

BLUE CROSS HCPCS UPDATE



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The following sections describe deleted CPT and Level 2 (HCPCS) codes. Most of the deleted codes are listed with the 2008 cross reference code. This is not an all inclusive list.

Infusions and Injections

The following information has been added in the CPT 2008 section notes.

When these codes are reported **by the facility**, the following instructions apply. The initial code should be selected using a hierarchy whereby chemotherapy services are primary to therapeutic, prophylactic, and diagnostic services which are primary to hydration services. Infusions are primary to pushes, which are primary to injections. This hierarchy does not apply to physician reporting.

Hydration

90760 IV infusion hydration initial (Not a new code) ***The change with the code is in the instructions for using this code.***

- ***2008 report this code for infusions of 31 minutes to 1 hour***
- ***Do not report intravenous infusion for hydration of 30 minutes or less. (Note- if 30 minutes or less, no charge can be made for this service)***

Therapeutic, Prophylactic, and Diagnostic Injections and Infusions

90769 Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); initial, up to one hour, including pump setup and establishment of subcutaneous infusion site(s)

- *For infusions of 15 minutes or less, use 90772*

Blue Cross will implement a MAP similar to other infusion codes and limit the payment to one unit.

90770 Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)

- *Use 90770 in conjunction with 90769*
- *Use 90770 for infusion intervals of greater than 30 minutes beyond one hour increments*

Blue Cross will implement a MAP similar to other infusion codes and limit the payment to one unit.

90771 Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); **additional pump set-up** with establishment of new subcutaneous infusion site(s) (List separately in addition to code for primary procedure)

- Use 90771 in conjunction with 90769)
- Use 90769 and 90771 only once per encounter)

Blue Cross will implement a MAP similar to other infusion codes and limit the payment to one unit.

90776 IV push, each additional sequential intravenous push of the same substance/drug provided in a facility (List separately in addition to code for primary procedure)

- Do not report 90776 for a push performed within 30 minutes of a reported push of the same substance or drug
- 90776 may be reported by facilities only

Blue Cross will implement a MAP similar to other infusion codes and limit the payment to one unit.

IV/Injection Heirarchy and codes

The initial CPT code that should be reported according to the 2008 CPT facility hierarchy guidelines:

First consideration:

#1-Chemotherapy services

#2-Therapeutic, diagnostic, prophylactic services

#3-Hydration

Second consideration:

#1-Infusion

#2-Push

#3-Injection

2008 CPT Codes (Medicare and Blue Cross)
90760 -Intravenous infusion, hydration, initial, up to 1 hour
90761 -Intravenous infusion, hydration, Each additional hour
90765 - Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour
90766 - Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug)
90767 - Additional sequential infusion, up to 1 hour
90768 - Concurrent infusion
90769 Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); initial, up to one hour, including pump setup and establishment of subcutaneous infusion site(s) <i>For infusions of 15 minutes or less, use 90772</i>

<p>90770 Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)</p> <ul style="list-style-type: none"> • Use 90770 in conjunction with 90769 • Use 90770 for infusion intervals of greater than 30 minutes beyond one hour increments
<p>90771 Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); additional pump set-up with establishment of new subcutaneous infusion site(s) (List separately in addition to code for primary procedure)</p> <ul style="list-style-type: none"> • Use 90771 in conjunction with 90769) • Use 90769 and 90771 only once per encounter)
<p>90772 - Therapeutic, prophylactic or diagnostic injection (specify) substance or drug); subcutaneous or intramuscular</p>
<p>90773 - Therapeutic, prophylactic or diagnostic injection (specify) substance or drug): intra-arterial</p>
<p>90774 -Therapeutic, prophylactic or diagnostic injection (specify) substance or drug) intravenous push, single or initial substance/drug</p>
<p>90775 - Therapeutic, prophylactic or diagnostic injection (specify) substance or drug); each additional sequential intravenous push of a new substance/drug</p>
<p>90776 IV push, each additional sequential intravenous push of the same substance/drug provided in a facility (List separately in addition to code for primary procedure)</p> <ul style="list-style-type: none"> • For a push performed within Do not report 90776 for a push performed within 30 minutes of a reported push of the same substance or drug) • 90776 may be reported by facilities only
<p>90779 - Unlisted therapeutic, prophylactic or diagnostic intravenous or intra-arterial injection or infusion</p>
<p>C8957 (Intravenous infusion for therapy/diagnosis; initiation of prolonged infusion (more than 8 hours), requiring use of portable or implantable pump)</p>
<p>2008 Chemotherapy HCPCS</p>
<p>96401 - Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic</p>
<p>96402 - Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic</p>
<p>96405 - Chemotherapy administration, intralesional, up to and including 7 lesions</p>
<p>96406 - Chemotherapy administration Intralesional, more than 7 lesions</p>
<p>96409 - Chemotherapy administration, intravenous, push technique, single or initial substance/drug</p>
<p>96411 - Chemotherapy administration, intravenous, push technique, each additional substance/drug(List separately in addition to code for primary procedure)</p>
<p>96413 - Chemotherapy administration; intravenous technique; up to 1 hour, single or initial substance/drug</p>
<p>96415 - Chemotherapy administration; intravenous technique each additional hour,</p>
<p>96416 - Chemotherapy administration; intravenous technique initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump)</p>
<p>96417 - Chemotherapy administration; intravenous technique each additional sequential infusion (different substance or drug, up to 1 hour) List separately in addition to code for primary procedure</p>

96420 - Chemotherapy administration, intra-arterial; push technique
96422 - Chemotherapy administration, intra-arterial; infusion technique, up to 1 hour
96423 - Chemotherapy administration, intra-arterial infusion technique; each additional hour
96425 - Chemotherapy administration, intra-arterial; infusion technique, initiation of prolonged infusion (more than 8 hours) requiring use of portable or implantable pump
96440 - Chemotherapy administration, into plural cavity, requiring and including thoracentesis
96445 - Chemotherapy administration, into peritoneal cavity, requiring and including peritoneocentesis
96450 - Chemotherapy administration, into CNS (e.g., intrathecal), requiring and including spinal puncture
96521 - Refilling and maintenance of portable pump
96522 - Refilling and maintenance of portable or implantable pump or reservoir for drug delivery systemic (e.g., intravenous, intra-arterial)
96523- Irrigation of implanted venous access device for drug delivery systems
96542 - Chemo injection subarachnoid or intraventricular via subcutaneous reservoir, single or multiple agents
96549 – Unlisted chemotherapy procedure

Use the information in the hierarchy and codes for the following examples.

Example 1

Multiple infusion, Therapeutic

2 hours (10 a.m. to 12 p.m.) of Subcutaneous infusion was administered for pain medication, then one hour of hydration was administered.

According to the hierarchy guidelines:

- Only one initial code
- Therapeutic/prophylactic/diagnostic is primary to hydration

CPT coding

90769- 1 unit

90770- 1 unit

90761- 1 unit

Service

Subcutaneous infusion initial up to 1 hour

Subcutaneous infusion each additional hour

IV hydration each additional hour

Example 2

Multiple Infusion-Therapeutic and push

The patient received an IV therapeutic drug infusion (1 hour) and an IV push for a different non-chemotherapy drug on the same day.

When multiple infusions, injections or combinations are administered, only one initial code can be reported.

According to the hierarchy guidelines:

- Only one initial code
- both drugs were therapeutic
- Infusions are primary over a push

<u>CPT coding</u>	<u>Service</u>
90765 - 1 unit	Intravenous infusion, for therapy, prophylaxis, or diagnosis; initial, up to 1 hour (First drug/first hour)
90775 – 1 unit	Therapeutic, prophylactic or diagnostic injection; each additional sequential intravenous push of a new substance/drug

Example 3

Multiple infusion, Therapeutic and Hydration

Hydration therapy was provided from 1:00p.m. - 2:15 p.m.

IV Piggyback of an antibiotic was provided from 2:16 p.m. - 3:25 p.m.

When multiple infusions, injections or combinations are administered, only one initial code can be reported.

According to the hierarchy guidelines:

- Only one initial code
- Therapeutic is primary to hydration

<u>CPT coding</u>	<u>Service</u>
90765 – 1 unit	Intravenous infusion, for therapy, prophylaxis, or Diagnosis; initial, up to 1 hour
90761 – 1 unit	Intravenous infusion, hydration, each additional hour

Example 4

Multiple infusion Therapeutic ,IV Push, IM Injection

IVPB therapeutic drug provided for 2 hours.

Two IV push administrations were performed. Both were the same drug, one at 12:00 and one at 1:00.

The patient also received an IM injection.

When multiple infusions, injections or combinations are administered, only one initial code can be reported.

According to the hierarchy guidelines:

- Only one initial code
- All drugs were Therapeutic/prophylactic
- Infusions are primary to a push
- Push is primary to IM injection
- The additional push can be billed since documentation supports 30 minutes elapsed between each IV push administration.

<u>CPT coding</u>	<u>Service</u>
90765 – 1 unit	Intravenous infusion, for therapy, prophylaxis, or diagnosis; initial, up to 1 hour
90766 – 1unit	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug) Each additional hour
90775 – 1 unit	Therapeutic, prophylactic or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug
90776– 1 unit	Each additional sequential IV push of the same substance/drug
90772 – 1 unit	Therapeutic, prophylactic or diagnostic injection (specify substance or drug); subcutaneous or intramuscular

Example 5

Multiple infusion/injections Therapeutic Hydration and Chemotherapy

IV hydration 45 minutes
 Intramuscular injection
 IV Piggyback antiemetic 95 minutes
 Chemotherapy IV infusion 50 minutes

The hierarchy would be selected as follows:

- Chemotherapy will be selected as the initial code-96413
- Antiemetic IV infusion is next using 90767 as sequential IV for the first hour
- The additional hour would be reported with 90766,
- Hydration would be reported as 90761
- IM injection would be reported as 90772

<u>CPT coding</u>	<u>Service</u>
96413 – 1 unit -	Chemotherapy administration; intravenous technique; up to 1 hour, single or initial substance/drug
90767 – 1 unit	Intravenous infusion, for therapy, prophylaxis, or diagnosis; sequential IV initial, up to 1 hour
90766– 1 unit	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug) Each additional hour
90761 – 1unit	Intravenous infusion, hydration, Each additional hour
90772 – 1 unit	Therapeutic, prophylactic or diagnostic injection (specify substance or drug); subcutaneous or intramuscular

Example 6

Multiple Push and Injection

IV push of a therapeutic drug #1 x 1.

IV push of a therapeutic drug #2 x 2. The time for each states 10:00 and 10:15

Subcutaneous injection x 2, 9:00 and 9:30

The hierarchy would be selected as follows:

- Push is primary over SQ/IM injections
- The additional sequential IV push of the same substance/drug cannot be billed since documentation does not support 30 minutes elapsed between each IV push administration.

CPT coding

Service

90774 – 1 unit	Therapeutic, prophylactic or diagnostic injection (specify substance or drug) intravenous push, single or initial substance/drug
90775 – 1 unit	Therapeutic, prophylactic or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug
90772 – 2 units	Therapeutic, prophylactic or diagnostic injection (specify substance or drug); subcutaneous or intramuscular

Surgical Services

Code	Short Description	Cross Reference code	Cross reference code-2008 Blue Cross MAP
24350	Repair of tennis elbow	See 24357-24359	Yes
24351	Repair of tennis elbow	See 24357-24359	Yes
24352	Repair of tennis elbow	See 24357-24359	Yes
24354	Repair of tennis elbow	See 24357-24359	Yes
24356	Revision of tennis elbow	See 24357-24359	Yes
32000	Drainage of chest	Use 32421	Yes
32002	Treatment of collapsed lung	Use 32422	Yes
32005	Treat lung lining chemically	Use 32560	No
32019	Insert pleural catheter	Use 32550	No
32020	Insertion of chest tube	Use 32551	No
43750	Place gastrostomy tube	Use 43246 (43246 is not a new code)	Yes
47719	Fusion of bile duct cyst	No cross reference code found	
49200	Removal of abdominal lesion	See 49203	No

Code	Short Description	Cross Reference code	Cross reference code-2008 Blue Cross MAP
49201	Remove abdom lesion, complex	See 49204-49205, 58957, 58958	No
51000	Aspiration of bladder by needle	Use 51100	No
51005	Aspiration of bladder; by trocar or intracatheter	Use 51101	No
51010	Aspiration of bladder; with insertion of suprapubic catheter	Use 51102	No
52510	Dilation prostatic urethra	No cross reference code found	
60001	Aspirate/inject thyroid cyst	Use 60300	Yes
67038	Strip retinal membrane	See 67041, 67042, 67043	No

Blood collection

Deleted Codes

Code	Short Description	Cross Reference code
36540	Collect blood venous device	Use 36591
36550	Declot vascular device	Use 36593

New Codes

Code	Description	2008 Blue Cross MAP
36591	Collection of blood specimen from a completely implantable venous access device	Yes
36592	Collection of blood specimen using established central or peripheral catheter, venous, not otherwise classified (For blood collection from an established arterial catheter, use 37790)	No
36593	Declot vascular device	NO

Bone Marrow or Stem Cell Services/Procedures

Code	Short Description	Cross Reference code	Cross reference code-2008 Blue Cross MAP
G0265	Cryopresevation Freeze+stora	See 38207, 38208, 38209	No
G0266	Thawing + expansion froz cel	See 38207,38208, 38209	No
G0267	Bone marrow or psc harvest	See 38210-38215	No

Single and dual chamber cardioverterdefibrillators (ICDs) with and without leads

The HCPCS below were originally developed for Medicare facility billing. In 2008 these codes will be deleted and facilities will use CPT codes. The cross reference codes listed are not new CPT codes.

Code	Short Description	Cross Reference code	Cross reference code-2008 Blue Cross MAP
G0297	Insert single chamber/cd	See 33240	Yes
G0298	Insert dual chamber/cd	See 33240	Yes
G0299	Inser/repos single icd+leads	See 33249	Yes
G0300	Insert reposit lead dual+gen	See 33249	Yes

Radiology

Code	Short Description	Cross Reference code	Cross reference code-2008 Blue Cross MAP
74350	X-ray guide, stomach tube	Use 49440	No
78615	Cerebral vascular flow image	Use 78610	No

MRI***Deleted Codes***

Code	Short Description	Cross Reference code
75552	Heart mri for morph w/o dye	See 75557-75564
75553	Heart mri for morph w/dye	See 75557-75564
75554	Cardiac MRI/function	See 75557-75564
75555	Cardiac MRI/limited study	See 75557-75564
75556	Cardiac MRI/flow mapping	See 75557-75564

Blue Cross has a **Cardiovascular Magnetic Resonance (CMR)** policy that applies to both new and deleted codes. For more information go to: [http://www.bcbsks.com/Customerservice/Providers/MedicalPolicies/institutional/policies/11-07 CMV.pdf](http://www.bcbsks.com/Customerservice/Providers/MedicalPolicies/institutional/policies/11-07_CMV.pdf)

MRI

New codes

Code	Short Description	2008 Blue Cross MAP
75557	Cardiac mri for morph	Yes
75558	Cardiac mri flow/velocity	Yes
75559	Cardiac mri w/stress img	Yes
75560	Cardiac mri flow/vel/stress	Yes
75561	Cardiac mri for morph w/dye	Yes
75562	Card mri flow/vel w/dye	Yes
75563	Card mri w/stress img & dye	Yes
75564	Ht mri w/flo/vel/strs & dye	Yes

Lab services- *New codes and deleted codes with Cross reference*

New Codes

Code	Short Description	2008 Blue Cross MAP
80047	Metabolic panel ionized ca	Yes
82610	Cystatin c	Experimental & Investigational
83993	Assay for calprotectin fecal	Experimental & Investigational
84704	Hcg, free betachain test	No
86356	Mononuclear cell antigen	No
86486	Skin test, nos antigen	No
87500	Vanomycin, dna, amp probe	No
87809	Adenovirus assay w/optic	No
88381	Microdissection, manual	No
89322	Semen anal, strict criteria	No
89331	Retrograde ejaculation anal	No

Deleted code

Code	Description	Cross Reference
86586	Skin test, unlisted	See 86486

New Device codes

Code	Short Description	2008 Blue Cross MAP
A4648	Implantable tissue marker	No
A4650	Implant radiation dosimeter	No
A5083	Stoma absorptive cover	No

Deleted code

Code	Short Description	Cross Reference code
C1829	Implantable tissue cover	See A4648

Deleted Drugs/Biologicals/Radiopharmaceutical

Code	Description	Cross Reference
A9565	In111 pentetretotide	See A9572
C9232	Injection, idursulfase	See J1743
C9233	Injection, ranibizumab	See J2778
C9234	Inj, alglucosidase alfa	See J0220
C9235	Injection, panitumumab	See J9303
C9236	Injection, eculizumab	See J1300
C9238	Inj, levetiracetam	See J1743
C9239	Inj, temsirolimus	See J2778
C9351	Acellular derm tissue percm2	See J7348, J7349
Q4079	Natalizumab injection	See J2323
Q4083	Hyalgan/supartz inj per dose	See J7321
Q4084	Synvisc inj per dose	See J7322
Q4085	Euflexxa inj per dose	See J7323
Q4086	Orthovisc inj per dose	See J7324
Q4089	Rhophylac injection	See J2791
Q4095	Reclast injection	See J3488
Q9945	LOCM <= 149 mg/ml iodine, 1ml	See Q9965
Q9946	LOCM 150-199mg/ml iodine, 1ml	See Q9965

New Drugs, Biologicals and Radiopharmaceuticals

Code	Description	2008 Blue Cross MAP
A9501	Technetium TC-99m teboroxime, diagnostic per study dose	Yes
A9509	Iodine i-123 sodium iodide, diagnostic, per millicurie	Yes
A9569	Technetium tc-99m exametazime labeled autologous white blood cells, diagnostic, Per Study Dose	No

A9570	Indium in-111 labeled autologous white blood cells, diagnostic, per study dose	No
A9571	Indium in-111 labeled autologous platelets, diagnostic, per study dose	No
A9572	Indium in-111 pentetretotide, diagnostic, per study dose, up to 6 millicuries	No
A9576	Injection, gadoteridol, (prohance multipack), per ml	No
A9577	Injection, gadobenate dimeglumine (multihance), per ml	No
A9578	Injection, gadobenate dimeglumine (multihance multipack), per ml	No
C9350	Porous collagen tube per cm	No
C9352	Microporous collagen implantable tube (neuragen nerve guide), per centimeter	No
C9353	Microporous collagen implantable slit tube (neurawrap nerve protector), per centimeter	No
J0220	Aglucosidase alfa injection, 10 mg	No
J0400	Aripiprazole injection, 0.25 mg	No
J1300	Eculizumab injection, 10 mg	No
J1743	Idursulfase injection, 1 mg	No
J2323	Natalizumab injection, 1 mg	No
J2724	Protein C concentrate, IV, Human, 10 IU	No
J2778	Ranibizumab injection, 0.1 mg	No
J2791	Rhophylac Immune Globulin, (Human), IM or IV, 100 IU	Yes
J3488	Reclast injection, 1 mg	Yes
J7307	Contraceptive Etonogestrel implant system, including implant & supply	No
J7321	Hyalgan/supartz inj per dose, for intra-articular injection	Yes
J7322	Synvisc inj per dose, for intra-articular injection	Yes
J7323	Euflexxa inj per dose, for intra-articular injection	Yes
J7324	Orthovisc inj per dose, for intra-articular injection	Yes
J7347	Integra matrix tissue, non-human per sq centimeter	No
J7348	Tissuemend tissue, non-human, per sq centimeter	No
J7349	Primatrix tissue, non-human, per sq centimeter	No
J9226	Supprelin LA implant, 50 mg	No
J9303	Panitumumab injection, 10 mg	No

Immune Globulin

There is a Medical Policy for Blue Cross and Blue Shield of Kansas for this service. All therapy must be reviewed prior to treatment. For details go to:

http://www.bcbsks.com/CustomService/Providers/MedicalPolicies/institutional/policies/3-07_ImmuneGlobulin.pdf

Deleted codes

Code	Description	Cross reference code
J1567	Immune globulin, injection, non-lyophilized liquid	See J1561-J1572
Q4087	Octagam injection, IVIG, liquid, 500 mg	See J1568
Q4088	Gammagard liquid injection, IVIG, 500 mg	see J1569
Q4090	HepaGam B IM injection, 0.5 ml	See J1571
Q4091	Flebogamma injection, IVIG, liquid, 500 mg	See J1572
Q4092	Gamunex injection, IVIG, liquid, 500 mg	See J1561

New Codes

Code	Description	2008 Blue Cross MAP
J1561	IVIG *Gamunex injection, liquid, 500 mg	Yes
J1568	IVIG Octagam injection, liquid, 500 mg	Yes
J1569	IVIG Gammagard liquid injection, liquid, 500 mg	Yes
J1571	IVIG HepaGam B IM injection, 0.5 ml	No
J1572	IVIG Flebogamma injection, liquid, 500 mg	Yes
J1573	IVIG Hepagam B intravenous, inj, 0.5 ml	No

LOCM New and deleted codes

Units should be billed according to the number of mls administered.

Deleted

Code	Description	Cross Reference Code
Q9945	LOCM <= 149 mg/ml iodine, 1ml	See Q9965
Q9946	LOCM 150-199mg/ml iodine, 1ml	See Q9965
Q9947	LOCM 200-249mg/ml iodine, 1ml	See Q9966
Q9948	LOCM 250-299mg/ml iodine, 1ml	See Q9966
Q9949	LOCM 300-349mg/ml iodine, 1ml	See Q9967
Q9950	LOCM 350-399mg/ml iodine, 1ml	See Q9967

New

Code	Description	2008 Blue Cross MAP
Q9965	LOCM 100-199mg/ml iodine,1ml	Yes
Q9966	LOCM 200-299mg/ml iodine,1ml	Yes
Q9967	LOCM 300-399mg/ml iodine,1ml	Yes

MRI contrast material-GADOLINIUM-BASED**Deleted**

Code	Description	2008 Blue Cross MAP
Q9952	Inj Gad-base MR contrast,1ml	See A9579

New

Code	Description	2008 Blue Cross MAP
A9579	Gad-base MR contrast NOS,1ml	No

Echocardiography with Contrast- New Codes

These codes were added upon CMS request. Echocardiography CPT codes describe services without contrast. The codes below should be used when they are performed with contrast. **The contrast material should be billed on a separate line.**

Code	Description	2008 Blue Cross MAP
C8921	Transthoracic echocardiography for congenital cardiac anomalies; complete with contrast	Yes
C8922	Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study with contrast	Yes
C8923	Echocardiography, transthoracic, real-time with image documentation (2D) with or without M-mode recording; complete with contrast	Yes
C8924	Echocardiography, transthoracic, real-time with image documentation (2D) with or without M-mode recording; follow-up or limited study with contrast	Yes
C8925	Echocardiography, transesophageal, real time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report with contrast	Yes

C8926	'Transesophageal echocardiography (tee) with contrast for congenital cardiac 'anomalies; including probe placement, image acquisition, interpretation and report with contrast	Yes
C8927	Transesophageal echocardiography (tee) with contrast for monitoring purposes, 'including probe placement, real time 2-dimensional image acquisition and 'interpretation leading to ongoing (continuous) assessment of (dynamically 'changing) cardiac pumping function and to therapeutic measures on an immediate Time Basis with contrast	Yes
C8928	Transthoracic echocardiography real-time with image documentation (2d), with or without m-mode recording, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report , with contrast	Yes