

**Appendix A**

**CODES TO BE REPROCESSED WHEN BILLED WITH AN EVALUATION AND MANAGEMENT CODE  
APPENDED WITH A 25 MODIFIER**

<b>Code</b>	<b>Description</b>
31500	Intubation, endotracheal, emergency procedure
36000	Introduction of needle or intracatheter, vein
36400	Venipuncture under age 3 years, necessitating physician's skill, not to be used for routine venipuncture; femoral or jugular vein
36410	Venipuncture, age 3 years or older, necessitating physician's skill (separate procedure), for diagnostic or therapeutic purposes (not to be used for routine venipuncture)
36415	Collection of venous blood by venipuncture
36425	Venipuncture, Cutdown- Age 1 Or Over
36430	Transfusion, Blood Or Blood Components, Indirect
36450	Exchange Transfusion, Blood- Newborn
36455	Exchange Transfusion, Blood- Other Than Newborn
36510	Catheterization Of Umbilical Vein For Diagnosis Or Therapy, Newborn
36555	Insertion of non-tunneled centrally inserted central venous catheter; under 5 years of age
36600	Arterial Puncture, Withdrawal Of Blood For Diagnosis
36620	Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous
36660	Catheterization, Umbilical Artery, Newborn, For Diagnosis Or Therapy
37195	Thrombolysis, Cerebral, By Intravenous Infusion
43752	Naso- Or Oro-Gastric Tube Placement, Requiring Physician's Skill And Flu
54250	Nocturnal Penile Tumescence Test
57170	Diaphragm Fitting With Instructions
58300	Insertion Of Intrauterine Device (iud)
58301	Removal Of Intrauterine Device (iud)
59050	Fetal monitoring during labor by consulting physician (ie, non-attending physician) with written report; supervision and interpretation
59051	Fetal monitoring during labor by consulting physician (ie, non-attending physician) with written report; interpretation only
62270	Spinal Puncture, Lumbar, Diagnostic
70100	Radiologic Examination, Mandible- Partial, Less Than Four Views
70110	Radiologic Examination, Mandible- Complete, Minimum Of Four Views
70140	Radiologic Examination, Facial Bones- Less Than Three Views
70150	Radiologic Examination, Facial Bones- Complete, Minimum Of Three Views
70160	Radiologic Examination, Nasal Bones, Complete, Minimum Of Three Views
70200	Radiologic Examination- 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
70250	Radiologic Examination, Skull- Less Than Four Views
70260	Radiologic Examination, Skull- Complete, Minimum Of Four Views
70320	Radiologic Examination, Teeth- Complete, Full Mouth
70328	Radiologic examination, temporomandibular joint, open and closed mouth; unilateral
70355	Orthopantomogram
70360	Radiologic Examination- Neck, Soft Tissue
70371	Complex Dynamic Pharyngeal And Speech Evaluation By Cine Or Video Record
70450	Computed Tomography, Head Or Brain- Without Contrast Material
70470	Computerized axial tomography, head or brain; 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
70486	Computed Tomography, Maxillofacial Area- Without Contrast Material
70491	Computerized axial tomography, soft tissue neck; with contrast material(s)
70498	Computed tomographic angiography, neck, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing
70544	Magnetic resonance angiography, head; without contrast material(s)
70546	Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences
70547	Magnetic Resonance Angiography, Neck- Without Contrast Material
70549	Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences
70551	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material
70553	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences
71010	Radiologic Examination, Chest- Single View, Frontal
71020	Radiologic Examination, Chest, Two Views, Frontal And Lateral
71021	Radiologic examination, chest, two views, frontal and lateral; with apical lordotic procedure
71023	Radiologic examination, chest, two views, frontal and lateral; with fluoroscopy
71030	Radiologic examination, chest, complete, minimum of four views
71034	Radiologic examination, chest, complete, minimum of four views; with fluoroscopy
71090	Insertion pacemaker, fluoroscopy and radiography, radiological supervision and interpretation
71100	Radiologic Examination, Ribs, Unilateral- Two Views
71101	Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of three views
71110	Radiologic Examination, Ribs, Bilateral- Three Views
71120	Radiologic Examination- Sternum, Minimum Of Two Views
71250	Computed Tomography, Thorax- Without Contrast Material
71260	Computerized Axial Tomography, Thorax- With Contrast Material(s)
71275	Computed tomographic angiography, chest, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing

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<b>Code</b>	<b>Description</b>
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	Radiologic Examination, Spine, Cervical- Minimum Of Four Views
72052	Radiologic examination, spine, cervical; complete, including oblique and flexion and/or extension studies
72070	Radiologic Examination, Spine- Thoracic, Two Views
72072	Radiologic Examination, Spine- Thoracic Three Views
72074	Radiologic Examination, Spine- Thoracic, Minimum Of Four Views
72080	Radiologic Examination, Spine- Thoracolumbar, Two Views
72100	Radiologic Examination, Spine, Lumbosacral- Two Or Three Views
72110	Radiologic Examination, Spine, Lumbosacral- Minimum Of Four View
72120	Radiologic Examination, Spine, Lumbosacral, Bending Views Only, Minimum
72125	Computed Tomography, Cervical Spine- Without Contrast Material
72128	Computed Tomography, Thoracic Spine- Without Contrast Material
72131	Computed tomography lumbar spine; without contrast material
72158	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar
72170	Radiologic Examination, Pelvis- One Or Two Views
72190	Radiologic Examination, Pelvis- Complete, Minimum Of Three Views
72192	Computed Tomography, Pelvis- Without Contrast Material
72193	Computerized Axial Tomography, Pelvis- With Contrast Material(s)
72194	Computerized Axial Tomography, Pelvis- Without Contrast Material, Follow
72220	Radiologic Examination, Sacrum And Coccyx, Minimum Of Two Views
73000	Radiologic Examination- Clavicle, Complete
73010	Radiologic Examination- Scapula, Complete
73020	Radiologic Examination, Shoulder- One View
73030	Radiologic Examination, Shoulder- Complete, Minimum Of Two Views
73040	Radiologic examination, shoulder, arthrography, radiological supervision and interpretation
73060	Radiologic Examination- Humerus, Minimum Of Two Views
73070	Radiologic Examination, Elbow- Two Views
73080	Radiologic Examination, Elbow- Complete, Minimum Of Three Views
73090	Radiologic Examination- Forearm, Two Views
73100	Radiologic Examination, Wrist- Two Views
73110	Radiologic Examination, Wrist- Complete, Minimum Of Three Views
73120	Radiologic Examination, Hand- Two Views
73130	Radiologic Examination, Hand- Minimum Of Three Views
73140	Radiologic Examination, Finger Or Fingers, Minimum Of Two Views
73200	Computed Tomography, Upper Extremity- Without Contrast Material
73500	Radiologic Examination, Hip- Unilateral, One View
73510	Radiologic Examination, Hip- Complete, Minimum Of Two Views
73520	Radiologic examination, hips, bilateral, minimum of two views of each hip, including anteroposterior view of pelvis
73550	Radiologic Examination, Femur, Two Views
73560	Radiologic Examination, Knee- Anteroposterior And Lateral Views
73562	Radiologic, examination, knee; three views
73564	Radiologic Examination, Knee- Complete, Including Oblique(s), And/Or Tun
73565	Radiologic Examination,Both Knees, Standing, Anteroposterior
73590	Radiologic Examination- Tibia And Fibula, Two Views
73592	Radiologic Examination- Lower Extremity, Infant, Minimum Of Two Views
73600	Radiologic Examination, Ankle- Two Views
73610	Radiologic Examination, Ankle- Complete, Minimum Of Three Views
73620	Radiologic Examination, Foot- Two Views
73630	Radiologic Examination, Foot- Complete, Minimum Of Three Views
73650	Radiologic Examination- Calcaneus, Minimum Of Two Views
73660	Radiologic Examination- Toe Or Toes, Minimum Of Two Views
73700	Computed Tomography, Lower Extremity- Without Contrast Material
73706	Computed tomographic angiography, lower extremity, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing
73725	Magnetic resonance angiography, lower extremity, with or without contrast material(s)
74000	Radiologic Examination, Abdomen- Single Anteroposterior View
74010	Radiologic Examination, Abdomen- Anteroposterior And Additional Oblique
74020	Radiologic examination, abdomen; complete, including decubitus and/or erect views
74022	Radiologic examination abdomen; complete acute abdomen series including supine erect and/or decubitus views single view chest
74150	Computed Tomography, Abdomen- Without Contrast Material
74160	Computerized Axial Tomography, Abdomen- With Contrast Material(s)
74170	Computerized axial tomography, abdomen; without contrast material, followed by contrast material(s) and further sections
74241	Radiologic examination, gastrointestinal tract, upper; with or without delayed films, with kub
74400	Urography (pyelography), intravenous, with or without kub, with or without tomography
74410	Urography, Infusion, Drip Technique And/Or Bolus Technique
75635	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, radiological supervision and interpretation, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing

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<b>Code</b>	<b>Description</b>
76140	Consultation On X-Ray Examination Made Elsewhere, Written Report
90780	Code deleted for 2006. To report, see 90760, 90761, 90765...90768 Intravenous infusion for therapy/diagnosis administered by physician or under direct supervision of physician; up to one hour
90781	Code deleted for 2006. To report, see 90760, 90761, 90765...90768 Iv infusion for therapy/diagnosis administered by physician or under direct supervision of physician; each additional hour up to eight (8) hours (list separately in addition to code for primary procedure)
90782	Code deleted for 2006. To report, use 90772 Therapeutic, prophylactic or diagnostic injection (specify material injected); subcutaneous or intramuscular
90783	Code deleted for 2006. To report, use 90773 Therapeutic or diagnostic injection (specify material injected); intra-arterial
90784	Code deleted for 2006. To report, use 90774 Therapeutic or diagnostic injection (specify material injected); intravenous
90801	Psychiatric Diagnostic Interview Examination
90806	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient;
90862	Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy
91105	Gastric intubation, and aspiration or lavage for treatment (eg, for ingested poisons)
92531	Spontaneous Nystagmus, Including Gaze
92532	Positional Nystagmus Test
92950	Cardiopulmonary Resuscitation (eg, In Cardiac Arrest)
92953	Temporary Transcutaneous Pacing
92977	Thrombolysis, Coronary- By Intravenous Infusion
93000	Electrocardiogram, routine ecg with at least 12 leads; with interpretation and report
93010	Electrocardiogram, routine ecg with at least 12 leads; interpretation and report only
93040	Rhythm Ecg, One To Three Leads- With Interpretation And Report
93042	Rhythm Ecg, One To Three Leads- Interpretation And Report Only
93561	Indicator dilution studies such as dye or thermal dilution, including arterial and/or venous catheterization; with cardiac output measurement (separate procedure)
94150	Vital Capacity, Total (separate Procedure)
94640	Pressurized or nonpressurized inhalation treatment for acute airway obstruction or for sputum induction for diagnostic purposes (eg with an aerosol generator nebulizer metered dose inhaler or intermittent positive pressure breathing (ippb device))
94656	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; first day
94657	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; subsequent days
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
94772	Circadian respiratory pattern recording (pediatric pneumogram), 12 to 24 hour continuous recording, infant
95831	Muscle testing, manual (separate procedure) with report; extremity (excluding hand) or trunk
96110	Developmental testing; limited (eg, developmental screening test ii, early language milestone screen), with interpretation and report
96111	Developmental testing; extended (includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments) with interpretation and report
96115	Code deleted for 2006. To report, use 96116 Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, memory, visual spatial abilities, language functions, planning) with interpretation and report, per hour
96150	Health and behavior assessment (eg health-focused clinical interview behavioral observations psychophysiological monitoring health-oriented questionnaires) each 15 minutes face-to-face with the patient; initial assessment
96151	Health and behavior assessment (eg health-focused clinical interview behavioral observations psychophysiological monitoring health-oriented questionnaires) each 15 minutes face-to-face with the patient; re-assessment
96152	Health and behavior intervention each 15 minutes face-to-face; individual
96154	Health and behavior intervention each 15 minutes face-to-face; family (with the patient present)
96155	Health and behavior intervention each 15 minutes face-to-face; family (without the patient present)
97001	Physical Therapy Evaluation
97018	Application of a modality to one or more areas; paraffin bath
97026	Physical Medicine Treatment To One Area- Infrared
97032	Application of a modality to one or more areas; electrical stimulation (manual), each 15 minutes
97035	Application of a modality to one or more areas; ultrasound, each 15 minutes
97116	Gait Training (includes Stair Climbing)
97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes
97530	Therapeutic activities, direct (one on one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes
97535	Self-care/home management training (eg activities of daily living (adl) and compensatory training meal preparation safety procedures and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact by provider each 15 minutes

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97802	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes
97803	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes
97804	Medical Nutrition Therapy- Group (2 Or More Individuals), Each 30 Minute
99024	Postoperative Follow-Up Visit, Normally Included In The Surgical Package
99172	Visual function screening, automated or semi-automated bilateral quantitative determination of visual acuity, ocular alignment, color vision by pseudoisochromatic plates, and field of vision (may include all or some screening of the determination(s) for contrast sensitivity, vision under glare)
99173	Screening Test Of Visual Acuity, Quantitative, Bilateral
99290	Physician constant attention of the critically ill or injured patient during an interfacility transport; each additional 30 minutes (list separately in addition to code for primary service)
99354	Prolonged physician service in the office or other outpatient setting requiring direct (face-to-face) patient contact beyond the usual service (eg, prolonged care and treatment of an acute asthmatic patient in an outpatient setting); first hour (list separately in addition to code for office or other outpatient evaluation and management service)
99355	Prolonged physician service in the office or other outpatient setting requiring direct (face-to-face) patient contact beyond the usual service (eg, prolonged care and treatment of an acute asthmatic patient in an outpatient setting); each additional 30 minutes (list separately in addition to code for prolonged physician service)
99356	Prolonged physician service in the inpatient setting requiring direct (face-to-face) patient contact beyond the usual service (eg, maternal fetal monitoring for high risk delivery or other physiological monitoring prolonged care of an acutely ill inpatient); first hour (list separately in addition to code for inpatient evaluation and management service)
99357	Prolonged physician service in the inpatient setting requiring direct (face-to-face) patient contact beyond the usual service (eg, maternal fetal monitoring for high risk delivery or other physiological monitoring prolonged care of an acutely ill inpatient); each additional 30 minutes (list separately in addition to code for prolonged physician service)
99358	Prolonged evaluation and management service before and/or after direct (face-to-face) patient care (eg, review of extensive records and tests, communication with other professionals and/or the patient/family); first hour (list separately in addition to code(s) for other physician service(s) and/or inpatient or outpatient evaluation and management service)
99359	Prolonged evaluation and management service before and/or after direct (face-to-face) patient care (eg, review of extensive records and tests, communication with other professionals and/or the patient/family); each additional 30 minutes (list separately in addition to code for prolonged physician service)
99440	Newborn resuscitation: provision of positive pressure ventilation and/or chest compressions in the presence of acute inadequate ventilation and/or cardiac output
A4217	Sterile Water/Saline, 500 MI
G0101	Cervical or vaginal cancer screening; pelvic and clinical breast examination
G0102	Prostate Cancer Screening- Digital Rectal Examination
G0245	Initial Physician Evaluation Of A Diabetic Patient With Diabetic Sensory
G0246	Follow-up physician evaluation and management of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (lops) to include at least the following: (1) a patient history, (2) a physical examination that includes: (a) visual inspection of the forefoot, hindfoot and toe web spaces, (b) evaluation of protective sensation, (c) evaluation of foot structure and biomechanics, (d) evaluation of vascular status and skin integrity, and (e) evaluation and recommendation of footwear, and (3) patient education
G0247	Routine foot care by a physician of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (lops) to include, the local care of superficial wounds (i.e. superficial to muscle and fascia) and at least the following if present: (1) local care of superficial wounds, (2) debridement of corns and calluses, and (3) trimming and debridement of nails
G0347	This code has been deleted for 2006
	Intravenous infusion, for therapeutic/diagnostic (specify substance or drug); initial, up to one hour
M0064	Brief office visit for the sole purpose of monitoring or changing drug prescriptions used in the treatment of mental psychoneurotic and personality disorders
Q4010	Cast Supplies, Short Arm Cast, Adult (11 Years +), Fiberglass
Q4017	Cast Supplies, Long Arm Splint, Adult (11 Years +), Plaster
Q4018	Cast Supplies, Long Arm Splint, Adult (11 Years +), Fiberglass
Q4022	Cast Supplies, Short Arm Splint, Adult (11 Years +), Fiberglass
Q4030	Cast Supplies, Long Leg Cast, Adult (11 Years +), Fiberglass
Q4045	Cast Supplies, Short Leg Splint, Adult (11 Years +), Plaster
S0605	Digital Rectal Examination, Annual
S0630	Removal Of Sutures
S4981	Insertion Of Levonorgestrel-Releasing Intrauterine System