test (GTT), three specimens (includes glucose)
82952	tolerance test, each additional beyond three specimens

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<u>Code</u>	<u>Service Description</u>
82953	tolbutamide tolerance test
82955	Glucose-6-phosphate dehydrogenase (G6PD); quantitative
82960	screen
82963	Glucosidase, beta
82965	Glutamate dehydrogenase
82975	Glutamine (glutamic acid amide)
82977	Glutamyltransferase, gamma (GGT)
82978	Glutathione
82979	Glutathione reductase, RBC
82980	Glutethimide
82985	Glycated protein
83001	Gonadotropin; follicle-stimulating hormone (FSH)
83002	luteinizing hormone (LH)
83003	Growth hormone, human (HGH) (somatotropin)
83008	Guanosine monophosphate (GMP), cyclic
83009	Helicobacter pylori, blood test analysis for urease activity, non-reactive isotope (eg, C-12)
83010	Haptoglobin; quantitative
83012	phenotypes
83013	Helicobacter pylori; breath test analysis for urease activity, non-radioactive isotope
83014	drug administration
83015	Heavy metal (arsenic, barium, beryllium, bismuth, antimony, mercury); screen
83018	quantitative, each
83020	Hemoglobin fractionation and quantitation; electrophoresis (e.g., A2, S, C, and/or F)
83021	chromatography (e.g., A2, S, C, and/or F)
83026	Hemoglobin; by copper sulfate method, non-automated
83030	F (fetal), chemical
83033	F (fetal), qualitative
83036	glycosylated (AIC)
83037	Glycosylated (AIC) by device cleared by FDA for home use
83045	methemoglobin, qualitative
83050	methemoglobin, quantitative
83051	plasma
83055	sulfhemoglobin, qualitative
83060	sulfhemoglobin, quantitative
83065	thermolabile
83068	unstable, screen
83069	urine
83070	Hemosiderin; qualitative
83071	quantitative
83080	b-Hexosaminidase, each assay
83088	Histamine
83090	Homocystine
83150	Homovanillic acid (HVA)
83491	Hydroxycorticosteroids, 17- (17-OHCS)

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Service

Code      Service Description

83497	Hydroxyindolacetic acid, 5- (HIAA)
83498	Hydroxyprogesterone, 17-d
83499	Hydroxyprogesterone, 20-
83500	Hydroxyproline; free
83505	total
83516	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen, qualitative or semiquantitative; multiple step method
83518	single step method (e.g., reagent strip)
83519	Immunoassay, analyte, quantitative; by radiopharmaceutical technique (e.g., RIA)
83520	not otherwise specified
83525	Insulin; total
83527	free
83528	Intrinsic factor
83540	Iron
83550	Iron-binding capacity
83570	Isocitric dehydrogenase (IDH)
83582	Ketogenic steroids, fractionation
83586	Ketosteroids, 17- (17-KS); total
83593	fractionation
83605	Lactate (lactic acid)
83615	Lactate dehydrogenase (LD), (LDH);
83625	isoenzymes, separation and quantitation
83630	Lactoferrin, fecal, qualitative
83631	quantitative
83632	Lactogen, human placental (HPL) human chorionic somatomammotropin
83633	Lactose, urine; qualitative
83634	quantitative
83655	Lead
83661	Fetal lung maturity assessment; lecithin sphingomyelin (L/S) ratio
83662	foam stability test
83663	fluorescence polarization
83664	lamellar body density
83670	Leucine aminopeptidase (LAP)
83690	Lipase
83695	Lipoprotein (a)
83700	Lipoprotein, blood, electrophoretic separation and quantitation
83701	High resolution fractionation and quantitation of lipoproteins including lipoprotein subclasses when performed (eg, electrophoresis, ultracentrifugation)
83704	Quantitation of lipoprotein particle numbers and lipoprotein particle subclasses (eg, by nuclear magnetic resonance spectroscopy)
83718	Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)
83719	direct measurement, VLDL cholesterol
83721	direct measurement, LDL cholesterol
83727	Luteinizing-releasing factor (LRH)

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Service

Code      Service Description

83735	Magnesium
83775	Malate dehydrogenase
83785	Manganese
83788	Mass spectrometry and tandem mass spectrometry (MS, MS/MS), analyte not elsewhere specified; qualitative, each specimen
83789	quantitative, each specimen
83805	Meprobamate
83825	Mercury, quantitative
83835	Metanephrines
83840	Methadone
83857	Methemalbumin
83858	Methsuximide
83864	Mucopolysaccharides, acid; quantitative
83866	screen
83872	Mucin, synovial fluid (Ropes test)
83873	Myelin basic protein, cerebrospinal fluid
83874	Myoglobin
83880	Natriuretic peptide
83883	Nephelometry, each analyte not elsewhere specified
83885	Nickel
83887	Nicotine

**Molecular Diagnostics**

The series of codes 83890-83912 is intended for use with molecular diagnostic techniques for analysis of nucleic acids. These services are coded by procedure rather than analyte. Code separately for each procedure used in an analysis. For example, a procedure requiring isolation of DNA, restriction endonuclease digestion, electrophoresis, and nucleic acid probe amplification would be coded 83890, 83892, 83894, and 83898.

83890	Molecular diagnostics; molecular isolation or extraction
83891	isolation or extraction of highly purified nucleic acid
83892	enzymatic digestion
83893	dot/slot blot production
83894	separation by gel electrophoresis (e.g., agarose, polyacrylamide)
83896	nucleic acid probe, each
83897	nucleic acid transfer (e.g., Southern, Northern)
83898	amplification, target, each nucleic acid sequence
83900	amplification, target, multiplex, first two nucleic acid sequences
83901	amplification, target, multiplex, each additional nucleic acid sequence beyond 2 (List separately in addition to code for primary procedure)
83902	reverse transcription
83903	mutation scanning, by physical properties (e.g., single strand conformational polymorphisms (SSCP), heteroduplex, denaturing gradient gel electrophoresis (DGGE), RNA'ase A), single segment, each

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<u>Code</u>	<u>Service Description</u>
83904	mutation identification by sequencing, single segment, each segment
83905	mutation identification by allele specific transcription, single segment, each segment
83906	mutation identification by allele specific translation, single segment, each segment
83907	lysis of cells prior to nucleic acid extraction (eg, stool specimens, paraffin embedded tissue
83908	amplification, signal, each nucleic acid sequence
83909	separation and identification by high resolution technique (eg, capillary electrophoresis)
83912	interpretation and report
83914	Mutation identification by enzymatic ligation or primer extension, single segment, each segment (e.g., oligonucleotide ligation assay (OLA), single base chain extension (SBCE), or allele-specific primer extension (ASPE))
83915	Nucleotidase 5-
83916	Oligoclonal immune (oligoclonal bands)
83918	Organic acids; total, quantitative, each specimen
83919	qualitative, each specimen
83921	Organic acid, single, quantitative
83925	Opiates (e.g., morphine, meperidine)
83930	Osmolality; blood
83935	urine
83937	Osteocalcin (bone gla protein)
83945	Oxalate
83950	Oncoprotein, HER-2/neu
83970	Parathormone (parathyroid hormone)
83986	pH, body fluid, except blood
83992	Phencyclidine (PCP)
84022	Phenothiazine
84030	Phenylalanine (PKU), blood
84035	Phenylketones, qualitative
84060	Phosphatase, acid; total
84066	prostatic
84075	Phosphatase, alkaline
84078	heat stable (total not included)
84080	isoenzymes
84081	Phosphatidylglycerol
84085	Phosphogluconate, 6-, dehydrogenase, RBC
84087	Phosphohexose isomerase
84100	Phosphorus inorganic (phosphate);
84105	urine
84106	Porphobilinogen, urine; qualitative
84110	quantitative
84119	Porphyrins, urine; qualitative
84120	quantitation and fractionation
84126	Porphyrins, feces; quantitative
84127	qualitative



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Service

<u>Code</u>	<u>Service Description</u>
84132	Potassium; serum
84133	urine
84134	Prealbumin
84135	Pregnanediol
84138	Pregnanetriol
84140	Pregnenolone
84143	17-hydroxypregnenolone
84144	Progesterone
84146	Prolactin
84150	Prostaglandin, each
84152	Prostate specific antigen (PSA); complexed (direct measurement)
84153	total
84154	free
84155	Protein, total, except by refractometry; serum
84156	urine
84157	other source (e.g., synovial fluid, cerebrospinal fluid)
84160	Protein, total, by refractometry, any source
84163	Pregnancy-associated plasma protein-A (PAPP-A) (I.C.)
84165	Protein, electrophoretic fractionation and quantitation, serum
84166	electrophoretic fractionation and quantitation, other fluids with concentration (eg, urine, CSF)
84181	Western Blot, with interpretation and report, blood or other body fluid
84182	Western Blot, with interpretation and report, blood or other body fluid, immunological probe for band identification, each
84202	Protoporphyrin, RBC; quantitative
84203	screen
84206	Proinsulin
84207	Pyridoxal phosphate (vitamin B-6)
84210	Pyruvate
84220	Pyruvate kinase
84228	Quinine
84233	Receptor assay; estrogen
84234	progesterone
84235	endocrine, other than estrogen or progesterone (specify hormone)
84238	non-endocrine (specify receptor)
84244	Renin
84252	Riboflavin (vitamin B-2)
84255	Selenium
84260	Serotonin
84270	Sex hormone binding globulin (SHBG)
84275	Sialic acid
84285	Silica
84295	Sodium; serum
84300	urine
84302	other source

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Service

<u>Code</u>	<u>Service Description</u>
84305	Somatomedin
84307	Somatostatin
84311	Spectrophotometry, analyte not elsewhere specified
84315	Specific gravity (except urine)
84375	Sugars, chromatographic, TLC or paper chromatography
84376	Sugars (mono-, di, and oligosaccharides); single qualitative, each specimen
84377	multiple qualitative, each specimen
84378	single quantitative, each specimen
84379	multiple quantitative, each specimen
84392	Sulfate, urine
84402	Testosterone; free
84403	total
84425	Thiamine (vitamin B-1)
84430	Thiocyanate
84432	Thyroglobulin
84436	Thyroxine; total
84437	requiring elution (e.g., neonatal)
84439	free
84442	Thyroxine binding globulin (TBG)
84443	Thyroid-stimulating hormone (TSH)
84445	Thyroid-stimulating immune globulins (TSI)
84446	Tocopherol alpha (vitamin E)
84449	Transcortin (cortisol binding globulin)
84450	Transferase; aspartate amino (AST) (SGOT)
84460	alanine amino (ALT) (SGPT)
84466	Transferrin
84478	Triglycerides
84479	Thyroid hormone (T3 or T4) uptake or thyroid hormone binding ratio (THBR)
84480	Triiodothyronine T3; total (TT-3)
84481	free
84482	reverse
84484	Troponin, quantitative
84485	Trypsin; duodenal fluid
84488	feces, qualitative
84490	feces, quantitative, 24-hour collection
84510	Tyrosine
84512	Troponin, qualitative
84520	Urea nitrogen; quantitative
84525	semiquantitative (e.g., reagent strip test)
84540	Urea nitrogen, urine
84545	Urea nitrogen, clearance
84550	Uric acid; blood
84560	other source
84577	Urobilinogen, feces, quantitative

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Service

<u>Code</u>	<u>Service Description</u>
84578	Urobilinogen, urine; qualitative
84580	quantitative, timed specimen
84583	semiquantitative
84585	Vanillylmandelic acid (VMA), urine
84586	Vasoactive intestinal peptide (VIP)
84588	Vasopressin (antidiuretic hormone, ADH)
84590	Vitamin A
84591	Vitamin, not otherwise specified
84597	Vitamin K
84600	Volatiles (e.g., acetic anhydride, carbon tetrachloride, dichloroethane, dichloromethane, diethylether, isopropyl alcohol, methanol)
84620	Xylose absorption test, blood and/or urine
84630	Zinc
84681	C-peptide
84702	Gonadotropin, chorionic (hCG); quantitative
84703	qualitative
84999	Unlisted chemistry procedure (I.C.)

**HEMATOLOGY AND COAGULATION**

85002	Bleeding time
85004	Blood count; automated differential WBC count
85007	blood smear, microscopic examination with manual differential WBC count
85008	blood smear, microscopic examination without manual differential WBC count
85009	manual differential WBC count, buffy coat
85013	spun microhematocrit
85014	hematocrit (Hct)
85018	hemoglobin (Hgb)
85025	complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count
85027	complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)
85032	manual cell count (erythrocyte, leukocyte, or platelet) each
85041	red blood cell (RBC), automated
85044	reticulocyte, manual
85045	reticulocyte, automated
85046	reticulocytes, automated, including one or more cellular parameters (e.g., reticulocyte hemoglobin content (CHR), immature reticulocyte fraction (IRF), reticulocyte volume (MRV), RNA content), direct measurement
85048	leukocyte (WBC), automated
85049	platelet, automated
85055	Reticulated platelet assay
85060	Blood smear, peripheral, interpretation by physician with written report
85097	Bone marrow, smear interpretation
85130	Chromogenic substrate assay
85170	Clot retraction

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Service

<u>Code</u>	<u>Service Description</u>
85175	Clot lysis time, whole blood dilution
85210	Clotting; factor II, prothrombin, specific
85220	factor V (AcG or proaccelerin), labile factor
85230	factor VII (proconvertin, stable factor)
85240	factor VIII (AHG), one stage
85244	factor VIII related antigen
85245	factor VIII, VW factor, ristocetin cofactor
85246	factor VIII, VW factor antigen
85247	factor VIII, von Willebrand factor, multimetric analysis
85250	factor IX (PTC or Christmas)
85260	factor X (Stuart-Prower)
85270	factor XI (PTA)
85280	factor XII (Hageman)
85290	factor XIII (fibrin stabilizing)
85291	factor XIII (fibrin stabilizing), screen solubility
85292	prekallikrein assay (Fletcher factor assay)
85293	high molecular weight kininogen assay (Fitzgerald factor assay)
85300	Clotting inhibitors or anticoagulants; antithrombin III, activity
85301	antithrombin III, antigen assay
85302	protein C, antigen
85303	protein C, activity
85305	protein S, total
85306	protein S, free
85307	Activated Protein C (APC) resistance assay
85335	Factor inhibitor test
85337	Thrombomodulin
85345	Coagulation time; Lee and White
85347	activated
85348	other methods
85360	Euglobulin lysis
85362	Fibrin(ogen) degradation (split) products (FDP)(FSP); agglutination slide; semiquantitative
85366	paracoagulation
85370	quantitative
85378	Fibrin degradation products, D-dimer; qualitative or semiquantitative
85379	quantitative
85380	ultrasensitive (e.g., for evaluation for venous thromboembolism), qualitative or semiquantitative
85384	Fibrinogen; activity
85385	antigen
85390	Fibrinolysins or coagulopathy screen, interpretation and report
85396	Coagulation/fibrinolysis assay, whole blood (e.g., viscoelastic clot assessment), including use of any pharmacologic additive(s), as indicated, including interpretation and written report, per day
85400	Fibrinolytic factors and inhibitors; plasmin
85410	alpha-2 antiplasmin
85415	plasminogen activator
85420	plasminogen, except antigenic assay

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<u>Code</u>	<u>Service Description</u>
85421	plasminogen, antigenic assay
85441	Heinz bodies; direct
85445	induced, acetyl phenylhydrazine
85460	Hemoglobin or RBCs, fetal, for fetomaternal hemorrhage; differential lysis (Kleihauer-Betke)
85461	rosette
85475	Hemolysin, acid
85520	Heparin assay
85525	Heparin neutralization
85530	Heparin-protamine tolerance test
85536	Iron stain, peripheral blood
85540	Leukocyte alkaline phosphatase with count
85547	Mechanical fragility, RBC
85549	Muramidase
85555	Osmotic fragility, RBC; unincubated
85557	incubated
85576	Platelet; aggregation (in vitro), each agent
85597	Platelet neutralization
85610	Prothrombin time
85611	substitution, plasma fractions, each
85612	Russell viper venom time (includes venom); undiluted
85613	diluted
85635	Reptilase test
85651	Sedimentation rate, erythrocyte; non-automated
85652	automated
85660	Sickling of RBC, reduction
85670	Thrombin time; plasma
85675	titer
85705	Thromboplastin inhibition; tissue
85730	Thromboplastin time, partial (PTT); plasma or whole blood
85732	substitution, plasma fractions, each
85810	Viscosity
85999	Unlisted hematology and coagulation procedure (I.C.)

**IMMUNOLOGY**

86000	Agglutinins, febrile (e.g., Brucella, Francisella, Murine typhus, Q fever, Rocky Mountain spotted fever, scrub typhus), each antigen
86001	Allergen specific IgG; quantitative or semiquantitative, each allergen
86003	Allergen specific IgE; quantitative or semiquantitative, each allergen
86005	qualitative, multiallergen screen (dipstick, paddle, or disk)
86021	Antibody identification; leukocyte antibodies
86022	platelet antibodies
86023	platelet-associated immunoglobulin assay
86038	Antinuclear antibodies (ANA)

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<u>Code</u>	<u>Service Description</u>
86039	titer
86060	Antistreptolysin 0; titer
86063	screen
86140	C-reactive protein
86141	high sensitivity (hsCRP)
86146	Beta 2 Glycoprotein I antibody, each
86147	Cardiolipin (phospholipid) antibody, each Ig class
86148	Anti-phosphatidylserine (phospholipid) antibody
86155	Chemotaxis assay, specify method
86156	Cold agglutinin; screen
86157	titer
86160	Complement; antigen, each component
86161	functional activity, each component
86162	total hemolytic (CH50)
86171	Complement fixation tests, each antigen
86185	Counterimmunoelectrophoresis, each antigen
86200	Cyclic citrullinated peptide (CCP), antibody
86215	Deoxyribonuclease, antibody
86225	Deoxyribonucleic acid (DNA), antibody; native or double stranded
86226	single stranded
86235	Extractable nuclear antigen, antibody to, any method (e.g., nRNP, SS-A, SS-B, Sm, RNP, Sc170, J01), each antibody
86243	Fc receptor
86255	Fluorescent noninfectious agent antibody; screen, each antibody
86256	titer, each antibody
86277	Growth hormone, human (HGH), antibody
86280	Hemagglutination inhibition test (HAI)
86294	Immunoassay for tumor antigen, qualitative or semiquantitative (e.g., bladder tumor antigen)
86300	Immunoassay for tumor antigen, quantitative; CA 15-3 (27.29)
86301	CA 19-9
86304	CA 125
86308	Heterophile antibodies; screening
86309	titer
86310	titers after absorption with beef cells and guinea pig kidney
86316	Immunoassay for tumor antigen; other antigen, quantitative (e.g., CA 50, 72-4, 549), each
86317	Immunoassay for infectious agent antibody, quantitative, not otherwise specified
86318	Immunoassay for infectious agent antibody, qualitative or semiquantitative, single step method (e.g., reagent strip)
86320	Immunoelectrophoresis; serum
86325	other fluids (e.g., urine, cerebrospinal fluid) with concentration
86327	crossed (two-dimensional assay)
86329	Immunodiffusion; not elsewhere specified
86331	gel diffusion, qualitative (Ouchterlony), each antigen or antibody
86332	Immune complex assay

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<u>Code</u>	<u>Service Description</u>
86334	Immunofixation electrophoresis; serum
86335	other fluids with concentration (e.g., urine, CSF)
86336	Inhibin A
86337	Insulin antibodies
86340	Intrinsic factor antibodies
86341	Islet cell antibody
86343	Leukocyte histamine release test (LHR)
86344	Leukocyte phagocytosis
86353	Lymphocyte transformation, mitogen (phytomitogen) or antigen-induced blastogenesis
86355	B cells, total count
86356	Mononuclear cell antigen, quantitative (eg, flow cytometry), not otherwise specified, each antigen
86357	Natural killer (NK) cells, total count
86359	T cells; total count
86360	absolute CD4 and CD8 count, including ratio
86361	absolute CD4 count
86367	Stem cells (ie, CD34), total count
86376	Microsomal antibodies (e.g., thyroid or liver-kidney), each
86378	Migration inhibitory factor test (MIF)
86382	Neutralization test, viral
86384	Nitroblue tetrazolium dye test (NTD)
86403	Particle agglutination; screen, each antibody
86406	titer, each antibody
86430	Rheumatoid factor; qualitative
86431	quantitative
86480	Tuberculosis test, cell mediated immunity measurement of gamma interferon antigen response
86485	Skin test; candida
86486	unlisted antigen, each
86490	coccidioidomycosis
86510	histoplasmosis
86590	Streptokinase, antibody
86592	Syphilis test; qualitative (e.g., VDRL, RPR, ART)
86593	quantitative

The following codes (86602-86804) are qualitative or semiquantitative immunoassays performed by multiple step methods for the detection of antibodies to infectious agents. For immunoassays by single step method (e.g., reagent strips), use code 86318. Procedures for the identification of antibodies should be coded as precisely as possible. For example, an antibody to a virus could be coded with increasing specificity for virus, family, genus, species, or type. In some cases, further precision may be added to codes by specifying the class of immunoglobulin being detected. When multiple tests are done to detect antibodies to organisms classified more precisely than the specificity allowed by available codes, it is appropriate to code each as a separate service. For example, a test for antibody to an enterovirus is coded as 86658. Coxsackieviruses are enteroviruses, but there are no codes for the individual species of enterovirus. If assays are performed for antibodies to coxsackie A and B species, each assay should be separately coded. Similarly, if multiple assays are performed for antibodies of different immunoglobulin classes, each assay should be coded separately.

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603 Laboratory Service Codes and Descriptions (cont.)

Service

<u>Code</u>	<u>Service Description</u>
86602	Antibody; actinomyces
86603	adenovirus
86606	Aspergillus
86609	bacterium, not elsewhere specified
86611	Bartonella
86612	Blastomyces
86615	Bordetella
86617	Borrelia burgdorferi (Lyme disease) confirmatory test (e.g., Western blot or immunoblot)
86618	Borrelia burgdorferi (Lyme disease)
86619	Borrelia (relapsing fever)
86622	Brucella
86625	Campylobacter
86628	Candida
86631	Chlamydia
86632	Chlamydia, IgM
86635	Coccidioides
86638	Coxiella Brunetii (Q fever)
86641	Cryptococcus
86644	cytomegalovirus (CMV)
86645	cytomegalovirus (CMV), IgM
86648	Diphtheria
86651	encephalitis, California (La Crosse)
86652	encephalitis, Eastern equine
86653	encephalitis, St. Louis
86654	encephalitis, Western equine
86658	enterovirus (e.g., coxsackie, echo, polio)
86663	Epstein-Barr (EB) virus, early antigen (EA)
86664	Epstein-Barr (EB) virus, nuclear antigen (EBNA)
86665	Epstein-Barr (EB) virus, viral capsid (VCA)
86666	Ehrlichia
86668	Francisella tularensis
86671	fungus, not elsewhere specified
86674	Giardia lamblia
86677	Helicobacter pylori
86682	helminth, not elsewhere specified
86684	Haemophilus influenza
86687	HTLV-I
86688	HTLV-II
86689	HTLV or HIV antibody, confirmatory test (e.g., Western blot)
86692	hepatitis, delta agent
86694	herpes simplex, non-specific type test
86695	herpes simplex, type 1
86696	herpes simplex, type 2



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603 Laboratory Service Codes and Descriptions (cont.)

Service

<u>Code</u>	<u>Service Description</u>
86698	histoplasma
86701	HIV-1
86702	HIV-2
86703	HIV-1 and HIV-2, single assay
86704	Hepatitis B core antibody (HBcAb); total
86705	IgM antibody
86706	Hepatitis B surface antibody (HBsAb)
86707	Hepatitis Be antibody (HBeAb)
86708	Hepatitis A antibody (HAAb); total
86709	IgM antibody
86710	Antibody; influenza virus
86713	Legionella
86717	Leishmania
86720	Leptospira
86723	Listeria monocytogenes
86727	lymphocytic choriomeningitis
86729	Lymphogranuloma venereum
86732	mucormycosis
86735	mumps
86738	mycoplasma
86741	Neisseria meningitidis
86744	Nocardia
86747	parvovirus
86750	Plasmodium (malaria)
86753	protozoa, not elsewhere specified
86756	respiratory syncytial virus
86757	Rickettsia
86759	rotavirus
86762	rubella
86765	rubeola
86768	Salmonella
86771	Shigella
86774	tetanus
86777	Toxoplasma
86778	Toxoplasma, IgM
86781	Treponema pallidum, confirmatory test (e.g., FTA-abs)
86784	trichinella
86787	varicella-zoster
86790	virus, not elsewhere specified
86793	Yersinia
86800	Thyroglobulin antibody
86803	Hepatitis C antibody
86804	confirmatory test (e.g., immunoblot)

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603 Laboratory Service Codes and Descriptions (cont.)

Service

Code      Service Description

**Tissue Typing**

- 86805      Lymphocytotoxicity assay, visual crossmatch; with titration
- 86806           without titration
- 86807      Serum screening for cytotoxic percent reactive antibody (PRA); standard method
- 86808           quick method
- 86812      HLA typing; A, B, or C (e.g., A10, B7, B27), single antigen
- 86813           A, B, or C, multiple antigens
- 86816           DR/DQ, single antigen
- 86817           DR/DQ, multiple antigens
- 86821           lymphocyte culture, mixed (MLC)
- 86822           lymphocyte culture, primed (PLC)
- 86849      Unlisted immunology procedure (I.C.)

**TRANSFUSION MEDICINE**

- 86850      Antibody screen, RBC, each serum technique
- 86860      Antibody elution (RBC), each elution
- 86870      Antibody identification, RBC antibodies, each panel for each serum technique
- 86880      Antihuman globulin test (Coombs test); direct, each antiserum
- 86885           indirect, qualitative, each reagent red cell
- 86886           indirect, each antibody titer
- 86900      Blood typing; ABO
- 86901           Rh (D)
- 86903           antigen screening for compatible blood unit using reagent serum, per unit screened
- 86904           antigen screening for compatible unit using patient serum, per unit screened
- 86905           RBC antigens, other than ABO or Rh (D), each
- 86906           Rh phenotyping, complete
- 86920      Compatibility test each unit; immediate spin technique (I.C.)
- 86921           incubation technique (I.C.)
- 86922           antiglobulin technique (I.C.)
- 86923           electronic (I.C.)
- 86940      Hemolysins and agglutinins; auto, screen, each
- 86941           incubated
- 86970      Pretreatment of RBCs for use in RBC antibody detection, identification, and/or compatibility testing; incubation with chemical agents or drugs, each
- 86971           incubation with enzymes, each
- 86972           by density gradient separation
- 86975      Pretreatment of serum for use in RBC antibody identification; incubation with drugs, each
- 86976           by dilution
- 86977           incubation with inhibitors, each
- 86978           by differential red-cell absorption using patient RBCs or RBCs of known phenotype, each absorption

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603 Laboratory Service Codes and Descriptions (cont.)

Service

Code      Service Description

86999      Unlisted transfusion medicine procedure (I.C.)

**MICROBIOLOGY**

87001      Animal inoculation, small animal; with observation  
87003      with observation and dissection  
87015      Concentration (any type), for infectious agents  
87040      Culture, bacterial; blood, aerobic, with isolation and presumptive identification of isolates  
(includes anaerobic culture, if appropriate)  
87045      stool, aerobic, with isolation and preliminary examination (e.g., KIA, LIA), Salmonella and  
Shigella species  
87046      stool, aerobic, additional pathogens, isolation and presumptive identification of isolates, each plate  
87070      any other source except urine, blood, or stool, aerobic, with isolation and presumptive  
identification of isolates  
87071      quantitative, aerobic with isolation and presumptive identification of isolates, any source  
except urine, blood, or stool  
87073      quantitative, anaerobic with isolation and presumptive identification of isolates, any source  
except urine, blood, or stool  
87075      any source, except blood, anaerobic with isolation and presumptive identification of isolates  
87076      anaerobic isolate, additional methods required for definitive identification, each isolate  
87077      aerobic isolate, additional methods required for definitive identification, each isolate  
87081      Culture, presumptive, pathogenic organisms, screening only  
87084      with colony estimation from density chart  
87086      Culture, bacterial; quantitative colony count, urine  
87088      with isolation and presumptive identification of isolates, urine  
87101      Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; skin, hair, or nail  
87102      other source (except blood)  
87103      blood  
87106      Culture, fungi, definitive identification, each organism; yeast (Use in addition to codes 87101,  
87102, or 87103 when appropriate.)  
87107      mold  
87109      Culture, mycoplasma, any source  
87110      Culture, chlamydia, any source  
87116      Culture, tubercle or other acid-fast bacilli (e.g., TB, AFB, mycobacteria) any source, with isolation  
and presumptive identification of isolates  
87118      Culture, mycobacteria, definitive identification, each isolate  
87140      Culture, typing; immunofluorescent method, each antiserum  
87143      gas-liquid chromatography (GLC) or high pressure liquid chromatography (HPLC) method  
87147      immunologic method, other than immunofluorescence (e.g., agglutination grouping), per  
antiserum  
87149      identification by nucleic acid probe  
87152      identification by pulse field gel typing  
87158      other methods  
87164      Dark field examination, any source (e.g., penile, vaginal, oral, skin); includes specimen collection

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603 Laboratory Service Codes and Descriptions (cont.)

Service

Code      Service Description

87166	without collection
87168	Macroscopic examination; arthropod
87169	parasite
87172	Pinworm exam (e.g., cellophane tape prep)
87176	Homogenization, tissue, for culture
87177	Ova and parasites, direct smears, concentration and identification
87181	Susceptibility studies, antimicrobial agent; agar dilution method, per agent (e.g., antibiotic gradient strip)
87184	disk method, per plate (12 or fewer agents)
87185	enzyme detection (e.g., beta lactamase), per enzyme
87186	microdilution or agar dilution (minimum inhibitory concentration (MIC) or breakpoint), each multiantimicrobial, per plate
87187	microdilution or agar dilution, minimum lethal concentration (MLC), each plate (List separately in addition to code for primary procedure.)
87188	macrobroth dilution method, each agent
87190	mycobacteria, proportion method, each agent
87197	Serum bactericidal titer (Schlicter test)
87205	Smear, primary source with interpretation; Gram or Giemsa stain for bacteria, fungi, or cell types
87206	fluorescent and/or acid-fast stain for bacteria, fungi, parasites, viruses, or cell types
87207	special stain for inclusion bodies or parasites (e.g., malaria, coccidia, microsporidia, trypanosomes, herpes viruses)
87209	complex special stain (eg, trichrome, iron hemotoxylin) for ova and parasites (I.C.)
87210	wet mount for infectious agents (e.g., saline, India ink, KOH preps)
87220	Tissue examination by KOH slide of samples from skin, hair, or nails for fungi or ectoparasite ova or mites (e.g., scabies)
87230	Toxin or antitoxin assay, tissue culture (e.g., Clostridium difficile toxin)
87250	Virus isolation; inoculation of embryonated eggs, or small animal, includes observation and dissection
87252	tissue culture inoculation, observation, and presumptive identification by cytopathic effect
87253	tissue culture, additional studies or definitive identification (e.g., hemabsorption, neutralization, immunofluorescence stain), each isolate
87254	centrifuge enhanced (shell vial) technique, includes identification with immunofluorescence stain, each virus
87255	including identification by non-immunologic method, other than by cytopathic effect (e.g., virus specific enzymatic activity)

Infectious agents by antigen detection, immunofluorescence microscopy; or nucleic acid probe techniques should be reported as precisely as possible. The most specific code possible should be reported. If there is no specific agent code, the general methodology code (e.g., 87299, 87449, 87450, 87797, 87798, 87799, 87899) should be used. For identification of antibodies to many of the listed infectious agents, see 86602-86804.

87260	Infectious agent antigen detection by immunofluorescent technique; adenovirus
87265	Bordetella pertussis/parapertussis

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603 Laboratory Service Codes and Descriptions (cont.)

Service

<u>Code</u>	<u>Service Description</u>
87267	Enterovirus, direct fluorescent antibody (DFA)
87269	giardia
87270	Chlamydia trachomatis
87271	Cytomegalovirus, direct fluorescent antibody (DFA)
87272	cryptosporidium
87273	Herpes simplex virus type 2
87274	Herpes simplex virus type 1
87275	influenza B virus
87276	influenza A virus
87277	Legionella micdadei
87278	Legionella pneumophila
87279	Parainfluenza virus, each type
87280	respiratory syncytial virus
87281	Pneumocystis carinii
87283	Rubeola
87285	Treponema pallidum
87290	Varicella zoster virus
87299	not otherwise specified, each organism
87300	Infectious agent antigen detection by immunofluorescent technique, polyvalent for multiple organisms, each polyvalent antiserum
87301	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; adenovirus enteric types 40/41
87320	Chlamydia trachomatis
87324	Clostridium difficile toxin(s)
87327	Cryptococcus neoformans
87328	cryptosporidium
87329	giardia
87332	cytomegalovirus
87335	Escherichia coli 0157
87336	Entamoeba histolytica dispar group
87337	Entamoeba histolytica group
87338	Helicobacter pylori, stool
87339	Helicobacter pylori
87340	hepatitis B surface antigen (HBsAg)
87341	hepatitis B surface antigen (HBsAg) neutralization
87350	hepatitis Be antigen (HBeAg)
87380	hepatitis, delta agent
87385	Histoplasma capsulatum
87390	HIV-1
87391	HIV-2
87400	influenza, A or B, each
87420	respiratory syncytial virus
87425	rotavirus
87427	Shiga-like toxin

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603 Laboratory Service Codes and Descriptions (cont.)

Service

<u>Code</u>	<u>Service Description</u>
87430	Streptococcus, group A
87449	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative; multiple step method, not otherwise specified, each organism
87450	single step method, not otherwise specified, each organism
87451	multiple step method, polyvalent for multiple organisms, each polyvalent antiserum
87470	Infectious agent detection by nucleic acid (DNA or RNA); Bartonella henselae and Bartonella quintana, direct probe technique
87471	Bartonella henselae and Bartonella quintana, amplified probe technique
87472	Bartonella henselae and Bartonella quintana, quantification
87475	Borrelia burgdorferi, direct probe technique
87476	Borrelia burgdorferi, amplified probe technique
87477	Borrelia burgdorferi, quantification
87480	Candida species, direct probe technique
87481	Candida species, amplified probe technique
87482	Candida species, quantification
87485	Chlamydia pneumoniae, direct probe technique
87486	Chlamydia pneumoniae, amplified probe technique
87487	Chlamydia pneumoniae, quantification
87490	Chlamydia trachomatis, direct probe technique
87491	Chlamydia trachomatis, amplified probe technique
87492	Chlamydia trachomatis, quantification
87495	cytomegalovirus, direct probe technique
87496	cytomegalovirus, amplified probe technique
87497	cytomegalovirus, quantification
87510	Gardnerella vaginalis, direct probe technique
87511	Gardnerella vaginalis, amplified probe technique
87512	Gardnerella vaginalis, quantification
87515	hepatitis B virus, direct probe technique
87516	hepatitis B virus, amplified probe technique
87517	hepatitis B virus, quantification
87520	hepatitis C, direct probe technique
87521	hepatitis C, amplified probe technique
87522	hepatitis C, quantification
87525	hepatitis G, direct probe technique
87526	hepatitis G, amplified probe technique
87527	hepatitis G, quantification
87528	herpes simplex virus, direct probe technique
87529	herpes simplex virus, amplified probe technique
87530	herpes simplex virus, quantification
87531	herpes virus-6, direct probe technique
87532	herpes virus-6, amplified probe technique
87533	herpes virus-6, quantification
87534	HIV-1, direct probe technique
87535	HIV-1, amplified probe technique

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603 Laboratory Service Codes and Descriptions (cont.)

Service

Code      Service Description

87536	HIV-1, quantification
87537	HIV-2, direct probe technique
87538	HIV-2, amplified probe technique
87539	HIV-2, quantification
87540	Legionella pneumophila, direct probe technique
87541	Legionella pneumophila, amplified probe technique
87542	Legionella pneumophila, quantification
87550	Mycobacteria species, direct probe technique
87551	Mycobacteria species, amplified probe technique
87552	Mycobacteria species, quantification
87555	Mycobacteria tuberculosis, direct probe technique
87556	Mycobacteria tuberculosis, amplified probe technique
87557	Mycobacteria tuberculosis, quantification
87560	Mycobacteria avium-intracellulare, direct probe technique
87561	Mycobacteria avium-intracellulare, amplified probe technique
87562	Mycobacteria avium-intracellulare, quantification
87580	Mycoplasma pneumoniae, direct probe technique
87581	Mycoplasma pneumoniae, amplified probe technique
87582	Mycoplasma pneumoniae, quantification
87590	Neisseria gonorrhoeae, direct probe technique
87591	Neisseria gonorrhoeae, amplified probe technique
87592	Neisseria gonorrhoeae, quantification
87620	papillomavirus, human, direct probe technique
87621	papillomavirus, human, amplified probe technique
87622	papillomavirus, human, quantification
87650	Streptococcus, group A, direct probe technique
87651	Streptococcus, group A, amplified probe technique
87652	Streptococcus, group A, quantification
87660	Trichomonas vaginalis, direct probe technique
87797	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; direct probe technique, each organism
87798	amplified probe technique, each organism
87799	quantification, each organism
87800	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; direct probe(s) technique
87801	amplified probe(s) technique
87802	Infectious agent antigen detection by immunoassay with direct optical observation; Streptococcus, group B
87803	Clostridium difficile toxin A
87804	influenza
87807	respiratory syncytial virus
87810	Infectious agent detection by immunoassay with direct optical observation; Chlamydia trachomatis
87850	Neisseria gonorrhoeae
87880	Streptococcus, group A
87899	not otherwise specified

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Service

Code      Service Description

- 87902          Hepatitis C virus  
87999          Unlisted microbiology procedure (I.C.)

**ANATOMIC PATHOLOGY**

**Cytopathology**

- 88104          Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears with interpretation  
88106          filter method only with interpretation  
88107          smears and filter preparation with interpretation  
88108          Cytopathology, concentration technique, smears and interpretation (e.g., Saccomanno technique)  
88112          Cytopathology, selective cellular enhancement technique with interpretation (e.g., liquid based slide preparation method), except cervical or vaginal  
88130          Sex chromatin identification; Barr bodies  
88140          peripheral blood smear, polymorphonuclear drumsticks

Codes 88141-88155, 88164-88167 are used to report cervical or vaginal screening by various methods and to report physician interpretation services. Use codes 88150-88154 to report Pap smears that are examined using non-Bethesda reporting. Use codes 88164-88167 to report Pap smears that are examined using the Bethesda System of reporting. Use codes 88142-88143 to report specimens collected in fluid medium with automated thin layer preparation that are examined using any system of reporting (Bethesda or non-Bethesda). Within each of these three code families choose the one code that describes the screening method(s) used. Codes 88141 and 88155 should be reported in addition to the screening code chosen when the additional services are provided.

- 88141          Cytopathology, cervical or vaginal (any reporting system); requiring interpretation by physician (List separately in addition to code for technical service.)  
88142          Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision  
88143          with manual screening and rescreening under physician supervision  
88147          Cytopathology smears, cervical or vaginal; screening by automated system under physician supervision  
88148          screening by automated system with manual rescreening under physician supervision  
88150          Cytopathology, slides, cervical or vaginal; manual screening under physician supervision  
88152          with manual screening and computer-assisted rescreening under physician supervision  
88153          with manual screening and rescreening under physician supervision  
88154          with manual screening and computer-assisted rescreening using cell selection and review under physician supervision  
88155          Cytopathology, slides, cervical or vaginal, definitive hormonal evaluation (e.g., maturation index, karyopyknotic index, estrogenic index) (List separately in addition to code(s) for other technical and interpretation services.)  
88160          Cytopathology, smears, any other source; screening and interpretation  
88161          preparation, screening, and interpretation  
88162          extended study involving over five slides and/or multiple stains



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Service

Code      Service Description

- 88164      Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision
- 88165      with manual screening and rescreening under physician supervision
- 88166      with manual screening and computer-assisted rescreening under physician supervision
- 86167      with manual screening and computer-assisted rescreening using cell selection and review under physician supervision
- 88172      Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s)
- 88173      interpretation and report
- 88174      Cytopathology, cervical or vaginal (any reported system), collected in preservative fluid, automated thin layer preparation, screening by automated system, under physician supervision
- 88175      with screening by automated system and manual rescreening or review, under physician supervision
- 88180      Flow cytometry; each cell surface, cytoplasmic or nuclear
- 88182      cell cycle or DNA analysis
- 88184      Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; first marker
- 88185      each additional marker (List separately in addition to code for first marker)
- 88187      Flow cytometry, interpretation; 2 to 8 markers
- 88188      9 to 15 markers
- 88189      16 or more markers
- 88199      Unlisted cytopathology procedure (I.C.)

**Cytogenetic Studies**

- 88230      Tissue culture for non-neoplastic disorders; lymphocyte
- 88233      skin or other solid tissue biopsy
- 88235      amniotic fluid or chorionic villus cells
- 88237      Tissue culture for neoplastic disorders; bone marrow, blood cells
- 88239      solid tumor
- 88240      Cryopreservation, freezing and storage of cells, each cell line
- 88241      Thawing and expansion of frozen cells, each aliquot
- 88245      Chromosome analysis for breakage syndromes; baseline Sister Chromatid Exchange (SCE), 20-25 cells
- 88248      baseline breakage, score 50-100 cells, count 20 cells, 2 karyotypes, (e.g., for ataxia telangiectasia, Fanconi anemia, fragile X)
- 88249      score 100 cells, clastogen stress (e.g., diepoxybutane, mitomycin C, ionizing radiation, UV radiation)
- 88261      Chromosome analysis; count 5 cells, 1 karyotype, with banding
- 88262      count 15-20 cells, 2 karyotypes, with banding
- 88263      count 45 cells for mosaicism, 2 karyotypes, with banding
- 88264      analyze 20-25 cells
- 88267      Chromosome analysis, amniotic fluid or chorionic villus, count 15 cells, 1 karyotype, with banding

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Service

Code      Service Description

- 88269      Chromosome analysis, in situ for amniotic fluid cells, count cells from 6-12 colonies, 1 karyotype, with banding
- 88271      Molecular cytogenetics; DNA probe, each (e.g., FISH)
- 88272      chromosomal in situ hybridization, analyze 3-5 cells (e.g., for derivatives and markers)
- 88273      chromosomal in situ hybridization, analyze 10-30 cells (e.g., for microdeletions)
- 88274      interphase in situ hybridization, analyze 25-99 cells
- 88275      interphase in situ hybridization, analyze 100-300 cells
- 88280      Chromosome analysis; additional karyotypes, each study
- 88283      additional specialized banding technique (e.g., NOR, C-banding)
- 88285      additional cells counted, each study
- 88289      additional high resolution study
- 88291      Cytogenetics and molecular cytogenetics, interpretation and report
- 88299      Unlisted cytogenetic study (I.C.)

**SURGICAL PATHOLOGY**

Complete descriptions for codes 88300 through 88309 are listed in the American Medical Association's Current Procedural Terminology (CPT) code book.

- 88300      Level I - surgical pathology, gross examination only
- 88302      Level II - surgical pathology, gross and microscopic examination
- 88304      Level III - surgical pathology, gross and microscopic examination
- 88305      Level IV - surgical pathology, gross and microscopic examination
- 88307      Level V - surgical pathology, gross and microscopic examination
- 88309      Level VI - surgical pathology, gross and microscopic examination
- 88311      Decalcification procedure (List separately in addition to code for surgical pathology examination.)
- 88312      Special stains (List separately in addition to code for primary service); Group I for microorganisms (e.g., Gridley, acid fast, methenamine silver), each
- 88313      Group II, all other (e.g., iron, trichrome), except immunocytochemistry and immunoperoxidase stains, each
- 88314      histochemical staining with frozen section(s)
- 88318      Determinative histochemistry to identify chemical components (e.g., copper, zinc)
- 88319      Determinative histochemistry or cytochemistry to identify enzyme constituents, each
- 88342      Immunohistochemistry (including tissue immunoperoxidase), each antibody
- 88346      Immunofluorescent study, each antibody; direct method
- 88347      indirect method
- 88348      Electron microscopy; diagnostic
- 88349      scanning
- 88355      Morphometric analysis; skeletal muscle
- 88356      nerve
- 88358      tumor (e.g., DNA ploidy)
- 88360      Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen

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603 Laboratory Service Codes and Descriptions (cont.)

Service

Code      Service Description

88361      receptor/progesterone receptor), quantitative or semiquantitative, each antibody; manual  
using computer-assisted technology

88362      Nerve-teasing preparations

88365      In situ hybridization, (eg, FISH), each probe

88367      Morphometric analysis, in situ hybridization, (quantitative or semi-quantitative) each probe; using  
computer-assisted technology

88368      manual

88371      Protein analysis of tissue by Western Blot, with interpretation and report

88372      immunological probe for band identification, each

88380      Microdissection (ie, sample preparation of microscopically identified target); laser capture (I.C.)

88384      Array-based evaluation of multiple molecular probes; 11 through 50 probes (I.C.)

88385      51 through 250 probes

88386      251 through 500 probes

88399      Unlisted surgical pathology procedure (I.C.)

**OTHER PROCEDURES**

89049      Caffeine halothane contracture test (CHCT) for malignant hyperthermia susceptibility, including  
interpretation and report

89050      Cell count, miscellaneous body fluids (e.g., cerebrospinal fluid, joint fluid), except blood

89051      with differential count

89055      Leukocyte assessment, fecal, qualitative or semiquantitative

89060      Crystal identification by light microscopy with or without polarizing lens analysis, any body  
fluid (except urine)

89100      Duodenal intubation and aspiration; single specimen (e.g., simple bile study or afferent loop  
culture) plus appropriate test procedure (I.C.)

89105      collection of multiple fractional specimens with pancreatic or gallbladder stimulation, single  
or double lumen tube

89125      Fat stain, feces, urine, or respiratory secretions

89130      Gastric intubation and aspiration, diagnostic, each specimen, for chemical analyses or cytopathology

89132      after stimulation

89135      Gastric intubation, aspiration, and fractional collections (e.g., gastric secretory study); one hour

89136      two hours

89140      two hours including gastric stimulation (e.g., histalog, pentagastrin)

89141      three hours, including gastric stimulation

89160      Meat fibers, feces

89190      Nasal smear for eosinophils

89220      Sputum, obtaining specimen, aerosol induced technique (I.C.)

89225      Starch granules, feces

89230      Sweat collection by iontophoresis (I.C.)

89235      Water load test

89240      Unlisted miscellaneous pathology test (I.C.)

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603 Laboratory Service Codes and Descriptions (cont.)

Service

Code      Service Description

**MEDICINE**

**CARDIOVASCULAR**

**Cardiography**

- 93000      Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report
- 93005      tracing only, without interpretation and report
- 93010      interpretation and report only
- 93012      Telephonic transmission of post-symptom electrocardiogram rhythm strip(s), 24-hour attended monitoring, per 30-day period of time; tracing only
- 93014      physician review with interpretation and report only
- 93015      Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with physician supervision, with interpretation and report
- 93018      interpretation and report only
- 93024      Ergonovine provocation test
- 93040      Rhythm ECG, one to three leads; with interpretation and report
- 93041      tracing only without interpretation and report
- 93042      interpretation and report only
- 93224      Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage, with visual superimposition scanning; includes recording, scanning analysis with report, physician review and interpretation
- 93225      recording (includes hook-up, recording, and disconnection)
- 93226      scanning analysis with report
- 93227      physician review and interpretation
- 93230      Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage without superimposition scanning utilizing a device capable of producing a full miniaturized printout; includes recording, microprocessor-based analysis with report, physician review and interpretation
- 93231      recording (includes hook-up, recording, and disconnection)
- 93232      microprocessor-based analysis with report
- 93233      physician review and interpretation
- 93235      Electrocardiographic monitoring for 24 hours by continuous computerized monitoring and non-continuous recording, and real-time data analysis utilizing a device capable of producing intermittent full-sized waveform tracings, possibly patient activated; includes monitoring and real-time data analysis with report, physician review and interpretation
- 93236      monitoring and real-time data analysis with report
- 93237      physician review and interpretation
- 93268      Patient demand single or multiple event recording with presymptom memory loop, 24-hour attended monitoring, per 30-day period of time; includes transmission, physician review and interpretation
- 93278      Signal-averaged electrocardiography (SAECG), with or without ECG

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603 Laboratory Service Codes and Descriptions (cont.)

Service

Code      Service Description

**Other Vascular Studies**

- 93701 Bioimpedance, thoracic, electrical
- 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)
- 93731 Electronic analysis of dual-chamber pacemaker system (includes evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); without reprogramming
- 93732 with reprogramming
- 93734 Electronic analysis of single-chamber pacemaker system (includes evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); without reprogramming
- 93735 with reprogramming
- 93745 Initial set-up and programming by a physician of wearable cardioverter-defibrillator includes initial programming of system, establishing baseline electronic ECG, transmission of data to data repository, patient instruction in wearing system and patient reporting of problems or events (I.C.)

**Other Procedures**

- 93797 Physician services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session)
- 93798 with continuous ECG monitoring (per session)
- 93799 Unlisted cardiovascular service or procedure (I.C.)

**NONINVASIVE VASCULAR DIAGNOSTIC STUDIES**

**Cerebrovascular Arterial Studies**

- 93875 Noninvasive physiologic studies of extracranial arteries, complete bilateral study (e.g., periorbital flow direction with arterial compression, ocular pneumoplethysmography, Doppler ultrasound spectral analysis) (S.P. to 93880 and 93882)
- 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

**Extremity Arterial Studies (Including Digits)**

- 93922 Noninvasive physiologic studies of upper or lower extremity arteries, single level, bilateral (e.g., ankle/brachial indices, Doppler waveform analysis, volume plethysmography, transcutaneous oxygen tension measurement) (S.P. to 93924, 93925, 93926, 93930, and 93931)
- 93923 Noninvasive physiologic studies of upper or lower extremity arteries, multiple levels or with provocative functional maneuvers, complete bilateral study (e.g., segmental blood pressure

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603 Laboratory Service Codes and Descriptions (cont.)

Service

Code      Service Description

- measurements, segmental Doppler waveform analysis, segmental volume plethysmography, segmental transcutaneous oxygen tension measurements, measurements with postural provocative tests, measurements with reactive hyperemia) (S.P. to 93924, 93925, 93926, 93930, and 93931)
- 93924 Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, complete bilateral study (S.P. to 93925, 93926, 93930, and 93931)
- 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 Noninvasive physiologic studies of extremity veins, complete bilateral study (e.g., Doppler waveform analysis with responses to compression and other maneuvers, phleborheography, impedance plethysmography) (S.P. to 93970 and 93976)
- 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 (S.P. to 93975)
- 93978 Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study (S.P. to 93975)
- 93979 unilateral or limited study (S.P. to 93975)
- 93980 Duplex scan of arterial inflow and venous outflow of penile vessels; complete study
- 93981 follow-up or limited study (S.P. to 93980)

**Extremity Arterial—Venous Studies**

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

**PULMONARY**

- 94002 Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, initial day
- 94003 hospital inpatient/observation, each subsequent day
- 94004 nursing facility, per day
- 94010 Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation (S.P. to 94060, 94070, and 94620)
- 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 physician review and interpretation
- 94016 physician review and interpretation only

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603 Laboratory Service Codes and Descriptions (cont.)

Service

Code      Service Description

94060	Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration (S.P. to 94070 and 94620)
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) (S.P. to 94010, 94060, 94070, and 94620)
94200	Maximum breathing capacity, maximal voluntary ventilation (S.P. to 94010, 94060, 94070, and 94620)
94240	Functional residual capacity or residual volume: helium method, nitrogen open circuit method, or other method
94250	Expired gas collection, quantitative, single procedure (separate procedure)
94260	Thoracic gas volume
94350	Determination of maldistribution of inspired gas: multiple breath nitrogen washout curve including alveolar nitrogen or helium equilibration time
94360	Determination of resistance to airflow, oscillatory or plethysmographic methods
94370	Determination of airway closing volume, single breath tests
94375	Respiratory flow volume loop (S.P. to 94010, 94060, and 94070)
94400	Breathing response to CO <sub>2</sub> (CO <sub>2</sub> response curve)
94450	Breathing response to hypoxia (hypoxia response curve)
94620	Pulmonary stress testing; simple (e.g., 6-minute walk test, prolonged exercise test for bronchospasm with pre- and post-spirometry and oximetry)
94621	complex (including measurements of CO <sub>2</sub> production, O <sub>2</sub> uptake, and electrocardiographic recordings)
94640	Pressurized or nonpressurized inhalation treatment for acute airway obstruction or for sputum induction for diagnostic purposes (e.g., with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing (IPPB) device)
94642	Aerosol inhalation of pentamidine for pneumocystis carinii pneumonia treatment or prophylaxis
94660	Continuous positive airway pressure ventilation (CPAP), initiation and management
94662	Continuous negative pressure ventilation (CNP), initiation and management
94664	Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device
94667	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation
94668	subsequent
94680	Oxygen uptake, expired gas analysis; rest and exercise, direct, simple (S.P. to 94620)
94681	including CO <sub>2</sub> output, percentage oxygen extracted (S.P. to 94620 and 94680)
94690	rest, indirect (separate procedure) (S.P. to 94620)
94720	Carbon monoxide diffusing capacity (e.g., single breath, steady state) (S.P. to 94725)
94725	Membrane diffusion capacity
94750	Pulmonary compliance study (eg, plethysmography, volume and pressure measurements) (with report only) (S.P. to 94010, 94060, 94070, and 94620)
94760	Noninvasive ear or pulse oximetry for oxygen saturation; single determination (no professional component) (S.P. to 94620)
94761	multiple determinations (e.g., during exercise) (no professional component) (S.P. to 94620)

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603 Laboratory Service Codes and Descriptions (cont.)

Service

Code      Service Description

- 94762      by continuous overnight monitoring (separate procedure) (no professional component) (S.P. to 94620)
- 94770      Carbon dioxide, expired gas determination by infrared analyzer (with report only) (S.P. to 94620)
- 94772      Circadian respiratory pattern recording (pediatric pneumogram), 12 to 24 hour continuous recording, infant (I.C.)
- 94774      Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; includes monitor attachment, download of data, physician review, interpretation, and preparation of a report (I.C.)
- 94775      monitor attachment only (includes hook-up, initiation of recording and disconnection) (I.C.)
- 94776      monitoring, download of information, receipt of transmission(s) and analyses by computer only (I.C.)
- 94777      physician review, interpretation, and preparation of report only (I.C.)
- 94799      Unlisted pulmonary service or procedure (I.C.)

**SUPPLEMENTARY**

- 99000      Handling and/or conveyance of specimen for transfer from the physician's office to a laboratory – centrifuging required



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604 Visit Service Codes and Descriptions

When claiming payment for visits, a CHC must bill according to the following service codes. A visit during which a member sees more than one professional for the same medical problem or general purpose must be claimed as only one visit. (See 130 CMR 405.421 for other requirements.)

Service

Code      Modifier      Service Description

**CHC Visits**

90660		Influenza virus vaccine, live, for intranasal use (P.A.)
D9450		Case presentation, detailed and extensive treatment planning (use only for <b>dental enhancement fee</b> . This code may only be billed once per date of service for each member receiving dental services on that date.)
J3490		Unclassified drugs (Use for injectable and infusible drugs and devices supplied in the clinic. Do not use for medications and injectables related to family planning services.) (I.C.)
T1015		Clinic visit/encounter, all-inclusive (Use for individual medical visit.)
T1015	HQ	Clinic visit/encounter, all-inclusive, group setting (Use for group clinic visit.)
90899		Unlisted psychiatric service or procedure (Use for individual mental health visit.) (I.C.)
99050		Services provided in the office at times other than regularly scheduled office hours, or days when the office is normally closed (eg. holidays, Saturday, and Sunday), in addition to basic service (Use for urgent care Monday through Friday from 5:00 P.M. to 6:59 A.M., and Saturday 7:00 A.M. to Monday 6:59 A.M. This code may be billed in addition to the individual medical visit.)
99402		Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes (Use for HIV counseling visits.)

**Hospital Inpatient Services**

99221		Initial hospital care, per day, for the evaluation and management of a patient, which requires these three key components: - detailed or comprehensive history; - detailed or comprehensive examination; and - medical decision making that is straightforward or of low complexity
99222		Initial hospital care, per day, for the evaluation and management of a patient, which requires these three key components: - a comprehensive history; - a comprehensive examination; and - medical decision making of moderate complexity
99223		Initial hospital care, per day, for the evaluation and management of a patient, which requires these three key components: - a comprehensive history; - a comprehensive examination; and - medical decision making of high complexity

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604 Visit Service Codes and Descriptions (cont.)

Service

Code    Modifier    Service Description

99431                      History and examination of the normal newborn infant, initiation of diagnostic and treatment programs and preparation of hospital records (This code should also be used for birthing room deliveries.)

**Subsequent Hospital Care**

99231                      Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components:  
                                  - a problem focused interval history;  
                                  - a problem focused examination;  
                                  - medical decision making that is straightforward or of low complexity

99232                      Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components:  
                                  - an expanded problem focused interval history;  
                                  - an expanded problem focused examination;  
                                  - medical decision making of moderate complexity

99233                      Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components:  
                                  - a detailed interval history;  
                                  - a detailed examination;  
                                  - medical decision making of high complexity

99433                      Subsequent hospital care, for the evaluation and management of a normal newborn, per day

**Hospital Observation Services**

**Initial Observation Care (New or Established Patient)**

99218                      Initial observation care, per day, for the evaluation and management of a patient, which requires these three key components:  
                                  - a detailed or comprehensive history;  
                                  - a detailed or comprehensive examination; and  
                                  - medical decision making that is straightforward or of low complexity

99219                      Initial observation care, per day, for the evaluation and management of a patient, which requires these three key components:  
                                  - a comprehensive history;  
                                  - a comprehensive examination; and  
                                  - medical decision making of moderate complexity

99220                      Initial observation care, per day, for the evaluation and management of a patient, which requires these three key components:  
                                  - a comprehensive history;  
                                  - a comprehensive examination; and  
                                  - medical decision making of high complexity

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604 Visit Service Codes and Descriptions (cont.)

Service

Code      Modifier      Service Description

**Nursing Facility Services**

99304      Initial nursing facility care, per day, for the evaluation and management of a patient which requires these three key components:  
- a detailed or comprehensive history  
- a detailed or comprehensive examination; and  
- medical decision making that is straightforward or of low complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Physicians typically spend 25 minutes with the patient and/or family or caregiver.

99305      Initial nursing facility care, per day, for the evaluation and management of a patient which requires these three key components:  
- a comprehensive history  
- a comprehensive examination; and  
- medical decision making of moderate complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Physicians typically spend 35 minutes with the patient and/or family or caregiver.

99306      Initial nursing facility care, per day, for the evaluation and management of a patient which requires these three key components:  
- a comprehensive history  
- a comprehensive examination; and  
- medical decision making of high complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Physicians typically spend 45 minutes with the patient and/or family or caregiver.

**Subsequent Nursing Facility Care**

99307      Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components:  
- a problem focused interval history;  
- a problem focused examination;  
- straightforward medical decision making

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the patient is stable, recovering, or improving. Physicians typically spend 10 minutes with the patient and/or family or caregiver.

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604 Visit Service Codes and Descriptions (cont.)

Service

Code      Modifier      Service Description

99308                      Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components:

- an expanded problem-focused interval history;
- an expanded problem-focused examination;
- medical decision making of low complexity

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the patient is responding inadequately to therapy or has developed a minor complication. Physicians typically spend 15 minutes with the patient and/or family or caregiver.

99309                      Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components:

- a detailed interval history;
- a detailed examination;
- medical decision making of moderate complexity

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the patient has developed a significant complication or a significant new problem. Physicians typically spend 25 minutes with the patient and/or family or caregiver.

99310                      Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components:

- a comprehensive interval history;
- a comprehensive examination;
- medical decision making of high complexity

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Physicians typically spend 35 minutes with the patient and/or family or caregiver.

**Domiciliary, Rest Home (e.g., Boarding Home), or Custodial Care Services**

**New Patient**

99324                      Domicillary or rest home visit for the evaluation and management of a new patient, which requires these three key components:

- a problem-focused history;
- a problem-focused examination; and
- straightforward medical decision making.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) are of low severity. Physicians typically spend 20 minutes with the patient and/or family or caregiver.

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604 Visit Service Codes and Descriptions (cont.)

Service

Code      Modifier      Service Description

99325                      Domicillary or rest home visit for the evaluation and management of a new patient, which requires these three components:

- an expanded problem-focused history;
- an expanded problem-focused examination; and
- medical decision making of low complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes with the patient and/or family or caregiver.

99326                      Domicillary or rest home visit for the evaluation and management of a new patient, which requires these three key components:

- a detailed history;
- a detailed examination; and
- medical decision making of moderate complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) are of moderate severity. Physicians typically spend 45 minutes with the patient and/or family or caregiver.

99327                      Domicillary or rest home visit for the evaluation and management of a new patient, which requires these three key components:

- a comprehensive history;
- a comprehensive examination; and
- medical decision making of moderate complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) are of high severity. Physicians typically spend 60 minutes with the patient and/or family or caregiver.

**Established Patient**

99334                      Domicillary or rest home visit for the evaluation and management of an established patient, which requires at least two these three key components:

- a problem-focused interval history;
- a problem-focused examination;
- straightforward medical decision making.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) are of self-limited or minor. Physicians typically spend 15 minutes with the patient and/or family or caregiver.

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604 Visit Service Codes and Descriptions (cont.)

Service

Code      Modifier      Service Description

- 99335                      Domicillary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three components:
- an expanded problem-focused interval history;
  - an expanded problem-focused examination;
  - medical decision making of low complexity.
- Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) are of low to moderate severity. Physicians typically spend 25 minutes with the patient and/or family or caregiver.
- 99336                      Domicillary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three components:
- a detailed interval history;
  - a detailed examination;
  - medical decision making of moderate complexity.
- Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes with the patient and/or family or caregiver.
- 99337                      Domicillary or rest home visit for the evaluation and management of an established patient, which requires these three components:
- a comprehensive interval history;
  - a comprehensive examination;
  - medical decision making of moderate to high complexity.
- Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Physicians typically spend 60 minutes with the patient and/or family or caregiver.

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604 Visit Service Codes and Descriptions (cont.)

Service

Code      Modifier      Service Description

**Home Services**

**New Patient**

- 99341      Home visit for the evaluation and management of a new patient, which requires these three key components:  
                  - a problem focused history;  
                  - a problem focused examination; and  
                  - straightforward medical decision making
- 99342      Home visit for the evaluation and management of a new patient, which requires these three key components:  
                  - an expanded problem focused history;  
                  - an expanded problem focused examination; and  
                  - medical decision making of low complexity
- 99343      Home visit for the evaluation and management of a new patient, which requires these three key components:  
                  - a detailed history;  
                  - a detailed examination; and  
                  - medical decision making of moderate complexity
- 99345      Home visit for the evaluation and management of a new patient, which requires these three key components:  
                  - a comprehensive history;  
                  - a comprehensive examination; and  
                  - medical decision making of high complexity (I.C.)

**Established Patient**

- 99347      Home visit for the evaluation and management of an established patient, which requires at least two of these three key components:  
                  - a problem focused interval history;  
                  - a problem focused examination;  
                  - straightforward medical decision making
- 99348      Home visit for the evaluation and management of an established patient, which requires at least two of these three key components:  
                  - an expanded problem focused interval history;  
                  - an expanded problem focused examination;  
                  - medical decision making of low complexity

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604 Visit Service Codes and Descriptions (cont.)

Service

Code      Modifier      Service Description

- 99349                      Home visit for the evaluation and management of an established patient, which requires at least two of these three key components:  
                                     - a detailed interval history;  
                                     - a detailed examination;  
                                     - medical decision making of moderate complexity
- 99350                      Home visit for the evaluation and management of an established patient, which requires at least two of these three key components:  
                                     - a comprehensive interval history;  
                                     - a comprehensive examination;  
                                     - medical decision making of moderate to high complexity (I.C.)

605 Obstetric and Surgery Service Codes and Descriptions

See 130 CMR 405.422 for other requirements.

Service

Code                      Service Description

**Fee-for-Service Deliveries**

- 59409                      Vaginal delivery only (with or without episiotomy and /or forceps)
- 59410                      Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care
- 59414                      Delivery of placenta (separate procedure)
- 59515                      Cesarean delivery only; including postpartum care
- 59525                      Subtotal or total hysterectomy after cesarean delivery (List separately in addition to 59510 or 59515.) (Hysterectomy Information (HI-1) form required)
- 59612                      Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps)
- 59614                      including postpartum care
- 59620                      Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery
- 59622                      including postpartum care

**Global Deliveries**

- 59400                      Routine obstetric care, including antepartum care, vaginal delivery (with or without episiotomy and/or forceps) and postpartum care
- 59510                      Routine obstetric care including antepartum care, cesarean delivery, and postpartum care
- 59610                      Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery
- 59618                      Routine obstetric care, including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery



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605 Obstetric and Surgery Service Codes and Descriptions (cont.)

Service

Code            Service Description

**Surgery Services**

54150	Circumcision, using clamp or other device; newborn
54160	Circumcision, surgical excision other than clamp, device or dorsal slit; newborn
55250	Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s) (Consent for Sterilization Form (CS-18 or CS-21) required) (S.P.)
55450	Ligation (percutaneous) of vas deferens, unilateral or bilateral (separate procedure) (Consent for Sterilization Form (CS-18 or CS-21) required) (S.P.)
58600	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral (Consent for Sterilization Form (CS-18 or CS-21) required)
58605	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, postpartum, unilateral or bilateral, during same hospitalization (separate procedure) (Consent for Sterilization Form (CS-18 or CS-21) required) (S.P.)
58611	Ligation or transection of fallopian tube(s) when done at the time of cesarean section or intra-abdominal surgery (not a separate procedure) (Consent for Sterilization Form (CS-18 or CS-21) required) (List separately in addition to code for primary procedure.)
58615	Occlusion of fallopian tube(s) by device (e.g., band, clip, Falope ring), vaginal or suprapubic approach (Consent for Sterilization Form (CS-18 or CS-21) required)
58670	Laparoscopy, surgical; with fulguration of oviducts (with or without transection) (Consent for Sterilization Form (CS-18 or CS-21) required)
58671	with occlusion of oviducts by device (e.g., band, clip, or Falope ring) (Consent for Sterilization Form (CS-18 or CS-21) required)
59000	Amniocentesis, any method
59012	Cordocentesis (intrauterine), any method
59015	Chorionic villus sampling, any method
59025	Fetal non-stress test

606 Nurse-Midwife Service Codes and Descriptions

See 130 CMR 405.427 for requirements. When billing for delivery services performed by a nurse midwife, the provider must use a modifier.

Service

Code-Modifier    Service Description

T1015-TH	Clinic visit/encounter, all-inclusive – obstetrical treatment/services, prenatal or postpartum (use for a medical visit with a nurse midwife for a prenatal or postpartum service)
59400	Routine obstetric care, including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care
59409	Vaginal delivery only (with or without episiotomy and/or forceps)
59410	Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care (Hysterectomy Information (HI-1) form required)

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606 Nurse-Midwife Service Codes and Descriptions (cont.)

Service

Code-Modifier    Service Description

- 59414            Delivery of placenta (separate procedure)  
 59610            Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery  
 59612            Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps)  
 59614            including postpartum care

607 Audiology Service Codes and Descriptions

See 106 CMR 405.461 through 405.463 for other requirements.

Service

Code            Service Description

- 92551            Screening test, pure tone, air only  
 92552            Pure tone audiometry (threshold); air only  
 92553            air and bone  
 92567            Tympanometry (impedance testing)

608 Early and Periodic Screening, Diagnosis and Treatment (EPSDT): Health Assessment Service Codes and Descriptions

See 130 CMR 450.140 through 450.149 for other requirements.

Service

Code            Service Description

**New Patient**

- 99381            Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, new patient; infant (age younger than one year)  
 99382            early childhood (age one through four years)  
 99383            late childhood (age five through 11 years)  
 99384            adolescent (age 12 through 17 years)  
 99385            18 through 39 years

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608 Early and Periodic Screening, Diagnosis and Treatment (EPSDT): Health Assessment Service Codes and Descriptions (cont.)

Service

Code      Service Description

**Established Patient**

- 99391      Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; infant (age younger than one year)
- 99392      early childhood (age one through four years)
- 99393      late childhood (age five through 11 years)
- 99394      adolescent (age 12 through 17 years)
- 99395      18 through 39 years

609 Early and Periodic Screening, Diagnosis and Treatment (EPSDT): Audiometric Hearing and Vision Tests Service Codes and Descriptions

Service

Code      Service Description

- 92551      Screening test, pure tone, air only
- 92552      Pure tone audiometry (threshold); air only
- 99173      Screening test of visual acuity, quantitative, bilateral.

610 Tobacco Cessation Service Codes and Descriptions

Service

Code-Modifier      Service Description

- 99407      Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (at least 30 minutes). (Eligible providers are physicians employed by community health centers.)
- 99407-HN      Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (at least 30 minutes). (Eligible providers are physician assistants employed by community health centers.)
- 99407-HQ      Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (for an individual in a group setting, 60-90 minutes). (Eligible providers are physicians employed by community health centers.)
- 99407-SA      Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (at least 30 minutes). (Eligible providers are nurse practitioners employed by community health centers.)

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610 Tobacco Cessation Service Codes and Descriptions (cont.)

Service

<u>Code-Modifier</u>	<u>Service Description</u>
99407-SB	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (at least 30 minutes). (Eligible providers are nurse midwives employed by community health centers.)
99407-TD	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (at least 30 minutes). (Eligible providers are registered nurses employed by community health centers.)
99407-TF	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (intake assessment for an individual, at least 45 minutes). (Eligible providers are physicians employed by community health centers.)
99407-U1	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (at least 30 minutes). Eligible providers are tobacco cessation counselors employed by community health centers.)
99407-U2	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (intake assessment for an individual, at least 45 minutes). (Eligible providers are nurse practitioner, nurse midwife, physician assistant, registered nurse, and tobacco cessation counselor.)
99407-U3	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (for an individual in a group setting, 60-90 minutes). (Eligible providers are nurse practitioners, nurse midwives, physician assistants, registered nurses, and tobacco cessation counselors.)

611 Medical Nutrition Therapy and Diabetes Self-Management Training Service Codes and Descriptions

Service

<u>Code</u>	<u>Service Description</u>
G0108	Diabetes self-management training services, individual, per 30 minutes
G0109	Diabetes outpatient self-management training services, group session (two or more), per 30 minutes
G0270	Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease), individual, face-to-face with the patient, each 15 minutes
G0271	Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease), group (two or more individuals), each 30 minutes
97802	Medical nutrition therapy, initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes
97803	reassessment and intervention, individual, face-to-face with the patient, each 15 minutes
97804	group (two or more individuals), each 30 minutes

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612 Behavioral Health Screening Tool Service Codes and Descriptions

The administration and scoring of standardized behavioral-health screening tools selected from the approved menu of tools found in Appendix W of your provider manual is covered for members (except MassHealth Limited) from birth to 21 years of age.

Service

Code-Modifier

Service Description

96110-U1	Completed behavioral health screening using a standardized behavioral health screening tool selected from the approved menu of tools found in Appendix W with <b>no</b> behavioral health need identified* (eligible providers are physicians employed by community health centers)
96110-U2	Completed behavioral health screening using a standardized behavioral health screening tool selected from the approved menu of tools found in Appendix W and behavioral health need identified* (eligible providers are physicians employed by community health centers)
96110-U3	Completed behavioral health screening using a standardized behavioral health screening tool selected from the approved menu of tools found in Appendix W with <b>no</b> behavioral health need identified* (eligible providers are nurse midwives employed by community health centers)
96110-U4	Completed behavioral health screening using a standardized behavioral health screening tool selected from the approved menu of tools found in Appendix W and behavioral health need identified* (eligible providers are nurse midwives employed by community health centers)
96110-U5	Completed behavioral health screening using a standardized behavioral health screening tool selected from the approved menu of tools found in Appendix W with <b>no</b> behavioral health need identified* (eligible providers are nurse practitioners employed by community health centers)
96110-U6	Completed behavioral health screening using a standardized behavioral health screening tool selected from the approved menu of tools found in Appendix W and behavioral health need identified* (eligible providers are nurse practitioners employed by community health centers)
96110-U7	Completed behavioral health screening using a standardized behavioral health screening tool selected from the approved menu of tools found in Appendix W with <b>no</b> behavioral health need identified* (eligible providers are physician assistants employed by community health centers)
96110-U8	Completed behavioral health screening using a standardized behavioral health screening tool selected from the approved menu of tools found in Appendix W and behavioral health need identified* (eligible providers are physician assistants employed by community health centers)

*\* Behavioral health need identified includes needs in the areas of behavioral health, social-emotional well-being, or mental health.*

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