



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
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Boston, MA 02111
www.mass.gov/masshealth



MASSHEALTH
TRANSMITTAL LETTER IDTF-1
June 2006

TO: Independent Diagnostic Testing Facility (IDTF) Providers Participating in MassHealth
FROM: Beth Waldman, Medicaid Director *BW*
RE: *Independent Diagnostic Testing Facility Manual* (Adoption of New IDTF Provider Regulations and Service Codes)

This letter transmits new program regulations for independent diagnostic testing facilities (IDTFs). MassHealth has established a provider type for IDTFs, targeting an effective date of July 1, 2006, to recognize providers who perform portable X-ray services, freestanding magnetic resonance imaging (MRI) services, diagnostic imaging services, sleep center services, and services performed by mammography vans.

Provider Enrollment

Providers enrolled with MassHealth as a freestanding MRI imaging center or a portable X-ray provider will be required to reenroll with MassHealth as an IDTF provider. Providers who are enrolled as a group practice but who meet IDTF provider eligibility requirements, as stated in 130 CMR 431.404, must also reenroll as an IDTF. Potential applicants may contact MassHealth Provider Enrollment and Credentialing at 1-800-841-2900 or providersupport@mahealth.net for an enrollment application package or for answers to enrollment questions.

Fee Schedule

If you wish to obtain a fee schedule, you may download the Division of Health Care Finance and Policy regulations at no cost at www.mass.gov/dhcfp. You may also purchase a paper copy of Division of Health Care Finance and Policy regulations from either the Massachusetts State Bookstore or from the Division of Health Care Finance and Policy (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 IDTF services are 114.3 CMR 17.00: Medicine and 114.3 CMR 18.00: Radiology.

Massachusetts State Bookstore
State House, Room 116
Boston, MA 02133
Telephone: 617-727-2834
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

MassHealth Web Site

This transmittal letter and attached pages are available on the MassHealth Web site at www.mass.gov/masshealth.

These regulations are effective July 1, 2006.

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, or fax your inquiry to 617-988-8974.

NEW MATERIAL

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

Independent Diagnostic Testing Facility Manual

Pages iv, vi, vii, 4-1 through 4-6, and 6-1 through 6-30

OBSOLETE MATERIAL

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

Independent Diagnostic Testing Facility Manual

None

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The regulations and instructions governing provider participation in MassHealth are published in the Provider Manual Series. MassHealth publishes a separate manual for each provider type.

Manuals in the series contain administrative regulations, billing regulations, program regulations, service codes, billing instructions, and general information. MassHealth regulations are incorporated into the Code of Massachusetts Regulations (CMR), a collection of regulations promulgated by state agencies within the Commonwealth and by the Secretary of State. MassHealth regulations are assigned Title 130 of the Code. The regulations governing provider participation in MassHealth are assigned Chapters 400 through 499 within Title 130. Pages that contain regulatory material have a CMR chapter number in the banner beneath the subchapter number and title.

Administrative regulations and billing regulations apply to all providers and are contained in 130 CMR Chapter 450.000. These regulations are reproduced as Subchapters 1, 2, and 3 in this and all other manuals.

Program regulations cover matters that apply specifically to the type of provider for which the manual was prepared. For independent diagnostic testing facility services, those matters are covered in 130 CMR Chapter 431.000, reproduced as Subchapter 4 in the *Independent Diagnostic Testing Facility Manual*.

Revisions and additions to the manual are made as needed by means of transmittal letters, which furnish instructions for making changes by hand ("pen-and-ink" revisions), and by substituting, adding, or removing pages. Some transmittal letters will be directed to all providers; others will be addressed to providers in specific provider types. In this way, a provider will receive all those transmittal letters that affect its manual, but no others.

The Provider Manual Series is intended for the convenience of providers. Neither this nor any other manual can or should contain every federal and state law and regulation that might affect a provider's participation in MassHealth. The provider manuals represent instead MassHealth's effort to give each provider a single convenient source for the essential information providers need in their routine interaction with MassHealth and its members.

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431.401: Introduction

130 CMR 431.000 establishes the requirements for the provision and reimbursement of independent diagnostic testing facility services under MassHealth. The MassHealth agency pays for independent diagnostic testing facility services that are medically necessary and appropriately provided in accordance with 130 CMR 450.204. All IDTF providers participating in MassHealth must comply with all MassHealth regulations including, but not limited to, 130 CMR 431.000 and 450.000.

431.402: Definitions

The following terms used in 130 CMR 431.000 have the meanings given in 130 CMR 431.402 unless the context clearly requires a different meaning. The reimbursability of services described in 130 CMR 431.000 is not determined by these definitions, but by the application of regulations elsewhere in 130 CMR 431.000 and 450.000.

Direct Supervision — the physician is present in the office suite and immediately available to furnish assistance and direction throughout the performance of the procedure. It does not require that the physician be present in the room when the procedure is performed.

General Supervision — the procedure is furnished under the physician’s overall direction and control, but the physician is not necessarily required during the performance of the procedure.

Independent Diagnostic Testing Facility (IDTF) — a Medicare–certified diagnostic imaging center, freestanding magnetic resonance imaging (MRI) center, portable X-ray provider, sleep center, or mammography van, in a fixed location or mobile entity, that is physically and financially independent of a hospital or physician’s office, and performs diagnostic tests. These tests must be performed by a physician or by licensed, certified nonphysician personnel under appropriate physician supervision and comply with the applicable laws of any state in which it operates.

Interpreting Physician — a physician who determines the meaning of test results provided by the IDTF, either on the IDTF premises or at a remote location.

Mobile IDTF — a facility that takes its equipment to a location other than its own office. The equipment may be small enough to load and unload from a van as with some sonography or PFT equipment; or it may be fixed in the vehicle such as a mobile MRI unit.

Nonphysician Personnel — technicians, employed or contracted by the IDTF, whose function is to perform the technical component of a given diagnostic test.

Personal Supervision — a physician is physically in the room during the performance of the procedure.

Referring Physician — a physician who requests or orders the service but does not necessarily perform the service.

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Supervising Physician — a physician responsible for the personal, direct, or general supervision of the testing performed, the quality of the testing performed, the proper operation and calibration of the equipment used to perform tests, and the actions of nonphysician personnel who use the equipment.

431.403: Eligible Members

(A) (1) MassHealth Members. The MassHealth agency pays for IDTF services only when provided to eligible MassHealth members, subject to the restrictions and limitations described in MassHealth regulations. 130 CMR 450.105 specifically states, for each MassHealth coverage type, which services are covered and which members are eligible to receive those services.

(2) Recipients of Emergency Aid to the Elderly, Disabled and Children Program. For information on covered services for recipients of the Emergency Aid to the Elderly, Disabled and Children Program, see 130 CMR 450.106.

(B) Member Eligibility and Coverage Type. For information on verifying member eligibility and coverage type, see 130 CMR 450.107.

431.404: Provider Eligibility

The MassHealth agency pays for the services described in 130 CMR 431.000 only when performed by eligible providers of IDTF services who are participating in MassHealth on the date of service. The participating provider is responsible for the quality of all services for which payment is claimed, the accuracy of such claims, and compliance with all regulations applicable to IDTF services under MassHealth. In order to claim payment, the participating provider must be the IDTF that actually performed the service. An IDTF must have one or more supervising physicians who are responsible for the personal, direct, or general supervision of the facility and its personnel in accordance with Medicare requirements at 42 CFR §410.323 (b)(3), the operation and calibration of the equipment, and the quality of the testing performed.

(A) Participating Providers: The following diagnostic testing facilities are eligible to participate in MassHealth as IDTF providers:

- (1) diagnostic imaging centers: centers that perform a variety of tests, including ultrasounds, positron emission tomography (PET) scans, and other imaging studies;
- (2) freestanding MRI centers: independent MRI centers that perform MRI or magnetic resonance angiography (MRA) services in accordance with standards developed by the American College of Radiology (ACR);
- (3) portable X rays: all suppliers of portable X ray services who are in compliance with 42 CFR 486 Part C and are certified under the Medicare program;
- (4) sleep centers: clinics that perform diagnostic tests to determine the existence and type of sleep disorders; and
- (5) mammography vans: mobile facilities that provide radiological tests for breast cancer.

(B) In-State Providers. To be eligible to participate as a MassHealth provider, an IDTF must:

- (1) be located and doing business in the Commonwealth of Massachusetts;
- (2) operate under a clinic license issued by the Massachusetts Department of Public Health, in accordance with regulations at 105 CMR 140.000;

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- (3) when required, obtain a determination of need, issued by the Massachusetts Department of Public Health;
- (4) participate in the Medicare program as an independent diagnostic testing facility; and
- (5) have all radiology equipment used to provide services inspected and certified by the Massachusetts Department of Public Health.

(C) Out-of-State Providers. An out-of-state IDTF provider that does not meet the requirements of 130 CMR 431.404(B)(1), (2), and (3), may participate in MassHealth only if the IDTF is licensed in its own state and it meets the requirements of 130 CMR 431.404(B)(4) and 450.109.

431.405: Maximum Allowable Fees

(A) The Massachusetts Division of Health Care Finance and Policy (DHCFP) determines the maximum allowable fees for all IDTF services purchased by government agencies. DHCFP publishes a comprehensive listing of IDTF services and rates. Payment is always subject to the conditions, exclusions, and limitations set forth in 130 CMR 431.000. Payment for a service will be the lower of the following:

- (1) the provider's usual and customary fee to the general public for the same or a similar service; or
- (2) the maximum allowable fee listed in the applicable DHCFP fee schedule.

(B) The maximum allowable payment is full compensation for the IDTF service and any related administrative or supervisory duties in connection with the services, regardless of where the service is provided.

431.406: Individual Consideration

(A) Some tests listed in Subchapter 6 of the *Independent Diagnostic Testing Facility Manual* are designated "I.C.," an abbreviation for individual consideration. A fee has not been established for these services. Payment for an individual-consideration service is determined by the MassHealth agency's professional advisers, based on the IDTF's description of the test, which must be included with the claim.

(B) If a service is not listed in Subchapter 6 of the *Independent Diagnostic Testing Facility Manual*, an IDTF may submit a claim by using the appropriate "unlisted service" service code. Payment for an unlisted service is determined by individual consideration, based on the facility's description of the service, which must be included with the claim.

(C) The MassHealth agency considers the following factors when determining the appropriate payment for an individual-consideration service:

- (1) the amount of time required to perform the service;
- (2) the degree of skill required to perform the service;
- (3) the policies, procedures, and practices of other third-party payers;
- (4) the prevailing diagnostic testing ethics and accepted custom of the diagnostic testing community; and
- (5) other standards and criteria as may be adopted by DHCFP or the MassHealth agency.

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431.407: Prior Authorization

(A) The IDTF must obtain prior authorization for services that are designated "P.A." in the service descriptions listed in Subchapter 6 of the *Independent Diagnostic Testing Facility Manual*.

(B) Prior authorization determines only the medical necessity of the authorized service and does not establish or waive any other prerequisites for payment such as member eligibility or resort to health insurance payment.

(C) All requests for prior authorization must be submitted in accordance with the instructions found in Subchapter 5 of the *Independent Diagnostic Testing Facility Manual*. No payment will be made for such services unless prior authorization has been obtained from the MassHealth agency before the delivery of service. The MassHealth agency will not grant retroactive prior-authorization requests.

431.408: Separate Procedures

Certain procedures are designated "S.P." in the service descriptions in Subchapter 6 of the *Independent Diagnostic Testing Facility Manual*. "S.P." is an abbreviation for separate procedure. A separate procedure is one that is commonly part of a total service and therefore does not generally warrant a separate fee, but will be paid separately if the other portions of the service are not performed.

431.409: Ordering of Tests

The member's treating clinician must order all diagnostic tests. The supervising physician for the IDTF, whether or not for a mobile unit, may not order tests to be performed by the IDTF, unless the supervising physician is the member's treating physician and is not otherwise prohibited from referring to the IDTF. The supervising physician is the member's treating physician if he or she furnishes a consultation or treats the member for a specific medical problem and uses the test results in the management of the member's medical problem.

(A) Order Requirements.

- (1) a testing facility that furnishes a diagnostic test ordered by the treating physician or practitioner may not change the diagnostic test or perform an additional diagnostic test without a new order.
- (2) an order is a communication from the treating clinician requesting that a diagnostic test be performed for a member. The order may conditionally request an additional diagnostic test for a particular member if the result of the initial diagnostic test ordered yields to a certain value determined by the treating clinician (e.g., if test X is negative, then perform test Y). An order may include the following forms of communication:
 - (a) a written document signed by the treating clinician, which is hand-delivered, mailed, or faxed to the testing facility; or
 - (b) a telephone call by the treating clinician to the testing facility.

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(B) If the order is communicated via telephone or electronic message, the treating clinician and the testing facility must document the telephone call or electronic message in their respective copies of the member's medical records.

431.410: Payment

(A) Global Fee. Payment for a diagnostic procedure performed at an IDTF includes facility costs, technical costs, and professional costs.

(B) Terminated Procedures. Upon review, the MassHealth agency may pay for procedures that were unable to be completed after the procedure was initiated.

431.411: Service Descriptions and Limitations: Levels of Physician Supervision

Independent diagnostic testing facilities must provide the appropriate level of physician supervision for each procedure in accordance with Medicare requirements at 42 CFR §410.323 (b)(3). The definition of each level of physician supervision is set forth in 130 CMR 431.402.

431.412: Service Descriptions and Limitations: Sleep Centers

(A) Sleep centers enrolled as IDTFs may bill for at-home pulse oximetry services. The MassHealth agency will pay only for pulse oximetry tests and polysomnography used to determine sleep disorders.

(B) For sleep testing to be performed in an IDTF, the supervising physician must be certified by boards in psychiatry and neurology, internal medicine with pulmonary specialty, or in sleep medicine. IDTF technologists must be certified in electroneurodiagnostic testing or registered in polysomnography.

431.413: Covered Services

The MassHealth agency pays for IDTF services necessary for the diagnosis, detection, and treatment of disease, and for the maintenance of the health of MassHealth members, subject to all restrictions and limitations described in MassHealth regulations at 130 CMR 431.000 and 450.000.

431.414: Noncovered Services

The MassHealth agency does not pay for the following services:

(A) diagnostic tests associated with male or female infertility;

(B) tests performed for experimental or investigational purposes, or that are themselves experimental or investigational; and

(C) tests performed for forensic purposes or any purpose other than those described in 130 CMR 431.413, including but not limited to:

- (1) tests performed to establish paternity; and
- (2) post-mortem examinations

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431.415: Recordkeeping Requirements

(A) The IDTF is responsible for ensuring the medical necessity of the tests and maintaining test results in the member's health record.

(B) IDTFs must maintain a medical-record system promoting quality and confidential member care in accordance with Massachusetts Department of Public Health regulations at 105 CMR 140.000. This system must collect and retain data in a comprehensive and efficient manner and permit the prompt retrieval of information. Accurate and complete medical records must be maintained for each member receiving testing services from the IDTF. The data maintained in the member's medical record must also be sufficient to justify any further diagnostic procedures. The medical record must be clear and legible, and readily accessible to health-care practitioners and the MassHealth agency. The medical record must be maintained by the IDTF for at least six years.

(C) The medical record must contain, at a minimum, the following information:

- (1) the member's name, address, telephone number, date of birth, and MassHealth identification number;
- (2) the date of service;
- (3) the name, title and signature of the referring clinician;
- (4) a written order for the tests to be performed;
- (5) the name, title, and signature of the person performing the service;
- (6) the name of the supervising physician;
- (7) pertinent findings on examination; and
- (8) tests performed and their results.

REGULATORY AUTHORITY

130 CMR 431.000: M.G.L. c. 118E, §§. 7 and 12

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601 Portable X Ray: Radiology Service Codes and Descriptions

Service
Code Service Description

Diagnostic Radiology (Diagnostic Imaging)

Head and Neck

- 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
- 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
- 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
- 70350 Cephalogram, orthodontic
- 70355 Orthopantogram
- 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

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

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601 Portable X Ray: Radiology Service Codes and Descriptions

Service

Code Service Description

- 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
- 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

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
- 72170 Radiologic examination, pelvis; one or two views
- 72190 complete, minimum of three views
- 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
- 72295 Diskography, lumbar, radiological supervision and interpretation

Upper Extremities

- 73000 Radiologic examination; clavicle, complete
- 73010 scapula, complete

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601 Portable X Ray: Radiology Service Codes and Descriptions

Service

Code Service Description

- 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

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, sacroiliac 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
- 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

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601 Portable X Ray: Radiology Service Codes and Descriptions

Service

Code Service Description

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

Gastrointestinal Tract

- 74210 Radiologic examination; pharynx and/or cervical esophagus
- 74220 esophagus
- 74230 Swallowing function, with cineradiography/videoradiography
- Removal of foreign body(s), esophageal, with use of balloon catheter, radiological supervision and interpretation
- 74240 Radiologic examination, gastrointestinal tract, upper; with or without delayed films, without KUB
- 74241 with or without delayed films, with KUB
- 74245 with small intestine, includes multiple serial films
- 74246 Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed films, without KUB
- 74247 with or without delayed films, with KUB
- 74249 with small intestine follow-through
- 74250 Radiologic examination, small intestine, includes multiple serial films
- 74251 via enteroclysis tube
- 74260 Duodenography, hypotonic
- 74270 Radiologic examination, colon; barium enema, with or without KUB
- 74280 air contrast with specific high density barium, with or without glucagon
- 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

602 Freestanding Magnetic Resonance Imaging (FMRI): Radiology Service Codes and Descriptions

Service

Code Service Description

Head and Neck

- 70336 Magnetic resonance (e.g., proton) imaging, temporomandibular joint(s) (P.A.)

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602 Freestanding Magnetic Resonance Imaging (FMRI): Radiology Service Codes and Descriptions

Service

<u>Code</u>	<u>Service Description</u>
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
70544	Magnetic resonance angiography, head; without contrast material(s)
70545	with contrast material(s)
70546	without contrast material(s), followed by contrast material(s) and further sequences
70547	Magnetic resonance angiography, neck; without contrast material(s)
70548	with contrast material(s)
70549	without contrast material(s), followed by contrast material(s) and further sequences
70551	Magnetic resonance (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
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

Chest

71550	Magnetic resonance (e.g. proton) imaging, chest (e.g. for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)
71551	with contrast material(s)
71555	Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)

Spine and Pelvis

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
72195	Magnetic resonance (e.g. proton) imaging, pelvis; without contrast materials
72196	with contrast material(s)
72197	without contrast material(s), followed by contrast material(s) and further sequences

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602 Freestanding Magnetic Resonance Imaging (FMRI): Radiology Service Codes and Descriptions

Service

Code Service Description

Upper Extremities

- 73218 Magnetic resonance (e.g. proton) imaging, upper extremity, other than joint; without contrast materials
- 73219 with contrast material(s)
- 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)
- 73222 with contrast material(s)
- 73223 without contrast material(s), followed by contrast material(s) and further sequences

Lower Extremities

- 73718 Magnetic resonance (e.g.) proton imaging, lower extremity other than joint; without contrast material(s)
- 73719 with contrast material(s)
- 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
- 73722 with contrast material(s)
- 73723 without contrast material(s), followed by contrast material(s) and further sequences
- 73725 Magnetic resonance angiography, lower extremity, with or without contrast material(s)
- 74181 Magnetic resonance (e.g., proton) imaging, abdomen; without contrast material(s)
- 74182 with contrast material(s)
- 74183 without contrast material(s), followed by with contrast material(s) and further sequences
- 74185 Magnetic resonance angiography, abdomen, with or without contrast material(s)

Heart

- 75552 Cardiac magnetic resonance imaging for morphology; without contrast material
- 75553 with contrast material
- 75554 Cardiac magnetic resonance imaging for function, with or without morphology; complete study
- 75555 limited study
- 75556 Cardiac magnetic resonance imaging for velocity flow mapping

Other Procedures

- 76093 Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral (P.A.)
- 76094 bilateral (P.A.)
- 76393 Magnetic resonance guidance for needle placement (e.g., for biopsy, needle aspiration, injection, or placement of localization device), radiological supervision and interpretation
- 76394 Magnetic resonance guidance for, and monitoring of, visceral tissue ablation

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603 Diagnostic Imaging Centers: Radiology Service Codes and Descriptions

Service
Code

Service Description

Diagnostic Radiology (Diagnostic Imaging)

Head and Neck

- 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
- 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
- 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) (P.A.)
- 70350 Cephalogram, orthodontic
- 70355 Orthopantogram
- 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)

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603 Diagnostic Imaging Centers: Radiology Service Codes and Descriptions

Service

Code Service Description

- 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
- 70544 Magnetic resonance angiography, head; without contrast material(s)
- 70545 with contrast material(s)
- 70546 without contrast material(s), followed by contrast material(s) and further sequences
- 70547 Magnetic resonance angiography, neck; without contrast material(s)
- 70548 with contrast material(s)
- 70549 without contrast material(s), followed by contrast material(s) and further sequences
- 70551 Magnetic resonance (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
- 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

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
- 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
- 71550 Magnetic resonance (e.g. proton) imaging, chest (e.g. for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)
- 71551 with contrast material(s)
- 71555 Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)

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603 Diagnostic Imaging Centers: Radiology Service Codes and Descriptions

Service

Code Service Description

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
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
72195	Magnetic resonance (e.g. proton) imaging, pelvis; without contrast materials
72196	with contrast material(s)
72197	without contrast material(s), followed by contrast material(s) and further sequences

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603 Diagnostic Imaging Centers: Radiology Service Codes and Descriptions

Service

Code Service Description

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
 72295 Diskography, lumbar, radiological supervision and interpretation

Upper Extremities

73000 Radiologic examination; clavicle, complete
 73010 scapula, complete
 73020 Radiologic examination, shoulder; one view
 73030 complete, minimum of two views
 73040 Radiologic examination, shoulder, arthrography, radiological supervision and interpretation
 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
 73218 Magnetic resonance (e.g. proton) imaging, upper extremity, other than joint; without contrast materials
 73219 with contrast material(s)
 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)
 73222 with contrast material(s)
 73223 without contrast material(s), followed by contrast material(s) and further sequences

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Service

Code Service Description

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, sacroiliac 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
- 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
- 73718 Magnetic resonance (e.g.) proton imaging, lower extremity other than joint; without contrast material(s)
- 73719 with contrast material(s)
- 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
- 73722 with contrast material(s)
- 73723 without contrast material(s), followed by contrast material(s) and further sequences
- 73725 Magnetic resonance angiography, lower extremity, with or without contrast material(s)

Abdomen

- 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

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Service

Code Service Description

- 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)
- 74182 with contrast material(s)
- 74183 without contrast material(s), followed by with contrast material(s) and further sequences
- 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
- 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
- 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
- 74350 Percutaneous placement of gastrostomy tube, radiological supervision and interpretation
- 74355 Percutaneous placement of enteroclysis tube, radiological supervision and interpretation

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Service

Code Service Description

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 Urethrocystography, retrograde, radiological supervision and interpretation
- 74455 Urethrocystography, voiding, radiological supervision and interpretation
- 74470 Radiologic examination, renal cyst study, translumbar, contrast visualization, radiological supervision and interpretation
- 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

- 75552 Cardiac magnetic resonance imaging for morphology; without contrast material
- 75553 with contrast material
- 75554 Cardiac magnetic resonance imaging for function, with or without morphology; complete study
- 75555 limited study
- 75556 Cardiac magnetic resonance imaging for velocity flow mapping (I.C.)
- 75600 Aortography, thoracic, without serialography, radiological supervision and interpretation

Vascular Procedures

Aorta and Arteries

- 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

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Service
Code

Service Description

- 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
- 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

Vein 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., LeVein shunt, ventriculoperitoneal shunt, indwelling infusion pump), radiological supervision and interpretation
- 75810 Splenoportography, radiological supervision and interpretation
- 75820 Venography, extremity, unilateral, radiological supervision and interpretation
- 75822 Venography, extremity, bilateral, radiological supervision and interpretation
- 75825 Venography, caval, inferior, with serialography, radiological supervision and interpretation
- 75827 Venography, caval, superior, with serialography, radiological supervision and interpretation
- 75831 Venography, renal, unilateral, selective, radiological supervision and interpretation
- 75833 Venography, renal, bilateral, selective, radiological supervision and interpretation
- 75840 Venography, adrenal, unilateral, selective, radiological supervision and interpretation
- 75842 Venography, adrenal, bilateral, selective, radiological supervision and interpretation

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Service

Code Service Description

- 75860 Venography, venous sinus (e.g., petrosal and inferior saggital) or jugular, catheter, radiological supervision and interpretation
- 75870 Venography, superior sagittal sinus, radiological supervision and interpretation
- 75872 Venography, epidural, radiological supervision and interpretation
- 75880 Venography, orbital, radiological supervision and interpretation
- 75885 Percutaneous transhepatic portography with hemodynamic evaluation, radiological supervision and interpretation
- 75887 Percutaneous transhepatic portography without hemodynamic evaluation, radiological supervision and interpretation
- 75889 Hepatic venography, wedged or free, with hemodynamic evaluation, radiological supervision and interpretation
- 75891 Hepatic venography, wedged or free, without hemodynamic evaluation, radiological supervision and interpretation
- 75893 Venous sampling through catheter, with or without angiography (e.g., for parathyroid hormone, renin), radiological supervision and interpretation

Transcatheter Procedures

- 75898 Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion
- 75900 Exchange of a previously placed arterial 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
- 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.)

Other Procedures

- 75998 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.)
- 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)
- 76003 Fluoroscopic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device)
- 76005 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, paravtrebral facet joint nerve or sacroliac joint), including neurolytic agent destruction

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Service

Code Service Description

76006	Manual application of stress performed by physician for joint radiography, including contralateral joint if indicated
76010	Radiologic examination from nose to rectum for foreign body, single view, child
76020	Bone age studies
76040	Bone length studies (orthoroentgenogram, scanogram)
76061	Radiologic examination, osseous survey; limited (e.g., for metastases)
76062	complete (axial and appendicular skeleton)
76065	Radiologic examination, osseous survey, infant
76066	Joint survey, single view, one or more joints (specify)
76070	Computed tomography, bone mineral density study, one or more sites; axial skeleton (e.g., hips, pelvis, spine)
76071	appendicular skeleton (peripheral) (e.g., radius, wrist, heel)
76075	Dual energy X-ray absorptiometry (DEXA), bone density study, one or more sites; axial skeleton (e.g., hips, pelvis, spine)
76076	appendicular skeleton (peripheral) (e.g., radius, wrist, heel)
76077	vertebral fracture assessment
76078	Radiographic absorptiometry (e.g., photodensitometry, radiogrammetry), one or more sites
76080	Radiologic examination, abscess, fistula or sinus tract study, radiological supervision and interpretation
76082	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)
76083	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; screening mammography (List separately in addition to code for primary procedure)
76086	Mammary ductogram or galactogram, single duct, radiological supervision and interpretation
76088	Mammary ductogram or galactogram, multiple ducts, radiological supervision and interpretation
76090	Mammography; unilateral
76091	bilateral
76092	Screening mammography, bilateral (two view film study of each breast)
76093	Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral (P.A.)
76094	bilateral (P.A.)
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.)
76355	Computed tomography guidance for stereotactic localization
76360	Computed tomography guidance for needle placement (e.g., biopsy, aspiration, injection, localization device), radiological supervision and interpretation
76362	Computed tomography guidance for, and monitoring of, visceral tissue ablation
76370	Computed tomography guidance for placement of radiation therapy fields

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- 76376 3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; not requiring image postprocessing on an independent workstation
- 76377 requiring image postprocessing on an independent station
- 76393 Magnetic resonance guidance for needle placement (e.g., for biopsy, needle aspiration, injection, or placement of localization device), radiological supervision and interpretation
- 76394 Magnetic resonance guidance for, and monitoring of, visceral tissue ablation
- 76380 Computed tomography, limited or localized follow-up study
- 76499 Unlisted diagnostic radiographic procedure (I.C.)

Diagnostic Ultrasound

Head and Neck

- 76506 Echoencephalography, B-scan and/or 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 Ophthalmic ultrasound, echography, diagnostic; A-scan only, with amplitude quantification
- 76512 contact B-scan (with or without simultaneous 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

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
- 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
- 76778 Ultrasound, transplanted kidney, B-scan and/or real time with image documentation, with or without duplex Doppler studies

Spinal Canal

- 76800 Ultrasound, spinal canal and contents

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Code Service Description

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.)
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
76826 follow-up or repeat study
76827 Doppler echocardiography, fetal, cardiovascular system, pulsed wave and/or continuous wave with spectral display; complete
76828 follow-up or repeat study
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)

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Code Service Description

Ultrasonic Guidance Procedures

- 76937 Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent real time ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure)
- 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
- 76965 Ultrasonic guidance for interstitial radioelement application

Other Procedures

- 76970 Ultrasound study follow-up (specify)
- 76977 Ultrasound bone density measurement and interpretation, peripheral site(s), any method
- 76999 Unlisted ultrasound procedure (e.g., diagnostic, interventional) (I.C.)

Nuclear Medicine

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
- 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

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<u>Code</u>	<u>Service Description</u>
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
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 (I.C.)
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

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- 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 (I.C.)
- 78428 Cardiac shunt detection
- 78445 Non-cardiac vascular flow imaging (i.e., angiography, venography)
- 78455 Venous thrombosis study (e.g., radioactive fibrinogen)
- 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 at rest or stress (exercise and/or pharmacologic), with or without quantification
- 78465 tomographic (SPECT), multiple studies, at rest and/or stress (exercise and/or pharmacologic) and redistribution and/or rest injection, with or without quantification
- 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.)

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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.)

Nervous System

- 78600 Brain imaging, limited procedure; static
- 78601 with vascular flow
- 78605 Brain imaging, complete study; static
- 78607 tomographic (SPECT)
- 78608 Brain imaging, positron emission tomography (PET); metabolic evaluation (I.C.)
- 78609 perfusion evaluation (I.C.)
- 78610 Brain imaging, vascular flow only
- 78615 Cerebral vascular flow
- 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
- 78704 with function study (i.e., imaging renogram)
- 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)
- 78715 Kidney vascular flow only

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- 78725 Kidney function study, non-imaging radioisotopic study
- 78730 Urinary bladder residual study
- 78740 Ureteral reflux study (radiopharmaceutical voiding cystogram)
- 78760 Testicular imaging
- 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
- 78806 whole body
- 78807 tomographic (SPECT)
- 78990 Provision of diagnostic radiopharmaceutical(s) (I.C.)
- 78811 Tumor imaging, positron emission tomography (PRT); limited area (e.g. head/neck)
- 78812 skull base to mid-thigh
- 78813 whole body
- 78814 Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; limited area (e.g. head/neck)
- 78815 skull base to mid-thigh
- 78816 whole body
- 78810 Tumor imaging, positron emission tomography (PET), metabolic evaluation
- 78999 Unlisted miscellaneous procedure, diagnostic nuclear medicine (I.C.)

Cardiovascular

Cardiography

- 93000 Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report
- 93005 Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report
- 93010 Electrocardiogram, routine ECG with at least 12 leads; 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 Telephonic transmission of post-symptom electrocardiogram rhythm strip(s), 24-hour attended monitoring, per 30 day period of time; 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
- 93016 Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; physician supervision only, without interpretation and report

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- 93017 Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; tracing only, without interpretation and report
- 93018 Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only
- 93024 Ergonovine provocation test
- 93025 Microvolt T-wave alternans for assessment of ventricular arrhythmias
- 93040 Rhythm ECG, one to three leads; with interpretation and report
- 93041 Rhythm ECG, one to three leads; tracing only without interpretation and report
- 93042 Rhythm ECG, one to three leads; 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 Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage, with visual superimposition scanning; recording (includes hook-up, recording, and disconnection)
- 93226 Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage, with visual superimposition scanning; scanning analysis with report
- 93227 Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage, with visual superimposition scanning; 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 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; recording (includes hook-up, recording, and disconnection)
- 93232 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;microprocessor-based analysis with report
- 93233 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;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 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; monitoring and real-time data analysis with report
- 93237 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; physician review and interpretation

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- 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
- 93270 Patient demand single or multiple event recording with presymptom memory loop, 24-hour attended monitoring, per 30 day period of time; recording(includes hook-up, recording, and disconnection)
- 93271 Patient demand single or multiple event recording with presymptom memory loop, 24-hour attended monitoring, per 30 day period of time;monitoring, receipt of transmissions, and analysis
- 93272 Patient demand single or multiple event recording with presymptom memory loop, 24-hour attended monitoring, per 30 day period of time; physician review and interpretation only
- 93278 Signal-averaged electrocardiography (SAECG), with or without ECG

Echocardiography

- 93303 Transthoracic echocardiography for congenital cardiac anomalies;complete
- 93304 Transthoracic echocardiography for congenital cardiac anomalies;follow-up or limited study
- 93307 Echocardiography, transthoracic, real-time with image documentation (2D)with or without M-mode recording; complete
- 93308 Echocardiography, transthoracic, real-time with image documentation (2D)with or without M-mode recording; follow-up or limited study
- 93312 Echocardiography, transesophageal, real time with image documentation(2D) (with or without M-mode recording); including probe placement,image acquisition, interpretation and report
- 93313 Echocardiography, transesophageal, real time with image documentation(2D) (with or without M-mode recording); placement of transesophageal probe only
- 93314 Echocardiography, transesophageal, real time with image documentation(2D) (with or without M-mode recording); image acquisition,interpretation and report only
- 93315 Transesophageal echocardiography for congenital cardiac anomalies;including probe placement, image acquisition, interpretation and report
- 93316 Transesophageal echocardiography for congenital cardiac anomalies;placement of transesophageal probe only
- 93317 Transesophageal echocardiography for congenital cardiac anomalies; image acquisition, interpretation and report only
- 93318 Echocardiography, transesophageal (TEE) for monitoring purposes,including probe placement, real time 2-dimensional image acquisition and interpretation leading to ongoing (continuous) assessment of(dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis
- 93320 Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete
- 93321 Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); follow-up or limited study (List separately in addition to codes for echocardiographic imaging)
- 93325 Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)

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Code Service Description

93350 Echocardiography, transthoracic, real-time with image documentation(2D), with or without M-mode recording, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report

Other Vascular Studies

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)

93727 Electronic analysis of implantable loop recorder (ILR) system (includes retrieval of recorded and stored ECG data, physician review and interpretation of retrieved ECG data and reprogramming)

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 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); with reprogramming

93733 Electronic analysis of dual chamber internal pacemaker system (may include rate, pulse amplitude and duration, configuration of wave form, and/or testing of sensory function of pacemaker), telephonic analysis

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 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); with reprogramming

93736 Electronic analysis of single chamber internal pacemaker system (may include rate, pulse amplitude and duration, configuration of wave form, and/or testing of sensory function of pacemaker), telephonic analysis

93740 Temperature gradient studies

93741 Electronic analysis of pacing cardioverter-defibrillator (includes interrogation, evaluation of pulse generator status, 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); single chamber or wearable cardioverter-defibrillator system, without reprogramming

93742 Electronic analysis of pacing cardioverter-defibrillator (includes interrogation, evaluation of pulse generator status, 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); single chamber or wearable cardioverter-defibrillator system, with reprogramming

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- 93743 Electronic analysis of pacing cardioverter-defibrillator (includes interrogation, evaluation of pulse generator status, 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); dual chamber, without reprogramming
- 93744 Electronic analysis of pacing cardioverter-defibrillator (includes interrogation, evaluation of pulse generator status, 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); dual chamber, 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.)
- 93784 Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning analysis, interpretation and report
- 93786 Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; recording only
- 93788 Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; scanning analysis with report
- 93790 Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; physician review with interpretation and report

Other Procedures

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

Non-Invasive Vascular Diagnostic Studies

Cerebrovascular Arterial Studies

- 93875 Non-invasive physiologic studies of extracranial arteries, complete bilateral study (eg, periorbital flow direction with arterial compression, ocular pneumoplethysmography, Doppler ultrasound spectral analysis)
- 93880 Duplex scan of extracranial arteries; complete bilateral study
- 93882 Duplex scan of extracranial arteries; unilateral or limited study
- 93886 Transcranial Doppler study of the intracranial arteries; complete study
- 93888 Transcranial Doppler study of the intracranial arteries; limited study
- 93890 Transcranial Doppler study of the intracranial arteries; vasore activity study
- 93892 Transcranial Doppler study of the intracranial arteries; emboli detection without intravenous microbubble injection
- 93893 Transcranial Doppler study of the intracranial arteries; emboli detection with intravenous microbubble injection

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603 Diagnostic Imaging Centers: Radiology Service Codes and Descriptions

Service
Code

Service Description

Extremity Arterial Studies (Including Digits)

- 93922 Non-invasive physiologic studies of upper or lower extremity arteries, single level, bilateral (eg, ankle/brachial indices, Doppler waveform analysis, volume plethysmography, transcutaneous oxygen tension measurement)
- 93923 Non-invasive physiologic studies of upper or lower extremity arteries, multiple levels or with provocative functional maneuvers, complete bilateral study (eg, segmental blood pressure measurements, segmental Doppler waveform analysis, segmental volume plethysmography, segmental transcutaneous oxygen tension measurements, measurements with postural provocative tests, measurements with reactive hyperemia)
- 93924 Non-invasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, complete bilateral study
- 93925 Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study
- 93926 Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study
- 93930 Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study
- 93931 Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study

Extremity Venous Studies (Including Digits)

- 93965 Non-invasive physiologic studies of extremity veins, complete bilateral study (eg, Doppler waveform analysis with responses to compression and other maneuvers, phleborheography, impedance plethysmography)
- 93970 Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study
- 93971 Duplex scan of extremity veins including responses to compression and other maneuvers; 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 Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study
- 93978 Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study
- 93979 Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study
- 93980 Duplex scan of arterial inflow and venous outflow of penile vessels; complete study
- 93981 Duplex scan of arterial inflow and venous outflow of penile vessels; follow-up or limited study

Visceral and Penile Vascular Studies

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

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604 Mammography Vans: Radiology Service Codes and Descriptions

Service

Code Service Description

Diagnostic Radiology

Other Procedures

- 76082 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)
- 76083 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; screening mammography (List separately in addition to code for primary procedure)
- 76086 Mammary ductogram or galactogram, single duct, radiological supervision and interpretation
- 76088 Mammary ductogram or galactogram, multiple ducts, radiological supervision and interpretation
- 76090 Mammography; unilateral
- 76091 bilateral
- 76092 Screening mammography, bilateral (two view film study of each breast)

Diagnostic Ultrasound

Chest

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

605 Sleep Centers: Radiology Service Codes and Descriptions

Service

Code Service Description

Neurology and Neuromuscular Procedures

Sleep Studies

- 95805 Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness
- 95806 Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, unattended by a technologist
- 95807 Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist
- 95808 Polysomnography; sleep staging with 1-3 additional parameters of sleep, attended by a technologist
- 95810 Polysomnography; sleep staging with 4 or more additional parameters of sleep, attended by a technologist
- 95811 Polysomnography; sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist

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