

STATE OF NEW YORK
DEPARTMENT OF HEALTH
MEMORANDUM

SERIES - 83-61
DATE - 7/15/83

HEALTH FACILITIES SERIES: NH-25, HRF-25

SUBJECT: New York State Residential Health Care Facility Accounting and Reporting Manual

REVISION NO. 3


This Department of Health Memorandum transmits the third set of revisions for the New York State Residential Health Care Facility Accounting and Reporting Manual. Included with this memorandum is a summary of Revision No. 3 as well as the actual revised pages.


The summary of Revision No. 3 has been provided as a ready reference. The revised pages should be compared with those being deleted (to insure the proper identification of the changes) and then inserted in their place.

The primary purpose of this revision is to align the Manual with certain reporting changes which were required for the 1981 RHCF-4 and to suggest the proper recording of RHCF Receivership fees.

Questions concerning Revision No. 3 or the Manual in general should be directed to Mrs. Pamela H. Fox at (518)473-8822 or write:

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Distribution: Nursing Homes
Health Related Facilities
Internal and Other Interested Parties
w/o Enclosures

SUMMARY OF REVISION NO. 3

<u>PAGE NUMBER</u>	<u>LOCATION AND DESCRIPTION OF CHANGE</u>
2203	Addition of Other Asset account number 1310.00, Cash, to permit the reporting of noncurrent cash items.
2203	Addition of Other Asset account number 1311.00, Time Deposits and Equivalents, to permit the reporting of noncurrent savings accounts, certificates, etc.
2203	Addition of Other Asset account number 1331.00, Investments, to permit the reporting of long term investments.
2204	Addition of Current liability account numbers 2520.00 and 2720.00, Accounts Payable, under Plant Replacement and Expansion Fund and Specific Purpose Fund.
2212	Addition of Expense account number 8395, Receivership Fees, under the Fiscal and Administrative Services group of accounts, to permit the reporting of a facility's total payment to the Department of Health RHCF Receivership Fund.
2214 ✓	Addition of Nonoperating Revenue account number 9080, Extraordinary Gain (Loss), to permit the proper reporting of such items.
2308	Addition of other Asset account numbers 1310.00, Cash; 1311.00, Time Deposits and Equivalents; and 1331.00, Investments, under Description of Accounts.
2309	Description of Deferred Charges and Other Assets group of accounts expanded to include noncurrent cash, time deposits and equivalents and investments.
2310	Addition of Current Liability account numbers 2520.00 and 2720.00, Accounts Payable, under Plant Replacement and Expansion Fund and Specific Purpose Fund under Description of Accounts.
2319	<p>Under the "responsibility" Expense Account number 6010, Nursing Administration, the description of the account is changed to include the salaries of registered nurses or licensed practical nurses who hold the following specific job titles:</p> <p>R.N. Supervisor (supervising two or more units and/or areas) Health Services Supervisor; Director of Nursing Services Assistant Director of Nursing Services</p>
2319-a	New Page

PAGE NUMBER

LOCATION AND DESCRIPTION OF CHANGE

- 2347-a Addition of Expense account number 8395, Receivership Fees, under the description of the Administrative Services group of accounts to permit the reporting of payments to the Department of Health RHCF Receivership Fund.
- 2351 Addition of Nonoperating Revenue account number 9080, Extraordinary Gain (Loss), under Description of Accounts, to permit the proper reporting of such items on the Statement of Revenues and Expenses in accordance with generally accepted accounting principles (GAAP).
- 2400 Under Salaries and Wages, in the second paragraph, lists of examples of worked and nonworked man-hours are expanded to clarify the definitions and to help insure uniformity.
- 2401-a Under the category .01, Management and Supervision, certain specific job titles are added to the list of employees to be included in this natural classification.
- 2402 Under the category .02, Technicians, Specialists and Nonphysician Medical Practitioners, the list of exemplary job titles is expanded.
- 2402 The category .03, Registered Nurses, is completely revised to conform to the 1981 RHCF-4 reporting change regarding nursing salaries. All registered nurses are classified .03 unless they meet the .01 criteria.
- 2403 The category .04, Licensed Practical Nurses, is completely revised to conform to the 1981 RHCF-4 reporting change regarding nursing salaries. All licensed practical nurses are classified .04 unless they meet the .01 criteria.
- 3001 The job title, Certified Occupational Therapy Assistant, natural classification .02, is added to the Index.
- 3002 The job title, Health Services Supervisor, natural classification .01, is added to the Index.
- 3003 The natural classification of Head Nurse is changed from .01 to .03.
- 3004 The job title, Physical Therapy Assistant, natural classification .02, is added to the Index.

PAGE NUMBER

LOCATION AND DESCRIPTION OF CHANGE

3005

The job title, Registered Nurse Supervisor, natural classification .01, is added to the Index. In addition, a footnote concerning this job title is added to the same page.

3123

Natural classification of laundry soaps changed to .54 - Cleaning Supplies.

4323

Definition of Nursing Administration functional reporting center is changed to include the work of supervisors of two or more units and/or areas rather than areas represented by functional reporting centers. In addition, R.N. supervisor, health services supervisor and infection control nurse are added as exemplary job titles.

NEW YORK STATE
RESIDENTIAL HEALTH CARE FACILITY
ACCOUNTING AND REPORTING MANUAL

CHAPTER 9

SUPPLEMENTAL INFORMATION AND NOTES

STATE OF NEW YORK

OFFICE OF HEALTH SYSTEMS MANAGEMENT

Series - 78-72

Date - 8-7-78

NH-34; HRF-34

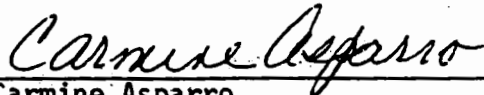
HEALTH FACILITIES MEMORANDUM


SUBJECT: Residential Health Care Facility
Accounting and Reporting Manual

Enclosed for your use in conjunction with the Residential Health Care Facility Accounting and Reporting Manual is a copy of the Radiology Relative Value Units as they appear in the 1974 Revision of the 1969 California Relative Value Studies, published by the California Medical Association. We appreciate the cooperation of the California Medical Association in making this material available to us.

The Relative Value Units are the basis for determining the Standard Unit of Measure and the Allocation Basis for the Radiology functional cost center. They should be inserted in the Supplemental Information section of the Manual. Questions regarding the R.H.C.F. Accounting and Reporting Manual, in general, or the Radiology Relative Value Units, in particular, should be directed to:

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Enclosure

Distribution: Residential Health Care Facilities and
Other Interested Parties

RADIOLOGY

The relative values listed in this section have been determined on an entirely different basis than those in other sections. A conversion factor applicable to this section is not applicable to any other section.

The unit values listed in this section reflect the relativity of charges for procedures within this section only.

RADIOLOGY/NUCLEAR MEDICINE

Ground Rules

RADIOLOGY AND NUCLEAR MEDICINE GROUND RULES

General Information and Instructions

1. **GENERAL:** Listed values for radiology procedures apply only when these services are performed by or under the supervision of a physician.

The total unit value *includes* the professional component (see P C unit value below) plus the technical component. The value for injection procedure is not included except when procedure is marked with a small star (*). (See ground rule 6, below). This value is applicable in any situation in which a single charge is made to include both professional services and the technical cost of providing that service. Identification of a procedure by its 5-digit code *without* modifier -26 or -27 indicates that the charge includes both the "professional" and "technical" components.

The P C unit value (professional component unit value) represents the value of the professional radiological services of the physician. This includes examination of the patient, when indicated, performance and/or supervision of the procedure, interpretation and written report of the examination and consultation with the referring physician. The value for injection procedure is not included except when procedure is marked with a small star (*). (See ground rule 6, below). This component is applicable in any situation in which the physician submits a charge for these professional services only. It does not include the cost of personnel, materials, space, equipment or other facilities. To identify a charge for professional component, use the 5-digit procedure code followed by modifier -26. (See modifier -26 and Appendix I for use of modifiers.)

When this section of the RVS is used in connection with a "conversion factor" to establish fees, it must be emphasized that the SAME conversion factor cannot be applied to both the TOTAL UNIT VALUE and the PROFESSIONAL COMPONENT UNIT VALUE. Physicians who determine their fees by application of conversion factors to the unit values in this section must determine a separate factor for TOTAL UNIT VALUE and for PC UNIT VALUE.

The technical component includes the charges for personnel, materials, including usual contrast media and drugs, film or xerograph, space, equipment and other facility but excludes the cost of radioisotopes. No unit values are listed for the technical component of radiology procedures, since these are institutional charges not billed separately by physicians. To identify a charge for the technical component, use the 5-digit procedure code followed by modifier -27. (See modifier -27 and Appendix I for use of modifiers.)

2. **UNUSUAL SERVICE OR PROCEDURE:** A service may necessitate skills and time of the physician over and above listed services and values. If substantiated "by report," additional values may be warranted. (See unit value modifier -22 and rule 4, below.)
3. **UNLISTED SERVICE OR PROCEDURE:** When an unlisted service or procedure is provided, the values used should be substantiated "by report." (See rule 4 below.) Identify by unlisted procedure number in appropriate section. For a comprehensive listing, see pages 15-16.
4. **PROCEDURES LISTED WITHOUT SPECIFIC UNIT VALUES:**
 - a) **BY REPORT "BR" ITEMS:** BR in the value column indicates that the value of this service is to be determined "by report," because the service is too unusual or variable to be assigned a unit value. Pertinent information concerning the nature, extent and need for the procedure or service, the time, the skill and equipment necessary, etc., is to be furnished. *A detailed clinical record is not necessary.*
 - b) **RELATIVITY NOT ESTABLISHED "RNE" ITEMS:** RNE in the value column indicates new or infrequently performed services for which sufficient data have not been collected to allow establishment of a relative value. A report may be necessary.
5. **MATERIALS SUPPLIED BY PHYSICIAN:** Identify as 99070. (Radionuclides are identified as 99069.) Supplies and materials provided by the physician (e.g., sterile trays, drugs, etc.) over and above those usually included with the office visit or other services rendered may be charged for separately. (List drugs, trays, materials or supplies provided.)
6. **INJECTION PROCEDURES:** Values for injection procedures include all usual pre- and post-injection care specifically related to the injection procedure, necessary local anesthesia, placement of needle or catheter, and injection of contrast media.

Vascular injection procedures are listed in the cardiovascular section, under procedure codes 36000-36299. Other injection procedures are listed in appropriate sections. The injection procedure is included in the unit value for radiographic procedures marked with a small star (*).

RADIOLOGY/NUCLEAR MEDICINE

Ground Rules; Special Services
and Billing Procedures

7. MISCELLANEOUS:

- a) A physician may elect to reduce the listed value of a service for a variety of reasons. To identify such charges, see modifier -52.
- b) Examination outside of regular hours, at bedside or in operating room, may warrant an additional charge for technologist's time (see 99065, 99066).
- c) Values for office, home and hospital visits, consultation and other medical services, anesthesia, surgical and laboratory procedures are listed in the sections entitled "Medicine," "Anesthesia," "Surgery" and "Pathology."

Special Services and Billing Procedures

The following services are generally not part of the basic services as listed in the RVS, but do involve additional expense to the physician for materials, for his time or that of his employees. Those services that are generally provided as an adjunct to common medical services should be charged for only when circumstances clearly warrant an additional charge over and above the usual charges for the basic services.

See pages 10-12 for a comprehensive listing of and additional information about Special Services and Billing Procedures.

	Unit Value
99065 Examination outside of regular hours may warrant an additional charge for technologist's time....	1.3(R)
99066 Examination at bedside or in operating room, unless otherwise indicated, may warrant an additional charge for technologist's time.....	1.3(R)
99069 Radiopharmaceutical or other radionuclide material cost. Listed values in this section do not include these costs. List the name of radiopharmaceutical, dosage and cost.....	BR†
99070 Supplies and material provided by the physician (e.g., sterile trays, drugs, etc.), over and above those usually included with the office visit or other services rendered may be charged for separately. (List drugs, trays, supplies or materials provided.).....	BR†
99080 Special Reports (e.g., insurance forms, narrative reports, review of medical records): When information more than that necessary to establish or to clarify a patient's status is requested (e.g., more than the standard reporting form) or a request is made for review of medical records and report, a charge adequate to cover the value of the additional service is justifiable.....	BR†

BR† By report; see ground rule 4(a) for detailed information.

RADIOLOGY/NUCLEAR MEDICINE

Unit Value Modifiers

Unit Value Modifiers

Listed values for most procedures may be modified under certain circumstances as listed below. When applicable, the modifying circumstances should be identified by the addition of the appropriate "modifier code number" (including the hyphen) after the usual procedure number. The values should be listed as a single modified total for the procedure. When multiple modifiers are applicable to a single procedure, see modifier -99.

For a comprehensive listing of modifier codes, see pages 12-15.

Unit Value

- 22 **Unusual services:** When the services provided are greater than those usually required for the listed procedure, identify by adding this modifier (-22) to the usual procedure number. List modified value. May require report.
- 26 **Professional component:** Under certain circumstances the physician may wish to submit a charge for the professional component of a procedure and not for the technical component. (See definition of professional component under ground rule 1.) Under these circumstances the professional component charge is identified by adding this modifier (-26) to the usual procedure number and valued according to the "PC unit value" for that procedure.
- 27 **Technical component:** Under certain circumstances, a charge may be made for the technical component alone (see definition of technical component under Ground Rule 1.) Under those circumstances the technical component charge is identified by adding this modifier (-27) to the usual procedure number.
- 52 **Reduced values:** Under certain circumstances, the listed value is reduced or eliminated because of ground rules, common practice, or at the physician's election (e.g., a physician may elect to reduce the listed values in a patient with multiple injuries requiring extensive radiographic examination.) Under these or similar circumstances, the services provided can be identified by their usual procedure numbers and the use of a reduced value indicated by adding this modifier (-52) to the procedure number. (Use of this modifier provides a means of reporting services at reduced charge without disturbing usual relative values.)
- 90 **Reference (outside) laboratory:** When laboratory procedures are performed by other than the billing physician the procedure(s) shall be identified by adding this modifier (-90) to the usual single or panel procedure number and shall be billed as charged to the physician.
(For collection and handling charges, see 99007 et seq.)
- 99 **Multiple modifiers:** Under certain circumstances, multiple modifiers may be applicable (e.g., a physician may perform services greater than those usually required [modifier -22] and bill the professional component [modifier -26].) Under these circumstances, identify by adding this modifier (-99) to the usual procedure number and briefly indicate the circumstances. Value in accordance with appropriate modifiers.....

BR†

DIAGNOSTIC RADIOLOGY

Definitions

For the purpose of this section the following definitions apply:

Limited examination: An examination which usually includes AP and lateral views but is less than the "complete examination" defined below. This may be due to limitation of routine views by the physician; limitation for a specific purpose (e.g., AP and lateral views on post-reduction fracture of ankle); or necessary limitation due to the condition of the patient (e.g., single views for fractures in critically injured patient).

Complete examination: An examination which includes all of the necessary views for optimal examination of the part for the suspected condition. All listed values are for complete examinations unless otherwise indicated. Necessary additional methods of examination (e.g., fluoroscopy, tomography, cineradiography) may be charged for separately.

Head and Neck

	PC Unit Value ^a	Total Unit Value ^b
70002 Pneumoencephalography	80.0	25.0
(For injection procedure for pneumoencephalography, see 61053, 62286)		
70010 Cisternography, positive contrast (posterior fossa myelography)....	RNE ^c	RNE ^c
(For injection procedure, see 61052, 61053)		
70020 Ventriculography, air or positive contrast.....	50.0	15.5
(For injection procedures for ventriculography, see 61025, 61030, 61120)		
70022 Stereotactic localization.....	BR [†]	BR [†]
*70024 Computer assisted tomography, cerebral (e.g., EMI scan), with or without intravenous contrast, limited (2 or 3 scans)	RNE ^c	RNE ^c
*70025 complete (4 scans).....	RNE ^c	RNE ^c
*70028 each additional scan above 4....	RNE ^c	RNE ^c
70030 Eye, for detection of foreign body.	13.0	5.2
70040 for localization of foreign body (70030 not included).....	29.0	8.4
70050 combined 70030 and 70040.....	32.0	10.5
70100 Mandible, limited or unilateral....	11.0	3.8
70110 complete	17.0	5.9
70120 Mastoid(s), limited or unilateral...	10.0	3.8
70130 complete and bilateral.....	20.0	7.6
70134 Internal auditory meatuses.....	20.0	7.1
*70136 Middle and inner ear, polytomography.....	RNE ^c	RNE ^c
70140 Facial bones, limited	12.0	4.4
70150 complete, and/or orbits.....	19.0	6.4
70154 with nasal bones.....	20.0	7.3
70160 Nasal bones.....	11.0	3.9
70170 Nasolacrimal duct (dacryocystography).....	15.5	5.9
(For injection procedure for dacryocystography, see 68850)		

- BR[†] By report; see ground rule 4(a) for detailed information.
 RNE^c Relativity not established; see ground rule 4(b) for detailed information.
 * See Radiology ground rule 1 for definition of Total Unit Value and PC Unit Value.
 † Code number new to 1974 revision of CRVS.
 ■ Relativity for professional component of service only.

	PC Unit Value ^a	Total Unit Value ^b
70190 Optic foramina	11.0	3.8
70210 Paranasal sinuses, limited.....	9.2	3.1
70220 complete	15.5	6.4
70240 Sella turcica.....	11.0	3.3
70250 Skull, limited.....	11.0	3.8
70260 complete	19.0	7.1
70300 Teeth, single view.....	3.0	1.3
70310 partial examination, less than full mouth.....	6.2	2.5
70320 complete examination, full mouth	12.0	4.7
70330 Temporomandibular joints.....	16.0	5.6
70350 Cephalogram (orthodontic)	RNE ^c	RNE ^c
70360 Neck for soft tissues.....	7.6	2.7
*70368 Soft palate, cineradiography or videotape	RNE ^c	RNE ^c
*70373 Laryngography, contrast.....	28.0	8.2
(For injection procedure for laryngography, see 31708)		
70380 Salivary gland for calculus.....	11.0	3.8
70390 Sialography	15.5	5.1
(For injection procedure for sialography, see 42550)		
*70399 Orbitography, air or positive contrast	BR [†]	BR [†]
(For injection procedure for orbitography, see 67510)		
*70999 Unlisted procedure, head and neck.	BR [†]	BR [†]

Chest

71000 Chest, "minifilm".....	RNE ^c	1.2
71010 Chest, single view.....	7.6	2.5
71020 two views.....	11.0	3.8
*71021 three views.....	12.0	4.4
71030 complete, minimum of four views	14.0	4.9
71034 including fluoroscopy.....	23.0	6.4
(For independent chest fluoroscopy, see 76000)		
71036 Fluoroscopic localization for needle biopsy of intrathoracic lesion, including follow-up films.....	BR [†]	BR [†]
(For biopsy procedure, see 32420)		

RADIOLOGY/NUCLEAR MEDICINE (71038-73999)
Diagnostic Radiology

	PC Unit Value ²	Total Unit Value ²
*71038 Fluoroscopic localization for bronchial brush biopsy or fiberoptic bronchoscopy, including films.... (For biopsy procedure, see 31717)	BR†	BR†
71040 Bronchography, unilateral	29.0	9.1
71060 bilateral	45.0	13.0
(For injection procedure for bronchography, see 31710, 31715)		
*71090 Fluoroscopy and radiography for pacemaker insertion..... (For extended room time, see 76001)	BR†	BR†
71100 Ribs, unilateral.....	12.0	4.4
71110 bilateral	15.5	5.4
71120 Sternum	11.0	3.8
71130 Sternoclavicular joint(s).....	11.0	3.8
*71199 Unlisted procedure, chest.....	BR†	BR†

Spine and Pelvis

72010 Spine, entire, survey study (AP and lateral)	27.0	9.3
*72020 Spine, any level, single view.....	RNE°	RNE°
72040 cervical, AP and lateral.....	11.5	3.8
72050 complete	17.0	6.0
72052 including flexion and extension views	22.0	7.7
72070 thoracic.....	12.0	4.4
72080 thoraco-lumbar junction.....	12.0	4.4
72090 scoliosis study.....	11.0	3.8
72100 lumbar, limited.....	12.0	4.4
72110 lumbosacral, complete.....	21.0	7.4
72114 including bending views.....	27.0	9.3
72120 bending views only.....	13.0	4.7
72170 Pelvis, limited.....	9.2	3.1
72190 stereo	11.0	3.8
72190 complete	14.0	4.9
(For pelvis study, see 74710)		
72202 Sacro-iliac joints.....	14.0	5.1
72220 Sacrum and coccyx	11.5	4.1
72250 Myelography, lumbar or any other single level.....	40.0	11.5
72270 all levels.....	60.0	18.0
*72275 gas	BR†	BR†
(For injection procedures for myelography, see 62284)		
72290 Discography, lumbar or cervical..	34.0	12.2
(For injection procedures for discography, see 62290, 62291)		
*72999 Unlisted procedures, spine or pelvis	BR†	BR†

Upper Extremities

73000 Clavicle	9.2	3.1
73010 Scapula	11.0	3.8
73020 Shoulder, limited	7.0	2.7

73030 complete	11.0	3.8
73040 arthrography.....	20.0	6.4
(For injection procedure for arthrography, see 23350)		
73050 Acromio-clavicular joints, bilateral, with or without weighted distraction	12.2	4.4
73060 Humerus, including one joint.....	9.2	3.1
73070 Elbow, limited.....	8.5	2.8
73080 complete	11.0	3.8
*73085 arthrography.....	BR†	BR†
(For injection procedure, see 24220)		
73090 Forearm, including one joint.....	9.2	3.0
73100 Wrist, limited	7.6	2.5
73110 complete	11.0	3.8
*73115 arthrography.....	BR†	BR†
(For injection procedure, see 25246)		
73120 Hand, limited	7.6	2.5
73130 complete	10.0	3.5
73140 Finger(s)	6.9	2.3
*73499 Unlisted procedure, upper extremities	BR†	BR†

Lower Extremities

73500 Hip, unilateral, limited.....	9.2	3.1
73510 complete (including AP pelvis)..	12.0	4.4
*73515 bilateral, limited (e.g., infant AP and frog lateral).....	11.5	3.9
73520 bilateral, complete (including AP of pelvis)	15.5	5.8
*73525 arthrography.....	RNE°	RNE°
(For injection procedure, see 27093-27094)		
73530 during operative procedures, up to four studies.....	25.0	9.4
73532 each additional study.....	4.6	1.8
73550 Femur (thigh), including one joint..	11.0	3.8
73560 Knee, limited.....	8.5	2.7
73570 complete	11.5	4.0
73580 arthrography.....	25.0	9.1
(For injection procedure, see 27370)		
73590 Tibia and fibula (leg), including one joint.....	9.2	3.1
73600 Ankle, limited.....	8.5	2.7
73610 complete	10.0	3.6
*73615 arthrography.....	RNE°	RNE°
(For injection procedure, see 27646)		
73620 Foot, limited.....	7.6	2.5
73630 complete	9.2	3.1
73640 Foot and ankle	15.5	5.8
73650 Os calcis (heel)	8.5	2.7
73660 Toe(s).....	6.2	2.3
*73999 Unlisted procedure, lower extremities	BR†	BR†

	PC Unit Value ^o	Total Unit Value ^o
Abdomen		
74000 Abdomen, single view (KUB).....	9.2	2.6
74010 with additional oblique or cone view	14.0	3.9
74020 complete, includes decubitus and/ or erect view	17.0	5.1
Gastrointestinal Tract		
74210 Pharynx and/or cervical esophagus	17.0	5.4
74220 Esophagus	18.5	5.4
74230 Pharynx and/or esophagus, by ci- neradiography	24.0	7.4
*74242 Upper gastrointestinal tract, with or without KUB and with or with- out delayed films	31.0	9.1
*74243 limited upper gastrointestinal tract (e.g., recheck or follow-up study)	23.0	6.4
74245 with small bowel, includes mul- tiple serial films, with or without fluoroscopy	36.0	11.0
74250 Small bowel, includes multiple serial films with or without fluoroscopy or KUB, independent study	28.0	8.5
*74260 Duodenography, hypotonic	RNE ^o	RNE ^o
74270 Colon, barium enema	27.0	7.5
74275 combined with air contrast	36.0	11.0
74280 air contrast (independent proce- dure)	29.0	8.9
74290 Cholecystography, oral	17.0	6.0
74291 repeat examination, same study.	8.5	3.0
74300 Cholangiography, operative	20.0	7.6
*74305 post-operative (t-tube)	*24.0	*7.2
(For biliary duct stone extrac- tion, see 47630)		
*74310 intravenous	*32.0	*10.5
74320 percutaneous, transhepatic or transjugular	33.0	9.5
(For injection procedures for trans- hepatic cholangiography or percu- taneous, see 47500; for transjugular, see 91120)		
*74325 Pneumoperitoneum, diagnostic ...	RNE ^o	RNE ^o
(For injection procedure, see 49400)		
*74340 Localization and/or manipulation of gastrointestinal tube (e.g., duo- denal aspiration, Miller-Abbot tube, small bowel biopsy, colonoscopy) ..	RNE ^o	RNE ^o
*74399 Unlisted procedure, abdomen and gastrointestinal tract	BR†	BR†

BR† By report; see ground rule 4(a) for detailed information.
RNE^o Relativity not established; see ground rule 4(b) for detailed in-
formation.
★ See Radiology ground rule 6 for meaning.
° See Radiology ground rule 1 for definition of Total Unit Value
and PC Unit Value.
▲ Code number new to 1974 revision of CRVS.
■ Relativity for professional component of service only.

	PC Unit Value ^o	Total Unit Value ^o
Urinary Tract		
*74400 Urography, excretory (routine IVP)	*29.0	*9.4
*74406 extended (e.g., hypertensive, drip infusion, and/or limited tomography)	*31.0	*10.5
*74415 Nephrotomography (independent procedure)	*50.0	*16.0
74420 Pyelography, retrograde, or uret- erography, with or without KUB.	21.0	7.5
*74425 antegrade (nephrostogram, pyc- lostogram, loopogram, etc.) ...	RNE ^o	RNE ^o
(For injection procedure, see 50394, 50684, 50690)		
74430 Cystography, contrast or chain ...	15.5	5.5
(For injection procedure for cys- tography, see 51600, 51605)		
74440 Vasography, vesiculography, or epididymography	15.5	5.5
(For injection procedure, see 52010, 52110, 55300)		
74450 Urethrocystography, retrograde ..	15.5	6.0
(For injection procedure for retro- grade urethrocystography, see 51610)		
74455 voiding	29.0	8.9
(For injection procedure for void- ing urethrocystography, see 51600)		
74460 Retroperitoneal pneumography ..	21.0	7.3
(For injection procedure for retro- peritoneal pneumography, see 49430)		
74470 Translumbar renal cyst study (con- trast visualization)	18.5	6.4
(For injection procedure for trans- lumbar renal cyst study, see 50390)		
(For performance of study with ultrasound guidance, see 76960)		

Female Genital Tract

(For abdomen and pelvis, see 74000- 74020, 72170-72190)		
74710 Pelvimetry	22.0	6.2
74720 Abdomen for fetal age, fetal posi- tion and/or placental localization, single view	9.2	2.8
74725 multiple views	13.0	4.1
(For amniocentesis and injection for amniography, see 59000)		
74740 Hysterosalpingography	18.5	6.6
(For injection procedure for hys- teroscopy, see 58340)		
74760 Pelvic pneumography	18.5	6.4
(For injection procedure for pelvic pneumography, see 49440)		
*74799 Unlisted procedure, genitourinary tract	BR†	BR†

Vascular System

The following nomenclature and relative values for vascular procedures permit accurate identification and description of complex as well as simple vascular studies.

Serialographic Procedure

A basic code number and relative value are assigned for the initial projection of each serialographic procedure and the value includes personnel, room setup, contrast material, transportation, trays, etc. The value does not include the charge for the catheterization or the injection procedure performed by the physician. Each additional serialographic projection value reflects the additional costs for subsequent projections or serialographic runs performed at the time of the initial examination whether or not they involve the same anatomical area as the initial projection. Unless otherwise indicated, bilateral procedures should be identified by the code number and description for additional serialographic projection of the part involved.

This method is to be used in lieu of modifier -50 or -51 for description of multiple vascular radiologic procedures.

Example I: Unilateral carotid, AP and lateral would be 75635, initial projection, plus 75638, one additional serialographic projection.

Example II: Bilateral carotid, AP and lateral would be 75635, initial projection, plus 75638, additional serialographic projections, times 3.

Example III: If an aortoiliac femoral study is performed at the conclusion of Example I or II, use number 75778, one or more additional serialographic projections.

Cineradiographic Procedure

Value for cineradiographic procedures includes all projections.

Injection procedures are listed in the appropriate section of Medicine or Surgery.

Cardiopulmonary

	PC Unit Value ²	Total Unit Value ²
75500 Angiocardiography, by cineradiography..... (For injection procedure, see 93501 et seq.)	RNE ^o	RNE ^o
75505 by serialography (initial projection).....	65.0	26.0
*75508 each additional serialographic projection	19.0	7.7
75510 CO ₂ angiocardiography for pericardial effusion	RNE ^o	RNE ^o
(For injection procedure, see 36000)		
*75550 Coronary arteriography, by cineradiography (includes all projections)	RNE ^o	RNE ^o
(For injection procedure, see 36230)		
*75555 by serialography (initial projection)	65.0	26.0
*75558 each additional serialographic projection	19.0	7.7
(For ventriculography and heart catheterization, see 93541 et seq.)		

	PC Unit Value ²	Total Unit Value ²
*75580 Pulmonary arteriography, by cineradiography (includes one or more projections)	RNE ^o	RNE ^o
(For injection procedure, see 36013; see also 93541)		
*75585 by serialography (initial projection)	65.0	26.0
*75588 each additional serialographic projection	19.0	7.7
*75599 Unlisted cardiopulmonary vascular procedure.....	BR†	BR†

Arteriography

75605 Thoracic aortic arch, by serialography, initial projection..... (For injection procedure, see 36200)	65.0	26.0
*75608 each additional serialographic projection	19.0	7.7
*75615 Cervico-thoracic selective (e.g., extracranial carotid, vertebral, thyrocervical, internal mammary, bronchial arteries, etc.), by serialography, initial projection..... (For injection procedure, see 36210, 36220)	65.0	26.0
*75618 each additional serialographic projection	19.0	7.7
*75635 Cerebral (carotid, vertebral), by serialography, initial projection... (For injection procedure, see 36210, 36220)	65.0	26.0
*75638 each additional serialographic projection	19.0	7.7
*75760 Abdominal aorta, without serialography..... (For injection procedure, see 36200)	RNE ^o	RNE ^o
*75761 with serialography	65.0	26.0
*75763 each additional serialographic projection	19.0	7.7
*75765 Abdominal selective (celiac, superior mesenteric, renal, adrenal, lumbar, etc.), by serialography, initial projection	65.0	26.0
(For injection procedure, see 36240, 36250)		
*75768 each additional serialographic projection	19.0	7.7
*75770 Aorto-iliac-femoral, without serialography	RNE ^o	RNE ^o
(For injection procedure, see 36200)		
*75775 with serialography, initial projection	65.0	26.0
*75778 each additional serialographic projection	19.0	7.7
*75780 Extremity, without serialography.. (For injection procedure, see 36140, 36200)	RNE ^o	RNE ^o
*75785 with serialography	65.0	26.0
*75788 each additional serialographic projection	19.0	7.7

RADIOLOGY/NUCLEAR MEDICINE (75790-76175)

Diagnostic Radiology

	PC Unit Value ²	Total Unit Value ²
*75790 Arteriovenous shunt examination (e.g., dialysis patient) (For injection procedure, see 36145)	RNE°	RNE°
*75797 Operative angiogram, single projection	RNE°	RNE°
*75799 Unlisted arteriographic procedure ..	BR†	BR†
Venography		
*75900 Superior vena cava, without serialography	RNE°	RNE°
(For injection procedure, see 36011)		
*75905 with serialography, initial projection	65.0	26.0
*75908 each additional serialographic projection	19.0	7.7
*75920 Cervico-cephalic, selective (e.g., jugular, parathyroid), without serialography	RNE°	RNE°
(For injection procedure, see 36020, 36021)		
*75925 with serialography	65.0	26.0
*75928 each additional serialographic projection	19.0	7.7
*75930 Orbital, without serialography....	RNE°	RNE°
(For injection procedure, see 36000, 36020)		
*75935 with serialography, initial projection	65.0	26.0
*75938 each additional serialographic projection	19.0	7.7
*75940 Inferior vena cava, without serialography	RNE°	RNE°
(For injection procedure, see 36011)		
*75945 with serialography, initial projection	65.0	26.0
*75948 each additional serialographic projection	19.0	7.7
*75950 Abdominal, selective (e.g., renal, adrenal, hepatic), without serialography	RNE°	RNE°
(For injection procedure, see 36020, 36021)		
*75955 with serialography, initial projection	65.0	26.0
*75958 each additional serialographic projection	19.0	7.7
*75960 Splenoportography, without serialography	RNE°	RNE°
(For injection procedure, see 38200)		
*75965 with serialography, initial projection	65.0	26.0
*75968 each additional serialographic projection	19.0	7.7

*75970 Extremity, unilateral	31.0	11.0
(For injection procedure, see 36000, 36001)		
*75971 bilateral	45.0	16.5
*75979 Unlisted venous procedure	BR†	BR†

Lymphangiography

*75980 Extremity, unilateral	RNE°	RNE°
(For injection procedure, see 38790, 38791)		
*75982 bilateral	RNE°	RNE°
*75985 Complete (extremity-pelvic-abdominal, etc.)	60.0	23.0
*75999 Unlisted lymphatic procedure	BR†	BR†

Miscellaneous Studies

76000 Fluoroscopy (independent procedure).....	11.0	2.6
76001 extended physician and/or room time with periodic fluoroscopy, per 30 minutes.....	RNE°	RNE°
76020 Bone age studies.....	14.5	3.7
76040 Bone length studies (orthoroentgenogram)	19.0	6.2
76060 Bone survey (for metastases, metabolic survey, or long bones).....	28.0	9.3
*76065 infant (e.g., "battered child")...	15.5	5.4
*76082 Fistula or sinus tract study.....	18.5	5.4
(For injection procedure, see 20501)		
76090 Mammography, unilateral	18.5	5.4
76091 bilateral	29.0	8.2
*76092 by xeroradiography, unilateral ..	RNE°	RNE°
*76093 bilateral	RNE°	RNE°
*76095 Surgical specimen radiography....	BR†	BR†
76100 Laminography (tomography, planigraphy, body section radiography) (independent procedure).....	27.0	8.2
76105 to complement routine examination	14.0	4.2
76120 Cineradiography (independent procedure).....	26.0	7.7
76125 to complement routine examination	15.5	4.4
76140 Written consultation on x-ray examination made elsewhere (independent procedure)	BR†	BR†
*76150 Xeroradiography, to complement routine exam other than mammography.....	RNE°	RNE°
76160 Polaroid x-ray film (in addition to value of procedure), per film.....	0	0.5
*76170 Subtraction studies, per serialographic projection	RNE°	1.8
*76175 Duplication of radiographs, per film.....	0	0.45

BR† By report; see ground rule 4(a) for detailed information.

RNE° Relativity not established; see ground rule 4(b) for detailed information.

See Radiology ground rule 1 for definition of Total Unit Value and PC Unit Value.

* Code number new to 1974 revision of C.R.V.S.

■ Relativity for professional component of service only.

RADIOLOGY/NUCLEAR MEDICINE (76180-76999)

Diagnostic Radiology;
Diagnostic Ultrasound

76180 Transportation of portable x-ray equipment and personnel to home or nursing home, per trip to facility or location, one patient seen.....

PC Unit Value ²	Total Unit Value ²
RNE ²	RNE ²

*76181 more than one patient seen, per patient.....
*76300 Thermography
*76499 Unlisted miscellaneous radiology procedure

PC Unit Value ²	Total Unit Value ²
BR†	BR†
RNE ²	RNE ²
BR†	BR†

DIAGNOSTIC ULTRASOUND

Head, Neck

	PC Unit Value ²	Total Unit Value ²
*76500 Midline determination (A-mode)...	30.0	7.0
*76510 Echography, ophthalmic (A-mode)	30.0	7.0
*76511 with amplitude quantitation....	BR†	BR†
*76512 contact scan (B-mode).....	BR†	BR†
*76513 immersion scan (B-mode)....	BR†	BR†
*76514 immersion (M-mode).....	BR†	BR†
*76515 tomography, serial scan (B-mode, with or without A-mode and/or M-mode).....	BR†	BR†
*76516 Echographic biometry ophthalmic (A-mode).....	BR†	BR†
*76517 scan (B-mode).....	BR†	BR†
*76529 Ophthalmic echographic foreign body localization	BR†	BR†
*76535 Thyroid sonogram (B-scan).....	55.0	13.0

Chest

	PC Unit Value ²	Total Unit Value ²
*76600 Pericardial effusion (M-mode)....	30.0	7.0
*76610 Complete echocardiogram (M-mode) (includes: pericardial, mitral and aortic valves, left atrial and ventricular measurements).....	65.0	13.0
*76620 Limited echocardiogram (M-mode) (Follow-up study or any of the individual studies listed above in 76610)	30.0	7.0
*76630 Pleural effusion localization (A-mode).....	30.0	7.0

Abdomen

	PC Unit Value ²	Total Unit Value ²
*76700 Abdomen, general survey study, includes delineation of any or all organs, masses and fluid collection (B-scan)	55.0	13.0
*76705 Abdomen, limited survey study (includes tumor follow-up for radiation or chemotherapy within 30 days of initial study) (B-scan).....	30.0	7.0

	PC Unit Value ²	Total Unit Value ²
*76710 Liver sonogram (B-scan).....	55.0	13.0
*76720 Gallbladder sonogram (B-scan)...	55.0	13.0
*76730 Kidneys sonogram (B-scan).....	55.0	13.0
*76740 Pancreas sonogram (B-scan).....	55.0	13.0
*76750 Spleen sonogram (B-scan).....	55.0	13.0
*76765 Aorta sonogram (B-scan)	55.0	13.0
*76770 Retroperitoneal space sonogram (B-scan)	55.0	13.0
*76780 Urinary bladder (B-scan).....	55.0	13.0

Obstetrics and Gynecology

	PC Unit Value ²	Total Unit Value ²
*76810 Pregnancy and fetal age determination (B-scan)	55.0	13.0
*76815 Repeat fetal age measurement (B-scan) within 30 days of initial.....	17.0	4.0
*76820 Placental localization.....	55.0	13.0
*76840 Intrauterine device localization (B-scan).....	55.0	13.0
*76850 Pelvic mass examination (B-scan)...	55.0	13.0

Doppler

(excludes auscultation of fetal heart)

	PC Unit Value ²	Total Unit Value ²
*76900 Peripheral arterial flow study.....	50.0	12.0
*76910 Peripheral venous flow study.....	50.0	12.0

Miscellaneous

	PC Unit Value ²	Total Unit Value ²
*76950 Mapping study for radiation therapy (includes contour, port demarcation on patient) (B-scan).....	65.0	16.0
*76960 Ultrasonic guidance for biopsy or aspiration (independent procedure) (For aspiration and biopsy, see appropriate section. If aspiration and biopsy are performed as part of or immediately following diagnostic B-scan, no extra charge is allowed) ..	17.0	4.0
*76999 Unlisted ultrasound procedure.....	BR†	BR†

RADIATION THERAPY AND ONCOLOGY

Radiation therapy as listed in this section includes teletherapy (i.e., the use of x-ray and other high-energy modalities, radium, cobalt, etc.) and brachytherapy (i.e., the surface, intracavitary or interstitial application of contained radioactive sources). For treatment by injectable or ingestible radioactive isotopes, see section on Nuclear Medicine.

The listed treatment values include initial treatment planning, initial and serial beam verification and central axis based calculations. They include normal follow-up care during the course of radiation therapy and for three months following its completion. Preliminary consultation and/or initial evaluation of the patient prior to radiation therapy are not included in the listed values. (See Medicine, 90000-90630). Complications or other circumstances requiring additional or unusual services concurrent with therapy or during the follow-up period may warrant additional charges.

Definitions

For the purpose of this section, the following definitions apply:

Treatment Week: Four or more treatment days in a calendar week. If three treatments or less in a week are given, use "treatment day" charge.

Simple Treatment: Treatment of benign or malignant diseases requiring simple field localization or simple beam shaping devices, single field treatment, or surface or intracavitary therapy applied without general anesthesia.

Complex Treatment: Treatment of malignant disease requiring complex field localization or use of beam shaping devices (e.g., treatment of eyelid; mantle fields in Hodgkin's disease, etc.) or two or more fields per region or two or more regions per day, massive single dose treatment, intracavitary therapy applied with general anesthesia.

Adjunctive Radiotherapy Physics Services: The adjunctive radiotherapy physics services listed are those necessary to the conduct of radiation therapy for optimal patient care, performed in consultation with a qualified radiological physicist (e.g., patient dosimetry, design and construction of beam shaping devices). The values for these services apply when these services are performed by a physician or by a qualified radiological physicist under the supervision of a physician.

Teletherapy

Per treatment schedule:

Simple Treatment

	PC Unit Value ^a	Total Unit Value ^a
77000 Superficial or orthovoltage (under 600 KVP), dermatoses, 3 fields or less, per treatment.....	RNE ^o	2.0
77010 more than 3 fields, per treatment.....	RNE ^o	2.4
77020 other benign lesions, per treatment.....	NE ^o	2.5
77030 malignant lesions, per treatment.....	NE ^o	3.6
77040 Supervoltage (600 KVP-2MeV, including Cobalt-60 and Cesium), per treatment.....	20.0	5.0
77050 Megavoltage (3MeV-8MeV), per treatment.....	RNE ^o	6.0
77060 Megavoltage (over 8MeV or electron beam), per treatment.....	RNE ^o	RNE ^o

Complex Treatment

77070 Superficial or orthovoltage (less than 600 KVP), per treatment.....	BR†	BR†
77080 Supervoltage (600 KVP-2MeV, including Cobalt-60 and Cesium), per treatment.....	RNE ^o	6.0

BR† By report; see ground rule 4(a) for detailed information.

RNE^o Relativity not established; see ground rule 4(b) for detailed information.

^a See Radiology ground rule 1 for definition of Total Unit Value and PC Unit Value.

[†] Code number new to 1974 revision of CRVS.

^o Relativity for professional component of service only.

	PC Unit Value ^a	Total Unit Value ^a
77090 Megavoltage (3MeV-8MeV), per treatment.....	RNE ^o	7.2
77095 Megavoltage (greater than 8MeV or electron beam), per treatment...	BR†	BR†

Per treatment week schedule:

Simple Treatment

77110 Superficial or orthovoltage (less than 600 KVP) per treatment week.	RNE ^o	18.0
77120 Supervoltage (600 KVP-2MeV, including Cobalt-60 and Cesium), per treatment week.....	RNE ^o	25.0
77130 Megavoltage (3MeV-8MeV), per treatment week.....	RNE ^o	30.0
77135 Megavoltage (greater than 8MeV or electron beam), per treatment week.	BR†	BR†

Complex Treatment

77210 Superficial or orthovoltage (less than 600 KVP), per treatment week	RNE ^o	24.0
77220 Supervoltage (600 KVP-2MeV, including Cobalt-60 and Cesium), per treatment week.....	RNE ^o	29.0
77230 Megavoltage (3MeV-8MeV), per treatment week.....	RNE ^o	36.0
77235 Megavoltage (greater than 8MeV or electron beam), per treatment week.....	BR†	BR†
77299 Unlisted teletherapy procedure....	BR†	BR†

RADIOLOGY/NUCLEAR MEDICINE (77500-78006)

Radiation Therapy/Oncology;
Nuclear Medicine

Brachytherapy

(Radium and other isotope applications)
(For systemic, intracavitary and interstitial injection of radioactive material, see section on Nuclear Medicine.)

(The cost of providing the radioactive material is not included in the listed values. For use or purchase of radioactive source, use 99069.)

Surface application of radioactive material or mold:

77500 Per application RNE 2.9

Intracavitary application of sealed radioactive source:

77520 Simple treatment, per application.. RNE 26.0

77530 Complex treatment, per application, total care by single physician RNE 21.0

77531 field preparation and application only..... RNE 0

77532 radioactive material preparation and monitoring..... RNE 15.5

*77533 Heyman packing, total care by single physician BR† BR†

*77534 field preparation and application only BR† BR†

*77535 radioactive material preparation and monitoring..... BR† BR†

Interstitial insertion of sealed radioactive source:

77540 Simple treatment, per insertion.... BR† BR†

77550 Complex treatment, per insertion.. BR† BR†

*77599 Unlisted brachytherapy services.... BR† BR†

(For hyperbaric pressurization, see 96200, 96201)

(For chemotherapy of malignant disease, see 96030-96050)

Adjunctive Radiotherapy Physics Services

Isodose distributions, computer generated or otherwise:

*77901 Teletherapy, simple (one or two fields), per plane BR† BR†

*77902 complex (three or more fields, fixed or moving beam, or tissue inhomogeneity), per plane..... BR† BR†

*77905 Brachytherapy, intracavitary radioactive sources, first plane..... BR† BR†

*77906 each additional plane..... BR† BR†

*77911 Brachytherapy, interstitial radioactive sources, first plane..... BR† BR†

*77912 each additional plane..... BR† BR†

Miscellaneous radiological physics services:

*77920 In vivo dosimetry..... BR† BR†

*77925 Design and construction of beam shaping devices (e.g., bolus, template, blocks, compensators)..... BR† BR†

*77930 Continuing radiological physics service in support of the radiotherapist in individual patient management per treatment course..... BR† BR†

*77940 Tumor localization, simple, limited simulation and limited number of localization films (does not include "port" films or simple simulation, which are included in basic treatment charge) BR† BR†

*77941 Tumor localization, complex, simulation requiring multiple films and/or extensive participation of the radiologist or radiotherapist in the localization procedures..... BR† BR†

*77999 Unlisted adjunctive radiotherapy physics procedure BR† BR†

NUCLEAR MEDICINE

When the physician providing Nuclear Medicine services is also responsible for the preliminary diagnostic work-up and/or follow-up care of the patient, see appropriate sections for office or hospital visits, consultations and other medical, surgical, radiological and pathology services.

For complex instrumentation or special data handling, see ground rule 3 in this section.

For radiopharmaceutical or other radionuclide material costs, see 99069. The listed values in this section do not include these costs. List name of radiopharmaceutical, dosage and cost.

For other supplies and material provided by the physician, see 99070.

The term imaging as used in this section includes scanning, scintiphotography, scintigraphy, etc.

Diagnostic

Endocrine System

78000 Thyroid uptake, single determination..... 11 4.0

78001 multiple determinations (as in 6 and 24 hours, etc.)..... 17.0

*78003 Thyroid stimulation, suppression or discharge (not including initial uptake studies) 16.0 5.7

*78006 Thyroid, imaging, with uptake, single determination..... 32.0 10.0

	PC Unit Value ^a	Total Unit Value ^a
*78007 multiple determinations.....	38.0	10.5
78010 Thyroid, imaging only.....	26.0	7.2
*78015 Thyroid carcinoma metastases, imaging, neck and chest only.....	36.0	11.5
*78016 with additional studies (e.g., imaging other body areas, urinary recovery, etc.).....	50.0	15.5
(Resin uptake T-3 or T-4 [RT3U], see 84250)		
(Triiodothyronine [True T-3], RIA, see 83539)		
(T-4-thyroxin, CPB [Murphy-Pattee], see 83536)		
(T-4-thyroxin, RIA, see 83537)		
(Calcitonin, RIA, see 82308)		
*78070 Parathyroid, imaging.....	RNE ^o	RNE ^o
(Parathormone [parathyroid hormone], RIA, see 83970)		
*78075 Adrenal, imaging.....	RNE ^o	RNE ^o
(Cortisol, RIA, plasma, see 82533)		
(Cortisol, RIA, urine, see 82534)		
(Aldosterone, double isotope technique, see 82087)		
(Aldosterone, RIA, blood, see 82088)		
(Aldosterone, RIA, urine, see 82089)		
(Pancreas, see 78240)		
(Insulin, RIA, see 83525)		
(Proinsulin, RIA, see 83526)		
(Glucagon, RIA, see 82943)		
(Adrenocorticotrophic hormone [ACTH], RIA, see 82024)		
(Growth Hormone [GH], [Somatotropin], RIA, see 83003)		
(Thyroid Stimulating Hormone [TSH], RIA, see 84443)		
(Thyrotropin Releasing Factor, RIA, see 84444; plus long acting [LATS], see 84445)		
(Follicle Stimulating Hormone, see Gonadotropin, pituitary [FSH] RIA, see 83001)		
(Luteinizing Hormone, see Gonadotropin, pituitary [LH], [ICSH], RIA, see 83002)		
(Prolactin level [Mammatropin], RIA, see 84146)		
(Oxytocin level, see Oxytocinase, RIA, 83951)		
(Vasopressin level, see Vasopressin [Antidiuretic Hormone], RIA, see 84588)		
*78099 Unlisted endocrine procedure.....	BR†	BR†

Hematopoietic, Reticuloendothelial and Lymphatic System

	PC Unit Value ^a	Total Unit Value ^a
*78102 Bone marrow, imaging, limited area	BR†	BR†
*78103 multiple areas.....	BR†	BR†
*78104 whole body.....	RNE ^o	RNE ^o
78110 Blood or plasma volume, single sampling.....	17.5	5.0
78111 multiple sampling.....	19.0	7.0
(For dye method, see 84610)		
78120 Red cell mass determination, single sampling.....	20.0	9.4
78121 multiple sampling.....	30.0	10.0
(see also 84610)		
78130 Red cell survival study....., ⁵¹ Cr	RNE ^o	RNE ^o
78135 plus splenic and/or hepatic sequestration.....	RNE ^o	RNE ^o
78140 Red cell splenic and/or hepatic sequestration.....	RNE ^o	RNE ^o
78160 Plasma radio-iron disappearance (turnover) rate.....	RNE ^o	RNE ^o
78170 Radio-iron, red cell utilization.....	RNE ^o	RNE ^o
78180 Radio-iron, body distribution and storage pools.....	RNE ^o	RNE ^o
(Cyanocobalamine [Vitamin B-12], RIA, see 82611)		
(Folic acid [folate] serum, RIA, see 82746)		
(Human Hepatitis Antigen, Hepatitis Associated Agent [Australian antigen] [HAA], RIA, see 86287)		
*78185 Spleen, imaging only, static.....	45.0	13.5
(If combined with liver study, use procedures 78215 and 78216.)		
*78186 with vascular flow.....	RNE ^o	RNE ^o
*78195 Lymphatics and lymph glands imaging.....	BR†	BR†
*78199 Unlisted procedure, hematologic, R-E and lymphatic.....	BR†	BR†

Gastrointestinal System

*78201 Liver, imaging, static.....	45.0	13.5
*78202 with vascular flow.....	RNE ^o	RNE ^o
(For spleen imaging only, use 78185 and 78186)		
*78215 Liver and spleen, imaging, static...	50.0	15.0
*78216 with vascular flow of liver and/or spleen.....	RNE ^o	RNE ^o
*78220 Liver function (e.g., with radioiodinated rose bengal), with serial images.....	RNE ^o	15.5
*78221 with probe technique.....	BR†	BR†
*78225 Liver-lung study, imaging (e.g., for subphrenic abscess).....	70.0	27.0
*78230 Salivary glands, imaging, static....	RNE ^o	RNE ^o
*78231 with serial views.....	RNE ^o	RNE ^o
*78240 Pancreas, imaging.....	60.0	23.0

BR† By report; see ground rule 4(a) for detailed information.

RNE^o Relativity not established; see ground rule 4(b) for detailed information.^a See Radiology ground rule 1 for definition of Total Unit Value and PC Unit Value.

* Code number new to 1974 revision of CRVS.

■ Relativity for professional component of service only.

RADIOLOGY/NUCLEAR MEDICINE (78270-78799)

Nuclear Medicine

	PC Unit Value ²	Total Unit Value ²
*78270 Vitamin B-12 absorption studies (e.g., Schilling test) without intrinsic factor	14.0	5.3
*78271 with intrinsic factor	14.0	5.3
*78280 Gastrointestinal blood loss study..	RNE ²	RNE ²
*78282 Gastrointestinal protein loss (e.g., ⁵¹ Cr Albumin)	RNE ²	RNE ²
*78285 Gastrointestinal fat absorption study (e.g., radioiodinated triolein)	RNE ²	RNE ²
*78286 Gastrointestinal fatty acid absorption study (e.g., radioiodinated oleic acid)	RNE ²	RNE ²
(Gastrin, RIA, see 82941)		
(Intrinsic factor level, see 84231)		
(Carcinoembryonic antigen level, RIA, see 86151)		
*78299 Unlisted gastrointestinal procedure.	BR †	BR †

Musculoskeletal System

78300 Bone imaging, limited area (e.g., skull, pelvis, etc.)	35.0	11.5
78305 multiple areas	50.0	16.0
*78307 whole body	58.0	20.0
*78380 Joints, imaging	RNE ²	RNE ²
*78399 Unlisted musculoskeletal procedure.	BR †	BR †

Cardiovascular System

*78401 Cardiac blood pool, imaging, static (e.g., as for pericardial effusion) ..	45.0	13.0
*78402 with vascular flow	RNE ²	RNE ²
*78405 Myocardium, imaging	BR †	BR †
*78435 Cardiac flow study, imaging (i.e., angiocardigraphy)	RNE ²	RNE ²
*78445 Vascular flow study, imaging (i.e., angiography)	RNE ²	RNE ²
*78455 Venous thrombosis study	RNE ²	RNE ²
*78470 Cardiac output (see also 93561-93562)	RNE ²	RNE ²
*78490 Tissue clearance studies	RNE ²	RNE ²
(Digoxin, RIA, see 82643)		
(Digitoxin [digitalis], RIA, see 82640)		
*78499 Unlisted cardiovascular procedure..	BR †	BR †

Respiratory System

*78580 Pulmonary perfusion imaging, particulate	60.0	17.5
*78581 gaseous	BR †	BR †
*78582 with ventilation, rebreathing and washout	BR †	BR †
*78590 Pulmonary ventilation imaging, aerosol	BR †	BR †
*78591 gaseous, single breath, single projection	RNE ²	RNE ²
*78592 multiple projections (e.g., anterior, posterior, lateral views)	RNE ²	RNE ²

*78593 with rebreathing and washout with or without single breath, single projection	45.0	15.0
*78594 multiple projections (e.g., anterior, posterior, lateral views)	BR †	BR †

*78599 Unlisted respiratory procedure	BR †	BR †
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Nervous System

*78600 Brain, imaging, limited procedure, static	50.0	17.5
*78601 with vascular flow	55.0	20.0
*78605 complete, static	65.0	19.0
*78606 with vascular flow	75.0	23.0
*78610 vascular flow study only	20.0	5.7
*78630 Cerebrospinal fluid flow, imaging, cisternography (not including introduction of material, e.g., for lumbar puncture, see 62288, etc.)	80.0	24.0
*78635 ventriculography	80.0	24.0
*78640 myelography	RNE ²	RNE ²
*78645 shunt evaluation	50.0	24.0
*78650 CSF leakage	70.0	21.0
*78699 Unlisted procedure, nervous system.	BR †	BR †

Genitourinary System

*78700 Kidney, imaging, static	40.0	12.0
*78701 with vascular flow	60.0	17.0
*78704 with function study (i.e., imaging renogram)	65.0	19.0
*78707 with vascular flow and function study	100.0	28.0
*78715 Kidney, vascular flow	RNE ²	RNE ²
*78720 Kidney, function study (i.e., renogram)	22.0	8.0
*78721 with serial images	34.0	11.5
*78725 Kidney function study, clearance.. (Renin [Angiotensin I], RIA, see 84244; Angiotensin II, RIA, see 82163)	BR †	BR †
*78730 Urinary bladder residual study	RNE ²	RNE ²
*78740 Ureteral reflux study	RNE ²	RNE ²
(Estradiol, RIA, see 82670; see also 82677 and 82679)		
(Progesterone, RIA, see 84144)		
(Testosterone, blood, RIA, see 84403)		
(Testosterone, urine, RIA, see 84405)		
*78770 Placenta, imaging	30.0	8.7
*78775 localization (e.g., radioiodinated HSA)	25.0	7.2
(See also 74720, 74725 and 76820)		
(Lactogen, placental [HPL] chorionic somatomammotropin, RIA, see 83632)		
(Chorionic gonadotropin, RIA, see 82998)		
*78799 Unlisted genitourinary procedure...	BR †	BR †

Miscellaneous Studies

	PC Unit Value ²	Total Unit Value ²
*78800 Tumor localization (e.g., gallium, selenomethionine, etc.), limited area (For specific organ, see appropriate heading)	RNE ^o	RNE ^o
*78801 multiple areas	RNE ^o	RNE ^o
*78802 whole body	RNE ^o	RNE ^o
*78899 Miscellaneous unlisted procedure...	BR†	BR†

Therapeutic

(Preliminary and follow-up diagnostic tests not included. For these services, see appropriate sections.)

(For radiopharmaceutical or other radionuclide material costs, see 99069)

(For procedures involving radioactive sealed sources and surface application of radioactive material, see Radiation Therapy)

- BR† By report; see ground rule 4(a) for detailed information.
 RNE^o Relativity not established; see ground rule 4(b) for detailed information.
- See Radiology ground rule 1 for definition of Total Unit Value and PC Unit Value.
 - ▲ Code number new to 1974 revision of CRVS.
 - Relativity for professional component of service only.

	PC Unit Value ²	Total Unit Value ²
79000 Hyperthyroidism, initial evaluation of patient and administration of radionuclide.....	200.0	28.0
79001 subsequent, each.....	90.0	13.5
79020 Thyroid suppression, evaluation of patient and administration of radionuclide.....	200.0	28.0
*79030 Thyroid carcinoma, ablation of gland	BR†	BR†
*79035 therapy, for metastases	BR†	BR†
79100 Polycythemia vera, chronic leukemia, etc., per treatment.....	80.0	11.5
79200 Intracavitary radioactive colloid therapy.....	BR†	BR†
79300 Interstitial radioactive colloid therapy.....	BR†	BR†
79400 Therapy, e.g., for metastases to bone (non-thyroid).....	BR†	BR†
*79499 Unlisted therapeutic procedure (For chemotherapy procedures, see 96030-96055)	BR†	BR†