

Procedure Codes To Provider Types/Specialties/Diagnosis Codes

Procedure Code	Old Type of Service Code	New MOD	Procedure Code Description	Provider Types	Provider Specialties	Diagnosis Codes	Plan Code
SURGICAL PROCEDURES							
*10060	P	26	Incision and drainage of abcess, simple (effective 01/01/07)	01, 03, 49, 68	02, 30, 08, F2, 11, 16	217, 610.0, 611.72, 611.79, 611.0, 785.6, 793.80, 793.81, 793.89	A, C
*10060	9		Incision and drainage of abcess, simple (effective 01/01/07)	01, 03, 49, 68	02, 30, 08, F2, 11, 16	217, 610.0, 611.72, 611.79, 611.0, 785.6, 793.80, 793.81, 793.89	A, C
*10060	G		Incision and drainage of abcess, simple (effective 01/01/07)	28, 05	A4, W6, W7	217, 610.0, 611.72, 611.79, 611.0, 785.6, 793.80, 793.81, 793.89	A, C
*10060	2		Incision and drainage of abcess, simple (effective 01/01/07)	28, 05	A4, W6, W7	217, 610.0, 611.72, 611.79, 611.0, 785.6, 793.80, 793.81, 793.89	A, C
*10061	P	26	Incision and drainage of abcess, complicated (effective 01/01/07)	01, 03, 49, 68	02, 30, 08, F2, 11, 16	217, 610.0, 611.72, 611.79, 611.0, 785.6, 793.80, 793.81, 793.89	A, C
*10061	9		Incision and drainage of abcess, complicated (effective 01/01/07)	01, 03, 49, 68	02, 30, 08, F2, 11, 16	217, 610.0, 611.72, 611.79, 611.0, 785.6, 793.80, 793.81, 793.89	A, C
*10061	G		Incision and drainage of abcess, complicated (effective 01/01/07)	28, 05	A4, W6, W7	217, 610.0, 611.72, 611.79, 611.0, 785.6, 793.80, 793.81, 793.89	A, C
*10061	2		Incision and drainage of abcess, complicated (effective 01/01/07)	28, 05	A4, W6, W7	217, 610.0, 611.72, 611.79, 611.0, 785.6, 793.80, 793.81, 793.89	A, C
11400	P	26	Excision, benign, lesion, axilla, diameter 0.5cm or less	01, 03	02, 08, 16		A, B, C
11400	9		Excision, benign, lesion, axilla, diameter 0.5cm or less	01, 03	02, 08, 16		A, B, C
11401	P	26	Excision, benign, lesion, axilla, diameter 0.6cm - 1.0cm	01, 03	02, 08, 16		A, B, C
11401	9		Excision, benign, lesion, axilla, diameter 0.6cm - 1.0cm	01, 03	02, 08, 16		A, B, C
11402	P	26	Excision, benign, lesion, axilla, diameter 1.1cm - 2.0cm	01, 03	02, 08, 16		A, B, C
11402	9		Excision, benign, lesion, axilla, diameter 1.1cm - 2.0cm	01, 03	02, 08, 16		A, B, C
11403	P	26	Excision, benign, lesion, axilla, diameter 2.1cm - 3.0cm	01, 03	02, 08, 16		A, B, C
11403	9		Excision, benign, lesion, axilla, diameter 2.1cm - 3.0cm	01, 03	02, 08, 16		A, B, C
11404	P	26	Excision, benign, lesion, axilla, diameter 3.1cm - 4.0cm	01, 03	02, 08, 16		A, B, C
11404	9		Excision, benign, lesion, axilla, diameter 3.1cm - 4.0cm	01, 03	02, 08, 16		A, B, C
11404	G		Excision, benign, lesion, axilla, diameter 3.1cm - 4.0cm	05, 28	W7, A4		A, B, C
11406	P	26	Excision, benign, lesion, axilla, diameter over 4.0cm	01, 03	02, 08, 16		A, B, C
11406	9		Excision, benign, lesion, axilla, diameter over 4.0cm	01, 03	02, 08, 16		A, B, C
11406	G		Excision, benign, lesion, axilla, diameter over 4.0cm	05, 28	W7, A4		A, B, C
*11600	P	26	Excision, malignant lesion, axilla, diameter 0.5 cm or less	01, 03	02, 08, 16	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, B, C
*11600	9		Excision, malignant lesion, axilla, diameter 0.5 cm or less	01, 03	02, 08, 16	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, B, C
*11601	P	26	Excision, malignant lesion, axilla, diameter 0.6cm - 1.0cm	01, 03	02, 08, 16	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, B, C

Procedure Codes To Provider Types/Specialties/Diagnosis Codes

Procedure Code	Old Type of Service Code	New MOD	Procedure Code Description	Provider Types	Provider Specialties	Diagnosis Codes	Plan Code
*11601	9		Excision, malignant lesion, axilla, diameter 0.6cm - 1.0cm	01, 03	02, 08, 16	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, B ,C
*11602	P	26	Excision, malignant lesion, axilla, diameter 1.1cm - 2.0cm	01, 03	02, 08, 16	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, B ,C
*11602	9		Excision, malignant lesion, axilla, diameter 1.1cm - 2.0cm	01, 03	02, 08, 16	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, B ,C
*11603	P	26	Excision, malignant lesion, axilla, diameter 2.1cm - 3.0cm	01, 03	02, 08, 16	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, B ,C
*11603	9		Excision, malignant lesion, axilla, diameter 2.1cm - 3.0cm	01, 03	02, 08, 16	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, B ,C
*11604	P	26	Excision, malignant lesion, axilla, diameter 3.1cm - 4.0cm	01, 03	02, 08, 16	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, B ,C
*11604	9		Excision, malignant lesion, axilla, diameter 3.1cm - 4.0cm	01, 03	02, 08, 16	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, B ,C
*11604	G		Excision, malignant lesion, axilla, diameter 3.1cm - 4.0cm	05, 28	W7, A4	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, B ,C
*11606	P	26	Excision, malignant lesion, axilla, diameter over 4.0cm	01, 03	02, 08, 16	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, B ,C
*11606	9		Excision, malignant lesion, axilla, diameter over 4.0cm	01, 03	02, 08, 16	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, B ,C
*11606	G		Excision, malignant lesion, axilla, diameter over 4.0cm	05, 28	W7, A4	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, B ,C
*19000	P	26	Aspiration of cyst of breast	01, 03, 49, 68	F2, 02, 08, 11, 16, 30	217, 610.0, 610.8, 611.72, 611.79, 611.0, 785.6, 793.80, 793.81, 793.89	A, B ,C
*19000	9		Aspiration of cyst of breast	01, 03, 49, 68	F2, 02, 08, 11, 16, 30	217, 610.0, 610.8, 611.72, 611.79, 611.0, 785.6, 793.80, 793.81, 793.89	A, B ,C
*19001	P	26	Aspiration of cyst of breast, each additional	01, 03, 49, 68	F2, 02, 08, 11, 16, 30	217, 610.0, 610.8, 611.72, 611.79, 611.0, 785.6, 793.80, 793.81, 793.89	A, B ,C
*19001	9		Aspiration of cyst of breast, each additional	01, 03, 49, 68	F2, 02, 08, 11, 16, 30	217, 610.0, 610.8, 611.72, 611.79, 611.0, 785.6, 793.80, 793.81, 793.89	A, B ,C
*19020	P	26	Drainage of Breast Abscess	01, 03, 49, 68	02, 30, 08, F2, 11, 16	217, 610.0, 610.8, 611.72, 611.79, 611.0, 785.6, 793.80, 793.81, 793.89	A, C
*19020	9		Drainage of Breast Abscess	01, 03, 49, 68	02, 30, 08, F2, 11, 16	217, 610.0, 610.8, 611.72, 611.79, 611.0, 785.6, 793.80, 793.81, 793.89	A, C
*19020	G		Drainage of Breast Abscess	28, 05	A4, W6, W7	217, 610.0, 610.8, 611.72, 611.79, 611.0, 785.6, 793.80, 793.81, 793.89	A, C
*19020	2		Drainage of Breast Abscess	28, 05	A4, W6, W7	217, 610.0, 610.8, 611.72, 611.79, 611.0, 785.6, 793.80, 793.81, 793.89	A, C
*19100	P	26	Biopsy of breast; needle core (surgical procedure only)	01, 03	02, 30	217, 610.0, 610.8, 611.72, 611.79, 611.0, 785.6, 793.80, 793.81, 793.89	A, B ,C

Procedure Codes To Provider Types/Specialties/Diagnosis Codes

Procedure Code	Old Type of Service Code	New MOD	Procedure Code Description	Provider Types	Provider Specialties	Diagnosis Codes	Plan Code
*19100	9		Biopsy of breast; needle core (surgical procedure only)	01, 03	02, 30	217, 610.0, 610.8, 611.72, 611.79, 611.0, 785.6, 793.80, 793.81, 793.89	A, B ,C
*19101	G		Incisional biopsy of breast	05, 28	A4, W7	217, 610.0, 610.8, 611.72, 611.79, 611.0, 785.6, 793.80, 793.81, 793.89	A, B ,C
*19101	P	26	Incisional biopsy of breast	01, 03	02, 30	217, 610.0, 610.8, 611.72, 611.79, 611.0, 785.6, 793.80, 793.81, 793.89	A, B ,C
*19101	9		Incisional biopsy of breast	01, 03	02, 30	217, 610.0, 610.8, 611.72, 611.79, 611.0, 785.6, 793.80, 793.81, 793.89	A, B ,C
*19102	P	26	Percutaneous, needle core with image guidance	01,03	02,30	217, 610.0, 610.8, 611.72, 611.79, 611.0, 611.8, 785.6, 793.80, 793.81, 793.89	A, B ,C
*19102	9		Percutaneous, needle core with image guidance	01,03	02,30	217, 610.0, 610.8, 611.72, 611.79, 611.0, 611.8, 785.6, 793.80, 793.81, 793.89	A, B ,C
*19102	G		Percutaneous, needle core with image guidance	05, 28	A4, W7	217, 610.0, 610.8, 611.72, 611.79, 611.0, 611.8, 785.6, 793.80, 793.81, 793.89	A, B ,C
*19103	P	26	Percutaneous, automated vacuum assisted or rotating biopsy device using imaging guidance	01,03	02,30	217, 610.0, 610.8, 611.72, 611.79, 611.0, 785.6, 793.80, 793.81, 793.89	A, B ,C
*19103	9		Percutaneous, automated vacuum assisted or rotating biopsy device using imaging guidance	01,03	02,30	217, 610.0, 610.8, 611.72, 611.79, 611.0, 785.6, 793.80, 793.81, 793.89	A, B ,C
*19103	G		Percutaneous, automated vacuum assisted or rotating biopsy device using imaging guidance	05, 28	A4, W7	217, 610.0, 610.8, 611.72, 611.79, 611.0, 785.6, 793.80, 793.81, 793.89	A, B ,C
19110	G		Nipple excision (effective 01/01/09)	05, 28	W6, W7, A4		A, B ,C
19110	P	26	Nipple excision (effective 01/01/09)	01, 03	02		A, B ,C
19110	9		Nipple excision (effective 01/01/09)	01, 03	02		A, B ,C
*19120	G		Excision of cyst, fibroadenoma, or other benign or malignant tumor aberrant breast tissue, duct lesion or nipple lesion	05, 28	A4, W7	214.1, 214.8, 217, 610.0, 610.1, 610.3, 611.71 611.72, 611.79, 611.0, 611.8, 785.6, 793.80, 793.81, 793.89	A, B ,C
*19120	P	26	Excision of cyst, fibroadenoma, or other benign or malignant tumor aberrant breast tissue, duct lesion or nipple lesion	01, 03	02	214.1, 214.8, 217, 610.0, 610.1, 610.3, 611.71 611.72, 611.79, 611.0, 611.8, 785.6, 793.80, 793.81, 793.89	A, B ,C
*19120	9		Excision of cyst, fibroadenoma, or other benign or malignant tumor aberrant breast tissue, duct lesion or nipple lesion	01, 03	02	214.1, 214.8, 217, 610.0, 610.1, 610.3, 611.71 611.72, 611.79, 611.0, 611.8, 785.6, 793.80, 793.81, 793.89	A, B ,C

Procedure Codes To Provider Types/Specialties/Diagnosis Codes

Procedure Code	Old Type of Service Code	New MOD	Procedure Code Description	Provider Types	Provider Specialties	Diagnosis Codes	Plan Code
*19125	G		Excision of breast lesion identified by preoperative placement of radiological marker	05, 28	A4, W7	214.1, 214.8, 217, 610.0, 610.1, 611.72, 611.79, 611.0, 785.6, 793.80, 793.81, 793.89	A, B ,C
*19125	P	26	Excision of breast lesion identified by preoperative placement of radiological marker	01, 03	02	214.1, 214.8, 217, 610.0, 610.1, 611.72, 611.79, 611.0, 785.6, 793.80, 793.81, 793.89	A, B ,C
*19125	9		Excision of breast lesion identified by preoperative placement of radiological marker	01, 03	02	214.1, 214.8, 217, 610.0, 610.1, 611.72, 611.79, 611.0, 785.6, 793.80, 793.81, 793.89	A, B ,C
*19126	P	26	Excision of breast lesion identified by preoperative placement of radiological marker; each additional marker	01, 03	02	214.1, 214.8, 217, 610.0, 610.1, 611.72, 611.79, 611.0, 785.6, 793.80, 793.81, 793.89	A, B ,C
*19290	P	26	Preoperative placement of needle localization wire, breast	01, 03	30, 02	610.0, 611.72, 611.0, 611.8, 785.6, 793.80, 793.81, 793.89	A, B ,C
*19290	9		Preoperative placement of needle localization wire, breast	01, 03	30, 02	610.0, 611.72, 611.0, 611.8, 785.6, 793.80, 793.81, 793.89	A, B ,C
*19291	P	26	Preoperative placement of needle localization wire, breast, each additional	01, 03	30, 02	610.0, 611.72, 611.0, 611.8, 785.6, 793.80, 793.81, 793.89	A, B ,C
*19291	9		Preoperative placement of needle localization wire, breast, each additional	01, 03	30, 02	610.0, 611.72, 611.0, 611.8, 785.6, 793.80, 793.81, 793.89	A, B ,C
*19295	P	26	Image guided placement, metallic localization clip, percutaneous during breast biopsy	01, 03	02, 30	610.0, 610.1, 611.72, 611.0, 611.8, 785.6, 793.80, 793.81, 793.89	A, B ,C
*19295	9		Image guided placement, metallic localization clip, percutaneous during breast biopsy	01, 03	02, 30	610.0, 610.1, 611.72, 611.0, 611.8, 785.6, 793.80, 793.81, 793.89	A, B ,C
*19296	P	26	After loading balloon catheter (effective 01/01/09)	01, 03	02	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*19296	9		After loading balloon catheter (effective 01/01/09)	01, 03	02	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*19296	G		After loading balloon catheter (effective 01/01/09)	05, 28	W7, A4	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*19160	G		Mastectomy, partial (not valid after 12/31/06)	05, 28	A4, W7	174.0 -175.9, 233.0	A, C
*19160	P	26	Mastectomy, partial (not valid after 12/31/06)	01, 03	02	174.0 -175.9, 233.0	A, C
*19160	2		Mastectomy, partial (not valid after 12/31/06)	05	W6	174.0 -175.9, 233.0	A, C
*19301	G		Mastectomy, partial (replaces 19160 01/01/07) PA Required	05, 28	A4, W7	174.0 -175.9, 233.0	A, C
*19301	P	26	Mastectomy, partial (replaces 19160 01/01/07) PA Required	01, 03	02	174.0 -175.9, 233.0	A, C
*19301	2		Mastectomy, partial (replaces 19160 01/01/07) PA Required	05	W6	174.0 -175.9, 233.0	A, C

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Procedure Code	Old Type of Service Code	New MOD	Procedure Code Description	Provider Types	Provider Specialties	Diagnosis Codes	Plan Code
*19162	G		Mastectomy, partial, ax dissection (not valid after 12/31/06)	05, 28	A4, W7	174.0 -175.9, 233.0	A, C
*19162	P	26	Mastectomy, partial, ax dissection (not valid after 12/31/06)	01, 03	02	174.0 -175.9, 233.0	A, C
*19162	2		Mastectomy, partial, ax dissection (not valid after 12/31/06)	05	W6	174.0 -175.9, 233.0	A, C
*19302	G		Mastectomy, partial, ax dissection (replaces 19162 01/01/07)	05, 28	A4, W7	174.0 -175.9, 233.0	A, C
*19302	P	26	Mastectomy, partial, ax dissection (replaces 19162 01/01/07)	01, 03	02	174.0 -175.9, 233.0	A, C
*19302	2		Mastectomy, partial, ax dissection (replaces 19162 01/01/07)	05	W6	174.0 -175.9, 233.0	A, C
*19180	G		Mastectomy, simple (not valid after 12/31/06)	05, 28	A4, W7	174.0 -175.9, 233.0	A, C
*19180	P	26	Mastectomy, simple (not valid after 12/31/06)	01, 03	02	174.0 -175.9, 233.0	A, C
*19180	2		Mastectomy, simple (not valid after 12/31/06)	05	W6	174.0 -175.9, 233.0	A, C
*19303	G		Mastectomy, simple (replaces 19180 01/01/07)	05, 28	A4, W7	174.0 -175.9, 233.0	A, C
*19303	P	26	Mastectomy, simple (replaces 19180 01/01/07)	01, 03	02	174.0 -175.9, 233.0	A, C
*19303	2		Mastectomy, simple (replaces 19180 01/01/07)	05	W6	174.0 -175.9, 233.0	A, C
*19240	P	26	Modified radical mastectomy (not valid after 12/31/06)	01, 03	02	174.0 -175.9, 233.0	A, C
*19240	2		Modified radical mastectomy (not valid after 12/31/06)	05	W6	174.0 -175.9, 233.0	A, C
*19240	G		Modified radical mastectomy (not valid after 12/31/06)	05,28	A4,W7	174.0 -175.9, 233.0	A, C
*19307	P	26	Modified radical mastectomy (replaces 19240 01/01/07)	01, 03	02	174.0 -175.9, 233.0	A, C
*19307	2		Modified radical mastectomy (replaces 19240 01/01/07)	05	W6	174.0 -175.9, 233.0	A, C
*19307	G		Modified radical mastectomy (replaces 19240 01/01/07)	05,28	A4,W7	174.0 -175.9, 233.0	A, C
*36555	P	26	Placement of Central Venous Catherter	01, 03	X1, 02, 30	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*36555	9		Placement of Central Venous Catherter	01, 03	X1, 02, 30	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*36555	G		Placement of Central Venous Catherter	05	W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*36555	2		Placement of Central Venous Catherter	05	W6	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*36556	G		Peripheral insertion of nontunneled CV cartheter w/o port or pump	28, 05,	A4, W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*36556	2		Peripheral insertion of nontunneled CV cartheter w/o port or pump	05	W6	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*36556	P	26	Peripheral insertion of nontunneled CV cartheter w/o port or pump	01, 03	X1, 02, 30	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*36556	9		Peripheral insertion of nontunneled CV cartheter w/o port or pump	01, 03	X1, 02, 30	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C

Procedure Codes To Provider Types/Specialties/Diagnosis Codes

Procedure Code	Old Type of Service Code	New MOD	Procedure Code Description	Provider Types	Provider Specialties	Diagnosis Codes	Plan Code
*36558	G		Insertion of tunneled CV catheter without port	28, 05,	A4, W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*36558	2		Insertion of tunneled CV catheter without port	05	W6	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*36558	P	26	Insertion of tunneled CV catheter without port	01, 03	X1, 02, 30	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*36558	9		Insertion of tunneled CV catheter without port	01, 03	X1, 02, 30	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*36561	G		Insertion of tunneled CV access device with port	28, 05,	A4, W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*36561	2		Insertion of tunneled CV access device with port	05	W6	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*36561	P	26	Insertion of tunneled CV access device with port	01, 03	X1, 02, 30	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*36561	9		Insertion of tunneled CV access device with port	01, 03	X1, 02, 30	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*36563	G		Insertion of tunneled centrally inserted CV access device w/subcutaneous port	28, 05,	A4, W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*36563	2		Insertion of tunneled centrally inserted CV access device w/subcutaneous port	05	W6	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*36563	P	26	Insertion of tunneled centrally inserted CV access device w/subcutaneous port	01, 03	X1, 02, 30	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*36563	9		Insertion of tunneled centrally inserted CV access device w/subcutaneous port	01, 03	X1, 02, 30	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*36565	G		Insertion of CV access device, 2 catheters via 2 access sites	28, 05,	A4, W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*36565	2		Insertion of CV access device, 2 catheters via 2 access sites	05	W6	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*36565	P	26	Insertion of CV access device, 2 catheters via 2 access sites	01, 03	X1, 02, 30	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*36565	9		Insertion of CV access device, 2 catheters via 2 access sites	01, 03	X1, 02, 30	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*36566	G		Insertion of CV access device, 2 catheters via 2 access sites w/subcutaneous port	28, 05,	A4, W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*36566	2		Insertion of CV access device, 2 catheters via 2 access sites w/subcutaneous port	05	W6	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*36566	P	26	Insertion of CV access device, 2 catheters via 2 access sites w/subcutaneous port	01, 03	X1, 02, 30	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*36566	9		Insertion of CV access device, 2 catheters via 2 access sites w/subcutaneous port	01, 03	X1, 02, 30	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C

Procedure Codes To Provider Types/Specialties/Diagnosis Codes

Procedure Code	Old Type of Service Code	New MOD	Procedure Code Description	Provider Types	Provider Specialties	Diagnosis Codes	Plan Code
*36569	G		Peripherally inserted CV catheter without subcutaneous port or pump	28, 05,	A4, W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*36569	2		Peripherally inserted CV catheter without subcutaneous port or pump	05	W6	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*36569	P	26	Peripherally inserted CV catheter without subcutaneous port or pump	01, 03	X1, 02, 30	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*36569	9		Peripherally inserted CV catheter without subcutaneous port or pump	01, 03	X1, 02, 30	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*36571	G		Peripherally inserted CV catheter with subcutaneous port	28, 05,	A4, W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*36571	2		Peripherally inserted CV catheter with subcutaneous port	05	W6	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*36571	P	26	Peripherally inserted CV catheter with subcutaneous port	01, 03	X1, 02, 30	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*36571	9		Peripherally inserted CV catheter with subcutaneous port	01, 03	X1, 02, 30	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*36589	G		Removal of tunneled CV catheter w/o port or pump	28, 05,	A4, W7	V103, 622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*36589	2		Removal of tunneled CV catheter w/o port or pump	05	W6	V103, 622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*36589	P	26	Removal of tunneled CV catheter w/o port or pump	01, 03	X1, 02, 30	V103, 622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*36589	9		Removal of tunneled CV catheter w/o port or pump	01, 03	X1, 02, 30	V103, 622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*36590	G		Removal of tunneled CV access device w/port or pump	28, 05,	A4, W7	V103, 622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*36590	2		Removal of tunneled CV access device w/port or pump	05	W6	V103, 622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*36590	P	26	Removal of tunneled CV access device w/port or pump	01, 03	X1, 02, 30	V103, 622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*36590	9		Removal of tunneled CV access device w/port or pump	01, 03	X1, 02, 30	V103, 622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*38525	G		Biopsy or excision lymph node open deep axillary	28, 05	A4, W7	610.0, 611.72, 611.0, 785.6, 793.80, 793.81, 793.89, 174.0 - 175.9, 233.0	A, C
*38525	2		Biopsy or excision lymph node open deep axillary	05	w6	610.0, 611.72, 611.0, 785.6, 793.80, 793.81, 793.89, 174.0 - 175.9, 233.0	A, C
*38525	P	26	Biopsy or excision lymph node open deep axillary	01, 03	02	610.0, 611.72, 611.0, 785.6, 793.80, 793.81, 793.89, 174.0 - 175.9, 233.0	A, C
*38740	G		Axillary Node Dissection, Superficial	28, 05	A4, W7	174.0 -175.9, 233.0	A, C

Procedure Codes To Provider Types/Specialties/Diagnosis Codes

Procedure Code	Old Type of Service Code	New MOD	Procedure Code Description	Provider Types	Provider Specialties	Diagnosis Codes	Plan Code
*38740	2		Axillary Node Dissection, Superficial	05	W6	174.0 -175.9, 233.0	A, C
*38740	P	26	Axillary Node Dissection, Superficial	01, 03	02	174.0 -175.9, 233.0	A, C
*38745	G		Axillary Node Dissection, Complete	28, 05	A4, W7	174.0 -175.9, 233.0	A, C
*38745	2		Axillary Node Dissection, Complete	05	W6	174.0 -175.9, 233.0	A, C
*38745	P	26	Axillary Node Dissection, Complete	01, 03	02	174.0 -175.9, 233.0	A, C
*38792	P	26	Injection of Dye	01, 03	02, 30	174.0 -175.9, 233.0	A, C
CERVICAL DIAGNOSTIC/SURGICAL							
*57105	P	26	Vaginal Biopsy (effective 01/01/08)	01, 03, 49, 58, 68	F2, 08, 16, N3, 02	219.0, 622.10, 625.8, 795.00, 795.01, 795.02, 795.03, 795.04, 795.05, 795.06	A, B, C
*57105	9		Vaginal Biopsy (effective 01/01/08)	01, 03, 49, 58, 68	F2, 08, 16, N3, 02	219.0, 622.10, 625.8, 795.00, 795.01, 795.02, 795.03, 795.04, 795.05, 795.06	A, B, C
*57420	P	26	Coloscopy for entire vagina and cervix, if present (effective 01/01/09)	01, 03, 49, 58, 68	F2, 08, 16, N3	219.0, 622.10, 622.11, 625.8, 795.00, 795.01, 795.02, 795.03, 795.04, 795.05, 795.06, 622.12	A, B, C
*57420	9		Coloscopy for entire vagina and cervix, if present (effective 01/01/09)	01, 03, 49, 58, 68	F2, 08, 16, N3	219.0, 622.10, 622.11, 625.8, 795.00, 795.01, 795.02, 795.03, 795.04, 795.05, 795.06, 622.12	A, B, C
*57421	P	26	Coloscopy with biopsy of vagina/cervix (effective 01/01/07)	01, 03, 49, 58, 68	F2, 08, 16, N3	219.0, 622.10, 622.11, 625.8, 795.00, 795.01, 795.02, 795.03, 795.04, 795.05, 795.06	A, B, C
*57421	9		Endoscopy with biopsy of vagina/cervix (effective 01/01/07)	01, 03, 49, 58, 68	F2, 08, 16, N3	219.0, 622.10, 622.11, 625.8, 795.00, 795.01, 795.02, 795.03, 795.04, 795.05, 795.06	A, B, C
*57452	P	26	Colposcopy without biopsy	01, 03, 49, 58, 68	F2, 08, 16, N3	219.0, 622.10, 622.11, 625.8, 795.00, 795.01, 795.02, 795.04, 795.05, 795.06	A, B, C
*57452	9		Colposcopy without biopsy	01, 03, 49, 58, 68	F2, 08, 16, N3	219.0, 622.10, 622.11, 625.8, 795.00, 795.01, 795.02, 795.04, 795.05, 795.06	A, B, C
*57454	P	26	Colposcopy with biopsy and endocervical curettage	01, 03, 49, 58, 68	F2, 08, 16, N3	219.0, 622.10, 622.11, 625.8, 795.00, 795.01, 795.02, 795.03, 795.04, 795.05, 795.06	A, B, C

Procedure Codes To Provider Types/Specialties/Diagnosis Codes

Procedure Code	Old Type of Service Code	New MOD	Procedure Code Description	Provider Types	Provider Specialties	Diagnosis Codes	Plan Code
*57454	9		Colposcopy with biopsy and endocervical curettage	01, 03, 49, 58, 68	F2, 08, 16, N3	219.0, 622.10, 622.11, 625.8, 795.00, 795.01, 795.02, 795.03, 795.04, 795.05, 795.06	A, B ,C
*57455	P	26	Colposcopy with biopsy of cervix	01, 03, 49, 58, 68	F2, 08, 16, N3	219.0, 622.10, 622.11, 625.8, 795.00, 795.01, 795.02, 795.03, 795.04, 795.05, 795.06, 622.12	A, B ,C
*57455	9		Colposcopy with biopsy of cervix	01, 03, 49, 58, 68	F2, 08, 16, N3	219.0, 622.10, 622.11, 625.8, 795.00, 795.01, 795.02, 795.03, 795.04, 795.05, 795.06, 622.12	A, B ,C
*57456	P	26	Colposcopy with endocervical curettage	01, 03, 49, 58, 68	F2, 08, 16, N3	219.0, 622.10, 622.11, 625.8, 626.8, 626.9, 627.1, 795.00, 795.01, 795.02, 795.03, 795.04, 795.05, 795.06, 622.12	A, B ,C
*57456	9		Colposcopy with endocervical curettage	01, 03, 49, 58, 68	F2, 08, 16, N3	219.0, 622.10, 622.11, 625.8, 626.8, 626.9, 627.1, 795.00, 795.01, 795.02, 795.03, 795.04, 795.05, 795.06, 622.12	A, B ,C
*57460	P	26	Colposcopy with loop electrode biopsy of cervix (PA required)	01, 03, 49, 68	16, 02, 08, F2	219.0, 622.10, 622.11, 622.12, 625.8, 795.00, 795.02, 795.03, 795.04, 795.05, 795.06, 233.1	A, B ,C
*57460	9		Colposcopy with loop electrode biopsy of cervix (PA required)	01, 03, 49, 68	16, 02, 08, F2	219.0, 622.10, 622.11, 622.12, 625.8, 795.00, 795.02, 795.03, 795.04, 795.05, 795.06, 233.1	A, B ,C
*57460	G		Colposcopy with loop electrode biopsy of cervix	05,28	W7,A4	219.0, 622.10, 622.11, 622.12, 625.8, 795.00, 795.02, 795.03, 795.04, 795.05, 795.06, 233.1	A, B ,C
*57460	2		Colposcopy with loop electrode biopsy of cervix	05	W6	219.0, 622.10, 622.11, 622.12, 625.8, 795.00, 795.02, 795.03, 795.04, 795.05, 795.06, 233.1	A, B ,C
*57461	P	26	Colposcopy with loop electrode conization of cervix (PA required)	01, 03, 49, 68	16, 02, 08, F2	219.0, 622.10, 622.11, 622.12, 625.8, 795.00, 795.02, 795.03, 795.04, 795.05, 795.06, 233.1	A, B ,C
*57461	9		Colposcopy with loop electrode conization of cervix (PA required)	01, 03, 49, 68	16, 02, 08, F2	219.0, 622.10, 622.11, 622.12, 625.8, 795.00, 795.02, 795.03, 795.04, 795.05, 795.06, 233.1	A, B ,C
*57461	G		Colposcopy with loop electrode conization of cervix	05,28	W7,A4	219.0, 622.10, 622.11, 622.12, 625.8, 795.00, 795.02, 795.03, 795.04, 795.05, 795.06, 233.1	A, B ,C

Procedure Codes To Provider Types/Specialties/Diagnosis Codes

Procedure Code	Old Type of Service Code	New MOD	Procedure Code Description	Provider Types	Provider Specialties	Diagnosis Codes	Plan Code
*57461	2		Colposcopy with loop electrode conization of cervix	05	W6	219.0, 622.10, 622.11, 622.12, 625.8, 795.00, 795.02, 795.03, 795.04, 795.05, 795.06, 233.1	A, B ,C
*57500	P	26	Biopsy or local excision of lesion	01, 03, 49, 68	16, 02, 08, F2	219.0, 622.10, 622.11, 622.7, 625.8, 795.00, 795.02, 795.03, 795.04, 795.05, 795.06	A, C
*57500	9		Biopsy or local excision of lesion	01, 03, 49, 68	16, 02, 08, F2	219.0, 622.10, 622.11, 622.7, 625.8, 795.00, 795.02, 795.03, 795.04, 795.05, 795.06	A, C
*57500	G		Biopsy or local excision of lesion	05, 28	W7, A4	219.0, 622.10, 622.11, 622.7, 625.8, 795.00, 795.02, 795.03, 795.04, 795.05, 795.06	A, C
*57500	2		Biopsy or local excision of lesion	05	W6	219.0, 622.10, 622.11, 622.7, 625.8, 795.00, 795.02, 795.03, 795.04, 795.05, 795.06	A, C
*57505	P	26	Endocervical curettage	01, 03, 49, 58, 68	F2, 08, 16, N3, 02	219.0, 622.10, 622.11, 625.8, 795.00, 795.02, 795.03, 795.04, 795.05, 795.06, 233.1	A, B ,C
*57505	9		Endocervical curettage	01, 03, 49, 58, 68	F2, 08, 16, N3, 02	219.0, 622.10, 622.11, 625.8, 795.00, 795.02, 795.03, 795.04, 795.05, 795.06, 233.1	A, B ,C
*57510	P	26	Cauterization of cervix	01, 03, 49, 58, 68	F2, 08, 16, N3, 02	622.12, 233.1	A, C
*57510	9		Cauterization of cervix	01, 03, 49, 58, 68	F2, 08, 16, N3, 02	622.12, 233.1	A, C
*57511	P	26	Cryocautery	01, 03, 49, 58, 68	F2, 08, 16, N3, 02	622.12, 233.1	A, C
*57511	9		Cryocautery	01, 03, 49, 58, 68	F2, 08, 16, N3, 02	622.12, 233.1	A, C
*57513	P	26	Laser ablation	01, 03, 49, 58, 68	F2, 08, 16, N3, 02	622.12, 180.0, 180.1, 180.8, 180.9, 233.1	A, C
*57513	9		Laser ablation	01, 03, 49, 58, 68	F2, 08, 16, N3, 02	622.12, 180.0, 180.1, 180.8, 180.9, 233.1	A, C
*57513	G		Laser ablation	05, 28	W7, A4	622.12, 180.0, 180.1, 180.8, 180.9, 233.1	A, C
*57513	2		Laser ablation	05	W6	622.12, 180.0, 180.1, 180.8, 180.9, 233.1	A, C
*57520	P	26	Conization of cervix (PA required)	01, 03, 49, 68	16, 02, 08, F2	219.0, 622.10, 622.11, 622.12, 625.8, 795.00, 795.02, 795.03, 795.04, 795.05, 795.06, 233.1	A, B ,C

Procedure Codes To Provider Types/Specialties/Diagnosis Codes

Procedure Code	Old Type of Service Code	New MOD	Procedure Code Description	Provider Types	Provider Specialties	Diagnosis Codes	Plan Code
*57520	9		Conization of cervix (PA required)	01, 03, 49, 68	16, 02, 08, F2	219.0, 622.10, 622.11, 622.12, 625.8, 795.00, 795.02, 795.03, 795.04, 795.05, 795.06, 233.1	A, B ,C
*57520	G		Conization of cervix	05, 28	W7, A4	219.0, 622.10, 622.11, 622.12, 625.8, 795.00, 795.02, 795.03, 795.04, 795.05, 795.06, 233.1	A, B ,C
*57520	2		Conization of cervix	05	W6	219.0, 622.10, 622.11, 622.12, 625.8, 795.00, 795.02, 795.03, 795.04, 795.05, 795.06, 233.1	A, B ,C
*57522	P	26	Loop electrode excision (PA required)	01, 03, 49, 68	16, 02, 08, F2	219.0, 622.10, 622.11, 622.12, 625.8, 795.00, 795.02, 795.03, 795.04, 795.05, 795.06, 233.1	A, B ,C
*57522	9		Loop electrode excision (PA required)	01, 03, 49, 68	16, 02, 08, F2	219.0, 622.10, 622.11, 622.12, 625.8, 795.00, 795.02, 795.03, 795.04, 795.05, 795.06, 233.1	A, B ,C
*57522	G		Loop electrode excision	05, 28	W7, A4	219.0, 622.10, 622.11, 622.12, 625.8, 795.00, 795.02, 795.03, 795.04, 795.05, 795.06, 233.1	A, B ,C
*57522	2		Loop electrode excision	05	W6	219.0, 622.10, 622.11, 622.12, 625.8, 795.00, 795.02, 795.03, 795.04, 795.05, 795.06, 233.1	A, B ,C
*57530	P	26	Trachelectomy (amputation of cervix)	01, 03, 49, 68	16, 02, 08, F2	622.12, 180.0, 180.1, 180.8, 180.9, 233.1	A, C
*57530	G		Trachelectomy (amputation of cervix)	05, 28	W7, A4	622.12, 180.0, 180.1, 180.8, 180.9, 233.1	A, C
*57530	2		Trachelectomy (amputation of cervix)	05	W6	622.12, 180.0, 180.1, 180.8, 180.9, 233.1	A, C
*57531	P	26	Radical trachelectomy with bilateral pelvic lymphadenectomy	01, 03, 49, 68	16, 02, 08, F2	622.12, 180.0, 180.1, 180.8, 180.9, 233.1	A, C
*57531	2		Radical trachelectomy with bilateral pelvic lymphadenectomy	05	W6	622.12, 180.0, 180.1, 180.8, 180.9, 233.1	A, C
*58100	P	26	Endometrial Biopsy	01, 03, 49, 68	F2, 08, 16, N3	219.0, 622.10, 622.11, 625.8, 626.2, 627.1, 626.8, 626.9, 795.00, 795.02, 795.03, 795.04, 795.05, 795.06	A, B, C
*58100	9		Endometrial Biopsy	01, 03, 49, 68	F2, 08, 16, N3	219.0, 622.10, 622.11, 625.8, 626.2, 627.1, 626.8, 626.9, 795.00, 795.02, 795.03, 795.04, 795.05, 795.06	A, B, C
*58110	P	26	Endometrial sampling, biopsy, performed in conjunction with colposcopy (effective 01/01/07)	01, 03, 49, 58, 68	F2, 08, 16, N3	219.0, 622.10, 622.11, 625.8, 626.2, 627.1, 626.8, 626.9, 795.00, 795.02, 795.03, 795.04, 795.05, 795.06	A, B ,C

Procedure Codes To Provider Types/Specialties/Diagnosis Codes

Procedure Code	Old Type of Service Code	New MOD	Procedure Code Description	Provider Types	Provider Specialties	Diagnosis Codes	Plan Code
*58110	9		Endometrial sampling, biopsy, performed in conjunction with colposcopy (effective 01/01/07)	01, 03, 49, 58, 68	F2, 08, 16, N3	219.0, 622.10, 622.11, 625.8, 626.2, 627.1, 626.8, 626.9, 795.00, 795.02, 795.03, 795.04, 795.05, 795.06	A, B ,C
*58150	P	26	Total abdominal hysterectomy	01, 03, 49, 68	16, 02, 08, F2	622.12, 180.0, 180.1, 180.8, 180.9, 233.1	A, C
*58150	2		Total abdominal hysterectomy	05	W6	622.12, 180.0, 180.1, 180.8, 180.9, 233.1	A, C
*58180	P	26	Supracervical abdominal hysterectomy	01, 03, 49, 68	16, 02, 08, F2	622.12, 180.0, 180.1, 180.8, 180.9, 233.1	A, C
*58180	2		Supracervical abdominal hysterectomy	05	W6	622.12, 180.0, 180.1, 180.8, 180.9, 233.1	A, C
*58200	P	26	Total abdominal hysterectomy, partial vaginectomy, lymph node sampling	01, 03, 49, 68	16, 02, 08, F2	622.12, 180.0, 180.1, 180.8, 180.9, 233.1	A, C
*58200	2		Total abdominal hysterectomy, partial vaginectomy, lymph node sampling	05	W6	622.12, 180.0, 180.1, 180.8, 180.9, 233.1	A, C
*58210	P	26	Radical abdominal hysterectomy with bilateral total lymphadenectomy	01, 03, 49, 68	16, 02, 08, F2	622.12, 180.0, 180.1, 180.8, 180.9, 233.1	A, C
*58210	2		Radical abdominal hysterectomy with bilateral total lymphadenectomy	05	W6	622.12, 180.0, 180.1, 180.8, 180.9, 233.1	A, C
*58240	P	26	Pelvic exenteration, total abdominal hysterectomy, removal of bladder and ureters, and or abdominal peritoneal resection	01, 03, 49, 68	16, 02, 08, F2	622.12, 180.0, 180.1, 180.8, 180.9, 233.1	A, C
*58240	2		Pelvic exenteration, total abdominal hysterectomy, removal of bladder and ureters, and or abdominal peritoneal resection	05	W6	622.12, 180.0, 180.1, 180.8, 180.9, 233.1	A, C
*58260	P	26	Vaginal Hysterectomy	01, 03, 49, 68	16, 02, 08, F2	622.12, 180.0, 180.1, 180.8, 180.9, 233.1	A, C
*58260	2		Vaginal Hysterectomy	05	W6	622.12, 180.0, 180.1, 180.8, 180.9, 233.1	A, C
CERVICAL RADIOLOGY							
*74150	P	26	CT abdomen without contrast	01, 03	30, 31, 02, 16, X1	180.0, 180.1, 180.8, 180.9, 622.12	A, C
*74150	T	TC	CT abdomen without contrast	01, 03, 05, 10	30, 31, 02, 16, X1, W7, R9	180.0, 180.1, 180.8, 180.9, 622.12	A, C
*74150	C		CT abdomen without contrast	01, 03, 05, 10	30, 31, 02, 16, X1, W7, R9	180.0, 180.1, 180.8, 180.9, 622.12	A, C

Procedure Codes To Provider Types/Specialties/Diagnosis Codes

Procedure Code	Old Type of Service Code	New MOD	Procedure Code Description	Provider Types	Provider Specialties	Diagnosis Codes	Plan Code
*74160	P	26	CT abdomen with contrast	01, 03	30, 31, 02, 16, X1	180.0, 180.1, 180.8, 180.9, 622.12	A, C
*74160	T	TC	CT abdomen with contrast	01, 03, 05, 10	30, 31, 02, 16, X1, W7, R9	180.0, 180.1, 180.8, 180.9, 622.12	A, C
*74160	C		CT abdomen with contrast	01, 03, 05, 10	30, 31, 02, 16, X1, W7, R9	180.0, 180.1, 180.8, 180.9, 622.12	A, C
*74170	P	26	CT abdomen with and without contrast	01, 03	30, 31, 02, 16, X1	180.0, 180.1, 180.8, 180.9, 622.12	A, C
*74170	T	TC	CT abdomen with and without contrast	01, 03, 05, 10	30, 31, 02, 16, X1, W7, R9	180.0, 180.1, 180.8, 180.9, 622.12	A, C
*74170	C		CT abdomen with and without contrast	01, 03, 05, 10	30, 31, 02, 16, X1, W7, R9	180.0, 180.1, 180.8, 180.9, 622.12	A, C
*72192	P	26	CT pelvis without contrast	01, 03	30, 31, 02, 16, X1	180.0, 180.1, 180.8, 180.9, 622.12	A, C
*72192	T	TC	CT pelvis without contrast	01, 03, 05, 10	30, 31, 02, 16, X1, W7, R9	180.0, 180.1, 180.8, 180.9, 622.12	A, C
*72192	C		CT pelvis without contrast	01, 03, 05, 10	30, 31, 02, 16, X1, W7, R9	180.0, 180.1, 180.8, 180.9, 622.12	A, C
*72193	P	26	CT pelvis with contrast	01, 03	30, 31, 02, 16, X1	180.0, 180.1, 180.8, 180.9, 622.12	A, C
*72193	T	TC	CT pelvis with contrast	01, 03, 05, 10	30, 31, 02, 16, X1, W7, R9	180.0, 180.1, 180.8, 180.9, 622.12	A, C
*72193	C		CT pelvis with contrast	01, 03, 05, 10	30, 31, 02, 16, X1, W7, R9	180.0, 180.1, 180.8, 180.9, 622.12	A, C
*72194	P	26	CT pelvis with and without contrast	01, 03	30, 31, 02, 16, X1	180.0, 180.1, 180.8, 180.9, 622.12	A, C
*72194	T	TC	CT pelvis with and without contrast	01, 03, 05, 10	30, 31, 02, 16, X1, W7, R9	180.0, 180.1, 180.8, 180.9, 622.12	A, C
*72194	C		CT pelvis with and without contrast	01, 03, 05, 10	30, 31, 02, 16, X1, W7, R9	180.0, 180.1, 180.8, 180.9, 622.12	A, C
RADIOLOGY PROCEDURES							

Procedure Codes To Provider Types/Specialties/Diagnosis Codes

Procedure Code	Old Type of Service Code	New MOD	Procedure Code Description	Provider Types	Provider Specialties	Diagnosis Codes	Plan Code
*71010	T	TC	Single view chest X-ray	05, 49, 68, 10, 01, 03	W7, F2, 08, 02, X1, R9	219.0, 610.0, 611.72, 611.0, 622.10, 622.11, 622.12, 625.8, 795.00, 795.02, 795.05, 785.6, 793.80, 793.81, 793.89, 174.0 - 175.9, 233.0, 233.1	A, C
*71010	P	26	Single view chest X-ray	01, 03, 49, 68	08, 30, 02, X1, 31	219.0, 610.0, 611.72, 611.0, 622.10, 622.11, 622.12, 625.8, 795.00, 795.02, 795.05, 785.6, 793.80, 793.81, 793.89, 174.0 - 175.9, 233.0, 233.1	A, C
*71010	C		Single view chest X-ray	01, 03, 68, 05, 49, 10	08, 02, X1, W7, F2, 63	219.0, 610.0, 611.72, 611.0, 622.10, 622.11, 622.12, 625.8, 795.00, 795.02, 795.05, 785.6, 793.80, 793.81, 793.89, 174.0 - 175.9, 233.0, 233.1	A, C
*71020	T	TC	Chest X-Ray	05, 49, 68, 10, 01, 03	W7, F2, 08, 02, X1, R9, 11, 16	219.0, 610.0, 611.72, 611.0, 622.10, 622.11, 622.12, 625.8, 795.00, 795.02, 795.05, 785.6, 793.80, 793.81, 793.89, 174.0 - 175.9, 233.0, 233.1	A, C
*71020	P	26	Chest X-Ray	01, 03, 49, 68	08, 30, 02, X1, 31, 11, 16	219.0, 610.0, 611.72, 611.0, 622.10, 622.11, 622.12, 625.8, 795.00, 795.02, 795.05, 785.6, 793.80, 793.81, 793.89, 174.0 - 175.9, 233.0, 233.1	A, C
*71020	C		Chest X-Ray	01, 03, 68, 05, 49, 10	08, 02, X1, W7, F2, 63, 11, 16	219.0, 610.0, 611.72, 611.0, 622.10, 622.11, 622.12, 625.8, 795.00, 795.02, 795.05, 785.6, 793.80, 793.81, 793.89, 174.0 - 175.9, 233.0, 233.1	A, C
G0202	C		Digital Screening Mammogram	01, 03, 05, 68, 10	W7, 08, 30, 63		A, B, C
G0202	P	26	Digital Screening Mammogram	01, 03	30		A, B, C
G0202	T	TC	Digital Screening Mammogram	01, 03, 05, 68, 10	08, W7, 63		A, B, C
G0204	C		Digital Diagnostic Mammogram bilateral	01, 03, 05, 68, 10	W7, 08, 30, 63		A, B, C
G0204	P	26	Digital Diagnostic Mammogram bilateral	01, 03	30		A, B, C
G0204	T	TC	Digital Diagnostic Mammogram bilateral	01, 03, 05, 10, 68	08, W7, 63		A, B, C
G0206	C		Digital Diagnostic Mammogram unilateral	01, 03, 05, 68	W7, 08, 30, 63		A, B, C
G0206	P	26	Digital Diagnostic Mammogram unilateral	01, 03	30		A, B, C
G0206	T	TC	Digital Diagnostic Mammogram unilateral	01, 03, 05, 10, 68	08, W7, 63		A, B, C

Procedure Codes To Provider Types/Specialties/Diagnosis Codes

Procedure Code	Old Type of Service Code	New MOD	Procedure Code Description	Provider Types	Provider Specialties	Diagnosis Codes	Plan Code
76082	C		Computer-aided detection for diagnostic mammography (not valid after 12/31/06)	01, 03, 05, 68	W7, 08, 30, 63		A, C
76082	P	26	Computer-aided detection for diagnostic mammography (not valid after 12/31/06)	01, 03	30		A, C
76082	T	TC	Computer-aided detection for diagnostic mammography (not valid after 12/31/06)	01, 03, 05, 10, 68	08, W7, 63		A, C
77051	C		Computer-aided detection for diagnostic mammography (replaces 76082 01/01/07)	01, 03, 05, 68	W7, 08, 30, 63		A, C
77051	P	26	Computer-aided detection for diagnostic mammography (replaces 76082 01/01/07)	01, 03	30		A, C
77051	T	TC	Computer-aided detection for diagnostic mammography (replaces 76082 01/01/07)	01, 03, 05, 10, 68	08, W7, 63		A, C
76090	C		Diagnostic/Follow-up mammogram; unilateral (not valid after 12/31/06)	01, 03, 05, 68	W7, 08, 30, 63		A, B, C
76090	P	26	Diagnostic/Follow-up mammogram; unilateral (not valid after 12/31/06)	01, 03	30, 02		A, B, C
76090	T	TC	Diagnostic/Follow-up mammogram; unilateral (not valid after 12/31/06)	01, 03, 05, 10, 68	08, W7, 63		A, B, C
77055	C		Diagnostic/Follow-up mammogram; unilateral (replaces 76090 01/01/07)	01, 03, 05, 68	W7, 08, 30, 63		A, B, C
77055	P	26	Diagnostic/Follow-up mammogram; unilateral (replaces 76090 01/01/07)	01, 03	30, 02		A, B, C
77055	T	TC	Diagnostic/Follow-up mammogram; unilateral (replaces 76090 01/01/07)	01, 03, 05, 10, 68	08, W7, 63		A, B, C
76091	C		Diagnostic/Follow-up mammogram; bilateral (not valid after 12/31/06)	01, 03, 05, 68	W7, 08, 30, 63		A, B, C
76091	P	26	Diagnostic/Follow-up mammogram; bilateral (not valid after 12/31/06)	01, 03	30, 02		A, B, C
76091	T	TC	Diagnostic/Follow-up mammogram; bilateral (not valid after 12/31/06)	01, 03, 05, 10, 68	08, W7, 63		A, B, C
77056	C		Diagnostic/Follow-up mammogram; bilateral (replaces 76091 01/01/07)	01, 03, 05, 68	W7, 08, 30, 63		A, B, C
77056	P	26	Diagnostic/Follow-up mammogram; bilateral (replaces 76091 01/01/07)	01, 03	30, 02		A, B, C
77056	T	TC	Diagnostic/Follow-up mammogram; bilateral (replaces 76091 01/01/07)	01, 03, 05, 10, 68	08, W7, 63		A, B, C
76092	C		Screening mammogram (not valid after 12/31/06)	01, 03, 05, 68	W7, 08, 30, 63		A, B, C
76092	P	26	Screening mammogram (not valid after 12/31/06)	01, 03	30		A, B, C

Procedure Codes To Provider Types/Specialties/Diagnosis Codes

Procedure Code	Old Type of Service Code	New MOD	Procedure Code Description	Provider Types	Provider Specialties	Diagnosis Codes	Plan Code
76092	T	TC	Screening mammogram (not valid after 12/31/06)	01, 03, 05, 10, 68	08, W7, 63		A, B, C
77057	C		Screening mammogram (replaces 76092 01/01/07)	01, 05, 68	W7, 08, 30, 63		A, B, C
77057	P	26	Screening mammogram (replaces 76092 01/01/07)	01, 03	30		A, B, C
77057	T	TC	Screening mammogram (replaces 76092 01/01/07)	01, 03, 05, 10, 68	08, W7, 63		A, B, C
76083	C		Computer-aided detection for screening mammography (not valid after 12/31/06)	01, 03, 05, 10, 68	W7, 08, 30, 63		A, C
76083	P	26	Computer-aided detection for screening mammography (not valid after 12/31/06)	01, 03	30		A, C
76083	T	TC	Computer-aided detection for screening mammography (not valid after 12/31/06)	01, 03, 05, 10, 68	08, W7, 63		A, C
77052	C		Computer-aided detection for screening mammography (replaces 76083 01/01/07)	01, 03, 05, 10, 68	W7, 08, 30, 63		A, C
77052	P	26	Computer-aided detection for screening mammography (replaces 76083 01/01/07)	01, 03	30		A, C
77052	T	TC	Computer-aided detection for screening mammography (replaces 76083 01/01/07)	01, 03, 05, 10, 68	08, W7, 63		A, C
76095	C		Stereotactic localization for breast biopsy, each lesion, radiological supervision and interpretation (not valid after 12/31/06)	01, 03, 05	W7, 08, 30, 63		A, B, C
76095	P	26	Stereotactic localization for breast biopsy, each lesion, radiological supervision and interpretation (not valid after 12/31/06)	01, 03	02, 30		A, B, C
76095	T	TC	Stereotactic localization for breast biopsy, each lesion, radiological supervision and interpretation (not valid after 12/31/06)	05, 10, 28	A4, W7, 63		A, B, C
77031	C		Stereotactic localization for breast biopsy, each lesion, radiological supervision and interpretation (replaces 76095 01/01/07)	01, 03, 05, 10	W7, 08, 30, 63, 02		A, B, C
77031	P	26	Stereotactic localization for breast biopsy, each lesion, radiological supervision and interpretation (replaces 76095 01/01/07)	01, 03	02, 30		A, B, C
77031	T	TC	Stereotactic localization for breast biopsy, each lesion, radiological supervision and interpretation (replaces 76095 01/01/07)	05, 10, 28	A4, W7, 63		A, B, C
76096	C		Preoperative placement of needle localization wire, breast, radiological supervision and interpretation (not valid after 12/31/06)	01, 03, 05	W7, 08, 30, 63		A, B, C

Procedure Codes To Provider Types/Specialties/Diagnosis Codes

Procedure Code	Old Type of Service Code	New MOD	Procedure Code Description	Provider Types	Provider Specialties	Diagnosis Codes	Plan Code
76096	P	26	Preoperative placement of needle localization wire, breast, radiological supervision and interpretation (not valid after 12/31/06)	01, 03	30		A, B ,C
76096	T	TC	Preoperative placement of needle localization wire, breast, radiological supervision and interpretation (not valid after 12/31/06)	05, 10, 28	A4, W7, 63		A, B ,C
77032	C		Preoperative placement of needle localization wire, breast, radiological supervision and interpretation (replaces 76096 01/01/07)	01, 03, 05, 10	W7, 08, 30, 63, 02		A, B ,C
77032	P	26	Preoperative placement of needle localization wire, breast, radiological supervision and interpretation (replaces 76096 01/01/07)	01, 03	30, 02		A, B ,C
77032	T	TC	Preoperative placement of needle localization wire, breast, radiological supervision and interpretation (replaces 76096 01/01/07)	05, 10, 28	A4, W7, 63		A, B ,C
76098	C		Radiological examination, surgical specimen	01, 03, 05	W7, 08, 30, 63		A, B ,C
76098	P	26	Radiological examination, surgical specimen	01, 03	02, 30		A, B ,C
76098	T	TC	Radiological examination, surgical specimen	05, 10, 28	A4, W7, 63		A, B ,C
76645	C		Ultrasound - Echography, breast (unilateral or bilateral), real time with image documentation	01, 03, 05, 68	W7, 08, 30, 02, 63		A, B ,C
76645	P	26	Ultrasound - Echography, breast (unilateral or bilateral), real time with image documentation	01, 03	02, 30		A, B ,C
76645	T	TC	Ultrasound - Echography, breast (unilateral or bilateral), real time with image documentation	01, 03, 05, 10, 28	08, W7, 63, A4, 02		A, B ,C
76942	C		Ultrasonic guidance for needle biopsy, radiological supervision and interpretation	01, 03, 05	02, 30, W7, 63		A, B ,C
76942	P	26	Ultrasonic guidance for needle biopsy, radiological supervision and interpretation	01, 03	02, 30		A, B ,C
76942	T	TC	Ultrasonic guidance for needle biopsy, radiological supervision and interpretation	05, 10, 28	A4, W7, 63		A, B ,C
76998	P	26	Ultrasound guided localization, intraoperative guidance (effective 01/01/09)	01, 03	02		A, B ,C
*78195	P	26	Lymphatic & Lymph gland imaging	01, 03	02, 30	174.0 -175.9, 233.0	A, C
*78195	T	TC	Lymphatic & Lymph gland imaging	10, 05, 28	63, W7, A4	174.0 -175.9, 233.0	A, C
*78195	C		Lymphatic & Lymph gland imaging	01, 03, 05, 28, 10	02, 30, 63, W7, A4	174.0 -175.9, 233.0	A, C
*78306	T	TC	Bone Scan (for lesions >2cm or abnormal alkaline phosphatase or pos. nodes)	05, 01, 03	W6, W7, X1	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C

Procedure Codes To Provider Types/Specialties/Diagnosis Codes

Procedure Code	Old Type of Service Code	New MOD	Procedure Code Description	Provider Types	Provider Specialties	Diagnosis Codes	Plan Code
*78306	C		Bone Scan (for lesions >2cm or abnormal alkaline phosphatase or pos. nodes)	05, 01, 03	W6, W7, X1	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*78306	P	26	Bone Scan (for lesions >2cm or abnormal alkaline phosphatase or pos. nodes)	01, 03	30, X1	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
LABORATORY PROCEDURES							
*80048	T	TC	Basic Metabolic Panel	01, 03, 05, 09, 28, 49, 68,	01, 11, 16, 02, X1, 31, F2, W6, W7, 69, A4	214.1, 214.8, 217, 219.0, 610.0, 611.72, 611.0, 622.10, 622.11, 622.12, 625.8, 626.8, 626.9, 627.1, 785.6, 793.80, 793.81, 793.89, 795.00, 795.02, 795.05, 174.0 - 175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*80053	T	TC	Comprehensive Metabolic Panel	01, 03, 05, 10, 49, 68	08, 02, X1, W7, F2, 11, 16	214.1, 214.8, 217, 219.0, 610.0, 611.72, 611.0, 622.10, 622.11, 622.12, 625.8, 626.8, 626.9, 627.1, 785.6, 793.80, 793.81, 793.89, 795.00, 795.02, 795.05, 174.0 - 175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*80076	T	TC	Hepatic Function Panel	01, 03, 05, 10, 49, 68	08, 02, X1, W7, F2, 11, 16	214.1, 214.8, 217, 219.0, 610.0, 611.72, 611.0, 622.10, 622.11, 622.12, 625.8, 626.8, 626.9, 627.1, 785.6, 793.80, 793.81, 793.89, 795.00, 795.02, 795.05, 174.0 - 175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*85025	T	TC	Blood Count, Complete CBC	01, 03, 05, 10, 49, 68	08, 02, X1, W7, F2, 11, 16	214.1, 214.8, 217, 219.0, 610.0, 611.72, 611.0, 622.10, 622.11, 622.12, 625.8, 626.8, 626.9, 627.1, 785.6, 793.80, 793.81, 793.89, 795.00, 795.02, 795.05, 174.0 - 175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*85027	T	TC	Hemogram and platelet count, automated	01, 03, 05, 10, 49, 68	08, 02, X1, W7, F2, 11, 16	214.1, 214.8, 217, 219.0, 610.0, 611.72, 611.0, 622.10, 622.11, 622.12, 625.8, 626.8, 626.9, 627.1, 785.6, 793.80, 793.81, 793.89, 795.00, 795.02, 795.05, 174.0 - 175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
PATHOLOGY							

Procedure Codes To Provider Types/Specialties/Diagnosis Codes

Procedure Code	Old Type of Service Code	New MOD	Procedure Code Description	Provider Types	Provider Specialties	Diagnosis Codes	Plan Code
*87070	T	TC	Culture, aerobic (effective 01/01/07)	05, 09	W7, 69	217, 610.0, 611.72, 611.79, 611.0, 785.6, 793.80, 793.81, 793.89	A, B ,C
*87075	T	TC	Culture, anaerobic (effective 01/01/07)	05, 09	W7, 69	217, 610.0, 611.72, 611.79, 611.0, 785.6, 793.80, 793.81, 793.89	A, B ,C
*87205	T	TC	Smear, primary source with interpretation gram or griemsa stain for bacteria fungi or cell types (effective 01/01/07)	05, 09	W7, 69	217, 610.0, 611.72, 611.79, 611.0, 785.6, 793.80, 793.81, 793.89	A, B ,C
87621	T	TC	High Risk HPV DNA test (effective 07/01/07) *Only payable if Pap result is ASC-US (795.01)	05, 09	69, W6, W7		A, B ,C
*88108	P	26	Cytopathology, concentration technique, smears and interpretation	01, 03	22	214.1, 214.8, 217, 610.0, 611.72, 611.0, 785.6, 793.80, 793.81, 793.89	A, C
*88108	T	TC	Cytopathology, concentration technique, smears and interpretation	05, 09	W6, W7, 69	214.1, 214.8, 217, 610.0, 611.72, 611.0, 785.6, 793.80, 793.81, 793.89	A, C
*88108	C		Cytopathology, concentration technique, smears and interpretation	01, 03, 05, 09	22, W6, W7, 69	214.1, 214.8, 217, 610.0, 611.72, 611.0, 785.6, 793.80, 793.81, 793.89	A, C
*88112	P	26	Cytopathology, enhancement technique with interperatation	01, 03	22	214.1, 214.8, 217, 610.0, 610.1, 611.72, 611.0, 785.6, 793.80, 793.81, 793.89	A, B ,C
*88112	T	TC	Cytopathology, enhancement technique with interperatation	05, 09	69, W6, W7	214.1, 214.8, 217, 610.0, 610.1, 611.72, 611.0, 785.6, 793.80, 793.81, 793.89	A, B ,C
*88112	C		Cytopathology, enhancement technique with interperatation	01, 03, 05, 09	22, 69, W6, W7	214.1, 214.8, 217, 610.0, 610.1, 611.72, 611.0, 785.6, 793.80, 793.81, 793.89	A, B ,C
88141	P	26	Pap smear, reported in Bethesda system	01, 03, 05	22, W6, W7		A, B ,C
88142	T	TC	Automated thin preparation	09, 05	69, W6, W7		A, B ,C
88148	T	TC	Screening by automated system with manual re-screening	09, 05	69, W6, W7		A, B ,C
88150	T	TC	Pap smear screening	09, 05	69, W6, W7		A, B ,C
88160	P	26	Cytopathology, smears, any other source, screening and interpretation	01, 03	22		A, C
88160	T	TC	Cytopathology, smears, any other source, screening and interpretation	05, 09	W6, W7, 69		A, C
88160	C		Cytopathology, smears, any other source, screening and interpretation	01, 03, 05, 09	22, W6, W7, 69		A, C
88164	T	TC	Manual screening under physician supervision	09, 05	69, W6, W7		A, B ,C
88173	P	26	Interpretation of Fine Needle Aspirate	01, 03	22		A, B ,C

Procedure Codes To Provider Types/Specialties/Diagnosis Codes

Procedure Code	Old Type of Service Code	New MOD	Procedure Code Description	Provider Types	Provider Specialties	Diagnosis Codes	Plan Code
88173	C		Interpretation of Fine Needle Aspirate	01, 03, 05, 09	22, W6, W7, 69		A, B ,C
88173	T	TC	Interpretation of Fine Needle Aspirate	05, 09	W6, W7, 69		A, B ,C
88175	T	TC	Computerized Thin Prep (effective 01/01/06)	09, 05	69, W6, W7		A, B ,C
*88182	P	26	DNA Analyst	01, 03	22	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*88182	C		DNA Analyst	01, 03, 05, 09	22, W6, W7, 69	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*88182	T	TC	DNA Analyst	05, 09	W6, W7, 69	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*88184	T	TC	Flow Cytometry	01, 03, 05, 09	22, W6, W7, 69	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*88185	T	TC	Flow Cytometry,each additional marker	01, 03, 05, 09	22, W6, W7, 69	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*88187	P	TC	Flow Cytometry, 2-8 markers	01, 03, 05, 09	22, W6, W7, 69	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*88188	P	TC	Flow Cytometry, 9-15 markers	01, 03, 05, 09	22, W6, W7, 69	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*88189	P	TC	Flow Cytometry, 16 or more markers	01, 03, 05, 09	22, W6, W7, 69	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*88304	P	26	Surgical Pathology Level III	01, 03	22	214.1, 214.8, 217, 610.0, 610.1, 610.2, 611.72, 611.79, 611.0, 611.8, 785.6, 793.80, 793.81, 793.89, 219.0, 622.10, 622.11, 623.0, 625.8, 626.8, 626.9, 627.1, 795.00, 795.01, 795.02, 795.03, 795.04, 795.09, 174.0 - 175.9, 233.0, 180.1, 180.1, 180.8, 180.9, 233.1, 622.12	A, C
*88304	T	TC	Surgical Pathology Level III	05, 09	W7, 69	214.1, 214.8, 217, 610.0, 610.1, 610.2, 611.72, 611.79, 611.0, 611.8, 785.6, 793.80, 793.81, 793.89, 219.0, 622.10, 622.11, 623.0, 625.8, 626.8, 626.9, 627.1, 795.00, 795.01, 795.02, 795.03, 795.04, 795.09, 174.0 - 175.9, 233.0, 180.1, 180.1, 180.8, 180.9, 233.1, 622.12	A, C

Procedure Codes To Provider Types/Specialties/Diagnosis Codes

Procedure Code	Old Type of Service Code	New MOD	Procedure Code Description	Provider Types	Provider Specialties	Diagnosis Codes	Plan Code
*88304	C		Surgical Pathology Level III	05, 09, 01, 03	W7, 69, 22	214.1, 214.8, 217, 610.0, 610.1, 610.2, 611.72, 611.79, 611.0, 611.8, 785.6, 793.80, 793.81, 793.89, 219.0, 622.10, 622.11, 623.0, 625.8, 626.8, 626.9, 627.1, 795.00, 795.01, 795.02, 795.03, 795.04, 795.09, 174.0 - 175.9, 233.0, 180.1, 180.1, 180.8, 180.9, 233.1, 622.12	A, C
*88305 (breast)	C		Biopsy interpretation, Surgical Pathology Level IV	05, 09, 01, 03	W7, 69, 22	214.1, 214.8, 217, 610.0, 610.1, 610.2, 610.3, 610.4, 611.0, 611.1, 611.3, 611.72, 611.79, 611.8, 627.0, 785.6, 793.80, 793.81, 793.89, 174.0-175.9, 233.0	A, B ,C
*88305 (breast)	P	26	Biopsy interpretation, Surgical Pathology Level IV	01, 03	22	214.1, 214.8, 217, 610.0, 610.1, 610.2, 610.3, 610.4, 611.0, 611.1, 611.3, 611.72, 611.79, 611.8, 627.0, 785.6, 793.80, 793.81, 793.89, 174.0-175.9, 233.0	A, B ,C
*88305 (breast)	T	TC	Biopsy interpretation, Surgical Pathology Level IV	05, 09	W7, 69	214.1, 214.8, 217, 610.0, 610.1, 610.2, 610.3, 610.4, 611.0, 611.1, 611.3, 611.72, 611.79, 611.8, 627.0, 785.6, 793.80, 793.81, 793.89, 174.0-175.9, 233.0	A, B ,C
*88305 (cervical)	C		Biopsy interpretation, Surgical Pathology Level IV	05, 09, 01, 03	W7, 69, 22	219.0, 616.0, 621.30, 621.33, 622.10, 622.11, 622.12, 623.0, 625.8, 626.8, 626.2, 626.9, 627.1, 795.00, 795.01, 795.02, 795.03, 795.04, 795.05, 180.0, 180.1, 180.8, 180.9, 233.1	A, B ,C
*88305 (cervical)	P	26	Biopsy interpretation, Surgical Pathology Level IV	01, 03	22	219.0, 616.0, 621.30, 621.33, 622.10, 622.11, 622.12, 623.0, 625.8, 626.8, 626.2, 626.9, 627.1, 795.00, 795.01, 795.02, 795.03, 795.04, 795.05, 180.0, 180.1, 180.8, 180.9, 233.1	A, B ,C
*88305 (cervical)	T	TC	Biopsy interpretation, Surgical Pathology Level IV	05, 09	W7, 69	219.0, 616.0, 621.30, 621.33, 622.10, 622.11, 622.12, 623.0, 625.8, 626.8, 626.2, 626.9, 627.1, 795.00, 795.01, 795.02, 795.03, 795.04, 795.05, 180.0, 180.1, 180.8, 180.9, 233.1	A, B ,C
88307	P	26	Surgical Pathology, Level V Mastectomy, Partial / Simple	01, 03	22		A, C

Procedure Codes To Provider Types/Specialties/Diagnosis Codes

Procedure Code	Old Type of Service Code	New MOD	Procedure Code Description	Provider Types	Provider Specialties	Diagnosis Codes	Plan Code
88307	C		Surgical Pathology, Level V Mastectomy, Partial / Simple	01, 03, 05, 09	22, W6, W7, 69		A, C
88307	T	TC	Surgical Pathology, Level V Mastectomy, Partial / Simple	05, 09	W6, W7, 69		A, C
*88309	P	26	Surgical Pathology, Level VI Mastectomy - w/ Regional Lymph Nodes	01, 03	22	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*88309	C		Surgical Pathology, Level VI Mastectomy - w/ Regional Lymph Nodes	01, 03, 05, 09	22, W6, W7, 69	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*88309	T	TC	Surgical Pathology, Level VI Mastectomy - w/ Regional Lymph Nodes	05, 09	W6, W7, 69	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*88321	P	26	Slide Consult (effective 01/01/08)	01, 03, 05	22, W6, W7		A, B ,C
*88329	P	26	OR Consult	01, 03	22	217, 219.0, 610.0, 610.1, 610.2, 611.72, 611.79, 622.10, 622.12, 625.8, 626.8, 626.9, 627.1, 785.6, 793.80, 793.81, 793.89, 795.00, 795.02, 795.03, 795.04, 795.05, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*88331	P	26	Frozen Section Pathology	01, 03	22	217, 219.0, 610.0, 610.1, 610.2, 611.72, 611.79, 622.10, 622.12, 625.8, 626.9, 627.1, 785.6, 793.80, 793.81, 793.89, 795.00, 795.02, 795.03, 795.04, 795.05, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, B ,C
*88331	C		Frozen Section Pathology	01, 03, 05, 09	22, W6, W7, 69	217, 219.0, 610.0, 610.1, 610.2, 611.72, 611.79, 622.10, 622.12, 625.8, 626.9, 627.1, 785.6, 793.80, 793.81, 793.89, 795.00, 795.02, 795.03, 795.04, 795.05, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, B ,C
*88331	T	TC	Frozen Section Pathology	05, 09	W6, W7, 69	217, 219.0, 610.0, 610.1, 610.2, 611.72, 611.79, 622.10, 622.12, 625.8, 626.9, 627.1, 785.6, 793.80, 793.81, 793.89, 795.00, 795.02, 795.03, 795.04, 795.05, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, B ,C

Procedure Codes To Provider Types/Specialties/Diagnosis Codes

Procedure Code	Old Type of Service Code	New MOD	Procedure Code Description	Provider Types	Provider Specialties	Diagnosis Codes	Plan Code
*88332	P	26	Frozen Section Pathology, Additional	01, 03	22	217, 219.0, 610.0, 610.1, 610.2, 611.72, 611.79, 622.10, 622.12, 625.8, 626.9, 627.1, 785.6, 793.80, 793.81, 793.89, 795.00, 795.02, 795.03, 795.04, 795.05, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, B ,C
*88332	C		Frozen Section Pathology, Additional	01, 03, 05, 09	22, W6, W7, 69	217, 219.0, 610.0, 610.1, 610.2, 611.72, 611.79, 622.10, 622.12, 625.8, 626.9, 627.1, 785.6, 793.80, 793.81, 793.89, 795.00, 795.02, 795.03, 795.04, 795.05, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, B ,C
*88332	T	TC	Frozen Section Pathology, Additional	05, 09	W6, W7, 69	217, 219.0, 610.0, 610.1, 610.2, 611.72, 611.79, 622.10, 622.12, 625.8, 626.9, 627.1, 785.6, 793.80, 793.81, 793.89, 795.00, 795.02, 795.03, 795.04, 795.05, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, B ,C
88342	P	26	Immunohistochemistry (including tissue immunoperoxidase) each antibody (breast or cervical only)	01, 03	22		A, C
88342	C		Immunohistochemistry (including tissue immunoperoxidase) each antibody (breast or cervical only)	01, 03, 05, 09	22, W6, W7, 69		A, C
88342	T	TC	Immunohistochemistry (including tissue immunoperoxidase) each antibody (breast or cervical only)	05, 09	W6, W7, 69		A, C
*88358	P	26	Metamorphic analysis, tumor	01, 03	22	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*88358	T	TC	Metamorphic analysis, tumor	05, 09	W6, W7, 69	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*88358	C		Metamorphic analysis, tumor	01, 03, 05, 09	22, W6, W7, 69	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*88360	P	26	Morphometric Analysis, tumor immunohistochemistry	01, 03	22	174.0 - 175.9. 233.0	A, C
*88360	T	TC	Morphometric Analysis, tumor immunohistochemistry	05, 09	W6, W7, 69	174.0 - 175.9. 233.0	A, C
*88360	C		Morphometric Analysis, tumor immunohistochemistry	01, 03, 05, 09	22, W6, W7, 69	174.0 - 175.9. 233.0	A, C
*88361	P	26	Morphometric Analysis, tumor immunohistochemistry, computer-assisted technology	01, 03	22	174.0 - 175.9. 233.0	A, C
*88361	T	TC	Morphometric Analysis, tumor immunohistochemistry, computer-assisted technology	05, 09	W6, W7, 69	174.0 - 175.9. 233.0	A, C
*88361	C		Morphometric Analysis, tumor immunohistochemistry, computer-assisted technology	01, 03, 05, 09	22, W6, W7, 69	174.0 - 175.9. 233.0	A, C

Procedure Codes To Provider Types/Specialties/Diagnosis Codes

Procedure Code	Old Type of Service Code	New MOD	Procedure Code Description	Provider Types	Provider Specialties	Diagnosis Codes	Plan Code
OFFICE VISIT CODES							
99201	P	26	New patient office visit	01, 03, 49, 58, 68	F2, N3, 08, 16, 11, 30, 02, H2, X1, 31		A, B ,C
99201	9		New patient office visit	01, 03, 49, 58, 68	F2, N3, 08, 16, 11, 30, 02, H2, X1, 31		A, B ,C
99202	P	26	New patient office visit	01, 03, 49, 58, 68	F2, N3, 08, 16, 11, 30, 02, H2, X1, 31		A, B ,C
99202	9		New patient office visit	01, 03, 49, 58, 68	F2, N3, 08, 16, 11, 30, 02, H2, X1, 31		A, B ,C
99203	P	26	New patient office visit; 30 minutes face-to-face	01, 03, 49, 58, 68	F2, N3, 08, 16, 11, 30, 02, H2, X1, 31		A, B ,C
99203	9		New patient office visit; 30 minutes face-to-face	01, 03, 49, 58, 68	F2, N3, 08, 16, 11, 30, 02, H2, X1, 31		A, B ,C
99204	P	26	New patient office visit	01, 03, 49, 58, 68	F2, N3, 08, 16, 11, 30, 02, H2, X1, 31		A, B ,C
99204	9		New patient office visit	01, 03, 49, 58, 68	F2, N3, 08, 16, 11, 30, 02, H2, X1, 31		A, B ,C
99205	P	26	New patient office visit	01, 03, 49, 58, 68	F2, N3, 08, 16, 11, 30, 02, H2, X1, 31		A, B ,C

Procedure Codes To Provider Types/Specialties/Diagnosis Codes

Procedure Code	Old Type of Service Code	New MOD	Procedure Code Description	Provider Types	Provider Specialties	Diagnosis Codes	Plan Code
99205	9		New patient office visit	01, 03, 49, 58, 68	F2, N3, 08, 16, 11, 30, 02, H2, X1, 31		A, B ,C
99211	P	26	Established patient office visit	01, 03, 49, 58, 68	F2, N3, 08, 16, 11, 30, 02, H2, X1, 31		A, B ,C
99211	9		Established patient office visit	01, 03, 49, 58, 68	F2, N3, 08, 16, 11, 30, 02, H2, X1, 31		A, B ,C
99212	P	26	Established patient office visit	01, 03, 49, 58, 68	F2, N3, 08, 16, 11, 30, 02, H2, X1, 31		A, B ,C
99212	9		Established patient office visit	01, 03, 49, 58, 68	F2, N3, 08, 16, 11, 30, 02, H2, X1, 31		A, B ,C
99213	P	26	Established patient office visit; 15 minutes face-to-face	01, 03, 49, 58, 68	F2, N3, 08, 16, 11, 30, 02, H2, X1, 31		A, B ,C
99213	9		Established patient office visit; 15 minutes face-to-face	01, 03, 49, 58, 68	F2, N3, 08, 16, 11, 30, 02, H2, X1, 31		A, B ,C
99214	P	26	Established patient office visit	01, 03, 49, 58, 68	F2, N3, 08, 16, 11, 30, 02, H2, X1, 31		A, B ,C
99214	9		Established patient office visit	01, 03, 49, 58, 68	F2, N3, 08, 16, 11, 30, 02, H2, X1, 31		A, B ,C
99215	P	26	Established patient office visit	01, 03, 49, 58, 68	F2, N3, 08, 16, 11, 30, 02, H2, X1, 31		A, B ,C

Procedure Codes To Provider Types/Specialties/Diagnosis Codes

Procedure Code	Old Type of Service Code	New MOD	Procedure Code Description	Provider Types	Provider Specialties	Diagnosis Codes	Plan Code
99215	9		Established patient office visit	01, 03, 49, 58, 68	F2, N3, 08, 16, 11, 30, 02, H2, X1, 31		A, B ,C
99241	P	26	Consultation visit; 15 minutes face-to-face	01, 03	H2, X1, 02, 31		A, B ,C
99241	9		Consultation visit; 15 minutes face-to-face	01, 03	H2, X1, 02, 31		A, B ,C
99242	P	26	Consultation visit; 30 minutes face-to-face	01, 03	H2, X1, 02, 31		A, B ,C
99242	9		Consultation visit; 30 minutes face-to-face	01, 03	H2, X1, 02, 31		A, B ,C
99243	P	26	Consultation visit; 40 minutes face-to-face	01, 03	H2, X1, 02, 31		A, B ,C
99243	9		Consultation visit; 40 minutes face-to-face	01, 03	H2, X1, 02, 31		A, B ,C
99244	P	26	New or Established office consultations	01, 03	H2, X1, 02, 31		A, B ,C
99244	9		New or Established office consultations	01, 03	H2, X1, 02, 31		A, B ,C
99245	P	26	New or Established office consultations	01, 03	H2, X1, 02, 31		A, B ,C
99245	9		New or Established office consultations	01, 03	H2, X1, 02, 31		A, B ,C
ANESTHESIA FOR BREAST							
*00400	P	26	Mastectomy, Partial / without Nod Dissection / Breast Biopsy	01, 03, 05	05, C3, W6, W7	217, 610.0, 611.72, 611.0, 611.79, 785.6, 793.80, 793.81, 793.89, 174.0 -175.9, 233.0	A, B ,C
*00404	P	26	Radical or Modified Radical Procedures on Breast	01, 03, 05	05, C3, W6, W7	174.0 - 174.9, 233.0	A, C
*00406	P	26	Radical or modified Radical Procedures on Breast with internal mammary dissection (effective 01/01/07)	01, 03, 05	05, C3, W6, W7	174.0 - 174.9, 233.0	A, C
*01610	P	26	Axillary Dissection / Node Biopsy - any node biopsy including axillary (Requires Medicaid Denial - Call EDS for pre-approval)	01, 03, 05	05, C3, W6, W7	217, 611.72, 785.6, 782.2, 174.0 - 174.9, 233.0	A, C
*00532	P	26	Insertion of Venous Access Port	01, 03, 05	05, C3, W6, W7	622.12, 174.0 - 175.9, 180.0, 180.1, 180.8 ,180.9, 233.0, 233.1	A, C

Procedure Codes To Provider Types/Specialties/Diagnosis Codes

Procedure Code	Old Type of Service Code	New MOD	Procedure Code Description	Provider Types	Provider Specialties	Diagnosis Codes	Plan Code
ANESTHESIA FOR CERVICAL PROCEDURES							
*00840	P	26	Anesthesia for intraperitoneal procedures in lower abdomen (58150, 58180)	01, 03, 05	05, C3, W6, W7	622.12, 180.0, 180.1, 180.8, 180.9, 233.1	A, C
*00846	P	26	Radical hysterectomy (57531, 58210)	01, 03, 05	05, C3, W6, W7	622.12, 180.0, 180.1, 180.8, 180.9, 233.1	A, C
*00940	P	26	Anesthesia for vaginal procedures (57460, 57461, 57513, 57520, 57530, 57522)	01, 03, 05	05, C3, W6, W7	622.10, 622.12, 795.00, 795.02, 180.0, 180.1, 180.8, 180.9, 233.1	A, C
*00944	P	26	Vaginal Hysterectomy (58260) (effective 01/01/07)	01, 03, 05	05, C3, W6, W7	622.12, 180.0, 180.1, 180.8, 180.9, 233.1	A, C
CHEMO-THERAPY CODE							
*90765	P	26	IV Fluid, non chemo up to one hour (Not valid after 12/31/08)	01, 03	X1, H2, 16	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*90765	G		IV Fluid, non chemo up to one hour (Not valid after 12/31/08)	05	W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*90766	P	26	IV fluid, non chemo each additional hour up to 8 hours (Not valid after 12/31/08)	01, 03	X1, H2, 16	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*90766	G		IV fluid, non chemo each additional hour up to 8 hours (Not valid after 12/31/08)	05	W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*90767	P	26	IV Fluid, non chemo each additional sequential infusion up to one hour (Not valid after 12/31/08)	01, 03	X1, H2, 16	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*90767	G		IV Fluid, non chemo each additional sequential infusion up to one hour (Not valid after 12/31/08)	05	W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*96365	P	26	IV Fluid, non chemo up to one hour (replaces 90765 effective 01/01/09)	01, 03	X1, H2, 16	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*96365	G		IV Fluid, non chemo up to one hour (replaces 90765 effective 01/01/09)	05	W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*96366	P	26	IV fluid, non chemo each additional hour up to 8 hours (replaces 90766 effective 01/01/09)	01, 03	X1, H2, 16	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*96366	G		IV fluid, non chemo each additional hour up to 8 hours (replaces 90766 effective 01/01/09)	05	W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*96367	P	26	IV Fluid, non chemo each additional sequential infusion up to one hour (replaces 90767 effective 01/01/09)	01, 03	X1, H2, 16	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*96367	G		IV Fluid, non chemo each additional sequential infusion up to one hour (replaces 90767 effective 01/01/09)	05	W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C

Procedure Codes To Provider Types/Specialties/Diagnosis Codes

Procedure Code	Old Type of Service Code	New MOD	Procedure Code Description	Provider Types	Provider Specialties	Diagnosis Codes	Plan Code
*96409	P	26	Chemo, IV push up to one hour	01, 03	X1, H2, 16	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*96409	G		Chemo, IV push up to one hour	05	W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*96411	P	26	Chemo, IV push each additional hour	01, 03	X1, H2, 16	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*96411	G		Chemo, IV push each additional hour	05	W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*96413	P	26	Chemo, infusion up to one hour	01, 03	X1, H2, 16	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*96413	G		Chemo, infusion up to one hour	05	W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*96415	P	26	Chemo, infusion each additional hour up to 8 hours	01, 03	X1, H2, 16	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*96415	G		Chemo, infusion each additional hour up to 8 hours	05	W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*96417	P	26	Chemo, infusion each additional sequential infusion up to one hour	01, 03	X1, H2, 16	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*96417	G		Chemo, infusion each additional sequential infusion up to one hour	05	W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*J9000	P	26	Adrimycin, 10 mg	01, 03	X1, H2, 16	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*J9000	G		Adrimycin, 10 mg	05	W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*J9093	P	26	Cytosan, 1000 mg	01, 03	X1, H2, 16	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*J9093	G		Cytosan, 1000 mg	05	W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*J9094	P	26	Cytosan, 200 mg	01, 03	X1, H2, 16	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*J9094	G		Cytosan, 200 mg	05	W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*J9095	P	26	Cytosan, 500 mg	01, 03	X1, H2, 16	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*J9095	G		Cytosan, 500 mg	05	W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*J9096	P	26	Cytosan, 1 mg	01, 03	X1, H2, 16	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*J9096	G		Cytosan, 1 mg	05	W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C

Procedure Codes To Provider Types/Specialties/Diagnosis Codes

Procedure Code	Old Type of Service Code	New MOD	Procedure Code Description	Provider Types	Provider Specialties	Diagnosis Codes	Plan Code
*J9097	P	26	Cytosan, 2 mg	01, 03	X1, H2, 16	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*J9097	G		Cytosan, 2 mg	05	W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*J9060	P	26	Cisplatin 10 mg	01, 03	X1, H2, 16	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*J9060	G		Cisplatin 10 mg	05	W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*J9062	P	26	Cisplatin 50 mg	01, 03	X1, H2, 16	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*J9062	G		Cisplatin 50 mg	05	W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*J9170	P	26	Taxotere, 20 mg (effective 01/01/07)	01, 03	X1, H2, 16	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*J9170	G		Taxotere, 20 mg (effective 01/01/07)	05	W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*J9190	P	26	5FU 500 mg	01, 03	X1, H2, 16	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*J9190	G		5FU 500 mg	05	W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*J9250	P	26	Methotrexate, 5 mg	01, 03	X1, H2, 16	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*J9250	G		Methotrexate, 5 mg	05	W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*J2405	P	26	Zofran 1mg	01, 03	X1, H2, 16	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*J2405	G		Zofran 1mg	05	W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*J9265	P	26	Taxol 350 mg, premenopausal and node positive	01, 03	X1, H2, 16	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*J9265	G		Taxol 350 mg, premenopausal and node positive	05	W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*J1644	P	26	Heparin	01, 03, 49, 58, 68	F2, N3, 08, 16, 11, X1	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*J1644	G		Heparin	05	W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*J7050	P	26	Saline - (replaces J7051as of 01/01/06)	01, 03, 49, 58, 68	F2, N3, 08, 16, 11, X1	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*J7050	G		Saline - (replaces J7051as of 01/01/06)	05	W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C

Procedure Codes To Provider Types/Specialties/Diagnosis Codes

Procedure Code	Old Type of Service Code	New MOD	Procedure Code Description	Provider Types	Provider Specialties	Diagnosis Codes	Plan Code
RADIATION THERAPY CODES							
*20665	P	26	Removal of tongs or halo applied by another physician (effective 01/01/09)	01, 03	31	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*57155	P	26	Insertion of Tandem for brachytherapy	01, 03	31	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*57155	2		Insertion of Tandem for brachytherapy	05	W6	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*76950	P	26	Ultrasonic guidance for placement of radiation therapy fields (effective 01/01/09)	01, 03	31	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77002	P	26	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (effective 01/01/09)	01, 03	31	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77014	P	26	Guidance of placement of radiation therapy fields (effective 01/01/09)	01, 03	31	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77014	T	TC	Guidance of placement of radiation therapy fields (effective 01/01/09)	05, 10	W7, R9	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77014	C		Guidance of placement of radiation therapy fields (effective 01/01/09)	01, 03, 05, 10	31, W7, R9	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77261	P	26	Treatment Plan - simple (effective 01/01/09)	01, 03	31	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77262	P	26	Treatment Plan - intermediate (effective 01/01/09)	01, 03	31	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77263	P	26	Treatment Plan - complex	01, 03	31	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77280	P	26	Simulation - simple	01, 03	31	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77280	T	TC	Simulation - simple	1, 03, 05	R9, W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77280	C		Simulation - simple	01, 03, 10, 05	31, R9, W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77290	P	26	Simulation - complex	01, 03	31	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77290	T	TC	Simulation - complex	1, 03, 05	R9, W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77290	C		Simulation - complex	01, 03, 10, 05	31, R9, W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77295	P	26	Isodose Plan	01, 03	31	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C

Procedure Codes To Provider Types/Specialties/Diagnosis Codes

Procedure Code	Old Type of Service Code	New MOD	Procedure Code Description	Provider Types	Provider Specialties	Diagnosis Codes	Plan Code
*77295	T	TC	Isodose Plan	10, 05	R9, W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77295	C		Isodose Plan	01, 03, 10, 05	31, R9, W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77285	P	26	Simulation	01, 03	31	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77285	T	TC	Simulation	10, 05	R9, W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77285	C		Simulation	01, 03, 10, 05	31, R9, W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77300	P	26	Basic Dosimetry	01, 03	31	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77300	T	TC	Basic Dosimetry	1, 03, 05	R9, W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77300	C		Basic Dosimetry	01, 03, 10, 05	31, R9, W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77310	P	26	Isodose Plan	01, 03	31	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77310	T	TC	Isodose Plan	10, 05	R9, W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77310	C		Isodose Plan	01, 03, 10, 05	31, R9, W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77315	P	26	Isodose Dosimetry - complex	01, 03	31	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77315	T	TC	Isodose Dosimetry - complex	1, 03, 05	R9, W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77315	C		Isodose Dosimetry - complex	01, 03, 10, 05	31, R9, W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77321	P	26	Special teletherapy port plan, particles, hemi body, total body (effective 01/01/09)	01, 03	31	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77326	P	26	Brachytherapy isodose calculation: simple	01, 03	31	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77326	T	TC	Brachytherapy isodose calculation: simple	10, 05	R9, W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77326	C		Brachytherapy isodose calculation: simple	01, 03, 10, 05	31, R9, W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77327	P	26	Brachytherapy isodose distribution - intermediate	01, 03	31	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77327	T	TC	Brachytherapy isodose distribution - intermediate	10, 05	R9, W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C

Procedure Codes To Provider Types/Specialties/Diagnosis Codes

Procedure Code	Old Type of Service Code	New MOD	Procedure Code Description	Provider Types	Provider Specialties	Diagnosis Codes	Plan Code
*77327	C		Brachytherapy isodose distribution - intermediate	01, 03, 10, 05	31, R9, W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77328	P	26	Isodose Distribution	01, 03	31	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77328	T	TC	Isodose Distribution	10, 05	R9, W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77328	C		Isodose Distribution	01, 03, 10, 05	31, R9, W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77331	P	26	Diodes	01, 03	31	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77331	T	TC	Diodes	10, 05	R9, W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77331	C		Diodes	01, 03, 10, 05	31, R9, W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77332	P	26	Arm Board - simple	01, 03	31	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77332	T	TC	Arm Board - simple	1, 03, 05	R9, W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77332	C		Arm Board - simple	01, 03, 10, 05	31, R9, W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77333	P	26	Beam Splitter - intermediate	01, 03	31	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77333	T	TC	Beam Splitter - intermediate	1, 03, 05	R9, W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77333	C		Beam Splitter - intermediate	01, 03, 10, 05	31, R9, W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77334	P	26	Wedge - complex	01, 03	31	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77334	T	TC	Wedge - complex	1, 03, 05	R9, W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77334	C		Wedge - complex	01, 03, 10, 05	31, R9, W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77336	T	TC	Weekly Physics chart check	10, 05, 01	R9, W7, X1, H2, 31	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77370	T	TC	Physic Consult	10, 05	R9, W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77412	T	TC	Weekly Treatment	10, 05	R9, W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77413	T	TC	Weekly Treatment	01, 10, 05	R9, W7, 31, X1, H2	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C

Procedure Codes To Provider Types/Specialties/Diagnosis Codes

Procedure Code	Old Type of Service Code	New MOD	Procedure Code Description	Provider Types	Provider Specialties	Diagnosis Codes	Plan Code
*77414	T	TC	Weekly Treatment	10, 05	R9, W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77416	T	TC	Daily Treatment	10, 05, 01	R9, W7, X1, H2, 31	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77417	T	TC	Port Films	10, 05, 01	R9, W7, X1, H2, 31	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77418	T	TC	Intensity Modulated Treatment	10, 05	R9, W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77421	P	26	Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy (effective 01/01/09)	01, 03	31	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77427	P	26	Weekly Treatment	01, 03	31	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77432	P	26	Stereotactic radiation treatment management of cranial lesion(s) complete course of treatment consisting of 1 session (effective 01/01/09)	01, 03	31	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77470	P	26	Special Treatment Procedure	01, 03	31	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77470	T	TC	Special Treatment Procedure	10, 05	R9, W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77470	C		Special Treatment Procedure	01, 03, 10, 05	31, R9, W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77761	P	26	Treatment, 1-4 sources	01, 03	31	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77761	T	TC	Treatment, 1-4 sources	10, 05	R9, W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77761	C		Treatment, 1-4 sources	01, 03, 10, 05	31, R9, W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77762	P	26	Treatment, 5-10 sources	01, 03	31	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77762	T	TC	Treatment, 5-10 sources	10, 05	R9, W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77762	C		Treatment, 5-10 sources	01, 03, 10, 05	31, R9, W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77763	P	26	Treatment, over 10 sources	01, 03	31	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77763	T	TC	Treatment, over 10 sources	10, 05	R9, W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77763	C		Treatment, over 10 sources	01, 03, 10, 05	31, R9, W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C

Procedure Codes To Provider Types/Specialties/Diagnosis Codes

Procedure Code	Old Type of Service Code	New MOD	Procedure Code Description	Provider Types	Provider Specialties	Diagnosis Codes	Plan Code
*77776	P	26	Radiation source application, simple	01, 03	31	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77776	T	TC	Radiation source application, simple	10, 05	R9, W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77776	C		Radiation source application, simple	01, 03, 10, 05	31, R9, W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77778	P	26	Radiation source application, complex	01, 03	31	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77778	T	TC	Radiation source application, complex	10, 05	R9, W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77778	C		Radiation source application, complex	01, 03, 10, 05	31, R9, W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77781	P	26	Gammamed Treatment, 1-4 positions	01, 03	31	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77781	T	TC	Gammamed Treatment, 1-4 positions	10, 05	R9, W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77781	C		Gammamed Treatment, 1-4 positions	01, 03, 10, 05	31, R9, W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77782	P	26	Gammamed Treatment, 5-8 positions	01, 03	31	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77782	T	TC	Gammamed Treatment, 5-8 positions	10, 05	R9, W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77782	C		Gammamed Treatment, 5-8 positions	01, 03, 10, 05	31, R9, W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77783	P	26	Gammamed Treatment, 9-12 positions	01, 03	31	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77783	T	TC	Gammamed Treatment, 9-12 positions	10, 05	R9, W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77783	C		Gammamed Treatment, 9-12 positions	01, 03, 10, 05	31, R9, W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77784	P	26	Gammamed Treatment, over 12 positions	01, 03	31	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77784	T	TC	Gammamed Treatment, over 12 positions	10, 05	R9, W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77784	C		Gammamed Treatment, over 12 positions	01, 03, 10, 05	31, R9, W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77785	P	26	HDR BrachyTx, 1 channel (effective 01/01/09)	01, 03	31	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77785	T	TC	HDR BrachyTx, 1 channel (effective 01/01/09)	10, 05	R9, W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C

Procedure Codes To Provider Types/Specialties/Diagnosis Codes

Procedure Code	Old Type of Service Code	New MOD	Procedure Code Description	Provider Types	Provider Specialties	Diagnosis Codes	Plan Code
*77785	C		HDR BrachyTx, 1 channel (effective 01/01/09)	01, 03, 10, 05	31, R9, W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77786	P	26	HDR BrachyTx, 2-12 channels (effective 01/01/09)	01, 03	31	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77786	T	TC	HDR BrachyTx, 2-12 channels (effective 01/01/09)	10, 05	R9, W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77786	C		HDR BrachyTx, 2-12 channels (effective 01/01/09)	01, 03, 10, 05	31, R9, W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77787	P	26	HDR BrachyTx, over 12 channels (effective 01/01/09)	01, 03	31	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77787	T	TC	HDR BrachyTx, over 12 channels (effective 01/01/09)	10, 05	R9, W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77787	C		HDR BrachyTx, over 12 channels (effective 01/01/09)	01, 03, 10, 05	31, R9, W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77789	P	26	Surface application of radiation source (effective 01/01/09)	01, 03	31	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77790	P	26	Supervison, handling, loading of source	01, 03	31	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77790	T	TC	Supervison, handling, loading of source	10, 05	R9, W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
*77790	C		Supervison, handling, loading of source	01, 03, 10, 05	31, R9, W7	622.12, 174.0 -175.9, 180.0, 180.1, 180.8, 180.9, 233.0, 233.1	A, C
			* When billing BreastCare, these codes require specific diagnosis codes				
			Bolded procedure codes are for treatment only. Covered by BreastCare Medicaid. Unless client is denied Medicaid or not a US citizen then BreastCare will cover treatment.				