

## ULTRASOUND CATEGORY LIST

Updated: October 27, 2021

This list provides the fee items that are contained within the ultrasound categories. For complete fee item descriptions, please refer to the MSC Payment Schedule.

### CATEGORY I – OPHTHALMOLOGY (**Hospital Based Only**)

08641 – Ophthalmic B-scan

### CATEGORY II – OBSTETRICS & GYNECOLOGY

04680 – Guided amniocentesis

08651 – Obstetrical B-scan – 14 weeks gestation or over (for singles)

08652 – B scan, I.U.D. localization

08653 – Pelvic B-scan (male or female) to include uterus, ovaries, testes, and ovarian/scrotal doppler

08655 – Obstetrical B scan-less than 14 weeks

08657 – Chorionic villus sampling for ultrasonic guidance

86051 – Obstetrical B Scan – 14 weeks gestation or over (for multiples – each additional fetus)

### CATEGORY III – TRANS-THORACIC ECHOCARDIOGRAPHY (**Hospital Based Only**)

08638 – Echocardiogram-real time

08644 – Guided pericardiocentesis

08662 – Exercise echocardiography with pre and post-exercise echocardiogram of left ventricle with use of continuous loop and quad screen format analysis

08679 – Doppler echocardiography

33091 – Echocardiogram - 2-D/M-mode

### TRANS-ESOPHAGEAL ECHOCARDIOGRAPHY (**Hospital Based Only**)

33057 – Trans-Esophageal Echocardiography (Procedural Fee)

### CATEGORY IV – LIMITED ULTRASOUND

08642 – B scan soft tissues of neck

08645 – Thorax-B scan

08648 – Abdominal B-scan

08649 – Renal B scan

08651 – Obstetrical B scan-14 weeks gestation or over (for singles)

08652 – B scan I.U.D. localization

08653 – Pelvic B scan, non-obstetrical

08655 – Obstetrical B scan-less than 14 weeks

08658 – Extremity B scan

- 08684 – Prostate scan using rectal probe
- 86047 – Breast Sonogram – unilateral
- 86048 – Breast Sonogram – bilateral
- 86051 – 14 weeks gestation or over (for multiples – each additional fetus)

**CATEGORY IV (includes all Categories I, II, and Category IV Limited) Plus:**

- 08646 – Guided thoracentesis
- 08650 – Guidance for biopsy or cyst puncture
- 08659 – B scan brain
- 08899 – Misc. ultrasound

**DOPPLER STUDIES (Hospital Based Only - with the exception of the three (3) Non-Cardiac Doppler Fee Items indicated with an asterisk, which may also be approved in community imaging clinics)**

- 08399 – Penile blood flow-doppler evaluation
- 08660\* – Abdominal duplex – native/transplant liver/kidney
- 08664 – Doppler resting arterial assessment
- 08665 – Treadmill stress, with monitoring physician
- 08666 – Treadmill stress, without monitoring physician
- 08668 – Vasospastic assessment
- 08669 – Sympathetic tone response
- 08670\* – Peripheral venous – deep venous system
- 08676\* – Carotid imaging – duplex scanning of neck vessels
- 08677 – Periorbital assessments
- 08678 – Subclavian or vertebral assessment

**NUCHAL TRANSLUCENCY**

- 86055 – Obstetrical B Scan less than 14 weeks with Nuchal Translucency measurement (for singles)
- 86056 – Obstetrical B Scan less than 14 weeks with Nuchal Translucency measurement (for multiples – each additional fetus)