

Procedure Code	Description	Rate
700	CULDOCENTESIS	\$0.00
70010	MYELOGRAPHY, POSTERIOR FOSSA, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$48.00
70015	CISTERNOGRAPHY, POSITIVE CONTRAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$48.00
70030	RADIOLOGIC EXAMINATION, EYE, FOR DETECTION OF FOREIGN BODY	\$14.24
701	INCISION OF VAGINA AND CUL-DE-SAC	\$0.00
70100	RADIOLOGIC EXAMINATION, MANDIBLE; PARTIAL, LESS THAN FOUR VIEWS	\$16.92
7011	HYMENOTOMY	\$0.00
70110	RADIOLOGIC EXAMINATION, MANDIBLE; COMPLETE, MINIMUM OF FOUR VIEWS	\$21.05
7012	CULDOTOMY	\$0.00
70120	RADIOLOGIC EXAMINATION, MASTOIDS; LESS THAN THREE VIEWS PER SIDE	\$18.99
7013	LYSIS OF INTRALUMINAL ADHESIONS OF VAGINA	\$0.00
70130	RADIOLOGIC EXAMINATION, MASTOIDS; COMPLETE, MINIMUM OF THREE VIEWS PER SIDE	\$24.00
70134	RADIOLOGIC EXAMINATION, INTERNAL AUDITORY MEATI, COMPLETE	\$24.00
7014	OTHER VAGINOTOMY	\$0.00
70140	RADIOLOGIC EXAMINATION, FACIAL BONES; LESS THAN THREE VIEWS	\$15.60
70150	RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE, MINIMUM OF THREE VIEWS	\$15.60
70160	RADIOLOGIC EXAMINATION, NASAL BONES, COMPLETE, MINIMUM OF THREE VIEWS	\$15.60
70170	DACRYOCYSTOGRAPHY, NASOLACRIMAL DUCT, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$24.00
70190	RADIOLOGIC EXAMINATION; OPTIC FORAMINA	\$19.81
702	DIAGNOSTIC PROCEDURES ON VAGINA AND CUL-DE-SAC	\$0.00
70200	RADIOLOGIC EXAMINATION; ORBITS, COMPLETE, MINIMUM OF FOUR VIEWS	\$24.00
7021	VAGINOSCOPY	\$0.00
70210	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, LESS THAN THREE VIEWS	\$18.58
7022	CULDOSCOPY	\$0.00
70220	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, COMPLETE, MINIMUM OF THREE VIEWS	\$24.00
7023	BIOPSY OF CUL-DE-SAC	\$0.00
7024	VAGINAL BIOPSY	\$0.00
70240	RADIOLOGIC EXAMINATION, SELLA TURCICA	\$16.00
70250	RADIOLOGIC EXAMINATION, SKULL; LESS THAN FOUR VIEWS, WITH OR WITHOUT STEREO	\$20.64
70260	RADIOLOGIC EXAMINATION, SKULL; COMPLETE, MINIMUM OF FOUR VIEWS, WITH OR WITHOUT STEREO	\$29.52
7029	OTHER DIAGNOSTIC PROCEDURES ON VAGINA AND CUL-DE-SAC	\$0.00
703	LOCAL EXCISION OR DESTRUCTION OF VAGINA AND CUL-DE-SAC	\$0.00
70300	RADIOLOGIC EXAMINATION, TEETH; SINGLE VIEW	\$10.40

Procedure Code	Description	Rate
7031	HYMENECTOMY	\$0.00
70310	RADIOLOGIC EXAMINATION, TEETH; PARTIAL EXAMINATION, LESS THAN FULL MOUTH	\$13.83
7032	EXCISION OR DESTRUCTION OF LESION OF CUL-DE-SAC	\$0.00
70320	RADIOLOGIC EXAMINATION, TEETH; COMPLETE, FULL MOUTH	\$21.60
70328	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; UNILATERAL	\$16.31
7033	EXCISION OR DESTRUCTION OF LESION OF VAGINA	\$0.00
70330	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; BILATERAL	\$21.60
70332	TEMPOROMANDIBULAR JOINT ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$48.00
70336	MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JOINT	\$300.00
70350	CEPHALOGRAM, ORTHODONTIC	\$13.00
70355	ORTHOPANTOGRAM	\$18.37
70360	RADIOLOGIC EXAMINATION; NECK, SOFT TISSUE	\$16.00
70370	RADIOLOGIC EXAMINATION; PHARYNX OR LARYNX, INCLUDING FLUOROSCOPY AND/OR MAGNIFICATION TECHNIQUE	\$24.00
70371	COMPLEX DYNAMIC PHARYNGEAL AND SPEECH EVALUATION BY CINE OR VIDEO RECORDING	\$60.00
70373	LARYNGOGRAPHY, CONTRAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$48.00
70380	RADIOLOGIC EXAMINATION, SALIVARY GLAND FOR CALCULUS	\$18.00
70390	SIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$54.00
704	OBLITERATION AND TOTAL EXCISION OF VAGINA	\$0.00
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	\$126.52
70460	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITH CONTRAST MATERIAL(S)	\$155.21
70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND	\$162.00
70480	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRA	\$138.00
70481	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITH CONTRAST	\$162.00
70482	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRA	\$162.00
70486	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	\$135.60
70487	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S)	\$160.17

Procedure Code	Description	Rate
70488	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S)	\$162.00
70490	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL	\$138.00
70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITH CONTRAST MATERIAL(S)	\$162.00
70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AN	\$195.25
70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND	\$206.40
70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FUR	\$206.40
7050	REPAIR OF CYSTOCELE AND RECTOCELE	\$0.00
7051	REPAIR OF CYSTOCELE	\$0.00
7052	REPAIR OF RECTOCELE	\$0.00
7053	REPAIR OF CYSTOCELE AND RECTOCELE WITH GRAFT OR PROSTHESIS	\$0.00
7054	REPAIR OF CYSTOCELE WITH GRAFT OR PROSTHESIS	\$0.00
70540	MAGNETIC RESONANCE (EG, PROTON) IMAGING; ORBIT, FACE, AND NECK	\$300.00
70542	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND NECK WITH CONTRAST MATERIAL(S)	\$317.03
70543	MAGNETIC RESONANCE INAMGING, ORBIT, FACE AND NECK WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S)	\$569.87
70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL(S)	\$274.92
70545	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITH CONTRAST MATERIAL(S)	\$274.92
70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTH	\$521.16
70547	MAGNETIC RESONANCE ANGIOGRAPHY, NECK, WITHOUT CONTRAST MATERIAL(S)	\$274.92
70548	MAGNETIC RESONANCE ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S)	\$274.92
70549	MAGNETIC RESONANCE ANGIOGRAPHY, NECK, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTH	\$521.16
7055	REPAIR OF RECTOCELE WITH GRAFT OR PROSTHESIS	\$0.00
70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL	\$300.00
70552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITH CONTRAST MATERIAL(S)	\$339.53
70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY	\$450.00

Procedure Code	Description	Rate
70554	MAGNETIC RESONANCE IMAGING, BRAIN FUNCATIONAL MRI; INCLUDING TEST SELECTION AND ADMINISTRATION OF REPETITIVE	\$340.97
70555	MAGNETIC RESONANCE IMAGING, BRAIN FUNCATIONAL MRI; REQUIRING PHYSICIAN OR PSYCHOLOGIST ADMINISTRATION OF ENTIR	\$0.01
70557	MAGNETIC RESONANCE IMAGIN, BRAIN, DURING INTRACRANIAL PROCEDURE; WITHOUT CONTRAST MATERIAL	\$0.00
70558	MAGNETIC RESONANCE IMAGIN, BRAIN, DURING INTRACRANIAL PROCEDURE; WITH CONTRAST MATERIAL	\$0.00
70559	MAGNETIC RESONANCE IMAGIN, BRAIN, DURING INTRACRANIAL PROCEDURE; WITHOUT CONTRAST MATERIAL FOLLOWED	\$0.00
706	VAGINAL CONSTRUCTION AND RECONSTRUCTION	\$0.00
7061	VAGINAL CONSTRUCTION	\$0.00
7062	VAGINAL RECONSTRUCTION	\$0.00
7063	VAGINAL CONSTRUCTION WITH GRAFT OR PROSTHESIS	\$0.00
7064	VAGINAL RECONSTRUCTION WITH GRAFT OR PROSTHESIS	\$0.00
707	OTHER REPAIR OF VAGINA	\$0.00
7071	SUTURE OF LACERATION OF VAGINA	\$0.00
7072	REPAIR OF COLOVAGINAL FISTULA	\$0.00
7073	REPAIR OF RECTOVAGINAL FISTULA	\$0.00
7074	REPAIR OF OTHER VAGINOENTERIC FISTULA	\$0.00
7075	REPAIR OF OTHER FISTULA OF VAGINA	\$0.00
7076	HYMENORRHAPHY	\$0.00
7077	VAGINAL SUSPENSION AND FIXATION	\$0.00
7078	VAGINAL SUSPENSION AND FIXATION WITH GRAFT OR PROSTHESIS	\$0.00
7079	OTHER REPAIR OF VAGINA	\$0.00
708	OBLITERATION OF VAGINAL VAULT	\$0.00
709	OTHER OPERATIONS ON VAGINA AND CUL-DE-SAC	\$0.00
7091	OTHER OPERATIONS ON VAGINA	\$0.00
7092	OTHER OPERATIONS ON CUL-DE-SAC	\$0.00
7093	OTHER OPERATIONS ON CUL-DE-SAC WITH GRAFT OR PROSTHESIS	\$0.00
7094	INSERTION OF BIOLOGICAL GRAFT	\$0.00
7095	INSERTION OF SYNTHETIC GRAFT OR PROSTHESIS	\$0.00
710	INCISION OF VULVA AND PERINEUM	\$0.00
7101	LYSIS OF VULVAR ADHESIONS	\$0.00
71010	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL	\$14.10
71015	RADIOLOGIC EXAMINATION, CHEST; STEREO, FRONTAL	\$14.40

Procedure Code	Description	Rate
71020	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL;	\$20.02
71021	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH APICAL LORDOTIC PROCEDURE	\$23.94
71022	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH OBLIQUE PROJECTIONS	\$24.00
71023	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH FLUOROSCOPY	\$24.00
71030	RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF FOUR VIEWS;	\$16.80
71034	RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF FOUR VIEWS; WITH FLUOROSCOPY	\$42.00
71035	RADIOLOGIC EXAMINATION, CHEST, SPECIAL VIEWS (EG, LATERAL DECUBITUS, BUCKY STUDIES)	\$16.72
7109	OTHER INCISION OF VULVA AND PERINEUM	\$0.00
711	DIAGNOSTIC PROCEDURES ON VULVA	\$0.00
71100	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; TWO VIEWS	\$16.80
71101	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF THREE VIEWS	\$16.80
7111	BIOPSY OF VULVA	\$0.00
71110	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; THREE VIEWS	\$16.80
71111	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF FOUR VIEWS	\$16.80
71120	RADIOLOGIC EXAMINATION; STERNUM, MINIMUM OF TWO VIEWS	\$16.80
71130	RADIOLOGIC EXAMINATION; STERNOCLAVICULAR JOINT OR JOINTS, MINIMUM OF THREE VIEWS	\$16.80
7119	OTHER DIAGNOSTIC PROCEDURES ON VULVA	\$0.00
712	OPERATIONS ON BARTHOLIN'S GLAND	\$0.00
7121	PERCUTANEOUS ASPIRATION OF BARTHOLIN'S GLAND (CYST)	\$0.00
7122	INCISION OF BARTHOLIN'S GLAND (CYST)	\$0.00
7123	MARSUPIALIZATION OF BARTHOLIN'S GLAND (CYST)	\$0.00
7124	EXCISION OR OTHER DESTRUCTION OF BARTHOLIN'S GLAND (CYST)	\$0.00
71250	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	\$138.00
71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	\$162.00
71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER	\$227.66
71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S), FOLLO	\$223.53

Procedure Code	Description	Rate
7129	OTHER OPERATIONS ON BARTHOLIN'S GLAND	\$0.00
713	OTHER LOCAL EXCISION OR DESTRUCTION OF VULVA AND PERINEUM	\$0.00
714	OPERATIONS ON CLITORIS	\$0.00
715	RADICAL VULVECTOMY	\$0.00
71550	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY)	\$300.00
71551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPH WITH CONTRAS	\$321.57
71552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPH WITHOUT	\$570.49
71555	MAGNETIC RESONANCE IMAGING, CHEST	\$287.72
716	OTHER VULVECTOMY	\$0.00
7161	UNILATERAL VULVECTOMY	\$0.00
7162	BILATERAL VULVECTOMY	\$0.00
717	REPAIR OF VULVA AND PERINEUM	\$0.00
7171	SUTURE OF LACERATION OF VULVA OR PERINEUM	\$0.00
7172	REPAIR OF FISTULA OF VULVA OR PERINEUM	\$0.00
7179	OTHER REPAIR OF VULVA AND PERINEUM	\$0.00
718	OTHER OPERATIONS ON VULVA	\$0.00
719	OTHER OPERATIONS ON FEMALE GENITAL ORGANS	\$0.00
720	LOW FORCEPS OPERATION	\$0.00
72010	RADIOLOGIC EXAMINATION, SPINE, ENTIRE, SURVEY STUDY, ANTEROPOSTERIOR AND LATERAL	\$35.71
72020	RADIOLOGIC EXAMINATION, SPINE, SINGLE VIEW, SPECIFY LEVEL	\$13.62
72040	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; ANTEROPOSTERIOR AND LATERAL	\$19.61
72050	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; MINIMUM OF FOUR VIEWS	\$28.48
72052	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; COMPLETE, INCLUDING OBLIQUE AND FLEXION AND/OR EXTENSION STUDIES	\$35.09
72069	RADIOLOGIC EXAMINATION, SPINE, THORACOLUMBAR, STANDING (SCOLIOSIS)	\$24.00
72070	RADIOLOGIC EXAMINATION, SPINE; THORACIC, ANTEROPOSTERIOR AND LATERAL	\$20.64
72072	RADIOLOGIC EXAMINATION, SPINE; THORACIC, ANTEROPOSTERIOR AND LATERAL, INCLUDING SWIMMER'S VIEW OF THE CERVICOT	\$22.29
72074	RADIOLOGIC EXAMINATION, SPINE; THORACIC, COMPLETE, INCLUDING OBLIQUES, MINIMUM OF FOUR VIEWS	\$24.00
72080	RADIOLOGIC EXAMINATION, SPINE; THORACOLUMBAR, ANTEROPOSTERIOR AND LATERAL	\$21.05

Procedure Code	Description	Rate
72090	RADIOLOGIC EXAMINATION, SPINE; SCOLIOSIS STUDY, INCLUDING SUPINE AND ERECT STUDIES	\$22.91
721	LOW FORCEPS OPERATION WITH EPISIOTOMY	\$0.00
72100	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; ANTEROPOSTERIOR AND LATERAL	\$24.00
72110	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLETE, WITH OBLIQUE VIEWS	\$28.90
72114	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLETE, INCLUDING BENDING VIEWS	\$36.00
72120	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL, BENDING VIEWS ONLY, MINIMUM OF FOUR VIEWS	\$25.59
72125	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	\$138.00
72126	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITH CONTRAST MATERIAL	\$162.00
72127	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND	\$162.00
72128	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL	\$138.00
72129	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITH CONTRAST MATERIAL	\$162.00
72130	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND	\$162.00
72131	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	\$138.00
72132	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL	\$162.00
72133	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND F	\$162.00
72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITHOUT CONTRAST MATERIAL	\$300.00
72142	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITH CONTRAST MATERIAL(S)	\$343.86
72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	\$312.70
72147	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITH CONTRAST MATERIAL(S)	\$343.86
72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	\$308.77
72149	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITH CONTRAST MATERIAL(S)	\$339.53
72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CON	\$450.00

Procedure Code	Description	Rate
72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CON	\$450.00
72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CON	\$450.00
72159	MAGNETIC RESONANCE IMAGING, SPINAL CANAL AND CONTENTS, WITH OR WITHOUT CONTRAST MATERIAL(S)	\$311.46
72170	RADIOLOGIC EXAMINATION, PELVIS; ANTEROPOSTERIOR ONLY	\$16.10
72190	RADIOLOGIC EXAMINATION, PELVIS; COMPLETE, MINIMUM OF THREE VIEWS	\$24.00
72191	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, PELVIS, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND	\$216.31
72192	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	\$138.00
72193	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	\$162.00
72194	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER	\$162.00
72195	MAGNETIC RESONANCE (EG, PROTON)IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL(S)	\$268.94
72196	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS	\$300.00
72197	MAGNETIC RESONANCE (EG, PROTON)IMAGING, PELVIS; WITHOUTCONTRAST MATERIAL(S) AND FURTHER SEQUENCES	\$575.03
72198	MAGNETIC RESONANCE ANGIOGRAPHY, PELVIS, WITH OR WITHOUT CONTRAST MATERIAL(S)	\$287.52
722	MID FORCEPS OPERATION	\$0.00
72200	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; LESS THAN THREE VIEWS	\$16.51
72202	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; THREE OR MORE VIEWS	\$18.00
7221	MID FORCEPS OPERATION WITH EPISIOTOMY	\$0.00
72220	RADIOLOGIC EXAMINATION, SACRUM AND COCCYX, MINIMUM OF TWO VIEWS	\$17.54
72240	MYELOGRAPHY, CERVICAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$48.00
72255	MYELOGRAPHY, THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$48.00
72265	MYELOGRAPHY, LUMBOSACRAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$48.00
72270	MYELOGRAPHY, ENTIRE SPINAL CANAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$48.00
72275	EPIDUROGRAPHY, RADIOLOGICAL SUPERVISON AND INTERPRETATION	\$62.54
72285	DISKOGRAPHY, CERVICAL OR THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$48.00
7229	OTHER MID FORCEPS OPERATION	\$0.00
72291	RADIOLOGICAL SUPERVISON AND INTERPRETATION, PERCUTANEOUS VERTEBROPLASTY OR VERTEBRAL AUGMENTATION INCLUDING	\$0.01

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72292	RADIOLOGICAL SUPERVISION AND INTERPRETATION, PERCUTANEOUS VERTEBROPLASTY OR VERTEBRAL AUGMENTATION INCLUDING	\$0.01
72295	DISKOGRAPHY, LUMBAR, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$48.00
723	HIGH FORCEPS OPERATION	\$0.00
7231	HIGH FORCEPS OPERATION WITH EPISIOTOMY	\$0.00
7239	OTHER HIGH FORCEPS OPERATION	\$0.00
724	FORCEPS ROTATION OF FETAL HEAD	\$0.00
725	BREECH EXTRACTION	\$0.00
7251	PARTIAL BREECH EXTRACTION WITH FORCEPS TO AFTERCOMING HEAD	\$0.00
7252	OTHER PARTIAL BREECH EXTRACTION	\$0.00
7253	TOTAL BREECH EXTRACTION WITH FORCEPS TO AFTERCOMING HEAD	\$0.00
7254	OTHER TOTAL BREECH EXTRACTION	\$0.00
726	FORCEPS APPLICATION TO AFTERCOMING HEAD	\$0.00
727	VACUUM EXTRACTION	\$0.00
7271	VACUUM EXTRACTION WITH EPISIOTOMY	\$0.00
7279	OTHER VACUUM EXTRACTION	\$0.00
728	OTHER SPECIFIED INSTRUMENTAL DELIVERY	\$0.00
729	UNSPECIFIED INSTRUMENTAL DELIVERY	\$0.00
730	ARTIFICIAL RUPTURE OF MEMBRANES	\$0.00
73000	RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE	\$15.60
7301	INDUCTION OF LABOR BY ARTIFICIAL RUPTURE OF MEMBRANES	\$0.00
73010	RADIOLOGIC EXAMINATION; SCAPULA, COMPLETE	\$15.60
73020	RADIOLOGIC EXAMINATION, SHOULDER; ONE VIEW	\$14.86
73030	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO VIEWS	\$15.60
73040	RADIOLOGIC EXAMINATION, SHOULDER, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$48.00
73050	RADIOLOGIC EXAMINATION; ACROMIOCLAVICULAR JOINTS, BILATERAL, WITH OR WITHOUT WEIGHTED DISTRACTION	\$15.60
73060	RADIOLOGIC EXAMINATION; HUMERUS, MINIMUM OF TWO VIEWS	\$15.60
73070	RADIOLOGIC EXAMINATION, ELBOW; ANTEROPOSTERIOR AND LATERAL VIEWS	\$15.60
73080	RADIOLOGIC EXAMINATION, ELBOW; COMPLETE, MINIMUM OF THREE VIEWS	\$15.60
73085	RADIOLOGIC EXAMINATION, ELBOW, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$48.00
7309	OTHER ARTIFICIAL RUPTURE OF MEMBRANES	\$0.00
73090	RADIOLOGIC EXAMINATION; FOREARM, ANTEROPOSTERIOR AND LATERAL VIEWS	\$15.60
73092	RADIOLOGIC EXAMINATION; UPPER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS	\$15.48

Procedure Code	Description	Rate
731	OTHER SURGICAL INDUCTION OF LABOR	\$0.00
73100	RADIOLOGIC EXAMINATION, WRIST; ANTEROPOSTERIOR AND LATERAL VIEWS	\$15.48
73110	RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF THREE VIEWS	\$16.51
73115	RADIOLOGIC EXAMINATION, WRIST, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$48.00
73120	RADIOLOGIC EXAMINATION, HAND; TWO VIEWS	\$15.48
73130	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEWS	\$15.60
73140	RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO VIEWS	\$13.00
732	INTERNAL AND COMBINED VERSION AND EXTRACTION	\$0.00
73200	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	\$138.00
73201	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITH CONTRAST MATERIAL(S)	\$160.99
73202	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AN	\$162.00
73206	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, UPPER EXTREMITY, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL	\$194.43
7321	INTERNAL AND COMBINED VERSION WITHOUT EXTRACTION	\$0.00
73218	MAGNETIC RESONANCE (EG, PROTON)IMAGING, UPPER EXTREMITY OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S)	\$264.60
73219	MAGNETIC RESONANCE (EG, PROTON)IMAGING, UPPER EXTREMITYOTHER THAN JOINT; WITH CONTRAST MATERIEL(S)	\$317.03
7322	INTERNAL AND COMBINED VERSION WITH EXTRACTION	\$0.00
73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT	\$300.00
73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY	\$300.00
73222	MAGNETIC RESONANCE (EG, PROTON)IMAGING, ANY JOINT OF UPPER EXTREMITY WITH; CONTRAST MATERIAL(S)	\$317.03
73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED	\$569.87
73225	MAGNETIC RSONANCE ANGIOGRAPHY, UPPER EXTREMITY, WITH OR WITHOUT CONTRAST MATERIAL(S)	\$284.63
733	FAILED FORCEPS	\$0.00
734	MEDICAL INDUCTION OF LABOR	\$0.00
735	MANUALLY ASSISTED DELIVERY	\$0.00
73500	RADIOLOGIC EXAMINATION, HIP; UNILATERAL, ONE VIEW	\$15.48
7351	MANUAL ROTATION OF FETAL HEAD	\$0.00
73510	RADIOLOGIC EXAMINATION, HIP; COMPLETE, MINIMUM OF TWO VIEWS	\$15.60

Procedure Code	Description	Rate
73520	RADIOLOGIC EXAMINATION, HIPS, BILATERAL, MINIMUM OF TWO VIEWS OF EACH HIP, INCLUDING ANTEROPOSTERIOR VIEW OF P	\$15.60
73525	RADIOLOGIC EXAMINATION, HIP, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$48.00
73530	RADIOLOGIC EXAMINATION, HIP, DURING OPERATIVE PROCEDURE	\$15.60
73540	RADIOLOGIC EXAMINATION, PELVIS AND HIPS, INFANT OR CHILD, MINIMUM OF TWO VIEWS	\$15.60
73550	RADIOLOGIC EXAMINATION, FEMUR, ANTEROPOSTERIOR AND LATERAL VIEWS	\$15.60
73560	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL VIEWS	\$15.60
73562	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL, WITH OBLIQUE(S), MINIMUM OF THREE VIEWS	\$15.60
73564	RADIOLOGIC EXAMINATION, KNEE; COMPLETE, INCLUDING OBLIQUE(S), AND TUNNEL, AND/OR PATELLAR AND/OR STANDING VIEW	\$15.60
73565	RADIOLOGIC EXAMINATION, KNEE; BOTH KNEES, STANDING, ANTEROPOSTERIOR	\$15.60
73580	RADIOLOGIC EXAMINATION, KNEE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$48.00
7359	OTHER MANUALLY ASSISTED DELIVERY	\$0.00
73590	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, ANTEROPOSTERIOR AND LATERAL VIEWS	\$15.60
73592	RADIOLOGIC EXAMINATION; LOWER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS	\$15.48
736	EPISIOTOMY	\$0.00
73600	RADIOLOGIC EXAMINATION, ANKLE; ANTEROPOSTERIOR AND LATERAL VIEWS	\$15.48
73610	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF THREE VIEWS	\$15.60
73615	RADIOLOGIC EXAMINATION, ANKLE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$48.00
73620	RADIOLOGIC EXAMINATION, FOOT; ANTEROPOSTERIOR AND LATERAL VIEWS	\$15.48
73630	RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF THREE VIEWS	\$15.60
73650	RADIOLOGIC EXAMINATION; CALCANEUS, MINIMUM OF TWO VIEWS	\$15.07
73660	RADIOLOGIC EXAMINATION; TOE OR TOES, MINIMUM OF TWO VIEWS	\$13.00
73700	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	\$138.00
73701	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)	\$160.99
73702	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AN	\$162.00
73706	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, LOWER EXTREMITY, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL	\$194.43
73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S)	\$264.60

Procedure Code	Description	Rate
73719	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT; WITH CONTRAST MATERIAL(S)	\$317.03
73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT	\$300.00
73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY	\$300.00
73722	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)	\$317.03
73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S)	\$569.87
73725	MAGNETIC RESONANCE ANGIOGRAPHY, LOWER EXTREMITY, WITH OR WITHOUT CONTRAST MATERIAL(S)	\$286.48
738	OPERATIONS ON FETUS TO FACILITATE DELIVERY	\$0.00
739	OTHER OPERATIONS ASSISTING DELIVERY	\$0.00
7391	EXTERNAL VERSION	\$0.00
7392	REPLACEMENT OF PROLAPSED UMBILICAL CORD	\$0.00
7393	INCISION OF CERVIX TO ASSIST DELIVERY	\$0.00
7394	PUBIOTOMY TO ASSIST DELIVERY	\$0.00
7399	OTHER	\$0.00
740	CLASSICAL CESAREAN SECTION	\$0.00
74000	RADIOLOGIC EXAMINATION, ABDOMEN; SINGLE ANTEROPOSTERIOR VIEW	\$15.60
74010	RADIOLOGIC EXAMINATION, ABDOMEN; ANTEROPOSTERIOR AND ADDITIONAL OBLIQUE AND CONE VIEWS	\$15.60
74020	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE, INCLUDING DECUBITUS AND/OR ERECT VIEWS	\$21.60
74022	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE ACUTE ABDOMEN SERIES, INCLUDING SUPINE, ERECT, AND/ OR DECUBITUS VIE	\$21.60
741	LOW CERVICAL CESAREAN SECTION	\$0.00
74150	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	\$138.00
74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	\$162.00
74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER	\$162.00
74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES	\$340.97
74175	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND	\$216.31
74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	\$131.48
74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL	\$206.61

Procedure Code	Description	Rate
74178	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL IN ONE OR BOTH BODY REGIONS, FOLLOWED BY	\$261.51
74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN	\$300.00
74182	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITH CONTRAST MATERIAL(S)	\$321.57
74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY WITH CONTRAST MATE	\$575.03
74185	MAGNETIC RESONANCE ANGIOGRAPHY, ABDOMEN, WITH OR WITHOUT CONTRAST MATERIAL(S)	\$287.52
74190	PERITONEOGRAM, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$36.53
742	EXTRAPERITONEAL CESAREAN SECTION	\$0.00
74210	RADIOLOGIC EXAMINATION; PHARYNX AND/OR CERVICAL ESOPHAGUS	\$24.00
74220	RADIOLOGIC EXAMINATION; ESOPHAGUS	\$24.00
74230	SWALLOWING FUNCTION, PHARYNX AND/OR ESOPHAGUS, WITH CINERADIOGRAPHY AND/OR VIDEO	\$24.00
74235	REMOVAL OF FOREIGN BODY(S), ESOPHAGEAL, WITH USE OF BALLOON CATHETER, RADIOLOGICAL SUPERVISION AND INTERPRETAT	\$78.00
74240	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR WITHOUT DELAYED FILMS, WITHOUT KUB	\$53.04
74241	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR WITHOUT DELAYED FILMS, WITH KUB	\$53.66
74245	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH SMALL BOWEL, INCLUDES MULTIPLE SERIAL FILMS	\$60.00
74246	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY BARIUM, EFFE	\$56.97
74247	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY BARIUM, EFFE	\$57.79
74249	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY BARIUM, EFFE	\$72.00
74250	RADIOLOGIC EXAMINATION, SMALL BOWEL, INCLUDES MULTIPLE SERIAL FILMS	\$42.31
74251	RADIOLOGIC EXAMINATION, SMALL BOWEL, INCLUDES MULTIPLE SERIAL FILMS; VIA ENTEROCLYSIS TUBE	\$41.69
74260	DUODENOGRAPHY, HYPOTONIC	\$47.47
74261	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE POSTPROCESSING; WITHOUT CONTRAST MATERIAL	\$233.85
74262	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE POSTPROCESSING; WITH CONTRAST MATERIAL(S)	\$262.75

Procedure Code	Description	Rate
74270	RADIOLOGIC EXAMINATION, COLON; BARIUM ENEMA	\$48.00
74280	RADIOLOGIC EXAMINATION, COLON; AIR CONTRAST WITH SPECIFIC HIGH DENSITY BARIUM, WITH OR WITHOUT GLUCAGON	\$54.00
74290	CHOLECYSTOGRAPHY, ORAL CONTRAST;	\$25.59
74291	CHOLECYSTOGRAPHY, ORAL CONTRAST; ADDITIONAL OR REPEAT EXAMINATION OR MULTIPLE DAY EXAMINATION	\$17.60
743	REMOVAL OF EXTRATUBAL ECTOPIC PREGNANCY	\$0.00
74300	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; DURING SURGERY	\$33.44
74305	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; POSTOPERATIVE	\$29.93
74320	CHOLANGIOGRAPHY, PERCUTANEOUS, TRANSHEPATIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$72.00
74321	CHOLANGIOGRAPHY, PERCUTANEOUS, TRANSHEPATIC; COMPLETE PROCEDURE	\$77.89
74327	POSTOPERATIVE BILIARY DUCT STONE REMOVAL, PERCUTANEOUS VIA T-TUBE TRACT, BASKET OR SNARE (EG, BURHENNE TECHNIQ	\$54.00
74328	ENDOSCOPIC CATHETERIZATION OF THE BILIARY DUCTAL SYSTEM, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$72.00
74329	ENDOSCOPIC CATHETERIZATION OF THE PANCREATIC DUCTAL SYSTEM, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$72.00
74330	COMBINED ENDOSCOPIC CATHETERIZATION OF THE BILIARY AND PANCREATIC DUCTAL SYSTEMS, RADIOLOGICAL SUPERVISION AND	\$72.00
74340	INTRODUCTION OF LONG GASTROINTESTINAL TUBE (EG, MILLER-ABBOTT), WITH MULTIPLE FLUOROSCOPIES AND FILMS	\$66.00
74355	PERCUTANEOUS PLACEMENT OF ENTEROCLYSIS TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$66.00
74360	INTRALUMINAL DILATION OF STRICTURES AND/OR OBSTRUCTIONS (EG, ESOPHAGUS), RADIOLOGICAL SUPERVISION AND INTERPRE	\$72.00
74363	PERCUTANEOUS TRANSHEPATIC DILATATION OF BILIARY DUCT STRICTURE WITH OR WITHOUT PLACEMENT OF STENT, RADIOLOGICA	\$157.28
744	CESAREAN SECTION OF OTHER SPECIFIED TYPE	\$0.00
74400	UROGRAPHY (PYELOGRAPHY), INTRAVENOUS, WITH OR WITHOUT KUB, WITH OR WITHOUT TOMOGRAPHY;	\$50.40
74410	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE;	\$50.40
74415	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE; WITH NEPHROTOMOGRAPHY	\$50.40
74420	UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB	\$50.40

Procedure Code	Description	Rate
74425	UROGRAPHY, ANTEGRADE, (PYELOSTOGRAM, NEPHROSTOGRAM, LOOPOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$36.00
74430	CYSTOGRAPHY, MINIMUM OF THREE VIEWS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$30.00
74440	VASOGRAPHY, VESICULOGRAPHY, OR EPIDIDYMOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$30.00
74445	CORPORA CAVERNOSOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$54.00
74450	URETHROCYSTOGRAPHY, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$36.00
74455	URETHROCYSTOGRAPHY, VOIDING, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$42.00
74470	RADIOLOGIC EXAMINATION, RENAL CYST STUDY, TRANSLUMBAR, CONTRAST VISUALIZATION, RADIOLOGICAL SUPERVISION AND IN	\$42.00
74475	INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS, RADIO	\$78.00
74480	INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER THROUGH RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PER	\$78.00
74485	DILATION OF NEPHROSTOMY, URETERS, OR URETHRA, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$72.00
74710	PELVIMETRY, WITH OR WITHOUT PLACENTAL LOCALIZATION	\$32.82
74740	HYSTEROSALPINGOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$36.00
74742	TRANSCERVICAL CATHETERIZATION OF FALLOPIAN TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$72.00
74775	PERINEOGRAM (EG, VAGINOGRAM, FOR SEX DETERMINATION OR EXTENT OF ANOMALIES)	\$48.00
749	CESAREAN SECTION OF UNSPECIFIED TYPE	\$0.00
7491	HYSTEROTOMY TO TERMINATE PREGNANCY	\$0.00
7499	OTHER CESAREAN SECTION OF UNSPECIFIED TYPE	\$0.00
750	INTRA-AMNIOTIC INJECTION FOR ABORTION	\$0.00
751	DIAGNOSTIC AMNIOCENTESIS	\$0.00
752	INTRAUTERINE TRANSFUSION	\$0.00
753	OTHER INTRAUTERINE OPERATIONS ON FETUS AND AMNION	\$0.00
7531	AMNIOSCOPY	\$0.00
7532	FETAL EKG (SCALP)	\$0.00
7533	FETAL BLOOD SAMPLING AND BIOPSY	\$0.00
7534	FETAL MONITORING, NOT OTHERWISE SPECIFIED	\$0.00
7535	OTHER DIAGNOSTIC PROCEDURES ON FETUS AND AMNION	\$0.00
7536	CORRECTION OF FETAL DEFECT	\$0.00

Procedure Code	Description	Rate
7537	AMNIOINFUSION	\$0.00
754	MANUAL REMOVAL OF RETAINED PLACENTA	\$0.00
7550	REPAIR OF CURRENT OBSTETRIC LACERATION OF UTERUS, NOT OTHERWISE SPECIFIED	\$0.00
7551	REPAIR OF CURRENT OBSTETRIC LACERATION OF CERVIX	\$0.00
7552	REPAIR OF CURRENT OBSTETRIC LACERATION OF CORPUS UTERI	\$0.00
75557	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL;	\$301.14
75559	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL; WITH STRESS IMAGING	\$437.16
75561	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTR	\$405.58
75563	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTR	\$501.55
75565	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING	\$52.43
75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUANTITATIVE EVALUATION OF CORONARY CALCIUM	\$51.19
75572	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY	\$150.47
75573	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY IN THE	\$213.83
75574	COMPUTED TOMOGRAPHY, ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MAT	\$331.89
756	REPAIR OF OTHER CURRENT OBSTETRIC LACERATION	\$0.00
75600	AORTOGRAPHY, THORACIC, WITHOUT SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$216.00
75605	AORTOGRAPHY, THORACIC, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$240.00
7561	REPAIR OF CURRENT OBSTETRIC LACERATION OF BLADDER AND URETHRA	\$0.00
7562	REPAIR OF CURRENT OBSTETRIC LACERATION OF RECTUM AND SPHINCTER ANI	\$0.00
75625	AORTOGRAPHY, ABDOMINAL, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$240.00
75630	AORTOGRAPHY, ABDOMINAL PLUS BILATERAL ILIOFEMORAL LOWER EXTREMITY, CATHETER, BY SERIALOGRAPHY, RADIOLOGICAL SU	\$270.00
75635	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMINAL AORTA AND BILATERAL ILIOFEMORAL LOWER EXTREMITY RUNOFF, RADIOLOGIC	\$236.33

Procedure Code	Description	Rate
75658	ANGIOGRAPHY, BRACHIAL, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$240.00
75669	ANGIOGRAPHY, CAROTID, CEREBRAL, UNILATERAL; CATHETER, COMPLETE PROCEDURE	\$54.00
7569	REPAIR OF OTHER CURRENT OBSTETIC LACERATION	\$0.00
757	MANUAL EXPLORATION OF UTERINE CAVITY, POSTPARTUM	\$0.00
75705	ANGIOGRAPHY, SPINAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$300.00
75710	ANGIOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$240.00
75716	ANGIOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$240.00
75726	ANGIOGRAPHY, VISCERAL, SELECTIVE OR SUPRASELECTIVE, (WITH OR WITHOUT FLUSH AORTOGRAM) RADIOLOGICAL SUPERVISION	\$240.00
75731	ANGIOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$240.00
75733	ANGIOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$240.00
75736	ANGIOGRAPHY, PELVIC, SELECTIVE OR SUPRASELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$240.00
75741	ANGIOGRAPHY, PULMONARY, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$240.00
75743	ANGIOGRAPHY, PULMONARY, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$270.00
75746	ANGIOGRAPHY, PULMONARY, BY NONSELECTIVE CATHETER OR VENOUS INJECTION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$240.00
75756	ANGIOGRAPHY, INTERNAL MAMMARY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$240.00
75774	ANGIOGRAPHY, SELECTIVE, EACH ADDITIONAL VESSEL STUDIED AFTER BASIC EXAMINATION, RADIOLOGICAL SUPERVISION AND I	\$216.00
75791	ANGIOGRAPHY, ARTERIOVENOUS SHUNT(EG, DIALYSIS PATIENT FISTULA/GRAFT), COMPLETE EVALUATION OF DIALYSIS ACCESS,	\$175.03
758	OBSTETRIC TAMPONADE OF UTERUS OR VAGINA	\$0.00
75801	LYMPHANGIOGRAPHY, EXTREMITY ONLY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$114.00
75803	LYMPHANGIOGRAPHY, EXTREMITY ONLY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$126.00
75805	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$126.00

Procedure Code	Description	Rate
75807	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$138.00
75810	SPLENOPORTOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$240.00
75820	VENOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$42.00
75822	VENOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$60.00
75825	VENOGRAPHY, CAVAL, INFERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$240.00
75827	VENOGRAPHY, CAVAL, SUPERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$240.00
75831	VENOGRAPHY, RENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$240.00
75833	VENOGRAPHY, RENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$270.00
75840	VENOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$240.00
75842	VENOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$270.00
75860	VENOGRAPHY, SINUS OR JUGULAR, CATHETER, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$240.00
75870	VENOGRAPHY, SUPERIOR SAGITTAL SINUS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$240.00
75872	VENOGRAPHY, EPIDURAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$240.00
75880	VENOGRAPHY, ORBITAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$42.00
75885	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITH HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$270.00
75887	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITHOUT HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$270.00
75889	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITH HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$240.00
75891	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITHOUT HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$240.00
75893	VENOUS SAMPLING THROUGH CATHETER, WITH OR WITHOUT ANGIOGRAPHY (EG, FOR PARATHYROID HORMONE, RENIN), RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$216.00

Procedure Code	Description	Rate
75894	TRANSCATHETER THERAPY, EMBOLIZATION, ANY METHOD, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$360.00
75896	TRANSCATHETER THERAPY, INFUSION, ANY METHOD (EG, THROMBOLYSIS OTHER THAN CORONARY), RADIOLOGICAL SUPERVISION A	\$360.00
75898	ANGIOGRAM THROUGH EXISTING CATHETER FOR FOLLOW-UP STUDY FOR TRANSCATHETER THERAPY, EMBOLIZATION OR INFUSION	\$66.00
759	OTHER OBSTETRIC OPERATIONS	\$0.00
75901	MECHANICAL REMOVAL OF PERICATHETER OBSTRUCTIVE MATERIAL FROM CENTRAL VENOUS DEVICE VIA SEPERATE VENOUS ACCESS	\$55.11
75902	MECHANICAL REMOVAL OF INTRALUMINAL OBSTRUCTIVE MATERIAL FROM CENTRAL VENOUS DEVICE THROUGH DEVICE LUMEN, RADIO	\$52.22
7591	EVACUATION OF OBSTETRICAL INCISIONAL HEMATOMA OF PERINEUM	\$0.00
7592	EVACUATION OF OTHER HEMATOMA OF VULVA OR VAGINA	\$0.00
7593	SURGICAL CORRECTION OF INVERTED UTERUS	\$0.00
7594	MANUAL REPLACEMENT OF INVERTED UTERUS	\$0.00
75945	INTRAVASCULAR ULTRASOUND (NON-CORONARY VESSEL), RADIOLOGICAL SUPERVISION AND INTERPRETATION; INTIAL VESSEL	\$106.71
75946	INTRAVASCULAR ULTRASOUND (NON-CORONARY VESSEL), RADIOLOGICAL SUPERVISION AND INTERPRETATION; EACH ADDITIONAL	\$59.03
75952	ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECTION, RADIOLOGICAL SUPERVISION AND INTERP	\$129.62
75953	PLACEMENT OF PROXIMAL OR DISTAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC	\$53.25
75954	ENDOVASCULAR REPAIR OF ILIAC ARTERY ANEURYSM, PSEUDOANEURYSM,ARTERIOVENOUS MALFORMATION, OR TRAUMA, RADIOLOGI	\$0.00
75956	ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA; INVOLVING COVERAGE OF LEFT SUBCLAVIAN ARTERY ORIGIN, INTITIA	\$0.01
75957	ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA; NOT INVOLVING COVERAGE OF LEFT SUBCLAVIAN ARTERY	\$0.01
75958	PLACEMENT OF PROXIMAL EXTENTION PROSTHESIS FOR ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA, RADIOLOGICAL	\$0.01
75959	PLACEMENT OF DISTAL EXTENSION PROSTHESIS(S) (DELAYED) AFTER ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA,	\$0.01
75962	TRANSLUMINAL BALLOON ANGIOPLASTY, PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$300.00

Procedure Code	Description	Rate
75964	TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATI	\$162.00
75966	TRANSLUMINAL BALLOON ANGIOPLASTY, RENAL OR OTHER VISCERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$300.00
75968	TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL VISCERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$162.00
75970	TRANSCATHETER BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$216.00
75978	TRANSLUMINAL BALLOON ANGIOPLASTY, VENOUS (EG, SUBCLAVIAN STENOSIS), RADIOLOGICAL SUPERVISION AND INTERPRETATIO	\$350.88
75980	PERCUTANEOUS TRANSHEPATIC BILIARY DRAINAGE WITH CONTRAST MONITORING, RADIOLOGICAL SUPERVISION AND INTERPRETATI	\$120.00
75982	PERCUTANEOUS PLACEMENT OF DRAINAGE CATHETER FOR COMBINED INTERNAL AND EXTERNAL BILIARY DRAINAGE OR OF A DRAINA	\$138.00
75984	CHANGE OF PERCUTANEOUS DRAINAGE CATHETER WITH CONTRAST MONITORING (IE, BILIARY TRACT, URINARY TRACT), RADIOLOG	\$60.00
75989	RADIOLOGICAL GUIDANCE FOR PERCUTANEOUS DRAINAGE OF ABSCESS, OR SPECIMEN COLLECTION (IE, FLUOROSCOPY, ULTRASOUN	\$90.00
7599	OTHER	\$0.00
75992	TRANSLUMINAL ATHERECTOMY, PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$300.00
75993	TRANSLUMINAL ATHERECTOMY, EACH ADDITIONAL PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$162.00
75994	TRANSLUMINAL ATHERECTOMY, RENAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$300.00
75995	TRANSLUMINAL ATHERECTOMY, VISCERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$300.00
75996	TRANSLUMINAL ATHERECTOMY, EACH ADDITIONAL RENAL OR VISCERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATIO	\$162.00
760	INCISION OF FACIAL BONE WITHOUT DIVISION	\$0.00
76000	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO ONE HOUR PHYSICIAN TIME, OTHER THAN 71023 OR 71034	\$30.00
76001	FLUOROSCOPY, PHYSICIAN TIME MORE THAN ONE HOUR, ASSISTING A NON-RADIOLOGIC PHYSICIAN (EG, NEPHROSTOLITHOTOMY,	\$66.00
7601	SEQUESTRECTOMY OF FACIAL BONE	\$0.00
76010	RADIOLOGIC EXAMINATION FROM NOSE TO RECTUM FOR FOREIGN BODY, SINGLE FILM, CHILD	\$15.60

Procedure Code	Description	Rate
76070	COMPUTERIZED TOMOGRAPHY BONE MINERAL DENSITY STUDY, ONE OR MORE SITES	\$60.00
76080	RADIOLOGIC EXAMINATION, ABSCESS, FISTULA OR SINUS TRACT STUDY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$36.00
7609	OTHER INCISION OF FACIAL BONE	\$0.00
76098	RADIOLOGICAL EXAMINATION, BREAST SURGICAL SPECIMEN	\$13.83
761	DIAGNOSTIC PROCEDURES ON FACIAL BONES AND JOINTS	\$0.00
76100	RADIOLOGIC EXAMINATION, SINGLE PLANE BODY SECTION (EG, TOMOGRAPHY), OTHER THAN WITH UROGRAPHY	\$42.00
76101	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTION (EG, MASTOID POLYTOMOGRAPHY), OTHER T	\$48.00
76102	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTION (EG, MASTOID POLYTOMOGRAPHY), OTHER T	\$54.00
7611	BIOPSY OF FACIAL BONE	\$0.00
76120	CINERADIOGRAPHY, EXCEPT WHERE SPECIFICALLY INCLUDED	\$30.00
76125	CINERADIOGRAPHY TO COMPLEMENT ROUTINE EXAMINATION	\$24.00
76140	CONSULTATION ON X-RAY EXAMINATION MADE ELSEWHERE, WRITTEN REPORT	\$14.86
76150	XERORADIOGRAPHY	\$10.40
7619	OTHER DIAGNOSTIC PROCEDURES ON FACIAL BONES AND JOINTS	\$0.00
762	LOCAL EXCISION OR DESTRUCTION OF LESION OF FACIAL BONE	\$0.00
763	PARTIAL OSTECTOMY OF FACIAL BONE	\$0.00
7631	PARTIAL MANDIBULECTOMY	\$0.00
76350	SUBTRACTION IN CONJUNCTION WITH CONTRAST STUDIES	\$18.56
76376	3D REDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND,	\$78.43
76377	3D REDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND,	\$100.72
76380	COMPUTERIZED TOMOGRAPHY, LIMITED OR LOCALIZED FOLLOW-UP STUDY	\$90.00
7639	PARTIAL OSTECTOMY OF OTHER FACIAL BONE	\$0.00
76390	MAGNETIC RESONANCE SPECTROSCOPY	\$278.85
764	EXCISION AND RECONSTRUCTION OF FACIAL BONES	\$0.00
7641	TOTAL MANDIBULECTOMY WITH SYNCHRONOUS RECONSTRUCTION	\$0.00
7642	OTHER TOTAL MANDIBULECTOMY	\$0.00
7643	OTHER RECONSTRUCTION OF MANDIBLE	\$0.00
7644	TOTAL OSTECTOMY OF OTHER FACIAL BONE WITH SYNCHRONOUS RECONSTRUCTION	\$0.00
7645	OTHER TOTAL OSTECTOMY OF OTHER FACIAL BONE	\$0.00
7646	OTHER RECONSTRUCTION OF OTHER FACIAL BONE	\$0.00

Procedure Code	Description	Rate
76496	UNLISTED FLUOROSCOPIC PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)	\$0.00
76497	UNLISTED COMPUTED TOMOGRAPHY PROCEDURE (EG, DIAGNOSTIC INTERVENTIONAL)	\$0.00
76498	UNLISTED MAGNETIC RESONANCE PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)	\$0.00
765	TEMPOROMANDIBULAR ARTHROPLASTY	\$0.00
76506	ECHOENCEPHALOGRAPHY, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION (GRAY SCALE) (FOR DETERMINATION OF VENTR	\$48.00
76510	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN AND QUANTITATIVE A-SCAN PERFORMED DURING THE SAME PATIENT ENCOUNTER	\$93.09
76511	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; A-SCAN ONLY, WITH AMPLITUDE QUANTIFICATION	\$48.00
76512	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CONTACT B-SCAN (WITH OR WITHOUT SIMULTANEOUS A-SCAN)	\$48.00
76513	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; ANTERIOR SEGMENT ULTRASOUND,	\$48.00
76514	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CORNEAL PACHYMETRY, UNILATERAL OR BILATERAL	\$6.81
76516	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN;	\$36.00
76519	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN; WITH INTRAOCULAR LENS POWER CALCULATION	\$36.00
76529	OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	\$36.00
76536	ECHOGRAPHY, SOFT TISSUES OF HEAD AND NECK (EG, THYROID, PARATHYROID, PAROTID), B-SCAN AND/OR REAL TIME WITH IM	\$36.00
766	OTHER FACIAL BONE REPAIR AND ORTHOGNATHIC SURGERY	\$0.00
76604	ECHOGRAPHY, CHEST, B-SCAN (INCLUDES MEDIASTINUM) AND/OR REAL TIME WITH IMAGE DOCUMENTATION	\$36.00
7661	CLOSED OSTEOPLASTY (OSTEOTOMY) OF MANDIBULAR RAMUS	\$0.00
7662	OPEN OSTEOPLASTY (OSTEOTOMY) OF MANDIBULAR RAMUS	\$0.00
7663	OSTEOPLASTY (OSTEOTOMY) OF BODY OF MANDIBLE	\$0.00
7664	OTHER ORTHOGNATHIC SURGERY ON MANDIBLE	\$0.00
76645	ECHOGRAPHY, BREAST(S) (UNILATERAL OR BILATERAL), B-SCAN AND/ OR REAL TIME WITH IMAGE DOCUMENTATION	\$36.00
7665	SEGMENTAL OSTEOPLASTY (OSTEOTOMY) OF MAXILLA	\$0.00
7666	TOTAL OSTEOPLASTY (OSTEOTOMY) OF MAXILLA	\$0.00
7667	REDUCTION GENIOPLASTY	\$0.00
7668	AUGMENTATION GENIOPLASTY	\$0.00
7669	OTHER FACIAL BONE REPAIR	\$0.00

Procedure Code	Description	Rate
7670	REDUCTION OF FACIAL FRACTURE, NOT OTHERWISE SPECIFIED	\$0.00
76700	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	\$48.00
76705	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (EG, SINGLE ORGAN, QUADRANT,	\$48.00
7671	CLOSED REDUCTION OF MALAR AND ZYGOMATIC FRACTURE	\$0.00
7672	OPEN REDUCTION OF MALAR AND ZYGOMATIC FRACTURE	\$0.00
7673	CLOSED REDUCTION OF MAXILLARY FRACTURE	\$0.00
7674	OPEN REDUCTION OF MAXILLARY FRACTURE	\$0.00
7675	CLOSED REDUCTION OF MANDIBULAR FRACTURE	\$0.00
7676	OPEN REDUCTION OF MANDIBULAR FRACTURE	\$0.00
7677	OPEN REDUCTION OF ALVEOLAR FRACTURE	\$0.00
76770	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPL	\$48.00
76775	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMIT	\$48.00
76776	ULTRASOUND, TRANSPLANTED KIDNEY, REAL TIME AND DUPLEX DOPPLER WITH IMAGE DOCUMENTATION	\$84.42
7678	OTHER CLOSED REDUCTION OF FACIAL FRACTURE	\$0.00
7679	OTHER OPEN REDUCTION OF FACIAL FRACTURE	\$0.00
76800	ECHOGRAPHY, SPINAL CANAL AND CONTENTS	\$36.00
76801	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION, FIR	\$52.22
76802	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION, EACH ADDITIONA	\$40.87
76805	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE (COMPLETE FETAL AND MA	\$36.00
76810	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE (COMPLETE FETAL AND MA	\$48.00
76811	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION, SINGLE OR FIRS	\$136.22
76812	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION, EACH ADDITIONA	\$81.12
76813	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FIRST TRIMESTER FETAL NUCHAL TRANSLUCENCY	\$70.80

Procedure Code	Description	Rate
76814	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FIRST TRIMESTER FETAL NUCHAL TRANSLUCENCY	\$47.27
76815	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (FETAL SIZE, HEART	\$36.00
76816	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; FOLLOW-UP OR REPEAT	\$36.00
76817	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, TRANSVAGINAL	\$53.87
76818	FETAL BIOPHYSICAL PROFILE	\$48.00
76819	FETAL BIOPHYSICAL PROFILE; WITHOUT STRESS OR NON-STRESS TESTING	\$53.25
76820	DOPPLER VELOCIMETRY, FETAL; UMBILICAL ARTERY	\$50.57
76821	DOPPLER VELOCIMETRY, FETAL; MIDDLE CEREBRAL ARTERY	\$56.35
76825	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE DOCUMENTATION (2D) WITH OR WITHOUT M-MODE	\$48.00
76826	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE DOCUMENTATION (2D) WITH OR WITHOUT M-MODE	\$46.44
76827	DOPPLER ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPL	\$48.00
76828	DOPPLER ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPL	\$18.00
76830	ECHOGRAPHY, TRANSVAGINAL	\$42.00
76831	HYSTEROSONOGRAPHY, WITH OR WITHOUT COLOR FLOW DOPPLER	\$54.49
76856	ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	\$42.00
76857	ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED OR FOLLOW-UP (EG,	\$30.00
76870	ECHOGRAPHY, SCROTUM AND CONTENTS	\$42.00
76872	ECHOGRAPHY, TRANSRECTAL	\$42.00
76873	ECHOGRAPHY, TRANSRECTAL; PROSTATE VOLUME STUDY FOR BRACHYTHERAPY TREATMENT PLANNING	\$85.04
76880	ECHOGRAPHY, EXTREMITY, NON-VASCULAR, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION	\$48.92
76881	ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUMENTATION; COMPLETE	\$69.97
76882	ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUMENTATION; LIMITED, ANATOMIC SPECIFIC	\$18.37

Procedure Code	Description	Rate
76885	ECHOGRAPHY OF INFANT HIPS, REAL TIME WITH IMAGING DOCUMENTATION; DYNAMIC (EG, REQUIRING MANIPULATION)	\$54.90
76886	ECHOGRAPHY OF INFANT HIPS, REAL TIME WITH IMAGING DOCUMENTATION; LIMITED, STATIC (EG, NOT REQUIRING MANIPULATO	\$48.92
769	OTHER OPERATIONS ON FACIAL BONES AND JOINTS	\$0.00
7691	BONE GRAFT TO FACIAL BONE	\$0.00
7692	INSERTION OF SYNTHETIC IMPLANT IN FACIAL BONE	\$0.00
7693	CLOSED REDUCTION OF TEMPOROMANDIBULAR DISLOCATION	\$0.00
76930	ULTRASONIC GUIDANCE FOR PERICARDIOCENTESIS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$53.87
76932	ULTRASONIC GUIDANCE FOR ENDOMYOCARDIAL BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$53.87
76936	ULTRASOUND GUIDED COMPRESSION REPAIR OF ARTERIAL PSEUDO-ANEURYSM OR ARTERIOVENOUS FISTULAE (INCLUDES DIAGNOSTI	\$176.88
76937	ULTRASOUND GUIDANCE FOR VASCULAR ACCESS REQUIRING ULTRASOUND EVALUATION OF POTENTIAL ACCESS SITES,	\$19.20
7694	OPEN REDUCTION OF TEMPOROMANDIBULAR DISLOCATION	\$0.00
76940	ULTRASOUND GUIDANCE FOR, AND MONITORING OF VISCERAL TISSUE ABLATION	\$94.32
76941	ULTRSONIC GUIDANCE FOR INTRAUTERINE FETAL TRANSFUSION OR CORDOCENTESIS, RADIOLOGICAL SUPERVISION AND INTERPRET	\$74.30
76942	ULTRASONIC GUIDANCE FOR NEEDLE BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$53.87
76945	ULTRASONIC GUIDANCE FOR CHORIONIC VILLUS SAMPLING, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$60.48
76946	ULTRASONIC GUIDANCE FOR AMNIOCENTESIS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$42.00
7695	OTHER MANIPULATION OF TEMPOROMANDIBULAR JOINT	\$0.00
76950	ECHOGRAPHY FOR PLACEMENT OF RADIATION THERAPY FIELDS, B-SCAN	\$42.00
7696	INJECTION OF THERAPEUTIC SUBSTANCE INTO TEMPOROMANDIBULAR JOINT	\$0.00
76965	ULTRASONIC GUIDANCE FOR INTERSTITIAL RADIOELEMENT APPLICATION	\$190.71
7697	REMOVAL OF INTERNAL FIXATION DEVICE FROM FACIAL BONE	\$0.00
76970	ULTRASOUND STUDY FOLLOW-UP (SPECIFY)	\$30.00
76975	GASTROINTESTINAL ENDOSCOPIC ULTRASOUND, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$56.76
76977	ULTRASOUND BONE DENSITY MEASUREMENT AND INTERPRETATION, PERIPHERAL SITE(S), ANY METHOD	\$36.18

Procedure Code	Description	Rate
7699	OTHER	\$0.00
76998	ULTRASONIC GUIDANCE, INTRAOPERATIVE	\$0.01
76999	UNLISTED ULTRASOUND PROCEDURE	\$0.00
7700	SEQUESTRECTOMY, UNSPECIFIED SITE	\$0.00
77001	FLUOROSCOPIC GUIDANCE FOR CENTRAL VENOUS ACCESS DEVICE PLACEMENT, REPLACEMENT, OR REMOVAL	\$63.36
77002	FLUOROSCOPIC GUIDANCE FOE NEEDLE PLACEMENT	\$36.74
77003	FLUOROSCOPIC GUIDANCE AND LOCALIZATION OF NEEDLE OR CATHETER TIP FOR SPINE PARASPINOUS DIAGNOSTIC OR THERAPEUT	\$29.72
7701	SEQUESTRECTOMY, SCAPULA, CLAVICLE, AND THORAX (RIBS AND STERNUM)	\$0.00
77011	COMPUTED TOMOGRAPHY GUIDANCE FOR STEROTACTIC	\$437.16
77012	COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$77.81
77013	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR, AND MONITORING OF PARENCHYMAL TISSUE ABLATION	\$0.01
77014	COMPUTED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS	\$113.11
7702	SEQUESTRECTOMY, HUMERUS	\$0.00
77021	MAGNETIC RESONANCE GUIDANCE FOR NEEDLE PLACEMENT RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$234.06
77022	MAGNETIC RESONANCE GUIDANCE FOR, AND MONITORING OF PARENCHYMAL TISSUE ABLATION	\$0.01
7703	SEQUESTRECTOMY, RADIUS AND ULNA	\$0.00
7704	SEQUESTRECTOMY, CARPALS AND METACARPALS	\$0.00
7705	SEQUESTRECTOMY, FEMUR	\$0.00
77051	COMPUTER AIDED DETECTION WITH FURTHER PHYSICIAN REVIEWFOR INTERPRETATION; DIAGNOSTIC MAMMOGRAPHY	\$5.57
77052	COMPUTER AIDED DETECTION WITH FURTHER PHYSICIAN REVIEWFOR INTERPRETATION; SCREENING MAMMOGRAPHY	\$5.57
77053	MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE DUCT, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$22.91
77054	MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIPLE DUCTS, RADIOLOGICAL SUPERVISON AND INTERPRETATION	\$45.82
77055	MAMMOGRAPHY, UNILATERAL	\$47.47
77056	MAMMOGRAPHY; BILATERAL	\$60.06
77057	SCREENING MAMMOGRAPHY, BILATERAL, 2 VIEW FILM STUDY OF EACH BREAST	\$43.96

Procedure Code	Description	Rate
77058	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND/OR WITH CONTRAST MATERIALS, UNILATERAL	\$479.47
77059	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND/OR WITH CONTRAST MATERIALS, BILATERAL	\$484.01
7706	SEQUESTRECTOMY, PATELLA	\$0.00
7707	SEQUESTRECTOMY, TIBIA AND FIBULA	\$0.00
77071	MANUAL APPLICATION OF STRESS PERFORMED BY PHYSICIAN FOR JOINT RADIOLOGY, INCLUDING CONTRALATERAL JOINT IF	\$25.39
77072	BONE AGE STUDIES	\$12.59
77073	BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM)	\$20.02
77074	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; LIMITED	\$38.60
77075	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; COMPLETE (AXIAL AND APPENDICULAR SKELETON)	\$57.38
77076	RADIOLOGIC EXAMINATION , OSSEOUS SURVEY, INFANT	\$55.52
77077	JOINT SURVEY, SINGLE VIEW, 2 OR MORE JOINTS (SPECIFY)	\$21.26
77078	COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON (EG, HIPS, PELVIS, SPINE)	\$101.96
7708	SEQUESTRECTOMY, TARSALS AND METATARSALS	\$0.00
77080	DUAL ENERGY X-RAY ABSORPTIOMETRY, DXA, BONE DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON	\$24.15
77081	DUAL- ENERGY X-RAY ABSORPTIOMETRY, BONE DENSITY STUDY, 1 OR MORE SITE; APPENDICULAR SKELETON	\$20.02
77082	DUAL- ENERGY X-RAY ABSORPTIOMETRY, BONE DENSITY STUDY, 1 OR MORE SITE; VERTEBRAL FRACTURE ASSESSMENT	\$13.21
77084	MAGNETIC RESONANCE IMAGING, BONE MARROW BLOOD SUPPLY	\$331.68
7709	SEQUESTRECTOMY, OTHER	\$0.00
7710	OTHER INCISION OF BONE WITHOUT DIVISION, UNSPECIFIED SITE	\$0.00
7711	OTHER INCISION OF BONE WITHOUT DIVISION, SCAPULA, CLAVICLE, AND THORAX (RIBS AND STERNUM)	\$0.00
7712	OTHER INCISION OF BONE WITHOUT DIVISION, HUMERUS	\$0.00
7713	OTHER INCISION OF BONE WITHOUT DIVISION, RADIUS AND ULNA	\$0.00
7714	OTHER INCISION OF BONE WITHOUT DIVISION, CARPALS AND METACARPALS	\$0.00
7715	OTHER INCISION OF BONE WITHOUT DIVISION, FEMUR	\$0.00
7716	OTHER INCISION OF BONE WITHOUT DIVISION, PATELLA	\$0.00
7717	OTHER INCISION OF BONE WITHOUT DIVISION, TIBIA AND FIBULA	\$0.00
7718	OTHER INCISION OF BONE WITHOUT DIVISION, TARSALS AND METATARSALS	\$0.00

Procedure Code	Description	Rate
7719	OTHER INCISION OF BONE WITHOUT DIVISION, OTHER	\$0.00
7720	WEDGE OSTEOTOMY, UNSPECIFIED SITE	\$0.00
7721	WEDGE OSTEOTOMY, SCAPULA, CLAVICLE, AND THORAX (RIBS AND STERNUM)	\$0.00
7722	WEDGE OSTEOTOMY, HUMERUS	\$0.00
7723	WEDGE OSTEOTOMY, RADIUS AND ULNA	\$0.00
7724	WEDGE OSTEOTOMY, CARPALS AND METACARPALS	\$0.00
7725	WEDGE OSTEOTOMY, FEMUR	\$0.00
7726	WEDGE OSTEOTOMY, PATELLA	\$0.00
77261	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; SIMPLE	\$42.00
77262	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; INTERMEDIATE	\$60.00
77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	\$78.00
7727	WEDGE OSTEOTOMY, TIBIA AND FIBULA	\$0.00
7728	WEDGE OSTEOTOMY, TARSALS AND METATARSALS	\$0.00
7729	WEDGE OSTEOTOMY, OTHER	\$0.00
77293	RESPIRATORY MOTION MANAGEMENT SIMULATION	\$249.12
77295	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; BY THREE DIMENSIONAL RECONSTRUCTION OF TUMOR VOLUME	\$723.02
77299	UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY CLINICAL TREATMENT PLANNING	\$0.00
7730	OTHER DIVISION OF BONE, UNSPECIFIED SITE	\$0.00
77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TI	\$48.00
77301	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE- VOLUME HISTOGRAMS FOR TARGET AND CRITICAL STRUCTURE PAR	\$807.64
77305	TELEETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); SIMPLE (ONE OR TWO PARALLEL OPPOSED UNMODIFIE	\$54.00
7731	OTHER DIVISION OF BONE, SCAPULA, CLAVICLE, AND THORAX (RIBS AND STERNUM)	\$0.00
77310	TELEETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); INTERMEDIATE (THREE OR MORE TREATMENT PORTS D	\$66.00
77315	TELEETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); COMPLEX (MANTLE OR INVERTED Y, TANGENTIAL POR	\$90.00
7732	OTHER DIVISION OF BONE, HUMERUS	\$0.00
77321	SPECIAL TELEETHERAPY PORT PLAN, PARTICLES, HEMI-BODY, TOTAL BODY	\$96.00
77326	BRACHYTHERAPY ISODOSE CALCULATION; SIMPLE (CALCULATION MADE FROM SINGLE PLANE, ONE TO FOUR SOURCES/ RIBBON APP	\$66.00
77327	BRACHYTHERAPY ISODOSE CALCULATION; INTERMEDIATE (MULTIPLANE DOSAGE CALCULATIONS, APPLICATION INVOLVING FIVE TO	\$96.00

Procedure Code	Description	Rate
77328	BRACHYTHERAPY ISODOSE CALCULATION; COMPLEX (MULTIPLANE ISODOSE PLAN, VOLUME IMPLANT CALCULATIONS, OVER TEN SOURCES)	\$138.00
7733	OTHER DIVISION OF BONE, RADIUS AND ULNA	\$0.00
77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY), ONLY WHEN PRESCRIBED BY THE TREATING PHYSICIAN	\$36.00
77332	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; SIMPLE (SIMPLE BLOCK, SIMPLE BOLUS)	\$42.00
77333	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERMEDIATE (MULTIPLE BLOCKS, STENTS, BITE BLOCKS, SPECIAL BOLUS)	\$60.00
77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES,	\$90.00
77336	CONTINUING MEDICAL RADIATION PHYSICS CONSULTATION IN SUPPORT OF THERAPEUTIC RADIOLOGIST INCLUDING CONTINUING QUALITY	\$60.00
77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RADIATION THERAPY (IMRT), DESIGN AND	\$273.07
7734	OTHER DIVISION OF BONE, CARPALS AND METACARPALS	\$0.00
7735	OTHER DIVISION OF BONE, FEMUR	\$0.00
7736	OTHER DIVISION OF BONE, PATELLA	\$0.00
7737	OTHER DIVISION OF BONE, TIBIA AND FIBULA	\$0.00
77370	SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION	\$66.00
77371	RADIATION TREATMENT DELIVERY, STEREOTACTIC RADIOSURGERY, COMPLETE COURSE OF TREATMENT OF CEREBRAL LESION	\$627.04
77372	RADIATION TREATMENT DELIVERY, STEREOTACTIC RADIOSURGERY, COMPLETE COURSE OF TREATMENT OF CEREBRAL LESION	\$475.96
77373	STEREOTACTIC BODY RADIATION THERAPY, TREATMENT DELIVERY, PER FRACTION TO 1 OR MORE LESIONS, INCLUDING	\$887.52
7738	OTHER DIVISION OF BONE, TARSALS AND METATARSALS	\$0.00
7739	OTHER DIVISION OF BONE, OTHER	\$0.00
77399	UNLISTED PROCEDURE, MEDICAL RADIATION PHYSICS, DOSIMETRY AND TREATMENT DEVICES	\$0.00
7740	BIOPSY OF BONE, UNSPECIFIED SITE	\$0.00
77401	RADIATION TREATMENT DELIVERY, SUPERFICIAL AND/OR ORTHOVOLTAGE	\$37.36
77402	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS OR N	\$37.36
77403	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS OR N	\$37.36

Procedure Code	Description	Rate
77404	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS OR N	\$37.36
77406	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS OR N	\$37.36
77407	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS ON A SINGLE TREATMENT AREA, US	\$44.17
77408	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS ON A SINGLE TREATMENT AREA, US	\$44.17
77409	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS ON A SINGLE TREATMENT AREA, US	\$44.17
7741	BIOPSY OF BONE, SCAPULA, CLAVICLE, AND THORAX (RIBS AND STERNUM)	\$0.00
77411	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS ON A SINGLE TREATMENT AREA, US	\$44.17
77412	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGE	\$48.00
77413	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGE	\$48.00
77414	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGE	\$48.00
77416	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGE	\$48.00
77417	THERAPEUTIC RADIOLOGY PORT FILM(S)	\$12.59
77418	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS, VIA NARROW SPATIALLY AND TEMPORALLY MOD	\$333.96
7742	BIOPSY OF BONE, HUMERUS	\$0.00
77421	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	\$82.56
77422	HIGH ENERGY NEUTRON RADIATION TREATMENT DELIVERY; SINGLE TREATMENT AREA USING A SINGLE PORT OR PARALLEL	\$37.98
77423	HIGH ENERGY NEUTRON RADIATION TREATMENT DELIVERY; 1 OR MORE ISOCENTER(S) WITH COPLANAR OR NON-COPLANAR GEOMETR	\$49.33
77424	INTRAOPERATIVE RADIATION TREATMENT DELIVERY, X-RAY, SINGLE TREATMENT SESSION	\$240.00
77425	INTRAOPERATIVE RADIATION TREATMENT DELIVERY, ELECTRONS, SINGLE TREATMENT SESSION	\$240.00
77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	\$92.88
7743	BIOPSY OF BONE, RADIUS AND ULNA	\$0.00

Procedure Code	Description	Rate
77431	RADIATION THERAPY MANAGEMENT WITH COMPLETE COURSE OF THERAPY CONSISTING OF ONE OR TWO FRACTIONS ONLY	\$54.00
77432	STEREOTACTIC RADIATION TREATMENT MANAGEMENT OF CEREBRAL LESION(S)	\$275.75
77435	STEROTACTIC BODY RADIATION THERAPY, TREATMENT MANAGEMENT, PER TREATMENT COURSE, TO ONE OR MORE LESIONS,	\$377.71
7744	BIOPSY OF BONE, CARPALS AND METACARPALS	\$0.00
7745	BIOPSY OF BONE, FEMUR	\$0.00
7746	BIOPSY OF BONE, PATELLA	\$0.00
77469	INTRAOPERATIVE RADIATION TREATMENT MANAGEMENT	\$97.83
7747	BIOPSY OF BONE, TIBIA AND FIBULA	\$0.00
77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY IRRADIATION, PER ORAL, VAGINAL CONE IRRADIAT	\$240.00
7748	BIOPSY OF BONE, TARSALS AND METATARSALS	\$0.00
7749	BIOPSY OF BONE, OTHER	\$0.00
77499	UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY TREATMENT MANAGEMENT	\$0.00
775	EXCISION AND REPAIR OF BUNION AND OTHER TOE DEFORMITIES	\$0.00
7751	BUNIONECTOMY WITH SOFT TISSUE CORRECTION AND OSTEOTOMY OF THE FIRST METATARSAL	\$0.00
7752	BUNIONECTOMY WITH SOFT TISSUE CORRECTION AND ARTHRODESIS	\$0.00
77520	PROTON BEAM DELIVERY TO A SINGLE TREATMENT AREA, SINGLEPORT, CUSTOM BLOCK, W/ OR W/OUT COMPENSATIN, W/TREATMEN	\$0.00
77522	PROTON TREATMENT DELIVERY; SIMPLE, WITH COMPENSATION	\$0.00
77523	PROTON BEAM DELIVERY TO ONE OR TWO TREATMENT AREAS, TWO OR MORE PORTS, TWO OR MORE CUSTOM BLOCKS AND TWO OR MO	\$0.00
77525	PROTON TREATMENT DELIVERY; COMPLEX	\$0.00
7753	OTHER BUNIONECTOMY WITH SOFT TISSUE CORRECTION	\$0.00
7754	EXCISION OR CORRECTION OF BUNIONETTE	\$0.00
7756	REPAIR OF HAMMER TOE	\$0.00
7757	REPAIR OF CLAW TOE	\$0.00
7758	OTHER EXCISION, FUSION AND REPAIR OF TOES	\$0.00
7759	OTHER BUNIONECTOMY	\$0.00
7760	LOCAL EXCISION OF LESION OR TISSUE OF BONE, UNSPECIFIED SITE	\$0.00
77600	HYPERTHERMIA, EXTERNALLY GENERATED; SUPERFICIAL (IE, HEATING TO A DEPTH OF 4 CM OR LESS)	\$96.00
77605	HYPERTHERMIA, EXTERNALLY GENERATED; DEEP (IE, HEATING TO DEPTHS GREATER THAN 4 CM)	\$126.00

Procedure Code	Description	Rate
7761	LOCAL EXCISION OF LESION OR TISSUE OF BONE, SCAPULA, CLAVICLE, AND THORAX (RIBS AND STERNUM)	\$0.00
77610	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); 5 OR FEWER INTERSTITIAL APPLICATORS	\$96.00
77615	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); MORE THAN 5 INTERSTITIAL APPLICATORS	\$126.00
7762	LOCAL EXCISION OF LESION OR TISSUE OF BONE, HUMERUS	\$0.00
77620	HYPERTHERMIA GENERATED BY INTRACAVITARY PROBE(S)	\$96.00
7763	LOCAL EXCISION OF LESION OR TISSUE OF BONE, RADIUS AND ULNA	\$0.00
7764	LOCAL EXCISION OF LESION OR TISSUE OF BONE, CARPALS AND METACARPALS	\$0.00
7765	LOCAL EXCISION OF LESION OR TISSUE OF BONE, FEMUR	\$0.00
7766	LOCAL EXCISION OF LESION OR TISSUE OF BONE, PATELLA	\$0.00
7767	LOCAL EXCISION OF LESION OR TISSUE OF BONE, TIBIA AND FIBULA	\$0.00
7768	LOCAL EXCISION OF LESION OR TISSUE OF BONE, TARSALS AND METATARSALS	\$0.00
7769	LOCAL EXCISION OF LESION OR TISSUE OF BONE, OTHER	\$0.00
7770	EXCISION OF BONE FOR GRAFT, UNSPECIFIED SITE	\$0.00
7771	EXCISION OF BONE FOR GRAFT, SCAPULA, CLAVICLE, AND THORAX (RIBS AND STERNUM)	\$0.00
7772	EXCISION OF BONE FOR GRAFT, HUMERUS	\$0.00
7773	EXCISION OF BONE FOR GRAFT, RADIUS AND ULNA	\$0.00
7774	EXCISION OF BONE FOR GRAFT, CARPALS AND METACARPALS	\$0.00
7775	EXCISION OF BONE FOR GRAFT, FEMUR	\$0.00
77750	INFUSION OR INSTILLATION OF RADIOELEMENT SOLUTION	\$138.00
7776	EXCISION OF BONE FOR GRAFT, PATELLA	\$0.00
77761	INTRACAVITARY RADIOELEMENT APPLICATION; SIMPLE	\$138.00
77762	INTRACAVITARY RADIOELEMENT APPLICATION; INTERMEDIATE	\$162.00
77763	INTRACAVITARY RADIOELEMENT APPLICATION; COMPLEX	\$300.00
7777	EXCISION OF BONE FOR GRAFT, TIBIA AND FIBULA	\$0.00
77776	INTERSTITIAL RADIOELEMENT APPLICATION; SIMPLE	\$162.00
77777	INTERSTITIAL RADIOELEMENT APPLICATION; INTERMEDIATE	\$270.00
77778	INTERSTITIAL RADIOELEMENT APPLICATION; COMPLEX	\$360.00
7778	EXCISION OF BONE FOR GRAFT, TARSALS AND METATARSALS	\$0.00
77785	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE BRACHYTHERAPY; 1 CHANNEL	\$106.50
77786	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE BRACHYTHERAPY; 2-12 CHANNELS	\$254.28
77787	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE BRACHYTHERAPY; OVER 12 CHANNELS	\$441.28

Procedure Code	Description	Rate
77789	SURFACE APPLICATION OF RADIOELEMENT	\$42.00
7779	EXCISION OF BONE FOR GRAFT, OTHER	\$0.00
77799	UNLISTED PROCEDURE, CLINICAL BRACHYTHERAPY	\$0.00
7780	OTHER PARTIAL OSTECTOMY, UNSPECIFIED SITE	\$0.00
7781	OTHER PARTIAL OSTECTOMY, SCAPULA, CLAVICLE, AND THORAX (RIBS AND STERNUM)	\$0.00
7782	OTHER PARTIAL OSTECTOMY, HUMERUS	\$0.00
7783	OTHER PARTIAL OSTECTOMY, RADIUS AND ULNA	\$0.00
7784	OTHER PARTIAL OSTECTOMY, CARPALS AND METACARPALS	\$0.00
7785	OTHER PARTIAL OSTECTOMY, FEMUR	\$0.00
7786	OTHER PARTIAL OSTECTOMY, PATELLA	\$0.00
7787	OTHER PARTIAL OSTECTOMY, TIBIA AND FIBULA	\$0.00
7788	OTHER PARTIAL OSTECTOMY, TARSALS AND METATARSALS	\$0.00
7789	OTHER PARTIAL OSTECTOMY, OTHER	\$0.00
7790	TOTAL OSTECTOMY, UNSPECIFIED SITE	\$0.00
7791	TOTAL OSTECTOMY, SCAPULA, CLAVICLE, AND THORAX (RIBS AND STERNUM)	\$0.00
7792	TOTAL OSTECTOMY, HUMERUS	\$0.00
7793	TOTAL OSTECTOMY, RADIUS AND ULNA	\$0.00
7794	TOTAL OSTECTOMY, CARPALS AND METACARPALS	\$0.00
7795	TOTAL OSTECTOMY, FEMUR	\$0.00
7796	TOTAL OSTECTOMY, PATELLA	\$0.00
7797	TOTAL OSTECTOMY, TIBIA AND FIBULA	\$0.00
7798	TOTAL OSTECTOMY, TARSALS AND METATARSALS	\$0.00
7799	TOTAL OSTECTOMY, OTHER	\$0.00
7800	BONE GRAFT, UNSPECIFIED SITE	\$0.00
7801	BONE GRAFT, SCAPULA, CLAVICLE, AND THORAX (RIBS AND STERNUM)	\$0.00
78012	THYROID UPTAKE, SINGLE OR MULTIPLE, QUANTITATIVE MEASUREMENT(S) (INCLUDING STIMULATION, SUPPRESSION, OR	\$50.36
78013	THYROID IMAGING (INCLUDING VASCULAR FLOW, WHEN PERFORMED)	\$127.35
78014	THYROID IMAGING (INCLUDING VASCULAR FLOW, WHEN PERFORMED); WITH SINGLE OR MULTIPLE UPTAKE(S)	\$147.16
78015	THYROID CARCINOMA METASTASES IMAGING; LIMITED AREA (EG, NECK AND CHEST ONLY)	\$66.00
78016	THYROID CARCINOMA METASTASES IMAGING; WITH ADDITIONAL STUDIES (EG, URINARY RECOVERY)	\$78.00
78018	THYROID CARCINOMA METASTASES IMAGING; WHOLE BODY	\$126.00
7802	BONE GRAFT, HUMERUS	\$0.00
78020	THYROID CARCINOMA METASTASES UPTAKE	\$52.84

Procedure Code	Description	Rate
7803	BONE GRAFT, RADIUS AND ULNA	\$0.00
7804	BONE GRAFT, CARPALS AND METACARPALS	\$0.00
7805	BONE GRAFT, FEMUR	\$0.00
7806	BONE GRAFT, PATELLA	\$0.00
7807	BONE GRAFT, TIBIA AND FIBULA	\$0.00
78070	PARATHYROID IMAGING	\$54.00
78071	PARATHYROID PLANAR IMAGING; WITH TOMOGRAPHIC (SPECT)	\$219.40
78072	PARATHYROID PLANAR IMAGING; WITH TOMOGRAPHIC (SPECT), AND CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY	\$0.01
78075	ADRENAL IMAGING, CORTEX AND/OR MEDULLA	\$114.00
7808	BONE GRAFT, TARSALS AND METATARSALS	\$0.00
7809	BONE GRAFT, OTHER	\$0.00
78099	UNLISTED ENDOCRINE PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	\$0.00
7810	APPLICATION OF EXTERNAL FIXATION DEVICE, UNSPECIFIED SITE	\$0.00
78102	BONE MARROW IMAGING; LIMITED AREA	\$54.00
78103	BONE MARROW IMAGING; MULTIPLE AREAS	\$72.00
78104	BONE MARROW IMAGING; WHOLE BODY	\$90.00
7811	APPLICATION OF EXTERNAL FIXATION DEVICE, SCAPULA, CLAVICLE, AND THORAX (RIBS AND STERNUM)	\$0.00
78110	PLASMA VOLUME, RADIONUCLIDE VOLUME-DILUTION TECHNIQUE (SEPARATE PROCEDURE); SINGLE SAMPLING	\$24.00
78111	PLASMA VOLUME, RADIONUCLIDE VOLUME-DILUTION TECHNIQUE (SEPARATE PROCEDURE); MULTIPLE SAMPLINGS	\$54.00
7812	APPLICATION OF EXTERNAL FIXATION DEVICE, HUMERUS	\$0.00
78120	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); SINGLE SAMPLING	\$42.00
78121	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); MULTIPLE SAMPLINGS	\$60.00
78122	WHOLE BLOOD VOLUME DETERMINATION, INCLUDING SEPARATE MEASUREMENT OF PLASMA VOLUME AND RED CELL VOLUME (RADIONUCLIDE)	\$90.00
7813	APPLICATION OF EXTERNAL FIXATION DEVICE, RADIUS AND ULNA	\$0.00
78130	RED CELL SURVIVAL STUDY;	\$66.00
78135	RED CELL SURVIVAL STUDY; DIFFERENTIAL ORGAN/TISSUE KINETICS, (EG, SPLENIC AND/OR HEPATIC SEQUESTRATION)	\$96.00
7814	APPLICATION OF EXTERNAL FIXATION DEVICE, CARPALS AND METACARPALS	\$0.00
78140	LABELED RED CELL SEQUESTRATION, DIFFERENTIAL ORGAN/TISSUE, (EG, SPLENIC AND/OR HEPATIC)	\$78.00
7815	APPLICATION OF EXTERNAL FIXATION DEVICE, FEMUR	\$0.00

Procedure Code	Description	Rate
7816	APPLICATION OF EXTERNAL FIXATION DEVICE, PATELLA	\$0.00
7817	APPLICATION OF EXTERNAL FIXATION DEVICE, TIBIA AND FIBULA	\$0.00
7818	APPLICATION OF EXTERNAL FIXATION DEVICE, TARSALS AND METATARSALS	\$0.00
78185	SPLEEN IMAGING ONLY, WITH OR WITHOUT VASCULAR FLOW	\$60.00
7819	APPLICATION OF EXTERNAL FIXATION DEVICE, OTHER	\$0.00
78190	KINETICS, STUDY OF PLATELET SURVIVAL, WITH OR WITHOUT DIFFERENTIAL ORGAN/TISSUE LOCALIZATION	\$126.00
78191	PLATELET SURVIVAL STUDY	\$138.00
78195	LYMPHATICS AND LYMPH GLANDS IMAGING	\$90.00
78199	UNLISTED HEMATOPOIETIC, RETICULOENDOTHELIAL AND LYMPHATIC PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	\$0.00
7820	LIMB SHORTENING PROCEDURE, UNSPECIFIED SITE	\$0.00
78201	LIVER IMAGING; STATIC ONLY	\$80.00
78202	LIVER IMAGING; WITH VASCULAR FLOW	\$80.00
78205	LIVER IMAGING (SPECT)	\$126.00
78206	LIVER IMAGING (SPECT); WITH VASCULAR FLOW	\$306.71
7821	EPIPHYSEAL STAPLING, SCAPULA, CLAVICLE, AND THORAX (RIBS AND STERNUM)	\$0.00
78215	LIVER AND SPLEEN IMAGING; STATIC ONLY	\$80.00
78216	LIVER AND SPLEEN IMAGING; WITH VASCULAR FLOW	\$72.00
7822	LIMB SHORTENING PROCEDURES, HUMERUS	\$0.00
78226	HEPATOBIILIARY SYSTEM IMAGING, INCLUDING GALLBLADDER WHEN PRESENT	\$199.18
78227	HEPATOBIILIARY SYSTEM IMAGING, INCLUDING GALLBLADDER WHEN PRESENT; WITH PHARMACOLOGIC INTERVENTION, INCLUDING	\$272.65
7823	LIMB SHORTENING PROCEDURES, RADIUS AND ULNA	\$0.00
78230	SALIVARY GLAND IMAGING;	\$80.00
78231	SALIVARY GLAND IMAGING; WITH SERIAL IMAGES	\$72.00
78232	SALIVARY GLAND FUNCTION STUDY	\$72.00
7824	LIMB SHORTENING PROCEDURES, CARPALS AND METACARPALS	\$0.00
7825	LIMB SHORTENING PROCEDURES, FEMUR	\$0.00
7826	EPIPHYSEAL STAPLING, PATELLA	\$0.00
78261	GASTRIC MUCOSA IMAGING	\$90.00
78262	GASTROESOPHAGEAL REFLUX STUDY	\$90.00
78264	GASTRIC EMPTYING STUDY	\$90.00
78267	UREA BREATH TEST, C-14; ACQUISITION FOR ANALYSIS	\$6.59
78268	UREA BREATH TEST, C-14; ANALYSIS	\$56.47
7827	LIMB SHORTENING PROCEDURES, TIBIA AND FIBULA	\$0.00

Procedure Code	Description	Rate
78270	VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITHOUT INTRINSIC FACTOR	\$39.01
78271	VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITH INTRINSIC FACTOR	\$41.07
78272	VITAMIN B-12 ABSORPTION STUDIES COMBINED, WITH AND WITHOUT INTRINSIC FACTOR	\$48.00
78278	ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	\$108.00
7828	LIMB SHORTENING PROCEDURES, TARSALS AND METATARSALS	\$0.00
7829	LIMB SHORTENING PROCEDURES, OTHER	\$0.00
78290	BOWEL IMAGING (EG, ECTOPIC GASTRIC MUCOSA, MECKEL'S LOCALIZATION, VOLVULUS)	\$72.00
78291	PERITONEAL-VEIN SHUNT PATENCY TEST (EG, FOR LEVEEN, DENVER SHUNT)	\$72.00
78299	UNLISTED GASTROINTESTINAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	\$0.00
7830	LIMB LENGTHENING PROCEDURES, UNSPECIFIED SITE	\$0.00
78300	BONE AND/OR JOINT IMAGING; LIMITED AREA	\$84.00
78305	BONE AND/OR JOINT IMAGING; MULTIPLE AREAS	\$103.61
78306	BONE AND/OR JOINT IMAGING; WHOLE BODY	\$117.24
7831	OTHER CHANGE IN BONE LENGTH, SCAPULA, CLAVICLE, AND THORAX (RIBS AND STERNUM)	\$0.00
78315	BONE AND/OR JOINT IMAGING; THREE PHASE STUDY	\$126.00
7832	LIMB LENGTHENING PROCEDURES, HUMERUS	\$0.00
78320	BONE AND/OR JOINT IMAGING; TOMOGRAPHIC (SPECT)	\$126.00
7833	LIMB LENGTHENING PROCEDURES, RADIUS AND ULNA	\$0.00
7834	LIMB LENGTHENING PROCEDURES, CARPALS AND METACARPALS	\$0.00
7835	LIMB LENGTHENING PROCEDURES, FEMUR	\$0.00
78350	BONE DENSITY (BONE MINERAL CONTENT) STUDY, ONE OR MORE SITES; SINGLE PHOTON ABSORPTIOMETRY	\$21.60
7836	OTHER CHANGE IN BONE LENGTH, PATELLA	\$0.00
7837	LIMB LENGTHENING PROCEDURES, TIBIA AND FIBULA	\$0.00
7838	LIMB LENGTHENING PROCEDURES, TARSALS AND METATARSALS	\$0.00
7839	LIMB LENGTHENING PROCEDURES, OTHER	\$0.00
78399	UNLISTED MUSCULOSKELETAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	\$0.00
7840	OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, UNSPECIFIED SITE	\$0.00
7841	OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, SCAPULA, CLAVICLE, AND THORAX (RIBS AND STERNUM)	\$0.00
7842	OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, HUMERUS	\$0.00
78428	CARDIAC SHUNT DETECTION	\$60.00
7843	OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, RADIUS AND ULNA	\$0.00
7844	OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, CARPALS AND METACARPALS	\$0.00
78445	NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY, VENOGRAPHY)	\$54.00
7845	OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, FEMUR	\$0.00

Procedure Code	Description	Rate
78451	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT); SINGLE STUDY, AT REST OR STRESS	\$127.14
78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT); MULTIPLE STUDIES, AT REST OR STRESS AND/OR REDISTRUBUTION	\$217.13
78453	MYOCARDIAL PERFUSION IMAGING, PLANAR; SINGLE STUDY, AT REST OR STRESS	\$110.63
78454	MYOCARDIAL PERFUSION IMAGING, PLANAR; MULITPLE STUDIES, AT REST AND/OR STRESS AND/OR REDISTRIBUTION AND/OR	\$106.50
78456	ACUTE VENOUS THROMBOSIS IMAGING, PEPTIDE	\$115.58
78457	VENOUS THROMBOSIS IMAGING, VENOGRAM; UNILATERAL	\$66.00
78458	VENOUS THROMBOSIS IMAGING (EG, VENOGRAM); BILATERAL	\$90.00
78459	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), METABOLIC EVALUATION	\$0.00
7846	OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, PATELLA	\$0.00
78466	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; QUALITATIVE OR QUANTITATIVE	\$66.00
78468	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; WITH EJECTION FRACTION BY FIRST PASS TECHNIQUE	\$78.00
78469	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; TOMOGRAPHIC SPECT WITH OR WITHOUT QUANTIFICATION	\$114.00
7847	OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, TIBIA AND FIBULA	\$0.00
78472	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; SINGLE STUDY AT REST, WALL MOTION STUDY PLUS EJECTION FRACTION,	\$126.00
78473	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; MULTIPLE STUDIES, WALL MOTION STUDY PLUS EJECTION FRACTION, RES	\$162.00
7848	OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, TARSALS AND METATARSALS	\$0.00
78481	CARDIAC BLOOD POOL IMAGING,(PLANAR), FIRST PASS TECHNIQUE; SINGLE STUDY, AT REST OR WITH STRESS	\$114.00
78483	CARDIAC BLOOD POOL IMAGING, (PLANAR) FIRST PASS TECHNIQUE; MULTIPLE STUDIES, AT REST AND WITH STRESS (EXERCISE	\$162.00
7849	OTHER REPAIR OR PLASTIC OPERATIONS ON BONE, OTHER	\$0.00
78491	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION; SINGLE STUDY AT REST OR STRESS	\$0.00
78492	MYCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION; MULTIPLE STUDIES AT REST AND/OR STRESS	\$0.00
78494	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SPECT, AT REST, WALL MOTION STUDY PLUS EJECTION FRACTION, WITH	\$159.55

Procedure Code	Description	Rate
78496	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SINGLE STUDY, AT REST, WITH RIGHT VENTRICULAR EJECTION FRACTION	\$167.18
78499	UNLISTED CARDIOVASCULAR PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	\$0.00
7850	INTERNAL FIXATION OF BONE WITHOUT FRACTURE REDUCTION, UNSPECIFIED SITE	\$0.00
7851	INTERNAL FIXATION OF BONE WITHOUT FRACTURE REDUCTION, SCAPULA, CLAVICLE, AND THORAX (RIBS & STERNUM)	\$0.00
7852	INTERNAL FIXATION OF BONE WITHOUT FRACTURE REDUCTION, HUMERUS	\$0.00
7853	INTERNAL FIXATION OF BONE WITHOUT FRACTURE REDUCTION, RADIUS AND ULNA	\$0.00
7854	INTERNAL FIXATION OF BONE WITHOUT FRACTURE REDUCTION, CARPALS AND METACARPALS	\$0.00
7855	INTERNAL FIXATION OF BONE WITHOUT FRACTURE REDUCTION, FEMUR	\$0.00
7856	INTERNAL FIXATION OF BONE WITHOUT FRACTURE REDUCTION, PATELLA	\$0.00
7857	INTERNAL FIXATION OF BONE WITHOUT FRACTURE REDUCTION, TIBIA AND FIBULA	\$0.00
78579	PULMONARY VENTILATION IMAGING (EG, AEROSOL OR GAS)	\$105.88
7858	INTERNAL FIXATION OF BONE WITHOUT FRACTURE REDUCTION, TARSALS AND METATARSALS	\$0.00
78580	PULMONARY PERFUSION IMAGING; PARTICULATE	\$95.77
78582	PULMONARY VENTILATION ( EG, AEROSOL OR GAS) AND PERFUSION IMAGING	\$195.25
7859	INTERNAL FIXATION OF BONE WITHOUT FRACTURE REDUCTION, OTHER	\$0.00
78597	QUANTITATIVE DIFFERENTIAL PULMONARY PERFUSION, INCLUDING IMAGING WHEN PERFORMED	\$119.30
78598	QUANTITATIVE DIFFERENTIAL PULMONARY PERFUSION AND VENTILATION , INCLUDING IMAGING WHEN PERFORMED	\$183.28
78599	UNLISTED RESPIRATORY PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	\$0.00
7860	REMOVAL OF IMPLANTED DEVICES FROM BONE, UNSPECIFIED SITE	\$0.00
78600	BRAIN IMAGING, LIMITED PROCEDURE; STATIC	\$80.00
78601	BRAIN IMAGING, LIMITED PROCEDURE; WITH VASCULAR FLOW	\$87.93
78605	BRAIN IMAGING, COMPLETE STUDY; STATIC	\$88.55
78606	BRAIN IMAGING, COMPLETE STUDY; WITH VASCULAR FLOW	\$101.76
78607	BRAIN IMAGING, COMPLETE STUDY; TOMOGRAPHIC (SPECT)	\$120.00
78608	BRAIN IMAGING POSITRON EMISSION TOMOGRAPHY (PET); METABOLIC EVALUATION	\$0.01
7861	REMOVAL OF IMPLANTED DEVICES FROM BONE, SCAPULA, CLAVICLE,AND THORAX (RIBS AND STERNUM)	\$0.00
78610	BRAIN IMAGING, VASCULAR FLOW ONLY	\$42.00
7862	REMOVAL OF IMPLANTED DEVICES FROM BONE, HUMERUS	\$0.00
7863	REMOVAL OF IMPLANTED DEVICES FROM BONE, RADIUS AND ULNA	\$0.00

Procedure Code	Description	Rate
78630	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); CISTERNOGRAPHY	\$108.00
78635	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); VENTRICULOGRAPHY	\$66.00
7864	REMOVAL OF IMPLANTED DEVICES FROM BONE, CARPALS AND METACARPALS	\$0.00
78645	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); SHUNT EVALUATION	\$72.00
78647	CEREBROSPINAL FLUID FLOW, IMAGING; TOMOGRAPHIC (SPECT)	\$151.91
7865	REMOVAL OF IMPLANTED DEVICES FROM BONE, FEMUR	\$0.00
78650	CSF LEAKAGE DETECTION AND LOCALIZATION	\$96.00
7866	REMOVAL OF IMPLANTED DEVICES FROM BONE, PATELLA	\$0.00
78660	RADIONUCLIDE DACRYOCYSTOGRAPHY	\$54.00
7867	REMOVAL OF IMPLANTED DEVICES FROM BONE, TIBIA AND FIBULA	\$0.00
7868	REMOVAL OF IMPLANTED DEVICES FROM BONE, TARSALS AND METATARSALS	\$0.00
7869	REMOVAL OF IMPLANTED DEVICES FROM BONE, OTHER	\$0.00
78699	UNLISTED NERVOUS SYSTEM PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	\$0.00
7870	OSTEOCLASIS, UNSPECIFIED SITE	\$0.00
78700	KIDNEY IMAGING; STATIC ONLY	\$80.00
78701	KIDNEY IMAGING; WITH VASCULAR FLOW	\$90.40
78707	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; SINGLE STUDY WITHOUT PHARMACOLOGICAL INTERVENTION	\$120.00
78708	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; SINGLE STUDY, WITH PHARMACOLOGICAL INTERVENTION (EG, ANGIOTEN	\$128.38
78709	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; MULTIPLE STUDIES, WITH AND WITHOUT PHARMACOLOGICAL	\$132.51
7871	OSTEOCLASIS, SCAPULA, CLAVICLE, AND THORAX (RIBS AND STERNUM)	\$0.00
78710	KIDNEY IMAGING, TOMOGRAPHIC (SPECT)	\$126.00
7872	OSTEOCLASIS, HUMERUS	\$0.00
78725	KIDNEY FUNCTION STUDY WITHOUT PHARMACOLOGIC INTERVENTION	\$48.00
7873	OSTEOCLASIS, RADIUS AND ULNA	\$0.00
78730	URINARY BLADDER RESIDUAL STUDY	\$41.90
7874	OSTEOCLASIS, CARPALS AND METACARPALS	\$0.00
78740	URETERAL REFLUX STUDY (RADIONUCLIDE VOIDING CYSTOGRAM)	\$60.00
7875	OSTEOCLASIS, FEMUR	\$0.00
7876	OSTEOCLASIS, PATELLA	\$0.00
78761	TESTICULAR IMAGING; WITH VASCULAR FLOW	\$72.00

Procedure Code	Description	Rate
7877	OSTEOCLASIS, TIBIA AND FIBULA	\$0.00
7878	OSTEOCLASIS, TARSALS AND METATARSALS	\$0.00
7879	OSTEOCLASIS, OTHER	\$0.00
78799	UNLISTED GENITOURINARY PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	\$0.00
7880	DIAGNOSTIC PROCEDURES ON BONE, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED SITE	\$0.00
78800	RADIONUCLIDE LOCALIZATION OF TUMOR; LIMITED AREA	\$72.00
78801	RADIONUCLIDE LOCALIZATION OF TUMOR; MULTIPLE AREAS	\$96.00
78802	RADIONUCLIDE LOCALIZATION OF TUMOR; WHOLE BODY	\$114.00
78803	TUMOR LOCALIZATION (SPECT)	\$138.00
78804	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRUBUTION OF RADIOPHARMACEUTICAL AGENT, WHOLE BODY	\$124.25
78805	RADIONUCLIDE LOCALIZATION OF ABSCESS; LIMITED AREA	\$78.00
78806	RADIONUCLIDE LOCALIZATION OF ABSCESS; WHOLE BODY	\$114.00
78807	RADIONUCLIDE LOCALIZATION OF ABSCESS, SPECT	\$170.28
78808	INJECTION PROCEDURE FOR RADIOPHARMACEUTICAL LOCALIZATION BY NON-IMAGING PROBE STUDY, INTRAVENOUS	\$25.39
7881	DIAGNOSTIC PROCEDURES ON BONE, NOT ELSEWHERE CLASSIFIED, SCAPULA, CLAVICLE & THORAX (RIBS & STERNUM)	\$0.00
78811	TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); LIMITED AREA, ( EG, CHEST, HEAD/NECK )	\$0.01
78812	TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); SKULL BASE TO MID THIGH	\$0.01
78813	TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET) ; WHOLE BODY	\$0.01
78814	TUMOR IMAGING, (PET); WITH CONCURRENTLY ACQUIRED CT FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION; LI	\$0.01
78815	TUMOR IMAGING, (PET) WITHCONCURENTLY ACQUIRED CT FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION; SKULL	\$0.01
78816	TUMOR IMAGING, (PET) WITH CONCURRENTLY ACQUIRED CT FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION; WHO	\$0.01
7882	DIAGNOSTIC PROCEDURES ON BONE, NOT ELSEWHERE CLASSIFIED, HUMERUS	\$0.00
7883	DIAGNOSTIC PROCEDURES ON BONE, NOT ELSEWHERE CLASSIFIED, RADIUS AND ULNA	\$0.00
7884	DIAGNOSTIC PROCEDURES ON BONE, NOT ELSEWHERE CLASSIFIED, CARPALS AND METACARPALS	\$0.00
7885	DIAGNOSTIC PROCEDURES ON BONE, NOT ELSEWHERE CLASSIFIED, FEMUR	\$0.00
7886	DIAGNOSTIC PROCEDURES ON BONE, NOT ELSEWHERE CLASSIFIED, PATELLA	\$0.00
7887	DIAGNOSTIC PROCEDURES ON BONE, NOT ELSEWHERE CLASSIFIED, TIBIA AND FIBULA	\$0.00

Procedure Code	Description	Rate
7888	DIAGNOSTIC PROCEDURES ON BONE, NOT ELSEWHERE CLASSIFIED, TARSALS AND METATARSALS	\$0.00
7889	DIAGNOSTIC PROCEDURES ON BONE, NOT ELSEWHERE CLASSIFIED, OTHER	\$0.00
7890	INSERTION OF BONE GROWTH STIMULATOR, UNSPECIFIED SITE	\$0.00
7891	INSERTION OF BONE GROWTH STIMULATOR, SCAPULA, CLAVICLE, AND THORAX(RIBS AND STERNUM)	\$0.00
7892	INSERTION OF BONE GROWTH STIMULATOR, HUMERUS	\$0.00
7893	INSERTION OF BONE GROWTH STIMULATOR, RADIUS AND ULNA	\$0.00
7894	INSERTION OF BONE GROWTH STIMULATOR, CARPALS AND METACARPALS	\$0.00
7895	INSERTION OF BONE GROWTH STIMULATOR, FEMUR	\$0.00
7896	INSERTION OF BONE GROWTH STIMULATOR, PATELLA	\$0.00
7897	INSERTION OF BONE GROWTH STIMULATOR, TIBIA AND FIBULA	\$0.00
7898	INSERTION OF BONE GROWTH STIMULATOR, TARSALS AND METATARSALS	\$0.00
7899	INSERTION OF BONE GROWTH STIMULATOR, OTHER	\$0.00
78999	UNLISTED MISCELLANEOUS PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	\$0.00
7900	CLOSED REDUCTION OF FRACTURE WITHOUT INTERNAL FIXATION, UNSPECIFIED SITE	\$0.00
79005	RADIOPHARMACEUTICAL THERAPY, BY ORAL ADMINISTRATION	\$108.15
7901	CLOSED REDUCTION OF FRACTURE WITHOUT INTERNAL FIXATION, HUMERUS	\$0.00
7902	CLOSED REDUCTION OF FRACTURE WITHOUT INTERNAL FIXATION, RADIUS AND ULNA	\$0.00
7903	CLOSED REDUCTION OF FRACTURE WITHOUT INTERNAL FIXATION,CARPALS AND METACARPALS	\$0.00
7904	CLOSED REDUCTION OF FRACTURE WITHOUT INTERNAL FIXATION, PHALANGES OF HAND	\$0.00
7905	CLOSED REDUCTION OF FRACTURE WITHOUT INTERNAL FIXATION, FEMUR	\$0.00
7906	CLOSED REDUCTION OF FRACTURE WITHOUT INTERNAL FIXATION, TIBIA AND FIBULA	\$0.00
7907	CLOSED REDUCTION OF FRACTURE WITHOUT INTERNAL FIXATION, TARSALS AND METATARSALS	\$0.00
7908	CLOSED REDUCTION OF FRACTURE WITHOUT INTERNAL FIXATION, PHALANGES OF FOOT	\$0.00
7909	CLOSED REDUCTION OF FRACTURE WITHOUT INTERNAL FIXATION, OTHER SPECIFIED BONE	\$0.00
7910	CLOSED REDUCTION OF FRACTURE WITH INTERNAL FIXATION, UNSPECIFIED SITE	\$0.00
79101	RADIOPHARMACEUTICAL THERAPY, BY INTRAVENOUS ADMINISTRATION	\$126.32
7911	CLOSED REDUCTION OF FRACTURE WITH INTERNAL FIXATION, HUMERUS	\$0.00
7912	CLOSED REDUCTION OF FRACTURE WITH INTERNAL FIXATION, RADIUS AND ULNA	\$0.00
7913	CLOSED REDUCTION OF FRACTURE WITH INTERNAL FIXATION, CARPALS AND METACARPALS	\$0.00
7914	CLOSED REDUCTION OF FRACTURE WITH INTERNAL FIXATION, PHALANGES OF HAND	\$0.00
7915	CLOSED REDUCTION OF FRACTURE WITH INTERNAL FIXATION, FEMUR	\$0.00

Procedure Code	Description	Rate
7916	CLOSED REDUCTION OF FRACTURE WITH INTERNAL FIXATION, TIBIA AND FIBULA	\$0.00
7917	CLOSED REDUCTION OF FRACTURE WITH INTERNAL FIXATION, TARSALS AND METATARSALS	\$0.00
7918	CLOSED REDUCTION OF FRACTURE WITH INTERNAL FIXATION, PHALANGES OF FOOT	\$0.00
7919	CLOSED REDUCTION OF FRACTURE WITH INTERNAL FIXATION, OTHER SPECIFIED BONE	\$0.00
7920	OPEN REDUCTION OF FRACTURE WITHOUT INTERNAL FIXATION, UNSPECIFIED SITE	\$0.00
79200	INTRACAVITARY RADIOACTIVE COLLOID THERAPY	\$96.00
7921	OPEN REDUCTION OF FRACTURE WITHOUT INTERNAL FIXATION, HUMERUS	\$0.00
7922	OPEN REDUCTION OF FRACTURE WITHOUT INTERNAL FIXATION, RADIUS AND ULNA	\$0.00
7923	OPEN REDUCTION OF FRACTURE WITHOUT INTERNAL FIXATION, CARPALS AND METACARPALS	\$0.00
7924	OPEN REDUCTION OF FRACTURE WITHOUT INTERNAL FIXATION, PHALANGES OF HAND	\$0.00
7925	OPEN REDUCTION OF FRACTURE WITHOUT INTERNAL FIXATION, FEMUR	\$0.00
7926	OPEN REDUCTION OF FRACTURE WITHOUT INTERNAL FIXATION, TIBIA AND FIBULA	\$0.00
7927	OPEN REDUCTION OF FRACTURE WITHOUT INTERNAL FIXATION, TARSALS AND METATARSALS	\$0.00
7928	OPEN REDUCTION OF FRACTURE WITHOUT INTERNAL FIXATION, PHALANGES OF FOOT	\$0.00
7929	OPEN REDUCTION OF FRACTURE WITHOUT INTERNAL FIXATION, OTHER SPECIFIED BONE	\$0.00
7930	OPEN REDUCTION OF FRACTURE WITH INTERNAL FIXATION, UNSPECIFIED SITE	\$0.00
7931	OPEN REDUCTION OF FRACTURE WITH INTERNAL FIXATION, HUMERUS	\$0.00
7932	OPEN REDUCTION OF FRACTURE WITH INTERNAL FIXATION, RADIUS AND ULNA	\$0.00
7933	OPEN REDUCTION OF FRACTURE WITH INTERNAL FIXATION, CARPALS AND METACARPALS	\$0.00
7934	OPEN REDUCTION OF FRACTURE WITH INTERNAL FIXATION, PHALANGES OF HAND	\$0.00
7935	OPEN REDUCTION OF FRACTURE WITH INTERNAL FIXATION, FEMUR	\$0.00
7936	OPEN REDUCTION OF FRACTURE WITH INTERNAL FIXATION, TIBIA AND FIBULA	\$0.00
7937	OPEN REDUCTION OF FRACTURE WITH INTERNAL FIXATION, TARSALS AND METATARSALS	\$0.00
7938	OPEN REDUCTION OF FRACTURE WITH INTERNAL FIXATION, PHALANGES OF FOOT	\$0.00
7939	OPEN REDUCTION OF FRACTURE WITH INTERNAL FIXATION, OTHER SPECIFIED BONE	\$0.00
7940	CLOSED REDUCTION OF SEPARATED EPIPHYSIS, UNSPECIFIED SITE	\$0.00
79403	RADIOPHARMACEUTICAL THERAPY, RADIOLABELED MONOCLONAL ANTIBODY BY INTRAVENOUS INFUSION	\$157.48
7941	CLOSED REDUCTION OF SEPARATED EPIPHYSIS, HUMERUS	\$0.00
7942	CLOSED REDUCTION OF SEPARATED EPIPHYSIS, RADIUS AND ULNA	\$0.00
7943	CLOSED REDUCTION OF SEPARATED EPIPHYSIS, CARPALS AND METACARPALS	\$0.00
7944	CLOSED REDUCTION OF SEPARATED EPIPHYSIS, PHALANGES OF HAND	\$0.00
79440	INTRA-ARTICULAR RADIONUCLIDE THERAPY	\$96.00
79445	RADIOPHARMACEUTICAL THERAPY, BY INTRA-ARTERIAL PARTICULATE ADMINISTRATION	\$126.32

Procedure Code	Description	Rate
7945	CLOSED REDUCTION OF SEPARATED EPIPHYSIS, FEMUR	\$0.00
7946	CLOSED REDUCTION OF SEPARATED EPIPHYSIS, TIBIA AND FIBULA	\$0.00
7947	CLOSED REDUCTION OF SEPARATED EPIPHYSIS, TARSALS AND METATARSALS	\$0.00
7948	CLOSED REDUCTION OF SEPARATED EPIPHYSIS, PHALANGES OF FOOT	\$0.00
7949	CLOSED REDUCTION OF SEPARATED EPIPHYSIS, OTHER SPECIFIED BONE	\$0.00
7950	OPEN REDUCTION OF SEPARATED EPIPHYSIS, UNSPECIFIED SITE	\$0.00
7951	OPEN REDUCTION OF SEPARATED EPIPHYSIS, HUMERUS	\$0.00
7952	OPEN REDUCTION OF SEPARATED EPIPHYSIS, RADIUS AND ULNA	\$0.00
7953	OPEN REDUCTION OF SEPARATED EPIPHYSIS, CARPALS AND METACARPALS	\$0.00
7954	OPEN REDUCTION OF SEPARATED EPIPHYSIS, PHALANGES OF HAND	\$0.00
7955	OPEN REDUCTION OF SEPARATED EPIPHYSIS, FEMUR	\$0.00
7956	OPEN REDUCTION OF SEPARATED EPIPHYSIS, TIBIA AND FIBULA	\$0.00
7957	OPEN REDUCTION OF SEPARATED EPIPHYSIS, TARSALS AND METATARSALS	\$0.00
7958	OPEN REDUCTION OF SEPARATED EPIPHYSIS, PHALANGES OF FOOT	\$0.00
7959	OPEN REDUCTION OF SEPARATED EPIPHYSIS, OTHER SPECIFIED BONE	\$0.00
7960	DEBRIDEMENT OF OPEN FRACTURE SITE, UNSPECIFIED SITE	\$0.00
7961	DEBRIDEMENT OF OPEN FRACTURE SITE, HUMERUS	\$0.00
7962	DEBRIDEMENT OF OPEN FRACTURE SITE, RADIUS AND ULNA	\$0.00
7963	DEBRIDEMENT OF OPEN FRACTURE SITE, CARPALS AND METACARPALS	\$0.00
7964	DEBRIDEMENT OF OPEN FRACTURE SITE, PHALANGES OF HAND	\$0.00
7965	DEBRIDEMENT OF OPEN FRACTURE SITE, FEMUR	\$0.00
7966	DEBRIDEMENT OF OPEN FRACTURE SITE, TIBIA AND FIBULA	\$0.00
7967	DEBRIDEMENT OF OPEN FRACTURE SITE, TARSALS AND METATARSALS	\$0.00
7968	DEBRIDEMENT OF OPEN FRACTURE SITE, PHALANGES OF FOOT	\$0.00
7969	DEBRIDEMENT OF OPEN FRACTURE SITE, OTHER SPECIFIED BONE	\$0.00
7970	CLOSED REDUCTION OF DISLOCATION OF UNSPECIFIED SITE	\$0.00
7971	CLOSED REDUCTION OF DISLOCATION OF SHOULDER	\$0.00
7972	CLOSED REDUCTION OF DISLOCATION OF ELBOW	\$0.00
7973	CLOSED REDUCTION OF DISLOCATION OF WRIST	\$0.00
7974	CLOSED REDUCTION OF DISLOCATION OF HAND AND FINGER	\$0.00
7975	CLOSED REDUCTION OF DISLOCATION OF HIP	\$0.00
7976	CLOSED REDUCTION OF DISLOCATION OF KNEE	\$0.00
7977	CLOSED REDUCTION OF DISLOCATION OF ANKLE	\$0.00
7978	CLOSED REDUCTION OF DISLOCATION OF FOOT AND TOE	\$0.00
7979	CLOSED REDUCTION OF DISLOCATION OF OTHER SPECIFIED SITES	\$0.00
7980	OPEN REDUCTION OF DISLOCATION OF UNSPECIFIED SITE	\$0.00

<b>Procedure Code</b>	<b>Description</b>	<b>Rate</b>
7981	OPEN REDUCTION OF DISLOCATION OF SHOULDER	\$0.00
7982	OPEN REDUCTION OF DISLOCATION OF ELBOW	\$0.00
7983	OPEN REDUCTION OF DISLOCATION OF WRIST	\$0.00
7984	OPEN REDUCTION OF DISLOCATION OF HAND AND FINGER	\$0.00
7985	OPEN REDUCTION OF DISLOCATION OF HIP	\$0.00
7986	OPEN REDUCTION OF DISLOCATION OF KNEE	\$0.00
7987	OPEN REDUCTION OF DISLOCATION OF ANKLE	\$0.00
7988	OPEN REDUCTION OF DISLOCATION OF FOOT AND TOE	\$0.00
7989	OPEN REDUCTION OF DISLOCATION OF OTHER SPECIFIED SITES	\$0.00
7990	UNSPECIFIED OPERATION ON BONE INJURY, UNSPECIFIED SITE	\$0.00
7991	UNSPECIFIED OPERATION ON BONE INJURY, HUMERUS	\$0.00
7992	UNSPECIFIED OPERATION ON BONE INJURY, RADIUS AND ULNA	\$0.00
7993	UNSPECIFIED OPERATION ON BONE INJURY, CARPALS AND METACARPALS	\$0.00
7994	UNSPECIFIED OPERATION ON BONE INJURY, PHALANGES OF HAND	\$0.00
7995	UNSPECIFIED OPERATION ON BONE INJURY, FEMUR	\$0.00
7996	UNSPECIFIED OPERATION ON BONE INJURY, TIBIA AND FIBULA	\$0.00
7997	UNSPECIFIED OPERATION ON BONE INJURY, TARSALS AND METATARSALS	\$0.00
7998	UNSPECIFIED OPERATION ON BONE INJURY, PHALANGES OF FOOT	\$0.00
7999	UNSPECIFIED OPERATION ON BONE INJURY, OTHER SPECIFIED BONE	\$0.00
79999	UNLISTED RADIONUCLIDE THERAPEUTIC PROCEDURE	\$0.00