This listing subject to change.

COMMUNITYCARE - LAB/RADIOLOGY CODE LISTING

procedure codes marked with an 'x' indicate the need for an authorization

Procedure Code	Procedure Code Description	Referral Required
36415	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	
36416	COLLECTION OF CAPILLARY BLOOD SPECIMAN	
70010	MYELOGRAPHY; INTERPRETATION ONLY	x
70015	CISTERNOGRAPHY; INTERPRET ONLY	x
70030	X-RAY EYE; DETECT FOREIGN BODY	
70100	X-RAY MANDIBLE; PARTIAL	
70110	X-RAY MANDIBLE; COMPLETE	
70120	X-RAY MASTOIDS;L3 VIEWS PER SIDE	
70130	COMPLETE X-RAY,MASTOIDS-3 VIEWS/SIDE	
70134	X-RAY INTERNAL AUDITORY MEATI	
70140	X-RAY FACIAL BONES; L3 VIEWS	
70150	X-RAY FACIAL BONES; COMPLETE	
70160	X-RAY NASAL BONES; COMPLETE	
70170	DACRYOCYSTOGRAPHY; INTERPRET ONLY	x
70190	X-RAY OPTIC FORAMINA	
70200	X-RAY ORBITS,COMPLETE,4+ VIEWS	
70210	X-RAY SINUSES; PARANASAL; L3 VIEWS	
70220	X-RAY SINUSES; PARANASAL; COMPLETE	
70240	X-RAY SELLA TURCICA	
70250	X-RAY SKULL; LESS THAN 4 VIEWS	
70260	X-RAY SKULL; COMPLETE	
70300	X-RAY TEETH; SINGLE VIEW	
70310	X-RAY TEETH; PARTIAL EXAM	
70320	X-RAY TEETH; COMPLETE; FULL MOUTH	
70328	X-RAY TEMPOROMAN DIBULAR JNT; UNIL	
70330	ARTHROTOMOGRAPHY;TEMPOROMAND.-COMPLT	
70332	TEMPOROMAND.ARTHROGRAPHY;SUPER/INT	x
70336	MRI,TEMPOROMANDIBULAR JOINT	x
70350	CEPHALOGRAM; ORTHODONTIC	
70355	ORTHOPANTOGRAM	
70360	X-RAY NECK; SOFT TISSUE	
70370	X-RAY PHARYNX/LARYNX W/FLOUROSCPY	x
70373	LARYNGOGRAPHY; INTERPRET ONLY	x
70380	X-RAY SALIVARY GLANDFOR CALCULUS	x
70390	SIALOGRAPHY; INTERPRETATION ONLY	x
70450	CAT,HEAD/BRAIN;W/OUT CONTRAST MATER.	x
70460	CAT,HEAD/BRAIN;W/CONTRAST MATERIAL	x
70470	CAT,HEAD/BRAIN;W/OUT-W/CONTRAST	x
70480	TOMOGRAPHY;ORBIT,SELLA,POSTERIOR FOS	x
70481	TOMOGRAPHY;ORBIT,ETC,WITH/CONTRAST M	x
70482	CAT,ORBIT,ETC.,W/OUT-W/ CONTRAST MAT	x
70486	TOMOGRAPHY;MAXILLOFACIAL W/OUT CONTR	x
70487	TOMOGRAPHY;MAXILLOFAC,WITH CONTRAST	x
70488	CAT;MAXILL.;W/OUT-W/ CONTRAST MATER.	x
70490	CAT,SOFT TISSUE NECK;W/OUT CONTRAST	x
70491	CAT.SOFT TISSUE NECK;W/ CONTRAST MAT	x
70492	CAT,NECK;W/OUT-W/ CONTRAST MATERIAL	x
70496	CT ANGIOGRAPHY HEAD	x
70498	CT ANGIOGRAPHY NECK	x
70540	MRI-ORBIT,FACE AND NECK	x
70542	MR IMAGING ORBIT, FACE, AND NECK	x
70543	MR IMAGING ORBIT, FACE , AND NECK	x
70544	MR ANGIOGRAPHY HEAD	x
70545	MR ANGIOGRAPHY	x
70546	MR ANGIOGRAPHY NECK	x
70547	MR ANGIOGRAPHY NECK; WITHOUT CONTRAS	x
70548	MR ANGIOGRAPHY NECK WITH CONSTRAST	x
70549	MR ANGIOGRAPHY NECK WITHOUT CONTRAS	x
70551	MRI-BRAIN/INCLUDING BRAIN STEM	x
70552	MRI,BRAIN W CONTRAST MATERIAL	x
70553	MAGNETIC RESONANCE (EG, PROTON) IMAG	x
70557	MAGNETIC RESONANCE IMAGING, BRAIN, DURING OPEN INTRACRANIAL PROCEDURE; WITHOUT CONTRAST MATERIAL	x
70558	MAGNETIC RESONANCE IMAGING, BRAIN, DURING OPEN INTRACRANIAL PROCEDURE; WITH CONTRAST MATERIAL(S)	x

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Procedure Code	Procedure Code Description	Referral Required
70559	MAGNETIC RESONANCE IMAGING, BRAIN, DURING OPEN INTRACRANIAL PROCEDURE; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	x
71010	X-RAY CHEST; SINGLE VIEW, FRONTAL	
71015	X-RAY CHEST; STEREO;FRONTAL	
71020	X-RAY CHEST; TWO VIEWS	
71021	X-RAY CHEST; APICAL LORDOTIC	
71022	X-RAY CHEST; OBLIQUE PROJECTIONS	
71023	X-RAY CHEST,2 VIEWS,FRONT,LAT.FLUORO	
71030	X-RAY CHEST; MININUM OF 4 VIEWS	
71034	X-RAY CHEST W/FLUOROSCOPY	x
71035	X-RAY CHEST; SPECIAL VIEWS	
71040	CONTRAST X-RAY OF BRONCHI	x
71060	CONTRAST X-RAY OF BRONCHI	x
71090	X-RAY & PACEMAKER INSERTION	
71100	X-RAY EXAM OF RIBS	
71101	X-RAY EXAM RIBS-POSTEROANTER CHEST	
71110	X-RAY EXAM OF RIBS	
71111	X-RAY RIBS,BILAT;POSTEROANTERI CHEST	
71120	X-RAY EXAM OF BREASTBONE	
71130	X-RAY EXAM OF BREASTBONE	
71250	CAT,THORAX;W/OUT CONTRAST MATERIAL	x
71260	CAT,THORAX; W/ CONTRAST MATERIAL	x
71270	CAT,THORAX;W/OUT-W/ CONTRAST MATERIA	x
71275	CT ANGIOGRAPHY, CHEST	x
71550	MRI-CHEST/LYPHADENOPATHY EVAL	x
71551	MRI CHEST W/DYE	x
71552	MRI CHEST W/O&W DYE	x
71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHES	x
72010	X-RAY EXAM OF SPINE	
72020	X-RAY SPINE,SINGLE VIEW	
72040	X-RAY EXAM OF NECK SPINE	
72050	X-RAY EXAM OF NECK SPINE	
72052	X-RAY EXAM OF NECK SPINE	
72069	RADIOLOGIC EXAM SPINE,THORACOLUMBAR	
72070	X-RAY EXAM OF THORAX SPINE	
72072	X-RAY SPINE;THORACIC,ANTEROPOS;LATER	
72074	X-RAY COMPLETE THORACIC SPINE 4 VIEW	
72080	X-RAY EXAM OF TRUNK SPINE	
72090	X-RAY EXAM OF TRUNK SPINE	
72100	X-RAY EXAM OF LOWER SPINE	
72110	X-RAY EXAM OF LOWER SPINE	
72114	X-RAY EXAM OF LOWER SPINE	
72120	X-RAY EXAM OF LOWER SPINE	
72125	CAT SCAN,CERVICAL SPINE W/OUT C M	x
72126	CAT SCAN CERVICAL SPINE W/CONT MATER	x
72127	CAT-CERVICAL SPINE;W/O,W/ CONTRAST	x
72128	CAT SCAN,THORACIC SPINE W/OUT C MATE	x
72129	CAT SCAN,THORACIC SPINE W/CON MATERI	x
72130	CAT-THORACIC SPINE;W/OUT,W/CONTRAST	x
72131	CAT SCAN LUMBAR W/OUT CONTRAST	x
72132	CAT SCAN LUMBAR SPINE W/CONT MATERIA	x
72133	CAT-LUMBAR SPINE;W/OUT,W/CONTRAST	x
72141	MRI,SPINAL CANAL...;CERVICAL	x
72142	MRI,SPINAL CANAL & CONTENTD,CERVICAL	x
72146	MRI,SPINAL CANAL W/O CONTRAST MATERI	x
72147	MRI,SPINAL CANAL, THORACIC W CONTRAS	x
72148	MRI,SPINAL CANAL, LUMBAR W/0 CONTRAS	x
72149	MRI,SPINAL CANAL, LUMBAR W CONTRAST	x
72156	MAGNETIC RESONANCE (EG, PROTON) IMAG	x
72157	MAGNETIC RESONANCE (EG, PROTON) IMAG	x
72158	MAGNETIC RESONANCE (EG, PROTON) IMAG	x
72159	MAGNETIC RESONANCE ANGIOGRAPHY, SPIN	x
72170	X-RAY EXAM OF PELVIS	
72190	X-RAY EXAM OF PELVIS	
72191	CT ANGIOGRAPH PELV W/O&W DYE	x
72192	CAT,PELVIS;W/OUT CONTRAST MATERIAL	x
72193	CAT,PELVIS;W/ CONTRAST MATERIAL	x
72194	CAT,PELVIS;W/OUT-W/ CONTRAST MATER.	x
72195	MRI PELVIS W/O DYE	x

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Procedure Code	Procedure Code Description	Referral Required
72196	MRI, PELVIS	x
72197	MRI PELVIS W/O & W DYE	x
72198	MAGNETIC RESONANCE ANGIOGRAPHY, PELV	x
72200	X-RAY EXAM SACROILIAC JOINTS	
72202	X-RAY EXAM SACROILIAC JOINTS	
72220	X-RAY EXAM OF TAILBONE	
72240	CONTRAST X-RAY OF NECK SPINE	x
72255	CONTRAST X-RAY THORAX SPINE	x
72265	CONTRAST X-RAY LOWER SPINE	x
72270	CONTRAST X-RAY OF SPINE	x
72275	EPIDUROGRAPHY	x
72285	X-RAY OF NECK SPINE DISK	x
72295	X-RAY OF LOWER SPINE DISK	x
73000	X-RAY EXAM OF COLLARBONE	
73010	X-RAY EXAM OF SHOULDER BLADE	
73020	X-RAY EXAM OF SHOULDER	
73030	X-RAY EXAM OF SHOULDER	
73040	X-RAY SHOULDER,ARTHROGRAPH,SUPR/INTP	x
73050	X-RAY EXAM OF SHOULDERS	
73060	X-RAY EXAM OF HUMERUS	
73070	X-RAY EXAM OF ELBOW	
73080	X-RAY EXAM OF ELBOW	
73085	X-RAY,ELBOW,ARTHROGRAPHY;SUPER/INTER	x
73090	X-RAY EXAM OF FOREARM	
73092	X-RAY EXAM OF ARM, INFANT	
73100	X-RAY EXAM OF WRIST	
73110	X-RAY EXAM OF WRIST	
73115	X-RAY,WRIST,ARTHROGRAPHY,SUPER/INTER	x
73120	X-RAY EXAM OF HAND	
73130	X-RAY EXAM OF HAND	
73140	X-RAY EXAM OF FINGER(S)	
73200	CAT,UPPER EXTREMITY;W/OUT CONTRAST	x
73201	CAT,UPPER EXTREMITY;W/ CONTRAST MAT.	x
73202	CAT,UPPER EXT.;W/OUT-W/ CONTRAST	x
73206	CT ANGIO UPR EXTRM W/O&W DYE	x
73218	MRI UPPER EXTREMITY W/O DYE	x
73219	MRI UPPER EXTREMITY W/DYE	x
73220	MRI-UPPER EXTREMITY	x
73221	MRI, ANY JOINT OF UPPER EXTREMITY	x
73222	MRI JOINT UPR EXTREM W/ DYE	x
73223	MRI JOINT UPR EXTR W/O&W DYE	x
73225	MAGNETIC RESONANCE ANGIOGRAPHY, UPPE	x
73500	X-RAY EXAM OF HIP	
73510	X-RAY EXAM OF HIP	
73520	X-RAY EXAM OF HIPS	
73525	CONTRAST X-RAY OF HIP	x
73530	X-RAY HIP,DURING OPERATIVE PROCEDURE	
73540	X-RAY EXAM OF PELVIS & HIPS	
73542	X-RAY EXAM, SACROILIAC JOINT	
73550	X-RAY EXAM OF THIGH	
73560	X-RAY EXAM OF KNEE	
73562	X-RAY KNEE A/P.OBLIQUES,3+VIEWS	
73564	X-RAY KNEE,COMPLETE,W/OBLIQUES.....	
73565	RADIO EXAM,KNEES,STANDING,ANTEROPOST	
73580	CONTRAST X-RAY OF KNEE JOINT	x
73590	X-RAY EXAM OF LOWER LEG	
73592	X-RAY EXAM OF LEG, INFANT	
73600	X-RAY EXAM OF ANKLE	
73610	X-RAY EXAM OF ANKLE	
73615	X-RAY ANKLE,ARTHROGRAPHY;SUPER/INTER	x
73620	X-RAY EXAM OF FOOT	
73630	X-RAY EXAM OF FOOT	
73650	X-RAY EXAM OF HEEL	
73660	X-RAY EXAM OF TOE(S)	
73700	CAT,LOWER EXTREMITY;W/OUT COUNTRAST	x
73701	CAT,LOWER EXTREMITY;W/ CONTRAST MAT.	x
73702	CAT.,LOWER EXT.;W/OUT-W/CONTRAST	x
73706	CT ANGIO LWR EXTR W/O&W DYE	x
73718	MRI LOWER EXTREMITY W/O DYE	x

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Procedure Code	Procedure Code Description	Referral Required
73719	MRI LOWER EXTREMITY W/DYE	x
73720	MRI-LOWER EXTREMITY	x
73721	MRI,ANY JOINT,LOWER EXTREMITY	x
73722	MRI JOINT OF LWR EXTR W/DYE	x
73723	MRI JOINT LWR EXTR W/O&W DYE	x
73725	MAGNETIC RESONANCE ANGIOGRAPHY, LOWER EXTREMITY	x
74000	X-RAY EXAM OF ABDOMEN	
74010	X-RAY EXAM OF ABDOMEN	
74020	X-RAY EXAM OF ABDOMEN	
74022	X-RAY ACUTE ABDOMEN SERIES,SUPINE,ER	
74150	CAT,ABDOMEN;W/OUT CONTRAST MATERIAL	x
74160	CAT,ABDOMEN;W/ CONTRAST MATERIAL	x
74170	CAT,ABDOMEN;W/OUT-W/CONTRAST MATER.	x
74175	CT ANGIO ABDOM W/O&W DYE	x
74181	MRI-ABDOMEN	x
74182	MRI ABDOMEN W/DYE	x
74183	MRI ABDOMEN W/O&W DYE	x
74185	MAGNETIC RESONANCE ANGIOGRAPHY, ABDO	x
74190	PERITONEOGRAM (EG, AFTER INJECTION O	x
74210	CONTRAST XRAY EXAM OF THROAT	x
74220	CONTRAST XRAY EXAM,ESOPHAGUS	x
74230	CINEMA XRAY THROAT/ESOPHAGUS	x
74235	REMOVE FOREIGN BODY(S),ESOPHAGEAL	x
74240	X-RAY EXAM UPPER GI TRACT	
74241	X-RAY EXAM UPPER GI TRACT	
74245	X-RAY EXAM UPPER GI TRACT	
74246	X-RAY GASTROINTESTINAL TRACT	
74247	X-RAY-GASTROINTESTINAL TRACT	
74249	X-RAY/GASTROINTESTINAL TRACT....	
74250	X-RAY EXAM OF SMALL BOWEL	
74251	RADIOLOGIC EXAMINATION, SMALL BOWEL,	
74260	X-RAY EXAM OF SMALL BOWEL	
74270	CONTRAST X-RAY EXAM OF COLON	
74280	CONTRAST X-RAY EXAM OF COLON	
74283	BARIUM ENEMA,THERAPEUTIC	x
74290	CONTRAST X-RAY, GALLBLADDER	
74291	CONTRAST X-RAYS, GALLBLADDER	
74300	CONTRAST X-RAY OF BILE DUCTS	
74301	CHOLANGIOGRA;ADDITIONAL SET/SURGERY	x
74305	CONTRAST X-RAY OF BILE DUCTS	x
74320	CONTRAST X-RAY OF BILE DUCTS	x
74327	X-RAY FOR BILE STONE REMOVAL	x
74328	X-RAY FOR BILE DUCT ENDOSCOPY	x
74329	X-RAY FOR PANCREAS ENDOSCOPY	x
74330	X-RAY,BILE/PANCREAS ENDOSCOPY	x
74340	X-RAY GUIDE FOR GI TUBE	x
74350	PERC.PLACE.GASTRO TUBE;GUIDANCE ONLY	x
74355	PERC.PLACE.ENTEROLYSIS TUBE;GUIDANCE	x
74360	INTRALUMINAL DILATION;GUIDANCE ONLY	x
74363	PERCUT TRANS DILAT BIL DUCT W-W/O ST	x
74400	CONTRAST X-RAY URINARY TRACT	x
74410	CONTRAST X-RAY URINARY TRACT	x
74415	CONTRAST X-RAY URINARY TRACT	x
74420	CONTRAST X-RAY URINARY TRACT	x
74425	CONTRAST X-RAY URINARY TRACT	x
74430	CONTRAST X-RAY OF BLADDER	x
74440	XRAY EXAM MALE GENITAL TRACT	x
74450	X-RAY EXAM URETHRA/BLADDER	x
74455	X-RAY EXAM URETHRA/BLADDER	x
74470	X-RAY-RENAL CYST STUDY	x
74475	CATH RENAL PELVIS;SUPER/INTERP	x
74480	CATH/STENT RENAL PELVIS;SUPER/INTERP	x
74485	DILATE NEPHROL./URETERS;SUPER/INTERP	x
74710	X-RAY MEASUREMENT OF PELVIS	
74775	PERINEOGRAM-DET.SEX/EXTENT ANOMOLIES	x
75552	MRI -MYOCARDIUM	x
75553	CARDIAC MAGNETIC RESONANCE IMAGING F	x
75554	CARDIAC MAGNETIC RESONANCE IMAGING F	x
75555	CARDIAC MAGNETIC RESONANCE IMAGING F	x

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Procedure Code	Procedure Code Description	Referral Required
75600	CONTRAST X-RAY EXAM OF AORTA	x
75605	CONTRAST X-RAY EXAM OF AORTA	x
75625	CONTRAST X-RAY EXAM OF AORTA	x
75630	AORTOGRAPH;ABDOMEN-BILAT	x
75635	CT ANGIO ABDOMINAL ARTERIES	x
75650	ARTERY X-RAYS, HEAD & NECK	x
75652	ARTERY X-RAYS, HEAD & NECK	x
75658	X-RAY EXAM OF ARM ARTERIES	x
75660	ARTERY X-RAYS, HEAD & NECK	x
75662	ARTERY X-RAYS, HEAD & NECK	x
75665	ARTERY X-RAYS, HEAD & NECK	x
75671	ARTERY X-RAYS, HEAD & NECK	x
75676	ARTERY X-RAYS, NECK	x
75680	ARTERY X-RAYS, NECK	x
75685	ARTERY X-RAYS, SPINE	x
75705	ARTERY X-RAYS, SPINE	x
75710	ARTERY X-RAYS, ARM/LEG	x
75716	ARTERY X-RAYS, ARMS/LEGS	x
75722	ARTERY X-RAYS, KIDNEY	x
75724	ARTERY X-RAYS, KIDNEYS	x
75726	ARTERY X-RAYS, ABDOMEN	x
75731	ARTERY X-RAYS, ADRENAL GLAND	x
75733	ARTERY X-RAYS,ADRENAL GLANDS	x
75736	ARTERY X-RAYS, PELVIS	x
75741	ARTERY X-RAYS, LUNG	x
75743	ARTERY X-RAYS, LUNGS	x
75746	ARTERY X-RAYS, LUNG	x
75756	ARTERY X-RAYS, CHEST	x
75790	ANGIOGRAPHY, ARTERIOVENOUS SHUNT (EG	x
75801	LYMPH VESSEL X-RAY, ARM/LEG	x
75803	LYMPH VESSEL X-RAY,ARMS/LEGS	x
75805	LYMPH VESSEL X-RAY, TRUNK	x
75807	LYMPH VESSEL X-RAY, TRUNK	x
75809	SHUNTOGRAM FOR INVESTIGATION OF PREV	x
75810	VEIN X-RAY, SPLEEN/LIVER	x
75820	VEIN X-RAY, ARM/LEG	x
75822	VEIN X-RAY, ARMS/LEGS	x
75825	VEIN X-RAY, TRUNK	x
75827	VEIN X-RAY, CHEST	x
75831	VEIN X-RAY, KIDNEY	x
75833	VEIN X-RAY, KIDNEYS	x
75840	VEIN X-RAY, ADRENAL GLAND	x
75842	VEIN X-RAY, ADRENAL GLANDS	x
75860	VEIN X-RAY, NECK	x
75870	VEIN X-RAY, SKULL	x
75872	VENOGRAPH,EPIDURAL;SUPER/INTERP	x
75880	VEIN X-RAY, EYE SOCKET	x
75885	VEIN X-RAY, LIVER	x
75887	VEIN X-RAY, LIVER	x
75889	VEIN X-RAY, LIVER	x
75891	VEIN X-RAY, LIVER	x
75893	VENOUS SAMPLING BY CATHETER	x
75894	XRAYS, TRANSCATHETER THERAPY	x
75896	XRAYS, TRANSCATHETER THERAPY	x
75898	FOLLOW-UP ANGIOGRAM	x
75900	ARTERIAL CATHETER EXCHANGE	x
75901	MECHANICAL REMOVAL OF PERICATHETER OBSTRUCTIVE MATERIAL FROM CENTRAL VENOUS DEVICE VIA SEPARATE VENOUS ACCESS	x
75902	MECHANICAL REMOVAL OF INTRALUMINAL OBSTRUCTIVE MATERIAL FROM CENTRAL VENOUS DEVICE THROUGH DEVICE LUMEN, RADIOLOGIC SUPERVISION AND INTERPRETATION	x
75940	PERC.PLACE IVC FILTER;SUPER/INTERP	x
75945	INTRAVASCULAR US	x
75946	INTRAVASCULAR US	x
75952	ENDOVASC REPAIR ABDOM AORTA	x
75953	ABDOM ANEURYSM ENDOVAS RPR	x
75960	TRANSCATHETER INTRODUCTION OF INTRAV	x
75961	TRANSCATH RETRIEVAL/FRACTURED CATH	x
75962	PTA-PERIPHERAL ARTERY;SUPER/ENTERP	x
75964	PTA;EACH ADD.PERIPH.ART.;SUPER/INTER	x

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Procedure Code	Procedure Code Description	Referral Required
75966	PTA--VISCERAL ARTERY;SUPER/INTERP	x
75968	PTA-EACH ADD VISC.ART;SUPER/INTERP	x
75970	TRANSCATH BXX;SUPER/INTERP	x
75978	VENOUS PTA;SUPERVISE/INTERPRET ONLY	x
75980	PERC TRANSHEPATIC BILIARY DRAIN	x
75989	RAD.GUIDE....SUPERVISION/INTERP ONLY	x
75992	TRANSLUMINAL ATHERECTOMY, PERIPHERAL	x
75993	TRANSLUMINAL ATHERECTOMY, EACH ADDIT	x
75994	TRANSLUMINAL ATHERECTOMY, RENAL, RAD	x
75995	TRANSLUMINAL ATHERECTOMY, VISCERAL	x
75996	TRANSLUMINAL ATHERECTOMY, EACH ADDIT	x
75998	FLUOROSCOPIC GUIDANCE FOR CENTRAL VENOUS ACCESS DEVICE PLACEMENT, REPLACEMENT, OR REMOVAL	x
76000	FLUOROSCOPY,MD TIME TO 1 HR	x
76001	FLUOROSCOPY,ME ASST NON-RAD,+1 HOUR	x
76003	FLUOROSCOPE/NEEDLE BX OR ASPIRATION	x
76005	FLUOROGUIDE FOR SPINE INJECT	x
76006	X-RAY STRESS VIEW	
76010	X-RAY,NOWE-RECTUM,SINGLE FILM,CHILD	
76012	PERCUT VERTEBROPLASTY FLUOR	x
76013	PERCUT VERTEBROPLASTY, CT	x
76020	X-RAYS FOR BONE AGE	
76040	X-RAYS, BONE EVALUATION	
76061	X-RAY EXAM,OSSEOUS SURVEY;LMTD	
76062	COMPLETE X-RAY EXAM,OSSEOUS SURVEY	
76065	X-RAYS, BONE EVALUATION	
76066	JOINT SURVEY,SINGLE VIEW,1+JOINTS	
76070	COMPUTER TOMOGRAPHY,BONE DENSITY STUDY	x
76075	DUAL ENERGY X-RAY ABSORPTIOMETRY (DENSITY STUDY, ONE OR MORE SITES; AXIAL SKELETON	
76076	DUAL ENERGY X-RAY STUDY	
76078	PHOTODENSITOMETRY	
76080	X-RAY EXAM OF FISTULA	
76082	COMPUTER AIDED DETECTION WITH FURTHER PHYSICIAN REVIEW , DIAGNOSTIC MAMMOGRAPHY	x
76083*	SCREENING MAMMOGRAPHY-COMPUTER AIDED DETECTION WITH FURTHER PHYSICIAN REVIEW,	
76085	COMPUTER MAMMOGRAM ADD-ON	x
76086	MAMMARY DUCTO/GALACTOGRAM;SUPER/INTE	x
76088	DUCTO/GALACTOGRAM,MULTIPLE;SUPER/INT	x
76090	MAMMOGRAPHY; UNILATERAL	x
76091	MAMMOGRAPHY; BILATERAL	x
76092	SCREENING MAMOGRAPHY,BILATERAL	
76093	MAGNETIC IMAGE, BREAST	x
76094	MAGNETIC IMAGE, BOTH BREASTS	x
76095	STEREOTACTIC LOCALIZATION FOR BREAST	x
76096	LOCALIZE BREAST NODULE, WITH MARKER	x
76098	RADIO.EXAM.,BREAST SURGICAL SPECIMEN	
76100	X-RAY EXAM OF BODY SECTION	
76101	X-RAY,COMPLEX MOTION ,BODY SECT UNIL	
76102	X-RAY,COMPLEX MOTION,BODY SECT BILAT	
76120	CINEMATIC X-RAYS	x
76125	CINEMATIC X-RAYS	x
76350	SUBTRACTION W/CONTRAST STUDIES	
76355	CT GUIDANCE-STEREOTACTIC LOCALIZATIO	x
76360	CT GUIDE NEEDLE BX-SUPER/INTER	x
76362	CAT SCAN FOR TISSUE ABLATION	x
76370	CT GUIDE-PLACE RAD THERAPY FIELDS	x
76375	CAT SCAN,CORONAL,SAGITTAL/OBLI RECON	x
76380	COMPUTERIZED TOMOGRAPHY, LIMITED OR	x
76390	MR SPECTROSCOPY	x
76393	MR GUIDANCE FOR NEEDLE PLACE	x
76394	MRI FOR TISSUE ABLATION	x
76400	MRI-BONE MARROW BLOOD SUPPLY	x
76490	ULTRASOUND GUIDE FOR TISSUE ABLATION	x
76499	RADIOGRAPHIC PROCEDURE	x
76506	ECHO EXAM OF HEAD B-MODE COMPLETE	x
76511	ECHO EXAM OF EYE	x

This listing subject to change.

Procedure Code	Procedure Code Description	Referral Required
76512	ECHO EXAM OF EYE	x
76513	OPHTH.ULTRASOUND,ECHOGRAPHY;H2O-B-SC	x
76514	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CORNEAL PACHYMETRY, UNILATERAL OR BILATERAL	x
76516	ECHO EXAM OF EYE	x
76519	OPHTHALMIC BIOMETRY,A-MODE;W/LENS CA	x
76529	ECHO EXAM OF EYE	x
76536	ECHOGRAPHY,B-SCAN/REAL TIME W/IMAGE	x
76604	ECHO EXAM OF CHEST	x
76645	ECHO EXAM OF BREAST	x
76700	ECHO EXAM OF ABDOMEN	x
76705	ECHO EXAM OF ABDOMEN	x
76720	ECHOGRAPHY RETROPERITONEAL	x
76770	ECHO EXAM ABDOMEN BACK WALL	x
76775	ECHO EXAM ABDOMEN BACK WALL	x
76778	ECHOGRAPHY O TRANSP KIDNEY, B-SCAN &	x
76800	ECHOGRAPHY, SPINAL CANAL & CONTENTS	x
76801	ULTRASOUND,PREG UTER,TRANSAB;FIRST	
76802	ULTRASOUND,PREG UTER,TRANSAB;EACH AD	
76805	ULTRASOUND, PREG UTER, TRANSAB;AFTER FIRST TRIMESTER	
76810	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN	
76811	ULTRASOUND,PREG UTER, TRNSAB; FIRST	
76812	ULTRASOUND,PREG UTER,TRNSAB;EACH ADD	
76815	ECHO EXAM FOR FETAL GROWTH	
76816	ECHOGRAPHY, PG UTERUS;FOLLOW-UP/REPE	
76817	ULTRASOUND, PREG UTER, TRANSVAGINAL	
76818	FETAL BIOPHYSICAL PROFILE	
76819	FETL BIOPHYS PROFIL W/O STRS	
76825	ECHOCARDIOGRAPHY, FETAL HEART-UTERO	
76826	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCU	
76827	DOPPLER ECHOCARDIOGRAPHY, FETAL, CAR	
76828	DOPPLER ECHOCARDIOGRAPHY, FETAL, CAR	
76830	ECHOGRAPHY, TRANSVAGINAL	x
76831	ECHO EXAM, UTERUS	x
76856	ECHOGRAPHY, PELVIC, REAL TIME	x
76857	ECHOGRAPHY, PELVIC,LIMITED OR FOLLOW	x
76870	ECHOGRAPHY,SCROTUM AND CONTENTS	x
76872	ECHOGRAPHY, TRANSRECTAL	x
76873	ECHOGRAP TRANS R, PROS STUDY	x
76880	ECHOGRAPHY, EXTREMITY, B-SCAN	x
76885	ECHO EXAM, INFANT HIPS	x
76886	ECHO EXAM, INFANT HIPS	x
76930	ECHO GUIDE FOR HEART SAC TAP	x
76932	ULTRA GUIDANCE ENDOMYOCARD BIOPSY	x
76934	ECHO GUIDE FOR CHEST TAP	x
76936	ECHO GUIDE FOR ARTERY REPAIR	x
76937	ULTRASOUND GUIDANCE FOR VASCULAR ACCESS EVAL OF POTENTIAL ACCESS SITES, DOCUMENTATION OF SELECTED VESSEL PATENCY, CONCURRENT REALTIME ULTRASOUND VISUALIZATION OF VASCULAR NEEDLE ENTRY, W PERMANENT RECORDING AND REPORTING	x
76938	ECHO GUIDE FOR CYST DRAINAGE	x
76940	ULTRASOUND GUIDANCE FOR, AND MONITORING OF, VISCERAL TISSUE ABLATION	x
76941	ECHO GUIDE FOR FETAL TRANSFUSION	
76942	ECHO GUIDE FOR BIOPSY	x
76945	ULTRASONIC GUIDE/CHORIONIC VILLUS SAMPLING, IMAGING, SPVR AND INTERPRETATION	
76946	ECHO GUIDE FOR AMNIOCENTESIS	
76950	ECHO GUIDANCE RADIOTHERAPY	x
76965	ECHO GUIDANCE RADIOTHERAPY	x
76970	ULTRASOUND EXAM FOLLOW-UP	x
76975	GASTROINTESTINAL ENDOSCOPIC ULTRASOU	x
76977	US BONE DENSITY MEASURE	x
76986	ECHOGRAPHY, INTRAOPERATIVE	x
76999	ECHO EXAMINATION PROCEDURE	x
77261	SIMPLE TREAT PLAN-THERA RADIOL	x
77262	INTER TREAT PLAN-THERA RADIOLO	x
77263	COMPLEX TREAT PLAN-THERA RADIO	x
77280	SIMPLE,RAD SIMU-AIDED FIELDSET	x
77285	INTER,RAD SIMU-AIDED FIELD SET	x
77290	COMP,RAD SIMU-AIDED FIELD SET	x

This listing subject to change.

Procedure Code	Procedure Code Description	Referral Required
77295	THERAPEUTIC RADIOLOGY SIMULATION-AID	x
77299	UNLISTED CLINICAL TREAT.PLAN	x
77300	BASIC RAD DOSIMETRY CALCULATIO	x
77301	RADIOLTHERAPY DOS PLAN, IMRT	x
77305	TELETHRAPY ISODOSE PLAN-SIMPLE	x
77310	TELETHERAPY ISODOSE PLAN-INTER	x
77315	TELETHERAPY ISODOSE PLAN-COMPL	x
77321	SPEC TELETHERAPY PLAN TOTALBOD	x
77326	BRACHYTHERAPY ISODOSE CALCULAT SIMPL	x
77327	BRACHYTHERAPY ISODOSE CALCULA INTERM	x
77328	BRACHYTHERAPY ISODOSE CALCULAT COMPL	x
77331	SPECIAL DOSIMETRY (SPECIFY)	x
77332	TREATMENT DEVICES,DESIGN/CONSTR;SIMP	x
77333	TREATMENT DEVICES/DESIGN;INTERMEDIAT	x
77334	TREATMENT DEVICES/DESIGN;COMPLEX	x
77336	CONTINUING RADIATION PHYSICS CONSULT	x
77370	SPECIAL MED RAD PHYSICS CONSULTATION	x
77399	UNLISTED RAD THER/PHYSICS CONS	x
77401	RADIAT TRTMNT DELIVERY SUPFCL/ORTHO	x
77402	RADIAT TRTMNT DELIVER-SING AREA/PORT	x
77403	RADIAT TRTMNT DELIVERY-6-10 MEV	x
77404	RADIAT TRTMNT DELIVERY-11-19 MEV	x
77406	RADIAT TRTMNT DELIVERY-20 MEV OR >	x
77407	RADIAT TRTMNT DELIVERY-2AREAS,3PORTS	x
77408	RADIAT TRTMNT DELIVERY-2AR,3PT-6-10	x
77409	RADIAT TRTMNT DELIVERY,2AR,3PR-11-19	x
77411	RADIATION TREATMENT DELIVERY TWO SEP	x
77412	RADIAT TRTMNT DELIV UP TO 5 MEV	x
77413	RADIAT TRTMNT DELIV 6-10 MEV	x
77414	RADIAT TRTMNT DELIV 11-19 MEV	x
77416	RADIAT TRTMNT DELIV 20 MEV OR MORE	x
77417	THERAPEUTIC RADIOLOGY PORT FILMS	x
77418	RADIATION TX DELIVERY, IMRT	x
77427	RADIATION TX MANAGEMENT, X5	x
77431	RADIATION THERAPY MANAGEMENT W COMPL	x
77432	STEREOTACTIC RADIATION TREATMENT MAN	x
77470	SPECIAL TREATMENT PROCEDURE	x
77499	UNLISTED,CLINICAL TREAT. MNGT	x
77520	PROTON BEAM DELIVERY	x
77522	PROTON TRMT, SIMPLE W/COMP	x
77523	PROTON BEAM DELIVERY	x
77525	PROTON TREATMENT, COMPLEX	x
77600	HYPERTHERMIA,EXT GEN, SUPERFICIAL	x
77605	HYPERTHERMIA,EXT GEN/DEEP	x
77610	HYPERTHERMIA;INTERSTITIAL/5 0R <	x
77615	HYPERTHERMIA/INTERSTITIAL/>5	x
77620	HYPERTHERMIA...INTRACACITARY PROBE	x
77750	INFUSE/INSTILL RADIOELEMENT	x
77761	SIMPLE INTRACAV RADIOELEMENT	x
77762	INTERM,INTRACAV RADIOELEMENT	x
77763	COMPLEX INTRACAV RADIOELEMENT	x
77776	INTERSTITIAL RADIOELEMENT-SIMPLE	x
77777	INTERSTITIAL RADIOELEMENT-INTE	x
77778	INTERSTITIAL RADIOELEMENT COMP	x
77781	REMOTE AFTERLOADING HI INTENS BRACHY	x
77782	REMOTE AFTERLOADING HIGH INTENSITY	x
77783	REMOTE AFTERLOADING HI INTEN BRACHYT	x
77784	REMOTE AFTERLOAD HI INTEN OVER 12 SO	x
77789	SURFACE APPLICATION OF RADIOELEMENT	x
77790	SUPERVISE/HANDLE/LOAD RADIOELEMENT	x
77799	UNLISTED CLINICAL BRACHYTHERAPY	x
78000	NUCLEAR EXAM OF THYROID	x
78001	NUCLEAR EXAMS OF THYROID	x
78003	TREATMENT OF THYROID	x
78006	THYROID IMAGING, WITH UPTAKE	x
78007	THYROID IMAGING, WITH UPTAKE	x
78010	NUCLEAR SCAN OF THYROID	x
78011	THYROID IMAGING W/VASCULAR FLOW	x
78015	NUCLEAR SCAN OF THYROID	x

This listing subject to change.

Procedure Code	Procedure Code Description	Referral Required
78016	EXTENSIVE THYROID SCAN	x
78018	THYROID CA IMAGING;WHOLE BODY Y	x
78020	THYROID MET UPTAKE	x
78070	PARATHYROID IMAGING	x
78075	NUCLEAR SCAN OF ADRENALS	x
78099	ENDOCRINE NUCLEAR PROCEDURE	x
78102	NUCLEAR SCAN OF BONE MARROW	x
78103	NUCLEAR SCAN OF BONE MARROW	x
78104	NUCLEAR SCAN OF BONE MARROW	x
78110	NUCLEAR EXAM, PLASMA VOLUME	x
78111	NUCLEAR EXAM, PLASMA VOLUME	x
78120	NUCLEAR EXAM OF RBC MASS	x
78121	NUCLEAR EXAM OF RBC MASS	x
78122	WHOLE BLOOD VOLUME DETERMINATION	x
78130	RED CELL SURVIVAL EXAM	x
78135	RED CELL SURVIVAL EXAM	x
78140	NUCLEAR EXAM,RED BLOOD CELLS	x
78160	NUCLEAR EXAM OF PLASMA IRON	x
78170	NUCLEAR EXAM, RED CELL IRON	x
78185	NUCLEAR SCAN OF SPLEEN	x
78190	KINETICS STUDY F PLATELET SURVIVAL	
78195	NUCLEAR SCAN OF LYMPH SYSTEM	x
78199	NUCLEAR EXAM BLOOD/LYMPH	x
78201	NUCLEAR SCAN OF LIVER	x
78202	NUCLEAR SCAN OF LIVER	x
78205	LIVER IMAGING (SPECT)	x
78206	LIVER IMAGE (3-D) W/FLOW	x
78215	NUCLEAR SCAN, LIVER & SPLEEN	x
78216	NUCLEAR SCAN, LIVER/SPLEEN	x
78220	NUCLEAR SCAN, LIVER FUNCTION	x
78223	HEPATOBILARY DUCTAL SYS IMAG,GALLBLA	x
78230	NUCLEAR SCAN, SALIVARY GLAND	x
78231	NUCLEAR SCANS,SALIVARY GLAND	x
78267	BREATH TST ATTAIN/ANAL C-14	x
78268	BREATH TEST ANALYSIS, C-14	x
78270	VIT B-12 ABSORPTION EXAMS	x
78271	VIT B-12 ABSORPTION EXAMS	x
78272	VIT B-12 ABSORPTION EXAMS	x
78278	ACUTE GI BLOOD LOSS IMAGING	x
78290	NUCLEAR SCAN OF BOWEL	x
78299	G.I. NUCLEAR PROCEDURE	x
78300	NUCLEAR SCAN OF BONE	x
78305	NUCLEAR SCAN OF BONES	x
78306	NUCLEAR SCAN OF SKELETON	x
78315	BONE IMAGING;BY THREE PHASE TECHNIQU	x
78320	BONE IMAGING;TOMOGRAPHIC (SPECT)	x
78399	MUSCULOSKELETAL NUCLEAR EXAM	x
78414	DETERMINE VENTRIC.EJECT FRACTION	x
78445	NUCLEAR SCAN OF BLOOD FLOW	x
78455	NUCLEAR SCAN OF VEIN CLOT	x
78456	ACUTE VENOUS THROMBUS IMAGE	x
78459	HEART MUSCLE IMAGING (PET)	x
78460	REG.MYOCARD PERF;QUAL.,AT REST ONLY	x
78461	REG MYOCARD PERF QUAL/REST+EXER-PHAR	x
78464	REG MYOCARD PERF;TOMOGRAPHIC,AT REST	x
78465	REG MYOCARD PERF;TOMOGRAPH.REST+EXER	x
78466	MYOCARD IMAGING..;AT REST,QUAL.	x
78468	MYOCARD IMAGING..AT REST;FIRST PASS	x
78469	MYOCARD IMAGING..REST;EMISS COMP TOM	x
78472	CARD BLD POOL IMAG,AT REST,WALL MOT	x
78473	CARDIAC BLOOD POOL IMAGING, GATED EQ	x
78478	MYOCARDIAL PERFUSION STUDY WITH WALL	x
78480	MYOCARDIAL PERFUSION STUDY WITH EJEC	x
78481	CARD BLD POOL IMAG-FRST PASS TECH...	x
78483	CARDIAC BLOOD POOL IMAGING, FIRST PA	x
78491	HEART IMAGE (PET) SINGLE	x
78492	HEART IMAGE (PET) MULTIPLE	x
78494	HEART IMAGE, SPECT	x
78496	HEART FIRST PASS ADD-ON	x

This listing subject to change.

Procedure Code	Procedure Code Description	Referral Required
78499	CARDIOVASCULAR NUCLEAR EXAM	x
78580	NUCLEAR SCAN OF LUNG	x
78584	NUCLEAR SCAN OF LUNG;W/VENT;1 BREATH	x
78585	NUCLEAR LUNG SCAN,REBREATHE/WASHOUTO	x
78586	NUCLEAR SCAN OF LUNG	x
78587	NUCLEAR SCAN OF LUNG	x
78588	PERFUSION LUNG IMAGE	x
78591	NUCLEAR SCAN OF LUNG	x
78593	NUCLEAR SCAN OF LUNG	x
78594	NUCLEAR SCAN OF LUNG	x
78596	PULMONARY QUANTITATIVE DIFFERENTIAL	x
78599	RESPIRATORY NUCLEAR EXAM	x
78600	NUCLEAR SCAN OF BRAIN	x
78601	NUCLEAR SCAN OF BRAIN	x
78605	NUCLEAR SCAN OF BRAIN	x
78606	NUCLEAR SCAN OF BRAIN	x
78607	BRAIN IMAGING,COMP.;TOMOGRAPHIC(ECT)	x
78610	NUCLEAR SCAN OF BRAIN	x
78615	CEREBRAL BLOOD FLOW, INERT RAD GAS..	x
78630	CEREBROSPINAL FLUID SCAN	x
78635	CEREBROSPINAL FLUID SCAN	x
78645	CEREBROSPINAL FLUID SCAN	x
78647	CEREBROSPINAL FLUID SCAN	x
78650	CEREBROSPINAL FLUID SCAN	x
78660	NUCLEAR EXAM OF TEAR FLOW	x
78699	NERVOUS SYSTEM NUCLEAR EXAM	x
78700	NUCLEAR SCAN OF KIDNEY	x
78701	NUCLEAR SCAN OF KIDNEY	x
78704	NUCLEAR SCAN OF KIDNEY	x
78707	NUCLEAR SCAN OF KIDNEY	x
78708	KIDNEY FLOW & FUNCTION IMAGE	x
78709	KIDNEY FLOW & FUNCTION IMAGE	x
78710	KIDNEY IMAGING (SPECT)	x
78715	NUCLEAR EXAM OF KIDNEY	x
78725	NUCLEAR EXAM OF KIDNEY	x
78730	NUCLEAR EXAM OF BLADDER	x
78740	NUCLEAR EXAM OF URETER	x
78760	TESTICULAR IMAGINING	x
78761	TESTICULAR IMAGING,W/VASCULAR	x
78799	GENITOURINARY NUCLEAR EXAM	x
78800	NUCLEAR EXAM OF LESION	x
78801	NUCLEAR EXAM OF LESIONS	x
78802	NUCLEAR EXAM OF LESIONS	x
78803	TUMOR LOCALIZATION (SPECT)	x
78804	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S); WHOLE BODY, REQUIRING TWO OR MORE DAYS IMAGING	x
78805	ABSCESS LOCALIZATION;LIMITED AREA	x
78807	RADIONUCLIDE LOCALIZATION OF ABSCESS	x
78810	TUMOR IMAGING (PET)	x
78990	PROVIDE DX RADIONUCLIDE(S)	x
78999	NUCLEAR DIAGNOSTIC EXAM	x
79000	NUCLEAR THERAPY, THYROID	x
79001	NUCLEAR THERAPY, THYROID	x
79020	NUCLEAR THERAPY, THYROID	x
79030	NUCLEAR THERAPY, THYROID	x
79035	NUCLEAR THERAPY, THYROID	x
79100	NUCLEAR THERAPY, BLOOD	x
79200	RADIONUCLIDE THERAPY	x
79300	RADIONUCLIDE THERAPY	x
79400	RADIONUCLIDE THERAPY	x
79403	RADIOPHARMACEUTICAL THERAPY, RADIOLABELED MONOCLONAL ANTIBODY BY INTRAVENOUS INFUSION	x
79420	RADIONUCLIDE THERAPY	x
79440	RADIONUCLIDE THERAPY	x
79900	PROVIDE THERAPEUTIC RADIOISOTOPE(S)	x
79999	NUCLEAR MEDICINE THERAPY	x

LABORATORY CODES REQUIRING REFERRAL

This listing subject to change.

Procedure Code	Procedure Code Description	Referral Required
Procedure Code	**Procedure Code Description**	**Referral Required**
80418	COMBINED RAPID ANTERIOR PITUITARY EVAL	x
85102	BONE MARROW BIOPSY/NEEDLE OR TROCAR	x
86915	BONE MARROW, MODIFICATION OR TREATME	x
87901	GENOTYPE, DNA, HIV REVERSE T	x
87902	GENOTYPE, DNA, HEPATITIS C	x
87903	PHENOTYPE, DNA HIV W/CULTURE	x
87904	PHENOTYPE, DNA HIV W/CLT ADD	x
88249	CHROMOSOME ANALYSIS, 100	x
88261	CHROMOSOME COUNT: 1-4 CELLS	x
88262	CHROMOSOME COUNT: 1-20 CELLS	x
88263	CHROMOSOME ANAYLSIS; 45 CELL	x
88264	CHROMOSOME ANALYSIS, 20-25	x
0023T	PHENOTYPE, INFECTIOUS AGENT DRUG SUSPECT	x

Note: Procedure code 76083 no longer requires a referral

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