

## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
70010	MYELOGRAPHY, POSTERIOR FOSSA, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$196.68	7/1/2019	12/31/2382
70010	MYELOGRAPHY, POSTERIOR FOSSA, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$64.13	7/1/2019	12/31/2382
70010	MYELOGRAPHY, POSTERIOR FOSSA, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$147.81	7/1/2019	12/31/2382
70015	CISTERNOGRAPHY, POSITIVE CONTRAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$196.68	7/1/2019	12/31/2382
70015	CISTERNOGRAPHY, POSITIVE CONTRAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$64.13	7/1/2019	12/31/2382
70015	CISTERNOGRAPHY, POSITIVE CONTRAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$46.34	7/1/2019	12/31/2382
70030	RADIOLOGIC EXAMINATION, EYE, FOR DETECTION OF FOREIGN BODY		\$49.20	7/1/2019	12/31/2382
70030	RADIOLOGIC EXAMINATION, EYE, FOR DETECTION OF FOREIGN BODY	26	\$9.30	7/1/2019	12/31/2382
70030	RADIOLOGIC EXAMINATION, EYE, FOR DETECTION OF FOREIGN BODY	50	\$49.20	7/1/2019	12/31/2382
70030	RADIOLOGIC EXAMINATION, EYE, FOR DETECTION OF FOREIGN BODY	TC	\$14.44	7/1/2019	12/31/2382
70100	RADIOLOGIC EXAMINATION, MANDIBLE; PARTIAL, LESS THAN FOUR VIEWS		\$49.20	7/1/2019	12/31/2382
70100	RADIOLOGIC EXAMINATION, MANDIBLE; PARTIAL, LESS THAN FOUR VIEWS	26	\$9.83	7/1/2019	12/31/2382
70100	RADIOLOGIC EXAMINATION, MANDIBLE; PARTIAL, LESS THAN FOUR VIEWS	TC	\$18.13	7/1/2019	12/31/2382
70110	RADIOLOGIC EXAMINATION, MANDIBLE; COMPLETE, MINIMUM OF FOUR VIEWS		\$49.20	7/1/2019	12/31/2382
70110	RADIOLOGIC EXAMINATION, MANDIBLE; COMPLETE, MINIMUM OF FOUR VIEWS	26	\$13.37	7/1/2019	12/31/2382
70110	RADIOLOGIC EXAMINATION, MANDIBLE; COMPLETE, MINIMUM OF FOUR VIEWS	TC	\$21.38	7/1/2019	12/31/2382
70120	RADIOLOGIC EXAMINATION, MASTOIDS; LESS THAN THREE VIEWS PER SIDE		\$49.20	7/1/2019	12/31/2382

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70120	RADIOLOGIC EXAMINATION, MASTOIDS; LESS THAN THREE VIEWS PER SIDE	26	\$9.83	7/1/2019	12/31/2382
70120	RADIOLOGIC EXAMINATION, MASTOIDS; LESS THAN THREE VIEWS PER SIDE	TC	\$21.38	7/1/2019	12/31/2382
70130	RADIOLOGIC EXAMINATION, MASTOIDS; COMPLETE, MINIMUM OF THREE VIEWS PER SIDE		\$49.20	7/1/2019	12/31/2382
70130	RADIOLOGIC EXAMINATION, MASTOIDS; COMPLETE, MINIMUM OF THREE VIEWS PER SIDE	26	\$17.92	7/1/2019	12/31/2382
70130	RADIOLOGIC EXAMINATION, MASTOIDS; COMPLETE, MINIMUM OF THREE VIEWS PER SIDE	TC	\$26.97	7/1/2019	12/31/2382
70134	RADIOLOGIC EXAMINATION, INTERNAL AUDITORY MEATI, COMPLETE		\$83.74	7/1/2019	12/31/2382
70134	RADIOLOGIC EXAMINATION, INTERNAL AUDITORY MEATI, COMPLETE	26	\$17.92	7/1/2019	12/31/2382
70134	RADIOLOGIC EXAMINATION, INTERNAL AUDITORY MEATI, COMPLETE	TC	\$25.30	7/1/2019	12/31/2382
70140	RADIOLOGIC EXAMINATION, FACIAL BONES; LESS THAN THREE VIEWS		\$49.20	7/1/2019	12/31/2382
70140	RADIOLOGIC EXAMINATION, FACIAL BONES; LESS THAN THREE VIEWS	26	\$10.14	7/1/2019	12/31/2382
70140	RADIOLOGIC EXAMINATION, FACIAL BONES; LESS THAN THREE VIEWS	TC	\$21.38	7/1/2019	12/31/2382
70150	RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE, MINIMUM OF THREE VIEWS		\$49.20	7/1/2019	12/31/2382
70150	RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE, MINIMUM OF THREE VIEWS	26	\$14.00	7/1/2019	12/31/2382
70150	RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE, MINIMUM OF THREE VIEWS	LT	\$49.20	7/1/2019	12/31/2382
70150	RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE, MINIMUM OF THREE VIEWS	RT	\$49.20	7/1/2019	12/31/2382
70150	RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE, MINIMUM OF THREE VIEWS	TC	\$26.97	7/1/2019	12/31/2382
70160	RADIOLOGIC EXAMINATION, NASAL BONES, COMPLETE, MINIMUM OF THREE VIEWS		\$49.20	7/1/2019	12/31/2382
70160	RADIOLOGIC EXAMINATION, NASAL BONES, COMPLETE, MINIMUM OF THREE VIEWS	26	\$9.15	7/1/2019	12/31/2382
70160	RADIOLOGIC EXAMINATION, NASAL BONES, COMPLETE, MINIMUM OF THREE VIEWS	LT	\$49.20	7/1/2019	12/31/2382
70160	RADIOLOGIC EXAMINATION, NASAL BONES, COMPLETE, MINIMUM OF THREE VIEWS	RT	\$49.20	7/1/2019	12/31/2382
70160	RADIOLOGIC EXAMINATION, NASAL BONES, COMPLETE, MINIMUM OF THREE VIEWS	TC	\$18.13	7/1/2019	12/31/2382
70170	DACRYOCYSTOGRAPHY, NASOLACRIMAL DUCT, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$232.98	7/1/2019	12/31/2382
70170	DACRYOCYSTOGRAPHY, NASOLACRIMAL DUCT, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$15.31	7/1/2019	12/31/2382
70170	DACRYOCYSTOGRAPHY, NASOLACRIMAL DUCT, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$32.24	7/1/2019	12/31/2382

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Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
70190	RADIOLOGIC EXAMINATION; OPTIC FORAMINA		\$49.20	7/1/2019	12/31/2382
70190	RADIOLOGIC EXAMINATION; OPTIC FORAMINA	26	\$11.44	7/1/2019	12/31/2382
70190	RADIOLOGIC EXAMINATION; OPTIC FORAMINA	TC	\$21.38	7/1/2019	12/31/2382
70200	RADIOLOGIC EXAMINATION; ORBITS, COMPLETE, MINIMUM OF FOUR VIEWS		\$49.20	7/1/2019	12/31/2382
70200	RADIOLOGIC EXAMINATION; ORBITS, COMPLETE, MINIMUM OF FOUR VIEWS	26	\$14.98	7/1/2019	12/31/2382
70200	RADIOLOGIC EXAMINATION; ORBITS, COMPLETE, MINIMUM OF FOUR VIEWS	TC	\$26.97	7/1/2019	12/31/2382
70210	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, LESS THAN THREE VIEWS		\$49.20	7/1/2019	12/31/2382
70210	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, LESS THAN THREE VIEWS	26	\$9.15	7/1/2019	12/31/2382
70210	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, LESS THAN THREE VIEWS	TC	\$21.38	7/1/2019	12/31/2382
70220	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, COMPLETE, MINIMUM OF THREE VIEWS		\$49.20	7/1/2019	12/31/2382
70220	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, COMPLETE, MINIMUM OF THREE VIEWS	26	\$13.38	7/1/2019	12/31/2382
70220	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, COMPLETE, MINIMUM OF THREE VIEWS	TC	\$26.97	7/1/2019	12/31/2382
70240	RADIOLOGIC EXAMINATION, SELLA TURCICA		\$49.20	7/1/2019	12/31/2382
70240	RADIOLOGIC EXAMINATION, SELLA TURCICA	26	\$10.39	7/1/2019	12/31/2382
70240	RADIOLOGIC EXAMINATION, SELLA TURCICA	TC	\$14.44	7/1/2019	12/31/2382
70250	RADIOLOGIC EXAMINATION, SKULL; LESS THAN FOUR VIEWS, WITH OR WITHOUT STEREO		\$49.20	7/1/2019	12/31/2382
70250	RADIOLOGIC EXAMINATION, SKULL; LESS THAN FOUR VIEWS, WITH OR WITHOUT STEREO	26	\$13.01	7/1/2019	12/31/2382
70250	RADIOLOGIC EXAMINATION, SKULL; LESS THAN FOUR VIEWS, WITH OR WITHOUT STEREO	TC	\$21.38	7/1/2019	12/31/2382
70260	RADIOLOGIC EXAMINATION, SKULL; COMPLETE, MINIMUM OF FOUR VIEWS, WITH OR WITHOUT STEREO		\$83.74	7/1/2019	12/31/2382
70260	RADIOLOGIC EXAMINATION, SKULL; COMPLETE, MINIMUM OF FOUR VIEWS, WITH OR WITHOUT STEREO	26	\$17.92	7/1/2019	12/31/2382
70260	RADIOLOGIC EXAMINATION, SKULL; COMPLETE, MINIMUM OF FOUR VIEWS, WITH OR WITHOUT STEREO	TC	\$30.56	7/1/2019	12/31/2382
70300	RADIOLOGIC EXAMINATION, TEETH; SINGLE VIEW		\$54.08	7/1/2019	12/31/2382
70300	RADIOLOGIC EXAMINATION, TEETH; SINGLE VIEW	26	\$5.37	7/1/2019	12/31/2382
70300	RADIOLOGIC EXAMINATION, TEETH; SINGLE VIEW	TC	\$8.85	7/1/2019	12/31/2382
70310	RADIOLOGIC EXAMINATION, TEETH; PARTIAL EXAMINATION, LESS THAN FULL MOUTH		\$54.08	7/1/2019	12/31/2382
70310	RADIOLOGIC EXAMINATION, TEETH; PARTIAL EXAMINATION, LESS THAN FULL MOUTH	26	\$8.33	7/1/2019	12/31/2382

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70310	RADIOLOGIC EXAMINATION, TEETH; PARTIAL EXAMINATION, LESS THAN FULL MOUTH	TC	\$14.44	7/1/2019	12/31/2382
70320	RADIOLOGIC EXAMINATION, TEETH; COMPLETE, FULL MOUTH		\$54.08	7/1/2019	12/31/2382
70320	RADIOLOGIC EXAMINATION, TEETH; COMPLETE, FULL MOUTH	26	\$11.94	7/1/2019	12/31/2382
70320	RADIOLOGIC EXAMINATION, TEETH; COMPLETE, FULL MOUTH	TC	\$26.97	7/1/2019	12/31/2382
70328	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; UNILATERAL		\$49.20	7/1/2019	12/31/2382
70328	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; UNILATERAL	26	\$9.83	7/1/2019	12/31/2382
70328	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; UNILATERAL	TC	\$17.12	7/1/2019	12/31/2382
70330	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; BILATERAL		\$49.20	7/1/2019	12/31/2382
70330	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; BILATERAL	26	\$13.01	7/1/2019	12/31/2382
70330	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; BILATERAL	TC	\$28.64	7/1/2019	12/31/2382
70332	TEMPOROMANDIBULAR JOINT ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$235.57	7/1/2019	12/31/2382
70332	TEMPOROMANDIBULAR JOINT ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$28.27	7/1/2019	12/31/2382
70332	TEMPOROMANDIBULAR JOINT ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$71.73	7/1/2019	12/31/2382
70336	MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JOINT		\$343.96	7/1/2019	12/31/2382
70336	MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JOINT	26	\$48.97	7/1/2019	12/31/2382
70336	MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JOINT	TC	\$382.71	7/1/2019	12/31/2382
70350	CEPHALOGRAM, ORTHODONTIC		\$49.20	7/1/2019	12/31/2382
70350	CEPHALOGRAM, ORTHODONTIC	26	\$8.87	7/1/2019	12/31/2382
70350	CEPHALOGRAM, ORTHODONTIC	TC	\$12.53	7/1/2019	12/31/2382
70355	ORTHOPANTOGRAM		\$49.20	7/1/2019	12/31/2382
70355	ORTHOPANTOGRAM	26	\$10.69	7/1/2019	12/31/2382
70355	ORTHOPANTOGRAM	TC	\$19.70	7/1/2019	12/31/2382
70360	RADIOLOGIC EXAMINATION; NECK, SOFT TISSUE		\$49.20	7/1/2019	12/31/2382
70360	RADIOLOGIC EXAMINATION; NECK, SOFT TISSUE	26	\$9.07	7/1/2019	12/31/2382
70360	RADIOLOGIC EXAMINATION; NECK, SOFT TISSUE	TC	\$14.44	7/1/2019	12/31/2382
70370	RADIOLOGIC EXAMINATION; PHARYNX OR LARYNX, INCLUDING FLUOROSCOPY AND/OR MAGNIFICATION TECHNIQUE		\$89.64	7/1/2019	12/31/2382

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Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
70370	RADIOLOGIC EXAMINATION; PHARYNX OR LARYNX, INCLUDING FLUOROSCOPY AND/OR MAGNIFICATION TECHNIQUE	26	\$17.11	7/1/2019	12/31/2382
70370	RADIOLOGIC EXAMINATION; PHARYNX OR LARYNX, INCLUDING FLUOROSCOPY AND/OR MAGNIFICATION TECHNIQUE	TC	\$44.42	7/1/2019	12/31/2382
70371	COMPLEX DYNAMIC PHARYNGEAL AND SPEECH EVALUATION BY CINE OR VIDEO RECORDING		\$89.64	7/1/2019	12/31/2382
70371	COMPLEX DYNAMIC PHARYNGEAL AND SPEECH EVALUATION BY CINE OR VIDEO RECORDING	26	\$45.45	7/1/2019	12/31/2382
70371	COMPLEX DYNAMIC PHARYNGEAL AND SPEECH EVALUATION BY CINE OR VIDEO RECORDING	TC	\$71.73	7/1/2019	12/31/2382
70373	LARYNGOGRAPHY, CONTRAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$114.52	7/1/2019	12/31/2382
70373	LARYNGOGRAPHY, CONTRAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$22.63	7/1/2019	12/31/2382
70373	LARYNGOGRAPHY, CONTRAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$60.88	7/1/2019	12/31/2382
70380	RADIOLOGIC EXAMINATION, SALIVARY GLAND FOR CALCULUS		\$49.20	7/1/2019	12/31/2382
70380	RADIOLOGIC EXAMINATION, SALIVARY GLAND FOR CALCULUS	26	\$9.15	7/1/2019	12/31/2382
70380	RADIOLOGIC EXAMINATION, SALIVARY GLAND FOR CALCULUS	TC	\$23.05	7/1/2019	12/31/2382
70390	SIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$114.52	7/1/2019	12/31/2382
70390	SIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$19.26	7/1/2019	12/31/2382
70390	SIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$60.88	7/1/2019	12/31/2382
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL		\$213.19	7/1/2019	12/31/2382
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	26	\$46.13	7/1/2019	12/31/2382
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	59	\$213.19	7/1/2019	12/31/2382
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	76	\$213.19	7/1/2019	12/31/2382
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	ET	\$213.19	7/1/2019	12/31/2382
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	GA	\$213.19	7/1/2019	12/31/2382
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	TC	\$161.25	7/1/2019	12/31/2382
70460	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITH CONTRAST MATERIAL(S)		\$289.49	7/1/2019	12/31/2382
70460	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITH CONTRAST MATERIAL(S)	26	\$60.94	7/1/2019	12/31/2382

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70460	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITH CONTRAST MATERIAL(S)	TC	\$193.15	7/1/2019	12/31/2382
70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND		\$344.34	7/1/2019	12/31/2382
70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND	26	\$68.81	7/1/2019	12/31/2382
70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND	TC	\$241.50	7/1/2019	12/31/2382
70480	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRA		\$213.19	7/1/2019	12/31/2382
70480	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRA	26	\$69.41	7/1/2019	12/31/2382
70480	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRA	59	\$212.87	7/1/2019	12/31/2382
70480	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRA	TC	\$161.25	7/1/2019	12/31/2382
70481	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITH CONTRAST		\$289.49	7/1/2019	12/31/2382
70481	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITH CONTRAST	26	\$74.73	7/1/2019	12/31/2382
70481	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITH CONTRAST	TC	\$193.15	7/1/2019	12/31/2382
70482	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRA		\$344.34	7/1/2019	12/31/2382
70482	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRA	26	\$78.51	7/1/2019	12/31/2382
70482	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRA	TC	\$241.50	7/1/2019	12/31/2382
70486	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL		\$213.19	7/1/2019	12/31/2382
70486	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	26	\$61.48	7/1/2019	12/31/2382
70486	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	TC	\$161.25	7/1/2019	12/31/2382
70487	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S)		\$289.49	7/1/2019	12/31/2382
70487	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S)	26	\$70.18	7/1/2019	12/31/2382
70487	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S)	TC	\$193.15	7/1/2019	12/31/2382

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70488	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S)		\$344.34	7/1/2019	12/31/2382
70488	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S)	26	\$77.14	7/1/2019	12/31/2382
70488	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S)	TC	\$241.50	7/1/2019	12/31/2382
70490	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL		\$213.19	7/1/2019	12/31/2382
70490	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL	26	\$69.41	7/1/2019	12/31/2382
70490	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL	TC	\$161.25	7/1/2019	12/31/2382
70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITH CONTRAST MATERIAL(S)		\$289.49	7/1/2019	12/31/2382
70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITH CONTRAST MATERIAL(S)	26	\$74.73	7/1/2019	12/31/2382
70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITH CONTRAST MATERIAL(S)	TC	\$193.15	7/1/2019	12/31/2382
70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AN		\$344.34	7/1/2019	12/31/2382
70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AN	26	\$78.51	7/1/2019	12/31/2382
70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AN	TC	\$241.50	7/1/2019	12/31/2382
70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND		\$336.85	7/1/2019	12/31/2382
70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FUR		\$336.85	7/1/2019	12/31/2382
70540	MAGNETIC RESONANCE (EG, PROTON) IMAGING; ORBIT, FACE, AND NECK		\$395.76	7/1/2019	12/31/2382
70540	MAGNETIC RESONANCE (EG, PROTON) IMAGING; ORBIT, FACE, AND NECK	26	\$80.09	7/1/2019	12/31/2382
70540	MAGNETIC RESONANCE (EG, PROTON) IMAGING; ORBIT, FACE, AND NECK	TC	\$382.71	7/1/2019	12/31/2382
70542	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND NECK WITH CONTRAST MATERIAL(S)		\$420.48	7/1/2019	12/31/2382
70543	MAGNETIC RESONANCE INAMGING, ORBIT, FACE AND NECK WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S)		\$573.77	7/1/2019	12/31/2382
70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL(S)		\$395.76	7/1/2019	12/31/2382
70545	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITH CONTRAST MATERIAL(S)		\$420.48	7/1/2019	12/31/2382
70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTH		\$573.77	7/1/2019	12/31/2382

## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTH	XS	\$573.77	7/1/2019	12/31/2382
70547	MAGNETIC RESONANCE ANGIOGRAPHY, NECK, WITHOUT CONTRAST MATERIAL(S)		\$395.76	7/1/2019	12/31/2382
70548	MAGNETIC RESONANCE ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S)		\$420.48	7/1/2019	12/31/2382
70549	MAGNETIC RESONANCE ANGIOGRAPHY, NECK, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTH		\$573.77	7/1/2019	12/31/2382
70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL		\$395.76	7/1/2019	12/31/2382
70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL	26	\$80.09	7/1/2019	12/31/2382
70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL	TC	\$382.71	7/1/2019	12/31/2382
70552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITH CONTRAST MATERIAL(S)		\$420.48	7/1/2019	12/31/2382
70552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITH CONTRAST MATERIAL(S)	26	\$91.88	7/1/2019	12/31/2382
70552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITH CONTRAST MATERIAL(S)	TC	\$459.03	7/1/2019	12/31/2382
70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY		\$573.77	7/1/2019	12/31/2382
70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY	26	\$122.18	7/1/2019	12/31/2382
70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY	52	\$573.77	7/1/2019	12/31/2382
70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY	TC	\$850.02	7/1/2019	12/31/2382
70554	MAGNETIC RESONANCE IMAGING, BRAIN FUNCIONAL MRI; INCLUDING TEST SELECTION AND ADMINISTRATION OF REPETITIVE		\$382.73	7/1/2019	12/31/2382
70555	MAGNETIC RESONANCE IMAGING, BRAIN FUNCIONAL MRI; REQUIRING PHYSICIAN OR PSYCHOLOGIST ADMINISTRATION OF ENTIR		\$382.73	7/1/2019	12/31/2382
70557	MAGNETIC RESONANCE IMAGIN, BRAIN, DURING INTRACRANIAL PROCEDURE; WITHOUT CONTRAST MATERIAL		\$395.76	7/1/2019	12/31/2382
70558	MAGNETIC RESONANCE IMAGIN, BRAIN, DURING INTRACRANIAL PROCEDURE; WITH CONTRAST MATERIAL		\$420.48	7/1/2019	12/31/2382
70559	MAGNETIC RESONANCE IMAGIN, BRAIN, DURING INTRACRANIAL PROCEDURE; WITHOUT CONTRAST MATERIAL FOLLOWED		\$573.77	7/1/2019	12/31/2382
71010	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL		\$49.20	7/1/2019	12/31/2382
71010	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL	26	\$9.61	7/1/2019	12/31/2382
71010	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL	59	\$49.20	7/1/2019	12/31/2382



## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
71010	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL	76	\$49.20	7/1/2019	12/31/2382
71010	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL	RT	\$49.20	7/1/2019	12/31/2382
71010	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL	TC	\$16.46	7/1/2019	12/31/2382
71010	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL	XU	\$49.20	7/1/2019	12/31/2382
71015	RADIOLOGIC EXAMINATION, CHEST; STEREO, FRONTAL		\$49.20	7/1/2019	12/31/2382
71015	RADIOLOGIC EXAMINATION, CHEST; STEREO, FRONTAL	26	\$11.19	7/1/2019	12/31/2382
71015	RADIOLOGIC EXAMINATION, CHEST; STEREO, FRONTAL	TC	\$18.13	7/1/2019	12/31/2382
71020	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL;		\$49.20	7/1/2019	12/31/2382
71020	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL;	26	\$11.74	7/1/2019	12/31/2382
71020	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL;	59	\$49.20	7/1/2019	12/31/2382
71020	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL;	GA	\$49.20	7/1/2019	12/31/2382
71020	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL;	TC	\$21.38	7/1/2019	12/31/2382
71021	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH APICAL LORDOTIC PROCEDURE		\$49.20	7/1/2019	12/31/2382
71021	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH APICAL LORDOTIC PROCEDURE	26	\$14.21	7/1/2019	12/31/2382
71021	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH APICAL LORDOTIC PROCEDURE	TC	\$25.30	7/1/2019	12/31/2382
71022	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH OBLIQUE PROJECTIONS		\$49.20	7/1/2019	12/31/2382
71022	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH OBLIQUE PROJECTIONS	26	\$16.50	7/1/2019	12/31/2382
71022	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH OBLIQUE PROJECTIONS	TC	\$25.30	7/1/2019	12/31/2382
71023	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH FLUOROSCOPY		\$89.64	7/1/2019	12/31/2382
71023	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH FLUOROSCOPY	26	\$20.31	7/1/2019	12/31/2382
71023	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH FLUOROSCOPY	TC	\$26.97	7/1/2019	12/31/2382
71030	RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF FOUR VIEWS;		\$49.20	7/1/2019	12/31/2382
71030	RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF FOUR VIEWS;	26	\$16.50	7/1/2019	12/31/2382
71030	RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF FOUR VIEWS;	TC	\$26.97	7/1/2019	12/31/2382
71034	RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF FOUR VIEWS; WITH FLUOROSCOPY		\$89.64	7/1/2019	12/31/2382
71034	RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF FOUR VIEWS; WITH FLUOROSCOPY	26	\$25.12	7/1/2019	12/31/2382
71034	RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF FOUR VIEWS; WITH FLUOROSCOPY	TC	\$49.35	7/1/2019	12/31/2382
71035	RADIOLOGIC EXAMINATION, CHEST, SPECIAL VIEWS (EG, LATERAL DECUBITUS, BUCKY STUDIES)		\$49.20	7/1/2019	12/31/2382

## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
71035	RADIOLOGIC EXAMINATION, CHEST, SPECIAL VIEWS (EG, LATERAL DECUBITUS, BUCKY STUDIES)	26	\$9.61	7/1/2019	12/31/2382
71035	RADIOLOGIC EXAMINATION, CHEST, SPECIAL VIEWS (EG, LATERAL DECUBITUS, BUCKY STUDIES)	TC	\$18.13	7/1/2019	12/31/2382
71036	NEEDLE BIOPSY OF INTRATHORACIC LESION, INCLUDING FOLLOW-UP FILMS; FLUOROSCOPIC LOCALIZATION ONLY, RADIOLOGICAL		\$82.21	7/1/2019	12/31/2382
71036	NEEDLE BIOPSY OF INTRATHORACIC LESION, INCLUDING FOLLOW-UP FILMS; FLUOROSCOPIC LOCALIZATION ONLY, RADIOLOGICAL	26	\$29.87	7/1/2019	12/31/2382
71036	NEEDLE BIOPSY OF INTRATHORACIC LESION, INCLUDING FOLLOW-UP FILMS; FLUOROSCOPIC LOCALIZATION ONLY, RADIOLOGICAL	TC	\$53.94	7/1/2019	12/31/2382
71038	FLUOROSCOPIC LOCALIZATION FOR TRANSBRONCHIAL BIOPSY OR BRUSHING		\$85.80	7/1/2019	12/31/2382
71038	FLUOROSCOPIC LOCALIZATION FOR TRANSBRONCHIAL BIOPSY OR BRUSHING	26	\$29.87	7/1/2019	12/31/2382
71038	FLUOROSCOPIC LOCALIZATION FOR TRANSBRONCHIAL BIOPSY OR BRUSHING	TC	\$57.53	7/1/2019	12/31/2382
71040	BRONCHOGRAPHY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$114.52	7/1/2019	12/31/2382
71040	BRONCHOGRAPHY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$30.29	7/1/2019	12/31/2382
71040	BRONCHOGRAPHY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$50.02	7/1/2019	12/31/2382
71045	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW		\$53.28	7/1/2019	12/31/2382
71045	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	26	\$5.76	7/1/2019	12/31/2382
71045	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	FY	\$53.28	7/1/2019	12/31/2382
71045	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	TC	\$6.64	7/1/2019	12/31/2382
71045	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	UD	\$53.28	7/1/2019	12/31/2382
71046	RADIOLOGIC EXAMINATION, CHEST; 2 VIEWS		\$53.28	7/1/2019	12/31/2382
71046	RADIOLOGIC EXAMINATION, CHEST; 2 VIEWS	26	\$6.86	7/1/2019	12/31/2382
71046	RADIOLOGIC EXAMINATION, CHEST; 2 VIEWS	FY	\$53.28	7/1/2019	12/31/2382
71046	RADIOLOGIC EXAMINATION, CHEST; 2 VIEWS	PO	\$53.28	7/1/2019	12/31/2382
71046	RADIOLOGIC EXAMINATION, CHEST; 2 VIEWS	TC	\$12.17	7/1/2019	12/31/2382
71047	RADIOLOGIC EXAMINATION, CHEST; 3 VIEWS		\$53.28	7/1/2019	12/31/2382
71047	RADIOLOGIC EXAMINATION, CHEST; 3 VIEWS	26	\$8.85	7/1/2019	12/31/2382
71047	RADIOLOGIC EXAMINATION, CHEST; 3 VIEWS	TC	\$15.49	7/1/2019	12/31/2382
71048	RADIOLOGIC EXAMINATION, CHEST; 4 OR MORE VIEWS		\$98.17	7/1/2019	12/31/2382
71048	RADIOLOGIC EXAMINATION, CHEST; 4 OR MORE VIEWS	26	\$10.17	7/1/2019	12/31/2382
71048	RADIOLOGIC EXAMINATION, CHEST; 4 OR MORE VIEWS	TC	\$15.93	7/1/2019	12/31/2382
71060	BRONCHOGRAPHY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$114.52	7/1/2019	12/31/2382

## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
71060	BRONCHOGRAPHY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$38.28	7/1/2019	12/31/2382
71060	BRONCHOGRAPHY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$75.32	7/1/2019	12/31/2382
71090	INSERTION PACEMAKER, FLUOROSCOPY AND RADIOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$89.64	7/1/2019	12/31/2382
71090	INSERTION PACEMAKER, FLUOROSCOPY AND RADIOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$28.27	7/1/2019	12/31/2382
71090	INSERTION PACEMAKER, FLUOROSCOPY AND RADIOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$57.53	7/1/2019	12/31/2382
71100	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; TWO VIEWS		\$49.20	7/1/2019	12/31/2382
71100	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; TWO VIEWS	26	\$11.94	7/1/2019	12/31/2382
71100	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; TWO VIEWS	59	\$49.20	7/1/2019	12/31/2382
71100	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; TWO VIEWS	LT	\$49.20	7/1/2019	12/31/2382
71100	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; TWO VIEWS	RT	\$49.20	7/1/2019	12/31/2382
71100	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; TWO VIEWS	TC	\$19.70	7/1/2019	12/31/2382
71101	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF THREE VIEWS		\$49.20	7/1/2019	12/31/2382
71101	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF THREE VIEWS	26	\$14.45	7/1/2019	12/31/2382
71101	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF THREE VIEWS	59	\$49.20	7/1/2019	12/31/2382
71101	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF THREE VIEWS	LT	\$49.20	7/1/2019	12/31/2382
71101	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF THREE VIEWS	RT	\$49.20	7/1/2019	12/31/2382
71101	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF THREE VIEWS	TC	\$23.05	7/1/2019	12/31/2382
71110	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; THREE VIEWS		\$49.20	7/1/2019	12/31/2382
71110	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; THREE VIEWS	26	\$14.45	7/1/2019	12/31/2382
71110	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; THREE VIEWS	TC	\$26.97	7/1/2019	12/31/2382
71111	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF FOUR VIEWS		\$83.74	7/1/2019	12/31/2382
71111	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF FOUR VIEWS	26	\$16.87	7/1/2019	12/31/2382
71111	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF FOUR VIEWS	59	\$83.74	7/1/2019	12/31/2382
71111	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF FOUR VIEWS	TC	\$30.56	7/1/2019	12/31/2382
71120	RADIOLOGIC EXAMINATION; STERNUM, MINIMUM OF TWO VIEWS		\$49.20	7/1/2019	12/31/2382
71120	RADIOLOGIC EXAMINATION; STERNUM, MINIMUM OF TWO VIEWS	26	\$10.69	7/1/2019	12/31/2382

## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
71120	RADIOLOGIC EXAMINATION; STERNUM, MINIMUM OF TWO VIEWS	TC	\$22.38	7/1/2019	12/31/2382
71130	RADIOLOGIC EXAMINATION; STERNOCLAVICULAR JOINT OR JOINTS, MINIMUM OF THREE VIEWS		\$49.20	7/1/2019	12/31/2382
71130	RADIOLOGIC EXAMINATION; STERNOCLAVICULAR JOINT OR JOINTS, MINIMUM OF THREE VIEWS	26	\$11.74	7/1/2019	12/31/2382
71130	RADIOLOGIC EXAMINATION; STERNOCLAVICULAR JOINT OR JOINTS, MINIMUM OF THREE VIEWS	TC	\$24.06	7/1/2019	12/31/2382
71250	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL		\$213.19	7/1/2019	12/31/2382
71250	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	26	\$62.77	7/1/2019	12/31/2382
71250	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	59	\$213.19	7/1/2019	12/31/2382
71250	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	TC	\$201.42	7/1/2019	12/31/2382
71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)		\$289.49	7/1/2019	12/31/2382
71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	26	\$67.24	7/1/2019	12/31/2382
71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	59	\$289.49	7/1/2019	12/31/2382
71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	TC	\$241.50	7/1/2019	12/31/2382
71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER		\$344.34	7/1/2019	12/31/2382
71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER	26	\$74.73	7/1/2019	12/31/2382
71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER	TC	\$301.80	7/1/2019	12/31/2382
71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S), FOLLO		\$336.85	7/1/2019	12/31/2382
71550	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY)		\$395.76	7/1/2019	12/31/2382
71550	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY)	26	\$86.81	7/1/2019	12/31/2382
71550	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY)	TC	\$382.71	7/1/2019	12/31/2382
71551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPH WITH CONTRAS		\$420.48	7/1/2019	12/31/2382
71552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPH WITHOUT		\$573.77	7/1/2019	12/31/2382

## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
71555	MAGNETIC RESONANCE IMAGING, CHEST		\$501.76	7/1/2019	12/31/2382
72010	RADIOLOGIC EXAMINATION, SPINE, ENTIRE, SURVEY STUDY, ANTEROPOSTERIOR AND LATERAL		\$49.20	7/1/2019	12/31/2382
72010	RADIOLOGIC EXAMINATION, SPINE, ENTIRE, SURVEY STUDY, ANTEROPOSTERIOR AND LATERAL	26	\$23.97	7/1/2019	12/31/2382
72010	RADIOLOGIC EXAMINATION, SPINE, ENTIRE, SURVEY STUDY, ANTEROPOSTERIOR AND LATERAL	TC	\$34.90	7/1/2019	12/31/2382
72020	RADIOLOGIC EXAMINATION, SPINE, SINGLE VIEW, SPECIFY LEVEL		\$49.20	7/1/2019	12/31/2382
72020	RADIOLOGIC EXAMINATION, SPINE, SINGLE VIEW, SPECIFY LEVEL	26	\$7.95	7/1/2019	12/31/2382
72020	RADIOLOGIC EXAMINATION, SPINE, SINGLE VIEW, SPECIFY LEVEL	59	\$49.20	7/1/2019	12/31/2382
72020	RADIOLOGIC EXAMINATION, SPINE, SINGLE VIEW, SPECIFY LEVEL	76	\$49.20	7/1/2019	12/31/2382
72020	RADIOLOGIC EXAMINATION, SPINE, SINGLE VIEW, SPECIFY LEVEL	TC	\$14.44	7/1/2019	12/31/2382
72040	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; ANTEROPOSTERIOR AND LATERAL		\$49.20	7/1/2019	12/31/2382
72040	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; ANTEROPOSTERIOR AND LATERAL	26	\$11.74	7/1/2019	12/31/2382
72040	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; ANTEROPOSTERIOR AND LATERAL	TC	\$20.71	7/1/2019	12/31/2382
72050	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; MINIMUM OF FOUR VIEWS		\$83.74	7/1/2019	12/31/2382
72050	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; MINIMUM OF FOUR VIEWS	26	\$16.50	7/1/2019	12/31/2382
72050	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; MINIMUM OF FOUR VIEWS	PO	\$83.74	7/1/2019	12/31/2382
72050	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; MINIMUM OF FOUR VIEWS	TC	\$30.56	7/1/2019	12/31/2382
72052	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; COMPLETE, INCLUDING OBLIQUE AND FLEXION AND/OR EXTENSION STUDIES		\$83.74	7/1/2019	12/31/2382
72052	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; COMPLETE, INCLUDING OBLIQUE AND FLEXION AND/OR EXTENSION STUDIES	26	\$18.99	7/1/2019	12/31/2382
72052	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; COMPLETE, INCLUDING OBLIQUE AND FLEXION AND/OR EXTENSION STUDIES	TC	\$38.50	7/1/2019	12/31/2382
72069	RADIOLOGIC EXAMINATION, SPINE, THORACOLUMBAR, STANDING (SCOLIOSIS)		\$49.20	7/1/2019	12/31/2382
72069	RADIOLOGIC EXAMINATION, SPINE, THORACOLUMBAR, STANDING (SCOLIOSIS)	26	\$11.02	7/1/2019	12/31/2382
72069	RADIOLOGIC EXAMINATION, SPINE, THORACOLUMBAR, STANDING (SCOLIOSIS)	TC	\$17.12	7/1/2019	12/31/2382
72070	RADIOLOGIC EXAMINATION, SPINE; THORACIC, ANTEROPOSTERIOR AND LATERAL		\$49.20	7/1/2019	12/31/2382
72070	RADIOLOGIC EXAMINATION, SPINE; THORACIC, ANTEROPOSTERIOR AND LATERAL	26	\$11.75	7/1/2019	12/31/2382
72070	RADIOLOGIC EXAMINATION, SPINE; THORACIC, ANTEROPOSTERIOR AND LATERAL	TC	\$22.38	7/1/2019	12/31/2382

## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
72072	RADIOLOGIC EXAMINATION, SPINE; THORACIC, ANTEROPOSTERIOR AND LATERAL, INCLUDING SWIMMER'S VIEW OF THE CERVICOT		\$49.20	7/1/2019	12/31/2382
72072	RADIOLOGIC EXAMINATION, SPINE; THORACIC, ANTEROPOSTERIOR AND LATERAL, INCLUDING SWIMMER'S VIEW OF THE CERVICOT	26	\$11.74	7/1/2019	12/31/2382
72072	RADIOLOGIC EXAMINATION, SPINE; THORACIC, ANTEROPOSTERIOR AND LATERAL, INCLUDING SWIMMER'S VIEW OF THE CERVICOT	TC	\$25.30	7/1/2019	12/31/2382
72074	RADIOLOGIC EXAMINATION, SPINE; THORACIC, COMPLETE, INCLUDING OBLIQUES, MINIMUM OF FOUR VIEWS		\$49.20	7/1/2019	12/31/2382
72074	RADIOLOGIC EXAMINATION, SPINE; THORACIC, COMPLETE, INCLUDING OBLIQUES, MINIMUM OF FOUR VIEWS	26	\$11.74	7/1/2019	12/31/2382
72074	RADIOLOGIC EXAMINATION, SPINE; THORACIC, COMPLETE, INCLUDING OBLIQUES, MINIMUM OF FOUR VIEWS	TC	\$31.23	7/1/2019	12/31/2382
72080	RADIOLOGIC EXAMINATION, SPINE; THORACOLUMBAR, ANTEROPOSTERIOR AND LATERAL		\$49.20	7/1/2019	12/31/2382
72080	RADIOLOGIC EXAMINATION, SPINE; THORACOLUMBAR, ANTEROPOSTERIOR AND LATERAL	26	\$11.74	7/1/2019	12/31/2382
72080	RADIOLOGIC EXAMINATION, SPINE; THORACOLUMBAR, ANTEROPOSTERIOR AND LATERAL	TC	\$23.05	7/1/2019	12/31/2382
72081	X-RAY OF SPINE, 1 VIEW		\$55.63	7/1/2019	12/31/2382
72082	X-RAY OF SPINE, 2 OR 3 VIEWS		\$92.12	7/1/2019	12/31/2382
72083	X-RAY OF SPINE, 4 OR 5 VIEWS		\$175.63	7/1/2019	12/31/2382
72084	X-RAY OF SPINE, MINIMUM OF 6 VIEWS		\$175.63	7/1/2019	12/31/2382
72084	X-RAY OF SPINE, MINIMUM OF 6 VIEWS		\$163.83	1/1/2060	12/31/2382
72090	RADIOLOGIC EXAMINATION, SPINE; SCOLIOSIS STUDY, INCLUDING SUPINE AND ERECT STUDIES		\$83.74	7/1/2019	12/31/2382
72090	RADIOLOGIC EXAMINATION, SPINE; SCOLIOSIS STUDY, INCLUDING SUPINE AND ERECT STUDIES	26	\$14.74	7/1/2019	12/31/2382
72090	RADIOLOGIC EXAMINATION, SPINE; SCOLIOSIS STUDY, INCLUDING SUPINE AND ERECT STUDIES	TC	\$23.05	7/1/2019	12/31/2382
72100	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; ANTEROPOSTERIOR AND LATERAL		\$49.20	7/1/2019	12/31/2382
72100	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; ANTEROPOSTERIOR AND LATERAL	26	\$11.75	7/1/2019	12/31/2382
72100	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; ANTEROPOSTERIOR AND LATERAL	59	\$49.20	7/1/2019	12/31/2382
72100	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; ANTEROPOSTERIOR AND LATERAL	FY	\$49.20	7/1/2019	12/31/2382
72100	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; ANTEROPOSTERIOR AND LATERAL	TC	\$23.05	7/1/2019	12/31/2382
72110	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLETE, WITH OBLIQUE VIEWS		\$83.74	7/1/2019	12/31/2382

## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
72110	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLETE, WITH OBLIQUE VIEWS	26	\$16.50	7/1/2019	12/31/2382
72110	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLETE, WITH OBLIQUE VIEWS	TC	\$31.23	7/1/2019	12/31/2382
72114	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLETE, INCLUDING BENDING VIEWS		\$83.74	7/1/2019	12/31/2382
72114	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLETE, INCLUDING BENDING VIEWS	26	\$18.99	7/1/2019	12/31/2382
72114	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLETE, INCLUDING BENDING VIEWS	TC	\$40.17	7/1/2019	12/31/2382
72120	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL, BENDING VIEWS ONLY, MINIMUM OF FOUR VIEWS		\$83.74	7/1/2019	12/31/2382
72120	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL, BENDING VIEWS ONLY, MINIMUM OF FOUR VIEWS	26	\$11.74	7/1/2019	12/31/2382
72120	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL, BENDING VIEWS ONLY, MINIMUM OF FOUR VIEWS	TC	\$30.56	7/1/2019	12/31/2382
72125	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL		\$213.19	7/1/2019	12/31/2382
72125	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	26	\$62.77	7/1/2019	12/31/2382
72125	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	59	\$213.19	7/1/2019	12/31/2382
72125	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	TC	\$201.42	7/1/2019	12/31/2382
72126	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITH CONTRAST MATERIAL		\$289.49	7/1/2019	12/31/2382
72126	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITH CONTRAST MATERIAL	26	\$65.87	7/1/2019	12/31/2382
72126	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITH CONTRAST MATERIAL	TC	\$241.50	7/1/2019	12/31/2382
72127	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND		\$344.34	7/1/2019	12/31/2382
72127	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND	26	\$68.81	7/1/2019	12/31/2382
72127	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND	TC	\$301.80	7/1/2019	12/31/2382
72128	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL		\$213.19	7/1/2019	12/31/2382
72128	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL	26	\$62.77	7/1/2019	12/31/2382

## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
72128	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL	TC	\$201.42	7/1/2019	12/31/2382
72129	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITH CONTRAST MATERIAL		\$289.49	7/1/2019	12/31/2382
72129	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITH CONTRAST MATERIAL	26	\$65.87	7/1/2019	12/31/2382
72129	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITH CONTRAST MATERIAL	TC	\$241.50	7/1/2019	12/31/2382
72130	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND		\$344.34	7/1/2019	12/31/2382
72130	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND	26	\$68.81	7/1/2019	12/31/2382
72130	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND	TC	\$301.80	7/1/2019	12/31/2382
72131	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL		\$213.19	7/1/2019	12/31/2382
72131	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	26	\$62.77	7/1/2019	12/31/2382
72131	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	TC	\$201.42	7/1/2019	12/31/2382
72132	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL		\$289.49	7/1/2019	12/31/2382
72132	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL	26	\$65.87	7/1/2019	12/31/2382
72132	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL	TC	\$241.50	7/1/2019	12/31/2382
72133	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND F		\$344.34	7/1/2019	12/31/2382
72133	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND F	26	\$68.81	7/1/2019	12/31/2382
72133	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND F	TC	\$301.80	7/1/2019	12/31/2382
72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITHOUT CONTRAST MATERIAL		\$395.76	7/1/2019	12/31/2382
72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITHOUT CONTRAST MATERIAL	26	\$86.81	7/1/2019	12/31/2382
72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITHOUT CONTRAST MATERIAL	TC	\$382.71	7/1/2019	12/31/2382
72142	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITH CONTRAST MATERIAL(S)		\$420.48	7/1/2019	12/31/2382



## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
72142	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITH CONTRAST MATERIAL(S)	26	\$99.20	7/1/2019	12/31/2382
72142	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITH CONTRAST MATERIAL(S)	TC	\$459.03	7/1/2019	12/31/2382
72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL		\$395.76	7/1/2019	12/31/2382
72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	26	\$86.81	7/1/2019	12/31/2382
72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	TC	\$424.89	7/1/2019	12/31/2382
72147	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITH CONTRAST MATERIAL(S)		\$420.48	7/1/2019	12/31/2382
72147	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITH CONTRAST MATERIAL(S)	26	\$99.20	7/1/2019	12/31/2382
72147	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITH CONTRAST MATERIAL(S)	TC	\$459.03	7/1/2019	12/31/2382
72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL		\$395.76	7/1/2019	12/31/2382
72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	26	\$76.57	7/1/2019	12/31/2382
72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	TC	\$424.89	7/1/2019	12/31/2382
72149	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITH CONTRAST MATERIAL(S)		\$420.48	7/1/2019	12/31/2382
72149	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITH CONTRAST MATERIAL(S)	26	\$91.88	7/1/2019	12/31/2382
72149	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITH CONTRAST MATERIAL(S)	TC	\$459.03	7/1/2019	12/31/2382
72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CON		\$573.77	7/1/2019	12/31/2382
72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CON	26	\$132.52	7/1/2019	12/31/2382
72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CON	TC	\$850.02	7/1/2019	12/31/2382
72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CON		\$573.77	7/1/2019	12/31/2382
72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CON	26	\$132.52	7/1/2019	12/31/2382
72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CON	TC	\$850.02	7/1/2019	12/31/2382

## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CON		\$573.77	7/1/2019	12/31/2382
72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CON	26	\$122.18	7/1/2019	12/31/2382
72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CON	TC	\$850.02	7/1/2019	12/31/2382
72159	MAGNETIC RESONANCE IMAGING, SPINAL CANAL AND CONTENTS, WITH OR WITHOUT CONTRAST MATERIAL(S)		\$573.77	7/1/2019	12/31/2382
72170	RADIOLOGIC EXAMINATION, PELVIS; ANTEROPOSTERIOR ONLY		\$49.20	7/1/2019	12/31/2382
72170	RADIOLOGIC EXAMINATION, PELVIS; ANTEROPOSTERIOR ONLY	26	\$12.04	7/1/2019	12/31/2382
72170	RADIOLOGIC EXAMINATION, PELVIS; ANTEROPOSTERIOR ONLY	59	\$49.20	7/1/2019	12/31/2382
72170	RADIOLOGIC EXAMINATION, PELVIS; ANTEROPOSTERIOR ONLY	FY	\$49.20	7/1/2019	12/31/2382
72170	RADIOLOGIC EXAMINATION, PELVIS; ANTEROPOSTERIOR ONLY	LT	\$49.20	7/1/2019	12/31/2382
72170	RADIOLOGIC EXAMINATION, PELVIS; ANTEROPOSTERIOR ONLY	RT	\$49.20	7/1/2019	12/31/2382
72170	RADIOLOGIC EXAMINATION, PELVIS; ANTEROPOSTERIOR ONLY	TC	\$18.13	7/1/2019	12/31/2382
72190	RADIOLOGIC EXAMINATION, PELVIS; COMPLETE, MINIMUM OF THREE VIEWS		\$49.20	7/1/2019	12/31/2382
72190	RADIOLOGIC EXAMINATION, PELVIS; COMPLETE, MINIMUM OF THREE VIEWS	26	\$10.69	7/1/2019	12/31/2382
72190	RADIOLOGIC EXAMINATION, PELVIS; COMPLETE, MINIMUM OF THREE VIEWS	TC	\$23.05	7/1/2019	12/31/2382
72191	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, PELVIS, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND		\$336.85	7/1/2019	12/31/2382
72192	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL		\$213.19	7/1/2019	12/31/2382
72192	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	26	\$55.96	7/1/2019	12/31/2382
72192	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	TC	\$201.42	7/1/2019	12/31/2382
72193	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)		\$289.49	7/1/2019	12/31/2382
72193	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	26	\$59.90	7/1/2019	12/31/2382
72193	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	59	\$289.49	7/1/2019	12/31/2382
72193	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	GZ	\$289.49	7/1/2019	12/31/2382
72193	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	TC	\$233.65	7/1/2019	12/31/2382
72194	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER		\$344.34	7/1/2019	12/31/2382
72194	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER	26	\$62.60	7/1/2019	12/31/2382

## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
72194	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER	TC	\$289.93	7/1/2019	12/31/2382
72195	MAGNETIC RESONANCE (EG, PROTON)IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL(S)		\$395.76	7/1/2019	12/31/2382
72196	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS		\$420.48	7/1/2019	12/31/2382
72196	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS	26	\$82.88	7/1/2019	12/31/2382
72196	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS	TC	\$382.71	7/1/2019	12/31/2382
72197	MAGNETIC RESONANCE (EG, PROTON)IMAGING, PELVIS; WITHOUTCONTRAST MATERIAL(S) AND FURTHER SEQUENCES		\$573.77	7/1/2019	12/31/2382
72198	MAGNETIC RESONANCE ANGIOGRAPHY, PELVIS, WITH OR WITHOUT CONTRAST MATERIAL(S)		\$498.14	7/1/2019	12/31/2382
72200	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; LESS THAN THREE VIEWS		\$49.20	7/1/2019	12/31/2382
72200	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; LESS THAN THREE VIEWS	26	\$8.66	7/1/2019	12/31/2382
72200	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; LESS THAN THREE VIEWS	TC	\$18.13	7/1/2019	12/31/2382
72202	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; THREE OR MORE VIEWS		\$49.20	7/1/2019	12/31/2382
72202	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; THREE OR MORE VIEWS	26	\$9.68	7/1/2019	12/31/2382
72202	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; THREE OR MORE VIEWS	TC	\$21.38	7/1/2019	12/31/2382
72220	RADIOLOGIC EXAMINATION, SACRUM AND COCCYX, MINIMUM OF TWO VIEWS		\$49.20	7/1/2019	12/31/2382
72220	RADIOLOGIC EXAMINATION, SACRUM AND COCCYX, MINIMUM OF TWO VIEWS	26	\$9.30	7/1/2019	12/31/2382
72220	RADIOLOGIC EXAMINATION, SACRUM AND COCCYX, MINIMUM OF TWO VIEWS	TC	\$19.70	7/1/2019	12/31/2382
72240	MYELOGRAPHY, CERVICAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$196.68	7/1/2019	12/31/2382
72240	MYELOGRAPHY, CERVICAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$49.16	7/1/2019	12/31/2382
72240	MYELOGRAPHY, CERVICAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$161.93	7/1/2019	12/31/2382
72255	MYELOGRAPHY, THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$196.68	7/1/2019	12/31/2382
72255	MYELOGRAPHY, THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$49.16	7/1/2019	12/31/2382
72255	MYELOGRAPHY, THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$147.81	7/1/2019	12/31/2382
72265	MYELOGRAPHY, LUMBOSACRAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$196.68	7/1/2019	12/31/2382
72265	MYELOGRAPHY, LUMBOSACRAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$44.69	7/1/2019	12/31/2382
72265	MYELOGRAPHY, LUMBOSACRAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$138.87	7/1/2019	12/31/2382

## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
72270	MYELOGRAPHY, ENTIRE SPINAL CANAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$196.68	7/1/2019	12/31/2382
72270	MYELOGRAPHY, ENTIRE SPINAL CANAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$71.83	7/1/2019	12/31/2382
72270	MYELOGRAPHY, ENTIRE SPINAL CANAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$208.02	7/1/2019	12/31/2382
72275	EPIDUROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$196.68	7/1/2019	12/31/2382
72285	DISKOGRAPHY, CERVICAL OR THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$820.92	7/1/2019	12/31/2382
72285	DISKOGRAPHY, CERVICAL OR THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$42.91	7/1/2019	12/31/2382
72285	DISKOGRAPHY, CERVICAL OR THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$286.59	7/1/2019	12/31/2382
72291	RADIOLOGICAL SUPERVISION AND INTERPRETATION, PERCUTANEOUS VERTEBROPLASTY OR VERTEBRAL AUGMENTATION INCLUDING		\$172.27	7/1/2019	12/31/2382
72291	RADIOLOGICAL SUPERVISION AND INTERPRETATION, PERCUTANEOUS VERTEBROPLASTY OR VERTEBRAL AUGMENTATION INCLUDING	76	\$172.27	7/1/2019	12/31/2382
72292	RADIOLOGICAL SUPERVISION AND INTERPRETATION, PERCUTANEOUS VERTEBROPLASTY OR VERTEBRAL AUGMENTATION INCLUDING		\$172.27	7/1/2019	12/31/2382
72295	DISKOGRAPHY, LUMBAR, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$820.92	7/1/2019	12/31/2382
72295	DISKOGRAPHY, LUMBAR, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$42.91	7/1/2019	12/31/2382
72295	DISKOGRAPHY, LUMBAR, RADIOLOGICAL SUPERVISION AND INTERPRETATION	59	\$820.92	7/1/2019	12/31/2382
72295	DISKOGRAPHY, LUMBAR, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$268.23	7/1/2019	12/31/2382
73000	RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE		\$49.20	7/1/2019	12/31/2382
73000	RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE	26	\$8.25	7/1/2019	12/31/2382
73000	RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE	50	\$49.20	7/1/2019	12/31/2382
73000	RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE	LT	\$49.20	7/1/2019	12/31/2382
73000	RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE	RT	\$49.20	7/1/2019	12/31/2382
73000	RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE	TC	\$18.13	7/1/2019	12/31/2382
73010	RADIOLOGIC EXAMINATION; SCAPULA, COMPLETE		\$49.20	7/1/2019	12/31/2382
73010	RADIOLOGIC EXAMINATION; SCAPULA, COMPLETE	26	\$9.07	7/1/2019	12/31/2382
73010	RADIOLOGIC EXAMINATION; SCAPULA, COMPLETE	LT	\$49.20	7/1/2019	12/31/2382
73010	RADIOLOGIC EXAMINATION; SCAPULA, COMPLETE	RT	\$49.20	7/1/2019	12/31/2382
73010	RADIOLOGIC EXAMINATION; SCAPULA, COMPLETE	TC	\$18.13	7/1/2019	12/31/2382
73020	RADIOLOGIC EXAMINATION, SHOULDER; ONE VIEW		\$49.20	7/1/2019	12/31/2382
73020	RADIOLOGIC EXAMINATION, SHOULDER; ONE VIEW	26	\$7.85	7/1/2019	12/31/2382
73020	RADIOLOGIC EXAMINATION, SHOULDER; ONE VIEW	51	\$49.20	7/1/2019	12/31/2382

## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
73020	RADIOLOGIC EXAMINATION, SHOULDER; ONE VIEW	59	\$49.20	7/1/2019	12/31/2382
73020	RADIOLOGIC EXAMINATION, SHOULDER; ONE VIEW	76	\$49.20	7/1/2019	12/31/2382
73020	RADIOLOGIC EXAMINATION, SHOULDER; ONE VIEW	LT	\$49.20	7/1/2019	12/31/2382
73020	RADIOLOGIC EXAMINATION, SHOULDER; ONE VIEW	RT	\$49.20	7/1/2019	12/31/2382
73020	RADIOLOGIC EXAMINATION, SHOULDER; ONE VIEW	TC	\$16.46	7/1/2019	12/31/2382
73030	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO VIEWS		\$49.20	7/1/2019	12/31/2382
73030	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO VIEWS	26	\$9.54	7/1/2019	12/31/2382
73030	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO VIEWS	50	\$49.20	7/1/2019	12/31/2382
73030	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO VIEWS	59	\$49.20	7/1/2019	12/31/2382
73030	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO VIEWS	76	\$49.20	7/1/2019	12/31/2382
73030	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO VIEWS	LT	\$49.20	7/1/2019	12/31/2382
73030	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO VIEWS	RT	\$49.20	7/1/2019	12/31/2382
73030	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO VIEWS	TC	\$19.70	7/1/2019	12/31/2382
73040	RADIOLOGIC EXAMINATION, SHOULDER, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$235.57	7/1/2019	12/31/2382
73040	RADIOLOGIC EXAMINATION, SHOULDER, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$28.27	7/1/2019	12/31/2382
73040	RADIOLOGIC EXAMINATION, SHOULDER, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	LT	\$235.57	7/1/2019	12/31/2382
73040	RADIOLOGIC EXAMINATION, SHOULDER, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	RT	\$235.57	7/1/2019	12/31/2382
73040	RADIOLOGIC EXAMINATION, SHOULDER, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$71.73	7/1/2019	12/31/2382
73050	RADIOLOGIC EXAMINATION; ACROMIOCLAVICULAR JOINTS, BILATERAL, WITH OR WITHOUT WEIGHTED DISTRACTION		\$49.20	7/1/2019	12/31/2382
73050	RADIOLOGIC EXAMINATION; ACROMIOCLAVICULAR JOINTS, BILATERAL, WITH OR WITHOUT WEIGHTED DISTRACTION	26	\$10.53	7/1/2019	12/31/2382
73050	RADIOLOGIC EXAMINATION; ACROMIOCLAVICULAR JOINTS, BILATERAL, WITH OR WITHOUT WEIGHTED DISTRACTION	50	\$49.20	7/1/2019	12/31/2382
73050	RADIOLOGIC EXAMINATION; ACROMIOCLAVICULAR JOINTS, BILATERAL, WITH OR WITHOUT WEIGHTED DISTRACTION	RT	\$49.20	7/1/2019	12/31/2382
73050	RADIOLOGIC EXAMINATION; ACROMIOCLAVICULAR JOINTS, BILATERAL, WITH OR WITHOUT WEIGHTED DISTRACTION	TC	\$23.05	7/1/2019	12/31/2382

## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
73060	RADIOLOGIC EXAMINATION; HUMERUS, MINIMUM OF TWO VIEWS		\$49.20	7/1/2019	12/31/2382
73060	RADIOLOGIC EXAMINATION; HUMERUS, MINIMUM OF TWO VIEWS	26	\$8.79	7/1/2019	12/31/2382
73060	RADIOLOGIC EXAMINATION; HUMERUS, MINIMUM OF TWO VIEWS	59	\$49.20	7/1/2019	12/31/2382
73060	RADIOLOGIC EXAMINATION; HUMERUS, MINIMUM OF TWO VIEWS	76	\$49.20	7/1/2019	12/31/2382
73060	RADIOLOGIC EXAMINATION; HUMERUS, MINIMUM OF TWO VIEWS	LT	\$49.20	7/1/2019	12/31/2382
73060	RADIOLOGIC EXAMINATION; HUMERUS, MINIMUM OF TWO VIEWS	RT	\$49.20	7/1/2019	12/31/2382
73060	RADIOLOGIC EXAMINATION; HUMERUS, MINIMUM OF TWO VIEWS	TC	\$19.70	7/1/2019	12/31/2382
73070	RADIOLOGIC EXAMINATION, ELBOW; ANTEROPOSTERIOR AND LATERAL VIEWS		\$49.20	7/1/2019	12/31/2382
73070	RADIOLOGIC EXAMINATION, ELBOW; ANTEROPOSTERIOR AND LATERAL VIEWS	26	\$7.95	7/1/2019	12/31/2382
73070	RADIOLOGIC EXAMINATION, ELBOW; ANTEROPOSTERIOR AND LATERAL VIEWS	50	\$49.20	7/1/2019	12/31/2382
73070	RADIOLOGIC EXAMINATION, ELBOW; ANTEROPOSTERIOR AND LATERAL VIEWS	59	\$49.20	7/1/2019	12/31/2382
73070	RADIOLOGIC EXAMINATION, ELBOW; ANTEROPOSTERIOR AND LATERAL VIEWS	LT	\$49.20	7/1/2019	12/31/2382
73070	RADIOLOGIC EXAMINATION, ELBOW; ANTEROPOSTERIOR AND LATERAL VIEWS	RT	\$49.20	7/1/2019	12/31/2382
73070	RADIOLOGIC EXAMINATION, ELBOW; ANTEROPOSTERIOR AND LATERAL VIEWS	TC	\$18.13	7/1/2019	12/31/2382
73080	RADIOLOGIC EXAMINATION, ELBOW; COMPLETE, MINIMUM OF THREE VIEWS		\$49.20	7/1/2019	12/31/2382
73080	RADIOLOGIC EXAMINATION, ELBOW; COMPLETE, MINIMUM OF THREE VIEWS	26	\$9.30	7/1/2019	12/31/2382
73080	RADIOLOGIC EXAMINATION, ELBOW; COMPLETE, MINIMUM OF THREE VIEWS	LT	\$49.20	7/1/2019	12/31/2382
73080	RADIOLOGIC EXAMINATION, ELBOW; COMPLETE, MINIMUM OF THREE VIEWS	RT	\$49.20	7/1/2019	12/31/2382
73080	RADIOLOGIC EXAMINATION, ELBOW; COMPLETE, MINIMUM OF THREE VIEWS	TC	\$19.70	7/1/2019	12/31/2382
73085	RADIOLOGIC EXAMINATION, ELBOW, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$235.57	7/1/2019	12/31/2382
73085	RADIOLOGIC EXAMINATION, ELBOW, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$28.27	7/1/2019	12/31/2382
73085	RADIOLOGIC EXAMINATION, ELBOW, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$71.73	7/1/2019	12/31/2382
73090	RADIOLOGIC EXAMINATION; FOREARM, ANTEROPOSTERIOR AND LATERAL VIEWS		\$49.20	7/1/2019	12/31/2382
73090	RADIOLOGIC EXAMINATION; FOREARM, ANTEROPOSTERIOR AND LATERAL VIEWS	26	\$8.43	7/1/2019	12/31/2382
73090	RADIOLOGIC EXAMINATION; FOREARM, ANTEROPOSTERIOR AND LATERAL VIEWS	50	\$49.20	7/1/2019	12/31/2382
73090	RADIOLOGIC EXAMINATION; FOREARM, ANTEROPOSTERIOR AND LATERAL VIEWS	LT	\$49.20	7/1/2019	12/31/2382

## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
73090	RADIOLOGIC EXAMINATION; FOREARM, ANTEROPOSTERIOR AND LATERAL VIEWS	RT	\$49.20	7/1/2019	12/31/2382
73090	RADIOLOGIC EXAMINATION; FOREARM, ANTEROPOSTERIOR AND LATERAL VIEWS	TC	\$18.13	7/1/2019	12/31/2382
73090	RADIOLOGIC EXAMINATION; FOREARM, ANTEROPOSTERIOR AND LATERAL VIEWS	XU	\$49.20	7/1/2019	12/31/2382
73092	RADIOLOGIC EXAMINATION; UPPER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS		\$49.20	7/1/2019	12/31/2382
73092	RADIOLOGIC EXAMINATION; UPPER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS	26	\$8.10	7/1/2019	12/31/2382
73092	RADIOLOGIC EXAMINATION; UPPER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS	TC	\$17.12	7/1/2019	12/31/2382
73100	RADIOLOGIC EXAMINATION, WRIST; ANTEROPOSTERIOR AND LATERAL VIEWS		\$49.20	7/1/2019	12/31/2382
73100	RADIOLOGIC EXAMINATION, WRIST; ANTEROPOSTERIOR AND LATERAL VIEWS	26	\$8.10	7/1/2019	12/31/2382
73100	RADIOLOGIC EXAMINATION, WRIST; ANTEROPOSTERIOR AND LATERAL VIEWS	50	\$49.20	7/1/2019	12/31/2382
73100	RADIOLOGIC EXAMINATION, WRIST; ANTEROPOSTERIOR AND LATERAL VIEWS	59	\$49.20	7/1/2019	12/31/2382
73100	RADIOLOGIC EXAMINATION, WRIST; ANTEROPOSTERIOR AND LATERAL VIEWS	LT	\$49.20	7/1/2019	12/31/2382
73100	RADIOLOGIC EXAMINATION, WRIST; ANTEROPOSTERIOR AND LATERAL VIEWS	PO	\$49.20	7/1/2019	12/31/2382
73100	RADIOLOGIC EXAMINATION, WRIST; ANTEROPOSTERIOR AND LATERAL VIEWS	RT	\$49.20	7/1/2019	12/31/2382
73100	RADIOLOGIC EXAMINATION, WRIST; ANTEROPOSTERIOR AND LATERAL VIEWS	TC	\$17.12	7/1/2019	12/31/2382
73110	RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF THREE VIEWS		\$49.20	7/1/2019	12/31/2382
73110	RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF THREE VIEWS	26	\$9.30	7/1/2019	12/31/2382
73110	RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF THREE VIEWS	50	\$49.20	7/1/2019	12/31/2382
73110	RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF THREE VIEWS	76	\$49.20	7/1/2019	12/31/2382
73110	RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF THREE VIEWS	LT	\$49.20	7/1/2019	12/31/2382
73110	RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF THREE VIEWS	RT	\$49.20	7/1/2019	12/31/2382
73110	RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF THREE VIEWS	TC	\$18.46	7/1/2019	12/31/2382
73115	RADIOLOGIC EXAMINATION, WRIST, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$235.57	7/1/2019	12/31/2382
73115	RADIOLOGIC EXAMINATION, WRIST, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$28.27	7/1/2019	12/31/2382
73115	RADIOLOGIC EXAMINATION, WRIST, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	RT	\$235.57	7/1/2019	12/31/2382

## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
73115	RADIOLOGIC EXAMINATION, WRIST, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$53.94	7/1/2019	12/31/2382
73120	RADIOLOGIC EXAMINATION, HAND; TWO VIEWS		\$49.20	7/1/2019	12/31/2382
73120	RADIOLOGIC EXAMINATION, HAND; TWO VIEWS	26	\$8.10	7/1/2019	12/31/2382
73120	RADIOLOGIC EXAMINATION, HAND; TWO VIEWS	LT	\$49.20	7/1/2019	12/31/2382
73120	RADIOLOGIC EXAMINATION, HAND; TWO VIEWS	RT	\$49.20	7/1/2019	12/31/2382
73120	RADIOLOGIC EXAMINATION, HAND; TWO VIEWS	TC	\$17.12	7/1/2019	12/31/2382
73130	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEWS		\$49.20	7/1/2019	12/31/2382
73130	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEWS	26	\$9.30	7/1/2019	12/31/2382
73130	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEWS	50	\$49.20	7/1/2019	12/31/2382
73130	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEWS	59	\$49.20	7/1/2019	12/31/2382
73130	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEWS	76	\$49.20	7/1/2019	12/31/2382
73130	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEWS	LT	\$49.20	7/1/2019	12/31/2382
73130	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEWS	RT	\$49.20	7/1/2019	12/31/2382
73130	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEWS	TC	\$18.46	7/1/2019	12/31/2382
73140	RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO VIEWS		\$49.20	7/1/2019	12/31/2382
73140	RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO VIEWS	26	\$6.73	7/1/2019	12/31/2382
73140	RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO VIEWS	59	\$49.20	7/1/2019	12/31/2382
73140	RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO VIEWS	76	\$49.20	7/1/2019	12/31/2382
73140	RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO VIEWS	F1	\$49.20	7/1/2019	12/31/2382
73140	RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO VIEWS	F3	\$49.20	7/1/2019	12/31/2382
73140	RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO VIEWS	F4	\$49.20	7/1/2019	12/31/2382
73140	RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO VIEWS	F5	\$49.20	7/1/2019	12/31/2382
73140	RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO VIEWS	F6	\$49.20	7/1/2019	12/31/2382
73140	RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO VIEWS	F7	\$49.20	7/1/2019	12/31/2382
73140	RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO VIEWS	F8	\$49.20	7/1/2019	12/31/2382
73140	RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO VIEWS	LT	\$49.20	7/1/2019	12/31/2382
73140	RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO VIEWS	RT	\$49.20	7/1/2019	12/31/2382
73140	RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO VIEWS	TC	\$14.44	7/1/2019	12/31/2382
73200	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL		\$213.19	7/1/2019	12/31/2382
73200	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	26	\$58.48	7/1/2019	12/31/2382
73200	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	LT	\$213.19	7/1/2019	12/31/2382
73200	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	RT	\$213.19	7/1/2019	12/31/2382
73200	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	TC	\$169.18	7/1/2019	12/31/2382
73201	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITH CONTRAST MATERIAL(S)		\$289.49	7/1/2019	12/31/2382



## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
73201	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITH CONTRAST MATERIAL(S)	26	\$62.77	7/1/2019	12/31/2382
73201	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITH CONTRAST MATERIAL(S)	TC	\$201.42	7/1/2019	12/31/2382
73202	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AN		\$344.34	7/1/2019	12/31/2382
73202	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AN	26	\$65.87	7/1/2019	12/31/2382
73202	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AN	TC	\$253.69	7/1/2019	12/31/2382
73206	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, UPPER EXTREMITY, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL		\$336.85	7/1/2019	12/31/2382
73218	MAGNETIC RESONANCE (EG, PROTON)IMAGING, UPPER EXTREMITY OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S)		\$395.76	7/1/2019	12/31/2382
73218	MAGNETIC RESONANCE (EG, PROTON)IMAGING, UPPER EXTREMITY OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S)	LT	\$395.76	7/1/2019	12/31/2382
73218	MAGNETIC RESONANCE (EG, PROTON)IMAGING, UPPER EXTREMITY OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S)	RT	\$395.76	7/1/2019	12/31/2382
73219	MAGNETIC RESONANCE (EG, PROTON)IMAGING, UPPER EXTREMITY OTHER THAN JOINT; WITH CONTRAST MATERIEL(S)		\$420.48	7/1/2019	12/31/2382
73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT		\$573.77	7/1/2019	12/31/2382
73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT	26	\$80.09	7/1/2019	12/31/2382
73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT	LT	\$573.77	7/1/2019	12/31/2382
73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT	RT	\$573.77	7/1/2019	12/31/2382
73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT	TC	\$382.71	7/1/2019	12/31/2382
73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY		\$395.76	7/1/2019	12/31/2382
73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY	26	\$48.97	7/1/2019	12/31/2382
73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY	50	\$395.76	7/1/2019	12/31/2382
73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY	LT	\$395.76	7/1/2019	12/31/2382
73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY	RT	\$395.76	7/1/2019	12/31/2382

## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY	TC	\$382.71	7/1/2019	12/31/2382
73222	MAGNETIC RESONANCE (EG, PROTON)IMAGING, ANY JOINT OF UPPER EXTREMITY WITH; CONTRAST MATERIAL(S)		\$420.48	7/1/2019	12/31/2382
73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED		\$573.77	7/1/2019	12/31/2382
73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED	LT	\$573.77	7/1/2019	12/31/2382
73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED	RT	\$573.77	7/1/2019	12/31/2382
73225	MAGNETIC RSONANCE ANGIOGRAPHY, UPPER EXTREMITY, WITH OR WITHOUT CONTRAST MATERIAL(S)		\$408.12	7/1/2019	12/31/2382
73500	RADIOLOGIC EXAMINATION, HIP; UNILATERAL, ONE VIEW		\$49.20	7/1/2019	12/31/2382
73500	RADIOLOGIC EXAMINATION, HIP; UNILATERAL, ONE VIEW	26	\$8.87	7/1/2019	12/31/2382
73500	RADIOLOGIC EXAMINATION, HIP; UNILATERAL, ONE VIEW	LT	\$49.20	7/1/2019	12/31/2382
73500	RADIOLOGIC EXAMINATION, HIP; UNILATERAL, ONE VIEW	RT	\$49.20	7/1/2019	12/31/2382
73500	RADIOLOGIC EXAMINATION, HIP; UNILATERAL, ONE VIEW	TC	\$16.46	7/1/2019	12/31/2382
73501	X-RAY OF HIP WITH PELVIS, 1 VIEW		\$55.63	7/1/2019	12/31/2382
73501	X-RAY OF HIP WITH PELVIS, 1 VIEW	LT	\$55.63	7/1/2019	12/31/2382
73501	X-RAY OF HIP WITH PELVIS, 1 VIEW	RT	\$55.63	7/1/2019	12/31/2382
73502	X-RAY OF HIP WITH PELVIS, 2-3 VIEWS		\$55.63	7/1/2019	12/31/2382
73502	X-RAY OF HIP WITH PELVIS, 2-3 VIEWS	LT	\$55.63	7/1/2019	12/31/2382
73502	X-RAY OF HIP WITH PELVIS, 2-3 VIEWS	RT	\$55.63	7/1/2019	12/31/2382
73503	X-RAY OF HIP WITH PELVIS, MINIMUM OF 4 VIEWS		\$92.12	7/1/2019	12/31/2382
73510	RADIOLOGIC EXAMINATION, HIP; COMPLETE, MINIMUM OF TWO VIEWS		\$49.20	7/1/2019	12/31/2382
73510	RADIOLOGIC EXAMINATION, HIP; COMPLETE, MINIMUM OF TWO VIEWS	26	\$11.19	7/1/2019	12/31/2382
73510	RADIOLOGIC EXAMINATION, HIP; COMPLETE, MINIMUM OF TWO VIEWS	50	\$49.20	7/1/2019	12/31/2382
73510	RADIOLOGIC EXAMINATION, HIP; COMPLETE, MINIMUM OF TWO VIEWS	59	\$49.20	7/1/2019	12/31/2382
73510	RADIOLOGIC EXAMINATION, HIP; COMPLETE, MINIMUM OF TWO VIEWS	76	\$49.20	7/1/2019	12/31/2382
73510	RADIOLOGIC EXAMINATION, HIP; COMPLETE, MINIMUM OF TWO VIEWS	LT	\$49.20	7/1/2019	12/31/2382
73510	RADIOLOGIC EXAMINATION, HIP; COMPLETE, MINIMUM OF TWO VIEWS	RT	\$49.20	7/1/2019	12/31/2382
73510	RADIOLOGIC EXAMINATION, HIP; COMPLETE, MINIMUM OF TWO VIEWS	TC	\$19.70	7/1/2019	12/31/2382
73520	RADIOLOGIC EXAMINATION, HIPS, BILATERAL, MINIMUM OF TWO VIEWS OF EACH HIP, INCLUDING ANTEROPOSTERIOR VIEW OF P		\$83.74	7/1/2019	12/31/2382
73520	RADIOLOGIC EXAMINATION, HIPS, BILATERAL, MINIMUM OF TWO VIEWS OF EACH HIP, INCLUDING ANTEROPOSTERIOR VIEW OF P	26	\$13.95	7/1/2019	12/31/2382
73520	RADIOLOGIC EXAMINATION, HIPS, BILATERAL, MINIMUM OF TWO VIEWS OF EACH HIP, INCLUDING ANTEROPOSTERIOR VIEW OF P	TC	\$23.05	7/1/2019	12/31/2382
73521	X-RAY OF BOTH HIPS WITH PELVIS, 2 VIEWS		\$92.12	7/1/2019	12/31/2382
73522	X-RAY OF BOTH HIPS WITH PELVIS, 3-4 VIEWS		\$92.12	7/1/2019	12/31/2382
73523	X-RAY OF BOTH HIPS WITH PELVIS, MINIMUM OF 5 VIEWS		\$175.63	7/1/2019	12/31/2382

## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
73525	RADIOLOGIC EXAMINATION, HIP, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$235.57	7/1/2019	12/31/2382
73525	RADIOLOGIC EXAMINATION, HIP, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$28.27	7/1/2019	12/31/2382
73525	RADIOLOGIC EXAMINATION, HIP, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	59	\$235.57	7/1/2019	12/31/2382
73525	RADIOLOGIC EXAMINATION, HIP, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	LT	\$235.57	7/1/2019	12/31/2382
73525	RADIOLOGIC EXAMINATION, HIP, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	RT	\$235.57	7/1/2019	12/31/2382
73525	RADIOLOGIC EXAMINATION, HIP, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$71.73	7/1/2019	12/31/2382
73530	RADIOLOGIC EXAMINATION, HIP, DURING OPERATIVE PROCEDURE		\$83.74	7/1/2019	12/31/2382
73530	RADIOLOGIC EXAMINATION, HIP, DURING OPERATIVE PROCEDURE	26	\$15.44	7/1/2019	12/31/2382
73530	RADIOLOGIC EXAMINATION, HIP, DURING OPERATIVE PROCEDURE	RT	\$83.74	7/1/2019	12/31/2382
73530	RADIOLOGIC EXAMINATION, HIP, DURING OPERATIVE PROCEDURE	TC	\$18.13	7/1/2019	12/31/2382
73540	RADIOLOGIC EXAMINATION, PELVIS AND HIPS, INFANT OR CHILD, MINIMUM OF TWO VIEWS		\$49.20	7/1/2019	12/31/2382
73540	RADIOLOGIC EXAMINATION, PELVIS AND HIPS, INFANT OR CHILD, MINIMUM OF TWO VIEWS	26	\$10.89	7/1/2019	12/31/2382
73540	RADIOLOGIC EXAMINATION, PELVIS AND HIPS, INFANT OR CHILD, MINIMUM OF TWO VIEWS	TC	\$19.70	7/1/2019	12/31/2382
73542	RADIOLOGICAL JOINT ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$235.57	7/1/2019	12/31/2382
73550	RADIOLOGIC EXAMINATION, FEMUR, ANTEROPOSTERIOR AND LATERAL VIEWS		\$49.20	7/1/2019	12/31/2382
73550	RADIOLOGIC EXAMINATION, FEMUR, ANTEROPOSTERIOR AND LATERAL VIEWS	26	\$9.15	7/1/2019	12/31/2382
73550	RADIOLOGIC EXAMINATION, FEMUR, ANTEROPOSTERIOR AND LATERAL VIEWS	50	\$49.20	7/1/2019	12/31/2382
73550	RADIOLOGIC EXAMINATION, FEMUR, ANTEROPOSTERIOR AND LATERAL VIEWS	LT	\$49.20	7/1/2019	12/31/2382
73550	RADIOLOGIC EXAMINATION, FEMUR, ANTEROPOSTERIOR AND LATERAL VIEWS	RT	\$49.20	7/1/2019	12/31/2382
73550	RADIOLOGIC EXAMINATION, FEMUR, ANTEROPOSTERIOR AND LATERAL VIEWS	TC	\$19.70	7/1/2019	12/31/2382
73551	X-RAY OF FEMUR, 1 VIEW		\$55.63	7/1/2019	12/31/2382
73551	X-RAY OF FEMUR, 1 VIEW	LT	\$55.63	7/1/2019	12/31/2382
73551	X-RAY OF FEMUR, 1 VIEW	RT	\$55.63	7/1/2019	12/31/2382
73552	X-RAY OF FEMUR, MINIMUM 2 VIEWS		\$55.63	7/1/2019	12/31/2382
73552	X-RAY OF FEMUR, MINIMUM 2 VIEWS	LT	\$55.63	7/1/2019	12/31/2382

## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
73552	X-RAY OF FEMUR, MINIMUM 2 VIEWS	RT	\$55.63	7/1/2019	12/31/2382
73560	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL VIEWS		\$49.20	7/1/2019	12/31/2382
73560	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL VIEWS	26	\$8.55	7/1/2019	12/31/2382
73560	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL VIEWS	50	\$49.20	7/1/2019	12/31/2382
73560	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL VIEWS	59	\$83.74	7/1/2019	12/31/2382
73560	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL VIEWS	LT	\$49.20	7/1/2019	12/31/2382
73560	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL VIEWS	RT	\$49.20	7/1/2019	12/31/2382
73560	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL VIEWS	TC	\$18.13	7/1/2019	12/31/2382
73562	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL, WITH OBLIQUE(S), MINIMUM OF THREE VIEWS		\$49.20	7/1/2019	12/31/2382
73562	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL, WITH OBLIQUE(S), MINIMUM OF THREE VIEWS	26	\$9.83	7/1/2019	12/31/2382
73562	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL, WITH OBLIQUE(S), MINIMUM OF THREE VIEWS	50	\$49.20	7/1/2019	12/31/2382
73562	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL, WITH OBLIQUE(S), MINIMUM OF THREE VIEWS	59	\$49.20	7/1/2019	12/31/2382
73562	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL, WITH OBLIQUE(S), MINIMUM OF THREE VIEWS	76	\$49.20	7/1/2019	12/31/2382
73562	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL, WITH OBLIQUE(S), MINIMUM OF THREE VIEWS	LT	\$49.20	7/1/2019	12/31/2382
73562	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL, WITH OBLIQUE(S), MINIMUM OF THREE VIEWS	RT	\$49.20	7/1/2019	12/31/2382
73562	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL, WITH OBLIQUE(S), MINIMUM OF THREE VIEWS	TC	\$19.70	7/1/2019	12/31/2382
73564	RADIOLOGIC EXAMINATION, KNEE; COMPLETE, INCLUDING OBLIQUE(S), AND TUNNEL, AND/OR PATELLAR AND/OR STANDING VIEW		\$49.20	7/1/2019	12/31/2382
73564	RADIOLOGIC EXAMINATION, KNEE; COMPLETE, INCLUDING OBLIQUE(S), AND TUNNEL, AND/OR PATELLAR AND/OR STANDING VIEW	26	\$11.94	7/1/2019	12/31/2382
73564	RADIOLOGIC EXAMINATION, KNEE; COMPLETE, INCLUDING OBLIQUE(S), AND TUNNEL, AND/OR PATELLAR AND/OR STANDING VIEW	50	\$49.20	7/1/2019	12/31/2382
73564	RADIOLOGIC EXAMINATION, KNEE; COMPLETE, INCLUDING OBLIQUE(S), AND TUNNEL, AND/OR PATELLAR AND/OR STANDING VIEW	76	\$49.20	7/1/2019	12/31/2382
73564	RADIOLOGIC EXAMINATION, KNEE; COMPLETE, INCLUDING OBLIQUE(S), AND TUNNEL, AND/OR PATELLAR AND/OR STANDING VIEW	LT	\$49.20	7/1/2019	12/31/2382

## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
73564	RADIOLOGIC EXAMINATION, KNEE; COMPLETE, INCLUDING OBLIQUE(S), AND TUNNEL, AND/OR PATELLAR AND/OR STANDING VIEW	RT	\$49.20	7/1/2019	12/31/2382
73564	RADIOLOGIC EXAMINATION, KNEE; COMPLETE, INCLUDING OBLIQUE(S), AND TUNNEL, AND/OR PATELLAR AND/OR STANDING VIEW	TC	\$21.38	7/1/2019	12/31/2382
73565	RADIOLOGIC EXAMINATION, KNEE; BOTH KNEES, STANDING, ANTEROPOSTERIOR		\$49.20	7/1/2019	12/31/2382
73565	RADIOLOGIC EXAMINATION, KNEE; BOTH KNEES, STANDING, ANTEROPOSTERIOR	26	\$11.43	7/1/2019	12/31/2382
73565	RADIOLOGIC EXAMINATION, KNEE; BOTH KNEES, STANDING, ANTEROPOSTERIOR	59	\$49.20	7/1/2019	12/31/2382
73565	RADIOLOGIC EXAMINATION, KNEE; BOTH KNEES, STANDING, ANTEROPOSTERIOR	TC	\$17.12	7/1/2019	12/31/2382
73580	RADIOLOGIC EXAMINATION, KNEE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$235.57	7/1/2019	12/31/2382
73580	RADIOLOGIC EXAMINATION, KNEE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$28.27	7/1/2019	12/31/2382
73580	RADIOLOGIC EXAMINATION, KNEE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$89.77	7/1/2019	12/31/2382
73590	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, ANTEROPOSTERIOR AND LATERAL VIEWS		\$49.20	7/1/2019	12/31/2382
73590	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, ANTEROPOSTERIOR AND LATERAL VIEWS	26	\$8.55	7/1/2019	12/31/2382
73590	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, ANTEROPOSTERIOR AND LATERAL VIEWS	50	\$49.20	7/1/2019	12/31/2382
73590	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, ANTEROPOSTERIOR AND LATERAL VIEWS	LT	\$49.20	7/1/2019	12/31/2382
73590	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, ANTEROPOSTERIOR AND LATERAL VIEWS	RT	\$49.20	7/1/2019	12/31/2382
73590	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, ANTEROPOSTERIOR AND LATERAL VIEWS	TC	\$18.13	7/1/2019	12/31/2382
73592	RADIOLOGIC EXAMINATION; LOWER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS		\$49.20	7/1/2019	12/31/2382
73592	RADIOLOGIC EXAMINATION; LOWER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS	26	\$8.10	7/1/2019	12/31/2382
73592	RADIOLOGIC EXAMINATION; LOWER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS	TC	\$17.12	7/1/2019	12/31/2382
73600	RADIOLOGIC EXAMINATION, ANKLE; ANTEROPOSTERIOR AND LATERAL VIEWS		\$49.20	7/1/2019	12/31/2382
73600	RADIOLOGIC EXAMINATION, ANKLE; ANTEROPOSTERIOR AND LATERAL VIEWS	26	\$8.12	7/1/2019	12/31/2382

## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
73600	RADIOLOGIC EXAMINATION, ANKLE; ANTEROPOSTERIOR AND LATERAL VIEWS	LT	\$49.20	7/1/2019	12/31/2382
73600	RADIOLOGIC EXAMINATION, ANKLE; ANTEROPOSTERIOR AND LATERAL VIEWS	RT	\$49.20	7/1/2019	12/31/2382
73600	RADIOLOGIC EXAMINATION, ANKLE; ANTEROPOSTERIOR AND LATERAL VIEWS	TC	\$17.12	7/1/2019	12/31/2382
73610	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF THREE VIEWS		\$49.20	7/1/2019	12/31/2382
73610	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF THREE VIEWS	26	\$9.30	7/1/2019	12/31/2382
73610	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF THREE VIEWS	50	\$49.20	7/1/2019	12/31/2382
73610	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF THREE VIEWS	59	\$49.20	7/1/2019	12/31/2382
73610	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF THREE VIEWS	76	\$49.20	7/1/2019	12/31/2382
73610	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF THREE VIEWS	LT	\$49.20	7/1/2019	12/31/2382
73610	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF THREE VIEWS	RT	\$49.20	7/1/2019	12/31/2382
73610	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF THREE VIEWS	TC	\$18.46	7/1/2019	12/31/2382
73615	RADIOLOGIC EXAMINATION, ANKLE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$235.57	7/1/2019	12/31/2382
73615	RADIOLOGIC EXAMINATION, ANKLE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$28.27	7/1/2019	12/31/2382
73615	RADIOLOGIC EXAMINATION, ANKLE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$71.73	7/1/2019	12/31/2382
73620	RADIOLOGIC EXAMINATION, FOOT; ANTEROPOSTERIOR AND LATERAL VIEWS		\$49.20	7/1/2019	12/31/2382
73620	RADIOLOGIC EXAMINATION, FOOT; ANTEROPOSTERIOR AND LATERAL VIEWS	26	\$8.10	7/1/2019	12/31/2382
73620	RADIOLOGIC EXAMINATION, FOOT; ANTEROPOSTERIOR AND LATERAL VIEWS	76	\$49.20	7/1/2019	12/31/2382
73620	RADIOLOGIC EXAMINATION, FOOT; ANTEROPOSTERIOR AND LATERAL VIEWS	LT	\$49.20	7/1/2019	12/31/2382
73620	RADIOLOGIC EXAMINATION, FOOT; ANTEROPOSTERIOR AND LATERAL VIEWS	RT	\$49.20	7/1/2019	12/31/2382
73620	RADIOLOGIC EXAMINATION, FOOT; ANTEROPOSTERIOR AND LATERAL VIEWS	TC	\$17.12	7/1/2019	12/31/2382
73630	RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF THREE VIEWS		\$49.20	7/1/2019	12/31/2382
73630	RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF THREE VIEWS	26	\$9.30	7/1/2019	12/31/2382
73630	RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF THREE VIEWS	50	\$49.20	7/1/2019	12/31/2382
73630	RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF THREE VIEWS	59	\$49.20	7/1/2019	12/31/2382
73630	RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF THREE VIEWS	LT	\$49.20	7/1/2019	12/31/2382
73630	RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF THREE VIEWS	RT	\$49.20	7/1/2019	12/31/2382
73630	RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF THREE VIEWS	TC	\$18.46	7/1/2019	12/31/2382
73650	RADIOLOGIC EXAMINATION; CALCANEUS, MINIMUM OF TWO VIEWS		\$49.20	7/1/2019	12/31/2382
73650	RADIOLOGIC EXAMINATION; CALCANEUS, MINIMUM OF TWO VIEWS	26	\$8.10	7/1/2019	12/31/2382

## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
73650	RADIOLOGIC EXAMINATION; CALCANEUS, MINIMUM OF TWO VIEWS	50	\$49.20	7/1/2019	12/31/2382
73650	RADIOLOGIC EXAMINATION; CALCANEUS, MINIMUM OF TWO VIEWS	LT	\$49.20	7/1/2019	12/31/2382
73650	RADIOLOGIC EXAMINATION; CALCANEUS, MINIMUM OF TWO VIEWS	RT	\$49.20	7/1/2019	12/31/2382
73650	RADIOLOGIC EXAMINATION; CALCANEUS, MINIMUM OF TWO VIEWS	TC	\$16.46	7/1/2019	12/31/2382
73660	RADIOLOGIC EXAMINATION; TOE OR TOES, MINIMUM OF TWO VIEWS		\$49.20	7/1/2019	12/31/2382
73660	RADIOLOGIC EXAMINATION; TOE OR TOES, MINIMUM OF TWO VIEWS	26	\$6.73	7/1/2019	12/31/2382
73660	RADIOLOGIC EXAMINATION; TOE OR TOES, MINIMUM OF TWO VIEWS	50	\$49.20	7/1/2019	12/31/2382
73660	RADIOLOGIC EXAMINATION; TOE OR TOES, MINIMUM OF TWO VIEWS	59	\$49.20	7/1/2019	12/31/2382
73660	RADIOLOGIC EXAMINATION; TOE OR TOES, MINIMUM OF TWO VIEWS	76	\$49.20	7/1/2019	12/31/2382
73660	RADIOLOGIC EXAMINATION; TOE OR TOES, MINIMUM OF TWO VIEWS	LT	\$49.20	7/1/2019	12/31/2382
73660	RADIOLOGIC EXAMINATION; TOE OR TOES, MINIMUM OF TWO VIEWS	RT	\$49.20	7/1/2019	12/31/2382
73660	RADIOLOGIC EXAMINATION; TOE OR TOES, MINIMUM OF TWO VIEWS	T5	\$49.20	7/1/2019	12/31/2382
73660	RADIOLOGIC EXAMINATION; TOE OR TOES, MINIMUM OF TWO VIEWS	T6	\$49.20	7/1/2019	12/31/2382
73660	RADIOLOGIC EXAMINATION; TOE OR TOES, MINIMUM OF TWO VIEWS	TC	\$14.44	7/1/2019	12/31/2382
73700	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL		\$213.19	7/1/2019	12/31/2382
73700	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	26	\$58.48	7/1/2019	12/31/2382
73700	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	50	\$213.19	7/1/2019	12/31/2382
73700	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	59	\$213.19	7/1/2019	12/31/2382
73700	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	LT	\$49.20	7/1/2019	12/31/2382
73700	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	RT	\$49.20	7/1/2019	12/31/2382
73700	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	TC	\$169.18	7/1/2019	12/31/2382
73701	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)		\$289.49	7/1/2019	12/31/2382
73701	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)	26	\$62.77	7/1/2019	12/31/2382
73701	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)	59	\$289.49	7/1/2019	12/31/2382
73701	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)	LT	\$289.49	7/1/2019	12/31/2382
73701	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)	RT	\$289.49	7/1/2019	12/31/2382
73701	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)	TC	\$201.42	7/1/2019	12/31/2382

## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
73702	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AN		\$344.34	7/1/2019	12/31/2382
73702	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AN	26	\$65.87	7/1/2019	12/31/2382
73702	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AN	TC	\$253.69	7/1/2019	12/31/2382
73706	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, LOWER EXTREMITY, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL		\$336.85	7/1/2019	12/31/2382
73706	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, LOWER EXTREMITY, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL	59	\$336.85	7/1/2019	12/31/2382
73706	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, LOWER EXTREMITY, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL	LT	\$336.85	7/1/2019	12/31/2382
73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S)		\$395.76	7/1/2019	12/31/2382
73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S)	LT	\$395.76	7/1/2019	12/31/2382
73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S)	RT	\$395.76	7/1/2019	12/31/2382
73719	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT; WITH CONTRAST MATERIAL(S)		\$420.48	7/1/2019	12/31/2382
73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT		\$573.77	7/1/2019	12/31/2382
73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT	26	\$80.09	7/1/2019	12/31/2382
73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT	LT	\$573.77	7/1/2019	12/31/2382
73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT	RT	\$573.77	7/1/2019	12/31/2382
73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT	TC	\$382.71	7/1/2019	12/31/2382
73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY		\$395.76	7/1/2019	12/31/2382
73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY	26	\$146.63	7/1/2019	12/31/2382
73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY	50	\$395.76	7/1/2019	12/31/2382
73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY	LT	\$395.76	7/1/2019	12/31/2382
73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY	RT	\$395.76	7/1/2019	12/31/2382



## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY	TC	\$382.71	7/1/2019	12/31/2382
73722	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)		\$420.48	7/1/2019	12/31/2382
73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S)		\$573.77	7/1/2019	12/31/2382
73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S)	LT	\$573.77	7/1/2019	12/31/2382
73725	MAGNETIC RESONANCE ANGIOGRAPHY, LOWER EXTREMITY, WITH OR WITHOUT CONTRAST MATERIAL(S)		\$498.94	7/1/2019	12/31/2382
74000	RADIOLOGIC EXAMINATION, ABDOMEN; SINGLE ANTEROPOSTERIOR VIEW		\$49.20	7/1/2019	12/31/2382
74000	RADIOLOGIC EXAMINATION, ABDOMEN; SINGLE ANTEROPOSTERIOR VIEW	26	\$12.50	7/1/2019	12/31/2382
74000	RADIOLOGIC EXAMINATION, ABDOMEN; SINGLE ANTEROPOSTERIOR VIEW	59	\$49.20	7/1/2019	12/31/2382
74000	RADIOLOGIC EXAMINATION, ABDOMEN; SINGLE ANTEROPOSTERIOR VIEW	76	\$49.20	7/1/2019	12/31/2382
74000	RADIOLOGIC EXAMINATION, ABDOMEN; SINGLE ANTEROPOSTERIOR VIEW	TC	\$18.13	7/1/2019	12/31/2382
74010	RADIOLOGIC EXAMINATION, ABDOMEN; ANTEROPOSTERIOR AND ADDITIONAL OBLIQUE AND CONE VIEWS		\$49.20	7/1/2019	12/31/2382
74010	RADIOLOGIC EXAMINATION, ABDOMEN; ANTEROPOSTERIOR AND ADDITIONAL OBLIQUE AND CONE VIEWS	26	\$12.23	7/1/2019	12/31/2382
74010	RADIOLOGIC EXAMINATION, ABDOMEN; ANTEROPOSTERIOR AND ADDITIONAL OBLIQUE AND CONE VIEWS	TC	\$19.70	7/1/2019	12/31/2382
74018	RADIOLOGIC EXAMINATION, ABDOMEN; 1 VIEW		\$53.28	7/1/2019	12/31/2382
74018	RADIOLOGIC EXAMINATION, ABDOMEN; 1 VIEW	26	\$5.76	7/1/2019	12/31/2382
74018	RADIOLOGIC EXAMINATION, ABDOMEN; 1 VIEW	TC	\$11.29	7/1/2019	12/31/2382
74019	RADIOLOGIC EXAMINATION, ABDOMEN; 2 VIEWS		\$98.17	7/1/2019	12/31/2382
74019	RADIOLOGIC EXAMINATION, ABDOMEN; 2 VIEWS	26	\$7.30	7/1/2019	12/31/2382
74019	RADIOLOGIC EXAMINATION, ABDOMEN; 2 VIEWS	TC	\$13.50	7/1/2019	12/31/2382
74020	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE, INCLUDING DECUBITUS AND/OR ERECT VIEWS		\$49.20	7/1/2019	12/31/2382
74020	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE, INCLUDING DECUBITUS AND/OR ERECT VIEWS	26	\$14.45	7/1/2019	12/31/2382
74020	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE, INCLUDING DECUBITUS AND/OR ERECT VIEWS	59	\$49.20	7/1/2019	12/31/2382
74020	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE, INCLUDING DECUBITUS AND/OR ERECT VIEWS	TC	\$21.38	7/1/2019	12/31/2382
74021	RADIOLOGIC EXAMINATION, ABDOMEN; 3 OR MORE VIEWS		\$98.17	7/1/2019	12/31/2382
74021	RADIOLOGIC EXAMINATION, ABDOMEN; 3 OR MORE VIEWS	26	\$8.63	7/1/2019	12/31/2382
74021	RADIOLOGIC EXAMINATION, ABDOMEN; 3 OR MORE VIEWS	TC	\$15.70	7/1/2019	12/31/2382
74022	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE ACUTE ABDOMEN SERIES, INCLUDING SUPINE, ERECT, AND/ OR DECUBITUS VIE		\$83.74	7/1/2019	12/31/2382

## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
74022	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE ACUTE ABDOMEN SERIES, INCLUDING SUPINE, ERECT, AND/ OR DECUBITUS VIE	26	\$16.87	7/1/2019	12/31/2382
74022	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE ACUTE ABDOMEN SERIES, INCLUDING SUPINE, ERECT, AND/ OR DECUBITUS VIE	TC	\$25.30	7/1/2019	12/31/2382
74150	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL		\$213.19	7/1/2019	12/31/2382
74150	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	26	\$64.13	7/1/2019	12/31/2382
74150	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	TC	\$193.15	7/1/2019	12/31/2382
74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)		\$289.49	7/1/2019	12/31/2382
74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	26	\$68.81	7/1/2019	12/31/2382
74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	59	\$289.49	7/1/2019	12/31/2382
74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	GZ	\$289.49	7/1/2019	12/31/2382
74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	TC	\$233.65	7/1/2019	12/31/2382
74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHE		\$344.34	7/1/2019	12/31/2382
74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHE	26	\$75.84	7/1/2019	12/31/2382
74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHE	TC	\$289.93	7/1/2019	12/31/2382
74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES		\$365.52	7/1/2019	12/31/2382
74175	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND		\$336.85	7/1/2019	12/31/2382
74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL		\$189.83	7/1/2019	12/31/2382
74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL		\$293.59	7/1/2019	12/31/2382
74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL	PO	\$293.59	7/1/2019	12/31/2382
74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL	TC	\$136.74	7/1/2019	12/31/2382
74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL	XP	\$293.59	7/1/2019	12/31/2382

## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
74178	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL IN ONE OR BOTH BODY REGIONS, FOLLOWED BY		\$327.30	7/1/2019	12/31/2382
74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN		\$395.76	7/1/2019	12/31/2382
74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN	26	\$86.81	7/1/2019	12/31/2382
74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN	59	\$395.76	7/1/2019	12/31/2382
74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN	TC	\$382.71	7/1/2019	12/31/2382
74182	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITH CONTRAST MATERIAL(S)		\$420.48	7/1/2019	12/31/2382
74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY WITH CONTRAST MATE		\$573.77	7/1/2019	12/31/2382
74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY WITH CONTRAST MATE	59	\$573.77	7/1/2019	12/31/2382
74185	MAGNETIC RESONANCE ANGIOGRAPHY, ABDOMEN, WITH OR WITHOUT CONTRAST MATERIAL(S)		\$498.54	7/1/2019	12/31/2382
74190	PERITONEOGRAM, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$232.98	7/1/2019	12/31/2382
74210	RADIOLOGIC EXAMINATION; PHARYNX AND/OR CERVICAL ESOPHAGUS		\$99.10	7/1/2019	12/31/2382
74210	RADIOLOGIC EXAMINATION; PHARYNX AND/OR CERVICAL ESOPHAGUS	26	\$18.77	7/1/2019	12/31/2382
74210	RADIOLOGIC EXAMINATION; PHARYNX AND/OR CERVICAL ESOPHAGUS	TC	\$40.17	7/1/2019	12/31/2382
74220	RADIOLOGIC EXAMINATION; ESOPHAGUS		\$96.42	7/1/2019	12/31/2382
74220	RADIOLOGIC EXAMINATION; ESOPHAGUS	26	\$25.34	7/1/2019	12/31/2382
74220	RADIOLOGIC EXAMINATION; ESOPHAGUS	TC	\$40.17	7/1/2019	12/31/2382
74230	SWALLOWING FUNCTION, PHARYNX AND/OR ESOPHAGUS, WITH CINERADIOGRAPHY AND/OR VIDEO		\$96.42	7/1/2019	12/31/2382
74230	SWALLOWING FUNCTION, PHARYNX AND/OR ESOPHAGUS, WITH CINERADIOGRAPHY AND/OR VIDEO	26	\$29.33	7/1/2019	12/31/2382
74230	SWALLOWING FUNCTION, PHARYNX AND/OR ESOPHAGUS, WITH CINERADIOGRAPHY AND/OR VIDEO	TC	\$44.42	7/1/2019	12/31/2382
74235	REMOVAL OF FOREIGN BODY(S), ESOPHAGEAL, WITH USE OF BALLOON CATHETER, RADIOLOGICAL SUPERVISION AND INTERPRETAT		\$153.00	7/1/2019	12/31/2382
74235	REMOVAL OF FOREIGN BODY(S), ESOPHAGEAL, WITH USE OF BALLOON CATHETER, RADIOLOGICAL SUPERVISION AND INTERPRETAT	26	\$64.13	7/1/2019	12/31/2382
74235	REMOVAL OF FOREIGN BODY(S), ESOPHAGEAL, WITH USE OF BALLOON CATHETER, RADIOLOGICAL SUPERVISION AND INTERPRETAT	TC	\$89.77	7/1/2019	12/31/2382
74240	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR WITHOUT DELAYED FILMS, WITHOUT KUB		\$99.10	7/1/2019	12/31/2382
74240	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR WITHOUT DELAYED FILMS, WITHOUT KUB	26	\$37.41	7/1/2019	12/31/2382
74240	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR WITHOUT DELAYED FILMS, WITHOUT KUB	TC	\$50.02	7/1/2019	12/31/2382
74241	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR WITHOUT DELAYED FILMS, WITH KUB		\$99.10	7/1/2019	12/31/2382

## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
74241	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR WITHOUT DELAYED FILMS, WITH KUB	26	\$37.41	7/1/2019	12/31/2382
74241	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR WITHOUT DELAYED FILMS, WITH KUB	TC	\$51.03	7/1/2019	12/31/2382
74245	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH SMALL BOWEL, INCLUDES MULTIPLE SERIAL FILMS		\$154.80	7/1/2019	12/31/2382
74245	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH SMALL BOWEL, INCLUDES MULTIPLE SERIAL FILMS	26	\$49.32	7/1/2019	12/31/2382
74245	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH SMALL BOWEL, INCLUDES MULTIPLE SERIAL FILMS	TC	\$81.59	7/1/2019	12/31/2382
74246	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY BARIUM, EFFE		\$99.10	7/1/2019	12/31/2382
74246	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY BARIUM, EFFE	26	\$37.41	7/1/2019	12/31/2382
74246	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY BARIUM, EFFE	TC	\$56.28	7/1/2019	12/31/2382
74247	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY BARIUM, EFFE		\$99.10	7/1/2019	12/31/2382
74247	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY BARIUM, EFFE	26	\$37.41	7/1/2019	12/31/2382
74247	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY BARIUM, EFFE	TC	\$57.53	7/1/2019	12/31/2382
74249	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY BARIUM, EFFE		\$154.80	7/1/2019	12/31/2382
74249	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY BARIUM, EFFE	26	\$49.32	7/1/2019	12/31/2382
74249	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY BARIUM, EFFE	TC	\$87.85	7/1/2019	12/31/2382
74250	RADIOLOGIC EXAMINATION, SMALL BOWEL, INCLUDES MULTIPLE SERIAL FILMS		\$99.10	7/1/2019	12/31/2382
74250	RADIOLOGIC EXAMINATION, SMALL BOWEL, INCLUDES MULTIPLE SERIAL FILMS	26	\$25.49	7/1/2019	12/31/2382
74250	RADIOLOGIC EXAMINATION, SMALL BOWEL, INCLUDES MULTIPLE SERIAL FILMS	TC	\$44.42	7/1/2019	12/31/2382
74251	RADIOLOGIC EXAMINATION, SMALL BOWEL, INCLUDES MULTIPLE SERIAL FILMS; VIA ENTEROCLYSIS TUBE		\$154.80	7/1/2019	12/31/2382
74260	DUODENOGRAPHY, HYPOTONIC		\$154.80	7/1/2019	12/31/2382
74260	DUODENOGRAPHY, HYPOTONIC	26	\$27.46	7/1/2019	12/31/2382
74260	DUODENOGRAPHY, HYPOTONIC	TC	\$51.03	7/1/2019	12/31/2382
74261	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE POSTPROCESSING; WITHOUT CONTRAST MATERIAL		\$189.83	7/1/2019	12/31/2382

## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
74270	RADIOLOGIC EXAMINATION, COLON; BARIUM ENEMA		\$99.10	7/1/2019	12/31/2382
74270	RADIOLOGIC EXAMINATION, COLON; BARIUM ENEMA	26	\$37.41	7/1/2019	12/31/2382
74270	RADIOLOGIC EXAMINATION, COLON; BARIUM ENEMA	TC	\$58.20	7/1/2019	12/31/2382
74280	RADIOLOGIC EXAMINATION, COLON; AIR CONTRAST WITH SPECIFIC HIGH DENSITY BARIUM, WITH OR WITHOUT GLUCAGON		\$154.80	7/1/2019	12/31/2382
74280	RADIOLOGIC EXAMINATION, COLON; AIR CONTRAST WITH SPECIFIC HIGH DENSITY BARIUM, WITH OR WITHOUT GLUCAGON	26	\$53.46	7/1/2019	12/31/2382
74280	RADIOLOGIC EXAMINATION, COLON; AIR CONTRAST WITH SPECIFIC HIGH DENSITY BARIUM, WITH OR WITHOUT GLUCAGON	TC	\$76.33	7/1/2019	12/31/2382
74283	THERAPEUTIC ENEMA, CONTRAST OR AIR, FOR REDUCTION OF INTUSSUSCEPTION OR OTHER INTRALUNIMAL OBSTRUCTION		\$99.10	7/1/2019	12/31/2382
74283	THERAPEUTIC ENEMA, CONTRAST OR AIR, FOR REDUCTION OF INTUSSUSCEPTION OR OTHER INTRALUNIMAL OBSTRUCTION	26	\$104.17	7/1/2019	12/31/2382
74283	THERAPEUTIC ENEMA, CONTRAST OR AIR, FOR REDUCTION OF INTUSSUSCEPTION OR OTHER INTRALUNIMAL OBSTRUCTION	TC	\$87.52	7/1/2019	12/31/2382
74290	CHOLECYSTOGRAPHY, ORAL CONTRAST;		\$99.10	7/1/2019	12/31/2382
74290	CHOLECYSTOGRAPHY, ORAL CONTRAST;	26	\$16.87	7/1/2019	12/31/2382
74290	CHOLECYSTOGRAPHY, ORAL CONTRAST;	TC	\$25.30	7/1/2019	12/31/2382
74291	CHOLECYSTOGRAPHY, ORAL CONTRAST; ADDITIONAL OR REPEAT EXAMINATION OR MULTIPLE DAY EXAMINATION		\$99.10	7/1/2019	12/31/2382
74291	CHOLECYSTOGRAPHY, ORAL CONTRAST; ADDITIONAL OR REPEAT EXAMINATION OR MULTIPLE DAY EXAMINATION	26	\$10.69	7/1/2019	12/31/2382
74291	CHOLECYSTOGRAPHY, ORAL CONTRAST; ADDITIONAL OR REPEAT EXAMINATION OR MULTIPLE DAY EXAMINATION	TC	\$14.44	7/1/2019	12/31/2382
74300	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; DURING SURGERY		\$114.52	7/1/2019	12/31/2382
74300	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; DURING SURGERY	26	\$19.24	7/1/2019	12/31/2382
74301	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; ADDITIONAL SET DURING SURGERY		\$114.52	7/1/2019	12/31/2382
74301	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; ADDITIONAL SET DURING SURGERY	26	\$11.19	7/1/2019	12/31/2382
74305	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; POSTOPERATIVE		\$114.52	7/1/2019	12/31/2382
74305	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; POSTOPERATIVE	26	\$22.67	7/1/2019	12/31/2382
74305	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; POSTOPERATIVE	TC	\$26.97	7/1/2019	12/31/2382
74320	CHOLANGIOGRAPHY, PERCUTANEOUS, TRANSHEPATIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$232.98	7/1/2019	12/31/2382
74320	CHOLANGIOGRAPHY, PERCUTANEOUS, TRANSHEPATIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$28.27	7/1/2019	12/31/2382
74320	CHOLANGIOGRAPHY, PERCUTANEOUS, TRANSHEPATIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$107.31	7/1/2019	12/31/2382
74327	POSTOPERATIVE BILIARY DUCT STONE REMOVAL, PERCUTANEOUS VIA T-TUBE TRACT, BASKET OR SNARE (EG, BURHENNE TECHNIQ		\$153.00	7/1/2019	12/31/2382

## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
74327	POSTOPERATIVE BILIARY DUCT STONE REMOVAL, PERCUTANEOUS VIA T-TUBE TRACT, BASKET OR SNARE (EG, BURHENNE TECHNIQ	26	\$37.97	7/1/2019	12/31/2382
74327	POSTOPERATIVE BILIARY DUCT STONE REMOVAL, PERCUTANEOUS VIA T-TUBE TRACT, BASKET OR SNARE (EG, BURHENNE TECHNIQ	TC	\$60.20	7/1/2019	12/31/2382
74328	ENDOSCOPIC CATHETERIZATION OF THE BILIARY DUCTAL SYSTEM, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$143.57	7/1/2019	12/31/2382
74328	ENDOSCOPIC CATHETERIZATION OF THE BILIARY DUCTAL SYSTEM, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$37.97	7/1/2019	12/31/2382
74328	ENDOSCOPIC CATHETERIZATION OF THE BILIARY DUCTAL SYSTEM, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$107.31	7/1/2019	12/31/2382
74329	ENDOSCOPIC CATHETERIZATION OF THE PANCREATIC DUCTAL SYSTEM, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$143.57	7/1/2019	12/31/2382
74329	ENDOSCOPIC CATHETERIZATION OF THE PANCREATIC DUCTAL SYSTEM, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$37.97	7/1/2019	12/31/2382
74329	ENDOSCOPIC CATHETERIZATION OF THE PANCREATIC DUCTAL SYSTEM, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$107.31	7/1/2019	12/31/2382
74330	COMBINED ENDOSCOPIC CATHETERIZATION OF THE BILIARY AND PANCREATIC DUCTAL SYSTEMS, RADIOLOGICAL SUPERVISION AND		\$143.57	7/1/2019	12/31/2382
74330	COMBINED ENDOSCOPIC CATHETERIZATION OF THE BILIARY AND PANCREATIC DUCTAL SYSTEMS, RADIOLOGICAL SUPERVISION AND	26	\$37.97	7/1/2019	12/31/2382
74330	COMBINED ENDOSCOPIC CATHETERIZATION OF THE BILIARY AND PANCREATIC DUCTAL SYSTEMS, RADIOLOGICAL SUPERVISION AND	TC	\$107.31	7/1/2019	12/31/2382
74340	INTRODUCTION OF LONG GASTROINTESTINAL TUBE (EG, MILLER-ABBOTT), WITH MULTIPLE FLUOROSCOPIES AND FILMS		\$89.64	7/1/2019	12/31/2382
74340	INTRODUCTION OF LONG GASTROINTESTINAL TUBE (EG, MILLER-ABBOTT), WITH MULTIPLE FLUOROSCOPIES AND FILMS	26	\$29.87	7/1/2019	12/31/2382
74340	INTRODUCTION OF LONG GASTROINTESTINAL TUBE (EG, MILLER-ABBOTT), WITH MULTIPLE FLUOROSCOPIES AND FILMS	TC	\$89.77	7/1/2019	12/31/2382
74350	PERCUTANEOUS PLACEMENT OF GASTROSTOMY TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$114.52	7/1/2019	12/31/2382
74350	PERCUTANEOUS PLACEMENT OF GASTROSTOMY TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$41.15	7/1/2019	12/31/2382
74350	PERCUTANEOUS PLACEMENT OF GASTROSTOMY TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$107.31	7/1/2019	12/31/2382
74355	PERCUTANEOUS PLACEMENT OF ENTEROCLYSIS TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$114.52	7/1/2019	12/31/2382
74355	PERCUTANEOUS PLACEMENT OF ENTEROCLYSIS TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$41.15	7/1/2019	12/31/2382
74355	PERCUTANEOUS PLACEMENT OF ENTEROCLYSIS TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$89.77	7/1/2019	12/31/2382

## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
74360	INTRALUMINAL DILATION OF STRICTURES AND/OR OBSTRUCTIONS (EG, ESOPHAGUS), RADIOLOGICAL SUPERVISION AND INTERPRE		\$153.00	7/1/2019	12/31/2382
74360	INTRALUMINAL DILATION OF STRICTURES AND/OR OBSTRUCTIONS (EG, ESOPHAGUS), RADIOLOGICAL SUPERVISION AND INTERPRE	26	\$29.87	7/1/2019	12/31/2382
74360	INTRALUMINAL DILATION OF STRICTURES AND/OR OBSTRUCTIONS (EG, ESOPHAGUS), RADIOLOGICAL SUPERVISION AND INTERPRE	TC	\$107.31	7/1/2019	12/31/2382
74363	PERCUTANEOUS TRANSHEPATIC DILATATION OF BILIARY DUCT STRICTURE WITH OR WITHOUT PLACEMENT OF STENT, RADIOLOGICA		\$343.82	7/1/2019	12/31/2382
74363	PERCUTANEOUS TRANSHEPATIC DILATATION OF BILIARY DUCT STRICTURE WITH OR WITHOUT PLACEMENT OF STENT, RADIOLOGICA	26	\$45.60	7/1/2019	12/31/2382
74400	UROGRAPHY (PYELOGRAPHY), INTRAVENOUS, WITH OR WITHOUT KUB, WITH OR WITHOUT TOMOGRAPHY;		\$172.39	7/1/2019	12/31/2382
74400	UROGRAPHY (PYELOGRAPHY), INTRAVENOUS, WITH OR WITHOUT KUB, WITH OR WITHOUT TOMOGRAPHY;	26	\$26.64	7/1/2019	12/31/2382
74400	UROGRAPHY (PYELOGRAPHY), INTRAVENOUS, WITH OR WITHOUT KUB, WITH OR WITHOUT TOMOGRAPHY;	TC	\$57.53	7/1/2019	12/31/2382
74405	UROGRAPHY (PYELOGRAPHY), INTRAVENOUS, WITH OR WITHOUT KUB, WITH OR WITHOUT TOMOGRAPHY; WITH SPECIAL HYPERTENSI		\$93.38	7/1/2019	12/31/2382
74405	UROGRAPHY (PYELOGRAPHY), INTRAVENOUS, WITH OR WITHOUT KUB, WITH OR WITHOUT TOMOGRAPHY; WITH SPECIAL HYPERTENSI	26	\$26.64	7/1/2019	12/31/2382
74405	UROGRAPHY (PYELOGRAPHY), INTRAVENOUS, WITH OR WITHOUT KUB, WITH OR WITHOUT TOMOGRAPHY; WITH SPECIAL HYPERTENSI	TC	\$68.05	7/1/2019	12/31/2382
74410	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE;		\$172.39	7/1/2019	12/31/2382
74410	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE;	26	\$26.64	7/1/2019	12/31/2382
74410	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE;	TC	\$66.47	7/1/2019	12/31/2382
74415	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE; WITH NEPHROTOMOGRAPHY		\$172.39	7/1/2019	12/31/2382
74415	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE; WITH NEPHROTOMOGRAPHY	26	\$26.64	7/1/2019	12/31/2382
74415	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE; WITH NEPHROTOMOGRAPHY	TC	\$72.40	7/1/2019	12/31/2382
74420	UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB		\$172.39	7/1/2019	12/31/2382
74420	UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB	26	\$18.77	7/1/2019	12/31/2382
74420	UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB	76	\$172.39	7/1/2019	12/31/2382
74420	UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB	TC	\$89.77	7/1/2019	12/31/2382
74425	UROGRAPHY, ANTEGRADE, (PYELOSTOGRAM, NEPHROSTOGRAM, LOOPOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$172.39	7/1/2019	12/31/2382
74425	UROGRAPHY, ANTEGRADE, (PYELOSTOGRAM, NEPHROSTOGRAM, LOOPOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$18.01	7/1/2019	12/31/2382
74425	UROGRAPHY, ANTEGRADE, (PYELOSTOGRAM, NEPHROSTOGRAM, LOOPOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETATION	59	\$172.39	7/1/2019	12/31/2382

## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
74425	UROGRAPHY, ANTEGRADE, (PYELOSTOGRAM, NEPHROSTOGRAM, LOOPOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETATION	LT	\$172.39	7/1/2019	12/31/2382
74425	UROGRAPHY, ANTEGRADE, (PYELOSTOGRAM, NEPHROSTOGRAM, LOOPOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETATION	RT	\$172.39	7/1/2019	12/31/2382
74425	UROGRAPHY, ANTEGRADE, (PYELOSTOGRAM, NEPHROSTOGRAM, LOOPOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$44.42	7/1/2019	12/31/2382
74430	CYSTOGRAPHY, MINIMUM OF THREE VIEWS, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$172.39	7/1/2019	12/31/2382
74430	CYSTOGRAPHY, MINIMUM OF THREE VIEWS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$16.33	7/1/2019	12/31/2382
74430	CYSTOGRAPHY, MINIMUM OF THREE VIEWS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$35.83	7/1/2019	12/31/2382
74440	VASOGRAPHY, VESICULOGRAPHY, OR EPIDIDYMOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$172.39	7/1/2019	12/31/2382
74440	VASOGRAPHY, VESICULOGRAPHY, OR EPIDIDYMOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$19.26	7/1/2019	12/31/2382
74440	VASOGRAPHY, VESICULOGRAPHY, OR EPIDIDYMOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$38.50	7/1/2019	12/31/2382
74445	CORPORA CAVERNOSOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$172.39	7/1/2019	12/31/2382
74445	CORPORA CAVERNOSOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$58.90	7/1/2019	12/31/2382
74445	CORPORA CAVERNOSOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$38.50	7/1/2019	12/31/2382
74450	URETHROCYSTOGRAPHY, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$172.39	7/1/2019	12/31/2382
74450	URETHROCYSTOGRAPHY, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$16.66	7/1/2019	12/31/2382
74450	URETHROCYSTOGRAPHY, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$50.02	7/1/2019	12/31/2382
74455	URETHROCYSTOGRAPHY, VOIDING, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$172.39	7/1/2019	12/31/2382
74455	URETHROCYSTOGRAPHY, VOIDING, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$16.66	7/1/2019	12/31/2382
74455	URETHROCYSTOGRAPHY, VOIDING, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$53.94	7/1/2019	12/31/2382
74470	RADIOLOGIC EXAMINATION, RENAL CYST STUDY, TRANSLUMBAR, CONTRAST VISUALIZATION, RADIOLOGICAL SUPERVISION AND IN		\$114.52	7/1/2019	12/31/2382
74470	RADIOLOGIC EXAMINATION, RENAL CYST STUDY, TRANSLUMBAR, CONTRAST VISUALIZATION, RADIOLOGICAL SUPERVISION AND IN	26	\$28.27	7/1/2019	12/31/2382



## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
74470	RADIOLOGIC EXAMINATION, RENAL CYST STUDY, TRANSLUMBAR, CONTRAST VISUALIZATION, RADIOLOGICAL SUPERVISION AND IN	TC	\$42.75	7/1/2019	12/31/2382
74475	INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS, RADIO		\$343.82	7/1/2019	12/31/2382
74475	INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS, RADIO	26	\$29.87	7/1/2019	12/31/2382
74475	INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS, RADIO	LT	\$343.82	7/1/2019	12/31/2382
74475	INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS, RADIO	RT	\$343.82	7/1/2019	12/31/2382
74475	INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS, RADIO	TC	\$138.87	7/1/2019	12/31/2382
74480	INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER THROUGH RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PER		\$153.00	7/1/2019	12/31/2382
74480	INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER THROUGH RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PER	26	\$29.87	7/1/2019	12/31/2382
74480	INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER THROUGH RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PER	TC	\$138.87	7/1/2019	12/31/2382
74485	DILATION OF NEPHROSTOMY, URETERS, OR URETHRA, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$153.00	7/1/2019	12/31/2382
74485	DILATION OF NEPHROSTOMY, URETERS, OR URETHRA, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$28.27	7/1/2019	12/31/2382
74485	DILATION OF NEPHROSTOMY, URETERS, OR URETHRA, RADIOLOGICAL SUPERVISION AND INTERPRETATION	LT	\$153.00	7/1/2019	12/31/2382
74485	DILATION OF NEPHROSTOMY, URETERS, OR URETHRA, RADIOLOGICAL SUPERVISION AND INTERPRETATION	RT	\$153.00	7/1/2019	12/31/2382
74485	DILATION OF NEPHROSTOMY, URETERS, OR URETHRA, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$107.31	7/1/2019	12/31/2382
74710	PELVIMETRY, WITH OR WITHOUT PLACENTAL LOCALIZATION		\$83.74	7/1/2019	12/31/2382
74710	PELVIMETRY, WITH OR WITHOUT PLACENTAL LOCALIZATION	26	\$18.17	7/1/2019	12/31/2382
74710	PELVIMETRY, WITH OR WITHOUT PLACENTAL LOCALIZATION	TC	\$35.83	7/1/2019	12/31/2382
74712	MAGNETIC RESONANCE IMAGING OF FETUS, SINGLE OR FIRST PREGNANCY		\$250.25	7/1/2019	12/31/2382
74740	HYSTEROSALPINGOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$232.98	7/1/2019	12/31/2382
74740	HYSTEROSALPINGOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$20.05	7/1/2019	12/31/2382
74740	HYSTEROSALPINGOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$44.42	7/1/2019	12/31/2382
74742	TRANSCERVICAL CATHETERIZATION OF FALLOPIAN TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$232.98	7/1/2019	12/31/2382

## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
74742	TRANSCERVICAL CATHETERIZATION OF FALLOPIAN TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$30.64	7/1/2019	12/31/2382
74742	TRANSCERVICAL CATHETERIZATION OF FALLOPIAN TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$107.31	7/1/2019	12/31/2382
74775	PERINEOGRAM (EG, VAGINOGRAM, FOR SEX DETERMINATION OR EXTENT OF ANOMALIES)		\$172.39	7/1/2019	12/31/2382
74775	PERINEOGRAM (EG, VAGINOGRAM, FOR SEX DETERMINATION OR EXTENT OF ANOMALIES)	26	\$33.89	7/1/2019	12/31/2382
74775	PERINEOGRAM (EG, VAGINOGRAM, FOR SEX DETERMINATION OR EXTENT OF ANOMALIES)	TC	\$50.02	7/1/2019	12/31/2382
75500	ANGIOCARDIOGRAPHY BY CINERADIOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$453.13	7/1/2019	12/31/2382
75500	ANGIOCARDIOGRAPHY BY CINERADIOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$61.70	7/1/2019	12/31/2382
75500	ANGIOCARDIOGRAPHY BY CINERADIOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$394.24	7/1/2019	12/31/2382
75505	ANGIOCARDIOGRAPHY BY SERIALOGRAPHY, SINGLE PLANE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$453.13	7/1/2019	12/31/2382
75505	ANGIOCARDIOGRAPHY BY SERIALOGRAPHY, SINGLE PLANE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$61.70	7/1/2019	12/31/2382
75505	ANGIOCARDIOGRAPHY BY SERIALOGRAPHY, SINGLE PLANE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$394.24	7/1/2019	12/31/2382
75507	ANGIOCARDIOGRAPHY BY SERIALOGRAPHY, MULTI-PLANE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$461.80	7/1/2019	12/31/2382
75507	ANGIOCARDIOGRAPHY BY SERIALOGRAPHY, MULTI-PLANE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$70.93	7/1/2019	12/31/2382
75507	ANGIOCARDIOGRAPHY BY SERIALOGRAPHY, MULTI-PLANE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$394.24	7/1/2019	12/31/2382
75519	CARDIAC RADIOGRAPHY, SELECTIVE CARDIAC CATHETERIZATION, RIGHT SIDE, RADIOLOGICAL SUPERVISION AND INTERPRETATIO		\$437.82	7/1/2019	12/31/2382
75519	CARDIAC RADIOGRAPHY, SELECTIVE CARDIAC CATHETERIZATION, RIGHT SIDE, RADIOLOGICAL SUPERVISION AND INTERPRETATIO	26	\$45.45	7/1/2019	12/31/2382
75519	CARDIAC RADIOGRAPHY, SELECTIVE CARDIAC CATHETERIZATION, RIGHT SIDE, RADIOLOGICAL SUPERVISION AND INTERPRETATIO	TC	\$394.24	7/1/2019	12/31/2382
75523	CARDIAC RADIOGRAPHY, SELECTIVE CARDIAC CATHETERIZATION, LEFT SIDE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$437.82	7/1/2019	12/31/2382
75523	CARDIAC RADIOGRAPHY, SELECTIVE CARDIAC CATHETERIZATION, LEFT SIDE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$45.45	7/1/2019	12/31/2382
75523	CARDIAC RADIOGRAPHY, SELECTIVE CARDIAC CATHETERIZATION, LEFT SIDE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$394.24	7/1/2019	12/31/2382

## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
75527	CARDIAC RADIOGRAPHY, SELECTIVE CARDIAC CATHETERIZATION, RIGHT AND LEFT SIDE, RADIOLOGICAL SUPERVISION AND INTE		\$471.82	7/1/2019	12/31/2382
75527	CARDIAC RADIOGRAPHY, SELECTIVE CARDIAC CATHETERIZATION, RIGHT AND LEFT SIDE, RADIOLOGICAL SUPERVISION AND INTE	26	\$81.00	7/1/2019	12/31/2382
75527	CARDIAC RADIOGRAPHY, SELECTIVE CARDIAC CATHETERIZATION, RIGHT AND LEFT SIDE, RADIOLOGICAL SUPERVISION AND INTE	TC	\$394.24	7/1/2019	12/31/2382
75552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, MYOCARDIUM		\$395.76	7/1/2019	12/31/2382
75552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, MYOCARDIUM	26	\$86.81	7/1/2019	12/31/2382
75552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, MYOCARDIUM	TC	\$382.71	7/1/2019	12/31/2382
75553	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY; WITHOUT CONTRAST MATERIAL		\$420.48	7/1/2019	12/31/2382
75554	CARDIAC MAGNETIC RESONANCE IMAGING FOR FUNCTION, WITH OR WITHOUT MORPHOLOGY; COMPLETE STUDY		\$395.76	7/1/2019	12/31/2382
75555	CARDIAC MAGNETIC RESONANCE IMAGING FOR FUNCTION, WITH OR WITHOUT MORPHOLOGY; LIMITED STUDY		\$395.76	7/1/2019	12/31/2382
75556	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING		\$395.76	7/1/2019	12/31/2382
75557	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL;		\$320.14	7/1/2019	12/31/2382
75561	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTR		\$582.37	7/1/2019	12/31/2382
75600	AORTOGRAPHY, THORACIC, WITHOUT SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$1,377.18	7/1/2019	12/31/2382
75600	AORTOGRAPHY, THORACIC, WITHOUT SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$26.64	7/1/2019	12/31/2382
75600	AORTOGRAPHY, THORACIC, WITHOUT SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$430.15	7/1/2019	12/31/2382
75605	AORTOGRAPHY, THORACIC, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$1,377.18	7/1/2019	12/31/2382
75605	AORTOGRAPHY, THORACIC, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$61.70	7/1/2019	12/31/2382
75605	AORTOGRAPHY, THORACIC, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$430.15	7/1/2019	12/31/2382
75625	AORTOGRAPHY, ABDOMINAL, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$1,377.18	7/1/2019	12/31/2382
75625	AORTOGRAPHY, ABDOMINAL, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$61.70	7/1/2019	12/31/2382
75625	AORTOGRAPHY, ABDOMINAL, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	59	\$1,377.18	7/1/2019	12/31/2382
75625	AORTOGRAPHY, ABDOMINAL, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$430.15	7/1/2019	12/31/2382

## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
75630	AORTOGRAPHY, ABDOMINAL PLUS BILATERAL ILIOFEMORAL LOWER EXTREMITY, CATHETER, BY SERIALOGRAPHY, RADIOLOGICAL SU		\$1,377.18	7/1/2019	12/31/2382
75630	AORTOGRAPHY, ABDOMINAL PLUS BILATERAL ILIOFEMORAL LOWER EXTREMITY, CATHETER, BY SERIALOGRAPHY, RADIOLOGICAL SU	26	\$70.93	7/1/2019	12/31/2382
75630	AORTOGRAPHY, ABDOMINAL PLUS BILATERAL ILIOFEMORAL LOWER EXTREMITY, CATHETER, BY SERIALOGRAPHY, RADIOLOGICAL SU	59	\$1,377.18	7/1/2019	12/31/2382
75630	AORTOGRAPHY, ABDOMINAL PLUS BILATERAL ILIOFEMORAL LOWER EXTREMITY, CATHETER, BY SERIALOGRAPHY, RADIOLOGICAL SU	TC	\$448.51	7/1/2019	12/31/2382
75635	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMINAL AORTA AND BILATERAL ILIOFEMORAL LOWER EXTREMITY RUNOFF, RADIOLOGIC		\$336.85	7/1/2019	12/31/2382
75650	ANGIOGRAPHY, CERVICOCEREBRAL, CATHETER, INCLUDING VESSEL ORIGIN, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$1,377.18	7/1/2019	12/31/2382
75650	ANGIOGRAPHY, CERVICOCEREBRAL, CATHETER, INCLUDING VESSEL ORIGIN, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$80.40	7/1/2019	12/31/2382
75650	ANGIOGRAPHY, CERVICOCEREBRAL, CATHETER, INCLUDING VESSEL ORIGIN, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$430.15	7/1/2019	12/31/2382
75658	ANGIOGRAPHY, BRACHIAL, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$586.71	7/1/2019	12/31/2382
75658	ANGIOGRAPHY, BRACHIAL, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$70.93	7/1/2019	12/31/2382
75658	ANGIOGRAPHY, BRACHIAL, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$430.15	7/1/2019	12/31/2382
75660	ANGIOGRAPHY, EXTERNAL CAROTID, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$425.62	7/1/2019	12/31/2382
75660	ANGIOGRAPHY, EXTERNAL CAROTID, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$70.93	7/1/2019	12/31/2382
75660	ANGIOGRAPHY, EXTERNAL CAROTID, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$430.15	7/1/2019	12/31/2382
75662	ANGIOGRAPHY, EXTERNAL CAROTID, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$1,377.18	7/1/2019	12/31/2382
75662	ANGIOGRAPHY, EXTERNAL CAROTID, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$89.70	7/1/2019	12/31/2382
75662	ANGIOGRAPHY, EXTERNAL CAROTID, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$430.15	7/1/2019	12/31/2382
75665	ANGIOGRAPHY, CAROTID, CEREBRAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$1,377.18	7/1/2019	12/31/2382
75665	ANGIOGRAPHY, CAROTID, CEREBRAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$70.93	7/1/2019	12/31/2382
75665	ANGIOGRAPHY, CAROTID, CEREBRAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	RT	\$1,377.18	7/1/2019	12/31/2382

## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
75665	ANGIOGRAPHY, CAROTID, CEREBRAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$430.15	7/1/2019	12/31/2382
75671	ANGIOGRAPHY, CAROTID, CEREBRAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$1,377.18	7/1/2019	12/31/2382
75671	ANGIOGRAPHY, CAROTID, CEREBRAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$89.70	7/1/2019	12/31/2382
75671	ANGIOGRAPHY, CAROTID, CEREBRAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$430.15	7/1/2019	12/31/2382
75676	ANGIOGRAPHY, CAROTID, CERVICAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$1,377.18	7/1/2019	12/31/2382
75676	ANGIOGRAPHY, CAROTID, CERVICAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$70.93	7/1/2019	12/31/2382
75676	ANGIOGRAPHY, CAROTID, CERVICAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$430.15	7/1/2019	12/31/2382
75680	ANGIOGRAPHY, CAROTID, CERVICAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$1,377.18	7/1/2019	12/31/2382
75680	ANGIOGRAPHY, CAROTID, CERVICAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$89.70	7/1/2019	12/31/2382
75680	ANGIOGRAPHY, CAROTID, CERVICAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$430.15	7/1/2019	12/31/2382
75685	ANGIOGRAPHY, VERTEBRAL, CERVICAL, AND/OR INTRACRANIAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$1,377.18	7/1/2019	12/31/2382
75685	ANGIOGRAPHY, VERTEBRAL, CERVICAL, AND/OR INTRACRANIAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$70.93	7/1/2019	12/31/2382
75685	ANGIOGRAPHY, VERTEBRAL, CERVICAL, AND/OR INTRACRANIAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$430.15	7/1/2019	12/31/2382
75705	ANGIOGRAPHY, SPINAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$425.62	7/1/2019	12/31/2382
75705	ANGIOGRAPHY, SPINAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$117.76	7/1/2019	12/31/2382
75705	ANGIOGRAPHY, SPINAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$430.15	7/1/2019	12/31/2382
75710	ANGIOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$1,377.18	7/1/2019	12/31/2382
75710	ANGIOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$61.70	7/1/2019	12/31/2382
75710	ANGIOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	59	\$1,377.18	7/1/2019	12/31/2382
75710	ANGIOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	LT	\$1,377.18	7/1/2019	12/31/2382

## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
75710	ANGIOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$430.15	7/1/2019	12/31/2382
75716	ANGIOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$1,377.18	7/1/2019	12/31/2382
75716	ANGIOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$70.93	7/1/2019	12/31/2382
75716	ANGIOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	59	\$1,377.18	7/1/2019	12/31/2382
75716	ANGIOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$430.15	7/1/2019	12/31/2382
75722	ANGIOGRAPHY, RENAL, UNILATERAL, SELECTIVE (INCLUDING FLUSH AORTOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETA		\$1,377.18	7/1/2019	12/31/2382
75722	ANGIOGRAPHY, RENAL, UNILATERAL, SELECTIVE (INCLUDING FLUSH AORTOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETA	26	\$61.70	7/1/2019	12/31/2382
75722	ANGIOGRAPHY, RENAL, UNILATERAL, SELECTIVE (INCLUDING FLUSH AORTOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETA	TC	\$430.15	7/1/2019	12/31/2382
75724	ANGIOGRAPHY, RENAL, BILATERAL, SELECTIVE (INCLUDING FLUSH AORTOGRAM),		\$1,377.18	7/1/2019	12/31/2382
75724	ANGIOGRAPHY, RENAL, BILATERAL, SELECTIVE (INCLUDING FLUSH AORTOGRAM),	26	\$80.40	7/1/2019	12/31/2382
75724	ANGIOGRAPHY, RENAL, BILATERAL, SELECTIVE (INCLUDING FLUSH AORTOGRAM),	TC	\$430.15	7/1/2019	12/31/2382
75726	ANGIOGRAPHY, VISCERAL, SELECTIVE OR SUPRASELECTIVE, (WITH OR WITHOUT FLUSH AORTOGRAM) RADIOLOGICAL SUPERVISION		\$1,377.18	7/1/2019	12/31/2382
75726	ANGIOGRAPHY, VISCERAL, SELECTIVE OR SUPRASELECTIVE, (WITH OR WITHOUT FLUSH AORTOGRAM) RADIOLOGICAL SUPERVISION	26	\$61.70	7/1/2019	12/31/2382
75726	ANGIOGRAPHY, VISCERAL, SELECTIVE OR SUPRASELECTIVE, (WITH OR WITHOUT FLUSH AORTOGRAM) RADIOLOGICAL SUPERVISION	59	\$1,377.18	7/1/2019	12/31/2382
75726	ANGIOGRAPHY, VISCERAL, SELECTIVE OR SUPRASELECTIVE, (WITH OR WITHOUT FLUSH AORTOGRAM) RADIOLOGICAL SUPERVISION	TC	\$430.15	7/1/2019	12/31/2382
75731	ANGIOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$1,377.18	7/1/2019	12/31/2382
75731	ANGIOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$61.70	7/1/2019	12/31/2382
75731	ANGIOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$430.15	7/1/2019	12/31/2382
75733	ANGIOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$425.62	7/1/2019	12/31/2382
75733	ANGIOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$70.93	7/1/2019	12/31/2382

## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
75733	ANGIOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$430.15	7/1/2019	12/31/2382
75736	ANGIOGRAPHY, PELVIC, SELECTIVE OR SUPRASELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$1,377.18	7/1/2019	12/31/2382
75736	ANGIOGRAPHY, PELVIC, SELECTIVE OR SUPRASELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$61.70	7/1/2019	12/31/2382
75736	ANGIOGRAPHY, PELVIC, SELECTIVE OR SUPRASELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$430.15	7/1/2019	12/31/2382
75741	ANGIOGRAPHY, PULMONARY, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$586.71	7/1/2019	12/31/2382
75741	ANGIOGRAPHY, PULMONARY, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$70.93	7/1/2019	12/31/2382
75741	ANGIOGRAPHY, PULMONARY, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$430.15	7/1/2019	12/31/2382
75743	ANGIOGRAPHY, PULMONARY, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$1,377.18	7/1/2019	12/31/2382
75743	ANGIOGRAPHY, PULMONARY, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$89.70	7/1/2019	12/31/2382
75743	ANGIOGRAPHY, PULMONARY, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$430.15	7/1/2019	12/31/2382
75746	ANGIOGRAPHY, PULMONARY, BY NONSELECTIVE CATHETER OR VENOUS INJECTION, RADIOLOGICAL SUPERVISION AND INTERPRETAT		\$586.71	7/1/2019	12/31/2382
75746	ANGIOGRAPHY, PULMONARY, BY NONSELECTIVE CATHETER OR VENOUS INJECTION, RADIOLOGICAL SUPERVISION AND INTERPRETAT	26	\$61.70	7/1/2019	12/31/2382
75746	ANGIOGRAPHY, PULMONARY, BY NONSELECTIVE CATHETER OR VENOUS INJECTION, RADIOLOGICAL SUPERVISION AND INTERPRETAT	TC	\$430.15	7/1/2019	12/31/2382
75750	ANGIOGRAPHY, CORONARY, ROOT INJECTION, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$489.05	7/1/2019	12/31/2382
75750	ANGIOGRAPHY, CORONARY, ROOT INJECTION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$61.70	7/1/2019	12/31/2382
75750	ANGIOGRAPHY, CORONARY, ROOT INJECTION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$430.15	7/1/2019	12/31/2382
75752	ANGIOGRAPHY, CORONARY, UNILATERAL SELECTIVE INJECTION, INCLUDING LEFT VENTRICULAR AND SUPRAVALVULAR ANGIOGRAM		\$489.05	7/1/2019	12/31/2382
75752	ANGIOGRAPHY, CORONARY, UNILATERAL SELECTIVE INJECTION, INCLUDING LEFT VENTRICULAR AND SUPRAVALVULAR ANGIOGRAM	26	\$61.70	7/1/2019	12/31/2382
75752	ANGIOGRAPHY, CORONARY, UNILATERAL SELECTIVE INJECTION, INCLUDING LEFT VENTRICULAR AND SUPRAVALVULAR ANGIOGRAM	TC	\$430.15	7/1/2019	12/31/2382
75754	ANGIOGRAPHY, CORONARY, BILATERAL SELECTIVE INJECTION, INCLUDING LEFT VENTRICULAR AND SUPRAVALVULAR ANGIOGRAM A		\$498.05	7/1/2019	12/31/2382

## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
75754	ANGIOGRAPHY, CORONARY, BILATERAL SELECTIVE INJECTION, INCLUDING LEFT VENTRICULAR AND SUPRAVALVULAR ANGIOGRAM A	26	\$71.25	7/1/2019	12/31/2382
75754	ANGIOGRAPHY, CORONARY, BILATERAL SELECTIVE INJECTION, INCLUDING LEFT VENTRICULAR AND SUPRAVALVULAR ANGIOGRAM A	TC	\$430.15	7/1/2019	12/31/2382
75756	ANGIOGRAPHY, INTERNAL MAMMARY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$586.71	7/1/2019	12/31/2382
75756	ANGIOGRAPHY, INTERNAL MAMMARY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$61.70	7/1/2019	12/31/2382
75756	ANGIOGRAPHY, INTERNAL MAMMARY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$430.15	7/1/2019	12/31/2382
75762	ANGIOGRAPHY, CORONARY BYPASS, UNILATERAL SELECTIVE INJECTION, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$489.05	7/1/2019	12/31/2382
75762	ANGIOGRAPHY, CORONARY BYPASS, UNILATERAL SELECTIVE INJECTION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$61.70	7/1/2019	12/31/2382
75762	ANGIOGRAPHY, CORONARY BYPASS, UNILATERAL SELECTIVE INJECTION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$430.15	7/1/2019	12/31/2382
75766	ANGIOGRAPHY, CORONARY BYPASS, MULTIPLE SELECTIVE INJECTION, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$497.71	7/1/2019	12/31/2382
75766	ANGIOGRAPHY, CORONARY BYPASS, MULTIPLE SELECTIVE INJECTION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$70.93	7/1/2019	12/31/2382
75766	ANGIOGRAPHY, CORONARY BYPASS, MULTIPLE SELECTIVE INJECTION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$430.15	7/1/2019	12/31/2382
75774	ANGIOGRAPHY, SELECTIVE, EACH ADDITIONAL VESSEL STUDIED AFTER BASIC EXAMINATION, RADIOLOGICAL SUPERVISION AND I		\$586.71	7/1/2019	12/31/2382
75774	ANGIOGRAPHY, SELECTIVE, EACH ADDITIONAL VESSEL STUDIED AFTER BASIC EXAMINATION, RADIOLOGICAL SUPERVISION AND I	26	\$18.01	7/1/2019	12/31/2382
75774	ANGIOGRAPHY, SELECTIVE, EACH ADDITIONAL VESSEL STUDIED AFTER BASIC EXAMINATION, RADIOLOGICAL SUPERVISION AND I	TC	\$430.15	7/1/2019	12/31/2382
75790	ANGIOGRAPHY, ARTERIOVENOUS SHUNT (EG, DIALYSIS PATIENT), RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$586.71	7/1/2019	12/31/2382
75790	ANGIOGRAPHY, ARTERIOVENOUS SHUNT (EG, DIALYSIS PATIENT), RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$99.33	7/1/2019	12/31/2382
75790	ANGIOGRAPHY, ARTERIOVENOUS SHUNT (EG, DIALYSIS PATIENT), RADIOLOGICAL SUPERVISION AND INTERPRETATION	LT	\$586.71	7/1/2019	12/31/2382
75790	ANGIOGRAPHY, ARTERIOVENOUS SHUNT (EG, DIALYSIS PATIENT), RADIOLOGICAL SUPERVISION AND INTERPRETATION	RT	\$586.71	7/1/2019	12/31/2382
75790	ANGIOGRAPHY, ARTERIOVENOUS SHUNT (EG, DIALYSIS PATIENT), RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$46.34	7/1/2019	12/31/2382
75801	LYMPHANGIOGRAPHY, EXTREMITY ONLY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$232.98	7/1/2019	11/30/2382



## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
75801	LYMPHANGIOGRAPHY, EXTREMITY ONLY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$43.75	7/1/2019	12/31/2382
75801	LYMPHANGIOGRAPHY, EXTREMITY ONLY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$184.97	7/1/2019	12/31/2382
75803	LYMPHANGIOGRAPHY, EXTREMITY ONLY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$232.98	7/1/2019	12/31/2382
75803	LYMPHANGIOGRAPHY, EXTREMITY ONLY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$62.99	7/1/2019	12/31/2382
75803	LYMPHANGIOGRAPHY, EXTREMITY ONLY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$184.97	7/1/2019	12/31/2382
75805	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$232.98	7/1/2019	12/31/2382
75805	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$43.75	7/1/2019	12/31/2382
75805	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$208.02	7/1/2019	12/31/2382
75807	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$232.98	7/1/2019	12/31/2382
75807	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$62.99	7/1/2019	12/31/2382
75807	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$208.02	7/1/2019	12/31/2382
75809	SHUNTOGRAM FOR INVESTIGATION OF PREVIOUSLY PLACED INDWELLING NONVASCULAR SHUNT (EG, LEVEEN SHUNT, VENTRICULOPE		\$114.52	7/1/2019	12/31/2382
75809	SHUNTOGRAM FOR INVESTIGATION OF PREVIOUSLY PLACED INDWELLING NONVASCULAR SHUNT (EG, LEVEEN SHUNT, VENTRICULOPE	26	\$23.65	7/1/2019	12/31/2382
75809	SHUNTOGRAM FOR INVESTIGATION OF PREVIOUSLY PLACED INDWELLING NONVASCULAR SHUNT (EG, LEVEEN SHUNT, VENTRICULOPE	TC	\$26.97	7/1/2019	12/31/2382
75810	SPLENOPORTOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$586.71	7/1/2019	12/31/2382
75810	SPLENOPORTOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$61.70	7/1/2019	12/31/2382
75810	SPLENOPORTOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$430.15	7/1/2019	12/31/2382
75820	VENOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$425.62	7/1/2019	12/31/2382
75820	VENOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$37.97	7/1/2019	12/31/2382
75820	VENOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	59	\$425.62	7/1/2019	12/31/2382

## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
75820	VENOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	LT	\$425.62	7/1/2019	12/31/2382
75820	VENOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	RT	\$425.62	7/1/2019	12/31/2382
75820	VENOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$32.24	7/1/2019	12/31/2382
75822	VENOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$425.62	7/1/2019	12/31/2382
75822	VENOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$56.96	7/1/2019	12/31/2382
75822	VENOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$50.68	7/1/2019	12/31/2382
75825	VENOGRAPHY, CAVAL, INFERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$586.71	7/1/2019	12/31/2382
75825	VENOGRAPHY, CAVAL, INFERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$61.70	7/1/2019	12/31/2382
75825	VENOGRAPHY, CAVAL, INFERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	59	\$586.71	7/1/2019	12/31/2382
75825	VENOGRAPHY, CAVAL, INFERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$430.15	7/1/2019	12/31/2382
75827	VENOGRAPHY, CAVAL, SUPERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$586.71	7/1/2019	12/31/2382
75827	VENOGRAPHY, CAVAL, SUPERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$61.70	7/1/2019	12/31/2382
75827	VENOGRAPHY, CAVAL, SUPERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	59	\$586.71	7/1/2019	12/31/2382
75827	VENOGRAPHY, CAVAL, SUPERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$430.15	7/1/2019	12/31/2382
75831	VENOGRAPHY, RENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$586.71	7/1/2019	12/31/2382
75831	VENOGRAPHY, RENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$61.70	7/1/2019	12/31/2382
75831	VENOGRAPHY, RENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$430.15	7/1/2019	12/31/2382
75833	VENOGRAPHY, RENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$586.71	7/1/2019	12/31/2382
75833	VENOGRAPHY, RENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$80.40	7/1/2019	12/31/2382
75833	VENOGRAPHY, RENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$430.15	7/1/2019	12/31/2382

## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
75840	VENOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$1,377.18	7/1/2019	12/31/2382
75840	VENOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$61.70	7/1/2019	12/31/2382
75840	VENOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$430.15	7/1/2019	12/31/2382
75842	VENOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$1,377.18	7/1/2019	12/31/2382
75842	VENOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$80.40	7/1/2019	12/31/2382
75842	VENOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$430.15	7/1/2019	12/31/2382
75860	VENOGRAPHY, SINUS OR JUGULAR, CATHETER, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$425.62	7/1/2019	12/31/2382
75860	VENOGRAPHY, SINUS OR JUGULAR, CATHETER, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$61.70	7/1/2019	12/31/2382
75860	VENOGRAPHY, SINUS OR JUGULAR, CATHETER, RADIOLOGICAL SUPERVISION AND INTERPRETATION	59	\$425.62	7/1/2019	12/31/2382
75860	VENOGRAPHY, SINUS OR JUGULAR, CATHETER, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$430.15	7/1/2019	12/31/2382
75870	VENOGRAPHY, SUPERIOR SAGITTAL SINUS, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$425.62	7/1/2019	12/31/2382
75870	VENOGRAPHY, SUPERIOR SAGITTAL SINUS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$61.70	7/1/2019	12/31/2382
75870	VENOGRAPHY, SUPERIOR SAGITTAL SINUS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$430.15	7/1/2019	12/31/2382
75872	VENOGRAPHY, EPIDURAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$586.71	7/1/2019	12/31/2382
75872	VENOGRAPHY, EPIDURAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$61.70	7/1/2019	12/31/2382
75872	VENOGRAPHY, EPIDURAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$430.15	7/1/2019	12/31/2382
75880	VENOGRAPHY, ORBITAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$425.62	7/1/2019	12/31/2382
75880	VENOGRAPHY, ORBITAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$37.97	7/1/2019	12/31/2382
75880	VENOGRAPHY, ORBITAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$32.24	7/1/2019	12/31/2382
75885	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITH HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$1,377.18	7/1/2019	12/31/2382

## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
75885	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITH HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$77.97	7/1/2019	12/31/2382
75885	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITH HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$430.15	7/1/2019	12/31/2382
75887	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITHOUT HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETAT		\$586.71	7/1/2019	12/31/2382
75887	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITHOUT HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETAT	26	\$77.97	7/1/2019	12/31/2382
75887	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITHOUT HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETAT	TC	\$430.15	7/1/2019	12/31/2382
75889	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITH HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$1,377.18	7/1/2019	12/31/2382
75889	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITH HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$61.70	7/1/2019	12/31/2382
75889	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITH HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$430.15	7/1/2019	12/31/2382
75891	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITHOUT HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETATIO		\$586.71	7/1/2019	12/31/2382
75891	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITHOUT HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETATIO	26	\$61.70	7/1/2019	12/31/2382
75891	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITHOUT HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETATIO	TC	\$430.15	7/1/2019	12/31/2382
75893	VENOUS SAMPLING THROUGH CATHETER, WITH OR WITHOUT ANGIOGRAPHY (EG, FOR PARATHYROID HORMONE, RENIN), RADIOLOGIC		\$458.42	7/1/2019	12/31/2382
75893	VENOUS SAMPLING THROUGH CATHETER, WITH OR WITHOUT ANGIOGRAPHY (EG, FOR PARATHYROID HORMONE, RENIN), RADIOLOGIC	26	\$29.87	7/1/2019	12/31/2382
75893	VENOUS SAMPLING THROUGH CATHETER, WITH OR WITHOUT ANGIOGRAPHY (EG, FOR PARATHYROID HORMONE, RENIN), RADIOLOGIC	59	\$458.42	7/1/2019	12/31/2382
75893	VENOUS SAMPLING THROUGH CATHETER, WITH OR WITHOUT ANGIOGRAPHY (EG, FOR PARATHYROID HORMONE, RENIN), RADIOLOGIC	TC	\$430.15	7/1/2019	12/31/2382
75894	TRANSCATHETER THERAPY, EMBOLIZATION, ANY METHOD, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$343.82	7/1/2019	12/31/2382
75894	TRANSCATHETER THERAPY, EMBOLIZATION, ANY METHOD, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$70.93	7/1/2019	12/31/2382
75894	TRANSCATHETER THERAPY, EMBOLIZATION, ANY METHOD, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$824.38	7/1/2019	12/31/2382
75896	TRANSCATHETER THERAPY, INFUSION, ANY METHOD (EG, THROMBOLYSIS OTHER THAN CORONARY), RADIOLOGICAL SUPERVISION A		\$343.82	7/1/2019	12/31/2382
75896	TRANSCATHETER THERAPY, INFUSION, ANY METHOD (EG, THROMBOLYSIS OTHER THAN CORONARY), RADIOLOGICAL SUPERVISION A	26	\$70.93	7/1/2019	12/31/2382

## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
75896	TRANSCATHETER THERAPY, INFUSION, ANY METHOD (EG, THROMBOLYSIS OTHER THAN CORONARY), RADIOLOGICAL SUPERVISION A	TC	\$716.49	7/1/2019	12/31/2382
75898	ANGIOGRAM THROUGH EXISTING CATHETER FOR FOLLOW-UP STUDY FOR TRANSCATHETER THERAPY, EMBOLIZATION OR INFUSION		\$114.52	7/1/2019	12/31/2382
75898	ANGIOGRAM THROUGH EXISTING CATHETER FOR FOLLOW-UP STUDY FOR TRANSCATHETER THERAPY, EMBOLIZATION OR INFUSION	26	\$89.40	7/1/2019	12/31/2382
75898	ANGIOGRAM THROUGH EXISTING CATHETER FOR FOLLOW-UP STUDY FOR TRANSCATHETER THERAPY, EMBOLIZATION OR INFUSION	TC	\$35.83	7/1/2019	12/31/2382
75901	MECHANICAL REMOVAL OF PERICATHETER OBSTRUCTIVE MATERIAL FROM CENTRAL VENOUS DEVICE VIA SEPERATE VENOUS ACCESS		\$114.52	7/1/2019	12/31/2382
75902	MECHANICAL REMOVAL OF INTRALUMINAL OBSTRUCTIVE MATERIAL FROM CENTRAL VENOUS DEVICE THROUGH DEVICE LUMEN, RADIO		\$114.52	7/1/2019	12/31/2382
75940	PERCUTANEOUS PLACEMENT OF IVC FILTER, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$343.82	7/1/2019	12/31/2382
75940	PERCUTANEOUS PLACEMENT OF IVC FILTER, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$28.27	7/1/2019	12/31/2382
75940	PERCUTANEOUS PLACEMENT OF IVC FILTER, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$430.15	7/1/2019	12/31/2382
75945	INTRAVASCULAR ULTRASOUND (NON-CORONARY VESSEL), RADIOLOGICAL SUPERVISION AND INTERPRETATION; INTIAL VESSEL		\$172.28	7/1/2019	12/31/2382
75946	INTRAVASCULAR ULTRASOUND (NON-CORONARY VESSEL), RADIOLOGICAL SUPERVISION AND INTERPRETATION; EACH ADDITIONAL		\$107.12	7/1/2019	12/31/2382
75960	TRANSCATHETER INTRODUCTION OF INTRAVASCULAR STENT(S), (NON-CORONARY VESSEL), PERCUTANEOUS AND/OR OPEN, RADIOLO		\$425.62	7/1/2019	12/31/2382
75960	TRANSCATHETER INTRODUCTION OF INTRAVASCULAR STENT(S), (NON-CORONARY VESSEL), PERCUTANEOUS AND/OR OPEN, RADIOLO	26	\$42.24	7/1/2019	12/31/2382
75960	TRANSCATHETER INTRODUCTION OF INTRAVASCULAR STENT(S), (NON-CORONARY VESSEL), PERCUTANEOUS AND/OR OPEN, RADIOLO	TC	\$508.57	7/1/2019	12/31/2382
75961	TRANSCATHETER RETRIEVAL, PERCUTANEOUS, OF INTRAVASCULAR FOREIGN BODY (EG, FRACTURED VENOUS OR ARTERIAL CATHETE		\$425.62	7/1/2019	12/31/2382
75961	TRANSCATHETER RETRIEVAL, PERCUTANEOUS, OF INTRAVASCULAR FOREIGN BODY (EG, FRACTURED VENOUS OR ARTERIAL CATHETE	26	\$230.07	7/1/2019	12/31/2382
75961	TRANSCATHETER RETRIEVAL, PERCUTANEOUS, OF INTRAVASCULAR FOREIGN BODY (EG, FRACTURED VENOUS OR ARTERIAL CATHETE	TC	\$358.41	7/1/2019	12/31/2382
75962	TRANSLUMINAL BALLOON ANGIOPLASTY, PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$425.62	7/1/2019	12/31/2382
75962	TRANSLUMINAL BALLOON ANGIOPLASTY, PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$28.27	7/1/2019	12/31/2382
75962	TRANSLUMINAL BALLOON ANGIOPLASTY, PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$537.46	7/1/2019	12/31/2382

## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
75964	TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATI		\$425.62	7/1/2019	12/31/2382
75964	TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATI	26	\$18.01	7/1/2019	12/31/2382
75964	TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATI	TC	\$286.93	7/1/2019	12/31/2382
75966	TRANSLUMINAL BALLOON ANGIOPLASTY, RENAL OR OTHER VISCERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$425.62	7/1/2019	12/31/2382
75966	TRANSLUMINAL BALLOON ANGIOPLASTY, RENAL OR OTHER VISCERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$67.57	7/1/2019	12/31/2382
75966	TRANSLUMINAL BALLOON ANGIOPLASTY, RENAL OR OTHER VISCERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$537.46	7/1/2019	12/31/2382
75968	TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL VISCERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$425.62	7/1/2019	12/31/2382
75968	TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL VISCERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$18.01	7/1/2019	12/31/2382
75968	TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL VISCERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$286.93	7/1/2019	12/31/2382
75970	TRANSCATHETER BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$425.62	7/1/2019	12/31/2382
75970	TRANSCATHETER BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$44.69	7/1/2019	12/31/2382
75970	TRANSCATHETER BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$394.24	7/1/2019	12/31/2382
75978	TRANSLUMINAL BALLOON ANGIOPLASTY, VENOUS (EG, SUBCLAVIAN STENOSIS), RADIOLOGICAL SUPERVISION AND INTERPRETATIO		\$425.62	7/1/2019	12/31/2382
75978	TRANSLUMINAL BALLOON ANGIOPLASTY, VENOUS (EG, SUBCLAVIAN STENOSIS), RADIOLOGICAL SUPERVISION AND INTERPRETATIO	26	\$36.63	7/1/2019	12/31/2382
75978	TRANSLUMINAL BALLOON ANGIOPLASTY, VENOUS (EG, SUBCLAVIAN STENOSIS), RADIOLOGICAL SUPERVISION AND INTERPRETATIO	59	\$425.62	7/1/2019	12/31/2382
75978	TRANSLUMINAL BALLOON ANGIOPLASTY, VENOUS (EG, SUBCLAVIAN STENOSIS), RADIOLOGICAL SUPERVISION AND INTERPRETATIO	LT	\$425.62	7/1/2019	12/31/2382
75978	TRANSLUMINAL BALLOON ANGIOPLASTY, VENOUS (EG, SUBCLAVIAN STENOSIS), RADIOLOGICAL SUPERVISION AND INTERPRETATIO	RT	\$425.62	7/1/2019	12/31/2382
75980	PERCUTANEOUS TRANSHEPATIC BILIARY DRAINAGE WITH CONTRAST MONITORING, RADIOLOGICAL SUPERVISION AND INTERPRETATI		\$343.82	7/1/2019	12/31/2382
75980	PERCUTANEOUS TRANSHEPATIC BILIARY DRAINAGE WITH CONTRAST MONITORING, RADIOLOGICAL SUPERVISION AND INTERPRETATI	26	\$77.97	7/1/2019	12/31/2382
75980	PERCUTANEOUS TRANSHEPATIC BILIARY DRAINAGE WITH CONTRAST MONITORING, RADIOLOGICAL SUPERVISION AND INTERPRETATI	TC	\$184.97	7/1/2019	12/31/2382

## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
75982	PERCUTANEOUS PLACEMENT OF DRAINAGE CATHETER FOR COMBINED INTERNAL AND EXTERNAL BILIARY DRAINAGE OR OF A DRAINAGE		\$343.82	7/1/2019	12/31/2382
75982	PERCUTANEOUS PLACEMENT OF DRAINAGE CATHETER FOR COMBINED INTERNAL AND EXTERNAL BILIARY DRAINAGE OR OF A DRAINAGE	26	\$77.97	7/1/2019	12/31/2382
75982	PERCUTANEOUS PLACEMENT OF DRAINAGE CATHETER FOR COMBINED INTERNAL AND EXTERNAL BILIARY DRAINAGE OR OF A DRAINAGE	52	\$343.82	7/1/2019	12/31/2382
75982	PERCUTANEOUS PLACEMENT OF DRAINAGE CATHETER FOR COMBINED INTERNAL AND EXTERNAL BILIARY DRAINAGE OR OF A DRAINAGE	TC	\$208.02	7/1/2019	12/31/2382
75984	CHANGE OF PERCUTANEOUS DRAINAGE CATHETER WITH CONTRAST MONITORING (IE, BILIARY TRACT, URINARY TRACT), RADIOLOG		\$114.52	7/1/2019	12/31/2382
75984	CHANGE OF PERCUTANEOUS DRAINAGE CATHETER WITH CONTRAST MONITORING (IE, BILIARY TRACT, URINARY TRACT), RADIOLOG	26	\$37.27	7/1/2019	12/31/2382
75984	CHANGE OF PERCUTANEOUS DRAINAGE CATHETER WITH CONTRAST MONITORING (IE, BILIARY TRACT, URINARY TRACT), RADIOLOG	50	\$114.52	7/1/2019	12/31/2382
75984	CHANGE OF PERCUTANEOUS DRAINAGE CATHETER WITH CONTRAST MONITORING (IE, BILIARY TRACT, URINARY TRACT), RADIOLOG	59	\$114.52	7/1/2019	12/31/2382
75984	CHANGE OF PERCUTANEOUS DRAINAGE CATHETER WITH CONTRAST MONITORING (IE, BILIARY TRACT, URINARY TRACT), RADIOLOG	LT	\$114.52	7/1/2019	12/31/2382
75984	CHANGE OF PERCUTANEOUS DRAINAGE CATHETER WITH CONTRAST MONITORING (IE, BILIARY TRACT, URINARY TRACT), RADIOLOG	RT	\$114.52	7/1/2019	12/31/2382
75984	CHANGE OF PERCUTANEOUS DRAINAGE CATHETER WITH CONTRAST MONITORING (IE, BILIARY TRACT, URINARY TRACT), RADIOLOG	TC	\$66.47	7/1/2019	12/31/2382
75989	RADIOLOGICAL GUIDANCE FOR PERCUTANEOUS DRAINAGE OF ABSCESS, OR SPECIMEN COLLECTION (IE, FLUOROSCOPY, ULTRASOUND)		\$126.26	7/1/2019	12/31/2382
75989	RADIOLOGICAL GUIDANCE FOR PERCUTANEOUS DRAINAGE OF ABSCESS, OR SPECIMEN COLLECTION (IE, FLUOROSCOPY, ULTRASOUND)	26	\$52.49	7/1/2019	12/31/2382
75989	RADIOLOGICAL GUIDANCE FOR PERCUTANEOUS DRAINAGE OF ABSCESS, OR SPECIMEN COLLECTION (IE, FLUOROSCOPY, ULTRASOUND)	TC	\$107.31	7/1/2019	12/31/2382
75992	TRANSLUMINAL ATHERECTOMY, PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$586.71	7/1/2019	12/31/2382
75992	TRANSLUMINAL ATHERECTOMY, PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$28.27	7/1/2019	12/31/2382
75992	TRANSLUMINAL ATHERECTOMY, PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$537.46	7/1/2019	12/31/2382
75993	TRANSLUMINAL ATHERECTOMY, EACH ADDITIONAL PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$586.71	7/1/2019	12/31/2382
75993	TRANSLUMINAL ATHERECTOMY, EACH ADDITIONAL PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$18.01	7/1/2019	12/31/2382
75993	TRANSLUMINAL ATHERECTOMY, EACH ADDITIONAL PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$286.93	7/1/2019	12/31/2382

## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
75994	TRANSLUMINAL ATHERECTOMY, RENAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$586.71	7/1/2019	12/31/2382
75994	TRANSLUMINAL ATHERECTOMY, RENAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$67.57	7/1/2019	12/31/2382
75994	TRANSLUMINAL ATHERECTOMY, RENAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$537.46	7/1/2019	12/31/2382
75995	TRANSLUMINAL ATHERECTOMY, VISCERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$586.71	7/1/2019	12/31/2382
75995	TRANSLUMINAL ATHERECTOMY, VISCERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$67.57	7/1/2019	12/31/2382
75995	TRANSLUMINAL ATHERECTOMY, VISCERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$537.46	7/1/2019	12/31/2382
75996	TRANSLUMINAL ATHERECTOMY, EACH ADDITIONAL RENAL OR VISCERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATIO		\$586.71	7/1/2019	12/31/2382
75996	TRANSLUMINAL ATHERECTOMY, EACH ADDITIONAL RENAL OR VISCERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATIO	26	\$18.01	7/1/2019	12/31/2382
75996	TRANSLUMINAL ATHERECTOMY, EACH ADDITIONAL RENAL OR VISCERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATIO	TC	\$286.93	7/1/2019	12/31/2382
76000	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO ONE HOUR PHYSICIAN TIME, OTHER THAN 71023 OR 71034		\$89.64	7/1/2019	12/31/2382
76000	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO ONE HOUR PHYSICIAN TIME, OTHER THAN 71023 OR 71034	26	\$8.55	7/1/2019	12/31/2382
76000	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO ONE HOUR PHYSICIAN TIME, OTHER THAN 71023 OR 71034	59	\$89.64	7/1/2019	12/31/2382
76000	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO ONE HOUR PHYSICIAN TIME, OTHER THAN 71023 OR 71034	TC	\$44.42	7/1/2019	12/31/2382
76000	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO ONE HOUR PHYSICIAN TIME, OTHER THAN 71023 OR 71034	XU	\$89.64	7/1/2019	12/31/2382
76001	FLUOROSCOPY, PHYSICIAN TIME MORE THAN ONE HOUR, ASSISTING A NON-RADIOLOGIC PHYSICIAN (EG, NEPHROSTOLITHOTOMY,		\$124.68	7/1/2019	12/31/2382
76001	FLUOROSCOPY, PHYSICIAN TIME MORE THAN ONE HOUR, ASSISTING A NON-RADIOLOGIC PHYSICIAN (EG, NEPHROSTOLITHOTOMY,	26	\$36.60	7/1/2019	12/31/2382
76001	FLUOROSCOPY, PHYSICIAN TIME MORE THAN ONE HOUR, ASSISTING A NON-RADIOLOGIC PHYSICIAN (EG, NEPHROSTOLITHOTOMY,	59	\$124.68	7/1/2019	12/31/2382
76001	FLUOROSCOPY, PHYSICIAN TIME MORE THAN ONE HOUR, ASSISTING A NON-RADIOLOGIC PHYSICIAN (EG, NEPHROSTOLITHOTOMY,	76	\$124.68	7/1/2019	12/31/2382
76001	FLUOROSCOPY, PHYSICIAN TIME MORE THAN ONE HOUR, ASSISTING A NON-RADIOLOGIC PHYSICIAN (EG, NEPHROSTOLITHOTOMY,	TC	\$89.77	7/1/2019	12/31/2382
76003	FLUOROSCOPIC LOCALIZATION FOR NEEDLE BIOPSY OR FINE NEEDLE ASPIRATION		\$72.69	7/1/2019	12/31/2382



## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
76003	FLUOROSCOPIC LOCALIZATION FOR NEEDLE BIOPSY OR FINE NEEDLE ASPIRATION	26	\$29.87	7/1/2019	12/31/2382
76003	FLUOROSCOPIC LOCALIZATION FOR NEEDLE BIOPSY OR FINE NEEDLE ASPIRATION	TC	\$44.42	7/1/2019	12/31/2382
76006	MANUAL APPLICATION OF STRESS PERFORMED BY PHYSICIAN FOR JOINT RADIOLOGY, INCLUDING CONTRALATERAL JOINT IF IND		\$49.20	7/1/2019	12/31/2382
76010	RADIOLOGIC EXAMINATION FROM NOSE TO RECTUM FOR FOREIGN BODY, SINGLE FILM, CHILD		\$49.20	7/1/2019	12/31/2382
76010	RADIOLOGIC EXAMINATION FROM NOSE TO RECTUM FOR FOREIGN BODY, SINGLE FILM, CHILD	26	\$9.61	7/1/2019	12/31/2382
76010	RADIOLOGIC EXAMINATION FROM NOSE TO RECTUM FOR FOREIGN BODY, SINGLE FILM, CHILD	TC	\$18.13	7/1/2019	12/31/2382
76012	RADIOLOGICAL SUPERVISION AND INTERPRETATION, PERCUTANEOUS VERTEBROPLASTY, PER VERTEBRAL BODY; UNDER FLUOROSCOPI		\$196.68	7/1/2019	12/31/2382
76013	RADIOLOGICAL SUPERVISION AND INTERPRETATION, PERCUTANEOUS VERTEBROPLASTY; UNDER CT GUIDANCE		\$196.68	7/1/2019	12/31/2382
76020	BONE AGE STUDIES		\$49.20	7/1/2019	12/31/2382
76020	BONE AGE STUDIES	26	\$10.39	7/1/2019	12/31/2382
76020	BONE AGE STUDIES	TC	\$18.13	7/1/2019	12/31/2382
76040	BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM)		\$83.74	7/1/2019	12/31/2382
76040	BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM)	26	\$14.45	7/1/2019	12/31/2382
76040	BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM)	TC	\$26.97	7/1/2019	12/31/2382
76061	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; LIMITED (EG, FOR METASTASES)		\$83.74	7/1/2019	12/31/2382
76061	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; LIMITED (EG, FOR METASTASES)	26	\$24.29	7/1/2019	12/31/2382
76061	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; LIMITED (EG, FOR METASTASES)	TC	\$33.91	7/1/2019	12/31/2382
76062	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; COMPLETE (AXIAL AND APPENDICULAR SKELETON)		\$83.74	7/1/2019	12/31/2382
76062	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; COMPLETE (AXIAL AND APPENDICULAR SKELETON)	26	\$29.87	7/1/2019	12/31/2382
76062	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; COMPLETE (AXIAL AND APPENDICULAR SKELETON)	TC	\$49.35	7/1/2019	12/31/2382
76065	RADIOLOGIC EXAMINATION OSSEOUS SURVEY; INFANT		\$83.74	7/1/2019	12/31/2382
76065	RADIOLOGIC EXAMINATION OSSEOUS SURVEY; INFANT	26	\$14.74	7/1/2019	12/31/2382
76065	RADIOLOGIC EXAMINATION OSSEOUS SURVEY; INFANT	TC	\$25.30	7/1/2019	12/31/2382
76066	JOINT SURVEY, SINGLE VIEW, ONE OR MORE JOINTS (SPECIFY)		\$49.20	7/1/2019	12/31/2382
76066	JOINT SURVEY, SINGLE VIEW, ONE OR MORE JOINTS (SPECIFY)	26	\$16.50	7/1/2019	12/31/2382
76066	JOINT SURVEY, SINGLE VIEW, ONE OR MORE JOINTS (SPECIFY)	TC	\$37.83	7/1/2019	12/31/2382

## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
76070	COMPUTERIZED TOMOGRAPHY BONE MINERAL DENSITY STUDY, ONE OR MORE SITES		\$82.39	7/1/2019	12/31/2382
76070	COMPUTERIZED TOMOGRAPHY BONE MINERAL DENSITY STUDY, ONE OR MORE SITES	26	\$13.37	7/1/2019	12/31/2382
76070	COMPUTERIZED TOMOGRAPHY BONE MINERAL DENSITY STUDY, ONE OR MORE SITES	TC	\$100.71	7/1/2019	12/31/2382
76071	COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, ONE OR MORE SITES;APPENDICULAR SKELETON		\$107.47	7/1/2019	12/31/2382
76075	DUAL ENERGY X-RAY ABSORPTIOMETRY (DEXA), BONE DENSITY STUDY, ONE OR MORE SITES; AXIAL SKELETON (EG, HIPS, PEL		\$82.39	7/1/2019	12/31/2382
76076	DUAL ENERGY X-RAY ABSORPTIOMETRY (DEXA), BONE DENSITY STUDY, ONE OR MORE SITES; APPENDICULAR SKELETON		\$43.04	7/1/2019	12/31/2382
76077	DUAL ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, ONE OR MORE SITES; VERTEBRAL FRACTURE ASSESSMENT		\$49.20	7/1/2019	12/31/2382
76078	RADIOGRAPHIC ABSORPTIOMETRY (PHOTODENSITOMETRY), ONE OR MORE SITES		\$49.20	7/1/2019	12/31/2382
76080	RADIOLOGIC EXAMINATION, ABSCESS, FISTULA OR SINUS TRACT STUDY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$114.52	7/1/2019	12/31/2382
76080	RADIOLOGIC EXAMINATION, ABSCESS, FISTULA OR SINUS TRACT STUDY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$28.27	7/1/2019	12/31/2382
76080	RADIOLOGIC EXAMINATION, ABSCESS, FISTULA OR SINUS TRACT STUDY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	59	\$114.52	7/1/2019	12/31/2382
76080	RADIOLOGIC EXAMINATION, ABSCESS, FISTULA OR SINUS TRACT STUDY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$35.83	7/1/2019	12/31/2382
76082	COMPUTER AIDED DETECTION WITH FURTHER PHYSICIAN REVIEW FOR INTERPRETATION, WITH OR WITHOUT DIGITIZATION		\$17.25	7/1/2019	12/31/2382
76082	COMPUTER AIDED DETECTION WITH FURTHER PHYSICIAN REVIEW FOR INTERPRETATION, WITH OR WITHOUT DIGITIZATION	LT	\$17.25	7/1/2019	12/31/2382
76082	COMPUTER AIDED DETECTION WITH FURTHER PHYSICIAN REVIEW FOR INTERPRETATION, WITH OR WITHOUT DIGITIZATION	RT	\$17.25	7/1/2019	12/31/2382
76083	COMPUTER AIDED DETECTION WITH FURTHER PHYSICIAN REVIEW FOR INTERPRETATION, WITH OR WITHOUT DIGITIZATION		\$17.25	7/1/2019	12/31/2382
76086	MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE DUCT, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$114.52	7/1/2019	12/31/2382
76086	MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE DUCT, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$18.34	7/1/2019	12/31/2382
76086	MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE DUCT, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$89.77	7/1/2019	12/31/2382
76088	MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIPLE DUCTS, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$114.52	7/1/2019	12/31/2382

## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
76088	MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIPLE DUCTS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$22.97	7/1/2019	12/31/2382
76088	MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIPLE DUCTS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$125.09	7/1/2019	12/31/2382
76090	MAMMOGRAPHY; UNILATERAL		\$44.40	7/1/2019	12/31/2382
76090	MAMMOGRAPHY; UNILATERAL	26	\$13.37	7/1/2019	12/31/2382
76090	MAMMOGRAPHY; UNILATERAL	LT	\$44.40	7/1/2019	12/31/2382
76090	MAMMOGRAPHY; UNILATERAL	RT	\$44.40	7/1/2019	12/31/2382
76090	MAMMOGRAPHY; UNILATERAL	TC	\$35.83	7/1/2019	12/31/2382
76091	MAMMOGRAPHY; BILATERAL		\$55.22	7/1/2019	12/31/2382
76091	MAMMOGRAPHY; BILATERAL	26	\$21.93	7/1/2019	12/31/2382
76091	MAMMOGRAPHY; BILATERAL	TC	\$44.42	7/1/2019	12/31/2382
76092	SCREENING MAMMOGRAPHY, BILATERAL (TWO VIEW FILM STUDY OF EACH BREAST)		\$52.00	7/1/2019	12/31/2382
76095	STEREOTACTIC LOCALIZATION FOR BREAST BIOPSY, EACH LESION, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$232.98	7/1/2019	12/31/2382
76095	STEREOTACTIC LOCALIZATION FOR BREAST BIOPSY, EACH LESION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	LT	\$232.98	7/1/2019	12/31/2382
76095	STEREOTACTIC LOCALIZATION FOR BREAST BIOPSY, EACH LESION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	RT	\$232.98	7/1/2019	12/31/2382
76096	PREOPERATIVE PLACEMENT OF NEEDLE LOCALIZATION WIRE, BREAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$114.52	7/1/2019	12/31/2382
76096	PREOPERATIVE PLACEMENT OF NEEDLE LOCALIZATION WIRE, BREAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$29.28	7/1/2019	12/31/2382
76096	PREOPERATIVE PLACEMENT OF NEEDLE LOCALIZATION WIRE, BREAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION	LT	\$114.52	7/1/2019	12/31/2382
76096	PREOPERATIVE PLACEMENT OF NEEDLE LOCALIZATION WIRE, BREAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION	RT	\$114.52	7/1/2019	12/31/2382
76096	PREOPERATIVE PLACEMENT OF NEEDLE LOCALIZATION WIRE, BREAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$44.42	7/1/2019	12/31/2382
76098	RADIOLOGICAL EXAMINATION, BREAST SURGICAL SPECIMEN		\$49.20	7/1/2019	12/31/2382
76098	RADIOLOGICAL EXAMINATION, BREAST SURGICAL SPECIMEN	26	\$8.10	7/1/2019	12/31/2382
76098	RADIOLOGICAL EXAMINATION, BREAST SURGICAL SPECIMEN	LT	\$49.20	7/1/2019	12/31/2382
76098	RADIOLOGICAL EXAMINATION, BREAST SURGICAL SPECIMEN	RT	\$49.20	7/1/2019	12/31/2382
76098	RADIOLOGICAL EXAMINATION, BREAST SURGICAL SPECIMEN	TC	\$14.44	7/1/2019	12/31/2382
76100	RADIOLOGIC EXAMINATION, SINGLE PLANE BODY SECTION (EG, TOMOGRAPHY), OTHER THAN WITH UROGRAPHY		\$83.74	7/1/2019	12/31/2382
76100	RADIOLOGIC EXAMINATION, SINGLE PLANE BODY SECTION (EG, TOMOGRAPHY), OTHER THAN WITH UROGRAPHY	26	\$32.00	7/1/2019	12/31/2382
76100	RADIOLOGIC EXAMINATION, SINGLE PLANE BODY SECTION (EG, TOMOGRAPHY), OTHER THAN WITH UROGRAPHY	TC	\$42.75	7/1/2019	12/31/2382

## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
76101	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTION (EG, MASTOID POLYTOMOGRAPHY), OTHER T		\$114.52	7/1/2019	12/31/2382
76101	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTION (EG, MASTOID POLYTOMOGRAPHY), OTHER T	26	\$32.00	7/1/2019	12/31/2382
76101	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTION (EG, MASTOID POLYTOMOGRAPHY), OTHER T	TC	\$48.35	7/1/2019	12/31/2382
76102	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTION (EG, MASTOID POLYTOMOGRAPHY), OTHER T		\$232.98	7/1/2019	12/31/2382
76102	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTION (EG, MASTOID POLYTOMOGRAPHY), OTHER T	26	\$32.00	7/1/2019	12/31/2382
76102	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTION (EG, MASTOID POLYTOMOGRAPHY), OTHER T	TC	\$59.21	7/1/2019	12/31/2382
76120	CINERADIOGRAPHY, EXCEPT WHERE SPECIFICALLY INCLUDED		\$89.64	7/1/2019	12/31/2382
76120	CINERADIOGRAPHY, EXCEPT WHERE SPECIFICALLY INCLUDED	26	\$20.31	7/1/2019	12/31/2382
76120	CINERADIOGRAPHY, EXCEPT WHERE SPECIFICALLY INCLUDED	TC	\$35.83	7/1/2019	12/31/2382
76125	CINERADIOGRAPHY TO COMPLEMENT ROUTINE EXAMINATION		\$49.20	7/1/2019	12/31/2382
76125	CINERADIOGRAPHY TO COMPLEMENT ROUTINE EXAMINATION	26	\$14.21	7/1/2019	12/31/2382
76125	CINERADIOGRAPHY TO COMPLEMENT ROUTINE EXAMINATION	TC	\$26.97	7/1/2019	12/31/2382
76150	XERORADIOGRAPHY		\$49.20	7/1/2019	12/31/2382
76355	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR STEREOTACTIC LOCALIZATION		\$289.49	7/1/2019	12/31/2382
76355	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR STEREOTACTIC LOCALIZATION	26	\$65.56	7/1/2019	12/31/2382
76355	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR STEREOTACTIC LOCALIZATION	TC	\$282.00	7/1/2019	12/31/2382
76360	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR NEEDLE BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$289.49	7/1/2019	12/31/2382
76360	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR NEEDLE BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$59.57	7/1/2019	12/31/2382
76360	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR NEEDLE BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$282.00	7/1/2019	12/31/2382
76362	COMPUTERIZED AXIAL TOMOGRAPHIC GUIDANCE FOR, AND MONITORING OF, TISSUE ABLATION		\$344.34	7/1/2019	12/31/2382
76365	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR CYST ASPIRATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$341.57	7/1/2019	12/31/2382
76365	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR CYST ASPIRATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$59.57	7/1/2019	12/31/2382
76365	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR CYST ASPIRATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$282.00	7/1/2019	12/31/2382
76370	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS		\$107.47	7/1/2019	12/31/2382

## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
76370	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS	26	\$46.13	7/1/2019	12/31/2382
76370	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS	TC	\$100.71	7/1/2019	12/31/2382
76375	CORONAL, SAGITTAL, MULTIPLANAR, OBLIQUE, 3-DIMENSIONAL AND/OR HOLOGRAPHIC RECONSTRUCTION OF COMPUTERIZED TOMO		\$128.50	7/1/2019	12/31/2382
76375	CORONAL, SAGITTAL, MULTIPLANAR, OBLIQUE, 3-DIMENSIONAL AND/OR HOLOGRAPHIC RECONSTRUCTION OF COMPUTERIZED TOMO	26	\$8.10	7/1/2019	12/31/2382
76375	CORONAL, SAGITTAL, MULTIPLANAR, OBLIQUE, 3-DIMENSIONAL AND/OR HOLOGRAPHIC RECONSTRUCTION OF COMPUTERIZED TOMO	TC	\$120.50	7/1/2019	12/31/2382
76376	3D REDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND,		\$41.39	7/1/2019	12/31/2382
76376	3D REDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND,	59	\$41.39	7/1/2019	12/31/2382
76376	3D REDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND,	LT	\$41.39	7/1/2019	12/31/2382
76376	3D REDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND,	RT	\$41.39	7/1/2019	12/31/2382
76377	3D REDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND,		\$107.47	7/1/2019	12/31/2382
76377	3D REDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND,	59	\$107.47	7/1/2019	12/31/2382
76377	3D REDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND,	ET	\$107.47	7/1/2019	12/31/2382
76380	COMPUTERIZED TOMOGRAPHY, LIMITED OR LOCALIZED FOLLOW-UP STUDY		\$107.47	7/1/2019	12/31/2382
76380	COMPUTERIZED TOMOGRAPHY, LIMITED OR LOCALIZED FOLLOW-UP STUDY	26	\$50.57	7/1/2019	12/31/2382
76380	COMPUTERIZED TOMOGRAPHY, LIMITED OR LOCALIZED FOLLOW-UP STUDY	59	\$107.47	7/1/2019	12/31/2382
76380	COMPUTERIZED TOMOGRAPHY, LIMITED OR LOCALIZED FOLLOW-UP STUDY	TC	\$119.50	7/1/2019	12/31/2382
76393	MAGNETIC RESONANCE GUIDANCE FOR NEEDLE PLACEMENT (EG, FOR BIOPSY)RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$343.96	7/1/2019	12/31/2382
76394	MAGNETIC RESONANCE GUIDANCE FOR, AND MONITORING OF, TISSUE ABLATION		\$343.96	7/1/2019	12/31/2382
76400	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BONE MARROW BLOOD SUPPLY		\$343.96	7/1/2019	12/31/2382
76400	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BONE MARROW BLOOD SUPPLY	26	\$82.88	7/1/2019	12/31/2382

## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
76400	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BONE MARROW BLOOD SUPPLY	TC	\$382.71	7/1/2019	12/31/2382
76496	UNLISTED FLUOROSCOPIC PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)		\$89.64	7/1/2019	12/31/2382
76497	UNLISTED COMPUTED TOMOGRAPHY PROCEDURE (EG, DIAGNOSTIC INTERVENTIONAL)		\$107.47	7/1/2019	12/31/2382
76498	UNLISTED MAGNETIC RESONANCE PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)		\$343.96	7/1/2019	12/31/2382
76499	UNLISTED DIAGNOSTIC RADIOLOGIC PROCEDURE		\$49.20	7/1/2019	12/31/2382
76506	ECHOENCEPHALOGRAPHY, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION (GRAY SCALE) (FOR DETERMINATION OF VENTR		\$66.98	7/1/2019	12/31/2382
76506	ECHOENCEPHALOGRAPHY, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION (GRAY SCALE) (FOR DETERMINATION OF VENTR	26	\$34.43	7/1/2019	12/31/2382
76506	ECHOENCEPHALOGRAPHY, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION (GRAY SCALE) (FOR DETERMINATION OF VENTR	TC	\$48.35	7/1/2019	12/31/2382
76510	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN AND QUANTITATIVE A-SCAN PERFORMED DURING THE SAME PATIENT ENCOUNTER		\$107.12	7/1/2019	12/31/2382
76511	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; A-SCAN ONLY, WITH AMPLITUDE QUANTIFICATION		\$107.12	7/1/2019	12/31/2382
76511	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; A-SCAN ONLY, WITH AMPLITUDE QUANTIFICATION	26	\$33.25	7/1/2019	12/31/2382
76511	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; A-SCAN ONLY, WITH AMPLITUDE QUANTIFICATION	50	\$107.12	7/1/2019	12/31/2382
76511	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; A-SCAN ONLY, WITH AMPLITUDE QUANTIFICATION	LT	\$107.12	7/1/2019	12/31/2382
76511	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; A-SCAN ONLY, WITH AMPLITUDE QUANTIFICATION	RT	\$107.12	7/1/2019	12/31/2382
76511	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; A-SCAN ONLY, WITH AMPLITUDE QUANTIFICATION	TC	\$42.75	7/1/2019	12/31/2382
76512	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CONTACT B-SCAN (WITH OR WITHOUT SIMULTANEOUS A-SCAN)		\$107.12	7/1/2019	12/31/2382
76512	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CONTACT B-SCAN (WITH OR WITHOUT SIMULTANEOUS A-SCAN)	26	\$36.00	7/1/2019	12/31/2382
76512	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CONTACT B-SCAN (WITH OR WITHOUT SIMULTANEOUS A-SCAN)	LT	\$107.12	7/1/2019	12/31/2382
76512	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CONTACT B-SCAN (WITH OR WITHOUT SIMULTANEOUS A-SCAN)	RT	\$107.12	7/1/2019	12/31/2382
76512	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CONTACT B-SCAN (WITH OR WITHOUT SIMULTANEOUS A-SCAN)	TC	\$52.27	7/1/2019	12/31/2382
76513	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; ANTERIOR SEGMENT ULTRASOUND,		\$107.12	7/1/2019	12/31/2382

## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
76513	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; ANTERIOR SEGMENT ULTRASOUND,	26	\$36.00	7/1/2019	12/31/2382
76513	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; ANTERIOR SEGMENT ULTRASOUND,	TC	\$52.27	7/1/2019	12/31/2382
76514	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CORNEAL PACHYMETRY, UNILATERAL OR BILATERAL		\$41.39	7/1/2019	12/31/2382
76514	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CORNEAL PACHYMETRY, UNILATERAL OR BILATERAL	50	\$41.39	7/1/2019	12/31/2382
76514	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CORNEAL PACHYMETRY, UNILATERAL OR BILATERAL	PO	\$0.01	7/1/2019	12/31/2382
76516	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN;		\$66.98	7/1/2019	12/31/2382
76516	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN;	26	\$29.63	7/1/2019	12/31/2382
76516	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN;	TC	\$42.75	7/1/2019	12/31/2382
76519	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN; WITH INTRAOCULAR LENS POWER CALCULATION		\$107.12	7/1/2019	12/31/2382
76519	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN; WITH INTRAOCULAR LENS POWER CALCULATION	26	\$29.63	7/1/2019	12/31/2382
76519	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN; WITH INTRAOCULAR LENS POWER CALCULATION	TC	\$42.75	7/1/2019	12/31/2382
76529	OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION		\$66.98	7/1/2019	12/31/2382
76529	OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	26	\$31.40	7/1/2019	12/31/2382
76529	OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	TC	\$46.67	7/1/2019	12/31/2382
76536	ECHOGRAPHY, SOFT TISSUES OF HEAD AND NECK (EG, THYROID, PARATHYROID, PAROTID), B-SCAN AND/OR REAL TIME WITH IM		\$107.12	7/1/2019	12/31/2382
76536	ECHOGRAPHY, SOFT TISSUES OF HEAD AND NECK (EG, THYROID, PARATHYROID, PAROTID), B-SCAN AND/OR REAL TIME WITH IM	26	\$30.69	7/1/2019	12/31/2382
76536	ECHOGRAPHY, SOFT TISSUES OF HEAD AND NECK (EG, THYROID, PARATHYROID, PAROTID), B-SCAN AND/OR REAL TIME WITH IM	59	\$107.12	7/1/2019	12/31/2382
76536	ECHOGRAPHY, SOFT TISSUES OF HEAD AND NECK (EG, THYROID, PARATHYROID, PAROTID), B-SCAN AND/OR REAL TIME WITH IM	TC	\$48.35	7/1/2019	12/31/2382
76604	ECHOGRAPHY, CHEST, B-SCAN (INCLUDES MEDIASTINUM) AND/OR REAL TIME WITH IMAGE DOCUMENTATION		\$107.12	7/1/2019	12/31/2382
76604	ECHOGRAPHY, CHEST, B-SCAN (INCLUDES MEDIASTINUM) AND/OR REAL TIME WITH IMAGE DOCUMENTATION	26	\$30.40	7/1/2019	12/31/2382
76604	ECHOGRAPHY, CHEST, B-SCAN (INCLUDES MEDIASTINUM) AND/OR REAL TIME WITH IMAGE DOCUMENTATION	TC	\$44.42	7/1/2019	12/31/2382
76641	ULTRASOUND, BREAST, UNILATERAL, REALTIME WITH IMAGE DOCUMENTATION, INCLUDING AXILLA WHEN PERFORMED; COMPLETE		\$95.46	7/1/2019	12/31/2382
76641	ULTRASOUND, BREAST, UNILATERAL, REALTIME WITH IMAGE DOCUMENTATION, INCLUDING AXILLA WHEN PERFORMED; COMPLETE	26	\$22.57	7/1/2019	12/31/2382

## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
76641	ULTRASOUND, BREAST, UNILATERAL, REALTIME WITH IMAGE DOCUMENTATION, INCLUDING AXILLA WHEN PERFORMED; COMPLETE	50	\$95.46	7/1/2019	12/31/2382
76641	ULTRASOUND, BREAST, UNILATERAL, REALTIME WITH IMAGE DOCUMENTATION, INCLUDING AXILLA WHEN PERFORMED; COMPLETE	TC	\$44.25	7/1/2019	12/31/2382
76642	ULTRASOUND, BREAST, UNILATERAL, REALTIME WITH IMAGE DOCUMENTATION, INCLUDING AXILLA WHEN PERFORMED; LIMITED		\$83.38	7/1/2019	12/31/2382
76642	ULTRASOUND, BREAST, UNILATERAL, REALTIME WITH IMAGE DOCUMENTATION, INCLUDING AXILLA WHEN PERFORMED; LIMITED	XS	\$83.38	7/1/2019	12/31/2382
76645	ECHOGRAPHY, BREAST(S) (UNILATERAL OR BILATERAL), B-SCAN AND/ OR REAL TIME WITH IMAGE DOCUMENTATION		\$66.98	7/1/2019	12/31/2382
76645	ECHOGRAPHY, BREAST(S) (UNILATERAL OR BILATERAL), B-SCAN AND/ OR REAL TIME WITH IMAGE DOCUMENTATION	26	\$29.63	7/1/2019	12/31/2382
76645	ECHOGRAPHY, BREAST(S) (UNILATERAL OR BILATERAL), B-SCAN AND/ OR REAL TIME WITH IMAGE DOCUMENTATION	50	\$66.98	7/1/2019	12/31/2382
76645	ECHOGRAPHY, BREAST(S) (UNILATERAL OR BILATERAL), B-SCAN AND/ OR REAL TIME WITH IMAGE DOCUMENTATION	LT	\$66.98	7/1/2019	12/31/2382
76645	ECHOGRAPHY, BREAST(S) (UNILATERAL OR BILATERAL), B-SCAN AND/ OR REAL TIME WITH IMAGE DOCUMENTATION	RT	\$66.98	7/1/2019	12/31/2382
76645	ECHOGRAPHY, BREAST(S) (UNILATERAL OR BILATERAL), B-SCAN AND/ OR REAL TIME WITH IMAGE DOCUMENTATION	TC	\$35.83	7/1/2019	12/31/2382
76700	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE		\$107.12	7/1/2019	12/31/2382
76700	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	26	\$43.59	7/1/2019	12/31/2382
76700	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	59	\$107.12	7/1/2019	12/31/2382
76700	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	TC	\$67.14	7/1/2019	12/31/2382
76705	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (EG, SINGLE ORGAN, QUADRANT,		\$107.12	7/1/2019	12/31/2382
76705	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (EG, SINGLE ORGAN, QUADRANT,	26	\$32.29	7/1/2019	12/31/2382
76705	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (EG, SINGLE ORGAN, QUADRANT,	59	\$107.12	7/1/2019	12/31/2382
76705	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (EG, SINGLE ORGAN, QUADRANT,	GA	\$107.12	7/1/2019	12/31/2382
76705	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (EG, SINGLE ORGAN, QUADRANT,	TC	\$48.35	7/1/2019	12/31/2382
76705	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (EG, SINGLE ORGAN, QUADRANT,	XS	\$107.12	7/1/2019	12/31/2382



## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
76705	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (EG, SINGLE ORGAN, QUADRANT,	XU	\$107.12	7/1/2019	12/31/2382
76770	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPL		\$107.12	7/1/2019	12/31/2382
76770	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPL	26	\$40.09	7/1/2019	12/31/2382
76770	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPL	59	\$107.12	7/1/2019	12/31/2382
76770	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPL	GA	\$107.12	7/1/2019	12/31/2382
76770	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPL	TC	\$67.14	7/1/2019	12/31/2382
76770	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPL	XU	\$107.12	7/1/2019	12/31/2382
76775	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMIT		\$107.12	7/1/2019	12/31/2382
76775	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMIT	26	\$32.00	7/1/2019	12/31/2382
76775	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMIT	59	\$107.12	7/1/2019	12/31/2382
76775	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMIT	TC	\$48.35	7/1/2019	12/31/2382
76776	ULTRASOUND, TRANSPLANTED KIDNEY, REAL TIME AND DUPLEX DOPPLER WITH IMAGE DOCUMENTATION		\$105.26	7/1/2019	12/31/2382
76778	ECHOGRAPHY OF TRANSPLANTED KIDNEY, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION, WITH OR WITHOUT DUPLEX DO		\$107.12	7/1/2019	12/31/2382
76778	ECHOGRAPHY OF TRANSPLANTED KIDNEY, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION, WITH OR WITHOUT DUPLEX DO	26	\$38.28	7/1/2019	12/31/2382
76778	ECHOGRAPHY OF TRANSPLANTED KIDNEY, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION, WITH OR WITHOUT DUPLEX DO	TC	\$67.14	7/1/2019	12/31/2382
76800	ECHOGRAPHY, SPINAL CANAL AND CONTENTS		\$107.12	7/1/2019	12/31/2382
76800	ECHOGRAPHY, SPINAL CANAL AND CONTENTS	26	\$58.56	7/1/2019	12/31/2382
76800	ECHOGRAPHY, SPINAL CANAL AND CONTENTS	TC	\$48.35	7/1/2019	12/31/2382
76801	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION, FIR		\$107.12	7/1/2019	12/31/2382
76802	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION, EACH ADDITIONA		\$66.98	7/1/2019	12/31/2382
76805	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE (COMPLETE FETAL AND MA		\$107.12	7/1/2019	12/31/2382
76805	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE (COMPLETE FETAL AND MA	26	\$53.46	7/1/2019	12/31/2382

## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
76805	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE (COMPLETE FETAL AND MA	TC	\$71.73	7/1/2019	12/31/2382
76810	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE (COMPLETE FETAL AND MA		\$107.12	7/1/2019	12/31/2382
76810	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE (COMPLETE FETAL AND MA	26	\$101.56	7/1/2019	12/31/2382
76810	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE (COMPLETE FETAL AND MA	TC	\$142.89	7/1/2019	12/31/2382
76811	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION, SINGLE OR FIRS		\$172.28	7/1/2019	12/31/2382
76811	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION, SINGLE OR FIRS	TC	\$172.28	7/1/2019	12/31/2382
76812	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION, EACH ADDITIONA		\$107.12	7/1/2019	12/31/2382
76813	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FIRST TRIMESTER FETAL NUCHAL TRANSLUCENCY		\$105.26	7/1/2019	12/31/2382
76813	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FIRST TRIMESTER FETAL NUCHAL TRANSLUCENCY	55	\$105.26	7/1/2019	12/31/2382
76813	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FIRST TRIMESTER FETAL NUCHAL TRANSLUCENCY	PO	\$105.26	7/1/2019	12/31/2382
76814	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FIRST TRIMESTER FETAL NUCHAL TRANSLUCENCY		\$105.26	7/1/2019	12/31/2382
76815	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (FETAL SIZE, HEART		\$66.98	7/1/2019	12/31/2382
76815	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (FETAL SIZE, HEART	22	\$66.98	7/1/2019	12/31/2382
76815	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (FETAL SIZE, HEART	25	\$66.98	7/1/2019	12/31/2382
76815	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (FETAL SIZE, HEART	26	\$35.26	7/1/2019	12/31/2382
76815	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (FETAL SIZE, HEART	52	\$66.98	7/1/2019	12/31/2382
76815	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (FETAL SIZE, HEART	59	\$66.98	7/1/2019	12/31/2382
76815	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (FETAL SIZE, HEART	TC	\$48.35	7/1/2019	12/31/2382
76816	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; FOLLOW-UP OR REPEAT		\$66.98	7/1/2019	12/31/2382
76816	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; FOLLOW-UP OR REPEAT	26	\$31.40	7/1/2019	12/31/2382

## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
76816	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; FOLLOW-UP OR REPEAT	PO	\$66.98	7/1/2019	12/31/2382
76816	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; FOLLOW-UP OR REPEAT	TC	\$37.83	7/1/2019	12/31/2382
76817	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, TRANSVAGINAL		\$107.12	7/1/2019	12/31/2382
76817	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, TRANSVAGINAL	25	\$107.12	7/1/2019	12/31/2382
76818	FETAL BIOPHYSICAL PROFILE		\$107.12	7/1/2019	12/31/2382
76818	FETAL BIOPHYSICAL PROFILE	26	\$41.45	7/1/2019	12/31/2382
76818	FETAL BIOPHYSICAL PROFILE	59	\$107.12	7/1/2019	12/31/2382
76818	FETAL BIOPHYSICAL PROFILE	TC	\$55.28	7/1/2019	12/31/2382
76819	FETAL BIOPHYSICAL PROFILE; WITHOUT STRESS OR NON-STRESS TESTING		\$107.12	7/1/2019	12/31/2382
76820	DOPPLER VELOCIMETRY, FETAL; UMBILICAL ARTERY		\$108.05	7/1/2019	12/31/2382
76820	DOPPLER VELOCIMETRY, FETAL; UMBILICAL ARTERY	51	\$108.05	7/1/2019	12/31/2382
76820	DOPPLER VELOCIMETRY, FETAL; UMBILICAL ARTERY	59	\$108.05	7/1/2019	12/31/2382
76821	DOPPLER VELOCIMETRY, FETAL; MIDDLE CEREBRAL ARTERY		\$108.05	7/1/2019	12/31/2382
76825	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE DOCUMENTATION (2D) WITH OR WITHOUT M-MODE		\$113.06	7/1/2019	12/31/2382
76825	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE DOCUMENTATION (2D) WITH OR WITHOUT M-MODE	26	\$41.15	7/1/2019	12/31/2382
76825	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE DOCUMENTATION (2D) WITH OR WITHOUT M-MODE	TC	\$67.14	7/1/2019	12/31/2382
76826	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE DOCUMENTATION (2D) WITH OR WITHOUT M-MODE		\$101.99	7/1/2019	12/31/2382
76826	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE DOCUMENTATION (2D) WITH OR WITHOUT M-MODE	26	\$53.10	7/1/2019	12/31/2382
76826	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE DOCUMENTATION (2D) WITH OR WITHOUT M-MODE	TC	\$24.30	7/1/2019	12/31/2382
76827	DOPPLER ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPL		\$113.06	7/1/2019	12/31/2382
76827	DOPPLER ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPL	26	\$38.51	7/1/2019	12/31/2382
76827	DOPPLER ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPL	TC	\$59.37	7/1/2019	12/31/2382
76828	DOPPLER ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPL		\$101.99	7/1/2019	12/31/2382
76828	DOPPLER ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPL	26	\$26.41	7/1/2019	12/31/2382

## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
76828	DOPPLER ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPL	TC	\$5.60	7/1/2019	12/31/2382
76830	ECHOGRAPHY, TRANSVAGINAL		\$107.12	7/1/2019	12/31/2382
76830	ECHOGRAPHY, TRANSVAGINAL	25	\$107.12	7/1/2019	12/31/2382
76830	ECHOGRAPHY, TRANSVAGINAL	26	\$37.66	7/1/2019	12/31/2382
76830	ECHOGRAPHY, TRANSVAGINAL	59	\$107.12	7/1/2019	12/31/2382
76830	ECHOGRAPHY, TRANSVAGINAL	TC	\$52.27	7/1/2019	12/31/2382
76831	HYSTEROSONOGRAPHY, WITH OR WITHOUT COLOR FLOW DOPPLER		\$172.28	7/1/2019	12/31/2382
76856	ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE		\$107.12	7/1/2019	12/31/2382
76856	ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	26	\$37.66	7/1/2019	12/31/2382
76856	ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	59	\$107.12	7/1/2019	12/31/2382
76856	ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	TC	\$52.27	7/1/2019	12/31/2382
76856	ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	XU	\$107.12	7/1/2019	12/31/2382
76857	ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED OR FOLLOW-UP (EG,		\$66.98	7/1/2019	12/31/2382
76857	ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED OR FOLLOW-UP (EG,	26	\$20.05	7/1/2019	12/31/2382
76857	ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED OR FOLLOW-UP (EG,	LT	\$66.98	7/1/2019	12/31/2382
76857	ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED OR FOLLOW-UP (EG,	RT	\$66.98	7/1/2019	12/31/2382
76857	ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED OR FOLLOW-UP (EG,	TC	\$35.83	7/1/2019	12/31/2382
76870	ECHOGRAPHY, SCROTUM AND CONTENTS		\$107.12	7/1/2019	12/31/2382
76870	ECHOGRAPHY, SCROTUM AND CONTENTS	26	\$34.64	7/1/2019	12/31/2382
76870	ECHOGRAPHY, SCROTUM AND CONTENTS	59	\$107.12	7/1/2019	12/31/2382
76870	ECHOGRAPHY, SCROTUM AND CONTENTS	TC	\$52.27	7/1/2019	12/31/2382
76872	ECHOGRAPHY, TRANSRECTAL		\$107.12	7/1/2019	12/31/2382
76872	ECHOGRAPHY, TRANSRECTAL	26	\$37.66	7/1/2019	12/31/2382
76872	ECHOGRAPHY, TRANSRECTAL	TC	\$52.27	7/1/2019	12/31/2382
76873	ECHOGRAPHY, TRANSRECTAL; PROSTATE VOLUME STUDY FOR BRACHYTHERAPY TREATMENT PLANNING		\$107.12	7/1/2019	12/31/2382
76880	ECHOGRAPHY, EXTREMITY, NON-VASCULAR, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION		\$107.12	7/1/2019	12/31/2382
76880	ECHOGRAPHY, EXTREMITY, NON-VASCULAR, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION	26	\$32.29	7/1/2019	12/31/2382

## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
76880	ECHOGRAPHY, EXTREMITY, NON-VASCULAR, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION	LT	\$107.12	7/1/2019	12/31/2382
76880	ECHOGRAPHY, EXTREMITY, NON-VASCULAR, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION	RT	\$107.12	7/1/2019	12/31/2382
76880	ECHOGRAPHY, EXTREMITY, NON-VASCULAR, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION	TC	\$48.35	7/1/2019	12/31/2382
76881	ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUMENTATION; COMPLETE		\$94.28	7/1/2019	12/31/2382
76881	ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUMENTATION; COMPLETE	LT	\$94.28	7/1/2019	12/31/2382
76881	ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUMENTATION; COMPLETE	RT	\$94.28	7/1/2019	12/31/2382
76882	ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUMENTATION; LIMITED, ANATOMIC SPECIFIC		\$60.95	7/1/2019	12/31/2382
76882	ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUMENTATION; LIMITED, ANATOMIC SPECIFIC	LT	\$60.95	7/1/2019	12/31/2382
76882	ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUMENTATION; LIMITED, ANATOMIC SPECIFIC	RT	\$60.95	7/1/2019	12/31/2382
76885	ECHOGRAPHY OF INFANT HIPS, REAL TIME WITH IMAGING DOCUMENTATION; DYNAMIC (EG, REQUIRING MANIPULATION)		\$66.98	7/1/2019	12/31/2382
76886	ECHOGRAPHY OF INFANT HIPS, REAL TIME WITH IMAGING DOCUMENTATION; LIMITED, STATIC (EG, NOT REQUIRING MANIPULATO		\$107.12	7/1/2019	12/31/2382
76930	ULTRASONIC GUIDANCE FOR PERICARDIOCENTESIS, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$70.55	7/1/2019	12/31/2382
76930	ULTRASONIC GUIDANCE FOR PERICARDIOCENTESIS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$34.92	7/1/2019	12/31/2382
76930	ULTRASONIC GUIDANCE FOR PERICARDIOCENTESIS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$52.27	7/1/2019	12/31/2382
76932	ULTRASONIC GUIDANCE FOR ENDOMYOCARDIAL BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$70.55	7/1/2019	12/31/2382
76932	ULTRASONIC GUIDANCE FOR ENDOMYOCARDIAL BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$34.92	7/1/2019	12/31/2382
76932	ULTRASONIC GUIDANCE FOR ENDOMYOCARDIAL BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$52.27	7/1/2019	12/31/2382
76934	ULTRASONIC GUIDANCE FOR THORACENTESIS OR ABDOMINAL PARACENTESIS, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$87.19	7/1/2019	12/31/2382
76934	ULTRASONIC GUIDANCE FOR THORACENTESIS OR ABDOMINAL PARACENTESIS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$34.92	7/1/2019	12/31/2382
76934	ULTRASONIC GUIDANCE FOR THORACENTESIS OR ABDOMINAL PARACENTESIS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$52.27	7/1/2019	12/31/2382

## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
76936	ULTRASOUND GUIDED COMPRESSION REPAIR OF ARTERIAL PSEUDO-ANEURYSM OR ARTERIOVENOUS FISTULAE (INCLUDES DIAGNOSTI		\$70.55	7/1/2019	12/31/2382
76937	ULTRASOUND GUIDANCE FOR VASCULAR ACCESS REQUIRING ULTRASOUND EVALUATION OF POTENTIAL ACCESS SITES,		\$20.14	7/1/2019	12/31/2382
76938	ULTRASONIC GUIDANCE FOR CYST (ANY LOCATION), OR RENAL PELVIS ASPIRATION, RADIOLOGICAL SUPERVISION AND INTERPRE		\$87.19	7/1/2019	12/31/2382
76938	ULTRASONIC GUIDANCE FOR CYST (ANY LOCATION), OR RENAL PELVIS ASPIRATION, RADIOLOGICAL SUPERVISION AND INTERPRE	26	\$34.92	7/1/2019	12/31/2382
76938	ULTRASONIC GUIDANCE FOR CYST (ANY LOCATION), OR RENAL PELVIS ASPIRATION, RADIOLOGICAL SUPERVISION AND INTERPRE	TC	\$52.27	7/1/2019	12/31/2382
76940	ULTRASOUND GUIDANCE FOR, AND MONITORING OF VISCERAL TISSUE ABLATION		\$70.55	7/1/2019	12/31/2382
76941	ULTRSONIC GUIDANCE FOR INTRAUTERINE FETAL TRANSFUSION OR CORDOCENTESIS, RADIOLOGICAL SUPERVISION AND INTERPRET		\$70.55	7/1/2019	12/31/2382
76942	ULTRASONIC GUIDANCE FOR NEEDLE BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$70.55	7/1/2019	12/31/2382
76942	ULTRASONIC GUIDANCE FOR NEEDLE BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$34.92	7/1/2019	12/31/2382
76942	ULTRASONIC GUIDANCE FOR NEEDLE BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	59	\$70.55	7/1/2019	12/31/2382
76942	ULTRASONIC GUIDANCE FOR NEEDLE BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	LT	\$70.55	7/1/2019	12/31/2382
76942	ULTRASONIC GUIDANCE FOR NEEDLE BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	RT	\$70.55	7/1/2019	12/31/2382
76942	ULTRASONIC GUIDANCE FOR NEEDLE BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$52.27	7/1/2019	12/31/2382
76945	ULTRASONIC GUIDANCE FOR CHORIONIC VILLUS SAMPLING, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$70.55	7/1/2019	12/31/2382
76946	ULTRASONIC GUIDANCE FOR AMNIOCENTESIS, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$70.55	7/1/2019	12/31/2382
76946	ULTRASONIC GUIDANCE FOR AMNIOCENTESIS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$19.26	7/1/2019	12/31/2382
76946	ULTRASONIC GUIDANCE FOR AMNIOCENTESIS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$52.27	7/1/2019	12/31/2382
76948	ULTRASONIC GUIDANCE FOR ASPIRATION OF OVA, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$70.55	7/1/2019	12/31/2382
76948	ULTRASONIC GUIDANCE FOR ASPIRATION OF OVA, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$20.05	7/1/2019	12/31/2382
76948	ULTRASONIC GUIDANCE FOR ASPIRATION OF OVA, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$52.27	7/1/2019	12/31/2382
76950	ECHOGRAPHY FOR PLACEMENT OF RADIATION THERAPY FIELDS, B-SCAN		\$70.55	7/1/2019	12/31/2382

## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
76950	ECHOGRAPHY FOR PLACEMENT OF RADIATION THERAPY FIELDS, B-SCAN	26	\$32.00	7/1/2019	12/31/2382
76950	ECHOGRAPHY FOR PLACEMENT OF RADIATION THERAPY FIELDS, B-SCAN	TC	\$44.42	7/1/2019	12/31/2382
76960	ULTRASONIC GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS, EXCEPT FOR B-SCAN ECHOGRAPHY		\$74.72	7/1/2019	12/31/2382
76960	ULTRASONIC GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS, EXCEPT FOR B-SCAN ECHOGRAPHY	26	\$32.00	7/1/2019	12/31/2382
76960	ULTRASONIC GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS, EXCEPT FOR B-SCAN ECHOGRAPHY	TC	\$44.42	7/1/2019	12/31/2382
76965	ULTRASONIC GUIDANCE FOR INTERSTITIAL RADIOELEMENT APPLICATION		\$70.55	7/1/2019	12/31/2382
76970	ULTRASOUND STUDY FOLLOW-UP (SPECIFY)		\$66.98	7/1/2019	12/31/2382
76970	ULTRASOUND STUDY FOLLOW-UP (SPECIFY)	26	\$20.61	7/1/2019	12/31/2382
76970	ULTRASOUND STUDY FOLLOW-UP (SPECIFY)	TC	\$35.83	7/1/2019	12/31/2382
76975	GASTROINTESTINAL ENDOSCOPIC ULTRASOUND, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$107.12	7/1/2019	12/31/2382
76977	ULTRASOUND BONE DENSITY MEASUREMENT AND INTERPRETATION, PERIPHERAL SITE(S), ANY METHOD		\$41.39	7/1/2019	12/31/2382
76978	ULTRASOUND USING TARGETED MICROBUBBLE CONTRAST OF FIRST LESION		\$171.18	7/1/2019	12/31/2382
76978	ULTRASOUND USING TARGETED MICROBUBBLE CONTRAST OF FIRST LESION	XS	\$171.18	7/1/2019	12/31/2382
76986	ECHOGRAPHY, INTRAOPERATIVE		\$107.12	7/1/2019	12/31/2382
76986	ECHOGRAPHY, INTRAOPERATIVE	26	\$65.27	7/1/2019	12/31/2382
76986	ECHOGRAPHY, INTRAOPERATIVE	TC	\$89.77	7/1/2019	12/31/2382
76998	ULTRASONIC GUIDANCE, INTRAOPERATIVE		\$105.26	7/1/2019	12/31/2382
76999	UNLISTED ULTRASOUND PROCEDURE		\$66.98	7/1/2019	12/31/2382
77001	FLUOROSCOPIC GUIDANCE FOR CENTRAL VENOUS ACCESS DEVICE PLACEMENT, REPLACEMENT, OR REMOVAL		\$68.05	7/1/2019	12/31/2382
77001	FLUOROSCOPIC GUIDANCE FOR CENTRAL VENOUS ACCESS DEVICE PLACEMENT, REPLACEMENT, OR REMOVAL	59	\$68.05	7/1/2019	12/31/2382
77002	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT		\$52.46	7/1/2019	12/31/2382
77002	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT	59	\$52.46	7/1/2019	12/31/2382
77002	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT	LT	\$52.46	7/1/2019	12/31/2382
77003	FLUOROSCOPIC GUIDANCE AND LOCALIZATION OF NEEDLE OR CATHETER TIP FOR SPINE PARASPINOUS DIAGNOSTIC OR THERAPEUT		\$48.04	7/1/2019	12/31/2382
77003	FLUOROSCOPIC GUIDANCE AND LOCALIZATION OF NEEDLE OR CATHETER TIP FOR SPINE PARASPINOUS DIAGNOSTIC OR THERAPEUT	50	\$48.04	7/1/2019	12/31/2382
77003	FLUOROSCOPIC GUIDANCE AND LOCALIZATION OF NEEDLE OR CATHETER TIP FOR SPINE PARASPINOUS DIAGNOSTIC OR THERAPEUT	59	\$48.04	7/1/2019	12/31/2382
77011	COMPUTED TOMOGRAPHY GUIDANCE FOR STEROTACTIC		\$275.35	7/1/2019	12/31/2382
77012	COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$275.36	7/1/2019	12/31/2382

## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
77012	COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT, RADIOLOGICAL SUPERVISION AND INTERPRETATION	59	\$275.36	7/1/2019	12/31/2382
77013	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR, AND MONITORING OF PARENCHYMAL TISSUE ABLATION		\$326.48	7/1/2019	12/31/2382
77014	COMPUTED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS		\$103.73	7/1/2019	12/31/2382
77014	COMPUTED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS	59	\$103.73	7/1/2019	12/31/2382
77021	MAGNETIC RESONANCE GUIDANCE FOR NEEDLE PLACEMENT RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$307.04	7/1/2019	12/31/2382
77022	MAGNETIC RESONANCE GUIDANCE FOR, AND MONITORING OF PARENCHYMAL TISSUE ABLATION		\$307.04	7/1/2019	12/31/2382
77031	STEREOTACTIC LOCALIZATION GUIDANCE FOR BREAST BIOPSY OR NEEDLE PLACEMENT, EACH LESION, RADIOLOGICAL SUPERVISION		\$199.55	7/1/2019	12/31/2382
77031	STEREOTACTIC LOCALIZATION GUIDANCE FOR BREAST BIOPSY OR NEEDLE PLACEMENT, EACH LESION, RADIOLOGICAL SUPERVISION	50	\$199.55	7/1/2019	12/31/2382
77031	STEREOTACTIC LOCALIZATION GUIDANCE FOR BREAST BIOPSY OR NEEDLE PLACEMENT, EACH LESION, RADIOLOGICAL SUPERVISION	59	\$199.55	7/1/2019	12/31/2382
77031	STEREOTACTIC LOCALIZATION GUIDANCE FOR BREAST BIOPSY OR NEEDLE PLACEMENT, EACH LESION, RADIOLOGICAL SUPERVISION	LT	\$199.55	7/1/2019	12/31/2338
77031	STEREOTACTIC LOCALIZATION GUIDANCE FOR BREAST BIOPSY OR NEEDLE PLACEMENT, EACH LESION, RADIOLOGICAL SUPERVISION	RT	\$199.55	7/1/2019	12/31/2382
77032	MAMMOGRAPHIC GUIDANCE FOR NEEDLE PLACEMENT, BREAST, EACH LESION, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$114.36	7/1/2019	12/31/2382
77032	MAMMOGRAPHIC GUIDANCE FOR NEEDLE PLACEMENT, BREAST, EACH LESION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	59	\$114.36	7/1/2019	12/31/2382
77032	MAMMOGRAPHIC GUIDANCE FOR NEEDLE PLACEMENT, BREAST, EACH LESION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	LT	\$114.36	7/1/2019	12/31/2382
77032	MAMMOGRAPHIC GUIDANCE FOR NEEDLE PLACEMENT, BREAST, EACH LESION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	RT	\$114.36	7/1/2019	12/31/2382
77051	COMPUTER AIDED DETECTION WITH FURTHER PHYSICIAN REVIEW FOR INTERPRETATION; DIAGNOSTIC MAMMOGRAPHY		\$14.86	7/1/2019	12/31/2382
77051	COMPUTER AIDED DETECTION WITH FURTHER PHYSICIAN REVIEW FOR INTERPRETATION; DIAGNOSTIC MAMMOGRAPHY	LT	\$14.86	7/1/2019	12/31/2382
77051	COMPUTER AIDED DETECTION WITH FURTHER PHYSICIAN REVIEW FOR INTERPRETATION; DIAGNOSTIC MAMMOGRAPHY	RT	\$14.86	7/1/2019	12/31/2382
77052	COMPUTER AIDED DETECTION WITH FURTHER PHYSICIAN REVIEW FOR INTERPRETATION; SCREENING MAMMOGRAPHY		\$14.86	7/1/2019	12/31/2382
77053	MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE DUCT, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$114.36	7/1/2019	12/31/2382



## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
77054	MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIPLE DUCTS, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$114.36	7/1/2019	12/31/2382
77055	MAMMOGRAPHY, UNILATERAL		\$36.69	7/1/2019	12/31/2382
77055	MAMMOGRAPHY, UNILATERAL	59	\$36.69	7/1/2019	12/31/2382
77055	MAMMOGRAPHY, UNILATERAL	LT	\$36.69	7/1/2019	12/31/2382
77055	MAMMOGRAPHY, UNILATERAL	RT	\$36.69	7/1/2019	12/31/2382
77056	MAMMOGRAPHY; BILATERAL		\$59.31	7/1/2019	12/31/2382
77057	SCREENING MAMMOGRAPHY, BILATERAL, 2 VIEW FILM STUDY OF EACH BREAST		\$51.26	7/1/2019	12/31/2382
77058	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND/OR WITH CONTRAST MATERIALS, UNILATERAL		\$768.21	7/1/2019	12/31/2382
77059	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND/OR WITH CONTRAST MATERIALS, BILATERAL		\$969.07	7/1/2019	12/31/2382
77065	DIAGNOSTIC MAMMOGRAPHY, INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PREFORMED; UNILATERAL		\$108.18	7/1/2019	12/31/2382
77065	DIAGNOSTIC MAMMOGRAPHY, INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PREFORMED; UNILATERAL	26	\$1.20	7/1/2019	12/31/2382
77065	DIAGNOSTIC MAMMOGRAPHY, INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PREFORMED; UNILATERAL	LT	\$108.18	7/1/2019	12/31/2382
77065	DIAGNOSTIC MAMMOGRAPHY, INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PREFORMED; UNILATERAL	RT	\$108.18	7/1/2019	12/31/2382
77065	DIAGNOSTIC MAMMOGRAPHY, INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PREFORMED; UNILATERAL	TC	\$2.86	7/1/2019	12/31/2382
77066	DIAGNOSTIC MAMMOGRAPHY, INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PREFORMED; BILATERAL		\$138.16	7/1/2019	12/31/2382
77066	DIAGNOSTIC MAMMOGRAPHY, INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PREFORMED; BILATERAL	26	\$1.49	7/1/2019	12/31/2382
77066	DIAGNOSTIC MAMMOGRAPHY, INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PREFORMED; BILATERAL	LT	\$138.16	7/1/2019	12/31/2382
77066	DIAGNOSTIC MAMMOGRAPHY, INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PREFORMED; BILATERAL	RT	\$138.16	7/1/2019	12/31/2382
77066	DIAGNOSTIC MAMMOGRAPHY, INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PREFORMED; BILATERAL	TC	\$3.66	7/1/2019	12/31/2382
77067	SCREENING MAMMOGRAPHY, BILATERAL (2-VIEW STUDY OF EACH BREAST), INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PERFORMED		\$114.25	7/1/2019	12/31/2382
77067	SCREENING MAMMOGRAPHY, BILATERAL (2-VIEW STUDY OF EACH BREAST), INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PERFORMED	26	\$1.14	7/1/2019	12/31/2382
77067	SCREENING MAMMOGRAPHY, BILATERAL (2-VIEW STUDY OF EACH BREAST), INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PERFORMED	LT	\$114.25	7/1/2019	12/31/2382
77067	SCREENING MAMMOGRAPHY, BILATERAL (2-VIEW STUDY OF EACH BREAST), INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PERFORMED	RT	\$114.25	7/1/2019	12/31/2382

## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
77067	SCREENING MAMMOGRAPHY, BILATERAL (2-VIEW STUDY OF EACH BREAST), INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PERFORMED	TC	\$3.02	7/1/2019	12/31/2382
77071	MANUAL APPLICATION OF STRESS PERFORMED BY PHYSICIAN FOR JOINT RADIOLOGY, INCLUDING CONTRALATERAL JOINT IF		\$47.84	7/1/2019	12/31/2382
77072	BONE AGE STUDIES		\$47.84	7/1/2019	12/31/2382
77073	BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM)		\$47.84	7/1/2019	12/31/2382
77074	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; LIMITED		\$82.45	7/1/2019	12/31/2382
77075	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; COMPLETE (AXIAL AND APPENDICULAR SKELETON)		\$82.45	7/1/2019	12/31/2382
77076	RADIOLOGIC EXAMINATION , OSSEOUS SURVEY, INFANT		\$47.84	7/1/2019	12/31/2382
77077	JOINT SURVEY, SINGLE VIEW, 2 OR MORE JOINTS (SPECIFY)		\$47.84	7/1/2019	12/31/2382
77078	COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON (EG, HIPS, PELVIS, SPINE)		\$79.29	7/1/2019	12/31/2382
77079	COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, 1 OR MORE SITES; APPENDICULAR SKELETON		\$103.73	7/1/2019	12/31/2382
77080	DUAL ENERGY X-RAY ABSORPTIOMETRY, DXA, BONE DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON		\$79.29	7/1/2019	12/31/2382
77080	DUAL ENERGY X-RAY ABSORPTIOMETRY, DXA, BONE DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON	59	\$79.29	7/1/2019	12/31/2382
77080	DUAL ENERGY X-RAY ABSORPTIOMETRY, DXA, BONE DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON	GA	\$79.29	7/1/2019	12/31/2382
77081	DUAL- ENERGY X-RAY ABSORPTIOMETRY, BONE DENSITY STUDY, 1 OR MORE SITE; APPENDICULAR SKELETON		\$37.08	7/1/2019	12/31/2382
77081	DUAL- ENERGY X-RAY ABSORPTIOMETRY, BONE DENSITY STUDY, 1 OR MORE SITE; APPENDICULAR SKELETON	59	\$37.08	7/1/2019	12/31/2382
77082	DUAL- ENERGY X-RAY ABSORPTIOMETRY, BONE DENSITY STUDY, 1 OR MORE SITE; VERTEBRAL FRACTURE ASSESSMENT		\$47.84	7/1/2019	12/31/2382
77083	RADIOGRAPHIC ABSORPTIOMETRY, 1 OR MORE SITES		\$82.45	7/1/2019	12/31/2382
77084	MAGNETIC RESONANCE IMAGING, BONE MARROW BLOOD SUPPLY		\$307.04	7/1/2019	12/31/2382
77261	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; SIMPLE		\$75.50	7/1/2019	12/31/2382
77262	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; INTERMEDIATE		\$113.77	7/1/2019	12/31/2382
77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX		\$169.52	7/1/2019	12/31/2382
77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE		\$275.53	7/1/2019	12/31/2382
77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	26	\$37.81	7/1/2019	12/31/2382
77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	TC	\$118.50	7/1/2019	12/31/2382
77285	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; INTERMEDIATE		\$265.30	7/1/2019	12/31/2382
77285	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; INTERMEDIATE	26	\$56.34	7/1/2019	12/31/2382
77285	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; INTERMEDIATE	TC	\$190.23	7/1/2019	12/31/2382

## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX		\$275.53	7/1/2019	12/31/2382
77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	26	\$84.54	7/1/2019	12/31/2382
77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	TC	\$222.13	7/1/2019	12/31/2382
77295	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; BY THREE DIMENSIONAL RECONSTRUCTION OF TUMOR VOLUME		\$936.28	7/1/2019	12/31/2382
77299	UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY CLINICAL TREATMENT PLANNING		\$116.84	7/1/2019	12/31/2382
77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TI		\$116.84	7/1/2019	12/31/2382
77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TI	26	\$33.74	7/1/2019	12/31/2382
77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TI	TC	\$45.76	7/1/2019	12/31/2382
77301	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE- VOLUME HISTOGRAMS FOR TARGET AND CRITICAL STRUCTURE PAR		\$936.28	7/1/2019	12/31/2382
77301	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE- VOLUME HISTOGRAMS FOR TARGET AND CRITICAL STRUCTURE PAR	59	\$936.28	7/1/2019	12/31/2382
77305	TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); SIMPLE (ONE OR TWO PARALLEL OPPOSED UNMODIFIE		\$116.84	7/1/2019	12/31/2382
77305	TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); SIMPLE (ONE OR TWO PARALLEL OPPOSED UNMODIFIE	26	\$37.81	7/1/2019	12/31/2382
77305	TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); SIMPLE (ONE OR TWO PARALLEL OPPOSED UNMODIFIE	TC	\$63.46	7/1/2019	12/31/2382
77310	TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); INTERMEDIATE (THREE OR MORE TREATMENT PORTS D		\$265.30	7/1/2019	12/31/2382
77310	TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); INTERMEDIATE (THREE OR MORE TREATMENT PORTS D	26	\$56.34	7/1/2019	12/31/2382
77310	TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); INTERMEDIATE (THREE OR MORE TREATMENT PORTS D	59	\$265.30	7/1/2019	12/31/2382
77310	TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); INTERMEDIATE (THREE OR MORE TREATMENT PORTS D	TC	\$79.57	7/1/2019	12/31/2382
77315	TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); COMPLEX (MANTLE OR INVERTED Y, TANGENTIAL POR		\$265.30	7/1/2019	12/31/2382
77315	TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); COMPLEX (MANTLE OR INVERTED Y, TANGENTIAL POR	26	\$84.54	7/1/2019	12/31/2382
77315	TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); COMPLEX (MANTLE OR INVERTED Y, TANGENTIAL POR	59	\$265.30	7/1/2019	12/31/2382
77315	TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); COMPLEX (MANTLE OR INVERTED Y, TANGENTIAL POR	TC	\$90.77	7/1/2019	12/31/2382
77321	SPECIAL TELETHERAPY PORT PLAN, PARTICLES, HEMI-BODY, TOTAL BODY		\$265.30	7/1/2019	12/31/2382
77321	SPECIAL TELETHERAPY PORT PLAN, PARTICLES, HEMI-BODY, TOTAL BODY	26	\$51.28	7/1/2019	12/31/2382

## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
77321	SPECIAL TELETHERAPY PORT PLAN, PARTICLES, HEMI-BODY, TOTAL BODY	TC	\$137.62	7/1/2019	12/31/2382
77326	BRACHYTHERAPY ISODOSE CALCULATION; SIMPLE (CALCULATION MADE FROM SINGLE PLANE, ONE TO FOUR SOURCES/ RIBBON APP		\$116.84	7/1/2019	11/30/2382
77326	BRACHYTHERAPY ISODOSE CALCULATION; SIMPLE (CALCULATION MADE FROM SINGLE PLANE, ONE TO FOUR SOURCES/ RIBBON APP	26	\$50.15	7/1/2019	12/31/2382
77326	BRACHYTHERAPY ISODOSE CALCULATION; SIMPLE (CALCULATION MADE FROM SINGLE PLANE, ONE TO FOUR SOURCES/ RIBBON APP	TC	\$80.91	7/1/2019	12/31/2382
77327	BRACHYTHERAPY ISODOSE CALCULATION; INTERMEDIATE (MULTIPLANE DOSAGE CALCULATIONS, APPLICATION INVOLVING FIVE TO		\$265.30	7/1/2019	12/31/2382
77327	BRACHYTHERAPY ISODOSE CALCULATION; INTERMEDIATE (MULTIPLANE DOSAGE CALCULATIONS, APPLICATION INVOLVING FIVE TO	26	\$75.50	7/1/2019	12/31/2382
77327	BRACHYTHERAPY ISODOSE CALCULATION; INTERMEDIATE (MULTIPLANE DOSAGE CALCULATIONS, APPLICATION INVOLVING FIVE TO	TC	\$118.50	7/1/2019	12/31/2382
77328	BRACHYTHERAPY ISODOSE CALCULATION; COMPLEX (MULTIPLANE ISODOSE PLAN, VOLUME IMPLANT CALCULATIONS, OVER TEN SOU		\$265.30	7/1/2019	12/31/2382
77328	BRACHYTHERAPY ISODOSE CALCULATION; COMPLEX (MULTIPLANE ISODOSE PLAN, VOLUME IMPLANT CALCULATIONS, OVER TEN SOU	26	\$112.69	7/1/2019	12/31/2382
77328	BRACHYTHERAPY ISODOSE CALCULATION; COMPLEX (MULTIPLANE ISODOSE PLAN, VOLUME IMPLANT CALCULATIONS, OVER TEN SOU	TC	\$169.18	7/1/2019	12/31/2382
77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY), ONLY WHEN PRESCRIBED BY THE TREATING PHYSICIAN		\$116.84	7/1/2019	12/31/2382
77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY), ONLY WHEN PRESCRIBED BY THE TREATING PHYSICIAN	26	\$47.28	7/1/2019	12/31/2382
77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY), ONLY WHEN PRESCRIBED BY THE TREATING PHYSICIAN	TC	\$17.45	7/1/2019	12/31/2382
77332	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; SIMPLE (SIMPLE BLOCK, SIMPLE BOLUS)		\$190.47	7/1/2019	12/31/2382
77332	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; SIMPLE (SIMPLE BLOCK, SIMPLE BOLUS)	26	\$29.78	7/1/2019	12/31/2382
77332	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; SIMPLE (SIMPLE BLOCK, SIMPLE BOLUS)	59	\$190.47	7/1/2019	12/31/2382
77332	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; SIMPLE (SIMPLE BLOCK, SIMPLE BOLUS)	TC	\$45.76	7/1/2019	12/31/2382
77333	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERMEDIATE (MULTIPLE BLOCKS, STENTS, BITE BLOCKS, SPECIAL BOLUS)		\$190.47	7/1/2019	12/31/2382
77333	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERMEDIATE (MULTIPLE BLOCKS, STENTS, BITE BLOCKS, SPECIAL BOLUS)	26	\$45.15	7/1/2019	12/31/2382
77333	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERMEDIATE (MULTIPLE BLOCKS, STENTS, BITE BLOCKS, SPECIAL BOLUS)	59	\$190.47	7/1/2019	12/31/2382
77333	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERMEDIATE (MULTIPLE BLOCKS, STENTS, BITE BLOCKS, SPECIAL BOLUS)	TC	\$64.80	7/1/2019	12/31/2382

## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES,		\$190.47	7/1/2019	12/31/2382
77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES,	26	\$66.94	7/1/2019	12/31/2382
77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES,	59	\$190.47	7/1/2019	12/31/2382
77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES,	LT	\$190.47	7/1/2019	12/31/2382
77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES,	RT	\$190.47	7/1/2019	12/31/2382
77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES,	TC	\$110.65	7/1/2019	12/31/2382
77336	CONTINUING MEDICAL RADIATION PHYSICS CONSULTATION IN SUPPORT OF THERAPEUTIC RADIOLOGIST INCLUDING CONTINUING Q		\$116.84	7/1/2019	12/31/2382
77336	CONTINUING MEDICAL RADIATION PHYSICS CONSULTATION IN SUPPORT OF THERAPEUTIC RADIOLOGIST INCLUDING CONTINUING Q	59	\$116.84	7/1/2019	12/31/2382
77336	CONTINUING MEDICAL RADIATION PHYSICS CONSULTATION IN SUPPORT OF THERAPEUTIC RADIOLOGIST INCLUDING CONTINUING Q	LT	\$116.84	7/1/2019	12/31/2382
77336	CONTINUING MEDICAL RADIATION PHYSICS CONSULTATION IN SUPPORT OF THERAPEUTIC RADIOLOGIST INCLUDING CONTINUING Q	RT	\$116.84	7/1/2019	12/31/2382
77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RADIATION THERAPY (IMRT), DESIGN AND		\$286.03	7/1/2019	12/31/2382
77370	SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION		\$116.84	7/1/2019	12/31/2382
77371	RADIATION TREATMENT DELIVERY, STEREOTACTIC RADIOSURGERY, COMPLETE COURSE OF TREATMENT OF CEREBRAL LESION		\$9,337.95	7/1/2019	12/31/2382
77385	INTENSITY MODULATED RADIATION TREATMENT DELIVERY, INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; SIMPLE		\$524.48	7/1/2019	12/31/2382
77386	INTENSITY MODULATED RADIATION TREATMENT DELIVERY, INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; COMPLEX		\$461.71	7/1/2019	12/31/2382
77399	UNLISTED PROCEDURE, MEDICAL RADIATION PHYSICS, DOSIMETRY AND TREATMENT DEVICES		\$116.84	7/1/2019	12/31/2382
77401	RADIATION TREATMENT DELIVERY, SUPERFICIAL AND/OR ORTHO VOLTAGE		\$98.88	7/1/2019	12/31/2382
77402	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS OR N		\$98.88	7/1/2019	12/31/2382
77403	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS OR N		\$98.88	7/1/2019	12/31/2382
77404	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS OR N		\$98.88	7/1/2019	12/31/2382
77406	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS OR N		\$98.88	7/1/2019	12/31/2382

## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
77407	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS ON A SINGLE TREATMENT AREA, US		\$98.88	7/1/2019	12/31/2382
77408	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS ON A SINGLE TREATMENT AREA, US		\$98.88	7/1/2019	12/31/2382
77409	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS ON A SINGLE TREATMENT AREA, US		\$98.88	7/1/2019	12/31/2382
77411	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS ON A SINGLE TREATMENT AREA, US		\$148.76	7/1/2019	12/31/2382
77412	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGE		\$148.76	7/1/2019	12/31/2382
77413	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGE		\$148.76	7/1/2019	12/31/2382
77413	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGE	76	\$148.76	7/1/2019	12/31/2382
77414	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGE		\$148.76	7/1/2019	12/31/2382
77416	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGE		\$148.76	7/1/2019	12/31/2382
77417	THERAPEUTIC RADIOLOGY PORT FILM(S)		\$49.20	7/1/2019	12/31/2382
77418	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS, VIA NARROW SPATIALLY AND TEMPORALLY MOD		\$361.34	7/1/2019	12/31/2382
77420	WEEKLY RADIOLOGY THERAPY MANAGEMENT; SIMPLE		\$87.04	7/1/2019	12/31/2382
77421	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY		\$85.00	7/1/2019	11/30/2382
77422	HIGH ENERGY NEUTRON RADIATION TREATMENT DELIVERY; SINGLE TREATMENT AREA USING A SINGLE PORT OR PARALLEL		\$148.76	7/1/2019	12/31/2382
77423	HIGH ENERGY NEUTRON RADIATION TREATMENT DELIVERY; 1 OR MORE ISOCENTER(S) WITH COPLANAR OR NON-COPLANAR GEOMETR		\$148.76	7/1/2019	12/31/2382
77425	INTRAOPERATIVE RADIATION TREATMENT DELIVERY, ELECTRONS, SINGLE TREATMENT SESSION		\$131.95	7/1/2019	12/31/2382
77430	WEEKLY RADIOLOGY THERAPY MANAGEMENT; COMPLEX		\$194.76	7/1/2019	12/31/2382
77431	RADIATION THERAPY MANAGEMENT WITH COMPLETE COURSE OF THERAPY CONSISTING OF ONE OR TWO FRACTIONS ONLY		\$93.23	7/1/2019	12/31/2382
77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY IRRADIATION, PER ORAL, VAGINAL CONE IRRADIAT		\$389.02	7/1/2019	12/31/2382
77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY IRRADIATION, PER ORAL, VAGINAL CONE IRRADIAT	26	\$107.53	7/1/2019	12/31/2382
77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY IRRADIATION, PER ORAL, VAGINAL CONE IRRADIAT	TC	\$380.46	7/1/2019	12/31/2382
77520	PROTON BEAM DELIVERY TO A SINGLE TREATMENT AREA, SINGLEPORT, CUSTOM BLOCK, W/ OR W/OUT COMPENSATIN, W/TREATMEN		\$1,074.34	7/1/2019	12/31/2382

## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
77522	PROTON TREATMENT DELIVERY; SIMPLE, WITH COMPENSATION		\$1,074.34	7/1/2019	12/31/2382
77523	PROTON BEAM DELIVERY TO ONE OR TWO TREATMENT AREAS, TWO OR MORE PORTS, TWO OR MORE CUSTOM BLOCKS AND TWO OR MO		\$1,285.31	7/1/2019	12/31/2382
77525	PROTON TREATMENT DELIVERY; COMPLEX		\$1,285.31	7/1/2019	12/31/2382
77600	HYPERTHERMIA, EXTERNALLY GENERATED; SUPERFICIAL (IE, HEATING TO A DEPTH OF 4 CM OR LESS)		\$376.63	7/1/2019	12/31/2382
77600	HYPERTHERMIA, EXTERNALLY GENERATED; SUPERFICIAL (IE, HEATING TO A DEPTH OF 4 CM OR LESS)	26	\$84.54	7/1/2019	12/31/2382
77600	HYPERTHERMIA, EXTERNALLY GENERATED; SUPERFICIAL (IE, HEATING TO A DEPTH OF 4 CM OR LESS)	TC	\$103.72	7/1/2019	12/31/2382
77605	HYPERTHERMIA, EXTERNALLY GENERATED; DEEP (IE, HEATING TO DEPTHS GREATER THAN 4 CM)		\$376.63	7/1/2019	12/31/2382
77605	HYPERTHERMIA, EXTERNALLY GENERATED; DEEP (IE, HEATING TO DEPTHS GREATER THAN 4 CM)	26	\$112.69	7/1/2019	12/31/2382
77605	HYPERTHERMIA, EXTERNALLY GENERATED; DEEP (IE, HEATING TO DEPTHS GREATER THAN 4 CM)	TC	\$138.53	7/1/2019	12/31/2382
77610	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); 5 OR FEWER INTERSTITIAL APPLICATORS		\$376.63	7/1/2019	12/31/2382
77610	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); 5 OR FEWER INTERSTITIAL APPLICATORS	26	\$84.54	7/1/2019	12/31/2382
77610	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); 5 OR FEWER INTERSTITIAL APPLICATORS	TC	\$103.72	7/1/2019	12/31/2382
77615	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); MORE THAN 5 INTERSTITIAL APPLICATORS		\$376.63	7/1/2019	12/31/2382
77615	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); MORE THAN 5 INTERSTITIAL APPLICATORS	26	\$112.69	7/1/2019	12/31/2382
77615	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); MORE THAN 5 INTERSTITIAL APPLICATORS	TC	\$138.53	7/1/2019	12/31/2382
77620	HYPERTHERMIA GENERATED BY INTRACAVITARY PROBE(S)		\$376.63	7/1/2019	12/31/2382
77620	HYPERTHERMIA GENERATED BY INTRACAVITARY PROBE(S)	26	\$84.54	7/1/2019	12/31/2382
77620	HYPERTHERMIA GENERATED BY INTRACAVITARY PROBE(S)	TC	\$103.72	7/1/2019	12/31/2382
77750	INFUSION OR INSTILLATION OF RADIOELEMENT SOLUTION		\$148.76	7/1/2019	12/31/2382
77750	INFUSION OR INSTILLATION OF RADIOELEMENT SOLUTION	26	\$236.44	7/1/2019	12/31/2382
77750	INFUSION OR INSTILLATION OF RADIOELEMENT SOLUTION	TC	\$45.43	7/1/2019	12/31/2382
77761	INTRACAVITARY RADIOELEMENT APPLICATION; SIMPLE		\$375.50	7/1/2019	12/31/2382
77761	INTRACAVITARY RADIOELEMENT APPLICATION; SIMPLE	26	\$183.52	7/1/2019	12/31/2382
77761	INTRACAVITARY RADIOELEMENT APPLICATION; SIMPLE	TC	\$85.85	7/1/2019	12/31/2382
77762	INTRACAVITARY RADIOELEMENT APPLICATION; INTERMEDIATE		\$375.50	7/1/2019	12/31/2382
77762	INTRACAVITARY RADIOELEMENT APPLICATION; INTERMEDIATE	26	\$289.39	7/1/2019	12/31/2382
77762	INTRACAVITARY RADIOELEMENT APPLICATION; INTERMEDIATE	TC	\$123.42	7/1/2019	12/31/2382
77763	INTRACAVITARY RADIOELEMENT APPLICATION; COMPLEX		\$375.50	7/1/2019	12/31/2382

## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
77763	INTRACAVITARY RADIOELEMENT APPLICATION; COMPLEX	26	\$412.98	7/1/2019	12/31/2382
77763	INTRACAVITARY RADIOELEMENT APPLICATION; COMPLEX	TC	\$153.40	7/1/2019	12/31/2382
77767	HIGH DOSE BRACHYTHERAPY THROUGH SKIN SURFACE, 1 CHANNEL OR UP TO 2.0 CM		\$177.80	7/1/2019	12/31/2382
77768	HIGH DOSE BRACHYTHERAPY THROUGH SKIN SURFACE, 2 CHANNELS OR MORE THAN 2.0 CM		\$177.80	7/1/2019	12/31/2382
77770	HIGH DOSE BRACHYTHERAPY, 1 CHANNEL		\$636.92	7/1/2019	12/31/2382
77771	HIGH DOSE BRACHYTHERAPY, 2-12 CHANNELS		\$636.92	7/1/2019	12/31/2382
77772	HIGH DOSE BRACHYTHERAPY, MORE THAN 12 CHANNELS		\$636.92	7/1/2019	12/31/2382
77776	INTERSTITIAL RADIOELEMENT APPLICATION; SIMPLE		\$375.50	7/1/2019	12/31/2382
77776	INTERSTITIAL RADIOELEMENT APPLICATION; SIMPLE	26	\$240.40	7/1/2019	12/31/2382
77776	INTERSTITIAL RADIOELEMENT APPLICATION; SIMPLE	TC	\$74.32	7/1/2019	12/31/2382
77777	INTERSTITIAL RADIOELEMENT APPLICATION; INTERMEDIATE		\$375.50	7/1/2019	12/31/2382
77777	INTERSTITIAL RADIOELEMENT APPLICATION; INTERMEDIATE	26	\$360.30	7/1/2019	12/31/2382
77777	INTERSTITIAL RADIOELEMENT APPLICATION; INTERMEDIATE	TC	\$144.46	7/1/2019	12/31/2382
77778	INTERSTITIAL RADIOELEMENT APPLICATION; COMPLEX		\$755.05	7/1/2019	12/31/2382
77778	INTERSTITIAL RADIOELEMENT APPLICATION; COMPLEX	26	\$539.78	7/1/2019	12/31/2382
77778	INTERSTITIAL RADIOELEMENT APPLICATION; COMPLEX	TC	\$174.78	7/1/2019	12/31/2382
77781	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 1-4 SOURCE POSITIONS OR CATHETERS		\$878.17	7/1/2019	12/31/2382
77781	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 1-4 SOURCE POSITIONS OR CATHETERS	26	\$80.19	7/1/2019	12/31/2382
77781	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 1-4 SOURCE POSITIONS OR CATHETERS	TC	\$693.44	7/1/2019	12/31/2382
77782	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 5-8 SOURCE POSITIONS OR CATHETERS		\$878.17	7/1/2019	12/31/2382
77782	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 5-8 SOURCE POSITIONS OR CATHETERS	26	\$120.49	7/1/2019	12/31/2382
77782	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 5-8 SOURCE POSITIONS OR CATHETERS	76	\$878.17	7/1/2019	12/31/2382
77782	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 5-8 SOURCE POSITIONS OR CATHETERS	TC	\$693.44	7/1/2019	12/31/2382
77783	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 9-12 SOURCE POSITIONS OR CATHETERS		\$878.17	7/1/2019	12/31/2382
77783	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 9-12 SOURCE POSITIONS OR CATHETERS	26	\$179.82	7/1/2019	12/31/2382
77783	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 9-12 SOURCE POSITIONS OR CATHETERS	TC	\$693.44	7/1/2019	12/31/2382
77784	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; OVER 12 SOURCE POSITIONS OR CATHETERS		\$878.17	7/1/2019	12/31/2382



## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
77784	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; OVER 12 SOURCE POSITIONS OR CATHETERS	26	\$270.35	7/1/2019	12/31/2382
77784	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; OVER 12 SOURCE POSITIONS OR CATHETERS	TC	\$693.44	7/1/2019	12/31/2382
77785	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE BRACHYTHERAPY; 1 CHANNEL		\$748.66	7/1/2019	12/31/2382
77786	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE BRACHYTHERAPY; 2-12 CHANNELS		\$748.66	7/1/2019	12/31/2382
77787	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE BRACHYTHERAPY; OVER 12 CHANNELS		\$748.66	7/1/2019	12/31/2382
77789	SURFACE APPLICATION OF RADIOELEMENT		\$98.88	7/1/2019	12/31/2382
77789	SURFACE APPLICATION OF RADIOELEMENT	26	\$53.93	7/1/2019	12/31/2382
77789	SURFACE APPLICATION OF RADIOELEMENT	TC	\$15.45	7/1/2019	12/31/2382
77790	SUPERVISION, HANDLING, LOADING OF RADIOELEMENT		\$71.38	7/1/2019	12/31/2382
77790	SUPERVISION, HANDLING, LOADING OF RADIOELEMENT	26	\$53.93	7/1/2019	12/31/2382
77790	SUPERVISION, HANDLING, LOADING OF RADIOELEMENT	TC	\$17.45	7/1/2019	12/31/2382
77799	UNLISTED PROCEDURE, CLINICAL BRACHYTHERAPY		\$878.17	7/1/2019	12/31/2382
78000	THYROID UPTAKE; SINGLE DETERMINATION		\$96.29	7/1/2019	12/31/2382
78000	THYROID UPTAKE; SINGLE DETERMINATION	26	\$12.21	7/1/2019	12/31/2382
78000	THYROID UPTAKE; SINGLE DETERMINATION	TC	\$32.90	7/1/2019	12/31/2382
78001	THYROID UPTAKE; MULTIPLE DETERMINATIONS		\$96.29	7/1/2019	12/31/2382
78001	THYROID UPTAKE; MULTIPLE DETERMINATIONS	26	\$13.61	7/1/2019	12/31/2382
78001	THYROID UPTAKE; MULTIPLE DETERMINATIONS	TC	\$44.42	7/1/2019	12/31/2382
78003	THYROID UPTAKE; STIMULATION, SUPPRESSION OR DISCHARGE (NOT INCLUDING INITIAL UPTAKE STUDIES)		\$237.62	7/1/2019	12/31/2382
78003	THYROID UPTAKE; STIMULATION, SUPPRESSION OR DISCHARGE (NOT INCLUDING INITIAL UPTAKE STUDIES)	26	\$16.66	7/1/2019	12/31/2382
78003	THYROID UPTAKE; STIMULATION, SUPPRESSION OR DISCHARGE (NOT INCLUDING INITIAL UPTAKE STUDIES)	TC	\$32.90	7/1/2019	12/31/2382
78006	THYROID IMAGING, WITH UPTAKE; SINGLE DETERMINATION		\$166.34	7/1/2019	12/31/2382
78006	THYROID IMAGING, WITH UPTAKE; SINGLE DETERMINATION	26	\$30.39	7/1/2019	12/31/2382
78006	THYROID IMAGING, WITH UPTAKE; SINGLE DETERMINATION	TC	\$81.59	7/1/2019	12/31/2382
78007	THYROID IMAGING, WITH UPTAKE; MULTIPLE DETERMINATIONS		\$187.52	7/1/2019	12/31/2382
78007	THYROID IMAGING, WITH UPTAKE; MULTIPLE DETERMINATIONS	26	\$26.01	7/1/2019	12/31/2382
78007	THYROID IMAGING, WITH UPTAKE; MULTIPLE DETERMINATIONS	TC	\$87.85	7/1/2019	12/31/2382
78010	THYROID IMAGING; ONLY		\$166.34	7/1/2019	12/31/2382
78010	THYROID IMAGING; ONLY	26	\$25.26	7/1/2019	12/31/2382
78010	THYROID IMAGING; ONLY	TC	\$61.88	7/1/2019	12/31/2382
78011	THYROID IMAGING; WITH VASCULAR FLOW		\$166.34	7/1/2019	12/31/2382
78011	THYROID IMAGING; WITH VASCULAR FLOW	26	\$30.19	7/1/2019	12/31/2382
78011	THYROID IMAGING; WITH VASCULAR FLOW	TC	\$82.25	7/1/2019	12/31/2382

## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
78012	THYROID UPTAKE, SINGLE OR MULTIPLE, QUANTITATIVE MEASUREMENT(S) (INCLUDING STIMULATION, SUPPRESSION, OR		\$130.29	7/1/2019	12/31/2382
78014	THYROID IMAGING (INCLUDING VASCULAR FLOW, WHEN PERFORMED); WITH SINGLE OR MULTIPLE UPTAKE(S)		\$220.31	7/1/2019	12/31/2382
78015	THYROID CARCINOMA METASTASES IMAGING; LIMITED AREA (EG, NECK AND CHEST ONLY)		\$279.21	7/1/2019	11/30/2382
78015	THYROID CARCINOMA METASTASES IMAGING; LIMITED AREA (EG, NECK AND CHEST ONLY)	26	\$34.92	7/1/2019	12/31/2382
78015	THYROID CARCINOMA METASTASES IMAGING; LIMITED AREA (EG, NECK AND CHEST ONLY)	TC	\$87.85	7/1/2019	12/31/2382
78016	THYROID CARCINOMA METASTASES IMAGING; WITH ADDITIONAL STUDIES (EG, URINARY RECOVERY)		\$279.21	7/1/2019	12/31/2382
78016	THYROID CARCINOMA METASTASES IMAGING; WITH ADDITIONAL STUDIES (EG, URINARY RECOVERY)	26	\$42.57	7/1/2019	12/31/2382
78016	THYROID CARCINOMA METASTASES IMAGING; WITH ADDITIONAL STUDIES (EG, URINARY RECOVERY)	TC	\$118.83	7/1/2019	12/31/2382
78017	THYROID CARCINOMA METASTASES IMAGING; MULTIPLE AREAS		\$194.04	7/1/2019	12/31/2382
78017	THYROID CARCINOMA METASTASES IMAGING; MULTIPLE AREAS	26	\$44.93	7/1/2019	12/31/2382
78017	THYROID CARCINOMA METASTASES IMAGING; MULTIPLE AREAS	TC	\$127.10	7/1/2019	12/31/2382
78018	THYROID CARCINOMA METASTASES IMAGING; WHOLE BODY		\$279.21	7/1/2019	12/31/2382
78018	THYROID CARCINOMA METASTASES IMAGING; WHOLE BODY	26	\$49.40	7/1/2019	12/31/2382
78018	THYROID CARCINOMA METASTASES IMAGING; WHOLE BODY	TC	\$185.31	7/1/2019	12/31/2382
78070	PARATHYROID IMAGING		\$187.52	7/1/2019	12/31/2382
78070	PARATHYROID IMAGING	26	\$26.59	7/1/2019	12/31/2382
78070	PARATHYROID IMAGING	TC	\$61.88	7/1/2019	12/31/2382
78071	PARATHYROID PLANAR IMAGING; WITH TOMOGRAPHIC (SPECT)		\$304.59	7/1/2019	12/31/2382
78072	PARATHYROID PLANAR IMAGING; WITH TOMOGRAPHIC (SPECT), AND CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY		\$304.59	7/1/2019	12/31/2382
78075	ADRENAL IMAGING, CORTEX AND/OR MEDULLA		\$187.52	7/1/2019	12/31/2382
78075	ADRENAL IMAGING, CORTEX AND/OR MEDULLA	26	\$40.07	7/1/2019	12/31/2382
78075	ADRENAL IMAGING, CORTEX AND/OR MEDULLA	TC	\$185.31	7/1/2019	12/31/2382
78099	UNLISTED ENDOCRINE PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE		\$166.34	7/1/2019	12/31/2382
78102	BONE MARROW IMAGING; LIMITED AREA		\$264.12	7/1/2019	12/31/2382
78102	BONE MARROW IMAGING; LIMITED AREA	26	\$31.02	7/1/2019	12/31/2382
78102	BONE MARROW IMAGING; LIMITED AREA	TC	\$69.72	7/1/2019	12/31/2382
78103	BONE MARROW IMAGING; MULTIPLE AREAS		\$264.12	7/1/2019	12/31/2382
78103	BONE MARROW IMAGING; MULTIPLE AREAS	26	\$50.03	7/1/2019	12/31/2382
78103	BONE MARROW IMAGING; MULTIPLE AREAS	TC	\$107.97	7/1/2019	12/31/2382
78104	BONE MARROW IMAGING; WHOLE BODY		\$264.12	7/1/2019	12/31/2382
78104	BONE MARROW IMAGING; WHOLE BODY	26	\$51.26	7/1/2019	12/31/2382
78104	BONE MARROW IMAGING; WHOLE BODY	TC	\$138.87	7/1/2019	12/31/2382

## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
78110	PLASMA VOLUME, RADIONUCLIDE VOLUME-DILUTION TECHNIQUE (SEPARATE PROCEDURE); SINGLE SAMPLING		\$232.47	7/1/2019	12/31/2382
78110	PLASMA VOLUME, RADIONUCLIDE VOLUME-DILUTION TECHNIQUE (SEPARATE PROCEDURE); SINGLE SAMPLING	26	\$10.71	7/1/2019	12/31/2382
78110	PLASMA VOLUME, RADIONUCLIDE VOLUME-DILUTION TECHNIQUE (SEPARATE PROCEDURE); SINGLE SAMPLING	TC	\$32.24	7/1/2019	12/31/2382
78111	PLASMA VOLUME, RADIONUCLIDE VOLUME-DILUTION TECHNIQUE (SEPARATE PROCEDURE); MULTIPLE SAMPLINGS		\$232.47	7/1/2019	12/31/2382
78111	PLASMA VOLUME, RADIONUCLIDE VOLUME-DILUTION TECHNIQUE (SEPARATE PROCEDURE); MULTIPLE SAMPLINGS	26	\$14.48	7/1/2019	12/31/2382
78111	PLASMA VOLUME, RADIONUCLIDE VOLUME-DILUTION TECHNIQUE (SEPARATE PROCEDURE); MULTIPLE SAMPLINGS	TC	\$87.85	7/1/2019	12/31/2382
78120	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); SINGLE SAMPLING		\$232.47	7/1/2019	12/31/2382
78120	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); SINGLE SAMPLING	26	\$17.42	7/1/2019	12/31/2382
78120	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); SINGLE SAMPLING	TC	\$59.21	7/1/2019	12/31/2382
78121	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); MULTIPLE SAMPLINGS		\$232.47	7/1/2019	12/31/2382
78121	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); MULTIPLE SAMPLINGS	26	\$19.53	7/1/2019	12/31/2382
78121	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); MULTIPLE SAMPLINGS	TC	\$99.13	7/1/2019	12/31/2382
78122	WHOLE BLOOD VOLUME DETERMINATION, INCLUDING SEPARATE MEASUREMENT OF PLASMA VOLUME AND RED CELL VOLUME (RADIONU		\$232.47	7/1/2019	12/31/2382
78122	WHOLE BLOOD VOLUME DETERMINATION, INCLUDING SEPARATE MEASUREMENT OF PLASMA VOLUME AND RED CELL VOLUME (RADIONU	26	\$30.18	7/1/2019	12/31/2382
78122	WHOLE BLOOD VOLUME DETERMINATION, INCLUDING SEPARATE MEASUREMENT OF PLASMA VOLUME AND RED CELL VOLUME (RADIONU	TC	\$157.33	7/1/2019	12/31/2382
78130	RED CELL SURVIVAL STUDY;		\$232.47	7/1/2019	12/31/2382
78130	RED CELL SURVIVAL STUDY;	26	\$33.20	7/1/2019	12/31/2382
78130	RED CELL SURVIVAL STUDY;	TC	\$97.46	7/1/2019	12/31/2382
78135	RED CELL SURVIVAL STUDY; DIFFERENTIAL ORGAN/TISSUE KINETICS, (EG, SPLENIC AND/OR HEPATIC SEQUESTRATION)		\$232.47	7/1/2019	12/31/2382
78135	RED CELL SURVIVAL STUDY; DIFFERENTIAL ORGAN/TISSUE KINETICS, (EG, SPLENIC AND/OR HEPATIC SEQUESTRATION)	26	\$33.79	7/1/2019	12/31/2382
78135	RED CELL SURVIVAL STUDY; DIFFERENTIAL ORGAN/TISSUE KINETICS, (EG, SPLENIC AND/OR HEPATIC SEQUESTRATION)	TC	\$166.18	7/1/2019	12/31/2382
78140	LABELED RED CELL SEQUESTRATION, DIFFERENTIAL ORGAN/TISSUE, (EG, SPLENIC AND/OR HEPATIC)		\$232.47	7/1/2019	12/31/2382

## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
78140	LABELLED RED CELL SEQUESTRATION, DIFFERENTIAL ORGAN/TISSUE, (EG, SPLENIC AND/OR HEPATIC)	26	\$33.20	7/1/2019	12/31/2382
78140	LABELLED RED CELL SEQUESTRATION, DIFFERENTIAL ORGAN/TISSUE, (EG, SPLENIC AND/OR HEPATIC)	TC	\$134.28	7/1/2019	12/31/2382
78160	PLASMA RADIOIRON DISAPPEARANCE (TURNOVER) RATE		\$154.90	7/1/2019	12/31/2382
78160	PLASMA RADIOIRON DISAPPEARANCE (TURNOVER) RATE	26	\$21.84	7/1/2019	12/31/2382
78160	PLASMA RADIOIRON DISAPPEARANCE (TURNOVER) RATE	TC	\$125.09	7/1/2019	12/31/2382
78162	RADIOIRON ORAL ABSORPTION		\$146.18	7/1/2019	12/31/2382
78162	RADIOIRON ORAL ABSORPTION	26	\$30.18	7/1/2019	12/31/2382
78162	RADIOIRON ORAL ABSORPTION	TC	\$108.98	7/1/2019	12/31/2382
78170	RADIOIRON RED CELL UTILIZATION		\$154.60	7/1/2019	12/31/2382
78170	RADIOIRON RED CELL UTILIZATION	26	\$23.58	7/1/2019	12/31/2382
78170	RADIOIRON RED CELL UTILIZATION	TC	\$181.38	7/1/2019	12/31/2382
78172	CHELATABLE IRON FOR ESTIMATION OF TOTAL BODY IRON	26	\$36.81	7/1/2019	12/31/2382
78185	SPLEEN IMAGING ONLY, WITH OR WITHOUT VASCULAR FLOW		\$264.12	7/1/2019	12/31/2382
78185	SPLEEN IMAGING ONLY, WITH OR WITHOUT VASCULAR FLOW	26	\$27.88	7/1/2019	12/31/2382
78185	SPLEEN IMAGING ONLY, WITH OR WITHOUT VASCULAR FLOW	TC	\$80.58	7/1/2019	12/31/2382
78190	KINETICS, STUDY OF PLATELET SURVIVAL, WITH OR WITHOUT DIFFERENTIAL ORGAN/TISSUE LOCALIZATION		\$237.62	7/1/2019	12/31/2382
78190	KINETICS, STUDY OF PLATELET SURVIVAL, WITH OR WITHOUT DIFFERENTIAL ORGAN/TISSUE LOCALIZATION	26	\$55.96	7/1/2019	12/31/2382
78190	KINETICS, STUDY OF PLATELET SURVIVAL, WITH OR WITHOUT DIFFERENTIAL ORGAN/TISSUE LOCALIZATION	TC	\$195.16	7/1/2019	12/31/2382
78191	PLATELET SURVIVAL STUDY		\$237.62	7/1/2019	12/31/2382
78191	PLATELET SURVIVAL STUDY	26	\$41.88	7/1/2019	12/31/2382
78191	PLATELET SURVIVAL STUDY	TC	\$250.44	7/1/2019	12/31/2382
78192	WHITE BLOOD CELL LOCALIZATION; LIMITED AREA SCANNING		\$177.50	7/1/2019	12/31/2382
78192	WHITE BLOOD CELL LOCALIZATION; LIMITED AREA SCANNING	26	\$53.93	7/1/2019	12/31/2382
78192	WHITE BLOOD CELL LOCALIZATION; LIMITED AREA SCANNING	TC	\$115.92	7/1/2019	12/31/2382
78193	WHITE BLOOD CELL LOCALIZATION; WHOLE BODY		\$413.40	7/1/2019	12/31/2382
78193	WHITE BLOOD CELL LOCALIZATION; WHOLE BODY	26	\$59.60	7/1/2019	12/31/2382
78193	WHITE BLOOD CELL LOCALIZATION; WHOLE BODY	TC	\$332.78	7/1/2019	12/31/2382
78195	LYMPHATICS AND LYMPH GLANDS IMAGING		\$264.12	7/1/2019	12/31/2382
78195	LYMPHATICS AND LYMPH GLANDS IMAGING	26	\$63.16	7/1/2019	12/31/2382
78195	LYMPHATICS AND LYMPH GLANDS IMAGING	LT	\$264.12	7/1/2019	12/31/2382
78195	LYMPHATICS AND LYMPH GLANDS IMAGING	RT	\$264.12	7/1/2019	12/31/2382
78195	LYMPHATICS AND LYMPH GLANDS IMAGING	TC	\$138.87	7/1/2019	12/31/2382
78199	UNLISTED HEMATOPOIETIC, RETICULOENDOTHELIAL AND LYMPHATIC PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE		\$264.12	7/1/2019	12/31/2382
78201	LIVER IMAGING; STATIC ONLY		\$290.75	7/1/2019	12/31/2382
78201	LIVER IMAGING; STATIC ONLY	26	\$28.78	7/1/2019	12/31/2382

## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
78201	LIVER IMAGING; STATIC ONLY	TC	\$80.58	7/1/2019	12/31/2382
78202	LIVER IMAGING; WITH VASCULAR FLOW		\$290.75	7/1/2019	12/31/2382
78202	LIVER IMAGING; WITH VASCULAR FLOW	26	\$53.30	7/1/2019	12/31/2382
78202	LIVER IMAGING; WITH VASCULAR FLOW	TC	\$98.46	7/1/2019	12/31/2382
78205	LIVER IMAGING (SPECT)		\$290.75	7/1/2019	12/31/2382
78205	LIVER IMAGING (SPECT)	26	\$48.59	7/1/2019	12/31/2382
78205	LIVER IMAGING (SPECT)	TC	\$201.42	7/1/2019	12/31/2382
78206	LIVER IMAGING (SPECT); WITH VASCULAR FLOW		\$295.24	7/1/2019	12/31/2382
78215	LIVER AND SPLEEN IMAGING; STATIC ONLY		\$290.75	7/1/2019	12/31/2382
78215	LIVER AND SPLEEN IMAGING; STATIC ONLY	26	\$32.21	7/1/2019	12/31/2382
78215	LIVER AND SPLEEN IMAGING; STATIC ONLY	TC	\$100.12	7/1/2019	12/31/2382
78216	LIVER AND SPLEEN IMAGING; WITH VASCULAR FLOW		\$290.75	7/1/2019	12/31/2382
78216	LIVER AND SPLEEN IMAGING; WITH VASCULAR FLOW	26	\$33.80	7/1/2019	12/31/2382
78216	LIVER AND SPLEEN IMAGING; WITH VASCULAR FLOW	TC	\$118.83	7/1/2019	12/31/2382
78220	LIVER FUNCTION STUDY WITH HEPATOBILIARY AGENTS, WITH SERIAL IMAGES		\$290.75	7/1/2019	12/31/2382
78220	LIVER FUNCTION STUDY WITH HEPATOBILIARY AGENTS, WITH SERIAL IMAGES	26	\$36.56	7/1/2019	12/31/2382
78220	LIVER FUNCTION STUDY WITH HEPATOBILIARY AGENTS, WITH SERIAL IMAGES	TC	\$127.10	7/1/2019	12/31/2382
78223	HEPATOBILIARY DUCTAL SYSTEM IMAGING, INCLUDING GALLBLADDER, WITH OR WITHOUT PHARMACOLOGIC INTERVENTION, WITH O		\$290.75	7/1/2019	12/31/2382
78223	HEPATOBILIARY DUCTAL SYSTEM IMAGING, INCLUDING GALLBLADDER, WITH OR WITHOUT PHARMACOLOGIC INTERVENTION, WITH O	26	\$39.33	7/1/2019	12/31/2382
78223	HEPATOBILIARY DUCTAL SYSTEM IMAGING, INCLUDING GALLBLADDER, WITH OR WITHOUT PHARMACOLOGIC INTERVENTION, WITH O	TC	\$125.09	7/1/2019	12/31/2382
78226	HEPATOBILIARY SYSTEM IMAGING, INCLUDING GALLBLADDER WHEN PRESENT		\$339.22	7/1/2019	12/31/2382
78227	HEPATOBILIARY SYSTEM IMAGING, INCLUDING GALLBLADDER WHEN PRESENT; WITH PHARMACOLOGIC INTERVENTION, INCLUDING		\$297.35	7/1/2019	12/31/2382
78230	SALIVARY GLAND IMAGING;		\$254.25	7/1/2019	12/31/2382
78230	SALIVARY GLAND IMAGING;	26	\$46.40	7/1/2019	12/31/2382
78230	SALIVARY GLAND IMAGING;	TC	\$74.32	7/1/2019	12/31/2382
78231	SALIVARY GLAND IMAGING; WITH SERIAL IMAGES		\$254.25	7/1/2019	12/31/2382
78231	SALIVARY GLAND IMAGING; WITH SERIAL IMAGES	26	\$59.10	7/1/2019	12/31/2382
78231	SALIVARY GLAND IMAGING; WITH SERIAL IMAGES	TC	\$107.97	7/1/2019	12/31/2382
78232	SALIVARY GLAND FUNCTION STUDY		\$254.25	7/1/2019	12/31/2382
78232	SALIVARY GLAND FUNCTION STUDY	26	\$32.88	7/1/2019	12/31/2382
78232	SALIVARY GLAND FUNCTION STUDY	TC	\$120.50	7/1/2019	12/31/2382
78258	ESOPHAGEAL MOTILITY		\$254.25	7/1/2019	12/31/2382
78258	ESOPHAGEAL MOTILITY	26	\$50.30	7/1/2019	12/31/2382

## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
78258	ESOPHAGEAL MOTILITY	TC	\$98.46	7/1/2019	12/31/2382
78261	GASTRIC MUCOSA IMAGING		\$254.25	7/1/2019	12/31/2382
78261	GASTRIC MUCOSA IMAGING	26	\$46.94	7/1/2019	12/31/2382
78261	GASTRIC MUCOSA IMAGING	TC	\$139.87	7/1/2019	12/31/2382
78262	GASTROESOPHAGEAL REFLUX STUDY		\$254.25	7/1/2019	12/31/2382
78262	GASTROESOPHAGEAL REFLUX STUDY	26	\$46.30	7/1/2019	12/31/2382
78262	GASTROESOPHAGEAL REFLUX STUDY	TC	\$144.81	7/1/2019	12/31/2382
78264	GASTRIC EMPTYING STUDY		\$254.25	7/1/2019	12/31/2382
78264	GASTRIC EMPTYING STUDY	26	\$40.65	7/1/2019	12/31/2382
78264	GASTRIC EMPTYING STUDY	TC	\$140.54	7/1/2019	12/31/2382
78265	STOMACH EMPTYING AND SMALL BOWEL TRANSIT STUDY		\$304.32	7/1/2019	12/31/2382
78266	STOMACH EMPTYING AND SMALL BOWEL WITH COLON TRANSIT STUDY		\$403.78	7/1/2019	12/31/2382
78267	UREA BREATH TEST, C-14; ACQUISITION FOR ANALYSIS		\$11.77	7/1/2019	12/31/2382
78268	UREA BREATH TEST, C-14; ANALYSIS		\$100.89	7/1/2019	12/31/2382
78270	VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITHOUT INTRINSIC FACTOR		\$237.62	7/1/2019	12/31/2382
78270	VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITHOUT INTRINSIC FACTOR	26	\$14.86	7/1/2019	12/31/2382
78270	VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITHOUT INTRINSIC FACTOR	TC	\$52.95	7/1/2019	12/31/2382
78271	VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITH INTRINSIC FACTOR		\$237.62	7/1/2019	12/31/2382
78271	VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITH INTRINSIC FACTOR	26	\$14.86	7/1/2019	12/31/2382
78271	VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITH INTRINSIC FACTOR	TC	\$56.28	7/1/2019	12/31/2382
78272	VITAMIN B-12 ABSORPTION STUDIES COMBINED, WITH AND WITHOUT INTRINSIC FACTOR		\$237.62	7/1/2019	12/31/2382
78272	VITAMIN B-12 ABSORPTION STUDIES COMBINED, WITH AND WITHOUT INTRINSIC FACTOR	26	\$16.49	7/1/2019	12/31/2382
78272	VITAMIN B-12 ABSORPTION STUDIES COMBINED, WITH AND WITHOUT INTRINSIC FACTOR	TC	\$79.24	7/1/2019	12/31/2382
78276	GASTROINTESTINAL ASPIRATE BLOOD LOSS LOCALIZATION		\$111.98	7/1/2019	12/31/2382
78276	GASTROINTESTINAL ASPIRATE BLOOD LOSS LOCALIZATION	26	\$33.67	7/1/2019	12/31/2382
78276	GASTROINTESTINAL ASPIRATE BLOOD LOSS LOCALIZATION	TC	\$108.98	7/1/2019	12/31/2382
78278	ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING		\$254.25	7/1/2019	11/30/2382
78278	ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	26	\$42.68	7/1/2019	12/31/2382
78278	ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	TC	\$166.18	7/1/2019	12/31/2382
78280	GASTROINTESTINAL BLOOD LOSS STUDY (EG, STOOL COUNTING)		\$101.57	7/1/2019	12/31/2382
78280	GASTROINTESTINAL BLOOD LOSS STUDY (EG, STOOL COUNTING)	26	\$19.61	7/1/2019	12/31/2382
78280	GASTROINTESTINAL BLOOD LOSS STUDY (EG, STOOL COUNTING)	TC	\$110.65	7/1/2019	12/31/2382

## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
78282	GASTROINTESTINAL PROTEIN LOSS		\$254.25	7/1/2019	12/31/2382
78282	GASTROINTESTINAL PROTEIN LOSS	26	\$25.47	7/1/2019	12/31/2382
78290	BOWEL IMAGING (EG, ECTOPIC GASTRIC MUCOSA, MECKEL'S LOCALIZATION, VOLVULUS)		\$254.25	7/1/2019	12/31/2382
78290	BOWEL IMAGING (EG, ECTOPIC GASTRIC MUCOSA, MECKEL'S LOCALIZATION, VOLVULUS)	26	\$52.28	7/1/2019	12/31/2382
78290	BOWEL IMAGING (EG, ECTOPIC GASTRIC MUCOSA, MECKEL'S LOCALIZATION, VOLVULUS)	TC	\$103.72	7/1/2019	12/31/2382
78291	PERITONEAL-VEIN SHUNT PATENCY TEST (EG, FOR LEVEEN, DENVER SHUNT)		\$254.25	7/1/2019	12/31/2382
78291	PERITONEAL-VEIN SHUNT PATENCY TEST (EG, FOR LEVEEN, DENVER SHUNT)	26	\$59.60	7/1/2019	12/31/2382
78291	PERITONEAL-VEIN SHUNT PATENCY TEST (EG, FOR LEVEEN, DENVER SHUNT)	TC	\$104.39	7/1/2019	12/31/2382
78299	UNLISTED GASTROINTESTINAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE		\$254.25	7/1/2019	12/31/2382
78300	BONE AND/OR JOINT IMAGING; LIMITED AREA		\$269.25	7/1/2019	12/31/2382
78300	BONE AND/OR JOINT IMAGING; LIMITED AREA	26	\$36.41	7/1/2019	12/31/2382
78300	BONE AND/OR JOINT IMAGING; LIMITED AREA	TC	\$85.17	7/1/2019	12/31/2382
78305	BONE AND/OR JOINT IMAGING; MULTIPLE AREAS		\$269.25	7/1/2019	12/31/2382
78305	BONE AND/OR JOINT IMAGING; MULTIPLE AREAS	26	\$55.87	7/1/2019	12/31/2382
78305	BONE AND/OR JOINT IMAGING; MULTIPLE AREAS	TC	\$125.09	7/1/2019	12/31/2382
78306	BONE AND/OR JOINT IMAGING; WHOLE BODY		\$269.25	7/1/2019	12/31/2382
78306	BONE AND/OR JOINT IMAGING; WHOLE BODY	26	\$56.14	7/1/2019	12/31/2382
78306	BONE AND/OR JOINT IMAGING; WHOLE BODY	TC	\$145.80	7/1/2019	12/31/2382
78310	BONE AND/OR JOINT IMAGING; VASCULAR FLOW ONLY		\$118.50	7/1/2019	12/31/2382
78310	BONE AND/OR JOINT IMAGING; VASCULAR FLOW ONLY	26	\$48.41	7/1/2019	12/31/2382
78310	BONE AND/OR JOINT IMAGING; VASCULAR FLOW ONLY	TC	\$40.17	7/1/2019	12/31/2382
78315	BONE AND/OR JOINT IMAGING; THREE PHASE STUDY		\$269.25	7/1/2019	12/31/2382
78315	BONE AND/OR JOINT IMAGING; THREE PHASE STUDY	26	\$61.56	7/1/2019	12/31/2382
78315	BONE AND/OR JOINT IMAGING; THREE PHASE STUDY	59	\$269.25	7/1/2019	12/31/2382
78315	BONE AND/OR JOINT IMAGING; THREE PHASE STUDY	TC	\$162.92	7/1/2019	12/31/2382
78320	BONE AND/OR JOINT IMAGING; TOMOGRAPHIC (SPECT)		\$269.25	7/1/2019	12/31/2382
78320	BONE AND/OR JOINT IMAGING; TOMOGRAPHIC (SPECT)	26	\$70.41	7/1/2019	12/31/2382
78320	BONE AND/OR JOINT IMAGING; TOMOGRAPHIC (SPECT)	TC	\$201.42	7/1/2019	12/31/2382
78350	BONE DENSITY (BONE MINERAL CONTENT) STUDY, ONE OR MORE SITES; SINGLE PHOTON ABSORPTIOMETRY		\$49.20	7/1/2019	12/31/2382
78350	BONE DENSITY (BONE MINERAL CONTENT) STUDY, ONE OR MORE SITES; SINGLE PHOTON ABSORPTIOMETRY	26	\$15.00	7/1/2019	12/31/2382
78350	BONE DENSITY (BONE MINERAL CONTENT) STUDY, ONE OR MORE SITES; SINGLE PHOTON ABSORPTIOMETRY	TC	\$25.96	7/1/2019	12/31/2382

## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
78399	UNLISTED MUSCULOSKELETAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE		\$269.25	7/1/2019	12/31/2382
78414	DETERMINATION OF CENTRAL C-V HEMODYNAMICS (NON-IMAGING) (EG, EJECTION FRACTION WITH PROBE TECHNIQUE) WITH OR W		\$283.53	7/1/2019	12/31/2382
78414	DETERMINATION OF CENTRAL C-V HEMODYNAMICS (NON-IMAGING) (EG, EJECTION FRACTION WITH PROBE TECHNIQUE) WITH OR W	26	\$42.64	7/1/2019	12/31/2382
78428	CARDIAC SHUNT DETECTION		\$283.53	7/1/2019	12/31/2382
78428	CARDIAC SHUNT DETECTION	26	\$30.71	7/1/2019	12/31/2382
78428	CARDIAC SHUNT DETECTION	TC	\$76.99	7/1/2019	12/31/2382
78445	NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY, VENOGRAPHY)		\$140.49	7/1/2019	12/31/2382
78445	NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY, VENOGRAPHY)	26	\$41.75	7/1/2019	12/31/2382
78445	NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY, VENOGRAPHY)	TC	\$64.47	7/1/2019	12/31/2382
78451	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT); SINGLE STUDY, AT REST OR STRESS		\$744.13	7/1/2019	12/31/2382
78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT); MULTIPLE STUDIES, AT REST OR STRESS AND/OR REDISTRUBUTION		\$744.13	7/1/2019	12/31/2382
78454	MYOCARDIAL PERFUSION IMAGING, PLANAR; MULTIPLE STUDIES, AT REST AND/OR STRESS AND/OR REDISTRIBUTION AND/OR		\$775.57	7/1/2019	12/31/2382
78455	VENOUS THROMBOSIS STUDY (EG, RADIOACTIVE FIBRINOGEN)		\$194.13	7/1/2019	12/31/2382
78455	VENOUS THROMBOSIS STUDY (EG, RADIOACTIVE FIBRINOGEN)	26	\$43.69	7/1/2019	12/31/2382
78455	VENOUS THROMBOSIS STUDY (EG, RADIOACTIVE FIBRINOGEN)	TC	\$135.95	7/1/2019	12/31/2382
78456	ACUTE VENOUS THROMBOSIS IMAGING, PEPTIDE		\$140.49	7/1/2019	12/31/2382
78457	VENOUS THROMBOSIS IMAGING, VENOGRAM; UNILATERAL		\$140.49	7/1/2019	12/31/2382
78457	VENOUS THROMBOSIS IMAGING, VENOGRAM; UNILATERAL	26	\$44.60	7/1/2019	12/31/2382
78457	VENOUS THROMBOSIS IMAGING, VENOGRAM; UNILATERAL	TC	\$90.77	7/1/2019	12/31/2382
78458	VENOUS THROMBOSIS IMAGING (EG, VENOGRAM); BILATERAL		\$140.49	7/1/2019	12/31/2382
78458	VENOUS THROMBOSIS IMAGING (EG, VENOGRAM); BILATERAL	26	\$47.76	7/1/2019	12/31/2382
78458	VENOUS THROMBOSIS IMAGING (EG, VENOGRAM); BILATERAL	TC	\$136.96	7/1/2019	12/31/2382
78459	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), METABOLIC EVALUATION		\$907.31	7/1/2019	12/31/2382
78460	MYOCARDIAL PERFUSION IMAGING; (PLANAR) SINGLE STUDY, AT REST OR STRESS (EXERCISE AND/OR PHARMACOLOGIC), WITH		\$283.53	7/1/2019	12/31/2382
78460	MYOCARDIAL PERFUSION IMAGING; (PLANAR) SINGLE STUDY, AT REST OR STRESS (EXERCISE AND/OR PHARMACOLOGIC), WITH	26	\$58.64	7/1/2019	12/31/2382
78460	MYOCARDIAL PERFUSION IMAGING; (PLANAR) SINGLE STUDY, AT REST OR STRESS (EXERCISE AND/OR PHARMACOLOGIC), WITH	TC	\$80.58	7/1/2019	12/31/2382
78461	MYOCARDIAL PERFUSION IMAGING; MULTIPLE STUDIES,(PLANAR)AT REST AND/OR STRESS (EXERCISE AND/OR PHARMACOLOGIC)		\$450.07	7/1/2019	12/31/2382
78461	MYOCARDIAL PERFUSION IMAGING; MULTIPLE STUDIES,(PLANAR)AT REST AND/OR STRESS (EXERCISE AND/OR PHARMACOLOGIC)	26	\$69.45	7/1/2019	12/31/2382



## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
78461	MYOCARDIAL PERFUSION IMAGING; MULTIPLE STUDIES,(PLANAR)AT REST AND/OR STRESS (EXERCISE AND/OR PHARMACOLOGIC)	TC	\$161.25	7/1/2019	12/31/2382
78464	MYOCARDIAL PERFUSION IMAGING; TOMOGRAPHIC (SPECT), SINGLE STUDY AT REST OR STRESS (EXERCISE AND/OR PHARMACOLOG		\$283.53	7/1/2019	12/31/2382
78464	MYOCARDIAL PERFUSION IMAGING; TOMOGRAPHIC (SPECT), SINGLE STUDY AT REST OR STRESS (EXERCISE AND/OR PHARMACOLOG	26	\$73.69	7/1/2019	12/31/2382
78464	MYOCARDIAL PERFUSION IMAGING; TOMOGRAPHIC (SPECT), SINGLE STUDY AT REST OR STRESS (EXERCISE AND/OR PHARMACOLOG	TC	\$241.83	7/1/2019	12/31/2382
78465	MYOCARDIAL PERFUSION IMAGING; TOMOGRAPHIC (SPECT), MULTIPLE STUDIES, AT REST AND/OR STRESS (EXERCISE AND		\$450.07	7/1/2019	12/31/2382
78465	MYOCARDIAL PERFUSION IMAGING; TOMOGRAPHIC (SPECT), MULTIPLE STUDIES, AT REST AND/OR STRESS (EXERCISE AND	26	\$98.96	7/1/2019	12/31/2382
78465	MYOCARDIAL PERFUSION IMAGING; TOMOGRAPHIC (SPECT), MULTIPLE STUDIES, AT REST AND/OR STRESS (EXERCISE AND	TC	\$402.50	7/1/2019	12/31/2382
78466	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; QUALITATIVE OR QUANTITATIVE		\$283.53	7/1/2019	12/31/2382
78466	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; QUALITATIVE OR QUANTITATIVE	26	\$47.26	7/1/2019	12/31/2382
78466	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; QUALITATIVE OR QUANTITATIVE	TC	\$89.77	7/1/2019	12/31/2382
78468	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; WITH EJECTION FRACTION BY FIRST PASS TECHNIQUE		\$283.53	7/1/2019	12/31/2382
78468	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; WITH EJECTION FRACTION BY FIRST PASS TECHNIQUE	26	\$53.93	7/1/2019	12/31/2382
78468	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; WITH EJECTION FRACTION BY FIRST PASS TECHNIQUE	TC	\$125.09	7/1/2019	12/31/2382
78469	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; TOMOGRAPHIC SPECT WITH OR WITHOUT QUANTIFICATION		\$283.53	7/1/2019	12/31/2382
78469	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; TOMOGRAPHIC SPECT WITH OR WITHOUT QUANTIFICATION	26	\$79.38	7/1/2019	12/31/2382
78469	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; TOMOGRAPHIC SPECT WITH OR WITHOUT QUANTIFICATION	TC	\$178.70	7/1/2019	12/31/2382
78472	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; SINGLE STUDY AT REST, WALL MOTION STUDY PLUS EJECTION FRACTION,		\$283.53	7/1/2019	12/31/2382
78472	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; SINGLE STUDY AT REST, WALL MOTION STUDY PLUS EJECTION FRACTION,	26	\$74.49	7/1/2019	12/31/2382
78472	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; SINGLE STUDY AT REST, WALL MOTION STUDY PLUS EJECTION FRACTION,	TC	\$188.22	7/1/2019	12/31/2382
78473	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; MULTIPLE STUDIES, WALL MOTION STUDY PLUS EJECTION FRACTION, RES		\$339.36	7/1/2019	12/31/2382

## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
78473	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; MULTIPLE STUDIES, WALL MOTION STUDY PLUS EJECTION FRACTION, RES	26	\$75.90	7/1/2019	12/31/2382
78473	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; MULTIPLE STUDIES, WALL MOTION STUDY PLUS EJECTION FRACTION, RES	TC	\$282.00	7/1/2019	12/31/2382
78478	MYOCARDIAL PERFUSION STUDY WITH WALL MOTION, QUALITATIVE OR QUANTITATIVE STUDY (LIST SEPARATELY IN ADDITION TO		\$101.43	7/1/2019	12/31/2382
78478	MYOCARDIAL PERFUSION STUDY WITH WALL MOTION, QUALITATIVE OR QUANTITATIVE STUDY (LIST SEPARATELY IN ADDITION TO	26	\$31.98	7/1/2019	12/31/2382
78478	MYOCARDIAL PERFUSION STUDY WITH WALL MOTION, QUALITATIVE OR QUANTITATIVE STUDY (LIST SEPARATELY IN ADDITION TO	TC	\$53.28	7/1/2019	12/31/2382
78480	MYOCARDIAL PERFUSION STUDY WITH EJECTION FRACTION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)		\$101.43	7/1/2019	12/31/2382
78480	MYOCARDIAL PERFUSION STUDY WITH EJECTION FRACTION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	26	\$31.98	7/1/2019	12/31/2382
78480	MYOCARDIAL PERFUSION STUDY WITH EJECTION FRACTION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	TC	\$53.28	7/1/2019	12/31/2382
78481	CARDIAC BLOOD POOL IMAGING,(PLANAR), FIRST PASS TECHNIQUE; SINGLE STUDY, AT REST OR WITH STRESS		\$283.53	7/1/2019	12/31/2382
78481	CARDIAC BLOOD POOL IMAGING,(PLANAR), FIRST PASS TECHNIQUE; SINGLE STUDY, AT REST OR WITH STRESS	26	\$66.62	7/1/2019	12/31/2382
78481	CARDIAC BLOOD POOL IMAGING,(PLANAR), FIRST PASS TECHNIQUE; SINGLE STUDY, AT REST OR WITH STRESS	TC	\$178.70	7/1/2019	12/31/2382
78483	CARDIAC BLOOD POOL IMAGING, (PLANAR) FIRST PASS TECHNIQUE; MULTIPLE STUDIES, AT REST AND WITH STRESS (EXERCISE		\$339.36	7/1/2019	12/31/2382
78483	CARDIAC BLOOD POOL IMAGING, (PLANAR) FIRST PASS TECHNIQUE; MULTIPLE STUDIES, AT REST AND WITH STRESS (EXERCISE	26	\$75.90	7/1/2019	12/31/2382
78483	CARDIAC BLOOD POOL IMAGING, (PLANAR) FIRST PASS TECHNIQUE; MULTIPLE STUDIES, AT REST AND WITH STRESS (EXERCISE	TC	\$268.80	7/1/2019	12/31/2382
78491	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION; SINGLE STUDY AT REST OR STRESS		\$907.31	7/1/2019	12/31/2382
78492	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION; MULTIPLE STUDIES AT REST AND/OR STRESS		\$2,816.24	7/1/2019	12/31/2382
78494	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SPECT, AT REST, WALL MOTION STUDY PLUS EJECTION FRACTION, WITH		\$278.32	7/1/2019	12/31/2382
78496	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SINGLE STUDY, AT REST, WITH RIGHT VENTRICULAR EJECTION FRACTION		\$101.43	7/1/2019	12/31/2382
78499	UNLISTED CARDIOVASCULAR PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE		\$283.53	7/1/2019	12/31/2382
78580	PULMONARY PERFUSION IMAGING; PARTICULATE		\$223.69	7/1/2019	12/31/2382
78580	PULMONARY PERFUSION IMAGING; PARTICULATE	26	\$48.34	7/1/2019	12/31/2382
78580	PULMONARY PERFUSION IMAGING; PARTICULATE	TC	\$117.16	7/1/2019	12/31/2382

## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
78581	PULMONARY PERFUSION IMAGING; GASEOUS		\$95.78	7/1/2019	12/31/2382
78581	PULMONARY PERFUSION IMAGING; GASEOUS	26	\$33.22	7/1/2019	12/31/2382
78581	PULMONARY PERFUSION IMAGING; GASEOUS	TC	\$81.59	7/1/2019	12/31/2382
78582	PULMONARY VENTILATION ( EG, AEROSOL OR GAS) AND PERFUSION IMAGING		\$175.64	7/1/2019	12/31/2382
78582	PULMONARY VENTILATION ( EG, AEROSOL OR GAS) AND PERFUSION IMAGING	26	\$49.76	7/1/2019	12/31/2382
78582	PULMONARY VENTILATION ( EG, AEROSOL OR GAS) AND PERFUSION IMAGING	TC	\$128.68	7/1/2019	12/31/2382
78584	PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION; SINGLE BREATH		\$364.64	7/1/2019	12/31/2382
78584	PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION; SINGLE BREATH	26	\$51.24	7/1/2019	12/31/2382
78584	PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION; SINGLE BREATH	TC	\$108.98	7/1/2019	12/31/2382
78585	PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION; REBREATHING AND WASHOUT, WITH OR WITHOUT SINGLE BR		\$364.64	7/1/2019	12/31/2382
78585	PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION; REBREATHING AND WASHOUT, WITH OR WITHOUT SINGLE BR	26	\$55.96	7/1/2019	12/31/2382
78585	PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION; REBREATHING AND WASHOUT, WITH OR WITHOUT SINGLE BR	TC	\$192.23	7/1/2019	12/31/2382
78586	PULMONARY VENTILATION IMAGING, AEROSOL; SINGLE PROJECTION		\$223.69	7/1/2019	12/31/2382
78586	PULMONARY VENTILATION IMAGING, AEROSOL; SINGLE PROJECTION	26	\$31.00	7/1/2019	12/31/2382
78586	PULMONARY VENTILATION IMAGING, AEROSOL; SINGLE PROJECTION	TC	\$88.52	7/1/2019	12/31/2382
78587	PULMONARY VENTILATION IMAGING, AEROSOL; MULTIPLE PROJECTIONS (EG, ANTERIOR, POSTERIOR, LATERAL VIEWS)		\$223.69	7/1/2019	12/31/2382
78587	PULMONARY VENTILATION IMAGING, AEROSOL; MULTIPLE PROJECTIONS (EG, ANTERIOR, POSTERIOR, LATERAL VIEWS)	26	\$33.44	7/1/2019	12/31/2382
78587	PULMONARY VENTILATION IMAGING, AEROSOL; MULTIPLE PROJECTIONS (EG, ANTERIOR, POSTERIOR, LATERAL VIEWS)	TC	\$95.78	7/1/2019	12/31/2382
78588	PULMONY PERFUSION IMAGING PARTICULATE WITH VENTILATION IMAGING		\$364.64	7/1/2019	12/31/2382
78591	PULMONARY VENTILATION IMAGING, GASEOUS, SINGLE BREATH, SINGLE PROJECTION		\$223.69	7/1/2019	12/31/2382
78591	PULMONARY VENTILATION IMAGING, GASEOUS, SINGLE BREATH, SINGLE PROJECTION	26	\$31.00	7/1/2019	12/31/2382
78591	PULMONARY VENTILATION IMAGING, GASEOUS, SINGLE BREATH, SINGLE PROJECTION	TC	\$97.46	7/1/2019	12/31/2382
78593	PULMONARY VENTILATION IMAGING, GASEOUS, WITH REBREATHING AND WASHOUT WITH OR WITHOUT SINGLE BREATH; SINGLE PRO		\$223.69	7/1/2019	12/31/2382
78593	PULMONARY VENTILATION IMAGING, GASEOUS, WITH REBREATHING AND WASHOUT WITH OR WITHOUT SINGLE BREATH; SINGLE PRO	26	\$33.34	7/1/2019	12/31/2382

## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
78593	PULMONARY VENTILATION IMAGING, GASEOUS, WITH REBREATHING AND WASHOUT WITH OR WITHOUT SINGLE BREATH; SINGLE PRO	TC	\$117.83	7/1/2019	12/31/2382
78594	PULMONARY VENTILATION IMAGING, GASEOUS, WITH REBREATHING AND WASHOUT WITH OR WITHOUT SINGLE BREATH; MULTIPLE P		\$223.69	7/1/2019	12/31/2382
78594	PULMONARY VENTILATION IMAGING, GASEOUS, WITH REBREATHING AND WASHOUT WITH OR WITHOUT SINGLE BREATH; MULTIPLE P	26	\$57.21	7/1/2019	12/31/2382
78594	PULMONARY VENTILATION IMAGING, GASEOUS, WITH REBREATHING AND WASHOUT WITH OR WITHOUT SINGLE BREATH; MULTIPLE P	TC	\$169.86	7/1/2019	12/31/2382
78596	PULMONARY QUANTITATIVE DIFFERENTIAL FUNCTION (VENTILATION/PERFUSION) STUDY		\$364.64	7/1/2019	12/31/2382
78596	PULMONARY QUANTITATIVE DIFFERENTIAL FUNCTION (VENTILATION/PERFUSION) STUDY	26	\$65.54	7/1/2019	12/31/2382
78596	PULMONARY QUANTITATIVE DIFFERENTIAL FUNCTION (VENTILATION/PERFUSION) STUDY	TC	\$241.83	7/1/2019	12/31/2382
78597	QUANTITATIVE DIFFERENTIAL PULMONARY PERFUSION, INCLUDING IMAGING WHEN PERFORMED		\$287.24	7/1/2019	12/31/2382
78599	UNLISTED RESPIRATORY PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE		\$223.69	7/1/2019	12/31/2382
78600	BRAIN IMAGING, LIMITED PROCEDURE; STATIC		\$348.76	7/1/2019	12/31/2382
78600	BRAIN IMAGING, LIMITED PROCEDURE; STATIC	26	\$41.08	7/1/2019	12/31/2382
78600	BRAIN IMAGING, LIMITED PROCEDURE; STATIC	TC	\$98.46	7/1/2019	12/31/2382
78601	BRAIN IMAGING, LIMITED PROCEDURE; WITH VASCULAR FLOW		\$348.76	7/1/2019	12/31/2382
78601	BRAIN IMAGING, LIMITED PROCEDURE; WITH VASCULAR FLOW	26	\$43.09	7/1/2019	12/31/2382
78601	BRAIN IMAGING, LIMITED PROCEDURE; WITH VASCULAR FLOW	TC	\$115.92	7/1/2019	12/31/2382
78605	BRAIN IMAGING, COMPLETE STUDY; STATIC		\$348.76	7/1/2019	12/31/2382
78605	BRAIN IMAGING, COMPLETE STUDY; STATIC	26	\$43.57	7/1/2019	12/31/2382
78605	BRAIN IMAGING, COMPLETE STUDY; STATIC	TC	\$115.92	7/1/2019	12/31/2382
78606	BRAIN IMAGING, COMPLETE STUDY; WITH VASCULAR FLOW		\$348.76	7/1/2019	12/31/2382
78606	BRAIN IMAGING, COMPLETE STUDY; WITH VASCULAR FLOW	26	\$45.95	7/1/2019	12/31/2382
78606	BRAIN IMAGING, COMPLETE STUDY; WITH VASCULAR FLOW	TC	\$132.03	7/1/2019	12/31/2382
78607	BRAIN IMAGING, COMPLETE STUDY; TOMOGRAPHIC (SPECT)		\$348.76	7/1/2019	12/31/2382
78607	BRAIN IMAGING, COMPLETE STUDY; TOMOGRAPHIC (SPECT)	26	\$83.65	7/1/2019	12/31/2382
78607	BRAIN IMAGING, COMPLETE STUDY; TOMOGRAPHIC (SPECT)	TC	\$223.80	7/1/2019	12/31/2382
78608	BRAIN IMAGING POSITRON EMISSION TOMOGRAPHY (PET); METABOLIC EVALUATION		\$1,303.36	7/1/2019	12/31/2382
78610	BRAIN IMAGING, VASCULAR FLOW ONLY		\$348.76	7/1/2019	12/31/2382
78610	BRAIN IMAGING, VASCULAR FLOW ONLY	26	\$45.47	7/1/2019	12/31/2382
78610	BRAIN IMAGING, VASCULAR FLOW ONLY	TC	\$53.94	7/1/2019	12/31/2382
78615	CEREBRAL BLOOD FLOW		\$348.76	7/1/2019	12/31/2382
78615	CEREBRAL BLOOD FLOW	26	\$37.41	7/1/2019	12/31/2382
78615	CEREBRAL BLOOD FLOW	52	\$66.98	7/1/2019	12/31/2382
78615	CEREBRAL BLOOD FLOW	TC	\$131.36	7/1/2019	12/31/2382

## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
78630	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); CISTERNOGRAPHY		\$236.16	7/1/2019	12/31/2382
78630	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); CISTERNOGRAPHY	26	\$70.82	7/1/2019	12/31/2382
78630	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); CISTERNOGRAPHY	TC	\$171.78	7/1/2019	12/31/2382
78635	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); VENTRICULOGRAPHY		\$236.16	7/1/2019	12/31/2382
78635	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); VENTRICULOGRAPHY	26	\$41.88	7/1/2019	12/31/2382
78635	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); VENTRICULOGRAPHY	TC	\$86.84	7/1/2019	12/31/2382
78645	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); SHUNT EVALUATION		\$236.16	7/1/2019	12/31/2382
78645	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); SHUNT EVALUATION	26	\$39.43	7/1/2019	12/31/2382
78645	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); SHUNT EVALUATION	TC	\$117.16	7/1/2019	12/31/2382
78647	CEREBROSPINAL FLUID FLOW, IMAGING; TOMOGRAPHIC (SPECT)		\$236.16	7/1/2019	12/31/2382
78650	CSF LEAKAGE DETECTION AND LOCALIZATION		\$236.16	7/1/2019	12/31/2382
78650	CSF LEAKAGE DETECTION AND LOCALIZATION	26	\$43.15	7/1/2019	12/31/2382
78650	CSF LEAKAGE DETECTION AND LOCALIZATION	TC	\$158.33	7/1/2019	12/31/2382
78652	CSF LEAKAGE DETECTION AND LOCALIZATION TOMOGRAPHIC (ECT)		\$275.28	7/1/2019	12/31/2382
78652	CSF LEAKAGE DETECTION AND LOCALIZATION TOMOGRAPHIC (ECT)	26	\$61.31	7/1/2019	12/31/2382
78652	CSF LEAKAGE DETECTION AND LOCALIZATION TOMOGRAPHIC (ECT)	TC	\$201.42	7/1/2019	12/31/2382
78655	RADIONUCLIDE IDENTIFICATION OF EYE TUMOR		\$219.19	7/1/2019	12/31/2382
78655	RADIONUCLIDE IDENTIFICATION OF EYE TUMOR	26	\$28.43	7/1/2019	12/31/2382
78655	RADIONUCLIDE IDENTIFICATION OF EYE TUMOR	TC	\$169.86	7/1/2019	12/31/2382
78660	RADIONUCLIDE DACRYOCYSTOGRAPHY		\$236.16	7/1/2019	12/31/2382
78660	RADIONUCLIDE DACRYOCYSTOGRAPHY	26	\$42.77	7/1/2019	12/31/2382
78660	RADIONUCLIDE DACRYOCYSTOGRAPHY	TC	\$72.40	7/1/2019	12/31/2382
78699	UNLISTED NERVOUS SYSTEM PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE		\$348.76	7/1/2019	12/31/2382
78700	KIDNEY IMAGING; STATIC ONLY		\$246.57	7/1/2019	12/31/2382
78700	KIDNEY IMAGING; STATIC ONLY	26	\$37.92	7/1/2019	12/31/2382
78700	KIDNEY IMAGING; STATIC ONLY	TC	\$103.72	7/1/2019	12/31/2382
78701	KIDNEY IMAGING; WITH VASCULAR FLOW		\$246.57	7/1/2019	12/31/2382
78701	KIDNEY IMAGING; WITH VASCULAR FLOW	26	\$39.61	7/1/2019	12/31/2382
78701	KIDNEY IMAGING; WITH VASCULAR FLOW	TC	\$121.51	7/1/2019	12/31/2382
78704	KIDNEY IMAGING; WITH FUNCTION STUDY (IE, IMAGING RENOGRAM)		\$246.57	7/1/2019	12/31/2382
78704	KIDNEY IMAGING; WITH FUNCTION STUDY (IE, IMAGING RENOGRAM)	26	\$39.15	7/1/2019	12/31/2382

## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
78704	KIDNEY IMAGING; WITH FUNCTION STUDY (IE, IMAGING RENOGRAM)	TC	\$134.94	7/1/2019	12/31/2382
78707	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; SINGLE STUDY WITHOUT PHARMACOLOGICAL INTERVENTION		\$246.57	7/1/2019	12/31/2382
78707	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; SINGLE STUDY WITHOUT PHARMACOLOGICAL INTERVENTION	26	\$48.30	7/1/2019	12/31/2382
78707	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; SINGLE STUDY WITHOUT PHARMACOLOGICAL INTERVENTION	TC	\$152.74	7/1/2019	12/31/2382
78708	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; SINGLE STUDY, WITH PHARMACOLOGICAL INTERVENTION (EG, ANGIOTEN		\$279.86	7/1/2019	12/31/2382
78709	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; MULTIPLE STUDIES, WITH AND WITHOUT PHARMACOLOGICAL		\$279.86	7/1/2019	12/31/2382
78710	KIDNEY IMAGING, TOMOGRAPHIC (SPECT)		\$246.57	7/1/2019	12/31/2382
78710	KIDNEY IMAGING, TOMOGRAPHIC (SPECT)	26	\$45.17	7/1/2019	12/31/2382
78710	KIDNEY IMAGING, TOMOGRAPHIC (SPECT)	TC	\$201.42	7/1/2019	12/31/2382
78715	KIDNEY VASCULAR FLOW ONLY		\$246.57	7/1/2019	12/31/2382
78715	KIDNEY VASCULAR FLOW ONLY	26	\$17.11	7/1/2019	12/31/2382
78715	KIDNEY VASCULAR FLOW ONLY	TC	\$53.94	7/1/2019	12/31/2382
78725	KIDNEY FUNCTION STUDY WITHOUT PHARMACOLOGIC INTERVENTION		\$96.29	7/1/2019	12/31/2382
78725	KIDNEY FUNCTION STUDY WITHOUT PHARMACOLOGIC INTERVENTION	26	\$26.81	7/1/2019	12/31/2382
78725	KIDNEY FUNCTION STUDY WITHOUT PHARMACOLOGIC INTERVENTION	TC	\$60.88	7/1/2019	12/31/2382
78726	KIDNEY FUNCTION STUDY INCLUDING PHARMACOLOGIC INTERVENTION		\$166.72	7/1/2019	12/31/2382
78726	KIDNEY FUNCTION STUDY INCLUDING PHARMACOLOGIC INTERVENTION	26	\$59.23	7/1/2019	12/31/2382
78726	KIDNEY FUNCTION STUDY INCLUDING PHARMACOLOGIC INTERVENTION	TC	\$101.05	7/1/2019	12/31/2382
78727	KIDNEY TRANSPLANT EVALUATION		\$211.58	7/1/2019	12/31/2382
78727	KIDNEY TRANSPLANT EVALUATION	26	\$67.08	7/1/2019	12/31/2382
78727	KIDNEY TRANSPLANT EVALUATION	TC	\$135.95	7/1/2019	12/31/2382
78730	URINARY BLADDER RESIDUAL STUDY		\$41.39	7/1/2019	12/31/2382
78730	URINARY BLADDER RESIDUAL STUDY	26	\$23.55	7/1/2019	12/31/2382
78730	URINARY BLADDER RESIDUAL STUDY	TC	\$50.02	7/1/2019	12/31/2382
78740	URETERAL REFLUX STUDY (RADIONUCLIDE VOIDING CYSTOGRAM)		\$246.57	7/1/2019	12/31/2382
78740	URETERAL REFLUX STUDY (RADIONUCLIDE VOIDING CYSTOGRAM)	26	\$39.37	7/1/2019	12/31/2382
78740	URETERAL REFLUX STUDY (RADIONUCLIDE VOIDING CYSTOGRAM)	TC	\$72.40	7/1/2019	12/31/2382
78760	TESTICULAR IMAGING;		\$246.57	7/1/2019	12/31/2382
78760	TESTICULAR IMAGING;	26	\$33.99	7/1/2019	12/31/2382
78760	TESTICULAR IMAGING;	TC	\$91.44	7/1/2019	12/31/2382
78761	TESTICULAR IMAGING; WITH VASCULAR FLOW		\$246.57	7/1/2019	12/31/2382
78761	TESTICULAR IMAGING; WITH VASCULAR FLOW	26	\$36.27	7/1/2019	12/31/2382
78761	TESTICULAR IMAGING; WITH VASCULAR FLOW	TC	\$108.98	7/1/2019	12/31/2382
78799	UNLISTED GENITOURINARY PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE		\$246.57	7/1/2019	12/31/2382
78800	RADIONUCLIDE LOCALIZATION OF TUMOR; LIMITED AREA		\$279.21	7/1/2019	12/31/2382
78800	RADIONUCLIDE LOCALIZATION OF TUMOR; LIMITED AREA	26	\$35.30	7/1/2019	12/31/2382

## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
78800	RADIONUCLIDE LOCALIZATION OF TUMOR; LIMITED AREA	TC	\$115.92	7/1/2019	12/31/2382
78801	RADIONUCLIDE LOCALIZATION OF TUMOR; MULTIPLE AREAS		\$279.21	7/1/2019	12/31/2382
78801	RADIONUCLIDE LOCALIZATION OF TUMOR; MULTIPLE AREAS	26	\$58.88	7/1/2019	12/31/2382
78801	RADIONUCLIDE LOCALIZATION OF TUMOR; MULTIPLE AREAS	TC	\$144.13	7/1/2019	12/31/2382
78802	RADIONUCLIDE LOCALIZATION OF TUMOR; WHOLE BODY		\$279.21	7/1/2019	12/31/2382
78802	RADIONUCLIDE LOCALIZATION OF TUMOR; WHOLE BODY	26	\$60.75	7/1/2019	12/31/2382
78802	RADIONUCLIDE LOCALIZATION OF TUMOR; WHOLE BODY	TC	\$188.90	7/1/2019	12/31/2382
78803	TUMOR LOCALIZATION (SPECT)		\$279.21	7/1/2019	12/31/2382
78803	TUMOR LOCALIZATION (SPECT)	26	\$73.69	7/1/2019	12/31/2382
78803	TUMOR LOCALIZATION (SPECT)	TC	\$223.80	7/1/2019	12/31/2382
78804	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRUBUTION OF RADIOPHARMACEUTICAL AGENT, WHOLE BODY		\$736.68	7/1/2019	12/31/2382
78805	RADIONUCLIDE LOCALIZATION OF ABSCESS; LIMITED AREA		\$279.21	7/1/2019	12/31/2382
78805	RADIONUCLIDE LOCALIZATION OF ABSCESS; LIMITED AREA	26	\$38.23	7/1/2019	12/31/2382
78805	RADIONUCLIDE LOCALIZATION OF ABSCESS; LIMITED AREA	TC	\$115.92	7/1/2019	12/31/2382
78806	RADIONUCLIDE LOCALIZATION OF ABSCESS; WHOLE BODY		\$279.21	7/1/2019	12/31/2382
78806	RADIONUCLIDE LOCALIZATION OF ABSCESS; WHOLE BODY	26	\$43.92	7/1/2019	12/31/2382
78806	RADIONUCLIDE LOCALIZATION OF ABSCESS; WHOLE BODY	TC	\$188.90	7/1/2019	12/31/2382
78807	RADIONUCLIDE LOCALIZATION OF ABSCESS, SPECT		\$279.21	7/1/2019	12/31/2382
78811	TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); LIMITED AREA, ( EG, CHEST, HEAD/NECK )		\$1,303.36	7/1/2019	12/31/2382
78812	TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); SKULL BASE TO MID THIGH		\$1,303.36	7/1/2019	12/31/2382
78813	TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET) ; WHOLE BODY		\$1,303.36	7/1/2019	12/31/2382
78814	TUMOR IMAGING, (PET); WITH CONCURRENTLY ACQUIRED CT FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION; LI		\$1,416.69	7/1/2019	12/31/2382
78814	TUMOR IMAGING, (PET); WITH CONCURRENTLY ACQUIRED CT FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION; LI	PI	\$1,416.69	7/1/2019	12/31/2382
78814	TUMOR IMAGING, (PET); WITH CONCURRENTLY ACQUIRED CT FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION; LI	PS	\$1,416.69	7/1/2019	12/31/2382
78815	TUMOR IMAGING, (PET) WITHCONCURENTLY ACQUIRED CT FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION; SKULL		\$1,416.69	7/1/2019	12/31/2382
78815	TUMOR IMAGING, (PET) WITHCONCURENTLY ACQUIRED CT FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION; SKULL	PI	\$1,416.69	7/1/2019	12/31/2382
78815	TUMOR IMAGING, (PET) WITHCONCURENTLY ACQUIRED CT FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION; SKULL	PS	\$1,416.69	7/1/2019	12/31/2382
78815	TUMOR IMAGING, (PET) WITHCONCURENTLY ACQUIRED CT FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION; SKULL	QR	\$1,416.69	7/1/2019	12/31/2382
78815	TUMOR IMAGING, (PET) WITHCONCURENTLY ACQUIRED CT FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION; SKULL	TC	\$1,416.69	7/1/2019	12/31/2382

## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
78816	TUMOR IMAGING, (PET) WITH CONCURRENTLY ACQUIRED CT FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION; WHO		\$1,416.69	7/1/2019	12/31/2382
78816	TUMOR IMAGING, (PET) WITH CONCURRENTLY ACQUIRED CT FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION; WHO	PI	\$1,416.69	7/1/2019	12/31/2382
78816	TUMOR IMAGING, (PET) WITH CONCURRENTLY ACQUIRED CT FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION; WHO	PS	\$1,416.69	7/1/2019	12/31/2382
78816	TUMOR IMAGING, (PET) WITH CONCURRENTLY ACQUIRED CT FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION; WHO	QR	\$1,416.69	7/1/2019	12/31/2382
78890	GENERATION OF AUTOMATED DATA: INTERACTIVE PROCESS INVOLVING NUCLEAR PHYSICIAN AND/OR ALLIED HEALTH PROFESSIONA		\$50.81	7/1/2019	12/31/2382
78890	GENERATION OF AUTOMATED DATA: INTERACTIVE PROCESS INVOLVING NUCLEAR PHYSICIAN AND/OR ALLIED HEALTH PROFESSIONA	26	\$3.36	7/1/2019	12/31/2382
78890	GENERATION OF AUTOMATED DATA: INTERACTIVE PROCESS INVOLVING NUCLEAR PHYSICIAN AND/OR ALLIED HEALTH PROFESSIONA	TC	\$44.42	7/1/2019	12/31/2382
78891	GENERATION OF AUTOMATED DATA: INTERACTIVE PROCESS INVOLVING NUCLEAR PHYSICIAN AND/OR ALLIED HEALTH PROFESSIONA		\$101.90	7/1/2019	12/31/2382
78891	GENERATION OF AUTOMATED DATA: INTERACTIVE PROCESS INVOLVING NUCLEAR PHYSICIAN AND/OR ALLIED HEALTH PROFESSIONA	26	\$6.72	7/1/2019	12/31/2382
78891	GENERATION OF AUTOMATED DATA: INTERACTIVE PROCESS INVOLVING NUCLEAR PHYSICIAN AND/OR ALLIED HEALTH PROFESSIONA	TC	\$89.77	7/1/2019	12/31/2382
78999	UNLISTED MISCELLANEOUS PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE		\$96.29	7/1/2019	12/31/2382
79000	RADIONUCLIDE THERAPY, HYPERTHYROIDISM; INITIAL, INCLUDING EVALUATION OF PATIENT		\$210.04	7/1/2019	12/31/2382
79000	RADIONUCLIDE THERAPY, HYPERTHYROIDISM; INITIAL, INCLUDING EVALUATION OF PATIENT	26	\$95.70	7/1/2019	12/31/2382
79000	RADIONUCLIDE THERAPY, HYPERTHYROIDISM; INITIAL, INCLUDING EVALUATION OF PATIENT	TC	\$89.77	7/1/2019	12/31/2382
79001	RADIONUCLIDE THERAPY, HYPERTHYROIDISM; SUBSEQUENT, EACH THERAPY		\$173.65	7/1/2019	12/31/2382
79001	RADIONUCLIDE THERAPY, HYPERTHYROIDISM; SUBSEQUENT, EACH THERAPY	26	\$76.64	7/1/2019	12/31/2382
79001	RADIONUCLIDE THERAPY, HYPERTHYROIDISM; SUBSEQUENT, EACH THERAPY	TC	\$44.42	7/1/2019	12/31/2382
79005	RADIOPHARMACEUTICAL THERAPY, BY ORAL ADMINISTRATION		\$261.41	7/1/2019	12/31/2382
79020	RADIONUCLIDE THERAPY, THYROID SUPPRESSION (EUTHYROID CARDIAC DISEASE), INCLUDING EVALUATION OF PATIENT		\$217.53	7/1/2019	12/31/2382
79020	RADIONUCLIDE THERAPY, THYROID SUPPRESSION (EUTHYROID CARDIAC DISEASE), INCLUDING EVALUATION OF PATIENT	26	\$93.23	7/1/2019	12/31/2382
79020	RADIONUCLIDE THERAPY, THYROID SUPPRESSION (EUTHYROID CARDIAC DISEASE), INCLUDING EVALUATION OF PATIENT	TC	\$89.77	7/1/2019	12/31/2382
79030	RADIONUCLIDE ABLATION OF GLAND FOR THYROID CARCINOMA		\$292.87	7/1/2019	12/31/2382



## Radiology Procedure Codes

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
79030	RADIONUCLIDE ABLATION OF GLAND FOR THYROID CARCINOMA	26	\$133.23	7/1/2019	12/31/2382
79030	RADIONUCLIDE ABLATION OF GLAND FOR THYROID CARCINOMA	TC	\$89.77	7/1/2019	12/31/2382
79035	RADIONUCLIDE THERAPY FOR METASTASES OF THYROID CARCINOMA		\$323.10	7/1/2019	12/31/2382
79035	RADIONUCLIDE THERAPY FOR METASTASES OF THYROID CARCINOMA	26	\$106.45	7/1/2019	12/31/2382
79035	RADIONUCLIDE THERAPY FOR METASTASES OF THYROID CARCINOMA	TC	\$89.77	7/1/2019	12/31/2382
79100	RADIONUCLIDE THERAPY, POLYCYTHEMIA VERA, CHRONIC LEUKEMIA, EACH TREATMENT		\$184.60	7/1/2019	12/31/2382
79100	RADIONUCLIDE THERAPY, POLYCYTHEMIA VERA, CHRONIC LEUKEMIA, EACH TREATMENT	26	\$78.03	7/1/2019	12/31/2382
79100	RADIONUCLIDE THERAPY, POLYCYTHEMIA VERA, CHRONIC LEUKEMIA, EACH TREATMENT	TC	\$89.77	7/1/2019	12/31/2382
79101	RADIOPHARMACEUTICAL THERAPY, BY INTRAVENOUS ADMINISTRATION		\$261.41	7/1/2019	12/31/2382
79200	INTRACAVITARY RADIOACTIVE COLLOID THERAPY		\$261.41	7/1/2019	12/31/2382
79200	INTRACAVITARY RADIOACTIVE COLLOID THERAPY	26	\$135.01	7/1/2019	12/31/2382
79200	INTRACAVITARY RADIOACTIVE COLLOID THERAPY	TC	\$89.77	7/1/2019	12/31/2382
79300	INTERSTITIAL RADIOACTIVE COLLOID THERAPY		\$261.41	7/1/2019	12/31/2382
79300	INTERSTITIAL RADIOACTIVE COLLOID THERAPY	26	\$108.57	7/1/2019	12/31/2382
79400	RADIONUCLIDE THERAPY, NONTHYROID, NONHEMATOLOGIC		\$193.13	7/1/2019	12/31/2382
79400	RADIONUCLIDE THERAPY, NONTHYROID, NONHEMATOLOGIC	26	\$96.35	7/1/2019	12/31/2382
79400	RADIONUCLIDE THERAPY, NONTHYROID, NONHEMATOLOGIC	TC	\$89.77	7/1/2019	12/31/2382
79403	RADIOPHARMACEUTICAL THERAPY, RADIOLABELED MONOCLONAL ANTIBODY BY INTRAVENOUS INFUSION		\$623.35	7/1/2019	12/31/2382
79420	INTRAVASCULAR RADIONUCLIDE THERAPY, PARTICULATE	26	\$102.20	7/1/2019	12/31/2382
79440	INTRA-ARTICULAR RADIONUCLIDE THERAPY		\$261.41	7/1/2019	12/31/2382
79440	INTRA-ARTICULAR RADIONUCLIDE THERAPY	26	\$130.76	7/1/2019	12/31/2382
79440	INTRA-ARTICULAR RADIONUCLIDE THERAPY	TC	\$89.77	7/1/2019	12/31/2382
79445	RADIOPHARMACEUTICAL THERAPY, BY INTRA-ARTERIAL PARTICULATE ADMINISTRATION		\$261.41	7/1/2019	12/31/2382
79999	UNLISTED RADIONUCLIDE THERAPEUTIC PROCEDURE		\$261.41	7/1/2019	12/31/2382