




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



MassHealth
Transmittal Letter CHC-80
June 2008

TO: Community Health Centers Participating in MassHealth
FROM: Tom Dehner, Medicaid Director 
RE: *Community Health Center Manual* (2008 HCPCS)

This letter transmits revisions to the service codes and descriptions in Subchapter 6 of the *Community Health Center Manual*. The Centers for Medicare & Medicaid Services (CMS) has revised the Healthcare Common Procedure Coding System (HCPCS) for 2008.

Please Note: The 2008 HCPCS additions may be used for dates of service on or after July 1, 2008, and are found in the attached revised Subchapter 6 of the *Community Health Center Manual*. MassHealth pays for the services represented by the codes listed in Subchapter 6 in effect at the time of service, subject to all conditions and limitations in MassHealth regulations at 130 CMR 405.000 and 450.000. A CHC provider may request prior authorization (PA) for any medically necessary service reimbursable under the federal Medicaid Act in accordance with 130 CMR 450.144, 42 U.S.C.1396d(a), and 42 U.S.C. 1396d(r)(5), for a MassHealth Standard or CommonHealth member younger than 21 years of age, even if it is not designated as covered or payable in the *Community Health Center Manual*.

For more information about payment, you may download the Division of Health Care Finance and Policy (DHCFP) regulations at no cost at www.mass.gov/dhcfp. You may also purchase a paper copy of the DHCFP regulations from either the Massachusetts State Bookstore or from DHCFP (see addresses and telephone numbers below). You must contact them first to find out the price of the paper copy of the publication. The regulation titles are as follows: 114.3 CMR 18.00: Radiology; 114.3 CMR 20.00: Clinical Laboratory Services; 114.3 CMR 4.00: Rates for Community Health Centers; 114.3 CMR 17.00: Medicine.

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

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

Effective Date

The revisions to Subchapter 6 are effective for dates of service on or after July 1, 2008.

Reminder to Use a Modifier When Billing for Behavioral Health Screening Tools

The administration and scoring of standardized behavioral-health screening tools selected from the approved menu of tools found in Appendix W of your provider manual is covered for members (except MassHealth Limited) from birth to 21 years of age. Service Code 96110 must be accompanied by one of the modifiers listed in Section 612 to indicate whether a behavioral-health need was identified. "Behavioral-health need identified" means the provider administering the screening tool, in his or her professional judgment identifies a child with a potential behavioral health services need. In the future, failure to include a modifier when billing Service Code 96110 will result in denial of the claim.

MassHealth Web Site

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

Questions

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

NEW MATERIAL

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

Community Health Center Manual

Pages vi and 6-1 through 6-72

OBSOLETE MATERIAL

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

Community Health Center Manual

Pages vi and 6-1 through 6-72 — transmitted by Transmittal Letter CHC-79

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601 Introduction and Explanation of Abbreviations

MassHealth pays for the services represented by the codes listed in Subchapter 6 in effect at the time of service, subject to all conditions and limitations in MassHealth regulations at 130 CMR 405.000 and 450.000. A community health center may request prior authorization for any medically necessary service reimbursable under the federal Medicaid Act in accordance with 130 CMR 450.144, 42 U.S.C. § 1396d(a)(4)(B), and 42 U.S.C. § 1396d(r)(5) for a MassHealth Standard or CommonHealth member younger than 21 years of age, even if it is not designated as covered or payable in Subchapter 6 of the *Community Health Center Manual*.

The following abbreviations are used in Subchapter 6.

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

602 Radiology Service Codes and Descriptions

Service

Code Service Description

DIAGNOSTIC RADIOLOGY (DIAGNOSTIC IMAGING)

HEAD AND NECK

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

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Service

<u>Code</u>	<u>Service Description</u>
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)
70350	Cephalogram, orthodontic
70355	Orthopantomogram
70360	Radiologic examination; neck, soft tissue
70370	pharynx or larynx, including fluoroscopy and/or magnification technique
70371	Complex dynamic pharyngeal and speech evaluation by cine or video recording
70373	Laryngography, contrast, radiological supervision and interpretation
70380	Radiologic examination, salivary gland for calculus
70390	Sialography, radiological supervision and interpretation
70450	Computed tomography, head or brain; without contrast material
70460	with contrast material(s)
70470	without contrast material, followed by contrast material(s) and further sections
70480	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material
70481	with contrast material(s)
70482	without contrast material, followed by contrast material(s) and further sections
70486	Computed tomography, maxillofacial area; without contrast material
70487	with contrast material(s)
70488	without contrast material, followed by contrast material(s) and further sections
70490	Computed tomography, soft tissue neck; without contrast material
70491	with contrast material(s)
70492	without contrast material followed by contrast material(s) and further sections
70540	Magnetic resonance (e.g., proton) imaging, orbit, face, and neck; without contrast material(s)
70542	with contrast materials
70543	without contrast material(s), followed by contrast material(s) and further sequences
70551	Magnetic resonance (e.g., proton) imaging, brain (including brain stem); without contrast material
70552	with contrast material(s) (professional component only)
70553	without contrast material, followed by contrast material(s) and further sequences
70554	Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration
70555	requiring physician or psychologist administration of entire neurofunctional testing
70557	Magnetic resonance (e.g., proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (e.g., to assess for residual tumor or residual vascular malformation); without contrast material
70558	with contrast material(s)
70559	without contrast material(s), followed by contrast material(s) and further sequences

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Service

Code Service Description

CHEST

71010	Radiologic examination, chest; single view, frontal
71015	stereo, frontal
71020	Radiologic examination, chest, two views, frontal and lateral
71021	with apical lordotic procedure
71022	with oblique projections
71023	with fluoroscopy
71030	Radiologic examination, chest, complete, minimum of four views
71034	with fluoroscopy
71035	Radiologic examination, chest, special views (e.g., lateral decubitus, Bucky studies)
71040	Bronchography, unilateral, radiological supervision and interpretation
71060	Bronchography, bilateral, radiological supervision and interpretation
71090	Insertion pacemaker, fluoroscopy and radiography, radiological supervision and interpretation
71100	Radiologic examination, ribs, unilateral; two views
71101	including posteroanterior chest, minimum of three views
71110	Radiologic examination, ribs, bilateral; three views
71111	including posteroanterior chest, minimum of four views
71120	Radiologic examination; sternum, minimum of two views
71130	sternoclavicular joint or joints, minimum of three views
71250	Computed tomography, thorax; without contrast material
71260	with contrast material(s)
71270	without contrast material, followed by contrast material(s) and further sections
71555	Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)

SPINE AND PELVIS

72010	Radiologic examination, spine, entire, survey study, anteroposterior and lateral
72020	Radiologic examination, spine, single view, specify level
72040	Radiologic examination, spine, cervical; two or three views
72050	minimum of four views
72052	complete, including oblique and flexion and/or extension studies
72069	Radiological examination, spine, thoracolumbar, standing (scoliosis)
72070	Radiologic examination, spine; thoracic, two views
72072	thoracic, three views
72074	thoracic, minimum of four views
72080	thoracolumbar, two views
72090	scoliosis study, including supine and erect studies
72100	Radiologic examination, spine, lumbosacral; two or three views
72110	minimum of four views
72114	complete, including bending views
72120	Radiologic examination, spine, lumbosacral, bending views only, minimum of four views
72125	Computed tomography, cervical spine; without contrast material
72126	with contrast material
72127	without contrast material, followed by contrast material(s) and further sections

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602 Radiology Service Codes and Descriptions (cont.)

Service

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

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602 Radiology Service Codes and Descriptions (cont.)

Service

Code Service Description

UPPER EXTREMITIES

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

LOWER EXTREMITIES

73500	Radiologic examination, hip, unilateral; one view
73510	complete, minimum of two views
73520	Radiologic examination, hips, bilateral, minimum of two views of each hip, including anteroposterior view of pelvis
73525	Radiologic examination, hip, arthrography, radiological supervision and interpretation
73530	Radiologic examination, hip, during operative procedure
73540	Radiologic examination, pelvis and hips, infant or child, minimum of two views
73542	Radiological examination, 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

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602 Radiology Service Codes and Descriptions (cont.)

Service

Code Service Description

73580	Radiologic examination, knee, arthrography, radiological supervision and interpretation
73590	Radiologic examination; tibia and fibula, two views
73592	lower extremity, infant, minimum of two views
73600	Radiologic examination, ankle; two views
73610	complete, minimum of three views
73615	Radiologic examination, ankle, arthrography, radiological supervision and interpretation
73620	Radiologic examination, foot; two views
73630	complete, minimum of three views
73650	Radiologic examination; calcaneus, minimum of two views
73660	toe(s), minimum of two views
73700	Computed tomography, lower extremity; without contrast material
73701	with contrast material(s)
73702	without contrast material, followed by contrast material(s) and further sections
73720	Magnetic resonance (e.g., proton) imaging, lower extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences
73721	Magnetic resonance (e.g., proton) imaging, any joint of lower extremity; without contrast material
73725	Magnetic resonance angiography, lower extremity, with or without contrast material(s)

ABDOMEN

74000	Radiologic examination, abdomen; single anteroposterior view
74010	anteroposterior and additional oblique and cone views
74020	complete, including decubitus and/or erect views
74022	complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest
74150	Computed tomography, abdomen; without contrast material
74160	with contrast material(s)
74170	without contrast material, followed by contrast material(s) and further sections
74181	Magnetic resonance (e.g., proton) imaging, abdomen; without contrast material(s)
74185	Magnetic resonance angiography, abdomen, with or without contrast material(s)
74190	Peritoneogram (e.g., after injection of air or contrast), radiological supervision and interpretation

GASTROINTESTINAL TRACT

74210	Radiologic examination; pharynx and/or cervical esophagus
74220	esophagus
74230	Swallowing function, with cineradiography/videoradiography
74235	Removal of foreign body(s), esophageal, with use of balloon catheter, radiological supervision and interpretation
74240	Radiologic examination, gastrointestinal tract, upper; with or without delayed films, without KUB
74241	with or without delayed films, with KUB
74245	with small intestine, includes multiple serial films
74246	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed films, without KUB

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602 Radiology Service Codes and Descriptions (cont.)

Service

Code Service Description

- 74247 with or without delayed films, with KUB
74249 with small intestine follow-through
74250 Radiologic examination, small intestine, includes multiple serial films
74251 via enteroclysis tube
74260 Duodenography, hypotonic
74270 Radiologic examination, colon; barium enema, with or without KUB
74280 air contrast with specific high density barium, with or without glucagon
74283 Therapeutic enema, contrast or air, for reduction of intussusception or other intraluminal
obstruction (e.g., meconium ileus)
74290 Cholecystography, oral contrast
74291 additional or repeat examination or multiple day examination
74300 Cholangiography and/or pancreatography; intraoperative, radiological supervision and
interpretation
74301 additional set intraoperative, radiological supervision and interpretation (List separately in
addition to code for primary procedure.)
74305 through existing catheter, radiological supervision and interpretation
74320 Cholangiography, percutaneous, transhepatic, radiological supervision and interpretation
74327 Postoperative biliary duct calculus removal, percutaneous via T-tube tract, basket or snare (e.g.,
Burhenne technique), radiological supervision and interpretation
74328 Endoscopic catheterization of the biliary ductal system, radiological supervision and interpretation
74329 Endoscopic catheterization of the pancreatic ductal system, radiological supervision and
interpretation
74330 Combined endoscopic catheterization of the biliary and pancreatic ductal systems, radiological
supervision and interpretation
74340 Introduction of long gastrointestinal tube (e.g., Miller-Abbott), including multiple fluoroscopies
and films, radiological supervision and interpretation
74355 Percutaneous placement of enteroclysis tube, radiological supervision and interpretation
74360 Intraluminal dilation of strictures and/or obstructions (e.g., esophagus), radiological supervision
and interpretation
74363 Percutaneous transhepatic dilatation of biliary duct stricture with or without placement of stent,
radiological supervision and interpretation

URINARY TRACT

- 74400 Urography (pyelography), intravenous, with or without KUB, with or without tomography
74410 Urography, infusion, drip technique and/or bolus technique
74415 with nephrotomography
74420 Urography, retrograde, with or without KUB
74425 Urography, antegrade (pyelostogram, nephrostogram, loopogram), radiological supervision and
interpretation
74430 Cystography, minimum of three views, radiological supervision and interpretation
74440 Vasography, vesiculography, or epididymography, radiological supervision and interpretation
74445 Corpora cavernosography, radiological supervision and interpretation
74450 Urethrocystography, retrograde, radiological supervision and interpretation

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602 Radiology Service Codes and Descriptions (cont.)

Service

<u>Code</u>	<u>Service Description</u>
74455	Urethrocytography, voiding, radiological supervision and interpretation
74470	Radiologic examination, renal cyst study, translumbar, contrast visualization, radiological supervision and interpretation
74475	Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation
74480	Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation
74485	Dilation of nephrostomy, ureters, or urethra, radiological supervision and interpretation

GYNECOLOGICAL AND OBSTETRICAL

74710	Pelvimetry, with or without placental localization
74740	Hysterosalpingography, radiological supervision and interpretation
74742	Transcervical catheterization of fallopian tube, radiological supervision and interpretation
74775	Perineogram (e.g., vaginogram, for sex determination or extent of anomalies)

HEART

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

AORTA AND ARTERIES

75600	Aortography, thoracic, without serialography, radiological supervision and interpretation
75605	Aortography, thoracic, by serialography, radiological supervision and interpretation
75625	Aortography, abdominal, by serialography, radiological supervision and interpretation
75630	Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography, radiological supervision and interpretation
75650	Angiography, cervicocerebral, catheter, including vessel origin, radiological supervision and interpretation
75658	Angiography, brachial, retrograde, radiological supervision and interpretation
75660	Angiography, external carotid, unilateral, selective, radiological supervision and interpretation
75662	Angiography, external carotid, bilateral, selective, radiological supervision and interpretation
75665	Angiography, carotid, cerebral, unilateral, radiological supervision and interpretation
75671	Angiography, carotid, cerebral, bilateral, radiological supervision and interpretation
75676	Angiography, carotid, cervical, unilateral, radiological supervision and interpretation
75680	Angiography, carotid, cervical, bilateral, radiological supervision and interpretation

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

VEINS AND LYMPHATICS

75801	Lymphangiography, extremity only, unilateral, radiological supervision and interpretation
75803	Lymphangiography, extremity only, bilateral, radiological supervision and interpretation
75805	Lymphangiography, pelvic/abdominal, unilateral, radiological supervision and interpretation
75807	Lymphangiography, pelvic/abdominal, bilateral, radiological supervision and interpretation
75809	Shuntogram for investigation of previously placed indwelling nonvascular shunt (e.g., LeVeen shunt, ventriculoperitoneal shunt, indwelling infusion pump), radiological supervision and interpretation
75810	Splenoportography, radiological supervision and interpretation
75820	Venography, extremity, unilateral, radiological supervision and interpretation
75822	Venography, extremity, bilateral, radiological supervision and interpretation
75825	Venography, caval, inferior, with serialography, radiological supervision and interpretation
75827	Venography, caval, superior, with serialography, radiological supervision and interpretation
75831	Venography, renal, unilateral, selective, radiological supervision and interpretation
75833	Venography, renal, bilateral, selective, radiological supervision and interpretation
75840	Venography, adrenal, unilateral, selective, radiological supervision and interpretation
75842	Venography, adrenal, bilateral, selective, radiological supervision and interpretation
75860	Venography, venous sinus (e.g., petrosal and inferior sagittal) or jugular, catheter, radiological supervision and interpretation
75870	Venography, superior sagittal sinus, radiological supervision and interpretation
75872	Venography, epidural, radiological supervision and interpretation
75880	Venography, orbital, radiological supervision and interpretation

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602 Radiology Service Codes and Descriptions (cont.)

Service

Code Service Description

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

Transcatheter Procedures

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

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602 Radiology Service Codes and Descriptions (cont.)

Service

Code Service Description

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

Transluminal Atherectomy

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

Other Procedures

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

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602 Radiology Service Codes and Descriptions (cont.)

Service

Code Service Description

- 76000 Fluoroscopy (separate procedure), up to one hour physician time, other than 71023 or 71034 (e.g., cardiac fluoroscopy)
- 76001 Fluoroscopy, physician time more than one hour, assisting a non-radiologic physician (e.g., nephrostolithotomy, ERCP, bronchoscopy, transbronchial biopsy)
- 76010 Radiologic examination from nose to rectum for foreign body, single view, child
- 76080 Radiologic examination, abscess, fistula or sinus tract study, radiological supervision and interpretation
- 76098 Radiological examination, surgical specimen
- 76100 Radiologic examination, single plane body section (e.g., tomography), other than with urography
- 76101 Radiologic examination, complex motion (i.e., hypercycloidal) body section (e.g., mastoid polytomography), other than with urography; unilateral
- 76102 bilateral
- 76120 Cineradiography/videoradiography, except where specifically included
- 76125 Cineradiography/videoradiography to complement routine examination (List separately in addition to code for primary procedure.)
- 76376 3D rendering with interpretation and reporting of computer tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; not requiring image postprocessing on an independent workstation
- 76377 requiring image postprocessing on an independent workstation
- 76380 Computed tomography, limited or localized follow-up study
- 76499 Unlisted diagnostic radiographic procedure (I.C.)

DIAGNOSTIC ULTRASOUND

HEAD AND NECK

- 76506 Echoencephalography, real time with image documentation (gray scale) (for determination of ventricular size, delineation of cerebral contents and detection of fluid masses or other intracranial abnormalities), including A-mode encephalography as secondary component where indicated
- 76510 Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter
- 76511 quantitative A-scan only
- 76512 B-scan (with or without superimposed non-quantitative A-scan)
- 76513 anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy
- 76514 corneal pachymetry, unilateral or bilateral (determination of corneal thickness)
- 76516 Ophthalmic biometry by ultrasound echography, A-scan
- 76519 with intraocular lens power calculation
- 76529 Ophthalmic ultrasonic foreign body localization
- 76536 Ultrasound, soft tissues of head and neck (e.g., thyroid, parathyroid, parotid), B-scan and/or real time with image documentation

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602 Radiology Service Codes and Descriptions (cont.)

Service

Code Service Description

CHEST

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

ABDOMEN AND RETROPERITONEUM

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

SPINAL CANAL

- 76800 Ultrasound, spinal canal and contents

PELVIS

- 76801 Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation,
first trimester (<14 weeks 0 days), transabdominal approach; single or first gestation
76802 each additional gestation (List separately in addition to code for primary procedure.)
76805 Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation,
after first trimester (> or = 14 weeks 0 days), transabdominal approach; single or first
gestation
76810 each additional gestation (List separately in addition to code for primary procedure)
76811 Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation
plus detailed fetal anatomic examination, transabdominal approach, single or first gestation
76812 each additional gestation (List separately in addition to code for primary procedure.)
76813 Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal
translucency measurement, transabdominal or transvaginal approach; single or first gestation
76814 each additional gestation (List separately in addition to code for primary procedure)
76815 Ultrasound, pregnant uterus, real time with image documentation, limited (e.g., fetal heart beat,
placental location, fetal position and/or qualitative amniotic fluid volume), one or more fetuses
76816 Ultrasound, pregnant uterus, real time with image documentation, follow-up (e.g., reevaluation of
fetal size by measuring standard growth parameters and amniotic fluid volume, reevaluation of
organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal
approach, per fetus
76817 Ultrasound, pregnant uterus, real time with image documentation, transvaginal
76818 Fetal biophysical profile; with non-stress testing
76820 Doppler velocimetry, fetal; umbilical artery
76821 middle cerebral artery
76825 Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or
without M-mode recording

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Service

Code Service Description

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

NONOBSTETRICAL

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

GENITALIA

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

EXTREMITIES

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

ULTRASONIC GUIDANCE PROCEDURES

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

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602 Radiology Service Codes and Descriptions (cont.)

Service

Code Service Description

Other Procedures

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

RADIATION ONCOLOGY

CLINICAL TREATMENT PLANNING (EXTERNAL AND INTERNAL SOURCES)

- 77001 Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position) (List separately in addition to code for primary procedure)
- 77002 Fluoroscopic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device)
- 77003 Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinal diagnostic or therapeutic injection procedures (epidural, transforaminal epidural, subarachnoid, paravertebral facet joint, paravertebral facet joint nerve, or sacroiliac joint), including neurolytic agent destruction
- 77011 Computed tomography guidance for stereotactic localization
- 77012 Computed tomography guidance for needle placement (e.g., biopsy, aspiration, injection, localization device), radiological supervision and interpretation
- 77013 Computerized tomography guidance for, and monitoring of, parenchymal tissue ablation
- 77014 Computed tomography guidance for placement of radiation therapy fields
- 77021 Magnetic resonance guidance for needle placement (e.g., for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation
- 77022 Magnetic resonance guidance for, and monitoring of, parenchymal tissue ablation
- 77031 Stereotactic localization guidance for breast biopsy or needle placement (e.g., for wire localization or for injection), each lesion, radiological supervision and interpretation
- 77032 Mammographic guidance for needle placement, breast (e.g., for wire localization or for injection), each lesion, radiological supervision and interpretation
- 77051 Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation, with or without digitization of film radiographic images; diagnostic mammography (List separately in addition to code for primary procedure.)
- 77052 screening mammography (List separately in addition to code for primary procedure.)
- 77053 Mammary ductogram or galactogram, single duct, radiological supervision and interpretation
- 77054 Mammary ductogram or galactogram, multiple ducts, radiological supervision and interpretation
- 77055 Mammography; unilateral
- 77056 bilateral

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602 Radiology Service Codes and Descriptions (cont.)

Service

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

RADIATION TREATMENT MANAGEMENT

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

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Service

Code Service Description

Hyperthermia

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

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

Clinical Intracavitary Hyperthermia

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

- 77620 Hyperthermia generated by intracavitary probe(s)

Clinical Brachytherapy

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

NUCLEAR MEDICINE

DIAGNOSTIC

Endocrine System

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

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602 Radiology Service Codes and Descriptions (cont.)

Service

Code Service Description

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

Hematopoietic, Reticuloendothelial and Lymphatic System

- 78102 Bone marrow imaging; limited area
- 78103 multiple areas
- 78104 whole body
- 78110 Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); single sampling
- 78111 multiple samplings
- 78120 Red cell volume determination (separate procedure); single sampling
- 78121 multiple samplings
- 78122 Whole blood volume determination, including separate measurement of plasma volume and red cell volume (radiopharmaceutical volume-dilution technique)
- 78130 Red cell survival study
- 78135 differential organ/tissue kinetics (e.g., splenic and/or hepatic sequestration)
- 78140 Labeled red cell sequestration, differential organ/tissue (e.g., splenic and/or hepatic)
- 78185 Spleen imaging only, with or without vascular flow
- 78190 Kinetics, study of platelet survival, with or without differential organ/tissue localization
- 78191 Platelet survival study
- 78195 Lymphatics and lymph nodes imaging
- 78199 Unlisted hematopoietic, reticuloendothelial and lymphatic procedure, diagnostic nuclear medicine (I.C.)

Gastrointestinal System

- 78201 Liver imaging; static only
- 78202 with vascular flow
- 78205 Liver imaging (SPECT)
- 78206 with vascular flow
- 78215 Liver and spleen imaging; static only
- 78216 with vascular flow
- 78220 Liver function study with hepatobiliary agents, with serial images
- 78223 Hepatobiliary ductal system imaging, including gallbladder, with or without pharmacologic intervention, with or without quantitative measurement of gallbladder function
- 78230 Salivary gland imaging
- 78231 with serial images
- 78232 Salivary gland function study

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Service

Code Service Description

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

Musculoskeletal System

- 78300 Bone and/or joint imaging; limited area
- 78305 multiple areas
- 78306 whole body
- 78315 three phase study
- 78320 tomographic (SPECT)
- 78350 Bone density (bone mineral content) study, one or more sites; single photon absorptiometry
- 78399 Unlisted musculoskeletal procedure, diagnostic nuclear medicine (I.C.)

Cardiovascular System

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

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Service

Code Service Description

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

Respiratory System

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

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Service

Code Service Description

Nervous System

- 78600 Brain imaging, less than four static views
- 78601 with vascular flow
- 78605 Brain imaging, minimum four static views
- 78607 Brain imaging, tomographic (SPECT)
- 78608 Brain imaging, positron emission tomography (PET); metabolic evaluation
- 78609 perfusion evaluation
- 78610 Brain imaging, vascular flow only
- 78630 Cerebrospinal fluid flow, imaging (not including introduction of material); cisternography
- 78635 ventriculography
- 78645 shunt evaluation
- 78647 tomographic (SPECT)
- 78650 Cerebrospinal fluid leakage detection and localization
- 78660 Radiopharmaceutical dacryocystography
- 78699 Unlisted nervous system procedure, diagnostic nuclear medicine (I.C.)

Genitourinary System

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

Other Procedures

- 78800 Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); limited area
- 78801 multiple areas
- 78802 whole body, single day imaging
- 78803 tomographic (SPECT)
- 78804 whole body, requiring two or more days imaging
- 78805 Radiopharmaceutical localization of inflammatory process; limited area

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Service

Code Service Description

78806 whole body
 78807 tomographic (SPECT)
 78811 Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)
 78812 skull base to mid-thigh
 78813 whole body
 78814 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for
 attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)
 78815 skull base to mid-thigh
 78816 whole body
 78999 Unlisted miscellaneous procedure, diagnostic nuclear medicine (I.C.)

THERAPEUTIC

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

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603 Laboratory Service Codes and Descriptions

PATHOLOGY AND LABORATORY

ORGAN OR DISEASE-ORIENTED PANELS

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

Service

Code Service Description

- 80047 Basic metabolic panel (Calcium, ionized) (This panel must include the following: Calcium, ionized (82330), Carbon dioxide (82374), Chloride (82435), Creatinine (82565), Glucose (82947), Potassium (84132), Sodium (84295), and Urea Nitrogen (BUN) (84520).)
- 80048 Basic metabolic panel (Calcium, total) (This panel must include the following: Calcium (82310), Carbon dioxide (82374), Chloride (82435), Creatinine (82565), Glucose (82947), Potassium (84132), Sodium (84295), and Urea Nitrogen (BUN) (84520).)
- 80050 General health panel (This panel must include the following: Comprehensive metabolic panel (80053), blood count, complete (CBC), automated and automated differential (85025 of 85027 and 85004) or blood count, complete (CBC), automated (85027) and appropriate manual differential WBC count (85007 or 85009) and Thyroid stimulating hormone (TSH) (84443).)
- 80051 Electrolyte panel (This panel must include the following: Carbon dioxide (82374), Chloride (82435), Potassium (84132), and Sodium (84295).)
- 80053 Comprehensive metabolic panel (This panel must include the following: Albumin (82040), Bilirubin, total (82247), Calcium (82310), Carbon dioxide (bicarbonate) (82374), Chloride (82435), Creatinine (82565), Glucose (82947), Phosphatase, alkaline (84075), Potassium (84132), Protein, total (84155), Sodium (84295), Transferase, alanine amino (ALT) (SGPT) (84460), Transferase, aspartate amino (AST) (SGOT) (84450), and Urea Nitrogen (BUN) (84520).)
- 80055 Obstetric panel (This panel must include the following: blood count, complete (CBC), automated and automated differential WBC count (85025 or 85027 and 85004) or blood count, complete (CBC), automated (85027) and appropriate manual differential WBC count (85007 or 95009), Hepatitis B surface antigen (HbsAg) (87340), Antibody, Rubella (86762), Syphilis test, qualitative (e.g., VDRL, RPR, ART) (86592), Antibody screen, RBC, each serum technique (86850), Blood typing, ABO (86900), and blood typing, Rh (D) (86901).)
- 80061 Lipid panel (This panel must include the following: Cholesterol, serum, total (82465), Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718), and Triglycerides (84478).)
- 80069 Renal function panel (This panel must include the following: Albumin (82040), Calcium (82310), Carbon dioxide (bicarbonate) (82374), Chloride (82435), Creatinine (82565), Glucose (82947), Phosphorus inorganic (phosphate) (84100), Potassium (84132), Sodium (84295), and Urea nitrogen (BUN) (84520).)
- 80074 Acute hepatitis panel (This panel must include the following: Hepatitis A antibody (HAAb), IgM antibody (86709), Hepatitis B core antibody (HBcAb), IgM antibody (86705), Hepatitis B surface antigen (HBsAg) (87340), and Hepatitis C antibody (86803).)

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

DRUG TESTING

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

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

Confirmed drugs may also be quantitated.

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

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

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

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THERAPEUTIC DRUG ASSAYS

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

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

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Code Service Description

EVOCATIVE/SUPPRESSION TESTING

- 80400 ACTH stimulation panel; for adrenal insufficiency (This panel must include the following: Cortisol (82533 x 2).)
- 80402 for 21 hydroxylase deficiency (This panel must include the following: Cortisol (82533 x 2) and 17 hydroxyprogesterone (83498 x 2).)
- 80406 for 3 beta-hydroxydehydrogenase deficiency (This panel must include the following: Cortisol (82533 x 2) and 17 hydroxypregnenolone (84143 x 2).)
- 80408 Aldosterone suppression evaluation panel (e.g., saline infusion) (This panel must include the following: Aldosterone (82088 x 2) and Renin (84244 x 2).)
- 80410 Calcitonin stimulation panel (e.g., calcium, pentagastrin) (This panel must include the following: Calcitonin (82308 x 3).)
- 80412 Corticotropin releasing hormone (CRH) stimulation panel (This panel must include the following: Cortisol (82533 x 6) and Adrenocorticotropin hormone (ACTH) (82024 x 6).)
- 80414 Chorionic gonadotropin stimulation panel; testosterone response (This panel must include the following: Testosterone (84403 x 2 on three pooled blood samples).)
- 80415 estradiol response (This panel must include the following: Estradiol (82670 x 2 on three pooled blood samples).)
- 80416 Renal vein renin stimulation panel (e.g., captopril) (This panel must include the following: Renin (84244 x 6).)
- 80417 Peripheral vein renin stimulation panel (e.g., captopril) (This panel must include the following: Renin (84244 x 2).)
- 80418 Combined rapid anterior pituitary evaluation panel (This panel must include the following: Adrenocorticotropin hormone (ACTH) (82024 x 4), Luteinizing hormone (LH) (83002 x 4), Follicle stimulating hormone (FSH) (83001 x 4), Prolactin (84146 x 4), Human growth hormone (HGH) (83003 x 4), Cortisol (82533 x 4), and Thyroid stimulating hormone (TSH) (84443 x 4).)
- 80420 Dexamethasone suppression panel, 48 hour (This panel must include the following: Free cortisol, urine (82530 x 2), Cortisol (82533 x 2), and Volume measurement for timed collection (81050 x 2).) (For single dose dexamethasone, use 82533.)
- 80422 Glucagon tolerance panel; for insulinoma (This panel must include the following: Glucose (82947 x 3) and Insulin (83525 x 3).)
- 80424 for pheochromocytoma (This panel must include the following: Catecholamines, fractionated (82384 x 2).)
- 80426 Gonadotropin releasing hormone stimulation panel (This panel must include the following: Follicle stimulating hormone (FSH) (83001 x 4) and Luteinizing hormone (LH) (83002 x 4).)
- 80428 Growth hormone stimulation panel (e.g., arginine infusion, l-dopa administration). (This panel must include the following: Human growth hormone (HGH) (83003 x 4).)
- 80430 Growth hormone suppression panel (glucose administration) (This panel must include the following: Glucose (82947 x 3) and Human growth hormone (HGH) (83003 x 4).)
- 80432 Insulin-induced C-peptide suppression panel (This panel must include the following: Insulin (83525), C-peptide (84681 x 5), and Glucose (82947 x 5).)
- 80434 Insulin tolerance panel; for ACTH insufficiency (This panel must include the following: Cortisol (82533 x 5) and Glucose (82947 x 5).)

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- 80435 for growth hormone deficiency (This panel must include the following: Glucose (82947 x 5) and Human growth hormone (HGH) (83003 x 5).)
- 80436 Metyrapone panel (This panel must include the following: Cortisol (82533 x 2) and 11 deoxycortisol (82634 x 2).)
- 80438 Thyrotropin releasing hormone (TRH) stimulation panel; one hour (This panel must include the following: Thyroid stimulating hormone (TSH) (84443 x 3).)
- 80439 two hour (This panel must include the following: Thyroid stimulating hormone (TSH) (84443 x 4).)
- 80440 for hyperprolactinemia (This panel must include the following: Prolactin (84146 x 3).)

URINALYSIS

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

CHEMISTRY

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

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

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

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<u>Code</u>	<u>Service Description</u>
82043	urine, microalbumin, quantitative
82044	urine, microalbumin, semiquantitative (e.g., reagent strip assay)
82045	Ischemia modified
82055	Alcohol (ethanol); any specimen except breath
82085	Aldolase
82088	Aldosterone
82101	Alkaloids, urine, quantitative
82103	Alpha-1-antitrypsin; total
82104	phenotype
82105	Alpha-fetoprotein; serum
82106	amniotic fluid
82108	Aluminum
82120	Amines, vaginal fluid, qualitative
82127	Amino acids; single, qualitative, each specimen
82128	multiple, qualitative, each specimen
82131	single, quantitative, each specimen
82135	Aminolevulinic acid, delta (ALA)
82136	Amino acids, two to five amino acids, quantitative, each specimen
82139	Amino acids, six or more amino acids, quantitative, each specimen
82140	Ammonia
82143	Amniotic fluid scan (spectrophotometric)
82145	Amphetamine or methamphetamine
82150	Amylase
82154	Androstanediol glucuronide
82157	Androstenedione
82160	Androsterone
82163	Angiotensin II
82164	Angiotensin I - converting enzyme (ACE)
82172	Apolipoprotein, each
82175	Arsenic
82180	Ascorbic acid (vitamin C), blood
82190	Atomic absorption spectroscopy, each analyte
82205	Barbiturates, not elsewhere specified
82232	Beta-2 microglobulin
82239	Bile acids; total
82240	cholyglycine
82247	Bilirubin; total
82248	direct
82252	feces, qualitative
82261	Biotinidase, each specimen
82270	Blood, occult, by peroxidase activity (e.g., guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening (ie, patient was provided three cards or single triple card for consecutive collection)

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82271	other sources
82272	Blood, occult, by peroxidase activity (e.g., guaiac), qualitative, feces, one to three simultaneous determinations, performed for other than colorectal neoplasm screening
82274	Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, one to three simultaneous determinations
82286	Bradykinin
82300	Cadmium
82306	Calcifediol (25-OH vitamin D-3)
82307	Calciferol (vitamin D)
82308	Calcitonin
82310	Calcium; total
82330	ionized
82331	after calcium infusion test
82340	urine quantitative, timed specimen
82355	Calculus; qualitative analysis
82360	quantitative analysis, chemical
82365	infrared spectroscopy
82370	X-ray diffraction
82373	Carbohydrate deficient transferrin
82374	Carbon dioxide (bicarbonate)
82375	Carbon monoxide (carboxyhemoglobin); quantitative
82376	qualitative
82378	Carcinoembryonic antigen (CEA)
82379	Carnitine (total and free), quantitative, each specimen
82380	Carotene
82382	Catecholamines; total urine
82383	blood
82384	fractionated
82387	Cathepsin-D
82390	Ceruloplasmin
82397	Chemiluminescent assay
82415	Chloramphenicol
82435	Chloride; blood
82436	urine
82438	other source
82441	Chlorinated hydrocarbons, screen
82465	Cholesterol, serum or whole blood, total
82480	Cholinesterase; serum
82482	RBC
82485	Chondroitin B sulfate, quantitative
82486	Chromatography, qualitative; column (e.g., gas liquid or HPLC), analyte not elsewhere specified
82487	paper, one-dimensional, analyte not elsewhere specified
82488	paper, two-dimensional, analyte not elsewhere specified
82489	thin layer, analyte not elsewhere specified

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<u>Code</u>	<u>Service Description</u>
82491	Chromatography, quantitative, column (e.g., gas liquid or HPLC); single analyte not elsewhere specified, single stationary and mobile phase
82492	multiple analytes, single stationary and mobile phase
82495	Chromium
82507	Citrate
82520	Cocaine or metabolite
82523	Collagen cross links, any method
82525	Copper
82528	Corticosterone
82530	Cortisol; free
82533	total
82540	Creatine
82541	Column chromatography/mass spectrometry (e.g., GC/MS, or HPLC/MS), analyte not elsewhere specified; qualitative, single stationary and mobile phase
82542	quantitative, single stationary and mobile phase
82543	stable isotope dilution, single analyte, quantitative, single stationary and mobile phase
82544	stable isotope dilution, multiple analytes, quantitative, single stationary and mobile phase
82550	Creatine kinase (CK), (CPK); total
82552	isoenzymes
82553	MB fraction only
82554	isoforms
82565	Creatinine; blood
82570	other source
82575	clearance
82585	Cryofibrinogen
82595	Cryoglobulin, qualitative or semi-quantitative (e.g., cryocrit)
82600	Cyanide
82607	Cyanocobalamin (vitamin B-12)
82608	unsaturated binding capacity
82610	Cystatin C
82615	Cystine and homocystine, urine, qualitative
82626	Dehydroepiandrosterone (DHEA)
82627	Dehydroepiandrosterone-sulfate (DHEA-S)
82633	Desoxycorticosterone, 11-
82634	Deoxycortisol, 11-
82638	Dibucaine number
82646	Dihydrocodeinone
82649	Dihydromorphinone
82651	Dihydrotestosterone (DHT)
82652	Dihydroxyvitamin D, 1,25-
82654	Dimethadione
82656	Elastase, pancreatic (EL-1), fecal, qualitative or semiquantitative
82657	Enzyme activity in blood cells, cultured cells, or tissue, not elsewhere specified; nonradioactive substrate, each specimen

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<u>Code</u>	<u>Service Description</u>
82658	radioactive substrate, each specimen
82664	Electrophoretic technique, not elsewhere specified
82666	Epiandrosterone
82668	Erythropoietin
82670	Estradiol
82671	Estrogens; fractionated
82672	total
82677	Estriol
82679	Estrone
82690	Ethchlorvynol
82693	Ethylene glycol
82696	Etiocholanolone
82705	Fat or lipids, feces; qualitative
82710	quantitative
82715	Fat differential, feces, quantitative
82725	Fatty acids, nonesterified
82726	Very long chain fatty acids
82728	Ferritin
82731	Fetal fibronectin, cervicovaginal secretions, semi-quantitative
82735	Fluoride
82742	Flurazepam
82746	Folic acid; serum
82747	RBC
82757	Fructose, semen
82759	Galactokinase, RBC
82760	Galactose
82775	Galactose-1-phosphate uridyl transferase; quantitative
82776	screen
82784	Gammaglobulin; IgA, IgD, IgG, IgM, each
82785	IgE
82787	immunoglobulin subclasses (IgG1, 2, 3, or 4), each
82800	Gases, blood, pH only
82803	Gases, blood, any combination of pH, pCO ₂ , pO ₂ , CO ₂ , HCO ₃ (including calculated O ₂ saturation)
82805	with O ₂ saturation, by direct measurement, except pulse oximetry
82810	Gases, blood, O ₂ saturation only, by direct measurement, except pulse oximetry
82820	Hemoglobin-oxygen affinity (pO ₂ for 50% hemoglobin saturation with oxygen)
82926	Gastric acid, free and total, each specimen
82928	Gastric acid, free or total; each specimen
82938	Gastrin after secretin stimulation
82941	Gastrin
82943	Glucagon
82945	Glucose, body fluid, other than blood
82946	Glucagon tolerance test
82947	Glucose; quantitative, blood (except reagent strip)

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<u>Code</u>	<u>Service Description</u>
82948	blood, reagent strip
82950	post-glucose dose (includes glucose)
82951	tolerance test (GTT), three specimens (includes glucose)
82952	tolerance test, each additional beyond three specimens
82953	tolbutamide tolerance test
82955	Glucose-6-phosphate dehydrogenase (G6PD); quantitative
82960	screen
82963	Glucosidase, beta
82965	Glutamate dehydrogenase
82975	Glutamine (glutamic acid amide)
82977	Glutamyltransferase, gamma (GGT)
82978	Glutathione
82979	Glutathione reductase, RBC
82980	Glutethimide
82985	Glycated protein
83001	Gonadotropin; follicle-stimulating hormone (FSH)
83002	luteinizing hormone (LH)
83003	Growth hormone, human (HGH) (somatotropin)
83008	Guanosine monophosphate (GMP), cyclic
83009	Helicobacter pylori, blood test analysis for urease activity, non-reactive isotope (eg, C-12)
83010	Haptoglobin; quantitative
83012	phenotypes
83013	Helicobacter pylori; breath test analysis for urease activity, non-radioactive isotope
83014	drug administration
83015	Heavy metal (arsenic, barium, beryllium, bismuth, antimony, mercury); screen
83018	quantitative, each
83020	Hemoglobin fractionation and quantitation; electrophoresis (e.g., A2, S, C, and/or F)
83021	chromatography (e.g., A2, S, C, and/or F)
83026	Hemoglobin; by copper sulfate method, non-automated
83030	F (fetal), chemical
83033	F (fetal), qualitative
83036	glycosylated (AIC)
83037	Glycosylated (AIC) by device cleared by FDA for home use
83045	methemoglobin, qualitative
83050	methemoglobin, quantitative
83051	plasma
83055	sulfhemoglobin, qualitative
83060	sulfhemoglobin, quantitative
83065	thermolabile
83068	unstable, screen
83069	urine
83070	Hemosiderin; qualitative
83071	quantitative
83080	b-Hexosaminidase, each assay

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<u>Code</u>	<u>Service Description</u>
83088	Histamine
83090	Homocystine
83150	Homovanillic acid (HVA)
83491	Hydroxycorticosteroids, 17- (17-OHCS)
83497	Hydroxyindolacetic acid, 5- (HIAA)
83498	Hydroxyprogesterone, 17-d
83499	Hydroxyprogesterone, 20-
83500	Hydroxyproline; free
83505	total
83516	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen, qualitative or semiquantitative; multiple step method
83518	single step method (e.g., reagent strip)
83519	Immunoassay, analyte, quantitative; by radiopharmaceutical technique (e.g., RIA)
83520	not otherwise specified
83525	Insulin; total
83527	free
83528	Intrinsic factor
83540	Iron
83550	Iron-binding capacity
83570	Isocitric dehydrogenase (IDH)
83582	Ketogenic steroids, fractionation
83586	Ketosteroids, 17- (17-KS); total
83593	fractionation
83605	Lactate (lactic acid)
83615	Lactate dehydrogenase (LD), (LDH);
83625	isoenzymes, separation and quantitation
83630	Lactoferrin, fecal, qualitative
83631	quantitative
83632	Lactogen, human placental (HPL) human chorionic somatomammotropin
83633	Lactose, urine; qualitative
83634	quantitative
83655	Lead
83661	Fetal lung maturity assessment; lecithin sphingomyelin (L/S) ratio
83662	foam stability test
83663	fluorescence polarization
83664	lamellar body density
83670	Leucine aminopeptidase (LAP)
83690	Lipase
83695	Lipoprotein (a)
83700	Lipoprotein, blood, electrophoretic separation and quantitation
83701	High resolution fractionation and quantitation of lipoproteins including lipoprotein subclasses when performed (e.g., electrophoresis, ultracentrifugation)
83704	Quantitation of lipoprotein particle numbers and lipoprotein particle subclasses (e.g., by nuclear magnetic resonance spectroscopy)

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83718	Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)
83719	direct measurement, VLDL cholesterol
83721	direct measurement, LDL cholesterol
83727	Luteinizing-releasing factor (LRH)
83735	Magnesium
83775	Malate dehydrogenase
83785	Manganese
83788	Mass spectrometry and tandem mass spectrometry (MS, MS/MS), analyte not elsewhere specified; qualitative, each specimen
83789	quantitative, each specimen
83805	Meprobamate
83825	Mercury, quantitative
83835	Metanephrines
83840	Methadone
83857	Methemalbumin
83858	Methsuximide
83864	Mucopolysaccharides, acid; quantitative
83866	screen
83872	Mucin, synovial fluid (Ropes test)
83873	Myelin basic protein, cerebrospinal fluid
83874	Myoglobin
83880	Natriuretic peptide
83883	Nephelometry, each analyte not elsewhere specified
83885	Nickel
83887	Nicotine

Molecular Diagnostics

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

83890	Molecular diagnostics; molecular isolation or extraction
83891	isolation or extraction of highly purified nucleic acid
83892	enzymatic digestion
83893	dot/slot blot production
83894	separation by gel electrophoresis (e.g., agarose, polyacrylamide)
83896	nucleic acid probe, each
83897	nucleic acid transfer (e.g., Southern, Northern)
83898	amplification, target, each nucleic acid sequence
83900	amplification, target, multiplex, first two nucleic acid sequences

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83901	amplification, target, multiplex, each additional nucleic acid sequence beyond two (List separately in addition to code for primary procedure)
83902	reverse transcription
83903	mutation scanning, by physical properties (e.g., single strand conformational polymorphisms (SSCP), heteroduplex, denaturing gradient gel electrophoresis (DGGE), RNA'ase A), single segment, each
83904	mutation identification by sequencing, single segment, each segment
83905	mutation identification by allele specific transcription, single segment, each segment
83906	mutation identification by allele specific translation, single segment, each segment
83907	lysis of cells prior to nucleic acid extraction (e.g., stool specimens, paraffin embedded tissue)
83908	amplification, signal, each nucleic acid sequence
83909	separation and identification by high resolution technique (e.g., capillary electrophoresis)
83912	interpretation and report
83914	Mutation identification by enzymatic ligation or primer extension, single segment, each segment (e.g., oligonucleotide ligation assay (OLA), single base chain extension (SBCE), or allele-specific primer extension (ASPE))
83915	Nucleotidase 5-
83916	Oligoclonal immune (oligoclonal bands)
83918	Organic acids; total, quantitative, each specimen
83919	qualitative, each specimen
83921	Organic acid, single, quantitative
83925	Opiates (e.g., morphine, meperidine)
83930	Osmolality; blood
83935	urine
83937	Osteocalcin (bone gla protein)
83945	Oxalate
83950	Oncoprotein, HER-2/neu
83970	Parathormone (parathyroid hormone)
83986	pH, body fluid, except blood
83992	Phencyclidine (PCP)
83993	Calprotectin, fecal
84022	Phenothiazine
84030	Phenylalanine (PKU), blood
84035	Phenylketones, qualitative
84060	Phosphatase, acid; total
84066	prostatic
84075	Phosphatase, alkaline
84078	heat stable (total not included)
84080	isoenzymes
84081	Phosphatidylglycerol
84085	Phosphogluconate, 6-, dehydrogenase, RBC
84087	Phosphohexose isomerase
84100	Phosphorus inorganic (phosphate);
84105	urine

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603 Laboratory Service Codes and Descriptions (cont.)

Service

<u>Code</u>	<u>Service Description</u>
84106	Porphobilinogen, urine; qualitative
84110	quantitative
84119	Porphyrins, urine; qualitative
84120	quantitation and fractionation
84126	Porphyrins, feces; quantitative
84127	qualitative
84132	Potassium; serum
84133	urine
84134	Prealbumin
84135	Pregnanediol
84138	Pregnanetriol
84140	Pregnenolone
84143	17-hydroxypregnenolone
84144	Progesterone
84146	Prolactin
84150	Prostaglandin, each
84152	Prostate specific antigen (PSA); complexed (direct measurement)
84153	total
84154	free
84155	Protein, total, except by refractometry; serum
84156	urine
84157	other source (e.g., synovial fluid, cerebrospinal fluid)
84160	Protein, total, by refractometry, any source
84163	Pregnancy-associated plasma protein-A (PAPP-A) (I.C.)
84165	Protein, electrophoretic fractionation and quantitation, serum
84166	electrophoretic fractionation and quantitation, other fluids with concentration (e.g., urine, CSF)
84181	Western Blot, with interpretation and report, blood or other body fluid
84182	Western Blot, with interpretation and report, blood or other body fluid, immunological probe for band identification, each
84202	Protoporphyrin, RBC; quantitative
84203	screen
84206	Proinsulin
84207	Pyridoxal phosphate (vitamin B-6)
84210	Pyruvate
84220	Pyruvate kinase
84228	Quinine
84233	Receptor assay; estrogen
84234	progesterone
84235	endocrine, other than estrogen or progesterone (specify hormone)
84238	non-endocrine (specify receptor)
84244	Renin
84252	Riboflavin (vitamin B-2)
84255	Selenium
84260	Serotonin

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Service

<u>Code</u>	<u>Service Description</u>
84270	Sex hormone binding globulin (SHBG)
84275	Sialic acid
84285	Silica
84295	Sodium; serum
84300	urine
84302	other source
84305	Somatomedin
84307	Somatostatin
84311	Spectrophotometry, analyte not elsewhere specified
84315	Specific gravity (except urine)
84375	Sugars, chromatographic, TLC or paper chromatography
84376	Sugars (mono-, di, and oligosaccharides); single qualitative, each specimen
84377	multiple qualitative, each specimen
84378	single quantitative, each specimen
84379	multiple quantitative, each specimen
84392	Sulfate, urine
84402	Testosterone; free
84403	total
84425	Thiamine (vitamin B-1)
84430	Thiocyanate
84432	Thyroglobulin
84436	Thyroxine; total
84437	requiring elution (e.g., neonatal)
84439	free
84442	Thyroxine binding globulin (TBG)
84443	Thyroid-stimulating hormone (TSH)
84445	Thyroid-stimulating immune globulins (TSI)
84446	Tocopherol alpha (vitamin E)
84449	Transcortin (cortisol binding globulin)
84450	Transferase; aspartate amino (AST) (SGOT)
84460	alanine amino (ALT) (SGPT)
84466	Transferrin
84478	Triglycerides
84479	Thyroid hormone (T3 or T4) uptake or thyroid hormone binding ratio (THBR)
84480	Triiodothyronine T3; total (TT-3)
84481	free
84482	reverse
84484	Troponin, quantitative
84485	Trypsin; duodenal fluid
84488	feces, qualitative
84490	feces, quantitative, 24-hour collection
84510	Tyrosine
84512	Troponin, qualitative
84520	Urea nitrogen; quantitative

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Service

<u>Code</u>	<u>Service Description</u>
84525	semiquantitative (e.g., reagent strip test)
84540	Urea nitrogen, urine
84545	Urea nitrogen, clearance
84550	Uric acid; blood
84560	other source
84577	Urobilinogen, feces, quantitative
84578	Urobilinogen, urine; qualitative
84580	quantitative, timed specimen
84583	semiquantitative
84585	Vanillylmandelic acid (VMA), urine
84586	Vasoactive intestinal peptide (VIP)
84588	Vasopressin (antidiuretic hormone, ADH)
84590	Vitamin A
84591	Vitamin, not otherwise specified
84597	Vitamin K
84600	Volatiles (e.g., acetic anhydride, carbon tetrachloride, dichloroethane, dichloromethane, diethylether, isopropyl alcohol, methanol)
84620	Xylose absorption test, blood and/or urine
84630	Zinc
84681	C-peptide
84702	Gonadotropin, chorionic (HCG); quantitative
84703	qualitative
84704	free beta chain
84999	Unlisted chemistry procedure (I.C.)

HEMATOLOGY AND COAGULATION

85002	Bleeding time
85004	Blood count; automated differential WBC count
85007	blood smear, microscopic examination with manual differential WBC count
85008	blood smear, microscopic examination without manual differential WBC count
85009	manual differential WBC count, buffy coat
85013	spun microhematocrit
85014	hematocrit (Hct)
85018	hemoglobin (Hgb)
85025	complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count
85027	complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)
85032	manual cell count (erythrocyte, leukocyte, or platelet) each
85041	red blood cell (RBC), automated
85044	reticulocyte, manual
85045	reticulocyte, automated
85046	reticulocytes, automated, including one or more cellular parameters (e.g., reticulocyte hemoglobin content (CHr), immature reticulocyte fraction (IRF), reticulocyte volume (MRV), RNA content), direct measurement

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Service

<u>Code</u>	<u>Service Description</u>
85048	leukocyte (WBC), automated
85049	platelet, automated
85055	Reticulated platelet assay
85060	Blood smear, peripheral, interpretation by physician with written report
85097	Bone marrow, smear interpretation
85130	Chromogenic substrate assay
85170	Clot retraction
85175	Clot lysis time, whole blood dilution
85210	Clotting; factor II, prothrombin, specific
85220	factor V (AcG or proaccelerin), labile factor
85230	factor VII (proconvertin, stable factor)
85240	factor VIII (AHG), one stage
85244	factor VIII related antigen
85245	factor VIII, VW factor, ristocetin cofactor
85246	factor VIII, VW factor antigen
85247	factor VIII, von Willebrand factor, multimeric analysis
85250	factor IX (PTC or Christmas)
85260	factor X (Stuart-Prower)
85270	factor XI (PTA)
85280	factor XII (Hageman)
85290	factor XIII (fibrin stabilizing)
85291	factor XIII (fibrin stabilizing), screen solubility
85292	prekallikrein assay (Fletcher factor assay)
85293	high molecular weight kininogen assay (Fitzgerald factor assay)
85300	Clotting inhibitors or anticoagulants; antithrombin III, activity
85301	antithrombin III, antigen assay
85302	protein C, antigen
85303	protein C, activity
85305	protein S, total
85306	protein S, free
85307	Activated Protein C (APC) resistance assay
85335	Factor inhibitor test
85337	Thrombomodulin
85345	Coagulation time; Lee and White
85347	activated
85348	other methods
85360	Euglobulin lysis
85362	Fibrin(ogen) degradation (split) products (FDP) (FSP); agglutination slide; semiquantitative
85366	paracoagulation
85370	quantitative
85378	Fibrin degradation products, D-dimer; qualitative or semiquantitative
85379	quantitative
85380	ultrasensitive (e.g., for evaluation for venous thromboembolism), qualitative or semiquantitative
85384	Fibrinogen; activity
85385	antigen
85390	Fibrinolysins or coagulopathy screen, interpretation and report

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Service

<u>Code</u>	<u>Service Description</u>
85396	Coagulation/fibrinolysis assay, whole blood (e.g., viscoelastic clot assessment), including use of any pharmacologic additive(s), as indicated, including interpretation and written report, per day
85400	Fibrinolytic factors and inhibitors; plasmin
85410	alpha-2 antiplasmin
85415	plasminogen activator
85420	plasminogen, except antigenic assay
85421	plasminogen, antigenic assay
85441	Heinz bodies; direct
85445	induced, acetyl phenylhydrazine
85460	Hemoglobin or RBCs, fetal, for fetomaternal hemorrhage; differential lysis (Kleihauer-Betke)
85461	rosette
85475	Hemolysin, acid
85520	Heparin assay
85525	Heparin neutralization
85530	Heparin-protamine tolerance test
85536	Iron stain, peripheral blood
85540	Leukocyte alkaline phosphatase with count
85547	Mechanical fragility, RBC
85549	Muramidase
85555	Osmotic fragility, RBC; unincubated
85557	incubated
85576	Platelet; aggregation (in vitro), each agent
85597	Platelet neutralization
85610	Prothrombin time
85611	substitution, plasma fractions, each
85612	Russell viper venom time (includes venom); undiluted
85613	diluted
85635	Reptilase test
85651	Sedimentation rate, erythrocyte; non-automated
85652	automated
85660	Sickling of RBC, reduction
85670	Thrombin time; plasma
85675	titer
85705	Thromboplastin inhibition; tissue
85730	Thromboplastin time, partial (PTT); plasma or whole blood
85732	substitution, plasma fractions, each
85810	Viscosity
85999	Unlisted hematology and coagulation procedure (I.C.)

IMMUNOLOGY

86000	Agglutinins, febrile (e.g., Brucella, Francisella, Murine typhus, Q fever, Rocky Mountain spotted fever, scrub typhus), each antigen
86001	Allergen specific IgG; quantitative or semiquantitative, each allergen

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Service

<u>Code</u>	<u>Service Description</u>
86003	Allergen specific IgE; quantitative or semiquantitative, each allergen
86005	qualitative, multiallergen screen (dipstick, paddle, or disk)
86021	Antibody identification; leukocyte antibodies
86022	platelet antibodies
86023	platelet-associated immunoglobulin assay
86038	Antinuclear antibodies (ANA)
86039	titer
86060	Antistreptolysin O; titer
86063	screen
86140	C-reactive protein
86141	high sensitivity (hsCRP)
86146	Beta 2 Glycoprotein I antibody, each
86147	Cardiolipin (phospholipid) antibody, each Ig class
86148	Anti-phosphatidylserine (phospholipid) antibody
86155	Chemotaxis assay, specify method
86156	Cold agglutinin; screen
86157	titer
86160	Complement; antigen, each component
86161	functional activity, each component
86162	total hemolytic (CH50)
86171	Complement fixation tests, each antigen
86185	Counterimmunoelectrophoresis, each antigen
86200	Cyclic citrullinated peptide (CCP), antibody
86215	Deoxyribonuclease, antibody
86225	Deoxyribonucleic acid (DNA), antibody; native or double stranded
86226	single stranded
86235	Extractable nuclear antigen, antibody to, any method (e.g., nRNP, SS-A, SS-B, Sm, RNP, Sc170, J01), each antibody
86243	Fc receptor
86255	Fluorescent noninfectious agent antibody; screen, each antibody
86256	titer, each antibody
86277	Growth hormone, human (HGH), antibody
86280	Hemagglutination inhibition test (HAI)
86294	Immunoassay for tumor antigen, qualitative or semiquantitative (e.g., bladder tumor antigen)
86300	Immunoassay for tumor antigen, quantitative; CA 15-3 (27.29)
86301	CA 19-9
86304	CA 125
86308	Heterophile antibodies; screening
86309	titer
86310	titers after absorption with beef cells and guinea pig kidney
86316	Immunoassay for tumor antigen; other antigen, quantitative (e.g., CA 50, 72-4, 549), each
86317	Immunoassay for infectious agent antibody, quantitative, not otherwise specified
86318	Immunoassay for infectious agent antibody, qualitative or semiquantitative, single step method (e.g., reagent strip)

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Service

<u>Code</u>	<u>Service Description</u>
86320	Immunoelectrophoresis; serum
86325	other fluids (e.g., urine, cerebrospinal fluid) with concentration
86327	crossed (two-dimensional assay)
86329	Immunodiffusion; not elsewhere specified
86331	gel diffusion, qualitative (Ouchterlony), each antigen or antibody
86332	Immune complex assay
86334	Immunofixation electrophoresis; serum
86335	other fluids with concentration (e.g., urine, CSF)
86336	Inhibin A
86337	Insulin antibodies
86340	Intrinsic factor antibodies
86341	Islet cell antibody
86343	Leukocyte histamine release test (LHR)
86344	Leukocyte phagocytosis
86353	Lymphocyte transformation, mitogen (phytomitogen) or antigen-induced blastogenesis
86355	B cells, total count
86356	Mononuclear cell antigen, quantitative (e.g., flow cytometry), not otherwise specified, each antigen
86357	Natural killer (NK) cells, total count
86359	T cells; total count
86360	absolute CD4 and CD8 count, including ratio
86361	absolute CD4 count
86367	Stem cells (ie, CD34), total count
86376	Microsomal antibodies (e.g., thyroid or liver-kidney), each
86378	Migration inhibitory factor test (MIF)
86382	Neutralization test, viral
86384	Nitroblue tetrazolium dye test (NTD)
86403	Particle agglutination; screen, each antibody
86406	titer, each antibody
86430	Rheumatoid factor; qualitative
86431	quantitative
86480	Tuberculosis test, cell mediated immunity measurement of gamma interferon antigen response
86485	Skin test; candida
86486	unlisted antigen, each
86490	coccidioidomycosis
86510	histoplasmosis
86590	Streptokinase, antibody
86592	Syphilis test; qualitative (e.g., VDRL, RPR, ART)
86593	quantitative

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The following codes (86602-86804) are qualitative or semiquantitative immunoassays performed by multiple step methods for the detection of antibodies to infectious agents. For immunoassays by single step method (e.g., reagent strips), use code 86318. Procedures for the identification of antibodies should be coded as precisely as possible. For example, an antibody to a virus could be coded with increasing specificity for virus, family, genus, species, or type. In some cases, further precision may be added to codes by specifying the class of immunoglobulin being detected.

When multiple tests are done to detect antibodies to organisms classified more precisely than the specificity allowed by available codes, it is appropriate to code each as a separate service. For example, a test for antibody to an enterovirus is coded as 86658. Coxsackieviruses are enteroviruses, but there are no codes for the individual species of enterovirus. If assays are performed for antibodies to coxsackie A and B species, each assay should be separately coded. Similarly, if multiple assays are performed for antibodies of different immunoglobulin classes, each assay should be coded separately.

Service

Code Service Description

86602	Antibody; actinomyces
86603	adenovirus
86606	Aspergillus
86609	bacterium, not elsewhere specified
86611	Bartonella
86612	Blastomyces
86615	Bordetella
86617	Borrelia burgdorferi (Lyme disease) confirmatory test (e.g., Western blot or immunoblot)
86618	Borrelia burgdorferi (Lyme disease)
86619	Borrelia (relapsing fever)
86622	Brucella
86625	Campylobacter
86628	Candida
86631	Chlamydia
86632	Chlamydia, IgM
86635	Coccidioides
86638	Coxiella Brunetii (Q fever)
86641	Cryptococcus
86644	cytomegalovirus (CMV)
86645	cytomegalovirus (CMV), IgM
86648	Diphtheria
86651	encephalitis, California (La Crosse)
86652	encephalitis, Eastern equine
86653	encephalitis, St. Louis
86654	encephalitis, Western equine
86658	enterovirus (e.g., coxsackie, echo, polio)
86663	Epstein-Barr (EB) virus, early antigen (EA)
86664	Epstein-Barr (EB) virus, nuclear antigen (EBNA)
86665	Epstein-Barr (EB) virus, viral capsid (VCA)
86666	Ehrlichia

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Service

<u>Code</u>	<u>Service Description</u>
86668	Francisella tularensis
86671	fungus, not elsewhere specified
86674	Giardia lamblia
86677	Helicobacter pylori
86682	helminth, not elsewhere specified
86684	Haemophilus influenza
86687	HTLV-I
86688	HTLV-II
86689	HTLV or HIV antibody, confirmatory test (e.g., Western blot)
86692	hepatitis, delta agent
86694	herpes simplex, non-specific type test
86695	herpes simplex, type 1
86696	herpes simplex, type 2
86698	histoplasma
86701	HIV-1
86702	HIV-2
86703	HIV-1 and HIV-2, single assay
86704	Hepatitis B core antibody (HBcAb); total
86705	IgM antibody
86706	Hepatitis B surface antibody (HBsAb)
86707	Hepatitis Be antibody (HBeAb)
86708	Hepatitis A antibody (HAAb); total
86709	IgM antibody
86710	Antibody; influenza virus
86713	Legionella
86717	Leishmania
86720	Leptospira
86723	Listeria monocytogenes
86727	lymphocytic choriomeningitis
86729	Lymphogranuloma venereum
86732	mucormycosis
86735	mumps
86738	mycoplasma
86741	Neisseria meningitidis
86744	Nocardia
86747	parvovirus
86750	Plasmodium (malaria)
86753	protozoa, not elsewhere specified
86756	respiratory syncytial virus
86757	Rickettsia
86759	rotavirus
86762	rubella
86765	rubeola
86768	Salmonella

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Service

Code Service Description

86771	Shigella
86774	tetanus
86777	Toxoplasma
86778	Toxoplasma, IgM
86781	Treponema pallidum, confirmatory test (e.g., FTA-abs)
86784	trichinella
86787	varicella-zoster
86790	virus, not elsewhere specified
86793	Yersinia
86800	Thyroglobulin antibody
86803	Hepatitis C antibody
86804	confirmatory test (e.g., immunoblot)

Tissue Typing

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

TRANSFUSION MEDICINE

86850	Antibody screen, RBC, each serum technique
86860	Antibody elution (RBC), each elution
86870	Antibody identification, RBC antibodies, each panel for each serum technique
86880	Antihuman globulin test (Coombs test); direct, each antiserum
86885	indirect, qualitative, each reagent red cell
86886	indirect, each antibody titer
86900	Blood typing; ABO
86901	Rh (D)
86903	antigen screening for compatible blood unit using reagent serum, per unit screened
86904	antigen screening for compatible unit using patient serum, per unit screened
86905	RBC antigens, other than ABO or Rh (D), each
86906	Rh phenotyping, complete
86920	Compatibility test each unit; immediate spin technique (I.C.)
86921	incubation technique (I.C.)
86922	antiglobulin technique (I.C.)

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Service

<u>Code</u>	<u>Service Description</u>
86923	electronic (I.C.)
86940	Hemolysins and agglutinins; auto, screen, each
86941	incubated
86970	Pretreatment of RBCs for use in RBC antibody detection, identification, and/or compatibility testing; incubation with chemical agents or drugs, each
86971	incubation with enzymes, each
86972	by density gradient separation
86975	Pretreatment of serum for use in RBC antibody identification; incubation with drugs, each
86976	by dilution
86977	incubation with inhibitors, each
86978	by differential red-cell absorption using patient RBCs or RBCs of known phenotype, each absorption
86999	Unlisted transfusion medicine procedure (I.C.)

MICROBIOLOGY

87001	Animal inoculation, small animal; with observation
87003	with observation and dissection
87015	Concentration (any type), for infectious agents
87040	Culture, bacterial; blood, aerobic, with isolation and presumptive identification of isolates (includes anaerobic culture, if appropriate)
87045	stool, aerobic, with isolation and preliminary examination (e.g., KIA, LIA), Salmonella and Shigella species
87046	stool, aerobic, additional pathogens, isolation and presumptive identification of isolates, each plate
87070	any other source except urine, blood, or stool, aerobic, with isolation and presumptive identification of isolates
87071	quantitative, aerobic with isolation and presumptive identification of isolates, any source except urine, blood, or stool
87073	quantitative, anaerobic with isolation and presumptive identification of isolates, any source except urine, blood, or stool
87075	any source, except blood, anaerobic with isolation and presumptive identification of isolates
87076	anaerobic isolate, additional methods required for definitive identification, each isolate
87077	aerobic isolate, additional methods required for definitive identification, each isolate
87081	Culture, presumptive, pathogenic organisms, screening only
87084	with colony estimation from density chart
87086	Culture, bacterial; quantitative colony count, urine
87088	with isolation and presumptive identification of isolates, urine
87101	Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; skin, hair, or nail
87102	other source (except blood)
87103	blood
87106	Culture, fungi, definitive identification, each organism; yeast (Use in addition to codes 87101, 87102, or 87103 when appropriate.)
87107	mold
87109	Culture, mycoplasma, any source

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Service

Code Service Description

87110	Culture, chlamydia, any source
87116	Culture, tubercle or other acid-fast bacilli (e.g., TB, AFB, mycobacteria) any source, with isolation and presumptive identification of isolates
87118	Culture, mycobacteria, definitive identification, each isolate
87140	Culture, typing; immunofluorescent method, each antiserum
87143	gas-liquid chromatography (GLC) or high pressure liquid chromatography (HPLC) method
87147	immunologic method, other than immunofluorescence (e.g., agglutination grouping), per antiserum
87149	identification by nucleic acid probe
87152	identification by pulse field gel typing
87158	other methods
87164	Dark field examination, any source (e.g., penile, vaginal, oral, skin); includes specimen collection
87166	without collection
87168	Macroscopic examination; arthropod
87169	parasite
87172	Pinworm exam (e.g., cellophane tape prep)
87176	Homogenization, tissue, for culture
87177	Ova and parasites, direct smears, concentration and identification
87181	Susceptibility studies, antimicrobial agent; agar dilution method, per agent (e.g., antibiotic gradient strip)
87184	disk method, per plate (12 or fewer agents)
87185	enzyme detection (e.g., beta lactamase), per enzyme
87186	microdilution or agar dilution (minimum inhibitory concentration (MIC) or breakpoint), each multiantimicrobial, per plate
87187	microdilution or agar dilution, minimum lethal concentration (MLC), each plate (List separately in addition to code for primary procedure.)
87188	macrobroth dilution method, each agent
87190	mycobacteria, proportion method, each agent
87197	Serum bactericidal titer (Schlicter test)
87205	Smear, primary source with interpretation; Gram or Giemsa stain for bacteria, fungi, or cell types
87206	fluorescent and/or acid-fast stain for bacteria, fungi, parasites, viruses, or cell types
87207	special stain for inclusion bodies or parasites (e.g., malaria, coccidia, microsporidia, trypanosomes, herpes viruses)
87209	complex special stain (e.g., trichrome, iron hemotoxylin) for ova and parasites (I.C.)
87210	wet mount for infectious agents (e.g., saline, India ink, KOH preps)
87220	Tissue examination by KOH slide of samples from skin, hair, or nails for fungi or ectoparasite ova or mites (e.g., scabies)
87230	Toxin or antitoxin assay, tissue culture (e.g., Clostridium difficile toxin)
87250	Virus isolation; inoculation of embryonated eggs, or small animal, includes observation and dissection
87252	tissue culture inoculation, observation, and presumptive identification by cytopathic effect
87253	tissue culture, additional studies or definitive identification (e.g., hemabsorption, neutralization, immunofluorescence stain), each isolate

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Service

Code Service Description

- 87254 centrifuge enhanced (shell vial) technique, includes identification with immunofluorescence stain, each virus
87255 including identification by non-immunologic method, other than by cytopathic effect (e.g., virus specific enzymatic activity)

Infectious agents by antigen detection, immunofluorescence microscopy; or nucleic acid probe techniques

should be reported as precisely as possible. The most specific code possible should be reported. If there is no specific agent code, the general methodology code (e.g., 87299, 87449, 87450, 87797, 87798, 87799, 87899) should be used. For identification of antibodies to many of the listed infectious agents, see 86602-86804.

- 87260 Infectious agent antigen detection by immunofluorescent technique; adenovirus
87265 Bordetella pertussis/parapertussis
87267 Enterovirus, direct fluorescent antibody (DFA)
87269 giardia
87270 Chlamydia trachomatis
87271 Cytomegalovirus, direct fluorescent antibody (DFA)
87272 cryptosporidium
87273 Herpes simplex virus type 2
87274 Herpes simplex virus type 1
87275 influenza B virus
87276 influenza A virus
87277 Legionella micdadei
87278 Legionella pneumophila
87279 Parainfluenza virus, each type
87280 respiratory syncytial virus
87281 Pneumocystis carinii
87283 Rubeola
87285 Treponema pallidum
87290 Varicella zoster virus
87299 not otherwise specified, each organism
87300 Infectious agent antigen detection by immunofluorescent technique, polyvalent for multiple organisms, each polyvalent antiserum
87301 Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; adenovirus enteric types 40/41
87305 Aspergillus
87320 Chlamydia trachomatis
87324 Clostridium difficile toxin(s)
87327 Cryptococcus neoformans
87328 cryptosporidium
87329 giardia
87332 cytomegalovirus
87335 Escherichia coli 0157
87336 Entamoeba histolytica dispar group

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<u>Code</u>	<u>Service Description</u>
87337	Entamoeba histolytica group
87338	Helicobacter pylori, stool
87339	Helicobacter pylori
87340	hepatitis B surface antigen (HBsAg)
87341	hepatitis B surface antigen (HBsAg) neutralization
87350	hepatitis Be antigen (HBeAg)
87380	hepatitis, delta agent
87385	Histoplasma capsulatum
87390	HIV-1
87391	HIV-2
87400	influenza, A or B, each
87420	respiratory syncytial virus
87425	rotavirus
87427	Shiga-like toxin
87430	Streptococcus, group A
87449	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative; multiple step method, not otherwise specified, each organism
87450	single step method, not otherwise specified, each organism
87451	multiple step method, polyvalent for multiple organisms, each polyvalent antiserum
87470	Infectious agent detection by nucleic acid (DNA or RNA); Bartonella henselae and Bartonella quintana, direct probe technique
87471	Bartonella henselae and Bartonella quintana, amplified probe technique
87472	Bartonella henselae and Bartonella quintana, quantification
87475	Borrelia burgdorferi, direct probe technique
87476	Borrelia burgdorferi, amplified probe technique
87477	Borrelia burgdorferi, quantification
87480	Candida species, direct probe technique
87481	Candida species, amplified probe technique
87482	Candida species, quantification
87485	Chlamydia pneumoniae, direct probe technique
87486	Chlamydia pneumoniae, amplified probe technique
87487	Chlamydia pneumoniae, quantification
87490	Chlamydia trachomatis, direct probe technique
87491	Chlamydia trachomatis, amplified probe technique
87492	Chlamydia trachomatis, quantification
87495	cytomegalovirus, direct probe technique
87496	cytomegalovirus, amplified probe technique
87497	cytomegalovirus, quantification
87498	enterovirus, amplified probe technique
87500	vancomycin resistance (e.g., enterococcus species van A, van B), amplified probe technique
87510	Gardnerella vaginalis, direct probe technique
87511	Gardnerella vaginalis, amplified probe technique
87512	Gardnerella vaginalis, quantification
87515	hepatitis B virus, direct probe technique

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Code Service Description

87516	hepatitis B virus, amplified probe technique
87517	hepatitis B virus, quantification
87520	hepatitis C, direct probe technique
87521	hepatitis C, amplified probe technique
87522	hepatitis C, quantification
87525	hepatitis G, direct probe technique
87526	hepatitis G, amplified probe technique
87527	hepatitis G, quantification
87528	herpes simplex virus, direct probe technique
87529	herpes simplex virus, amplified probe technique
87530	herpes simplex virus, quantification
87531	herpes virus-6, direct probe technique
87532	herpes virus-6, amplified probe technique
87533	herpes virus-6, quantification
87534	HIV-1, direct probe technique
87535	HIV-1, amplified probe technique
87536	HIV-1, quantification
87537	HIV-2, direct probe technique
87538	HIV-2, amplified probe technique
87539	HIV-2, quantification
87540	Legionella pneumophila, direct probe technique
87541	Legionella pneumophila, amplified probe technique
87542	Legionella pneumophila, quantification
87550	Mycobacteria species, direct probe technique
87551	Mycobacteria species, amplified probe technique
87552	Mycobacteria species, quantification
87555	Mycobacteria tuberculosis, direct probe technique
87556	Mycobacteria tuberculosis, amplified probe technique
87557	Mycobacteria tuberculosis, quantification
87560	Mycobacteria avium-intracellulare, direct probe technique
87561	Mycobacteria avium-intracellulare, amplified probe technique
87562	Mycobacteria avium-intracellulare, quantification
87580	Mycoplasma pneumoniae, direct probe technique
87581	Mycoplasma pneumoniae, amplified probe technique
87582	Mycoplasma pneumoniae, quantification
87590	Neisseria gonorrhoeae, direct probe technique
87591	Neisseria gonorrhoeae, amplified probe technique
87592	Neisseria gonorrhoeae, quantification
87620	papillomavirus, human, direct probe technique
87621	papillomavirus, human, amplified probe technique
87622	papillomavirus, human, quantification
87650	Streptococcus, group A, direct probe technique
87651	Streptococcus, group A, amplified probe technique
87652	Streptococcus, group A, quantification
87660	Trichomonas vaginalis, direct probe technique

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Code Service Description

87797	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; direct probe technique, each organism
87798	amplified probe technique, each organism
87799	quantification, each organism
87800	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; direct probe(s) technique
87801	amplified probe(s) technique
87802	Infectious agent antigen detection by immunoassay with direct optical observation; Streptococcus, group B
87803	Clostridium difficile toxin A
87804	influenza
87807	respiratory syncytial virus
87809	adenovirus
87810	Infectious agent detection by immunoassay with direct optical observation; Chlamydia trachomatis
87850	Neisseria gonorrhoeae
87880	Streptococcus, group A
87899	not otherwise specified
87902	Hepatitis C virus
87999	Unlisted microbiology procedure (I.C.)

ANATOMIC PATHOLOGY

Cytopathology

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

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

88141	Cytopathology, cervical or vaginal (any reporting system); requiring interpretation by physician (List separately in addition to code for technical service.)
88142	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision

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<u>Code</u>	<u>Service Description</u>
88143	with manual screening and rescreening under physician supervision
88147	Cytopathology smears, cervical or vaginal; screening by automated system under physician supervision
88148	screening by automated system with manual rescreening under physician supervision
88150	Cytopathology, slides, cervical or vaginal; manual screening under physician supervision
88152	with manual screening and computer-assisted rescreening under physician supervision
88153	with manual screening and rescreening under physician supervision
88154	with manual screening and computer-assisted rescreening using cell selection and review under physician supervision
88155	Cytopathology, slides, cervical or vaginal, definitive hormonal evaluation (e.g., maturation index, karyopyknotic index, estrogenic index) (List separately in addition to code(s) for other technical and interpretation services.)
88160	Cytopathology, smears, any other source; screening and interpretation
88161	preparation, screening, and interpretation
88162	extended study involving over five slides and/or multiple stains
88164	Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision
88165	with manual screening and rescreening under physician supervision
88166	with manual screening and computer-assisted rescreening under physician supervision
86167	with manual screening and computer-assisted rescreening using cell selection and review under physician supervision
88172	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s)
88173	interpretation and report
88174	Cytopathology, cervical or vaginal (any reported system), collected in preservative fluid, automated thin layer preparation, screening by automated system, under physician supervision
88175	with screening by automated system and manual rescreening or review, under physician supervision
88180	Flow cytometry; each cell surface, cytoplasmic or nuclear
88182	cell cycle or DNA analysis
88184	Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; first marker
88185	each additional marker (List separately in addition to code for first marker)
88187	Flow cytometry, interpretation; two to 8 markers
88188	nine to 15 markers
88189	16 or more markers
88199	Unlisted cytopathology procedure (I.C.)

Cytogenetic Studies

88230	Tissue culture for non-neoplastic disorders; lymphocyte
88233	skin or other solid tissue biopsy
88235	amniotic fluid or chorionic villus cells
88237	Tissue culture for neoplastic disorders; bone marrow, blood cells

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<u>Code</u>	<u>Service Description</u>
88239	solid tumor
88240	Cryopreservation, freezing and storage of cells, each cell line
88241	Thawing and expansion of frozen cells, each aliquot
88245	Chromosome analysis for breakage syndromes; baseline Sister Chromatid Exchange (SCE), 20-25 cells
88248	baseline breakage, score 50-100 cells, count 20 cells, two karyotypes, (e.g., for ataxia telangiectasia, Fanconi anemia, fragile X)
88249	score 100 cells, clastogen stress (e.g., diepoxybutane, mitomycin C, ionizing radiation, UV radiation)
88261	Chromosome analysis; count five cells, one karyotype, with banding
88262	count 15-20 cells, two karyotypes, with banding
88263	count 45 cells for mosaicism, two karyotypes, with banding
88264	analyze 20-25 cells
88267	Chromosome analysis, amniotic fluid or chorionic villus, count 15 cells, one karyotype, with banding
88269	Chromosome analysis, in situ for amniotic fluid cells, count cells from 6-12 colonies, one karyotype, with banding
88271	Molecular cytogenetics; DNA probe, each (e.g., FISH)
88272	chromosomal in situ hybridization, analyze three to five cells (e.g., for derivatives and markers)
88273	chromosomal in situ hybridization, analyze 10-30 cells (e.g., for microdeletions)
88274	interphase in situ hybridization, analyze 25-99 cells
88275	interphase in situ hybridization, analyze 100-300 cells
88280	Chromosome analysis; additional karyotypes, each study
88283	additional specialized banding technique (e.g., NOR, C-banding)
88285	additional cells counted, each study
88289	additional high resolution study
88291	Cytogenetics and molecular cytogenetics, interpretation and report
88299	Unlisted cytogenetic study (I.C.)

SURGICAL PATHOLOGY

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

88300	Level I - surgical pathology, gross examination only
88302	Level II - surgical pathology, gross and microscopic examination
88304	Level III - surgical pathology, gross and microscopic examination
88305	Level IV - surgical pathology, gross and microscopic examination
88307	Level V - surgical pathology, gross and microscopic examination
88309	Level VI - surgical pathology, gross and microscopic examination
88311	Decalcification procedure (List separately in addition to code for surgical pathology examination.)
88312	Special stains (List separately in addition to code for primary service); Group I for microorganisms (e.g., Gridley, acid fast, methenamine silver), each

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Service

<u>Code</u>	<u>Service Description</u>
88313	Group II, all other (e.g., iron, trichrome), except immunocytochemistry and immunoperoxidase stains, each
88314	histochemical staining with frozen section(s)
88318	Determinative histochemistry to identify chemical components (e.g., copper, zinc)
88319	Determinative histochemistry or cytochemistry to identify enzyme constituents, each
88342	Immunohistochemistry (including tissue immunoperoxidase), each antibody
88346	Immunofluorescent study, each antibody; direct method
88347	indirect method
88348	Electron microscopy; diagnostic
88349	scanning
88355	Morphometric analysis; skeletal muscle
88356	nerve
88358	tumor (e.g., DNA ploidy)
88360	Morphometric analysis, tumor immunohistochemistry (e.g., Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; manual
88361	using computer-assisted technology
88362	Nerve-teasing preparations
88365	In situ hybridization, (e.g., FISH), each probe
88367	Morphometric analysis, in situ hybridization, (quantitative or semi-quantitative) each probe; using computer-assisted technology
88368	manual
88371	Protein analysis of tissue by Western Blot, with interpretation and report
88372	immunological probe for band identification, each
88380	Microdissection (i.e., sample preparation of microscopically identified target); laser capture
88381	manual
88384	Array-based evaluation of multiple molecular probes; 11 through 50 probes (I.C.)
88385	51 through 250 probes
88386	251 through 500 probes
88399	Unlisted surgical pathology procedure (I.C.)

OTHER PROCEDURES

89049	Caffeine halothane contracture test (CHCT) for malignant hyperthermia susceptibility, including interpretation and report
89050	Cell count, miscellaneous body fluids (e.g., cerebrospinal fluid, joint fluid), except blood
89051	with differential count
89055	Leukocyte assessment, fecal, qualitative or semiquantitative
89060	Crystal identification by light microscopy with or without polarizing lens analysis, any body fluid (except urine)
89100	Duodenal intubation and aspiration; single specimen (e.g., simple bile study or afferent loop culture) plus appropriate test procedure
89105	collection of multiple fractional specimens with pancreatic or gallbladder stimulation, single or double lumen tube

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Service

<u>Code</u>	<u>Service Description</u>
89125	Fat stain, feces, urine, or respiratory secretions
89130	Gastric intubation and aspiration, diagnostic, each specimen, for chemical analyses or cytopathology
89132	after stimulation
89135	Gastric intubation, aspiration, and fractional collections (e.g., gastric secretory study); one hour
89136	two hours
89140	two hours including gastric stimulation (e.g., histalog, pentagastrin)
89141	three hours, including gastric stimulation
89160	Meat fibers, feces
89190	Nasal smear for eosinophils
89220	Sputum, obtaining specimen, aerosol induced technique
89225	Starch granules, feces
89230	Sweat collection by iontophoresis
89235	Water load test
89240	Unlisted miscellaneous pathology test (I.C.)

MEDICINE

CARDIOVASCULAR

Cardiography

93000	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report
93005	tracing only, without interpretation and report
93010	interpretation and report only
93012	Telephonic transmission of post-symptom electrocardiogram rhythm strip(s), 24-hour attended monitoring, per 30-day period of time; tracing only
93014	physician review with interpretation and report only
93015	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with physician supervision, with interpretation and report
93018	interpretation and report only
93024	Ergonovine provocation test
93040	Rhythm ECG, one to three leads; with interpretation and report
93041	tracing only without interpretation and report
93042	interpretation and report only
93224	Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage, with visual superimposition scanning; includes recording, scanning analysis with report, physician review and interpretation
93225	recording (includes hook-up, recording, and disconnection)
93226	scanning analysis with report

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Service

Code Service Description

- 93227 physician review and interpretation
- 93230 Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage without superimposition scanning utilizing a device capable of producing a full miniaturized printout; includes recording, microprocessor-based analysis with report, physician review and interpretation
- 93231 recording (includes hook-up, recording, and disconnection)
- 93232 microprocessor-based analysis with report
- 93233 physician review and interpretation
- 93235 Electrocardiographic monitoring for 24 hours by continuous computerized monitoring and non-continuous recording, and real-time data analysis utilizing a device capable of producing intermittent full-sized waveform tracings, possibly patient activated; includes monitoring and real-time data analysis with report, physician review and interpretation
- 93236 monitoring and real-time data analysis with report
- 93237 physician review and interpretation
- 93268 Patient demand single or multiple event recording with presymptom memory loop, 24-hour attended monitoring, per 30-day period of time; includes transmission, physician review and interpretation
- 93278 Signal-averaged electrocardiography (SAECG), with or without ECG

Other Vascular Studies

- 93701 Bioimpedance, thoracic, electrical
- 93724 Electronic analysis of antitachycardia pacemaker system (includes electrocardiographic recording, programming of device, induction and termination of tachycardia via implanted pacemaker, and interpretation of recordings)
- 93731 Electronic analysis of dual-chamber pacemaker system (includes evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); without reprogramming
- 93732 with reprogramming
- 93734 Electronic analysis of single-chamber pacemaker system (includes evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); without reprogramming
- 93735 with reprogramming
- 93745 Initial set-up and programming by a physician of wearable cardioverter-defibrillator includes initial programming of system, establishing baseline electronic ECG, transmission of data to data repository, patient instruction in wearing system and patient reporting of problems or events (I.C.)

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Service

Code Service Description

Other Procedures

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

NONINVASIVE VASCULAR DIAGNOSTIC STUDIES

Cerebrovascular Arterial Studies

- 93875 Noninvasive physiologic studies of extracranial arteries, complete bilateral study (e.g., periorbital flow direction with arterial compression, ocular pneumoplethysmography, Doppler ultrasound spectral analysis) (S.P. to 93880 and 93882)
93880 Duplex scan of extracranial arteries; complete bilateral study
93882 unilateral or limited study
93886 Transcranial Doppler study of the intracranial arteries; complete study
93888 limited study

Extremity Arterial Studies (Including Digits)

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

Extremity Venous Studies (Including Digits)

- 93965 Noninvasive physiologic studies of extremity veins, complete bilateral study (e.g., Doppler waveform analysis with responses to compression and other maneuvers, phleborheography, impedance plethysmography) (S.P. to 93970 and 93976)
93970 Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study
93971 unilateral or limited study

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Service

Code Service Description

Visceral and Penile Vascular Studies

- 93975 Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study
93976 limited study (S.P. to 93975)
93978 Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study (S.P. to 93975)
93979 unilateral or limited study (S.P. to 93975)
93980 Duplex scan of arterial inflow and venous outflow of penile vessels; complete study
93981 follow-up or limited study (S.P. to 93980)

Extremity Arterial—Venous Studies

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

PULMONARY

- 94002 Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, initial day
94003 hospital inpatient/observation, each subsequent day
94004 nursing facility, per day
94010 Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation (S.P. to 94060, 94070, and 94620)
94014 Patient-initiated spirometric recording per 30-day period of time; includes reinforced education, transmission of spirometric tracing, data capture, analysis of transmitted data, periodic recalibration, and physician review and interpretation
94016 physician review and interpretation only
94060 Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration (S.P. to 94070 and 94620)
94070 Bronchospasm provocation evaluation, multiple spirometric determinations as in 94010, with administered agents (e.g., antigen(s), cold air, methacholine)
94150 Vital capacity, total (separate procedure) (S.P. to 94010, 94060, 94070, and 94620)
94200 Maximum breathing capacity, maximal voluntary ventilation (S.P. to 94010, 94060, 94070, and 94620)
94240 Functional residual capacity or residual volume: helium method, nitrogen open circuit method, or other method
94250 Expired gas collection, quantitative, single procedure (separate procedure)
94260 Thoracic gas volume
94350 Determination of maldistribution of inspired gas: multiple breath nitrogen washout curve including alveolar nitrogen or helium equilibration time
94360 Determination of resistance to airflow, oscillatory or plethysmographic methods
94370 Determination of airway closing volume, single breath tests
94375 Respiratory flow volume loop (S.P. to 94010, 94060, and 94070)

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Service

Code Service Description

- 94400 Breathing response to CO₂ (CO₂ response curve)
94450 Breathing response to hypoxia (hypoxia response curve)
94620 Pulmonary stress testing; simple (e.g., 6-minute walk test, prolonged exercise test for bronchospasm with pre- and post-spirometry and oximetry)
94621 complex (including measurements of CO₂ production, O₂ uptake, and electrocardiographic recordings)
94640 Pressurized or nonpressurized inhalation treatment for acute airway obstruction or for sputum induction for diagnostic purposes (e.g., with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing (IPPB) device)
94642 Aerosol inhalation of pentamidine for pneumocystis carinii pneumonia treatment or prophylaxis
94660 Continuous positive airway pressure ventilation (CPAP), initiation and management
94662 Continuous negative pressure ventilation (CNP), initiation and management
94664 Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device
94667 Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation
94668 subsequent
94680 Oxygen uptake, expired gas analysis; rest and exercise, direct, simple (S.P. to 94620) including CO₂ output, percentage oxygen extracted (S.P. to 94620 and 94680)
94681 rest, indirect (separate procedure) (S.P. to 94620)
94690 Carbon monoxide diffusing capacity (e.g., single breath, steady state) (S.P. to 94725)
94720 Membrane diffusion capacity
94725 Pulmonary compliance study (e.g., plethysmography, volume and pressure measurements) (with report only) (S.P. to 94010, 94060, 94070, and 94620)
94750 Noninvasive ear or pulse oximetry for oxygen saturation; single determination (no professional component) (S.P. to 94620)
94761 multiple determinations (e.g., during exercise) (no professional component) (S.P. to 94620)
94762 by continuous overnight monitoring (separate procedure) (no professional component) (S.P. to 94620)
94770 Carbon dioxide, expired gas determination by infrared analyzer (with report only) (S.P. to 94620)
94772 Circadian respiratory pattern recording (pediatric pneumogram), 12 to 24 hour continuous recording, infant (I.C.)
94774 Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; includes monitor attachment, download of data, physician review, interpretation, and preparation of a report (I.C.)
94775 monitor attachment only (includes hook-up, initiation of recording and disconnection) (I.C.)
94776 monitoring, download of information, receipt of transmission(s) and analyses by computer only (I.C.)
94777 physician review, interpretation, and preparation of report only (I.C.)
94799 Unlisted pulmonary service or procedure (I.C.)

SUPPLEMENTARY

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

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604 Visit Service Codes and Descriptions

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

Service

Code Modifier Service Description

CHC Visits

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

Hospital Inpatient Services

- | | | |
|-------|--|---|
| 99221 | | Initial hospital care, per day, for the evaluation and management of a patient, which requires these three key components:
- detailed or comprehensive history;
- detailed or comprehensive examination; and
- medical decision making that is straightforward or of low complexity. |
| 99222 | | Initial hospital care, per day, for the evaluation and management of a patient, which requires these three key components:
- a comprehensive history;
- a comprehensive examination; and
- medical decision making of moderate complexity. |
| 99223 | | Initial hospital care, per day, for the evaluation and management of a patient, which requires these three key components:
- a comprehensive history;
- a comprehensive examination; and
- medical decision making of high complexity. |
| 99431 | | History and examination of the normal newborn infant, initiation of diagnostic and treatment programs and preparation of hospital records (This code should also be used for birthing room deliveries.) |

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604 Visit Service Codes and Descriptions (cont.)

Service

Code Modifier Service Description

Subsequent Hospital Care

- 99231 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components:
 - a problem focused interval history;
 - a problem focused examination;
 - medical decision making that is straightforward or of low complexity.
- 99232 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components:
 - an expanded problem focused interval history;
 - an expanded problem focused examination;
 - medical decision making of moderate complexity.
- 99233 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components:
 - a detailed interval history;
 - a detailed examination;
 - medical decision making of high complexity.
- 99433 Subsequent hospital care, for the evaluation and management of a normal newborn, per day

HOSPITAL OBSERVATION SERVICES

Initial Observation Care (New or Established Patient)

- 99218 Initial observation care, per day, for the evaluation and management of a patient, which requires these three key components:
 - a detailed or comprehensive history;
 - a detailed or comprehensive examination; and
 - medical decision making that is straightforward or of low complexity.
- 99219 Initial observation care, per day, for the evaluation and management of a patient, which requires these three key components:
 - a comprehensive history;
 - a comprehensive examination; and
 - medical decision making of moderate complexity.
- 99220 Initial observation care, per day, for the evaluation and management of a patient, which requires these three key components:
 - a comprehensive history;
 - a comprehensive examination; and
 - medical decision making of high complexity.

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604 Visit Service Codes and Descriptions (cont.)

Service

Code Modifier Service Description

Nursing Facility Services

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

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

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

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

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

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

Subsequent Nursing Facility Care

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

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

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604 Visit Service Codes and Descriptions (cont.)

Service

Code Modifier Service Description

99308 Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components:
 -an expanded problem-focused interval history;
 -an expanded problem-focused examination;
 -medical decision making of low complexity.
 Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the patient is responding inadequately to therapy or has developed a minor complication. Physicians typically spend 15 minutes with the patient and/or family or caregiver.

99309 Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components:
 -a detailed interval history;
 -a detailed examination;
 -medical decision making of moderate complexity.
 Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the patient has developed a significant complication or a significant new problem. Physicians typically spend 25 minutes with the patient and/or family or caregiver.

99310 Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two of these three key components:
 -a comprehensive interval history;
 -a comprehensive examination;
 -medical decision making of high complexity.
 Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Physicians typically spend 35 minutes with the patient and/or family or caregiver.

DOMICILIARY, REST HOME (E.G., BOARDING HOME), OR CUSTODIAL CARE SERVICES

New Patient

99324 Domicillary or rest home visit for the evaluation and management of a new patient, which requires these three key components:
 -a problem-focused history;
 -a problem-focused examination; and
 -straightforward medical decision making.
 Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) are of low severity. Physicians typically spend 20 minutes with the patient and/or family or caregiver.

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604 Visit Service Codes and Descriptions (cont.)

Service

Code Modifier Service Description

99325 Domicillary or rest home visit for the evaluation and management of a new patient, which requires these three components:
 -an expanded problem-focused history;
 -an expanded problem-focused examination; and
 -medical decision making of low complexity.
 Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes with the patient and/or family or caregiver.

99326 Domicillary or rest home visit for the evaluation and management of a new patient, which requires these three key components:
 -a detailed history;
 -a detailed examination; and
 -medical decision making of moderate complexity.
 Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) are of moderate severity. Physicians typically spend 45 minutes with the patient and/or family or caregiver.

99327 Domicillary or rest home visit for the evaluation and management of a new patient, which requires these three key components:
 -a comprehensive history;
 -a comprehensive examination; and
 -medical decision making of moderate complexity.
 Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) are of high severity. Physicians typically spend 60 minutes with the patient and/or family or caregiver.

Established Patient

99334 Domicillary or rest home visit for the evaluation and management of an established patient, which requires at least two these three key components:
 -a problem-focused interval history;
 -a problem-focused examination;
 -straightforward medical decision making.
 Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) are of self-limited or minor. Physicians typically spend 15 minutes with the patient and/or family or caregiver.

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604 Visit Service Codes and Descriptions (cont.)

Service

Code Modifier Service Description

99335 Domicillary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three components:
 -an expanded problem-focused interval history;
 -an expanded problem-focused examination;
 -medical decision making of low complexity.

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

99336 Domicillary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three components:
 -a detailed interval history;
 -a detailed examination;
 -medical decision making of moderate complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes with the patient and/or family or caregiver.

99337 Domicillary or rest home visit for the evaluation and management of an established patient, which requires these three components:
 -a comprehensive interval history;
 -a comprehensive examination;
 -medical decision making of moderate to high complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Physicians typically spend 60 minutes with the patient and/or family or caregiver.

Home Services

New Patient

99341 Home visit for the evaluation and management of a new patient, which requires these three key components:
 -a problem focused history;
 -a problem focused examination; and
 -straightforward medical decision making.

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604 Visit Service Codes and Descriptions (cont.)

Service

Code Modifier Service Description

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

Established Patient

- 99347 Home visit for the evaluation and management of an established patient, which requires at least two of these three key components:
 -a problem focused interval history;
 -a problem focused examination;
 -straightforward medical decision making.
- 99348 Home visit for the evaluation and management of an established patient, which requires at least two of these three key components:
 -an expanded problem focused interval history;
 -an expanded problem focused examination;
 -medical decision making of low complexity.
- 99349 Home visit for the evaluation and management of an established patient, which requires at least two of these three key components:
 -a detailed interval history;
 -a detailed examination;
 -medical decision making of moderate complexity.
- 99350 Home visit for the evaluation and management of an established patient, which requires at least two of these three key components:
 -a comprehensive interval history;
 -a comprehensive examination;
 -medical decision making of moderate to high complexity. (I.C.)

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605 Obstetrics and Surgery Service Codes and Descriptions

See 130 CMR 405.422 for other requirements.

Service
Code

Service Description

Fee-for-Service Deliveries

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

Global Deliveries

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

Surgery Services

54150	Circumcision, using clamp or other device; newborn
54160	Circumcision, surgical excision other than clamp, device or dorsal slit; newborn
55250	Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s) (Consent for Sterilization Form (CS-18 or CS-21) required) (S.P.)
55450	Ligation (percutaneous) of vas deferens, unilateral or bilateral (separate procedure) (Consent for Sterilization Form (CS-18 or CS-21) required) (S.P.)
58600	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral (Consent for Sterilization Form (CS-18 or CS-21) required)
58605	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, postpartum, unilateral or bilateral, during same hospitalization (separate procedure) (Consent for Sterilization Form (CS-18 or CS-21) required) (S.P.)
58611	Ligation or transection of fallopian tube(s) when done at the time of cesarean section or intra-abdominal surgery (not a separate procedure) (Consent for Sterilization Form (CS-18 or CS-21) required) (List separately in addition to code for primary procedure.)

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

Service

Code Service Description

58615	Occlusion of fallopian tube(s) by device (e.g., band, clip, Falope ring), vaginal or suprapubic approach (Consent for Sterilization Form (CS-18 or CS-21) required)
58670	Laparoscopy, surgical; with fulguration of oviducts (with or without transection) (Consent for Sterilization Form (CS-18 or CS-21) required)
58671	with occlusion of oviducts by device (e.g., band, clip, or Falope ring) (Consent for Sterilization Form (CS-18 or CS-21) required)
59000	Amniocentesis, any method
59012	Cordocentesis (intrauterine), any method
59015	Chorionic villus sampling, any method
59025	Fetal non-stress test

606 Nurse-Midwife Service Codes and Descriptions

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

Service

Code-Modifier Service Description

T1015-TH	Clinic visit/encounter, all-inclusive – obstetrical treatment/services, prenatal or postpartum (use for a medical visit with a nurse midwife for a prenatal or postpartum service)
59400	Routine obstetric care, including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care
59409	Vaginal delivery only (with or without episiotomy and/or forceps)
59410	Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care (Hysterectomy Information (HI-1) form required)
59414	Delivery of placenta (separate procedure)
59610	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery
59612	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps)
59614	including postpartum care

607 Audiology Service Codes and Descriptions

See 130 CMR 405.461 through 405.463 for other requirements.

Service

Code Service Description

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

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

See 130 CMR 450.140 through 450.149 for other requirements.

Service

Code Service Description

New Patient

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

Established Patient

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

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

Service

Code Service Description

- 92551 Screening test, pure tone, air only
- 92552 Pure tone audiometry (threshold); air only
- 92587 Evoked otoacoustic emissions; limited (single stimulus level, either transient or distortion products)
- 99173 Screening test of visual acuity, quantitative, bilateral.

610 Tobacco Cessation Service Codes and Descriptions

Service

Code-Modifier Service Description

- 99407 Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (at least 30 minutes). (Eligible providers are physicians employed by community health centers.)

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610 Tobacco Cessation Service Codes and Descriptions (cont.)

Service

Code Service Description

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

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

Service

Code Service Description

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

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611 Medical Nutrition Therapy and Diabetes Self-Management Training Service Codes and Descriptions
(cont.)

Service

Code Service Description

G0271	Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease), group (two or more individuals), each 30 minutes
97802	Medical nutrition therapy, initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes
97803	reassessment and intervention, individual, face-to-face with the patient, each 15 minutes
97804	group (two or more individuals), each 30 minutes

612 Behavioral Health Screening Tool Service Codes and Descriptions

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

Service

Code-Modifier Service Description

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

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612 Behavioral Health Screening Tool Service Codes and Descriptions (cont.)

Service

Code-Modifier

Service Description

96110-U7	Completed behavioral health screening using a standardized behavioral health screening tool selected from the approved menu of tools found in Appendix W with no behavioral health need identified* (eligible providers are physician assistants employed by community health centers)
96110-U8	Completed behavioral health screening using a standardized behavioral health screening tool selected from the approved menu of tools found in Appendix W and behavioral health need identified* (eligible providers are physician assistants employed by community health centers)

** "Behavioral health need identified" means the provider administering the screening tool, in his or her professional judgment identifies a child with a potential behavioral health services need.*

This publication contains codes that are copyrighted by the American Medical Association. Certain terms used in the service descriptions for HCPCS codes are defined in the Current Procedural Terminology (CPT) code book.