

Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
70010	MYELOGRAPHY, POSTERIOR FOSSA, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$73.65
70010	MYELOGRAPHY, POSTERIOR FOSSA, RADIOLOGICAL SUPERVISION AND INTERPRETATION		12/1/2006	12/31/2382	\$135.90
70010	MYELOGRAPHY, POSTERIOR FOSSA, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$225.86
70010	MYELOGRAPHY, POSTERIOR FOSSA, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$195.03
70010	MYELOGRAPHY, POSTERIOR FOSSA, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$169.74
70015	CISTERNOGRAPHY, POSITIVE CONTRAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$73.65
70015	CISTERNOGRAPHY, POSITIVE CONTRAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$225.86
70015	CISTERNOGRAPHY, POSITIVE CONTRAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$141.88
70015	CISTERNOGRAPHY, POSITIVE CONTRAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$53.21
70030	RADIOLOGIC EXAMINATION, EYE, FOR DETECTION OF FOREIGN BODY	26	7/1/2023	12/31/2382	\$10.68

Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
70030	RADIOLOGIC EXAMINATION, EYE, FOR DETECTION OF FOREIGN BODY	50	7/1/2023	12/31/2382	\$56.50
70030	RADIOLOGIC EXAMINATION, EYE, FOR DETECTION OF FOREIGN BODY		7/1/2023	12/31/2382	\$56.50
70030	RADIOLOGIC EXAMINATION, EYE, FOR DETECTION OF FOREIGN BODY		1/1/1993	12/31/2382	\$21.56
70030	RADIOLOGIC EXAMINATION, EYE, FOR DETECTION OF FOREIGN BODY	TC	7/1/2023	12/31/2382	\$16.59
70100	RADIOLOGIC EXAMINATION, MANDIBLE; PARTIAL, LESS THAN FOUR VIEWS	26	7/1/2023	12/31/2382	\$11.29
70100	RADIOLOGIC EXAMINATION, MANDIBLE; PARTIAL, LESS THAN FOUR VIEWS		1/1/1993	12/31/2382	\$25.62
70100	RADIOLOGIC EXAMINATION, MANDIBLE; PARTIAL, LESS THAN FOUR VIEWS		7/1/2023	12/31/2382	\$56.50
70100	RADIOLOGIC EXAMINATION, MANDIBLE; PARTIAL, LESS THAN FOUR VIEWS	TC	7/1/2023	12/31/2382	\$20.82
70110	RADIOLOGIC EXAMINATION, MANDIBLE; COMPLETE, MINIMUM OF FOUR VIEWS	26	7/1/2023	12/31/2382	\$15.35
70110	RADIOLOGIC EXAMINATION, MANDIBLE; COMPLETE, MINIMUM OF FOUR VIEWS		1/1/1993	12/31/2382	\$32.02

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70110	RADIOLOGIC EXAMINATION, MANDIBLE; COMPLETE, MINIMUM OF FOUR VIEWS		7/1/2023	12/31/2382	\$56.50
70110	RADIOLOGIC EXAMINATION, MANDIBLE; COMPLETE, MINIMUM OF FOUR VIEWS	TC	7/1/2023	12/31/2382	\$24.56
70120	RADIOLOGIC EXAMINATION, MASTOIDS; LESS THAN THREE VIEWS PER SIDE	26	7/1/2023	12/31/2382	\$11.29
70120	RADIOLOGIC EXAMINATION, MASTOIDS; LESS THAN THREE VIEWS PER SIDE		1/1/1993	12/31/2382	\$28.65
70120	RADIOLOGIC EXAMINATION, MASTOIDS; LESS THAN THREE VIEWS PER SIDE		7/1/2023	12/31/2382	\$56.50
70120	RADIOLOGIC EXAMINATION, MASTOIDS; LESS THAN THREE VIEWS PER SIDE	TC	7/1/2023	12/31/2382	\$24.56
70130	RADIOLOGIC EXAMINATION, MASTOIDS; COMPLETE, MINIMUM OF THREE VIEWS PER SIDE	26	7/1/2023	12/31/2382	\$20.58
70130	RADIOLOGIC EXAMINATION, MASTOIDS; COMPLETE, MINIMUM OF THREE VIEWS PER SIDE		1/1/1993	12/31/2382	\$41.33
70130	RADIOLOGIC EXAMINATION, MASTOIDS; COMPLETE, MINIMUM OF THREE VIEWS PER SIDE		7/1/2023	12/31/2382	\$56.50
70130	RADIOLOGIC EXAMINATION, MASTOIDS; COMPLETE, MINIMUM OF THREE VIEWS PER SIDE	TC	7/1/2023	12/31/2382	\$30.97

Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
70134	RADIOLOGIC EXAMINATION, INTERNAL AUDITORY MEATI, COMPLETE	26	7/1/2023	12/31/2382	\$20.58
70134	RADIOLOGIC EXAMINATION, INTERNAL AUDITORY MEATI, COMPLETE		1/1/1993	12/31/2382	\$39.77
70134	RADIOLOGIC EXAMINATION, INTERNAL AUDITORY MEATI, COMPLETE		7/1/2023	12/31/2382	\$96.17
70134	RADIOLOGIC EXAMINATION, INTERNAL AUDITORY MEATI, COMPLETE	TC	7/1/2023	12/31/2382	\$29.05
70140	RADIOLOGIC EXAMINATION, FACIAL BONES; LESS THAN THREE VIEWS	26	7/1/2023	12/31/2382	\$11.64
70140	RADIOLOGIC EXAMINATION, FACIAL BONES; LESS THAN THREE VIEWS		1/1/1993	12/31/2382	\$28.97
70140	RADIOLOGIC EXAMINATION, FACIAL BONES; LESS THAN THREE VIEWS		7/1/2023	12/31/2382	\$56.50
70140	RADIOLOGIC EXAMINATION, FACIAL BONES; LESS THAN THREE VIEWS	PN	7/1/2023	12/31/2382	\$56.50
70140	RADIOLOGIC EXAMINATION, FACIAL BONES; LESS THAN THREE VIEWS	TC	7/1/2023	12/31/2382	\$24.56
70150	RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE, MINIMUM OF THREE VIEWS	26	7/1/2023	12/31/2382	\$16.07

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70150	RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE, MINIMUM OF THREE VIEWS		7/1/2023	12/31/2382	\$56.50
70150	RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE, MINIMUM OF THREE VIEWS		1/1/1993	12/31/2382	\$37.56
70150	RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE, MINIMUM OF THREE VIEWS	LT	7/1/2023	12/31/2382	\$56.50
70150	RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE, MINIMUM OF THREE VIEWS	RT	7/1/2023	12/31/2382	\$56.50
70150	RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE, MINIMUM OF THREE VIEWS	TC	7/1/2023	12/31/2382	\$30.97
70160	RADIOLOGIC EXAMINATION, NASAL BONES, COMPLETE, MINIMUM OF THREE VIEWS	26	7/1/2023	12/31/2382	\$10.51
70160	RADIOLOGIC EXAMINATION, NASAL BONES, COMPLETE, MINIMUM OF THREE VIEWS		1/1/1993	12/31/2382	\$24.99
70160	RADIOLOGIC EXAMINATION, NASAL BONES, COMPLETE, MINIMUM OF THREE VIEWS		7/1/2023	12/31/2382	\$56.50
70160	RADIOLOGIC EXAMINATION, NASAL BONES, COMPLETE, MINIMUM OF THREE VIEWS	LT	7/1/2023	12/31/2382	\$56.50
70160	RADIOLOGIC EXAMINATION, NASAL BONES, COMPLETE, MINIMUM OF THREE VIEWS	PO	7/1/2023	12/31/2382	\$56.50

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70160	RADIOLOGIC EXAMINATION, NASAL BONES, COMPLETE, MINIMUM OF THREE VIEWS	RT	7/1/2023	12/31/2382	\$56.50
70160	RADIOLOGIC EXAMINATION, NASAL BONES, COMPLETE, MINIMUM OF THREE VIEWS	TC	7/1/2023	12/31/2382	\$20.82
70170	DACRYOCYSTOGRAPHY, NASOLACRIMAL DUCT, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$17.58
70170	DACRYOCYSTOGRAPHY, NASOLACRIMAL DUCT, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$267.56
70170	DACRYOCYSTOGRAPHY, NASOLACRIMAL DUCT, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$44.35
70170	DACRYOCYSTOGRAPHY, NASOLACRIMAL DUCT, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$37.02
70190	RADIOLOGIC EXAMINATION; OPTIC FORAMINA	26	7/1/2023	12/31/2382	\$13.14
70190	RADIOLOGIC EXAMINATION; OPTIC FORAMINA		1/1/1993	12/31/2382	\$29.91
70190	RADIOLOGIC EXAMINATION; OPTIC FORAMINA		7/1/2023	12/31/2382	\$56.50
70190	RADIOLOGIC EXAMINATION; OPTIC FORAMINA	TC	7/1/2023	12/31/2382	\$24.56

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70200	RADIOLOGIC EXAMINATION; ORBITS, COMPLETE, MINIMUM OF FOUR VIEWS	26	7/1/2023	12/31/2382	\$17.21
70200	RADIOLOGIC EXAMINATION; ORBITS, COMPLETE, MINIMUM OF FOUR VIEWS		1/1/1993	12/31/2382	\$38.50
70200	RADIOLOGIC EXAMINATION; ORBITS, COMPLETE, MINIMUM OF FOUR VIEWS		7/1/2023	12/31/2382	\$56.50
70200	RADIOLOGIC EXAMINATION; ORBITS, COMPLETE, MINIMUM OF FOUR VIEWS	TC	7/1/2023	12/31/2382	\$30.97
70210	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, LESS THAN THREE VIEWS	26	7/1/2023	12/31/2382	\$10.51
70210	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, LESS THAN THREE VIEWS		1/1/1993	12/31/2382	\$28.03
70210	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, LESS THAN THREE VIEWS		7/1/2023	12/31/2382	\$56.50
70210	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, LESS THAN THREE VIEWS	TC	7/1/2023	12/31/2382	\$24.56
70220	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, COMPLETE, MINIMUM OF THREE VIEWS	26	7/1/2023	12/31/2382	\$15.37
70220	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, COMPLETE, MINIMUM OF THREE VIEWS		1/1/1993	12/31/2382	\$37.24

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70220	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, COMPLETE, MINIMUM OF THREE VIEWS		7/1/2023	12/31/2382	\$56.50
70220	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, COMPLETE, MINIMUM OF THREE VIEWS	TC	7/1/2023	12/31/2382	\$30.97
70240	RADIOLOGIC EXAMINATION, SELLA TURCICA	26	7/1/2023	12/31/2382	\$11.94
70240	RADIOLOGIC EXAMINATION, SELLA TURCICA		1/1/1993	12/31/2382	\$22.50
70240	RADIOLOGIC EXAMINATION, SELLA TURCICA		7/1/2023	12/31/2382	\$56.50
70240	RADIOLOGIC EXAMINATION, SELLA TURCICA	TC	7/1/2023	12/31/2382	\$16.59
70250	RADIOLOGIC EXAMINATION, SKULL; LESS THAN FOUR VIEWS, WITH OR WITHOUT STEREO	26	7/1/2023	12/31/2382	\$14.94
70250	RADIOLOGIC EXAMINATION, SKULL; LESS THAN FOUR VIEWS, WITH OR WITHOUT STEREO		1/1/1993	12/31/2382	\$38.26
70250	RADIOLOGIC EXAMINATION, SKULL; LESS THAN FOUR VIEWS, WITH OR WITHOUT STEREO		7/1/2023	12/31/2382	\$56.50
70250	RADIOLOGIC EXAMINATION, SKULL; LESS THAN FOUR VIEWS, WITH OR WITHOUT STEREO	PO	7/1/2023	12/31/2382	\$56.50

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70250	RADIOLOGIC EXAMINATION, SKULL; LESS THAN FOUR VIEWS, WITH OR WITHOUT STEREO	TC	7/1/2023	12/31/2382	\$24.56
70260	RADIOLOGIC EXAMINATION, SKULL; COMPLETE, MINIMUM OF FOUR VIEWS, WITH OR WITHOUT STEREO	26	7/1/2023	12/31/2382	\$20.58
70260	RADIOLOGIC EXAMINATION, SKULL; COMPLETE, MINIMUM OF FOUR VIEWS, WITH OR WITHOUT STEREO		1/1/1993	12/31/2382	\$44.68
70260	RADIOLOGIC EXAMINATION, SKULL; COMPLETE, MINIMUM OF FOUR VIEWS, WITH OR WITHOUT STEREO		7/1/2023	12/31/2382	\$96.17
70260	RADIOLOGIC EXAMINATION, SKULL; COMPLETE, MINIMUM OF FOUR VIEWS, WITH OR WITHOUT STEREO	TC	7/1/2023	12/31/2382	\$35.09
70300	RADIOLOGIC EXAMINATION, TEETH; SINGLE VIEW	26	7/1/2023	12/31/2382	\$6.16
70300	RADIOLOGIC EXAMINATION, TEETH; SINGLE VIEW		7/1/2023	12/31/2382	\$62.11
70300	RADIOLOGIC EXAMINATION, TEETH; SINGLE VIEW		1/1/1993	12/31/2382	\$13.20
70300	RADIOLOGIC EXAMINATION, TEETH; SINGLE VIEW	TC	7/1/2023	12/31/2382	\$10.17
70310	RADIOLOGIC EXAMINATION, TEETH; PARTIAL EXAMINATION, LESS THAN FULL MOUTH	26	7/1/2023	12/31/2382	\$9.58

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70310	RADIOLOGIC EXAMINATION, TEETH; PARTIAL EXAMINATION, LESS THAN FULL MOUTH		1/1/1993	12/31/2382	\$20.93
70310	RADIOLOGIC EXAMINATION, TEETH; PARTIAL EXAMINATION, LESS THAN FULL MOUTH		7/1/2023	12/31/2382	\$62.11
70310	RADIOLOGIC EXAMINATION, TEETH; PARTIAL EXAMINATION, LESS THAN FULL MOUTH	TC	7/1/2023	12/31/2382	\$16.59
70320	RADIOLOGIC EXAMINATION, TEETH; COMPLETE, FULL MOUTH	26	7/1/2023	12/31/2382	\$13.71
70320	RADIOLOGIC EXAMINATION, TEETH; COMPLETE, FULL MOUTH		1/1/1993	12/31/2382	\$35.67
70320	RADIOLOGIC EXAMINATION, TEETH; COMPLETE, FULL MOUTH		7/1/2023	12/31/2382	\$62.11
70320	RADIOLOGIC EXAMINATION, TEETH; COMPLETE, FULL MOUTH	TC	7/1/2023	12/31/2382	\$30.97
70328	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; UNILATERAL	26	7/1/2023	12/31/2382	\$11.29
70328	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; UNILATERAL		7/1/2023	12/31/2382	\$56.50
70328	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; UNILATERAL		1/1/1993	12/31/2382	\$24.68

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70328	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; UNILATERAL	TC	7/1/2023	12/31/2382	\$19.66
70330	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; BILATERAL	26	7/1/2023	12/31/2382	\$14.94
70330	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; BILATERAL		1/1/1993	12/31/2382	\$38.18
70330	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; BILATERAL		7/1/2023	12/31/2382	\$56.50
70330	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; BILATERAL	TC	7/1/2023	12/31/2382	\$32.89
70332	TEMPOROMANDIBULAR JOINT ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$32.48
70332	TEMPOROMANDIBULAR JOINT ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$93.29
70332	TEMPOROMANDIBULAR JOINT ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$270.51
70332	TEMPOROMANDIBULAR JOINT ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$82.37
70336	MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JOINT	26	7/1/2023	12/31/2382	\$56.23

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70336	MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JOINT		7/1/2023	12/31/2382	\$395.00
70336	MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JOINT		1/1/1993	12/31/2382	\$402.69
70336	MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JOINT	TC	7/1/2023	12/31/2382	\$439.49
70350	CEPHALOGRAPH, ORTHODONTIC	26	7/1/2023	12/31/2382	\$10.19
70350	CEPHALOGRAPH, ORTHODONTIC		1/1/1993	12/31/2382	\$19.77
70350	CEPHALOGRAPH, ORTHODONTIC		7/1/2023	12/31/2382	\$56.50
70350	CEPHALOGRAPH, ORTHODONTIC	TC	7/1/2023	12/31/2382	\$14.40
70355	ORTHOPANTOGRAM	26	7/1/2023	12/31/2382	\$12.27
70355	ORTHOPANTOGRAM		1/1/1993	12/31/2382	\$27.72
70355	ORTHOPANTOGRAM		7/1/2023	12/31/2382	\$56.50

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70355	ORTHOPANTOGRAM	TC	7/1/2023	12/31/2382	\$22.63
70360	RADIOLOGIC EXAMINATION; NECK, SOFT TISSUE	26	7/1/2023	12/31/2382	\$10.42
70360	RADIOLOGIC EXAMINATION; NECK, SOFT TISSUE		1/1/1993	12/31/2382	\$21.56
70360	RADIOLOGIC EXAMINATION; NECK, SOFT TISSUE		7/1/2023	12/31/2382	\$56.50
70360	RADIOLOGIC EXAMINATION; NECK, SOFT TISSUE	TC	7/1/2023	12/31/2382	\$16.59
70370	RADIOLOGIC EXAMINATION; PHARYNX OR LARYNX, INCLUDING FLUOROSCOPY AND/OR MAGNIFICATION TECHNIQUE	26	7/1/2023	12/31/2382	\$19.64
70370	RADIOLOGIC EXAMINATION; PHARYNX OR LARYNX, INCLUDING FLUOROSCOPY AND/OR MAGNIFICATION TECHNIQUE		7/1/2023	12/31/2382	\$102.94
70370	RADIOLOGIC EXAMINATION; PHARYNX OR LARYNX, INCLUDING FLUOROSCOPY AND/OR MAGNIFICATION TECHNIQUE		1/1/1993	12/31/2382	\$56.67
70370	RADIOLOGIC EXAMINATION; PHARYNX OR LARYNX, INCLUDING FLUOROSCOPY AND/OR MAGNIFICATION TECHNIQUE	TC	7/1/2023	12/31/2382	\$51.00
70371	COMPLEX DYNAMIC PHARYNGEAL AND SPEECH EVALUATION BY CINE OR VIDEO RECORDING	26	7/1/2023	12/31/2382	\$52.20

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70371	COMPLEX DYNAMIC PHARYNGEAL AND SPEECH EVALUATION BY CINE OR VIDEO RECORDING		1/1/1993	12/31/2382	\$107.57
70371	COMPLEX DYNAMIC PHARYNGEAL AND SPEECH EVALUATION BY CINE OR VIDEO RECORDING		7/1/2023	12/31/2382	\$102.94
70371	COMPLEX DYNAMIC PHARYNGEAL AND SPEECH EVALUATION BY CINE OR VIDEO RECORDING	TC	7/1/2023	12/31/2382	\$82.37
70373	LARYNGOGRAPHY, CONTRAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$25.99
70373	LARYNGOGRAPHY, CONTRAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$77.90
70373	LARYNGOGRAPHY, CONTRAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$131.52
70373	LARYNGOGRAPHY, CONTRAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$69.91
70380	RADIOLOGIC EXAMINATION, SALIVARY GLAND FOR CALCULUS	26	7/1/2023	12/31/2382	\$10.51
70380	RADIOLOGIC EXAMINATION, SALIVARY GLAND FOR CALCULUS		7/1/2023	12/31/2382	\$56.50
70380	RADIOLOGIC EXAMINATION, SALIVARY GLAND FOR CALCULUS		1/1/1993	12/31/2382	\$29.58

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70380	RADIOLOGIC EXAMINATION, SALIVARY GLAND FOR CALCULUS	TC	7/1/2023	12/31/2382	\$26.47
70390	SIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$22.11
70390	SIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$131.52
70390	SIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$74.76
70390	SIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$69.91
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	26	7/1/2023	12/31/2382	\$52.98
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	59	7/1/2023	12/31/2382	\$244.82
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	76	1/1/2005	12/31/2382	\$198.87
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	76	7/1/2023	12/31/2382	\$244.82
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL		1/1/1993	12/31/2382	\$191.39

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70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL		7/1/2023	12/31/2382	\$244.82
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	ET	7/1/2023	12/31/2382	\$244.82
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	GA	7/1/2023	12/31/2382	\$244.82
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	ME	7/1/2023	12/31/2382	\$244.82
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	MG	7/1/2023	12/31/2382	\$244.82
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	MH	7/1/2023	12/31/2382	\$244.82
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	PO	7/1/2023	12/31/2382	\$244.82
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	QQ	7/1/2023	12/31/2382	\$244.82
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	TC	7/1/2023	12/31/2382	\$185.17
70460	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITH CONTRAST MATERIAL(S)	26	7/1/2023	12/31/2382	\$69.98

Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
70460	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITH CONTRAST MATERIAL(S)		1/1/1993	12/31/2382	\$234.80
70460	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITH CONTRAST MATERIAL(S)		7/1/2023	12/31/2382	\$332.45
70460	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITH CONTRAST MATERIAL(S)	TC	7/1/2023	12/31/2382	\$221.82
70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND	26	7/1/2023	12/31/2382	\$79.01
70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND		7/1/2023	12/31/2382	\$395.43
70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND		1/1/1993	12/31/2382	\$286.42
70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND	TC	7/1/2023	12/31/2382	\$277.34
70480	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRA	26	7/1/2023	12/31/2382	\$79.71
70480	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRA	59	7/1/2023	12/31/2382	\$244.45
70480	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRA		7/1/2023	12/31/2382	\$244.82

Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
70480	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRA		1/1/1993	12/31/2382	\$212.19
70480	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRA	ME	7/1/2023	12/31/2382	\$244.82
70480	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRA	TC	7/1/2023	12/31/2382	\$185.17
70481	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITH CONTRAST	26	7/1/2023	12/31/2382	\$85.82
70481	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITH CONTRAST		7/1/2023	12/31/2382	\$332.45
70481	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITH CONTRAST		1/1/1993	12/31/2382	\$246.66
70481	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITH CONTRAST	TC	7/1/2023	12/31/2382	\$221.82
70482	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRA	26	7/1/2023	12/31/2382	\$90.15
70482	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRA		7/1/2023	12/31/2382	\$395.43
70482	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRA		1/1/1993	12/31/2382	\$295.14

Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
70482	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRA	TC	7/1/2023	12/31/2382	\$277.34
70486	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	26	7/1/2023	12/31/2382	\$70.60
70486	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL		7/1/2023	12/31/2382	\$244.82
70486	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL		1/1/1993	12/31/2382	\$205.36
70486	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	MG	7/1/2023	12/31/2382	\$244.82
70486	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	MH	7/1/2023	12/31/2382	\$244.82
70486	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	PO	7/1/2023	12/31/2382	\$244.82
70486	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	QQ	7/1/2023	12/31/2382	\$244.82
70486	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	TC	7/1/2023	12/31/2382	\$185.17
70487	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S)	26	7/1/2023	12/31/2382	\$80.59

Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
70487	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S)		1/1/1993	12/31/2382	\$242.58
70487	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S)		7/1/2023	12/31/2382	\$332.45
70487	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S)	QQ	7/1/2023	12/31/2382	\$332.45
70487	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S)	TC	7/1/2023	12/31/2382	\$221.82
70488	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S)	26	7/1/2023	12/31/2382	\$88.59
70488	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S)		7/1/2023	12/31/2382	\$395.43
70488	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S)		1/1/1993	12/31/2382	\$293.88
70488	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S)	TC	7/1/2023	12/31/2382	\$277.34
70490	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL	26	7/1/2023	12/31/2382	\$79.71
70490	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL		7/1/2023	12/31/2382	\$244.82

Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
70490	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL		1/1/1993	12/31/2382	\$212.19
70490	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL	MG	7/1/2023	12/31/2382	\$244.82
70490	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL	TC	7/1/2023	12/31/2382	\$185.17
70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITH CONTRAST MATERIAL(S)	26	7/1/2023	12/31/2382	\$85.82
70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITH CONTRAST MATERIAL(S)		7/1/2023	12/31/2382	\$332.45
70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITH CONTRAST MATERIAL(S)		1/1/1993	12/31/2382	\$246.66
70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITH CONTRAST MATERIAL(S)	QQ	7/1/2023	12/31/2382	\$332.45
70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITH CONTRAST MATERIAL(S)	TC	7/1/2023	12/31/2382	\$221.82
70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AN	26	7/1/2023	12/31/2382	\$90.15
70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AN		7/1/2023	12/31/2382	\$395.43

Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AN		1/1/1993	12/31/2382	\$295.14
70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AN	TC	7/1/2023	12/31/2382	\$277.34
70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND		7/1/2023	12/31/2382	\$386.84
70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND	MG	7/1/2023	12/31/2382	\$386.84
70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND	QQ	7/1/2023	12/31/2382	\$386.84
70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND	TC	1/1/2022	12/31/2382	\$50.77
70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND	TC	1/1/2022	12/31/2382	\$126.32
70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FUR		7/1/2023	12/31/2382	\$386.84
70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FUR	MG	7/1/2023	12/31/2382	\$386.84
70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FUR	QQ	7/1/2023	12/31/2382	\$386.84

Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FUR	TC	1/1/2022	12/31/2382	\$50.77
70540	MAGNETIC RESONANCE (EG, PROTON) IMAGING; ORBIT, FACE, AND NECK	26	7/1/2023	12/31/2382	\$91.97
70540	MAGNETIC RESONANCE (EG, PROTON) IMAGING; ORBIT, FACE, AND NECK		1/1/1993	12/31/2382	\$428.43
70540	MAGNETIC RESONANCE (EG, PROTON) IMAGING; ORBIT, FACE, AND NECK		7/1/2023	12/31/2382	\$454.49
70540	MAGNETIC RESONANCE (EG, PROTON) IMAGING; ORBIT, FACE, AND NECK	TC	7/1/2023	12/31/2382	\$439.49
70542	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND NECK WITH CONTRAST MATERIAL(S)		7/1/2023	12/31/2382	\$482.87
70543	MAGNETIC RESONANCE INAMGING, ORBIT, FACE AND NECK WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S)		7/1/2023	12/31/2382	\$658.91
70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL(S)		7/1/2023	12/31/2382	\$454.49
70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL(S)	ME	7/1/2023	12/31/2382	\$454.49
70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL(S)	TC	7/1/2023	12/31/2382	\$250.32

Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL(S)	XS	7/1/2023	12/31/2382	\$454.49
70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL(S)	XU	7/1/2023	12/31/2382	\$454.49
70545	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITH CONTRAST MATERIAL(S)		7/1/2023	12/31/2382	\$482.87
70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTH		7/1/2023	12/31/2382	\$658.91
70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTH	XS	7/1/2023	12/31/2382	\$658.91
70547	MAGNETIC RESONANCE ANGIOGRAPHY, NECK, WITHOUT CONTRAST MATERIAL(S)		7/1/2023	12/31/2382	\$454.49
70548	MAGNETIC RESONANCE ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S)		7/1/2023	12/31/2382	\$482.87
70549	MAGNETIC RESONANCE ANGIOGRAPHY, NECK, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTH		7/1/2023	12/31/2382	\$658.91
70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL	26	7/1/2023	12/31/2382	\$91.97
70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL		1/1/1993	12/31/2382	\$428.43

Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL		7/1/2023	12/31/2382	\$454.49
70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL	ME	7/1/2023	12/31/2382	\$454.49
70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL	MG	7/1/2023	12/31/2382	\$454.49
70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL	PO	7/1/2023	12/31/2382	\$454.49
70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL	QQ	7/1/2023	12/31/2382	\$454.49
70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL	TC	7/1/2023	12/31/2382	\$439.49
70552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITH CONTRAST MATERIAL(S)	26	7/1/2023	12/31/2382	\$105.52
70552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITH CONTRAST MATERIAL(S)		7/1/2023	12/31/2382	\$482.87
70552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITH CONTRAST MATERIAL(S)		1/1/1993	12/31/2382	\$513.91
70552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITH CONTRAST MATERIAL(S)	TC	7/1/2023	12/31/2382	\$527.13

Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY	26	7/1/2023	12/31/2382	\$140.32
70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY	52	7/1/2023	12/31/2382	\$658.91
70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY		1/1/1993	12/31/2382	\$906.89
70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY		7/1/2023	12/31/2382	\$658.91
70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY	ME	7/1/2023	12/31/2382	\$658.91
70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY	MF	7/1/2023	12/31/2382	\$658.91
70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY	MG	7/1/2023	12/31/2382	\$658.91
70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY	PO	7/1/2023	12/31/2382	\$658.91
70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY	TC	7/1/2023	12/31/2382	\$976.15
70554	MAGNETIC RESONANCE IMAGING, BRAIN FUNCATIONAL MRI; INCLUDING TEST SELECTION AND ADMINISTRATION OF REPETITIVE		7/1/2023	12/31/2382	\$439.52

Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
70555	MAGNETIC RESONANCE IMAGING, BRAIN FUNCTIONAL MRI; REQUIRING PHYSICIAN OR PSYCHOLOGIST ADMINISTRATION OF ENTIRE		7/1/2023	12/31/2382	\$439.52
70557	MAGNETIC RESONANCE IMAGING, BRAIN, DURING INTRACRANIAL PROCEDURE; WITHOUT CONTRAST MATERIAL		7/1/2023	12/31/2382	\$454.49
70558	MAGNETIC RESONANCE IMAGING, BRAIN, DURING INTRACRANIAL PROCEDURE; WITH CONTRAST MATERIAL		7/1/2023	12/31/2382	\$482.87
70559	MAGNETIC RESONANCE IMAGING, BRAIN, DURING INTRACRANIAL PROCEDURE; WITHOUT CONTRAST MATERIAL FOLLOWED		7/1/2023	12/31/2382	\$658.91
71010	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL	26	7/1/2023	12/31/2382	\$11.05
71010	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL	59	7/1/2023	12/31/2382	\$56.50
71010	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL	76	7/1/2023	12/31/2382	\$56.50
71010	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL		1/1/1993	12/31/2382	\$25.59
71010	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL		7/1/2023	12/31/2382	\$56.50
71010	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL	RT	7/1/2023	12/31/2382	\$56.50

Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
71010	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL	TC	7/1/2023	12/31/2382	\$18.91
71010	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL	XU	7/1/2023	12/31/2382	\$56.50
71015	RADIOLOGIC EXAMINATION, CHEST; STEREO, FRONTAL	26	7/1/2023	12/31/2382	\$12.86
71015	RADIOLOGIC EXAMINATION, CHEST; STEREO, FRONTAL		7/1/2023	12/31/2382	\$56.50
71015	RADIOLOGIC EXAMINATION, CHEST; STEREO, FRONTAL		1/1/1993	12/31/2382	\$26.87
71015	RADIOLOGIC EXAMINATION, CHEST; STEREO, FRONTAL	TC	7/1/2023	12/31/2382	\$20.82
71020	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL;	26	7/1/2023	12/31/2382	\$13.49
71020	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL;	59	7/1/2023	12/31/2382	\$56.50
71020	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL;		7/1/2023	12/31/2382	\$56.50
71020	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL;		1/1/1993	12/31/2382	\$30.23

Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
71020	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL;	GA	7/1/2023	12/31/2382	\$56.50
71020	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL;	TC	7/1/2023	12/31/2382	\$24.56
71021	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH APICAL LORDOTIC PROCEDURE	26	7/1/2023	12/31/2382	\$16.32
71021	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH APICAL LORDOTIC PROCEDURE		1/1/1993	12/31/2382	\$36.32
71021	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH APICAL LORDOTIC PROCEDURE		7/1/2023	12/31/2382	\$56.50
71021	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH APICAL LORDOTIC PROCEDURE	TC	7/1/2023	12/31/2382	\$29.05
71022	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH OBLIQUE PROJECTIONS	26	7/1/2023	12/31/2382	\$18.96
71022	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH OBLIQUE PROJECTIONS		1/1/1993	12/31/2382	\$38.20
71022	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH OBLIQUE PROJECTIONS		7/1/2023	12/31/2382	\$56.50
71022	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH OBLIQUE PROJECTIONS	TC	7/1/2023	12/31/2382	\$29.05

Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
71023	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH FLUOROSCOPY	26	7/1/2023	12/31/2382	\$23.33
71023	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH FLUOROSCOPY		7/1/2023	12/31/2382	\$102.94
71023	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH FLUOROSCOPY		1/1/1993	12/31/2382	\$43.45
71023	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH FLUOROSCOPY	TC	7/1/2023	12/31/2382	\$30.97
71030	RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF FOUR VIEWS;	26	7/1/2023	12/31/2382	\$18.96
71030	RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF FOUR VIEWS;		1/1/1993	12/31/2382	\$39.76
71030	RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF FOUR VIEWS;		7/1/2023	12/31/2382	\$56.50
71030	RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF FOUR VIEWS;	TC	7/1/2023	12/31/2382	\$30.97
71034	RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF FOUR VIEWS; WITH FLUOROSCOPY	26	7/1/2023	12/31/2382	\$28.85
71034	RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF FOUR VIEWS; WITH FLUOROSCOPY		1/1/1993	12/31/2382	\$68.41

Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
71034	RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF FOUR VIEWS; WITH FLUOROSCOPY		7/1/2023	12/31/2382	\$102.94
71034	RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF FOUR VIEWS; WITH FLUOROSCOPY	TC	7/1/2023	12/31/2382	\$56.67
71035	RADIOLOGIC EXAMINATION, CHEST, SPECIAL VIEWS (EG, LATERAL DECUBITUS, BUCKY STUDIES)	26	7/1/2023	12/31/2382	\$11.05
71035	RADIOLOGIC EXAMINATION, CHEST, SPECIAL VIEWS (EG, LATERAL DECUBITUS, BUCKY STUDIES)		1/1/1993	12/31/2382	\$25.30
71035	RADIOLOGIC EXAMINATION, CHEST, SPECIAL VIEWS (EG, LATERAL DECUBITUS, BUCKY STUDIES)		7/1/2023	12/31/2382	\$56.50
71035	RADIOLOGIC EXAMINATION, CHEST, SPECIAL VIEWS (EG, LATERAL DECUBITUS, BUCKY STUDIES)	TC	7/1/2023	12/31/2382	\$20.82
71036	NEEDLE BIOPSY OF INTRATHORACIC LESION, INCLUDING FOLLOW-UP FILMS; FLUOROSCOPIC LOCALIZATION ONLY, RADIOLOGICAL	26	7/1/2023	12/31/2382	\$34.31
71036	NEEDLE BIOPSY OF INTRATHORACIC LESION, INCLUDING FOLLOW-UP FILMS; FLUOROSCOPIC LOCALIZATION ONLY, RADIOLOGICAL		7/1/2023	12/31/2382	\$94.41
71036	NEEDLE BIOPSY OF INTRATHORACIC LESION, INCLUDING FOLLOW-UP FILMS; FLUOROSCOPIC LOCALIZATION ONLY, RADIOLOGICAL	TC	7/1/2023	12/31/2382	\$61.94
71038	FLUOROSCOPIC LOCALIZATION FOR TRANSBRONCHIAL BIOPSY OR BRUSHING	26	7/1/2023	12/31/2382	\$34.31

Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
71038	FLUOROSCOPIC LOCALIZATION FOR TRANSBRONCHIAL BIOPSY OR BRUSHING		7/1/2023	12/31/2382	\$98.53
71038	FLUOROSCOPIC LOCALIZATION FOR TRANSBRONCHIAL BIOPSY OR BRUSHING	TC	7/1/2023	12/31/2382	\$66.07
71040	BRONCHOGRAPHY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$34.79
71040	BRONCHOGRAPHY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$74.92
71040	BRONCHOGRAPHY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$131.52
71040	BRONCHOGRAPHY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$57.44
71045	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	26	7/1/2023	12/31/2382	\$6.61
71045	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	77	7/1/2023	12/31/2382	\$61.19
71045	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW		7/1/2023	12/31/2382	\$61.19
71045	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	FY	7/1/2023	12/31/2382	\$61.19

Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
71045	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	TC	7/1/2023	12/31/2382	\$7.62
71045	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	UD	7/1/2023	12/31/2382	\$61.19
71046	RADIOLOGIC EXAMINATION, CHEST; 2 VIEWS	26	7/1/2023	12/31/2382	\$7.88
71046	RADIOLOGIC EXAMINATION, CHEST; 2 VIEWS		7/1/2023	12/31/2382	\$61.19
71046	RADIOLOGIC EXAMINATION, CHEST; 2 VIEWS	FY	7/1/2023	12/31/2382	\$61.19
71046	RADIOLOGIC EXAMINATION, CHEST; 2 VIEWS	PN	7/1/2023	12/31/2382	\$61.19
71046	RADIOLOGIC EXAMINATION, CHEST; 2 VIEWS	PO	7/1/2023	12/31/2382	\$61.19
71046	RADIOLOGIC EXAMINATION, CHEST; 2 VIEWS	TC	7/1/2023	12/31/2382	\$13.98
71047	RADIOLOGIC EXAMINATION, CHEST; 3 VIEWS	26	7/1/2023	12/31/2382	\$10.17
71047	RADIOLOGIC EXAMINATION, CHEST; 3 VIEWS		7/1/2023	12/31/2382	\$61.19

Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
71047	RADIOLOGIC EXAMINATION, CHEST; 3 VIEWS	TC	7/1/2023	12/31/2382	\$17.78
71048	RADIOLOGIC EXAMINATION, CHEST; 4 OR MORE VIEWS	26	7/1/2023	12/31/2382	\$11.67
71048	RADIOLOGIC EXAMINATION, CHEST; 4 OR MORE VIEWS	26	1/1/2018	12/31/2382	\$8.26
71048	RADIOLOGIC EXAMINATION, CHEST; 4 OR MORE VIEWS		7/1/2023	12/31/2382	\$112.74
71048	RADIOLOGIC EXAMINATION, CHEST; 4 OR MORE VIEWS	TC	1/1/2018	12/31/2382	\$14.45
71048	RADIOLOGIC EXAMINATION, CHEST; 4 OR MORE VIEWS	TC	7/1/2023	12/31/2382	\$18.29
71060	BRONCHOGRAPHY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$43.96
71060	BRONCHOGRAPHY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$105.98
71060	BRONCHOGRAPHY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$131.52
71060	BRONCHOGRAPHY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$86.50

Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
71090	INSERTION PACEMAKER, FLUOROSCOPY AND RADIOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$32.48
71090	INSERTION PACEMAKER, FLUOROSCOPY AND RADIOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$80.04
71090	INSERTION PACEMAKER, FLUOROSCOPY AND RADIOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$102.94
71090	INSERTION PACEMAKER, FLUOROSCOPY AND RADIOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$66.07
71100	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; TWO VIEWS	26	7/1/2023	12/31/2382	\$13.71
71100	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; TWO VIEWS	59	7/1/2023	12/31/2382	\$56.50
71100	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; TWO VIEWS		1/1/1993	12/31/2382	\$28.90
71100	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; TWO VIEWS		7/1/2023	12/31/2382	\$56.50
71100	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; TWO VIEWS	LT	7/1/2023	12/31/2382	\$56.50
71100	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; TWO VIEWS	RT	7/1/2023	12/31/2382	\$56.50

Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
71100	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; TWO VIEWS	TC	7/1/2023	12/31/2382	\$22.63
71101	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF THREE VIEWS	26	7/1/2023	12/31/2382	\$16.60
71101	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF THREE VIEWS	59	7/1/2023	12/31/2382	\$56.50
71101	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF THREE VIEWS		1/1/1993	12/31/2382	\$34.53
71101	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF THREE VIEWS		7/1/2023	12/31/2382	\$56.50
71101	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF THREE VIEWS	LT	7/1/2023	12/31/2382	\$56.50
71101	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF THREE VIEWS	RT	7/1/2023	12/31/2382	\$56.50
71101	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF THREE VIEWS	TC	7/1/2023	12/31/2382	\$26.47
71110	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; THREE VIEWS	26	7/1/2023	12/31/2382	\$16.60
71110	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; THREE VIEWS		7/1/2023	12/31/2382	\$56.50

Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
71110	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; THREE VIEWS		1/1/1993	12/31/2382	\$38.19
71110	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; THREE VIEWS	TC	7/1/2023	12/31/2382	\$30.97
71111	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF FOUR VIEWS	26	7/1/2023	12/31/2382	\$19.38
71111	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF FOUR VIEWS	59	7/1/2023	12/31/2382	\$96.17
71111	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF FOUR VIEWS		7/1/2023	12/31/2382	\$96.17
71111	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF FOUR VIEWS		1/1/1993	12/31/2382	\$43.73
71111	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF FOUR VIEWS	TC	7/1/2023	12/31/2382	\$35.09
71120	RADIOLOGIC EXAMINATION; STERNUM, MINIMUM OF TWO VIEWS	26	7/1/2023	12/31/2382	\$12.27
71120	RADIOLOGIC EXAMINATION; STERNUM, MINIMUM OF TWO VIEWS		1/1/1993	12/31/2382	\$30.22
71120	RADIOLOGIC EXAMINATION; STERNUM, MINIMUM OF TWO VIEWS		7/1/2023	12/31/2382	\$56.50

Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
71120	RADIOLOGIC EXAMINATION; STERNUM, MINIMUM OF TWO VIEWS	TC	7/1/2023	12/31/2382	\$25.70
71130	RADIOLOGIC EXAMINATION; STERNOCLAVICULAR JOINT OR JOINTS, MINIMUM OF THREE VIEWS	26	7/1/2023	12/31/2382	\$13.49
71130	RADIOLOGIC EXAMINATION; STERNOCLAVICULAR JOINT OR JOINTS, MINIMUM OF THREE VIEWS		1/1/1993	12/31/2382	\$32.72
71130	RADIOLOGIC EXAMINATION; STERNOCLAVICULAR JOINT OR JOINTS, MINIMUM OF THREE VIEWS		7/1/2023	12/31/2382	\$56.50
71130	RADIOLOGIC EXAMINATION; STERNOCLAVICULAR JOINT OR JOINTS, MINIMUM OF THREE VIEWS	TC	7/1/2023	12/31/2382	\$27.63
71250	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	26	7/1/2023	12/31/2382	\$72.09
71250	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	59	7/1/2023	12/31/2382	\$244.82
71250	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL		1/1/1993	12/31/2382	\$243.78
71250	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL		7/1/2023	12/31/2382	\$244.82
71250	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	MC	7/1/2023	12/31/2382	\$244.82

Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
71250	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	ME	7/1/2023	12/31/2382	\$244.82
71250	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	MG	7/1/2023	12/31/2382	\$244.82
71250	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	MH	7/1/2023	12/31/2382	\$244.82
71250	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	PO	7/1/2023	12/31/2382	\$244.82
71250	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	QQ	7/1/2023	12/31/2382	\$244.82
71250	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	TC	7/1/2023	12/31/2382	\$231.31
71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	26	7/1/2023	12/31/2382	\$77.22
71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	59	7/1/2023	12/31/2382	\$332.45
71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)		1/1/1993	12/31/2382	\$284.93
71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)		7/1/2023	12/31/2382	\$332.45

Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	MG	7/1/2023	12/31/2382	\$332.45
71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	MH	7/1/2023	12/31/2382	\$332.45
71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	QQ	7/1/2023	12/31/2382	\$332.45
71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	TC	7/1/2023	12/31/2382	\$277.34
71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER	26	7/1/2023	12/31/2382	\$85.82
71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER		7/1/2023	12/31/2382	\$395.43
71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER		1/1/1993	12/31/2382	\$348.01
71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER	TC	7/1/2023	12/31/2382	\$346.58
71271	COMPUTED TOMOGRAPHY, THORAX, LOW DOSE FOR LUNG CANCER SCREENING, WITHOUT CONTRAST MATERIAL(S)		7/1/2023	12/31/2382	\$68.82
71271	COMPUTED TOMOGRAPHY, THORAX, LOW DOSE FOR LUNG CANCER SCREENING, WITHOUT CONTRAST MATERIAL(S)	ME	7/1/2023	12/31/2382	\$68.82

Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
71271	COMPUTED TOMOGRAPHY, THORAX, LOW DOSE FOR LUNG CANCER SCREENING, WITHOUT CONTRAST MATERIAL(S)	MF	7/1/2023	12/31/2382	\$68.82
71271	COMPUTED TOMOGRAPHY, THORAX, LOW DOSE FOR LUNG CANCER SCREENING, WITHOUT CONTRAST MATERIAL(S)	MG	7/1/2023	12/31/2382	\$68.82
71271	COMPUTED TOMOGRAPHY, THORAX, LOW DOSE FOR LUNG CANCER SCREENING, WITHOUT CONTRAST MATERIAL(S)	TC	7/1/2023	12/31/2382	\$61.67
71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S), FOLLO		7/1/2023	12/31/2382	\$386.84
71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S), FOLLO	QQ	7/1/2023	12/31/2382	\$386.84
71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S), FOLLO	TC	7/1/2023	12/31/2382	\$271.81
71550	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY)	26	7/1/2023	12/31/2382	\$99.70
71550	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY)		7/1/2023	12/31/2382	\$454.49
71550	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY)		1/1/1993	12/31/2382	\$434.32
71550	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY)	TC	7/1/2023	12/31/2382	\$439.49

Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
71551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPH WITH CONTRAS		7/1/2023	12/31/2382	\$482.87
71552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPH WITHOUT		7/1/2023	12/31/2382	\$658.91
71555	MAGNETIC RESONANCE IMAGING, CHEST		12/1/2006	12/31/2382	\$380.71
71555	MAGNETIC RESONANCE IMAGING, CHEST		7/1/2023	12/31/2382	\$576.22
72010	RADIOLOGIC EXAMINATION, SPINE, ENTIRE, SURVEY STUDY, ANTEROPOSTERIOR AND LATERAL	26	7/1/2023	12/31/2382	\$27.52
72010	RADIOLOGIC EXAMINATION, SPINE, ENTIRE, SURVEY STUDY, ANTEROPOSTERIOR AND LATERAL		7/1/2023	12/31/2382	\$56.50
72010	RADIOLOGIC EXAMINATION, SPINE, ENTIRE, SURVEY STUDY, ANTEROPOSTERIOR AND LATERAL		1/1/1993	12/31/2382	\$53.99
72010	RADIOLOGIC EXAMINATION, SPINE, ENTIRE, SURVEY STUDY, ANTEROPOSTERIOR AND LATERAL	TC	7/1/2023	12/31/2382	\$40.08
72020	RADIOLOGIC EXAMINATION, SPINE, SINGLE VIEW, SPECIFY LEVEL	26	7/1/2023	12/31/2382	\$9.14
72020	RADIOLOGIC EXAMINATION, SPINE, SINGLE VIEW, SPECIFY LEVEL	59	7/1/2023	12/31/2382	\$56.50

Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
72020	RADIOLOGIC EXAMINATION, SPINE, SINGLE VIEW, SPECIFY LEVEL	76	7/1/2023	12/31/2382	\$56.50
72020	RADIOLOGIC EXAMINATION, SPINE, SINGLE VIEW, SPECIFY LEVEL		1/1/1993	12/31/2382	\$20.62
72020	RADIOLOGIC EXAMINATION, SPINE, SINGLE VIEW, SPECIFY LEVEL		7/1/2023	12/31/2382	\$56.50
72020	RADIOLOGIC EXAMINATION, SPINE, SINGLE VIEW, SPECIFY LEVEL	TC	7/1/2023	12/31/2382	\$16.59
72040	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; ANTEROPOSTERIOR AND LATERAL	26	7/1/2023	12/31/2382	\$13.49
72040	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; ANTEROPOSTERIOR AND LATERAL		1/1/1993	12/31/2382	\$29.60
72040	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; ANTEROPOSTERIOR AND LATERAL		7/1/2023	12/31/2382	\$56.50
72040	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; ANTEROPOSTERIOR AND LATERAL	PN	7/1/2023	12/31/2382	\$56.50
72040	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; ANTEROPOSTERIOR AND LATERAL	TC	7/1/2023	12/31/2382	\$23.79
72050	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; MINIMUM OF FOUR VIEWS	26	7/1/2023	12/31/2382	\$18.96

Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
72050	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; MINIMUM OF FOUR VIEWS		7/1/2023	12/31/2382	\$96.17
72050	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; MINIMUM OF FOUR VIEWS		1/1/1993	12/31/2382	\$43.11
72050	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; MINIMUM OF FOUR VIEWS	PN	7/1/2023	12/31/2382	\$96.17
72050	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; MINIMUM OF FOUR VIEWS	PO	7/1/2023	12/31/2382	\$96.17
72050	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; MINIMUM OF FOUR VIEWS	TC	7/1/2023	12/31/2382	\$35.09
72052	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; COMPLETE, INCLUDING OBLIQUE AND FLEXION AND/OR EXTENSION STUDIES	26	7/1/2023	12/31/2382	\$21.81
72052	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; COMPLETE, INCLUDING OBLIQUE AND FLEXION AND/OR EXTENSION STUDIES		1/1/1993	12/31/2382	\$53.02
72052	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; COMPLETE, INCLUDING OBLIQUE AND FLEXION AND/OR EXTENSION STUDIES		7/1/2023	12/31/2382	\$96.17
72052	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; COMPLETE, INCLUDING OBLIQUE AND FLEXION AND/OR EXTENSION STUDIES	TC	7/1/2023	12/31/2382	\$44.21
72069	RADIOLOGIC EXAMINATION, SPINE, THORACOLUMBAR, STANDING (SCOLIOSIS)	26	7/1/2023	12/31/2382	\$12.66

Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
72069	RADIOLOGIC EXAMINATION, SPINE, THORACOLUMBAR, STANDING (SCOLIOSIS)		7/1/2023	12/31/2382	\$56.50
72069	RADIOLOGIC EXAMINATION, SPINE, THORACOLUMBAR, STANDING (SCOLIOSIS)		1/1/1993	12/31/2382	\$26.25
72069	RADIOLOGIC EXAMINATION, SPINE, THORACOLUMBAR, STANDING (SCOLIOSIS)	TC	7/1/2023	12/31/2382	\$19.66
72070	RADIOLOGIC EXAMINATION, SPINE; THORACIC, ANTEROPOSTERIOR AND LATERAL	26	7/1/2023	12/31/2382	\$13.50
72070	RADIOLOGIC EXAMINATION, SPINE; THORACIC, ANTEROPOSTERIOR AND LATERAL		7/1/2023	12/31/2382	\$56.50
72070	RADIOLOGIC EXAMINATION, SPINE; THORACIC, ANTEROPOSTERIOR AND LATERAL		1/1/1993	12/31/2382	\$31.16
72070	RADIOLOGIC EXAMINATION, SPINE; THORACIC, ANTEROPOSTERIOR AND LATERAL	TC	7/1/2023	12/31/2382	\$25.70
72072	RADIOLOGIC EXAMINATION, SPINE; THORACIC, ANTEROPOSTERIOR AND LATERAL, INCLUDING SWIMMER'S VIEW OF THE CERVICOT	26	7/1/2023	12/31/2382	\$13.49
72072	RADIOLOGIC EXAMINATION, SPINE; THORACIC, ANTEROPOSTERIOR AND LATERAL, INCLUDING SWIMMER'S VIEW OF THE CERVICOT		1/1/1993	12/31/2382	\$33.89
72072	RADIOLOGIC EXAMINATION, SPINE; THORACIC, ANTEROPOSTERIOR AND LATERAL, INCLUDING SWIMMER'S VIEW OF THE CERVICOT		7/1/2023	12/31/2382	\$56.50

Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
72072	RADIOLOGIC EXAMINATION, SPINE; THORACIC, ANTEROPOSTERIOR AND LATERAL, INCLUDING SWIMMER'S VIEW OF THE CERVICOT	TC	7/1/2023	12/31/2382	\$29.05
72074	RADIOLOGIC EXAMINATION, SPINE; THORACIC, COMPLETE, INCLUDING OBLIQUES, MINIMUM OF FOUR VIEWS	26	7/1/2023	12/31/2382	\$13.49
72074	RADIOLOGIC EXAMINATION, SPINE; THORACIC, COMPLETE, INCLUDING OBLIQUES, MINIMUM OF FOUR VIEWS		1/1/1993	12/31/2382	\$39.42
72074	RADIOLOGIC EXAMINATION, SPINE; THORACIC, COMPLETE, INCLUDING OBLIQUES, MINIMUM OF FOUR VIEWS		7/1/2023	12/31/2382	\$56.50
72074	RADIOLOGIC EXAMINATION, SPINE; THORACIC, COMPLETE, INCLUDING OBLIQUES, MINIMUM OF FOUR VIEWS	TC	7/1/2023	12/31/2382	\$35.86
72080	RADIOLOGIC EXAMINATION, SPINE; THORACOLUMBAR, ANTEROPOSTERIOR AND LATERAL	26	7/1/2023	12/31/2382	\$13.49
72080	RADIOLOGIC EXAMINATION, SPINE; THORACOLUMBAR, ANTEROPOSTERIOR AND LATERAL		7/1/2023	12/31/2382	\$56.50
72080	RADIOLOGIC EXAMINATION, SPINE; THORACOLUMBAR, ANTEROPOSTERIOR AND LATERAL		1/1/1993	12/31/2382	\$31.79
72080	RADIOLOGIC EXAMINATION, SPINE; THORACOLUMBAR, ANTEROPOSTERIOR AND LATERAL	TC	7/1/2023	12/31/2382	\$26.47
72081	X-RAY OF SPINE, 1 VIEW		7/1/2023	12/31/2382	\$63.89

Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
72082	X-RAY OF SPINE, 2 OR 3 VIEWS		7/1/2023	12/31/2382	\$105.80
72083	X-RAY OF SPINE, 4 OR 5 VIEWS		7/1/2023	12/31/2382	\$201.69
72084	X-RAY OF SPINE, MINIMUM OF 6 VIEWS		7/1/2023	12/31/2382	\$201.69
72084	X-RAY OF SPINE, MINIMUM OF 6 VIEWS		1/1/2060	12/31/2382	\$163.83
72090	RADIOLOGIC EXAMINATION, SPINE; SCOLIOSIS STUDY, INCLUDING SUPINE AND ERECT STUDIES	26	7/1/2023	12/31/2382	\$16.92
72090	RADIOLOGIC EXAMINATION, SPINE; SCOLIOSIS STUDY, INCLUDING SUPINE AND ERECT STUDIES		7/1/2023	12/31/2382	\$96.17
72090	RADIOLOGIC EXAMINATION, SPINE; SCOLIOSIS STUDY, INCLUDING SUPINE AND ERECT STUDIES		1/1/1993	12/31/2382	\$34.84
72090	RADIOLOGIC EXAMINATION, SPINE; SCOLIOSIS STUDY, INCLUDING SUPINE AND ERECT STUDIES	TC	7/1/2023	12/31/2382	\$26.47
72100	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; ANTEROPOSTERIOR AND LATERAL	26	7/1/2023	12/31/2382	\$13.50
72100	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; ANTEROPOSTERIOR AND LATERAL	59	7/1/2023	12/31/2382	\$56.50

Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
72100	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; ANTEROPOSTERIOR AND LATERAL		1/1/1993	12/31/2382	\$31.79
72100	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; ANTEROPOSTERIOR AND LATERAL		7/1/2023	12/31/2382	\$56.50
72100	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; ANTEROPOSTERIOR AND LATERAL	FY	7/1/2023	12/31/2382	\$56.50
72100	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; ANTEROPOSTERIOR AND LATERAL	PN	7/1/2023	12/31/2382	\$56.50
72100	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; ANTEROPOSTERIOR AND LATERAL	TC	7/1/2023	12/31/2382	\$26.47
72110	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLETE, WITH OBLIQUE VIEWS	26	7/1/2023	12/31/2382	\$18.96
72110	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLETE, WITH OBLIQUE VIEWS		1/1/1993	12/31/2382	\$43.73
72110	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLETE, WITH OBLIQUE VIEWS		7/1/2023	12/31/2382	\$96.17
72110	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLETE, WITH OBLIQUE VIEWS	TC	7/1/2023	12/31/2382	\$35.86
72114	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLETE, INCLUDING BENDING VIEWS	26	7/1/2023	12/31/2382	\$21.81

Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
72114	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLETE, INCLUDING BENDING VIEWS		1/1/1993	12/31/2382	\$54.58
72114	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLETE, INCLUDING BENDING VIEWS		7/1/2023	12/31/2382	\$96.17
72114	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLETE, INCLUDING BENDING VIEWS	TC	7/1/2023	12/31/2382	\$46.13
72120	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL, BENDING VIEWS ONLY, MINIMUM OF FOUR VIEWS	26	7/1/2023	12/31/2382	\$13.49
72120	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL, BENDING VIEWS ONLY, MINIMUM OF FOUR VIEWS		1/1/1993	12/31/2382	\$38.79
72120	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL, BENDING VIEWS ONLY, MINIMUM OF FOUR VIEWS		7/1/2023	12/31/2382	\$96.17
72120	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL, BENDING VIEWS ONLY, MINIMUM OF FOUR VIEWS	TC	7/1/2023	12/31/2382	\$35.09
72125	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	26	7/1/2023	12/31/2382	\$72.09
72125	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	59	7/1/2023	12/31/2382	\$244.82
72125	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL		1/1/1993	12/31/2382	\$243.78

Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
72125	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL		7/1/2023	12/31/2382	\$244.82
72125	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	ME	7/1/2023	12/31/2382	\$244.82
72125	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	MG	7/1/2023	12/31/2382	\$244.82
72125	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	QQ	7/1/2023	12/31/2382	\$244.82
72125	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	TC	7/1/2023	12/31/2382	\$231.31
72126	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITH CONTRAST MATERIAL	26	7/1/2023	12/31/2382	\$75.64
72126	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITH CONTRAST MATERIAL		7/1/2023	12/31/2382	\$332.45
72126	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITH CONTRAST MATERIAL		1/1/1993	12/31/2382	\$283.68
72126	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITH CONTRAST MATERIAL	TC	7/1/2023	12/31/2382	\$277.34
72127	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND	26	7/1/2023	12/31/2382	\$79.01

Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
72127	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND		7/1/2023	12/31/2382	\$395.43
72127	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND		1/1/1993	12/31/2382	\$342.67
72127	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND	TC	7/1/2023	12/31/2382	\$346.58
72128	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL	26	7/1/2023	12/31/2382	\$72.09
72128	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL		7/1/2023	12/31/2382	\$244.82
72128	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL		1/1/1993	12/31/2382	\$243.78
72128	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL	ME	7/1/2023	12/31/2382	\$244.82
72128	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL	MG	7/1/2023	12/31/2382	\$244.82
72128	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL	QQ	7/1/2023	12/31/2382	\$244.82

72128	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL	TC	7/1/2023	12/31/2382	\$231.31
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
72129	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITH CONTRAST MATERIAL	26	7/1/2023	12/31/2382	\$75.64
72129	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITH CONTRAST MATERIAL		1/1/1993	12/31/2382	\$283.68
72129	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITH CONTRAST MATERIAL		7/1/2023	12/31/2382	\$332.45
72129	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITH CONTRAST MATERIAL	TC	7/1/2023	12/31/2382	\$277.34
72130	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND	26	7/1/2023	12/31/2382	\$79.01
72130	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND		1/1/1993	12/31/2382	\$342.67
72130	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND		7/1/2023	12/31/2382	\$395.43
72130	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND	TC	7/1/2023	12/31/2382	\$346.58
72131	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	26	7/1/2023	12/31/2382	\$72.09

72131	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL		7/1/2023	12/31/2382	\$244.82
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
72131	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL		1/1/1993	12/31/2382	\$243.78
72131	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	ME	7/1/2023	12/31/2382	\$244.82
72131	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	MG	7/1/2023	12/31/2382	\$244.82
72131	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	QQ	7/1/2023	12/31/2382	\$244.82
72131	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	TC	7/1/2023	12/31/2382	\$231.31
72132	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL	26	7/1/2023	12/31/2382	\$75.64
72132	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL		7/1/2023	12/31/2382	\$332.45
72132	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL		1/1/1993	12/31/2382	\$283.68
72132	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL	TC	7/1/2023	12/31/2382	\$277.34

72133	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND F	26	7/1/2023	12/31/2382	\$79.01
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
72133	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND F		1/1/1993	12/31/2382	\$342.67
72133	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND F		7/1/2023	12/31/2382	\$395.43
72133	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND F	TC	7/1/2023	12/31/2382	\$346.58
72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITHOUT CONTRAST MATERIAL	26	7/1/2023	12/31/2382	\$99.70
72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITHOUT CONTRAST MATERIAL		7/1/2023	12/31/2382	\$454.49
72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITHOUT CONTRAST MATERIAL		1/1/1993	12/31/2382	\$434.32
72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITHOUT CONTRAST MATERIAL	ME	7/1/2023	12/31/2382	\$454.49
72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITHOUT CONTRAST MATERIAL	MF	7/1/2023	12/31/2382	\$454.49
72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITHOUT CONTRAST MATERIAL	MG	7/1/2023	12/31/2382	\$454.49

72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITHOUT CONTRAST MATERIAL	MH	7/1/2023	12/31/2382	\$454.49
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITHOUT CONTRAST MATERIAL	QQ	7/1/2023	12/31/2382	\$454.49
72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITHOUT CONTRAST MATERIAL	TC	7/1/2023	12/31/2382	\$439.49
72142	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITH CONTRAST MATERIAL(S)	26	7/1/2023	12/31/2382	\$113.92
72142	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITH CONTRAST MATERIAL(S)		1/1/1993	12/31/2382	\$509.41
72142	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITH CONTRAST MATERIAL(S)		7/1/2023	12/31/2382	\$482.87
72142	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITH CONTRAST MATERIAL(S)	TC	7/1/2023	12/31/2382	\$527.13
72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	26	7/1/2023	12/31/2382	\$99.70
72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL		1/1/1993	12/31/2382	\$477.61
72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL		7/1/2023	12/31/2382	\$454.49

72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	ME	7/1/2023	12/31/2382	\$454.49
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	MG	7/1/2023	12/31/2382	\$454.49
72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	TC	7/1/2023	12/31/2382	\$487.94
72147	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITH CONTRAST MATERIAL(S)	26	7/1/2023	12/31/2382	\$113.92
72147	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITH CONTRAST MATERIAL(S)		1/1/1993	12/31/2382	\$520.74
72147	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITH CONTRAST MATERIAL(S)		7/1/2023	12/31/2382	\$482.87
72147	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITH CONTRAST MATERIAL(S)	TC	7/1/2023	12/31/2382	\$527.13
72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	26	7/1/2023	12/31/2382	\$87.93
72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL		1/1/1993	12/31/2382	\$467.77
72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL		7/1/2023	12/31/2382	\$454.49

72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	ME	7/1/2023	12/31/2382	\$454.49
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	MF	7/1/2023	12/31/2382	\$454.49
72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	MG	7/1/2023	12/31/2382	\$454.49
72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	MH	7/1/2023	12/31/2382	\$454.49
72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	TC	7/1/2023	12/31/2382	\$487.94
72149	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITH CONTRAST MATERIAL(S)	26	7/1/2023	12/31/2382	\$105.52
72149	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITH CONTRAST MATERIAL(S)		7/1/2023	12/31/2382	\$482.87
72149	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITH CONTRAST MATERIAL(S)		1/1/1993	12/31/2382	\$513.91
72149	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITH CONTRAST MATERIAL(S)	TC	7/1/2023	12/31/2382	\$527.13
72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CON	26	7/1/2023	12/31/2382	\$152.18

72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CON		7/1/2023	12/31/2382	\$658.91
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CON		1/1/1993	12/31/2382	\$916.55
72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CON	TC	7/1/2023	12/31/2382	\$976.15
72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CON	26	7/1/2023	12/31/2382	\$152.18
72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CON		7/1/2023	12/31/2382	\$658.91
72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CON		1/1/1993	12/31/2382	\$916.55
72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CON	ME	7/1/2023	12/31/2382	\$658.91
72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CON	TC	7/1/2023	12/31/2382	\$976.15
72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CON	26	7/1/2023	12/31/2382	\$140.32
72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CON		1/1/1993	12/31/2382	\$906.89

72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CON		7/1/2023	12/31/2382	\$658.91
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CON	MG	7/1/2023	12/31/2382	\$658.91
72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CON	TC	7/1/2023	12/31/2382	\$976.15
72159	MAGNETIC RESONANCE IMAGING, SPINAL CANAL AND CONTENTS, WITH OR WITHOUT CONTRAST MATERIAL(S)		12/1/2006	12/31/2382	\$535.23
72159	MAGNETIC RESONANCE IMAGING, SPINAL CANAL AND CONTENTS, WITH OR WITHOUT CONTRAST MATERIAL(S)		7/1/2023	12/31/2382	\$658.91
72170	RADIOLOGIC EXAMINATION, PELVIS; ANTEROPOSTERIOR ONLY	26	7/1/2023	12/31/2382	\$13.82
72170	RADIOLOGIC EXAMINATION, PELVIS; ANTEROPOSTERIOR ONLY	59	7/1/2023	12/31/2382	\$56.50
72170	RADIOLOGIC EXAMINATION, PELVIS; ANTEROPOSTERIOR ONLY		7/1/2023	12/31/2382	\$56.50
72170	RADIOLOGIC EXAMINATION, PELVIS; ANTEROPOSTERIOR ONLY		1/1/1993	12/31/2382	\$31.03
72170	RADIOLOGIC EXAMINATION, PELVIS; ANTEROPOSTERIOR ONLY	FY	7/1/2023	12/31/2382	\$56.50

72170	RADIOLOGIC EXAMINATION, PELVIS; ANTEROPOSTERIOR ONLY	LT	7/1/2023	12/31/2382	\$56.50
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
72170	RADIOLOGIC EXAMINATION, PELVIS; ANTEROPOSTERIOR ONLY	RT	7/1/2023	12/31/2382	\$56.50
72170	RADIOLOGIC EXAMINATION, PELVIS; ANTEROPOSTERIOR ONLY	TC	7/1/2023	12/31/2382	\$20.82
72190	RADIOLOGIC EXAMINATION, PELVIS; COMPLETE, MINIMUM OF THREE VIEWS	26	7/1/2023	12/31/2382	\$12.27
72190	RADIOLOGIC EXAMINATION, PELVIS; COMPLETE, MINIMUM OF THREE VIEWS		1/1/1993	12/31/2382	\$31.47
72190	RADIOLOGIC EXAMINATION, PELVIS; COMPLETE, MINIMUM OF THREE VIEWS		7/1/2023	12/31/2382	\$56.50
72190	RADIOLOGIC EXAMINATION, PELVIS; COMPLETE, MINIMUM OF THREE VIEWS	TC	7/1/2023	12/31/2382	\$26.47
72191	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, PELVIS, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND		7/1/2023	12/31/2382	\$386.84
72192	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	26	7/1/2023	12/31/2382	\$64.26
72192	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL		7/1/2023	12/31/2382	\$244.82

72192	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL		1/1/1993	12/31/2382	\$240.09
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
72192	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	MG	7/1/2023	12/31/2382	\$244.82
72192	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	TC	7/1/2023	12/31/2382	\$231.31
72193	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	26	7/1/2023	12/31/2382	\$68.80
72193	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	59	7/1/2023	12/31/2382	\$332.45
72193	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)		7/1/2023	12/31/2382	\$332.45
72193	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)		1/1/1993	12/31/2382	\$273.84
72193	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	GZ	7/1/2023	12/31/2382	\$332.45
72193	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	TC	7/1/2023	12/31/2382	\$268.31
72194	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER	26	7/1/2023	12/31/2382	\$71.89

72194	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER		1/1/1993	12/31/2382	\$328.86
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
72194	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER		7/1/2023	12/31/2382	\$395.43
72194	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER	TC	7/1/2023	12/31/2382	\$332.95
72195	MAGNETIC RESONANCE (EG, PROTON)IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL(S)		7/1/2023	12/31/2382	\$454.49
72196	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS	26	7/1/2023	12/31/2382	\$95.17
72196	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS		1/1/1993	12/31/2382	\$434.32
72196	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS		7/1/2023	12/31/2382	\$482.87
72196	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS	TC	7/1/2023	12/31/2382	\$439.49
72197	MAGNETIC RESONANCE (EG, PROTON)IMAGING, PELVIS; WITHOUTCONTRAST MATERIAL(S) AND FURTHER SEQUENCES		7/1/2023	12/31/2382	\$658.91
72198	MAGNETIC RESONANCE ANGIOGRAPHY, PELVIS, WITH OR WITHOUT CONTRAST MATERIAL(S)		12/1/2006	12/31/2382	\$380.71

72198	MAGNETIC RESONANCE ANGIOGRAPHY, PELVIS, WITH OR WITHOUT CONTRAST MATERIAL(S)		7/1/2023	12/31/2382	\$572.06
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
72200	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; LESS THAN THREE VIEWS	26	7/1/2023	12/31/2382	\$9.95
72200	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; LESS THAN THREE VIEWS		7/1/2023	12/31/2382	\$56.50
72200	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; LESS THAN THREE VIEWS		1/1/1993	12/31/2382	\$32.05
72200	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; LESS THAN THREE VIEWS	TC	7/1/2023	12/31/2382	\$20.82
72202	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; THREE OR MORE VIEWS	26	7/1/2023	12/31/2382	\$11.12
72202	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; THREE OR MORE VIEWS		1/1/1993	12/31/2382	\$28.97
72202	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; THREE OR MORE VIEWS		7/1/2023	12/31/2382	\$56.50
72202	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; THREE OR MORE VIEWS	PN	7/1/2023	12/31/2382	\$56.50
72202	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; THREE OR MORE VIEWS	TC	7/1/2023	12/31/2382	\$24.56

72220	RADIOLOGIC EXAMINATION, SACRUM AND COCCYX, MINIMUM OF TWO VIEWS	26	7/1/2023	12/31/2382	\$10.68
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
72220	RADIOLOGIC EXAMINATION, SACRUM AND COCCYX, MINIMUM OF TWO VIEWS		7/1/2023	12/31/2382	\$56.50
72220	RADIOLOGIC EXAMINATION, SACRUM AND COCCYX, MINIMUM OF TWO VIEWS		1/1/1993	12/31/2382	\$33.85
72220	RADIOLOGIC EXAMINATION, SACRUM AND COCCYX, MINIMUM OF TWO VIEWS	TC	7/1/2023	12/31/2382	\$22.63
72240	MYELOGRAPHY, CERVICAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$56.45
72240	MYELOGRAPHY, CERVICAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$166.12
72240	MYELOGRAPHY, CERVICAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$225.86
72240	MYELOGRAPHY, CERVICAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$185.96
72255	MYELOGRAPHY, THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$56.45
72255	MYELOGRAPHY, THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$225.86

72255	MYELOGRAPHY, THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$181.68
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
72255	MYELOGRAPHY, THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$169.74
72265	MYELOGRAPHY, LUMBOSACRAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$51.32
72265	MYELOGRAPHY, LUMBOSACRAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$225.86
72265	MYELOGRAPHY, LUMBOSACRAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$148.09
72265	MYELOGRAPHY, LUMBOSACRAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$159.48
72270	MYELOGRAPHY, ENTIRE SPINAL CANAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$82.49
72270	MYELOGRAPHY, ENTIRE SPINAL CANAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$258.02
72270	MYELOGRAPHY, ENTIRE SPINAL CANAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$225.86
72270	MYELOGRAPHY, ENTIRE SPINAL CANAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$238.89

72275	EPIDUROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$225.86
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
72285	DISKOGRAPHY, CERVICAL OR THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$49.28
72285	DISKOGRAPHY, CERVICAL OR THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$307.37
72285	DISKOGRAPHY, CERVICAL OR THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$942.72
72285	DISKOGRAPHY, CERVICAL OR THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$329.12
72291	RADIOLOGICAL SUPERVISION AND INTERPRETATION, PERCUTANEOUS VERTEBROPLASTY OR VERTEBRAL AUGMENTATION INCLUDING	76	7/1/2023	12/31/2382	\$197.83
72291	RADIOLOGICAL SUPERVISION AND INTERPRETATION, PERCUTANEOUS VERTEBROPLASTY OR VERTEBRAL AUGMENTATION INCLUDING		7/1/2023	12/31/2382	\$197.83
72292	RADIOLOGICAL SUPERVISION AND INTERPRETATION, PERCUTANEOUS VERTEBROPLASTY OR VERTEBRAL AUGMENTATION INCLUDING		7/1/2023	12/31/2382	\$197.83
72295	DISKOGRAPHY, LUMBAR, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$49.28
72295	DISKOGRAPHY, LUMBAR, RADIOLOGICAL SUPERVISION AND INTERPRETATION	59	7/1/2023	12/31/2382	\$942.72

72295	DISKOGRAPHY, LUMBAR, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$290.24
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
72295	DISKOGRAPHY, LUMBAR, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$942.72
72295	DISKOGRAPHY, LUMBAR, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$308.02
73000	RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE	26	7/1/2023	12/31/2382	\$9.46
73000	RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE	50	7/1/2023	12/31/2382	\$56.50
73000	RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE		1/1/1993	12/31/2382	\$24.36
73000	RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE		7/1/2023	12/31/2382	\$56.50
73000	RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE	LT	7/1/2023	12/31/2382	\$56.50
73000	RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE	RT	7/1/2023	12/31/2382	\$56.50
73000	RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE	TC	7/1/2023	12/31/2382	\$20.82

73010	RADIOLOGIC EXAMINATION; SCAPULA, COMPLETE	26	7/1/2023	12/31/2382	\$10.42
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
73010	RADIOLOGIC EXAMINATION; SCAPULA, COMPLETE		7/1/2023	12/31/2382	\$56.50
73010	RADIOLOGIC EXAMINATION; SCAPULA, COMPLETE		1/1/1993	12/31/2382	\$24.99
73010	RADIOLOGIC EXAMINATION; SCAPULA, COMPLETE	LT	7/1/2023	12/31/2382	\$56.50
73010	RADIOLOGIC EXAMINATION; SCAPULA, COMPLETE	RT	7/1/2023	12/31/2382	\$56.50
73010	RADIOLOGIC EXAMINATION; SCAPULA, COMPLETE	TC	7/1/2023	12/31/2382	\$20.82
73020	RADIOLOGIC EXAMINATION, SHOULDER; ONE VIEW	26	7/1/2023	12/31/2382	\$9.00
73020	RADIOLOGIC EXAMINATION, SHOULDER; ONE VIEW	51	7/1/2023	12/31/2382	\$56.50
73020	RADIOLOGIC EXAMINATION, SHOULDER; ONE VIEW	59	7/1/2023	12/31/2382	\$56.50
73020	RADIOLOGIC EXAMINATION, SHOULDER; ONE VIEW	76	7/1/2023	12/31/2382	\$56.50

73020	RADIOLOGIC EXAMINATION, SHOULDER; ONE VIEW		1/1/1993	12/31/2382	\$22.49
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
73020	RADIOLOGIC EXAMINATION, SHOULDER; ONE VIEW		7/1/2023	12/31/2382	\$56.50
73020	RADIOLOGIC EXAMINATION, SHOULDER; ONE VIEW	LT	7/1/2023	12/31/2382	\$56.50
73020	RADIOLOGIC EXAMINATION, SHOULDER; ONE VIEW	RT	7/1/2023	12/31/2382	\$56.50
73020	RADIOLOGIC EXAMINATION, SHOULDER; ONE VIEW	TC	7/1/2023	12/31/2382	\$18.91
73030	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO VIEWS	26	7/1/2023	12/31/2382	\$10.95
73030	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO VIEWS	50	7/1/2023	12/31/2382	\$56.50
73030	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO VIEWS	59	7/1/2023	12/31/2382	\$56.50
73030	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO VIEWS	76	7/1/2023	12/31/2382	\$56.50
73030	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO VIEWS		1/1/1993	12/31/2382	\$26.78

73030	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO VIEWS		7/1/2023	12/31/2382	\$56.50
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
73030	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO VIEWS	FY	7/1/2023	12/31/2382	\$56.50
73030	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO VIEWS	LT	7/1/2023	12/31/2382	\$56.50
73030	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO VIEWS	PN	7/1/2023	12/31/2382	\$56.50
73030	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO VIEWS	RT	7/1/2023	12/31/2382	\$56.50
73030	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO VIEWS	TC	7/1/2023	12/31/2382	\$22.63
73040	RADIOLOGIC EXAMINATION, SHOULDER, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$32.48
73040	RADIOLOGIC EXAMINATION, SHOULDER, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$270.51
73040	RADIOLOGIC EXAMINATION, SHOULDER, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$93.29
73040	RADIOLOGIC EXAMINATION, SHOULDER, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	LT	7/1/2023	12/31/2382	\$270.51

73040	RADIOLOGIC EXAMINATION, SHOULDER, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	RT	7/1/2023	12/31/2382	\$270.51
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
73040	RADIOLOGIC EXAMINATION, SHOULDER, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$82.37
73050	RADIOLOGIC EXAMINATION; ACROMIOCLAVICULAR JOINTS, BILATERAL, WITH OR WITHOUT WEIGHTED DISTRACTION	26	7/1/2023	12/31/2382	\$12.09
73050	RADIOLOGIC EXAMINATION; ACROMIOCLAVICULAR JOINTS, BILATERAL, WITH OR WITHOUT WEIGHTED DISTRACTION	50	7/1/2023	12/31/2382	\$56.50
73050	RADIOLOGIC EXAMINATION; ACROMIOCLAVICULAR JOINTS, BILATERAL, WITH OR WITHOUT WEIGHTED DISTRACTION		1/1/1993	12/31/2382	\$30.84
73050	RADIOLOGIC EXAMINATION; ACROMIOCLAVICULAR JOINTS, BILATERAL, WITH OR WITHOUT WEIGHTED DISTRACTION		7/1/2023	12/31/2382	\$56.50
73050	RADIOLOGIC EXAMINATION; ACROMIOCLAVICULAR JOINTS, BILATERAL, WITH OR WITHOUT WEIGHTED DISTRACTION	RT	7/1/2023	12/31/2382	\$56.50
73050	RADIOLOGIC EXAMINATION; ACROMIOCLAVICULAR JOINTS, BILATERAL, WITH OR WITHOUT WEIGHTED DISTRACTION	TC	7/1/2023	12/31/2382	\$26.47
73060	RADIOLOGIC EXAMINATION; HUMERUS, MINIMUM OF TWO VIEWS	26	7/1/2023	12/31/2382	\$10.10
73060	RADIOLOGIC EXAMINATION; HUMERUS, MINIMUM OF TWO VIEWS	59	7/1/2023	12/31/2382	\$56.50

73060	RADIOLOGIC EXAMINATION; HUMERUS, MINIMUM OF TWO VIEWS	76	7/1/2023	12/31/2382	\$56.50
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
73060	RADIOLOGIC EXAMINATION; HUMERUS, MINIMUM OF TWO VIEWS		1/1/1993	12/31/2382	\$26.47
73060	RADIOLOGIC EXAMINATION; HUMERUS, MINIMUM OF TWO VIEWS		7/1/2023	12/31/2382	\$56.50
73060	RADIOLOGIC EXAMINATION; HUMERUS, MINIMUM OF TWO VIEWS	LT	7/1/2023	12/31/2382	\$56.50
73060	RADIOLOGIC EXAMINATION; HUMERUS, MINIMUM OF TWO VIEWS	RT	7/1/2023	12/31/2382	\$56.50
73060	RADIOLOGIC EXAMINATION; HUMERUS, MINIMUM OF TWO VIEWS	TC	7/1/2023	12/31/2382	\$22.63
73070	RADIOLOGIC EXAMINATION, ELBOW; ANTEROPOSTERIOR AND LATERAL VIEWS	26	7/1/2023	12/31/2382	\$9.14
73070	RADIOLOGIC EXAMINATION, ELBOW; ANTEROPOSTERIOR AND LATERAL VIEWS	50	7/1/2023	12/31/2382	\$56.50
73070	RADIOLOGIC EXAMINATION, ELBOW; ANTEROPOSTERIOR AND LATERAL VIEWS	59	7/1/2023	12/31/2382	\$56.50
73070	RADIOLOGIC EXAMINATION, ELBOW; ANTEROPOSTERIOR AND LATERAL VIEWS		1/1/1993	12/31/2382	\$24.05

73070	RADIOLOGIC EXAMINATION, ELBOW; ANTEROPOSTERIOR AND LATERAL VIEWS		7/1/2023	12/31/2382	\$56.50
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
73070	RADIOLOGIC EXAMINATION, ELBOW; ANTEROPOSTERIOR AND LATERAL VIEWS	LT	7/1/2023	12/31/2382	\$56.50
73070	RADIOLOGIC EXAMINATION, ELBOW; ANTEROPOSTERIOR AND LATERAL VIEWS	RT	7/1/2023	12/31/2382	\$56.50
73070	RADIOLOGIC EXAMINATION, ELBOW; ANTEROPOSTERIOR AND LATERAL VIEWS	TC	7/1/2023	12/31/2382	\$20.82
73080	RADIOLOGIC EXAMINATION, ELBOW; COMPLETE, MINIMUM OF THREE VIEWS	26	7/1/2023	12/31/2382	\$10.68
73080	RADIOLOGIC EXAMINATION, ELBOW; COMPLETE, MINIMUM OF THREE VIEWS	50	7/1/2023	12/31/2382	\$56.50
73080	RADIOLOGIC EXAMINATION, ELBOW; COMPLETE, MINIMUM OF THREE VIEWS		7/1/2023	12/31/2382	\$56.50
73080	RADIOLOGIC EXAMINATION, ELBOW; COMPLETE, MINIMUM OF THREE VIEWS		1/1/1993	12/31/2382	\$26.47
73080	RADIOLOGIC EXAMINATION, ELBOW; COMPLETE, MINIMUM OF THREE VIEWS	FY	7/1/2023	12/31/2382	\$56.50
73080	RADIOLOGIC EXAMINATION, ELBOW; COMPLETE, MINIMUM OF THREE VIEWS	LT	7/1/2023	12/31/2382	\$56.50

73080	RADIOLOGIC EXAMINATION, ELBOW; COMPLETE, MINIMUM OF THREE VIEWS	RT	7/1/2023	12/31/2382	\$56.50
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
73080	RADIOLOGIC EXAMINATION, ELBOW; COMPLETE, MINIMUM OF THREE VIEWS	TC	7/1/2023	12/31/2382	\$22.63
73085	RADIOLOGIC EXAMINATION, ELBOW, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$32.48
73085	RADIOLOGIC EXAMINATION, ELBOW, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$270.51
73085	RADIOLOGIC EXAMINATION, ELBOW, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$93.29
73085	RADIOLOGIC EXAMINATION, ELBOW, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$82.37
73090	RADIOLOGIC EXAMINATION; FOREARM, ANTEROPOSTERIOR AND LATERAL VIEWS	26	7/1/2023	12/31/2382	\$9.68
73090	RADIOLOGIC EXAMINATION; FOREARM, ANTEROPOSTERIOR AND LATERAL VIEWS	50	7/1/2023	12/31/2382	\$56.50
73090	RADIOLOGIC EXAMINATION; FOREARM, ANTEROPOSTERIOR AND LATERAL VIEWS		7/1/2023	12/31/2382	\$56.50
73090	RADIOLOGIC EXAMINATION; FOREARM, ANTEROPOSTERIOR AND LATERAL VIEWS		1/1/1993	12/31/2382	\$24.36

73090	RADIOLOGIC EXAMINATION; FOREARM, ANTEROPOSTERIOR AND LATERAL VIEWS	LT	7/1/2023	12/31/2382	\$56.50
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
73090	RADIOLOGIC EXAMINATION; FOREARM, ANTEROPOSTERIOR AND LATERAL VIEWS	RT	7/1/2023	12/31/2382	\$56.50
73090	RADIOLOGIC EXAMINATION; FOREARM, ANTEROPOSTERIOR AND LATERAL VIEWS	TC	7/1/2023	12/31/2382	\$20.82
73090	RADIOLOGIC EXAMINATION; FOREARM, ANTEROPOSTERIOR AND LATERAL VIEWS	XU	7/1/2023	12/31/2382	\$56.50
73092	RADIOLOGIC EXAMINATION; UPPER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS	26	7/1/2023	12/31/2382	\$9.31
73092	RADIOLOGIC EXAMINATION; UPPER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS		1/1/1993	12/31/2382	\$23.43
73092	RADIOLOGIC EXAMINATION; UPPER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS		7/1/2023	12/31/2382	\$56.50
73092	RADIOLOGIC EXAMINATION; UPPER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS	TC	7/1/2023	12/31/2382	\$19.66
73100	RADIOLOGIC EXAMINATION, WRIST; ANTEROPOSTERIOR AND LATERAL VIEWS	26	7/1/2023	12/31/2382	\$9.31
73100	RADIOLOGIC EXAMINATION, WRIST; ANTEROPOSTERIOR AND LATERAL VIEWS	50	7/1/2023	12/31/2382	\$56.50

73100	RADIOLOGIC EXAMINATION, WRIST; ANTEROPOSTERIOR AND LATERAL VIEWS	59	7/1/2023	12/31/2382	\$56.50
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
73100	RADIOLOGIC EXAMINATION, WRIST; ANTEROPOSTERIOR AND LATERAL VIEWS		1/1/1993	12/31/2382	\$23.43
73100	RADIOLOGIC EXAMINATION, WRIST; ANTEROPOSTERIOR AND LATERAL VIEWS		7/1/2023	12/31/2382	\$56.50
73100	RADIOLOGIC EXAMINATION, WRIST; ANTEROPOSTERIOR AND LATERAL VIEWS	LT	7/1/2023	12/31/2382	\$56.50
73100	RADIOLOGIC EXAMINATION, WRIST; ANTEROPOSTERIOR AND LATERAL VIEWS	PO	7/1/2023	12/31/2382	\$56.50
73100	RADIOLOGIC EXAMINATION, WRIST; ANTEROPOSTERIOR AND LATERAL VIEWS	RT	7/1/2023	12/31/2382	\$56.50
73100	RADIOLOGIC EXAMINATION, WRIST; ANTEROPOSTERIOR AND LATERAL VIEWS	TC	7/1/2023	12/31/2382	\$19.66
73110	RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF THREE VIEWS	26	7/1/2023	12/31/2382	\$10.68
73110	RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF THREE VIEWS	50	7/1/2023	12/31/2382	\$56.50
73110	RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF THREE VIEWS	76	7/1/2023	12/31/2382	\$56.50

73110	RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF THREE VIEWS		1/1/1993	12/31/2382	\$25.30
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
73110	RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF THREE VIEWS		7/1/2023	12/31/2382	\$56.50
73110	RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF THREE VIEWS	FY	7/1/2023	12/31/2382	\$56.50
73110	RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF THREE VIEWS	LT	7/1/2023	12/31/2382	\$56.50
73110	RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF THREE VIEWS	RT	7/1/2023	12/31/2382	\$56.50
73110	RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF THREE VIEWS	TC	7/1/2023	12/31/2382	\$21.19
73115	RADIOLOGIC EXAMINATION, WRIST, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$32.48
73115	RADIOLOGIC EXAMINATION, WRIST, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$76.69
73115	RADIOLOGIC EXAMINATION, WRIST, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$270.51
73115	RADIOLOGIC EXAMINATION, WRIST, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	RT	7/1/2023	12/31/2382	\$270.51

73115	RADIOLOGIC EXAMINATION, WRIST, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$61.94
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
73120	RADIOLOGIC EXAMINATION, HAND; TWO VIEWS	26	7/1/2023	12/31/2382	\$9.31
73120	RADIOLOGIC EXAMINATION, HAND; TWO VIEWS		7/1/2023	12/31/2382	\$56.50
73120	RADIOLOGIC EXAMINATION, HAND; TWO VIEWS		1/1/1993	12/31/2382	\$23.43
73120	RADIOLOGIC EXAMINATION, HAND; TWO VIEWS	LT	7/1/2023	12/31/2382	\$56.50
73120	RADIOLOGIC EXAMINATION, HAND; TWO VIEWS	RT	7/1/2023	12/31/2382	\$56.50
73120	RADIOLOGIC EXAMINATION, HAND; TWO VIEWS	TC	7/1/2023	12/31/2382	\$19.66
73130	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEWS	26	7/1/2023	12/31/2382	\$10.68
73130	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEWS	50	7/1/2023	12/31/2382	\$56.50
73130	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEWS	59	7/1/2023	12/31/2382	\$56.50

73130	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEWS	76	7/1/2023	12/31/2382	\$56.50
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
73130	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEWS		7/1/2023	12/31/2382	\$56.50
73130	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEWS		1/1/1993	12/31/2382	\$25.30
73130	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEWS	FY	7/1/2023	12/31/2382	\$56.50
73130	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEWS	LT	7/1/2023	12/31/2382	\$56.50
73130	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEWS	RT	7/1/2023	12/31/2382	\$56.50
73130	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEWS	TC	7/1/2023	12/31/2382	\$21.19
73140	RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO VIEWS	26	7/1/2023	12/31/2382	\$7.72
73140	RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO VIEWS	59	7/1/2023	12/31/2382	\$56.50
73140	RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO VIEWS	76	7/1/2023	12/31/2382	\$56.50

73140	RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO VIEWS		7/1/2023	12/31/2382	\$56.50
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
73140	RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO VIEWS		1/1/1993	12/31/2382	\$19.67
73140	RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO VIEWS	F1	7/1/2023	12/31/2382	\$56.50
73140	RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO VIEWS	F3	7/1/2023	12/31/2382	\$56.50
73140	RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO VIEWS	F4	7/1/2023	12/31/2382	\$56.50
73140	RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO VIEWS	F5	7/1/2023	12/31/2382	\$56.50
73140	RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO VIEWS	F6	7/1/2023	12/31/2382	\$56.50
73140	RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO VIEWS	F7	7/1/2023	12/31/2382	\$56.50
73140	RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO VIEWS	F8	7/1/2023	12/31/2382	\$56.50
73140	RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO VIEWS	LT	7/1/2023	12/31/2382	\$56.50

73140	RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO VIEWS	RT	7/1/2023	12/31/2382	\$56.50
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
73140	RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO VIEWS	TC	7/1/2023	12/31/2382	\$16.59
73200	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	26	7/1/2023	12/31/2382	\$67.15
73200	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL		7/1/2023	12/31/2382	\$244.82
73200	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL		1/1/1993	12/31/2382	\$210.02
73200	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	LT	7/1/2023	12/31/2382	\$244.82
73200	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	RT	7/1/2023	12/31/2382	\$244.82
73200	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	TC	7/1/2023	12/31/2382	\$194.29
73201	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITH CONTRAST MATERIAL(S)	26	7/1/2023	12/31/2382	\$72.09
73201	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITH CONTRAST MATERIAL(S)		1/1/1993	12/31/2382	\$243.78

73201	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITH CONTRAST MATERIAL(S)		7/1/2023	12/31/2382	\$332.45
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
73201	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITH CONTRAST MATERIAL(S)	TC	7/1/2023	12/31/2382	\$231.31
73202	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AN	26	7/1/2023	12/31/2382	\$75.64
73202	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AN		1/1/1993	12/31/2382	\$295.05
73202	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AN		7/1/2023	12/31/2382	\$395.43
73202	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AN	TC	7/1/2023	12/31/2382	\$291.34
73206	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, UPPER EXTREMITY, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL		7/1/2023	12/31/2382	\$386.84
73218	MAGNETIC RESONANCE (EG, PROTON)IMAGING, UPPER EXTREMITY OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S)		7/1/2023	12/31/2382	\$454.49
73218	MAGNETIC RESONANCE (EG, PROTON)IMAGING, UPPER EXTREMITY OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S)	LT	7/1/2023	12/31/2382	\$454.49
73218	MAGNETIC RESONANCE (EG, PROTON)IMAGING, UPPER EXTREMITY OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S)	RT	7/1/2023	12/31/2382	\$454.49

73219	MAGNETIC RESONANCE (EG, PROTON)IMAGING, UPPER EXTREMITYOTHER THAN JOINT; WITH CONTRAST MATERIEL(S)		7/1/2023	12/31/2382	\$482.87
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT	26	7/1/2023	12/31/2382	\$91.97
73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT		7/1/2023	12/31/2382	\$658.91
73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT		1/1/1993	12/31/2382	\$428.43
73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT	LT	7/1/2023	12/31/2382	\$658.91
73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT	RT	7/1/2023	12/31/2382	\$658.91
73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT	TC	7/1/2023	12/31/2382	\$439.49
73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY	26	7/1/2023	12/31/2382	\$56.23
73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY	50	7/1/2023	12/31/2382	\$454.49
73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY		7/1/2023	12/31/2382	\$454.49

73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY		1/1/1993	12/31/2382	\$402.69
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY	LT	7/1/2023	12/31/2382	\$454.49
73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY	RT	7/1/2023	12/31/2382	\$454.49
73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY	TC	7/1/2023	12/31/2382	\$439.49
73222	MAGNETIC RESONANCE (EG, PROTON)IMAGING, ANY JOINT OF UPPER EXTREMITY WITH; CONTRAST MATERIAL(S)		7/1/2023	12/31/2382	\$482.87
73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED		7/1/2023	12/31/2382	\$658.91
73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED	LT	7/1/2023	12/31/2382	\$658.91
73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED	RT	7/1/2023	12/31/2382	\$658.91
73225	MAGNETIC RSONANCE ANGIOGRAPHY, UPPER EXTREMITY, WITH OR WITHOUT CONTRAST MATERIAL(S)		12/1/2006	12/31/2382	\$380.71
73225	MAGNETIC RSONANCE ANGIOGRAPHY, UPPER EXTREMITY, WITH OR WITHOUT CONTRAST MATERIAL(S)		7/1/2023	12/31/2382	\$468.68

73500	RADIOLOGIC EXAMINATION, HIP; UNILATERAL, ONE VIEW	26	7/1/2023	12/31/2382	\$10.19
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
73500	RADIOLOGIC EXAMINATION, HIP; UNILATERAL, ONE VIEW		1/1/1993	12/31/2382	\$23.43
73500	RADIOLOGIC EXAMINATION, HIP; UNILATERAL, ONE VIEW		7/1/2023	12/31/2382	\$56.50
73500	RADIOLOGIC EXAMINATION, HIP; UNILATERAL, ONE VIEW	LT	7/1/2023	12/31/2382	\$56.50
73500	RADIOLOGIC EXAMINATION, HIP; UNILATERAL, ONE VIEW	RT	7/1/2023	12/31/2382	\$56.50
73500	RADIOLOGIC EXAMINATION, HIP; UNILATERAL, ONE VIEW	TC	7/1/2023	12/31/2382	\$18.91
73501	X-RAY OF HIP WITH PELVIS, 1 VIEW		7/1/2023	12/31/2382	\$63.89
73501	X-RAY OF HIP WITH PELVIS, 1 VIEW	LT	7/1/2023	12/31/2382	\$63.89
73501	X-RAY OF HIP WITH PELVIS, 1 VIEW	RT	7/1/2023	12/31/2382	\$63.89
73502	X-RAY OF HIP WITH PELVIS, 2-3 VIEWS		7/1/2023	12/31/2382	\$63.89

73502	X-RAY OF HIP WITH PELVIS, 2-3 VIEWS	LT	7/1/2023	12/31/2382	\$63.89
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
73502	X-RAY OF HIP WITH PELVIS, 2-3 VIEWS	PN	7/1/2023	12/31/2382	\$63.89
73502	X-RAY OF HIP WITH PELVIS, 2-3 VIEWS	RT	7/1/2023	12/31/2382	\$63.89
73502	X-RAY OF HIP WITH PELVIS, 2-3 VIEWS	TC	7/1/2023	12/31/2382	\$18.96
73503	X-RAY OF HIP WITH PELVIS, MINIMUM OF 4 VIEWS		7/1/2023	12/31/2382	\$105.80
73510	RADIOLOGIC EXAMINATION, HIP; COMPLETE, MINIMUM OF TWO VIEWS	26	7/1/2023	12/31/2382	\$12.86
73510	RADIOLOGIC EXAMINATION, HIP; COMPLETE, MINIMUM OF TWO VIEWS	50	7/1/2023	12/31/2382	\$56.50
73510	RADIOLOGIC EXAMINATION, HIP; COMPLETE, MINIMUM OF TWO VIEWS	59	7/1/2023	12/31/2382	\$56.50
73510	RADIOLOGIC EXAMINATION, HIP; COMPLETE, MINIMUM OF TWO VIEWS	76	7/1/2023	12/31/2382	\$56.50
73510	RADIOLOGIC EXAMINATION, HIP; COMPLETE, MINIMUM OF TWO VIEWS		1/1/1993	12/31/2382	\$28.35

73510	RADIOLOGIC EXAMINATION, HIP; COMPLETE, MINIMUM OF TWO VIEWS		7/1/2023	12/31/2382	\$56.50
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
73510	RADIOLOGIC EXAMINATION, HIP; COMPLETE, MINIMUM OF TWO VIEWS	LT	7/1/2023	12/31/2382	\$56.50
73510	RADIOLOGIC EXAMINATION, HIP; COMPLETE, MINIMUM OF TWO VIEWS	RT	7/1/2023	12/31/2382	\$56.50
73510	RADIOLOGIC EXAMINATION, HIP; COMPLETE, MINIMUM OF TWO VIEWS	TC	7/1/2023	12/31/2382	\$22.63
73520	RADIOLOGIC EXAMINATION, HIPS, BILATERAL, MINIMUM OF TWO VIEWS OF EACH HIP, INCLUDING ANTEROPOSTERIOR VIEW OF P	26	7/1/2023	12/31/2382	\$16.01
73520	RADIOLOGIC EXAMINATION, HIPS, BILATERAL, MINIMUM OF TWO VIEWS OF EACH HIP, INCLUDING ANTEROPOSTERIOR VIEW OF P		1/1/1993	12/31/2382	\$33.90
73520	RADIOLOGIC EXAMINATION, HIPS, BILATERAL, MINIMUM OF TWO VIEWS OF EACH HIP, INCLUDING ANTEROPOSTERIOR VIEW OF P		7/1/2023	12/31/2382	\$96.17
73520	RADIOLOGIC EXAMINATION, HIPS, BILATERAL, MINIMUM OF TWO VIEWS OF EACH HIP, INCLUDING ANTEROPOSTERIOR VIEW OF P	TC	7/1/2023	12/31/2382	\$26.47
73521	X-RAY OF BOTH HIPS WITH PELVIS, 2 VIEWS		7/1/2023	12/31/2382	\$105.80
73521	X-RAY OF BOTH HIPS WITH PELVIS, 2 VIEWS	TC	7/1/2023	12/31/2382	\$19.55

73522	X-RAY OF BOTH HIPS WITH PELVIS, 3-4 VIEWS		7/1/2023	12/31/2382	\$105.80
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
73522	X-RAY OF BOTH HIPS WITH PELVIS, 3-4 VIEWS	PN	7/1/2023	12/31/2382	\$105.80
73523	X-RAY OF BOTH HIPS WITH PELVIS, MINIMUM OF 5 VIEWS		7/1/2023	12/31/2382	\$201.69
73523	X-RAY OF BOTH HIPS WITH PELVIS, MINIMUM OF 5 VIEWS	PO	7/1/2023	12/31/2382	\$201.69
73525	RADIOLOGIC EXAMINATION, HIP, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$32.48
73525	RADIOLOGIC EXAMINATION, HIP, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	59	7/1/2023	12/31/2382	\$270.51
73525	RADIOLOGIC EXAMINATION, HIP, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$93.29
73525	RADIOLOGIC EXAMINATION, HIP, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$270.51
73525	RADIOLOGIC EXAMINATION, HIP, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	LT	7/1/2023	12/31/2382	\$270.51
73525	RADIOLOGIC EXAMINATION, HIP, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	RT	7/1/2023	12/31/2382	\$270.51

73525	RADIOLOGIC EXAMINATION, HIP, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$82.37
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
73530	RADIOLOGIC EXAMINATION, HIP, DURING OPERATIVE PROCEDURE	26	7/1/2023	12/31/2382	\$17.73
73530	RADIOLOGIC EXAMINATION, HIP, DURING OPERATIVE PROCEDURE		1/1/1993	12/31/2382	\$30.56
73530	RADIOLOGIC EXAMINATION, HIP, DURING OPERATIVE PROCEDURE		7/1/2023	12/31/2382	\$96.17
73530	RADIOLOGIC EXAMINATION, HIP, DURING OPERATIVE PROCEDURE	RT	7/1/2023	12/31/2382	\$96.17
73530	RADIOLOGIC EXAMINATION, HIP, DURING OPERATIVE PROCEDURE	TC	7/1/2023	12/31/2382	\$20.82
73540	RADIOLOGIC EXAMINATION, PELVIS AND HIPS, INFANT OR CHILD, MINIMUM OF TWO VIEWS	26	7/1/2023	12/31/2382	\$12.50
73540	RADIOLOGIC EXAMINATION, PELVIS AND HIPS, INFANT OR CHILD, MINIMUM OF TWO VIEWS		1/1/1993	12/31/2382	\$28.04
73540	RADIOLOGIC EXAMINATION, PELVIS AND HIPS, INFANT OR CHILD, MINIMUM OF TWO VIEWS		7/1/2023	12/31/2382	\$56.50
73540	RADIOLOGIC EXAMINATION, PELVIS AND HIPS, INFANT OR CHILD, MINIMUM OF TWO VIEWS	TC	7/1/2023	12/31/2382	\$22.63

73542	RADIOLOGICAL JOINT ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$270.51
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
73550	RADIOLOGIC EXAMINATION, FEMUR, ANTEROPOSTERIOR AND LATERAL VIEWS	26	7/1/2023	12/31/2382	\$10.51
73550	RADIOLOGIC EXAMINATION, FEMUR, ANTEROPOSTERIOR AND LATERAL VIEWS	50	7/1/2023	12/31/2382	\$56.50
73550	RADIOLOGIC EXAMINATION, FEMUR, ANTEROPOSTERIOR AND LATERAL VIEWS		7/1/2023	12/31/2382	\$56.50
73550	RADIOLOGIC EXAMINATION, FEMUR, ANTEROPOSTERIOR AND LATERAL VIEWS		1/1/1993	12/31/2382	\$26.47
73550	RADIOLOGIC EXAMINATION, FEMUR, ANTEROPOSTERIOR AND LATERAL VIEWS	LT	7/1/2023	12/31/2382	\$56.50
73550	RADIOLOGIC EXAMINATION, FEMUR, ANTEROPOSTERIOR AND LATERAL VIEWS	RT	7/1/2023	12/31/2382	\$56.50
73550	RADIOLOGIC EXAMINATION, FEMUR, ANTEROPOSTERIOR AND LATERAL VIEWS	TC	7/1/2023	12/31/2382	\$22.63
73551	X-RAY OF FEMUR, 1 VIEW		7/1/2023	12/31/2382	\$63.89
73551	X-RAY OF FEMUR, 1 VIEW	LT	7/1/2023	12/31/2382	\$63.89

73551	X-RAY OF FEMUR, 1 VIEW	RT	7/1/2023	12/31/2382	\$63.89
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
73552	X-RAY OF FEMUR, MINIMUM 2 VIEWS		7/1/2023	12/31/2382	\$63.89
73552	X-RAY OF FEMUR, MINIMUM 2 VIEWS	LT	7/1/2023	12/31/2382	\$63.89
73552	X-RAY OF FEMUR, MINIMUM 2 VIEWS	PN	7/1/2023	12/31/2382	\$63.89
73552	X-RAY OF FEMUR, MINIMUM 2 VIEWS	RT	7/1/2023	12/31/2382	\$63.89
73552	X-RAY OF FEMUR, MINIMUM 2 VIEWS	TC	7/1/2023	12/31/2382	\$17.83
73560	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL VIEWS	26	7/1/2023	12/31/2382	\$9.82
73560	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL VIEWS	50	7/1/2023	12/31/2382	\$56.50
73560	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL VIEWS	59	7/1/2023	12/31/2382	\$96.17
73560	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL VIEWS		1/1/1993	12/31/2382	\$24.68

73560	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL VIEWS		7/1/2023	12/31/2382	\$56.50
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
73560	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL VIEWS	LT	7/1/2023	12/31/2382	\$56.50
73560	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL VIEWS	PN	7/1/2023	12/31/2382	\$56.50
73560	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL VIEWS	RT	7/1/2023	12/31/2382	\$56.50
73560	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL VIEWS	TC	7/1/2023	12/31/2382	\$20.82
73562	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL, WITH OBLIQUE(S), MINIMUM OF THREE VIEWS	26	7/1/2023	12/31/2382	\$11.29
73562	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL, WITH OBLIQUE(S), MINIMUM OF THREE VIEWS	50	7/1/2023	12/31/2382	\$56.50
73562	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL, WITH OBLIQUE(S), MINIMUM OF THREE VIEWS	59	7/1/2023	12/31/2382	\$56.50
73562	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL, WITH OBLIQUE(S), MINIMUM OF THREE VIEWS	76	7/1/2023	12/31/2382	\$56.50
73562	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL, WITH OBLIQUE(S), MINIMUM OF THREE VIEWS		7/1/2023	12/31/2382	\$56.50

73562	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL, WITH OBLIQUE(S), MINIMUM OF THREE VIEWS		1/1/1993	12/31/2382	\$27.09
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
73562	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL, WITH OBLIQUE(S), MINIMUM OF THREE VIEWS	FY	7/1/2023	12/31/2382	\$56.50
73562	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL, WITH OBLIQUE(S), MINIMUM OF THREE VIEWS	LT	7/1/2023	12/31/2382	\$56.50
73562	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL, WITH OBLIQUE(S), MINIMUM OF THREE VIEWS	PN	7/1/2023	12/31/2382	\$56.50
73562	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL, WITH OBLIQUE(S), MINIMUM OF THREE VIEWS	RT	7/1/2023	12/31/2382	\$56.50
73562	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL, WITH OBLIQUE(S), MINIMUM OF THREE VIEWS	TC	7/1/2023	12/31/2382	\$22.63
73564	RADIOLOGIC EXAMINATION, KNEE; COMPLETE, INCLUDING OBLIQUE(S), AND TUNNEL, AND/OR PATELLAR AND/OR STANDING VIEW	26	7/1/2023	12/31/2382	\$13.71
73564	RADIOLOGIC EXAMINATION, KNEE; COMPLETE, INCLUDING OBLIQUE(S), AND TUNNEL, AND/OR PATELLAR AND/OR STANDING VIEW	50	7/1/2023	12/31/2382	\$56.50
73564	RADIOLOGIC EXAMINATION, KNEE; COMPLETE, INCLUDING OBLIQUE(S), AND TUNNEL, AND/OR PATELLAR AND/OR STANDING VIEW	76	7/1/2023	12/31/2382	\$56.50
73564	RADIOLOGIC EXAMINATION, KNEE; COMPLETE, INCLUDING OBLIQUE(S), AND TUNNEL, AND/OR PATELLAR AND/OR STANDING VIEW		1/1/1993	12/31/2382	\$30.46

73564	RADIOLOGIC EXAMINATION, KNEE; COMPLETE, INCLUDING OBLIQUE(S), AND TUNNEL, AND/OR PATELLAR AND/OR STANDING VIEW		7/1/2023	12/31/2382	\$56.50
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
73564	RADIOLOGIC EXAMINATION, KNEE; COMPLETE, INCLUDING OBLIQUE(S), AND TUNNEL, AND/OR PATELLAR AND/OR STANDING VIEW	LT	7/1/2023	12/31/2382	\$56.50
73564	RADIOLOGIC EXAMINATION, KNEE; COMPLETE, INCLUDING OBLIQUE(S), AND TUNNEL, AND/OR PATELLAR AND/OR STANDING VIEW	RT	7/1/2023	12/31/2382	\$56.50
73564	RADIOLOGIC EXAMINATION, KNEE; COMPLETE, INCLUDING OBLIQUE(S), AND TUNNEL, AND/OR PATELLAR AND/OR STANDING VIEW	TC	7/1/2023	12/31/2382	\$24.56
73565	RADIOLOGIC EXAMINATION, KNEE; BOTH KNEES, STANDING, ANTEROPOSTERIOR	26	7/1/2023	12/31/2382	\$13.13
73565	RADIOLOGIC EXAMINATION, KNEE; BOTH KNEES, STANDING, ANTEROPOSTERIOR	59	7/1/2023	12/31/2382	\$56.50
73565	RADIOLOGIC EXAMINATION, KNEE; BOTH KNEES, STANDING, ANTEROPOSTERIOR		1/1/1993	12/31/2382	\$26.87
73565	RADIOLOGIC EXAMINATION, KNEE; BOTH KNEES, STANDING, ANTEROPOSTERIOR		7/1/2023	12/31/2382	\$56.50
73565	RADIOLOGIC EXAMINATION, KNEE; BOTH KNEES, STANDING, ANTEROPOSTERIOR	PN	7/1/2023	12/31/2382	\$56.50
73565	RADIOLOGIC EXAMINATION, KNEE; BOTH KNEES, STANDING, ANTEROPOSTERIOR	TC	7/1/2023	12/31/2382	\$19.66

73580	RADIOLOGIC EXAMINATION, KNEE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$32.48
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
73580	RADIOLOGIC EXAMINATION, KNEE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$110.11
73580	RADIOLOGIC EXAMINATION, KNEE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$270.51
73580	RADIOLOGIC EXAMINATION, KNEE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$103.09
73590	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, ANTEROPOSTERIOR AND LATERAL VIEWS	26	7/1/2023	12/31/2382	\$9.82
73590	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, ANTEROPOSTERIOR AND LATERAL VIEWS	50	7/1/2023	12/31/2382	\$56.50
73590	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, ANTEROPOSTERIOR AND LATERAL VIEWS		7/1/2023	12/31/2382	\$56.50
73590	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, ANTEROPOSTERIOR AND LATERAL VIEWS		1/1/1993	12/31/2382	\$24.68
73590	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, ANTEROPOSTERIOR AND LATERAL VIEWS	LT	7/1/2023	12/31/2382	\$56.50
73590	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, ANTEROPOSTERIOR AND LATERAL VIEWS	RT	7/1/2023	12/31/2382	\$56.50

73590	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, ANTEROPOSTERIOR AND LATERAL VIEWS	TC	7/1/2023	12/31/2382	\$20.82
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
73592	RADIOLOGIC EXAMINATION; LOWER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS	26	7/1/2023	12/31/2382	\$9.31
73592	RADIOLOGIC EXAMINATION; LOWER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS		7/1/2023	12/31/2382	\$56.50
73592	RADIOLOGIC EXAMINATION; LOWER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS		1/1/1993	12/31/2382	\$23.43
73592	RADIOLOGIC EXAMINATION; LOWER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS	TC	7/1/2023	12/31/2382	\$19.66
73600	RADIOLOGIC EXAMINATION, ANKLE; ANTEROPOSTERIOR AND LATERAL VIEWS	26	7/1/2023	12/31/2382	\$9.33
73600	RADIOLOGIC EXAMINATION, ANKLE; ANTEROPOSTERIOR AND LATERAL VIEWS		1/1/1993	12/31/2382	\$23.43
73600	RADIOLOGIC EXAMINATION, ANKLE; ANTEROPOSTERIOR AND LATERAL VIEWS		7/1/2023	12/31/2382	\$56.50
73600	RADIOLOGIC EXAMINATION, ANKLE; ANTEROPOSTERIOR AND LATERAL VIEWS	LT	7/1/2023	12/31/2382	\$56.50
73600	RADIOLOGIC EXAMINATION, ANKLE; ANTEROPOSTERIOR AND LATERAL VIEWS	RT	7/1/2023	12/31/2382	\$56.50

73600	RADIOLOGIC EXAMINATION, ANKLE; ANTEROPOSTERIOR AND LATERAL VIEWS	TC	7/1/2023	12/31/2382	\$19.66
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
73610	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF THREE VIEWS	26	7/1/2023	12/31/2382	\$10.68
73610	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF THREE VIEWS	50	7/1/2023	12/31/2382	\$56.50
73610	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF THREE VIEWS	59	7/1/2023	12/31/2382	\$56.50
73610	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF THREE VIEWS	76	7/1/2023	12/31/2382	\$56.50
73610	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF THREE VIEWS		7/1/2023	12/31/2382	\$56.50
73610	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF THREE VIEWS		1/1/1993	12/31/2382	\$25.30
73610	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF THREE VIEWS	FY	7/1/2023	12/31/2382	\$56.50
73610	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF THREE VIEWS	LT	7/1/2023	12/31/2382	\$56.50
73610	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF THREE VIEWS	RT	7/1/2023	12/31/2382	\$56.50

73610	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF THREE VIEWS	TC	7/1/2023	12/31/2382	\$21.19
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
73615	RADIOLOGIC EXAMINATION, ANKLE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$32.48
73615	RADIOLOGIC EXAMINATION, ANKLE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$93.29
73615	RADIOLOGIC EXAMINATION, ANKLE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$270.51
73615	RADIOLOGIC EXAMINATION, ANKLE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$82.37
73620	RADIOLOGIC EXAMINATION, FOOT; ANTEROPOSTERIOR AND LATERAL VIEWS	26	7/1/2023	12/31/2382	\$9.31
73620	RADIOLOGIC EXAMINATION, FOOT; ANTEROPOSTERIOR AND LATERAL VIEWS	59	7/1/2023	12/31/2382	\$56.50
73620	RADIOLOGIC EXAMINATION, FOOT; ANTEROPOSTERIOR AND LATERAL VIEWS	76	7/1/2023	12/31/2382	\$56.50
73620	RADIOLOGIC EXAMINATION, FOOT; ANTEROPOSTERIOR AND LATERAL VIEWS		7/1/2023	12/31/2382	\$56.50
73620	RADIOLOGIC EXAMINATION, FOOT; ANTEROPOSTERIOR AND LATERAL VIEWS		1/1/1993	12/31/2382	\$23.43

73620	RADIOLOGIC EXAMINATION, FOOT; ANTEROPOSTERIOR AND LATERAL VIEWS	LT	7/1/2023	12/31/2382	\$56.50
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
73620	RADIOLOGIC EXAMINATION, FOOT; ANTEROPOSTERIOR AND LATERAL VIEWS	RT	7/1/2023	12/31/2382	\$56.50
73620	RADIOLOGIC EXAMINATION, FOOT; ANTEROPOSTERIOR AND LATERAL VIEWS	TC	7/1/2023	12/31/2382	\$19.66
73630	RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF THREE VIEWS	26	7/1/2023	12/31/2382	\$10.68
73630	RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF THREE VIEWS	50	7/1/2023	12/31/2382	\$56.50
73630	RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF THREE VIEWS	59	7/1/2023	12/31/2382	\$56.50
73630	RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF THREE VIEWS		7/1/2023	12/31/2382	\$56.50
73630	RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF THREE VIEWS		1/1/1993	12/31/2382	\$25.30
73630	RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF THREE VIEWS	FY	7/1/2023	12/31/2382	\$56.50
73630	RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF THREE VIEWS	LT	7/1/2023	12/31/2382	\$56.50

73630	RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF THREE VIEWS	PN	7/1/2023	12/31/2382	\$56.50
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
73630	RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF THREE VIEWS	RT	7/1/2023	12/31/2382	\$56.50
73630	RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF THREE VIEWS	TC	7/1/2023	12/31/2382	\$21.19
73650	RADIOLOGIC EXAMINATION; CALCANEUS, MINIMUM OF TWO VIEWS	26	7/1/2023	12/31/2382	\$9.31
73650	RADIOLOGIC EXAMINATION; CALCANEUS, MINIMUM OF TWO VIEWS	50	7/1/2023	12/31/2382	\$56.50
73650	RADIOLOGIC EXAMINATION; CALCANEUS, MINIMUM OF TWO VIEWS		7/1/2023	12/31/2382	\$56.50
73650	RADIOLOGIC EXAMINATION; CALCANEUS, MINIMUM OF TWO VIEWS		1/1/1993	12/31/2382	\$22.80
73650	RADIOLOGIC EXAMINATION; CALCANEUS, MINIMUM OF TWO VIEWS	LT	7/1/2023	12/31/2382	\$56.50
73650	RADIOLOGIC EXAMINATION; CALCANEUS, MINIMUM OF TWO VIEWS	RT	7/1/2023	12/31/2382	\$56.50
73650	RADIOLOGIC EXAMINATION; CALCANEUS, MINIMUM OF TWO VIEWS	TC	7/1/2023	12/31/2382	\$18.91

73660	RADIOLOGIC EXAMINATION; TOE OR TOES, MINIMUM OF TWO VIEWS	26	7/1/2023	12/31/2382	\$7.72
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
73660	RADIOLOGIC EXAMINATION; TOE OR TOES, MINIMUM OF TWO VIEWS	50	7/1/2023	12/31/2382	\$56.50
73660	RADIOLOGIC EXAMINATION; TOE OR TOES, MINIMUM OF TWO VIEWS	59	7/1/2023	12/31/2382	\$56.50
73660	RADIOLOGIC EXAMINATION; TOE OR TOES, MINIMUM OF TWO VIEWS	76	7/1/2023	12/31/2382	\$56.50
73660	RADIOLOGIC EXAMINATION; TOE OR TOES, MINIMUM OF TWO VIEWS		7/1/2023	12/31/2382	\$56.50
73660	RADIOLOGIC EXAMINATION; TOE OR TOES, MINIMUM OF TWO VIEWS		1/1/1993	12/31/2382	\$19.67
73660	RADIOLOGIC EXAMINATION; TOE OR TOES, MINIMUM OF TWO VIEWS	LT	7/1/2023	12/31/2382	\$56.50
73660	RADIOLOGIC EXAMINATION; TOE OR TOES, MINIMUM OF TWO VIEWS	RT	7/1/2023	12/31/2382	\$56.50
73660	RADIOLOGIC EXAMINATION; TOE OR TOES, MINIMUM OF TWO VIEWS	T5	7/1/2023	12/31/2382	\$56.50
73660	RADIOLOGIC EXAMINATION; TOE OR TOES, MINIMUM OF TWO VIEWS	T6	7/1/2023	12/31/2382	\$56.50

73660	RADIOLOGIC EXAMINATION; TOE OR TOES, MINIMUM OF TWO VIEWS	TC	7/1/2023	12/31/2382	\$16.59
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
73700	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	26	7/1/2023	12/31/2382	\$67.15
73700	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	50	7/1/2023	12/31/2382	\$244.82
73700	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	59	7/1/2023	12/31/2382	\$244.82
73700	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL		1/1/1993	12/31/2382	\$210.02
73700	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL		7/1/2023	12/31/2382	\$244.82
73700	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	LT	7/1/2023	12/31/2382	\$56.50
73700	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	RT	7/1/2023	12/31/2382	\$56.50
73700	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	TC	7/1/2023	12/31/2382	\$194.29
73701	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)	26	7/1/2023	12/31/2382	\$72.09

73701	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)	59	7/1/2023	12/31/2382	\$332.45
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
73701	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)		1/1/1993	12/31/2382	\$243.78
73701	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)		7/1/2023	12/31/2382	\$332.45
73701	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)	LT	7/1/2023	12/31/2382	\$332.45
73701	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)	RT	7/1/2023	12/31/2382	\$332.45
73701	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)	TC	7/1/2023	12/31/2382	\$231.31
73702	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AN	26	7/1/2023	12/31/2382	\$75.64
73702	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AN		1/1/1993	12/31/2382	\$295.05
73702	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AN		7/1/2023	12/31/2382	\$395.43
73702	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AN	TC	7/1/2023	12/31/2382	\$291.34

73706	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, LOWER EXTREMITY, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL	59	7/1/2023	12/31/2382	\$386.84
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
73706	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, LOWER EXTREMITY, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL		7/1/2023	12/31/2382	\$386.84
73706	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, LOWER EXTREMITY, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL	LT	7/1/2023	12/31/2382	\$386.84
73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S)		7/1/2023	12/31/2382	\$454.49
73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S)	LT	7/1/2023	12/31/2382	\$454.49
73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S)	RT	7/1/2023	12/31/2382	\$454.49
73719	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT; WITH CONTRAST MATERIAL(S)		7/1/2023	12/31/2382	\$482.87
73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT	26	7/1/2023	12/31/2382	\$91.97
73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT		1/1/1993	12/31/2382	\$428.43
73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT		7/1/2023	12/31/2382	\$658.91

73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT	LT	7/1/2023	12/31/2382	\$658.91
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT	RT	7/1/2023	12/31/2382	\$658.91
73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT	TC	7/1/2023	12/31/2382	\$439.49
73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY	26	7/1/2023	12/31/2382	\$168.38
73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY	50	7/1/2023	12/31/2382	\$454.49
73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY		1/1/1993	12/31/2382	\$402.69
73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY		7/1/2023	12/31/2382	\$454.49
73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY	LT	7/1/2023	12/31/2382	\$454.49
73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY	RT	7/1/2023	12/31/2382	\$454.49
73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY	TC	7/1/2023	12/31/2382	\$439.49

73722	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)		7/1/2023	12/31/2382	\$482.87
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S)		7/1/2023	12/31/2382	\$658.91
73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S)	LT	7/1/2023	12/31/2382	\$658.91
73725	MAGNETIC RESONANCE ANGIOGRAPHY, LOWER EXTREMITY, WITH OR WITHOUT CONTRAST MATERIAL(S)		12/1/2006	12/31/2382	\$380.71
73725	MAGNETIC RESONANCE ANGIOGRAPHY, LOWER EXTREMITY, WITH OR WITHOUT CONTRAST MATERIAL(S)		7/1/2023	12/31/2382	\$572.98
74000	RADIOLOGIC EXAMINATION, ABDOMEN; SINGLE ANTEROPOSTERIOR VIEW	26	7/1/2023	12/31/2382	\$14.37
74000	RADIOLOGIC EXAMINATION, ABDOMEN; SINGLE ANTEROPOSTERIOR VIEW	59	7/1/2023	12/31/2382	\$56.50
74000	RADIOLOGIC EXAMINATION, ABDOMEN; SINGLE ANTEROPOSTERIOR VIEW	76	7/1/2023	12/31/2382	\$56.50
74000	RADIOLOGIC EXAMINATION, ABDOMEN; SINGLE ANTEROPOSTERIOR VIEW		1/1/1993	12/31/2382	\$29.48
74000	RADIOLOGIC EXAMINATION, ABDOMEN; SINGLE ANTEROPOSTERIOR VIEW		7/1/2023	12/31/2382	\$56.50

74000	RADIOLOGIC EXAMINATION, ABDOMEN; SINGLE ANTEROPOSTERIOR VIEW	TC	7/1/2023	12/31/2382	\$20.82
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
74010	RADIOLOGIC EXAMINATION, ABDOMEN; ANTEROPOSTERIOR AND ADDITIONAL OBLIQUE AND CONE VIEWS	26	7/1/2023	12/31/2382	\$14.04
74010	RADIOLOGIC EXAMINATION, ABDOMEN; ANTEROPOSTERIOR AND ADDITIONAL OBLIQUE AND CONE VIEWS		1/1/1993	12/31/2382	\$29.52
74010	RADIOLOGIC EXAMINATION, ABDOMEN; ANTEROPOSTERIOR AND ADDITIONAL OBLIQUE AND CONE VIEWS		7/1/2023	12/31/2382	\$56.50
74010	RADIOLOGIC EXAMINATION, ABDOMEN; ANTEROPOSTERIOR AND ADDITIONAL OBLIQUE AND CONE VIEWS	TC	7/1/2023	12/31/2382	\$22.63
74018	RADIOLOGIC EXAMINATION, ABDOMEN; 1 VIEW	26	7/1/2023	12/31/2382	\$6.61
74018	RADIOLOGIC EXAMINATION, ABDOMEN; 1 VIEW	26	1/1/2018	12/31/2382	\$9.49
74018	RADIOLOGIC EXAMINATION, ABDOMEN; 1 VIEW		7/1/2023	12/31/2382	\$61.19
74018	RADIOLOGIC EXAMINATION, ABDOMEN; 1 VIEW	PN	7/1/2023	12/31/2382	\$61.19
74018	RADIOLOGIC EXAMINATION, ABDOMEN; 1 VIEW	TC	1/1/2018	12/31/2382	\$14.86

74018	RADIOLOGIC EXAMINATION, ABDOMEN; 1 VIEW	TC	7/1/2023	12/31/2382	\$12.96
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
74019	RADIOLOGIC EXAMINATION, ABDOMEN; 2 VIEWS	26	7/1/2023	12/31/2382	\$8.38
74019	RADIOLOGIC EXAMINATION, ABDOMEN; 2 VIEWS		7/1/2023	12/31/2382	\$112.74
74019	RADIOLOGIC EXAMINATION, ABDOMEN; 2 VIEWS	TC	7/1/2023	12/31/2382	\$15.50
74020	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE, INCLUDING DECUBITUS AND/OR ERECT VIEWS	26	7/1/2023	12/31/2382	\$16.60
74020	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE, INCLUDING DECUBITUS AND/OR ERECT VIEWS	59	7/1/2023	12/31/2382	\$56.50
74020	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE, INCLUDING DECUBITUS AND/OR ERECT VIEWS		7/1/2023	12/31/2382	\$56.50
74020	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE, INCLUDING DECUBITUS AND/OR ERECT VIEWS		1/1/1993	12/31/2382	\$32.97
74020	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE, INCLUDING DECUBITUS AND/OR ERECT VIEWS	TC	7/1/2023	12/31/2382	\$24.56
74021	RADIOLOGIC EXAMINATION, ABDOMEN; 3 OR MORE VIEWS	26	7/1/2023	12/31/2382	\$9.90

74021	RADIOLOGIC EXAMINATION, ABDOMEN; 3 OR MORE VIEWS		7/1/2023	12/31/2382	\$112.74
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
74021	RADIOLOGIC EXAMINATION, ABDOMEN; 3 OR MORE VIEWS	TC	7/1/2023	12/31/2382	\$18.04
74022	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE ACUTE ABDOMEN SERIES, INCLUDING SUPINE, ERECT, AND/ OR DECUBITUS VIE	26	7/1/2023	12/31/2382	\$19.38
74022	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE ACUTE ABDOMEN SERIES, INCLUDING SUPINE, ERECT, AND/ OR DECUBITUS VIE		1/1/1993	12/31/2382	\$42.03
74022	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE ACUTE ABDOMEN SERIES, INCLUDING SUPINE, ERECT, AND/ OR DECUBITUS VIE		7/1/2023	12/31/2382	\$96.17
74022	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE ACUTE ABDOMEN SERIES, INCLUDING SUPINE, ERECT, AND/ OR DECUBITUS VIE	TC	7/1/2023	12/31/2382	\$29.05
74150	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	26	7/1/2023	12/31/2382	\$73.65
74150	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL		7/1/2023	12/31/2382	\$244.82
74150	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL		1/1/1993	12/31/2382	\$237.32
74150	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	TC	7/1/2023	12/31/2382	\$221.82

74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	26	7/1/2023	12/31/2382	\$79.01
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	59	7/1/2023	12/31/2382	\$332.45
74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)		7/1/2023	12/31/2382	\$332.45
74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)		1/1/1993	12/31/2382	\$279.10
74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	GZ	7/1/2023	12/31/2382	\$332.45
74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	TC	7/1/2023	12/31/2382	\$268.31
74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER	26	7/1/2023	12/31/2382	\$87.09
74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER		7/1/2023	12/31/2382	\$395.43
74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER		1/1/1993	12/31/2382	\$338.12
74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER	TC	7/1/2023	12/31/2382	\$332.95

74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES		7/1/2023	12/31/2382	\$419.75
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES	QQ	7/1/2023	12/31/2382	\$419.75
74175	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND		7/1/2023	12/31/2382	\$386.84
74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	26	7/1/2023	12/31/2382	\$93.83
74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL		7/1/2023	12/31/2382	\$218.00
74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	ME	7/1/2023	12/31/2382	\$218.00
74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	MG	7/1/2023	12/31/2382	\$218.00
74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	MH	7/1/2023	12/31/2382	\$218.00
74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	PO	7/1/2023	12/31/2382	\$218.00
74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	QQ	7/1/2023	12/31/2382	\$218.00

74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	TC	7/1/2023	12/31/2382	\$125.48
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL		7/1/2023	12/31/2382	\$337.15
74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL	MG	7/1/2023	12/31/2382	\$337.15
74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL	MH	7/1/2023	12/31/2382	\$337.15
74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL	PO	7/1/2023	12/31/2382	\$337.15
74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL	QQ	7/1/2023	12/31/2382	\$337.15
74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL	TC	7/1/2023	12/31/2382	\$157.03
74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL	XP	7/1/2023	12/31/2382	\$337.15
74178	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL IN ONE OR BOTH BODY REGIONS, FOLLOWED BY		7/1/2023	12/31/2382	\$375.86
74178	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL IN ONE OR BOTH BODY REGIONS, FOLLOWED BY	QQ	7/1/2023	12/31/2382	\$375.86

74178	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL IN ONE OR BOTH BODY REGIONS, FOLLOWED BY	TC	7/1/2023	12/31/2382	\$210.14
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN	26	7/1/2023	12/31/2382	\$99.70
74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN	52	7/1/2023	12/31/2382	\$454.49
74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN	59	7/1/2023	12/31/2382	\$454.49
74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN		1/1/1993	12/31/2382	\$434.32
74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN		7/1/2023	12/31/2382	\$454.49
74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN	MG	7/1/2023	12/31/2382	\$454.49
74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN	TC	7/1/2023	12/31/2382	\$439.49
74182	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITH CONTRAST MATERIAL(S)		7/1/2023	12/31/2382	\$482.87
74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY WITH CONTRAST MATE	59	7/1/2023	12/31/2382	\$658.91

74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY WITH CONTRAST MATE		7/1/2023	12/31/2382	\$658.91
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY WITH CONTRAST MATE	MC	7/1/2023	12/31/2382	\$658.91
74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY WITH CONTRAST MATE	MG	7/1/2023	12/31/2382	\$658.91
74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY WITH CONTRAST MATE	MH	7/1/2023	12/31/2382	\$658.91
74185	MAGNETIC RESONANCE ANGIOGRAPHY, ABDOMEN, WITH OR WITHOUT CONTRAST MATERIAL(S)		12/1/2006	12/31/2382	\$380.71
74185	MAGNETIC RESONANCE ANGIOGRAPHY, ABDOMEN, WITH OR WITHOUT CONTRAST MATERIAL(S)		7/1/2023	12/31/2382	\$572.52
74190	PERITONEOGRAM, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$267.56
74210	RADIOLOGIC EXAMINATION; PHARYNX AND/OR CERVICAL ESOPHAGUS	26	7/1/2023	12/31/2382	\$21.56
74210	RADIOLOGIC EXAMINATION; PHARYNX AND/OR CERVICAL ESOPHAGUS		7/1/2023	12/31/2382	\$113.81
74210	RADIOLOGIC EXAMINATION; PHARYNX AND/OR CERVICAL ESOPHAGUS		1/1/1993	12/31/2382	\$54.27

74210	RADIOLOGIC EXAMINATION; PHARYNX AND/OR CERVICAL ESOPHAGUS	TC	7/1/2023	12/31/2382	\$46.13
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
74220	RADIOLOGIC EXAMINATION; ESOPHAGUS	26	7/1/2023	12/31/2382	\$29.10
74220	RADIOLOGIC EXAMINATION; ESOPHAGUS		7/1/2023	12/31/2382	\$110.73
74220	RADIOLOGIC EXAMINATION; ESOPHAGUS		12/1/2006	12/31/2382	\$92.44
74220	RADIOLOGIC EXAMINATION; ESOPHAGUS		1/1/1993	12/31/2382	\$59.84
74220	RADIOLOGIC EXAMINATION; ESOPHAGUS	FY	7/1/2023	12/31/2382	\$110.73
74220	RADIOLOGIC EXAMINATION; ESOPHAGUS	TC	7/1/2023	12/31/2382	\$46.13
74221	RADIOLOGIC EXAMINATION, ESOPHAGUS, INCLUDING SCOUT CHEST RADIOGRAPH(S) AND DELAYED IMAGE(S), WHEN PERFORMED; DOUBLE-CONTRAST (EG, HIGH-DENSITY	26	7/1/2023	12/31/2382	\$21.27
74221	RADIOLOGIC EXAMINATION, ESOPHAGUS, INCLUDING SCOUT CHEST RADIOGRAPH(S) AND DELAYED IMAGE(S), WHEN PERFORMED; DOUBLE-CONTRAST (EG, HIGH-DENSITY		7/1/2023	12/31/2382	\$162.95
74221	RADIOLOGIC EXAMINATION, ESOPHAGUS, INCLUDING SCOUT CHEST RADIOGRAPH(S) AND DELAYED IMAGE(S), WHEN PERFORMED; DOUBLE-CONTRAST (EG, HIGH-DENSITY	FY	7/1/2023	12/31/2382	\$162.95

74221	RADIOLOGIC EXAMINATION, ESOPHAGUS, INCLUDING SCOUT CHEST RADIOGRAPH(S) AND DELAYED IMAGE(S), WHEN PERFORMED; DOUBLE-CONTRAST (EG, HIGH-DENSITY	TC	7/1/2023	12/31/2382	\$44.47
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
74230	SWALLOWING FUNCTION, PHARYNX AND/OR ESOPHAGUS, WITH CINERADIOGRAPHY AND/OR VIDEO	26	7/1/2023	12/31/2382	\$33.68
74230	SWALLOWING FUNCTION, PHARYNX AND/OR ESOPHAGUS, WITH CINERADIOGRAPHY AND/OR VIDEO		12/1/2006	12/31/2382	\$92.44
74230	SWALLOWING FUNCTION, PHARYNX AND/OR ESOPHAGUS, WITH CINERADIOGRAPHY AND/OR VIDEO		7/1/2023	12/31/2382	\$110.73
74230	SWALLOWING FUNCTION, PHARYNX AND/OR ESOPHAGUS, WITH CINERADIOGRAPHY AND/OR VIDEO		1/1/1993	12/31/2382	\$67.50
74230	SWALLOWING FUNCTION, PHARYNX AND/OR ESOPHAGUS, WITH CINERADIOGRAPHY AND/OR VIDEO	FY	7/1/2023	12/31/2382	\$110.73
74230	SWALLOWING FUNCTION, PHARYNX AND/OR ESOPHAGUS, WITH CINERADIOGRAPHY AND/OR VIDEO	TC	7/1/2023	12/31/2382	\$51.00
74235	REMOVAL OF FOREIGN BODY(S), ESOPHAGEAL, WITH USE OF BALLOON CATHETER, RADIOLOGICAL SUPERVISION AND INTERPRETAT	26	7/1/2023	12/31/2382	\$73.65
74235	REMOVAL OF FOREIGN BODY(S), ESOPHAGEAL, WITH USE OF BALLOON CATHETER, RADIOLOGICAL SUPERVISION AND INTERPRETAT		1/1/1993	12/31/2382	\$140.88
74235	REMOVAL OF FOREIGN BODY(S), ESOPHAGEAL, WITH USE OF BALLOON CATHETER, RADIOLOGICAL SUPERVISION AND INTERPRETAT		7/1/2023	12/31/2382	\$175.71

74235	REMOVAL OF FOREIGN BODY(S), ESOPHAGEAL, WITH USE OF BALLOON CATHETER, RADIOLOGICAL SUPERVISION AND INTERPRETAT	TC	7/1/2023	12/31/2382	\$103.09
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
74240	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR WITHOUT DELAYED FILMS, WITHOUT KUB	26	7/1/2023	12/31/2382	\$42.96
74240	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR WITHOUT DELAYED FILMS, WITHOUT KUB		1/1/1993	12/31/2382	\$80.17
74240	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR WITHOUT DELAYED FILMS, WITHOUT KUB		7/1/2023	12/31/2382	\$113.81
74240	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR WITHOUT DELAYED FILMS, WITHOUT KUB	TC	7/1/2023	12/31/2382	\$57.44
74241	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR WITHOUT DELAYED FILMS, WITH KUB	26	7/1/2023	12/31/2382	\$42.96
74241	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR WITHOUT DELAYED FILMS, WITH KUB		1/1/1993	12/31/2382	\$81.11
74241	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR WITHOUT DELAYED FILMS, WITH KUB		7/1/2023	12/31/2382	\$113.81
74241	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR WITHOUT DELAYED FILMS, WITH KUB	TC	7/1/2023	12/31/2382	\$58.61
74245	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH SMALL BOWEL, INCLUDES MULTIPLE SERIAL FILMS	26	7/1/2023	12/31/2382	\$56.63

74245	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH SMALL BOWEL, INCLUDES MULTIPLE SERIAL FILMS		7/1/2023	12/31/2382	\$177.76
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
74245	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH SMALL BOWEL, INCLUDES MULTIPLE SERIAL FILMS		1/1/1993	12/31/2382	\$119.90
74245	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH SMALL BOWEL, INCLUDES MULTIPLE SERIAL FILMS	TC	7/1/2023	12/31/2382	\$93.70
74246	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY BARIUM, EFFE	26	7/1/2023	12/31/2382	\$42.96
74246	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY BARIUM, EFFE		1/1/1993	12/31/2382	\$86.02
74246	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY BARIUM, EFFE		7/1/2023	12/31/2382	\$113.81
74246	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY BARIUM, EFFE	FY	7/1/2023	12/31/2382	\$113.81
74246	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY BARIUM, EFFE	TC	7/1/2023	12/31/2382	\$64.64
74247	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY BARIUM, EFFE	26	7/1/2023	12/31/2382	\$42.96
74247	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY BARIUM, EFFE		1/1/1993	12/31/2382	\$87.18

74247	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY BARIUM, EFFE		7/1/2023	12/31/2382	\$113.81
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
74247	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY BARIUM, EFFE	TC	7/1/2023	12/31/2382	\$66.07
74249	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY BARIUM, EFFE	26	7/1/2023	12/31/2382	\$56.63
74249	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY BARIUM, EFFE		1/1/1993	12/31/2382	\$125.75
74249	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY BARIUM, EFFE		7/1/2023	12/31/2382	\$177.76
74249	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY BARIUM, EFFE	TC	7/1/2023	12/31/2382	\$100.87
74250	RADIOLOGIC EXAMINATION, SMALL BOWEL, INCLUDES MULTIPLE SERIAL FILMS	26	7/1/2023	12/31/2382	\$29.27
74250	RADIOLOGIC EXAMINATION, SMALL BOWEL, INCLUDES MULTIPLE SERIAL FILMS		1/1/1993	12/31/2382	\$64.13
74250	RADIOLOGIC EXAMINATION, SMALL BOWEL, INCLUDES MULTIPLE SERIAL FILMS		7/1/2023	12/31/2382	\$113.81
74250	RADIOLOGIC EXAMINATION, SMALL BOWEL, INCLUDES MULTIPLE SERIAL FILMS	TC	7/1/2023	12/31/2382	\$51.00

74251	RADIOLOGIC EXAMINATION, SMALL BOWEL, INCLUDES MULTIPLE SERIAL FILMS; VIA ENTEROCLYSIS TUBE		7/1/2023	12/31/2382	\$177.76
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
74260	DUODENOGRAPHY, HYPOTONIC	26	7/1/2023	12/31/2382	\$31.53
74260	DUODENOGRAPHY, HYPOTONIC		7/1/2023	12/31/2382	\$177.76
74260	DUODENOGRAPHY, HYPOTONIC		1/1/1993	12/31/2382	\$71.85
74260	DUODENOGRAPHY, HYPOTONIC	TC	7/1/2023	12/31/2382	\$58.61
74261	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE POSTPROCESSING; WITHOUT CONTRAST MATERIAL		7/1/2023	12/31/2382	\$218.00
74270	RADIOLOGIC EXAMINATION, COLON; BARIUM ENEMA	26	7/1/2023	12/31/2382	\$42.96
74270	RADIOLOGIC EXAMINATION, COLON; BARIUM ENEMA		1/1/1993	12/31/2382	\$87.81
74270	RADIOLOGIC EXAMINATION, COLON; BARIUM ENEMA		7/1/2023	12/31/2382	\$113.81
74270	RADIOLOGIC EXAMINATION, COLON; BARIUM ENEMA	TC	7/1/2023	12/31/2382	\$66.83

74280	RADIOLOGIC EXAMINATION, COLON; AIR CONTRAST WITH SPECIFIC HIGH DENSITY BARIUM, WITH OR WITHOUT GLUCAGON	26	7/1/2023	12/31/2382	\$61.40
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
74280	RADIOLOGIC EXAMINATION, COLON; AIR CONTRAST WITH SPECIFIC HIGH DENSITY BARIUM, WITH OR WITHOUT GLUCAGON		7/1/2023	12/31/2382	\$177.76
74280	RADIOLOGIC EXAMINATION, COLON; AIR CONTRAST WITH SPECIFIC HIGH DENSITY BARIUM, WITH OR WITHOUT GLUCAGON		1/1/1993	12/31/2382	\$118.99
74280	RADIOLOGIC EXAMINATION, COLON; AIR CONTRAST WITH SPECIFIC HIGH DENSITY BARIUM, WITH OR WITHOUT GLUCAGON	TC	7/1/2023	12/31/2382	\$87.65
74283	THERAPEUTIC ENEMA, CONTRAST OR AIR, FOR REDUCTION OF INTUSSUSCEPTION OR OTHER INTRALUNIMAL OBSTRUCTION	26	7/1/2023	12/31/2382	\$119.63
74283	THERAPEUTIC ENEMA, CONTRAST OR AIR, FOR REDUCTION OF INTUSSUSCEPTION OR OTHER INTRALUNIMAL OBSTRUCTION		7/1/2023	12/31/2382	\$113.81
74283	THERAPEUTIC ENEMA, CONTRAST OR AIR, FOR REDUCTION OF INTUSSUSCEPTION OR OTHER INTRALUNIMAL OBSTRUCTION		1/1/1993	12/31/2382	\$178.81
74283	THERAPEUTIC ENEMA, CONTRAST OR AIR, FOR REDUCTION OF INTUSSUSCEPTION OR OTHER INTRALUNIMAL OBSTRUCTION	TC	7/1/2023	12/31/2382	\$100.52
74290	CHOLECYSTOGRAPHY, ORAL CONTRAST;	26	7/1/2023	12/31/2382	\$19.38
74290	CHOLECYSTOGRAPHY, ORAL CONTRAST;		1/1/1993	12/31/2382	\$38.83

74290	CHOLECYSTOGRAPHY, ORAL CONTRAST;		7/1/2023	12/31/2382	\$113.81
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
74290	CHOLECYSTOGRAPHY, ORAL CONTRAST;	TC	7/1/2023	12/31/2382	\$29.05
74291	CHOLECYSTOGRAPHY, ORAL CONTRAST; ADDITIONAL OR REPEAT EXAMINATION OR MULTIPLE DAY EXAMINATION	26	7/1/2023	12/31/2382	\$12.27
74291	CHOLECYSTOGRAPHY, ORAL CONTRAST; ADDITIONAL OR REPEAT EXAMINATION OR MULTIPLE DAY EXAMINATION		7/1/2023	12/31/2382	\$113.81
74291	CHOLECYSTOGRAPHY, ORAL CONTRAST; ADDITIONAL OR REPEAT EXAMINATION OR MULTIPLE DAY EXAMINATION		1/1/1993	12/31/2382	\$22.82
74291	CHOLECYSTOGRAPHY, ORAL CONTRAST; ADDITIONAL OR REPEAT EXAMINATION OR MULTIPLE DAY EXAMINATION	TC	7/1/2023	12/31/2382	\$16.59
74300	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; DURING SURGERY	26	7/1/2023	12/31/2382	\$22.09
74300	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; DURING SURGERY		7/1/2023	12/31/2382	\$131.52
74300	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; DURING SURGERY		1/1/1993	12/31/2382	\$0.00
74300	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; DURING SURGERY	TC	1/1/1993	12/31/2382	\$0.00

74301	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; ADDITIONAL SET DURING SURGERY	26	7/1/2023	12/31/2382	\$12.86
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
74301	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; ADDITIONAL SET DURING SURGERY		7/1/2023	12/31/2382	\$131.52
74301	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; ADDITIONAL SET DURING SURGERY		1/1/1993	12/31/2382	\$0.00
74301	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; ADDITIONAL SET DURING SURGERY	TC	1/1/1993	12/31/2382	\$0.00
74305	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; POSTOPERATIVE	26	7/1/2023	12/31/2382	\$26.04
74305	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; POSTOPERATIVE		1/1/1993	12/31/2382	\$45.33
74305	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; POSTOPERATIVE		7/1/2023	12/31/2382	\$131.52
74305	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; POSTOPERATIVE	TC	7/1/2023	12/31/2382	\$30.97
74320	CHOLANGIOGRAPHY, PERCUTANEOUS, TRANSHEPATIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$32.48
74320	CHOLANGIOGRAPHY, PERCUTANEOUS, TRANSHEPATIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$126.47

74320	CHOLANGIOGRAPHY, PERCUTANEOUS, TRANSHEPATIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$267.56
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
74320	CHOLANGIOGRAPHY, PERCUTANEOUS, TRANSHEPATIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$123.23
74327	POSTOPERATIVE BILIARY DUCT STONE REMOVAL, PERCUTANEOUS VIA T-TUBE TRACT, BASKET OR SNARE (EG, BURHENNE TECHNIQ	26	7/1/2023	12/31/2382	\$43.62
74327	POSTOPERATIVE BILIARY DUCT STONE REMOVAL, PERCUTANEOUS VIA T-TUBE TRACT, BASKET OR SNARE (EG, BURHENNE TECHNIQ		1/1/1993	12/31/2382	\$89.99
74327	POSTOPERATIVE BILIARY DUCT STONE REMOVAL, PERCUTANEOUS VIA T-TUBE TRACT, BASKET OR SNARE (EG, BURHENNE TECHNIQ		7/1/2023	12/31/2382	\$175.71
74327	POSTOPERATIVE BILIARY DUCT STONE REMOVAL, PERCUTANEOUS VIA T-TUBE TRACT, BASKET OR SNARE (EG, BURHENNE TECHNIQ	TC	7/1/2023	12/31/2382	\$69.13
74328	ENDOSCOPIC CATHETERIZATION OF THE BILIARY DUCTAL SYSTEM, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$43.62
74328	ENDOSCOPIC CATHETERIZATION OF THE BILIARY DUCTAL SYSTEM, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$164.87
74328	ENDOSCOPIC CATHETERIZATION OF THE BILIARY DUCTAL SYSTEM, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$123.23
74329	ENDOSCOPIC CATHETERIZATION OF THE PANCREATIC DUCTAL SYSTEM, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$43.62

74329	ENDOSCOPIC CATHETERIZATION OF THE PANCREATIC DUCTAL SYSTEM, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$164.87
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
74329	ENDOSCOPIC CATHETERIZATION OF THE PANCREATIC DUCTAL SYSTEM, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$123.23
74330	COMBINED ENDOSCOPIC CATHETERIZATION OF THE BILIARY AND PANCREATIC DUCTAL SYSTEMS, RADIOLOGICAL SUPERVISION AND	26	7/1/2023	12/31/2382	\$43.62
74330	COMBINED ENDOSCOPIC CATHETERIZATION OF THE BILIARY AND PANCREATIC DUCTAL SYSTEMS, RADIOLOGICAL SUPERVISION AND		7/1/2023	12/31/2382	\$164.87
74330	COMBINED ENDOSCOPIC CATHETERIZATION OF THE BILIARY AND PANCREATIC DUCTAL SYSTEMS, RADIOLOGICAL SUPERVISION AND	TC	7/1/2023	12/31/2382	\$123.23
74340	INTRODUCTION OF LONG GASTROINTESTINAL TUBE (EG, MILLER-ABBOTT), WITH MULTIPLE FLUOROSCOPIES AND FILMS	26	7/1/2023	12/31/2382	\$34.31
74340	INTRODUCTION OF LONG GASTROINTESTINAL TUBE (EG, MILLER-ABBOTT), WITH MULTIPLE FLUOROSCOPIES AND FILMS		7/1/2023	12/31/2382	\$102.94
74340	INTRODUCTION OF LONG GASTROINTESTINAL TUBE (EG, MILLER-ABBOTT), WITH MULTIPLE FLUOROSCOPIES AND FILMS		1/1/1993	12/31/2382	\$110.11
74340	INTRODUCTION OF LONG GASTROINTESTINAL TUBE (EG, MILLER-ABBOTT), WITH MULTIPLE FLUOROSCOPIES AND FILMS	TC	7/1/2023	12/31/2382	\$103.09
74350	PERCUTANEOUS PLACEMENT OF GASTROSTOMY TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$47.25

74350	PERCUTANEOUS PLACEMENT OF GASTROSTOMY TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$131.52
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
74350	PERCUTANEOUS PLACEMENT OF GASTROSTOMY TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$136.76
74350	PERCUTANEOUS PLACEMENT OF GASTROSTOMY TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$123.23
74355	PERCUTANEOUS PLACEMENT OF ENTEROCLYSIS TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$47.25
74355	PERCUTANEOUS PLACEMENT OF ENTEROCLYSIS TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$120.39
74355	PERCUTANEOUS PLACEMENT OF ENTEROCLYSIS TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$131.52
74355	PERCUTANEOUS PLACEMENT OF ENTEROCLYSIS TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$103.09
74360	INTRALUMINAL DILATION OF STRICTURES AND/OR OBSTRUCTIONS (EG, ESOPHAGUS), RADIOLOGICAL SUPERVISION AND INTERPRE	26	7/1/2023	12/31/2382	\$34.31
74360	INTRALUMINAL DILATION OF STRICTURES AND/OR OBSTRUCTIONS (EG, ESOPHAGUS), RADIOLOGICAL SUPERVISION AND INTERPRE		1/1/1993	12/31/2382	\$126.47
74360	INTRALUMINAL DILATION OF STRICTURES AND/OR OBSTRUCTIONS (EG, ESOPHAGUS), RADIOLOGICAL SUPERVISION AND INTERPRE		7/1/2023	12/31/2382	\$175.71

74360	INTRALUMINAL DILATION OF STRICTURES AND/OR OBSTRUCTIONS (EG, ESOPHAGUS), RADIOLOGICAL SUPERVISION AND INTERPRE	TC	7/1/2023	12/31/2382	\$123.23
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
74363	PERCUTANEOUS TRANSHEPATIC DILATATION OF BILIARY DUCT STRICTURE WITH OR WITHOUT PLACEMENT OF STENT, RADIOLOGICA	26	7/1/2023	12/31/2382	\$52.37
74363	PERCUTANEOUS TRANSHEPATIC DILATATION OF BILIARY DUCT STRICTURE WITH OR WITHOUT PLACEMENT OF STENT, RADIOLOGICA		7/1/2023	12/31/2382	\$394.84
74363	PERCUTANEOUS TRANSHEPATIC DILATATION OF BILIARY DUCT STRICTURE WITH OR WITHOUT PLACEMENT OF STENT, RADIOLOGICA		1/1/1993	12/31/2382	\$0.00
74363	PERCUTANEOUS TRANSHEPATIC DILATATION OF BILIARY DUCT STRICTURE WITH OR WITHOUT PLACEMENT OF STENT, RADIOLOGICA	TC	1/1/1993	12/31/2382	\$0.00
74400	UROGRAPHY (PYELOGRAPHY), INTRAVENOUS, WITH OR WITHOUT KUB, WITH OR WITHOUT TOMOGRAPHY;	26	7/1/2023	12/31/2382	\$30.59
74400	UROGRAPHY (PYELOGRAPHY), INTRAVENOUS, WITH OR WITHOUT KUB, WITH OR WITHOUT TOMOGRAPHY;		1/1/1993	12/31/2382	\$77.30
74400	UROGRAPHY (PYELOGRAPHY), INTRAVENOUS, WITH OR WITHOUT KUB, WITH OR WITHOUT TOMOGRAPHY;		7/1/2023	12/31/2382	\$197.97
74400	UROGRAPHY (PYELOGRAPHY), INTRAVENOUS, WITH OR WITHOUT KUB, WITH OR WITHOUT TOMOGRAPHY;	TC	7/1/2023	12/31/2382	\$66.07
74405	UROGRAPHY (PYELOGRAPHY), INTRAVENOUS, WITH OR WITHOUT KUB, WITH OR WITHOUT TOMOGRAPHY; WITH SPECIAL HYPERTENSI	26	7/1/2023	12/31/2382	\$30.59

74405	UROGRAPHY (PYELOGRAPHY), INTRAVENOUS, WITH OR WITHOUT KUB, WITH OR WITHOUT TOMOGRAPHY; WITH SPECIAL HYPERTENSI		7/1/2023	12/31/2382	\$107.24
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
74405	UROGRAPHY (PYELOGRAPHY), INTRAVENOUS, WITH OR WITHOUT KUB, WITH OR WITHOUT TOMOGRAPHY; WITH SPECIAL HYPERTENSI	TC	7/1/2023	12/31/2382	\$78.16
74410	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE;	26	7/1/2023	12/31/2382	\$30.59
74410	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE;		7/1/2023	12/31/2382	\$197.97
74410	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE;		1/1/1993	12/31/2382	\$85.64
74410	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE;	TC	7/1/2023	12/31/2382	\$76.34
74415	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE; WITH NEPHROTOMOGRAPHY	26	7/1/2023	12/31/2382	\$30.59
74415	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE; WITH NEPHROTOMOGRAPHY		7/1/2023	12/31/2382	\$197.97
74415	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE; WITH NEPHROTOMOGRAPHY		1/1/1993	12/31/2382	\$91.17
74415	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE; WITH NEPHROTOMOGRAPHY	TC	7/1/2023	12/31/2382	\$83.13

74420	UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB	26	7/1/2023	12/31/2382	\$21.56
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
74420	UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB	76	7/1/2023	12/31/2382	\$197.97
74420	UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB		7/1/2023	12/31/2382	\$197.97
74420	UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB		1/1/1993	12/31/2382	\$100.54
74420	UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB	TC	7/1/2023	12/31/2382	\$103.09
74425	UROGRAPHY, ANTEGRADE, (PYELOSTOGRAM, NEPHROSTOGRAM, LOOPOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$20.68
74425	UROGRAPHY, ANTEGRADE, (PYELOSTOGRAM, NEPHROSTOGRAM, LOOPOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETATION	59	7/1/2023	12/31/2382	\$197.97
74425	UROGRAPHY, ANTEGRADE, (PYELOSTOGRAM, NEPHROSTOGRAM, LOOPOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$58.24
74425	UROGRAPHY, ANTEGRADE, (PYELOSTOGRAM, NEPHROSTOGRAM, LOOPOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$197.97
74425	UROGRAPHY, ANTEGRADE, (PYELOSTOGRAM, NEPHROSTOGRAM, LOOPOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETATION	LT	7/1/2023	12/31/2382	\$197.97

74425	UROGRAPHY, ANTEGRADE, (PYELOSTOGRAM, NEPHROSTOGRAM, LOOPOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETATION	RT	7/1/2023	12/31/2382	\$197.97
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
74425	UROGRAPHY, ANTEGRADE, (PYELOSTOGRAM, NEPHROSTOGRAM, LOOPOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$51.00
74430	CYSTOGRAPHY, MINIMUM OF THREE VIEWS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$18.75
74430	CYSTOGRAPHY, MINIMUM OF THREE VIEWS, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$48.64
74430	CYSTOGRAPHY, MINIMUM OF THREE VIEWS, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$197.97
74430	CYSTOGRAPHY, MINIMUM OF THREE VIEWS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$41.14
74440	VASOGRAPHY, VESICULOGRAPHY, OR EPIDIDYMOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$22.11
74440	VASOGRAPHY, VESICULOGRAPHY, OR EPIDIDYMOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$197.97
74440	VASOGRAPHY, VESICULOGRAPHY, OR EPIDIDYMOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$53.88
74440	VASOGRAPHY, VESICULOGRAPHY, OR EPIDIDYMOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$44.21

74445	CORPORA CAVERNOSOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$67.63
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
74445	CORPORA CAVERNOSOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$197.97
74445	CORPORA CAVERNOSOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$90.85
74445	CORPORA CAVERNOSOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$44.21
74450	URETHROCYSTOGRAPHY, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$19.13
74450	URETHROCYSTOGRAPHY, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$62.20
74450	URETHROCYSTOGRAPHY, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$197.97
74450	URETHROCYSTOGRAPHY, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$57.44
74455	URETHROCYSTOGRAPHY, VOIDING, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$19.13
74455	URETHROCYSTOGRAPHY, VOIDING, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$65.86

74455	URETHROCYSTOGRAPHY, VOIDING, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$197.97
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
74455	URETHROCYSTOGRAPHY, VOIDING, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$61.94
74470	RADIOLOGIC EXAMINATION, RENAL CYST STUDY, TRANSLUMBAR, CONTRAST VISUALIZATION, RADIOLOGICAL SUPERVISION AND IN	26	7/1/2023	12/31/2382	\$32.48
74470	RADIOLOGIC EXAMINATION, RENAL CYST STUDY, TRANSLUMBAR, CONTRAST VISUALIZATION, RADIOLOGICAL SUPERVISION AND IN		1/1/1993	12/31/2382	\$66.25
74470	RADIOLOGIC EXAMINATION, RENAL CYST STUDY, TRANSLUMBAR, CONTRAST VISUALIZATION, RADIOLOGICAL SUPERVISION AND IN		7/1/2023	12/31/2382	\$131.52
74470	RADIOLOGIC EXAMINATION, RENAL CYST STUDY, TRANSLUMBAR, CONTRAST VISUALIZATION, RADIOLOGICAL SUPERVISION AND IN	TC	7/1/2023	12/31/2382	\$49.09
74475	INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS, RADIO	26	7/1/2023	12/31/2382	\$34.31
74475	INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS, RADIO		1/1/1993	12/31/2382	\$114.81
74475	INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS, RADIO		7/1/2023	12/31/2382	\$394.84
74475	INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS, RADIO	LT	7/1/2023	12/31/2382	\$394.84

74475	INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS, RADIO	RT	7/1/2023	12/31/2382	\$394.84
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
74475	INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS, RADIO	TC	7/1/2023	12/31/2382	\$159.48
74480	INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER THROUGH RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PER	26	7/1/2023	12/31/2382	\$34.31
74480	INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER THROUGH RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PER		1/1/1993	12/31/2382	\$155.92
74480	INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER THROUGH RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PER		7/1/2023	12/31/2382	\$175.71
74480	INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER THROUGH RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PER	TC	7/1/2023	12/31/2382	\$159.48
74485	DILATION OF NEPHROSTOMY, URETERS, OR URETHRA, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$32.48
74485	DILATION OF NEPHROSTOMY, URETERS, OR URETHRA, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$126.47
74485	DILATION OF NEPHROSTOMY, URETERS, OR URETHRA, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$175.71
74485	DILATION OF NEPHROSTOMY, URETERS, OR URETHRA, RADIOLOGICAL SUPERVISION AND INTERPRETATION	LT	7/1/2023	12/31/2382	\$175.71

74485	DILATION OF NEPHROSTOMY, URETERS, OR URETHRA, RADIOLOGICAL SUPERVISION AND INTERPRETATION	RT	7/1/2023	12/31/2382	\$175.71
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
74485	DILATION OF NEPHROSTOMY, URETERS, OR URETHRA, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$123.23
74710	PELVIMETRY, WITH OR WITHOUT PLACENTAL LOCALIZATION	26	7/1/2023	12/31/2382	\$20.86
74710	PELVIMETRY, WITH OR WITHOUT PLACENTAL LOCALIZATION		7/1/2023	12/31/2382	\$96.17
74710	PELVIMETRY, WITH OR WITHOUT PLACENTAL LOCALIZATION		1/1/1993	12/31/2382	\$49.58
74710	PELVIMETRY, WITH OR WITHOUT PLACENTAL LOCALIZATION	TC	7/1/2023	12/31/2382	\$41.14
74712	MAGNETIC RESONANCE IMAGING OF FETUS, SINGLE OR FIRST PREGNANCY		7/1/2023	12/31/2382	\$287.39
74740	HYSTEROSALPINGOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$23.02
74740	HYSTEROSALPINGOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$59.41
74740	HYSTEROSALPINGOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$267.56

74740	HYSTEROSALPINGOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$51.00
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
74742	TRANSCERVICAL CATHETERIZATION OF FALLOPIAN TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$35.19
74742	TRANSCERVICAL CATHETERIZATION OF FALLOPIAN TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$128.68
74742	TRANSCERVICAL CATHETERIZATION OF FALLOPIAN TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$267.56
74742	TRANSCERVICAL CATHETERIZATION OF FALLOPIAN TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$123.23
74775	PERINEOGRAM (EG, VAGINOGRAM, FOR SEX DETERMINATION OR EXTENT OF ANOMALIES)	26	7/1/2023	12/31/2382	\$38.91
74775	PERINEOGRAM (EG, VAGINOGRAM, FOR SEX DETERMINATION OR EXTENT OF ANOMALIES)		1/1/1993	12/31/2382	\$76.80
74775	PERINEOGRAM (EG, VAGINOGRAM, FOR SEX DETERMINATION OR EXTENT OF ANOMALIES)		7/1/2023	12/31/2382	\$197.97
74775	PERINEOGRAM (EG, VAGINOGRAM, FOR SEX DETERMINATION OR EXTENT OF ANOMALIES)	TC	7/1/2023	12/31/2382	\$57.44
75500	ANGIOCARDIOGRAPHY BY CINERADIOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$70.85

75500	ANGIOCARDIOGRAPHY BY CINERADIOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$520.36
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
75500	ANGIOCARDIOGRAPHY BY CINERADIOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$452.74
75505	ANGIOCARDIOGRAPHY BY SERIALOGRAPHY, SINGLE PLANE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$70.85
75505	ANGIOCARDIOGRAPHY BY SERIALOGRAPHY, SINGLE PLANE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$520.36
75505	ANGIOCARDIOGRAPHY BY SERIALOGRAPHY, SINGLE PLANE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$452.74
75507	ANGIOCARDIOGRAPHY BY SERIALOGRAPHY, MULTI-PLANE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$81.46
75507	ANGIOCARDIOGRAPHY BY SERIALOGRAPHY, MULTI-PLANE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$530.33
75507	ANGIOCARDIOGRAPHY BY SERIALOGRAPHY, MULTI-PLANE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$452.74
75519	CARDIAC RADIOGRAPHY, SELECTIVE CARDIAC CATHETERIZATION, RIGHT SIDE, RADIOLOGICAL SUPERVISION AND INTERPRETATIO	26	7/1/2023	12/31/2382	\$52.20
75519	CARDIAC RADIOGRAPHY, SELECTIVE CARDIAC CATHETERIZATION, RIGHT SIDE, RADIOLOGICAL SUPERVISION AND INTERPRETATIO		7/1/2023	12/31/2382	\$502.78

75519	CARDIAC RADIOGRAPHY, SELECTIVE CARDIAC CATHETERIZATION, RIGHT SIDE, RADIOLOGICAL SUPERVISION AND INTERPRETATIO	TC	7/1/2023	12/31/2382	\$452.74
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
75523	CARDIAC RADIOGRAPHY, SELECTIVE CARDIAC CATHETERIZATION, LEFT SIDE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$52.20
75523	CARDIAC RADIOGRAPHY, SELECTIVE CARDIAC CATHETERIZATION, LEFT SIDE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$502.78
75523	CARDIAC RADIOGRAPHY, SELECTIVE CARDIAC CATHETERIZATION, LEFT SIDE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$452.74
75527	CARDIAC RADIOGRAPHY, SELECTIVE CARDIAC CATHETERIZATION, RIGHT AND LEFT SIDE, RADIOLOGICAL SUPERVISION AND INTE	26	7/1/2023	12/31/2382	\$93.02
75527	CARDIAC RADIOGRAPHY, SELECTIVE CARDIAC CATHETERIZATION, RIGHT AND LEFT SIDE, RADIOLOGICAL SUPERVISION AND INTE		7/1/2023	12/31/2382	\$541.84
75527	CARDIAC RADIOGRAPHY, SELECTIVE CARDIAC CATHETERIZATION, RIGHT AND LEFT SIDE, RADIOLOGICAL SUPERVISION AND INTE	TC	7/1/2023	12/31/2382	\$452.74
75552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, MYOCARDIUM	26	7/1/2023	12/31/2382	\$99.70
75552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, MYOCARDIUM		1/1/1993	12/31/2382	\$434.32
75552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, MYOCARDIUM		7/1/2023	12/31/2382	\$454.49

75552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, MYOCARDIUM	TC	7/1/2023	12/31/2382	\$439.49
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
75553	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY; WITHOUT CONTRAST MATERIAL		7/1/2023	12/31/2382	\$482.87
75554	CARDIAC MAGNETIC RESONANCE IMAGING FOR FUNCTION, WITH OR WITHOUT MORPHOLOGY; COMPLETE STUDY		7/1/2023	12/31/2382	\$454.49
75555	CARDIAC MAGNETIC RESONANCE IMAGING FOR FUNCTION, WITH OR WITHOUT MORPHOLOGY; LIMITED STUDY		7/1/2023	12/31/2382	\$454.49
75556	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING		7/1/2023	12/31/2382	\$454.49
75556	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING		12/1/2006	12/31/2382	\$369.18
75557	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL;		7/1/2023	12/31/2382	\$367.64
75561	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTR		7/1/2023	12/31/2382	\$668.78
75561	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTR	MH	7/1/2023	12/31/2382	\$668.78
75600	AORTOGRAPHY, THORACIC, WITHOUT SERIOLOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$30.59

75600	AORTOGRAPHY, THORACIC, WITHOUT SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$1,581.54
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
75600	AORTOGRAPHY, THORACIC, WITHOUT SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$424.88
75600	AORTOGRAPHY, THORACIC, WITHOUT SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$493.98
75605	AORTOGRAPHY, THORACIC, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$70.85
75605	AORTOGRAPHY, THORACIC, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$1,581.54
75605	AORTOGRAPHY, THORACIC, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$285.91
75605	AORTOGRAPHY, THORACIC, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$493.98
75625	AORTOGRAPHY, ABDOMINAL, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$70.85
75625	AORTOGRAPHY, ABDOMINAL, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	59	7/1/2023	12/31/2382	\$1,581.54
75625	AORTOGRAPHY, ABDOMINAL, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$1,581.54

75625	AORTOGRAPHY, ABDOMINAL, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$214.46
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
75625	AORTOGRAPHY, ABDOMINAL, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$493.98
75630	AORTOGRAPHY, ABDOMINAL PLUS BILATERAL ILIOFEMORAL LOWER EXTREMITY, CATHETER, BY SERIALOGRAPHY, RADIOLOGICAL SU	26	7/1/2023	12/31/2382	\$81.46
75630	AORTOGRAPHY, ABDOMINAL PLUS BILATERAL ILIOFEMORAL LOWER EXTREMITY, CATHETER, BY SERIALOGRAPHY, RADIOLOGICAL SU	59	7/1/2023	12/31/2382	\$1,581.54
75630	AORTOGRAPHY, ABDOMINAL PLUS BILATERAL ILIOFEMORAL LOWER EXTREMITY, CATHETER, BY SERIALOGRAPHY, RADIOLOGICAL SU		1/1/1993	12/31/2382	\$481.42
75630	AORTOGRAPHY, ABDOMINAL PLUS BILATERAL ILIOFEMORAL LOWER EXTREMITY, CATHETER, BY SERIALOGRAPHY, RADIOLOGICAL SU		7/1/2023	12/31/2382	\$1,581.54
75630	AORTOGRAPHY, ABDOMINAL PLUS BILATERAL ILIOFEMORAL LOWER EXTREMITY, CATHETER, BY SERIALOGRAPHY, RADIOLOGICAL SU	TC	7/1/2023	12/31/2382	\$515.06
75635	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMINAL AORTA AND BILATERAL ILIOFEMORAL LOWER EXTREMITY RUNOFF, RADIOLOGIC		7/1/2023	12/31/2382	\$386.84
75635	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMINAL AORTA AND BILATERAL ILIOFEMORAL LOWER EXTREMITY RUNOFF, RADIOLOGIC	TC	1/1/2022	12/31/2382	\$263.16
75650	ANGIOGRAPHY, CERVICOCEREBRAL, CATHETER, INCLUDING VESSEL ORIGIN, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$92.33

75650	ANGIOGRAPHY, CERVICOCEREBRAL, CATHETER, INCLUDING VESSEL ORIGIN, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$318.56
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
75650	ANGIOGRAPHY, CERVICOCEREBRAL, CATHETER, INCLUDING VESSEL ORIGIN, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$1,581.54
75650	ANGIOGRAPHY, CERVICOCEREBRAL, CATHETER, INCLUDING VESSEL ORIGIN, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$493.98
75658	ANGIOGRAPHY, BRACHIAL, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$81.46
75658	ANGIOGRAPHY, BRACHIAL, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$464.28
75658	ANGIOGRAPHY, BRACHIAL, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$673.77
75658	ANGIOGRAPHY, BRACHIAL, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$493.98
75660	ANGIOGRAPHY, EXTERNAL CAROTID, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$81.46
75660	ANGIOGRAPHY, EXTERNAL CAROTID, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$488.78
75660	ANGIOGRAPHY, EXTERNAL CAROTID, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$464.28

75660	ANGIOGRAPHY, EXTERNAL CAROTID, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$493.98
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
75662	ANGIOGRAPHY, EXTERNAL CAROTID, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$103.01
75662	ANGIOGRAPHY, EXTERNAL CAROTID, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$481.08
75662	ANGIOGRAPHY, EXTERNAL CAROTID, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$1,581.54
75662	ANGIOGRAPHY, EXTERNAL CAROTID, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$493.98
75665	ANGIOGRAPHY, CAROTID, CEREBRAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$81.46
75665	ANGIOGRAPHY, CAROTID, CEREBRAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$1,581.54
75665	ANGIOGRAPHY, CAROTID, CEREBRAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$464.28
75665	ANGIOGRAPHY, CAROTID, CEREBRAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	RT	7/1/2023	12/31/2382	\$1,581.54
75665	ANGIOGRAPHY, CAROTID, CEREBRAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$493.98

75671	ANGIOGRAPHY, CAROTID, CEREBRAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$103.01
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
75671	ANGIOGRAPHY, CAROTID, CEREBRAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$349.06
75671	ANGIOGRAPHY, CAROTID, CEREBRAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$1,581.54
75671	ANGIOGRAPHY, CAROTID, CEREBRAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$493.98
75676	ANGIOGRAPHY, CAROTID, CERVICAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$81.46
75676	ANGIOGRAPHY, CAROTID, CERVICAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$1,581.54
75676	ANGIOGRAPHY, CAROTID, CERVICAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$464.28
75676	ANGIOGRAPHY, CAROTID, CERVICAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$493.98
75680	ANGIOGRAPHY, CAROTID, CERVICAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$103.01
75680	ANGIOGRAPHY, CAROTID, CERVICAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$1,581.54

75680	ANGIOGRAPHY, CAROTID, CERVICAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$481.08
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
75680	ANGIOGRAPHY, CAROTID, CERVICAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$493.98
75685	ANGIOGRAPHY, VERTEBRAL, CERVICAL, AND/OR INTRACRANIAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$81.46
75685	ANGIOGRAPHY, VERTEBRAL, CERVICAL, AND/OR INTRACRANIAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$1,581.54
75685	ANGIOGRAPHY, VERTEBRAL, CERVICAL, AND/OR INTRACRANIAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$464.28
75685	ANGIOGRAPHY, VERTEBRAL, CERVICAL, AND/OR INTRACRANIAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$493.98
75705	ANGIOGRAPHY, SPINAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$135.24
75705	ANGIOGRAPHY, SPINAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$488.78
75705	ANGIOGRAPHY, SPINAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$506.19
75705	ANGIOGRAPHY, SPINAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$493.98

75710	ANGIOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$70.85
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
75710	ANGIOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	59	7/1/2023	12/31/2382	\$1,581.54
75710	ANGIOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$1,581.54
75710	ANGIOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$456.20
75710	ANGIOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	LT	7/1/2023	12/31/2382	\$1,581.54
75710	ANGIOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$493.98
75716	ANGIOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$81.46
75716	ANGIOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	59	7/1/2023	12/31/2382	\$1,581.54
75716	ANGIOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$1,581.54
75716	ANGIOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$292.21

75716	ANGIOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$493.98
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
75722	ANGIOGRAPHY, RENAL, UNILATERAL, SELECTIVE (INCLUDING FLUSH AORTOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETA	26	7/1/2023	12/31/2382	\$70.85
75722	ANGIOGRAPHY, RENAL, UNILATERAL, SELECTIVE (INCLUDING FLUSH AORTOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETA		1/1/1993	12/31/2382	\$214.46
75722	ANGIOGRAPHY, RENAL, UNILATERAL, SELECTIVE (INCLUDING FLUSH AORTOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETA		7/1/2023	12/31/2382	\$1,581.54
75722	ANGIOGRAPHY, RENAL, UNILATERAL, SELECTIVE (INCLUDING FLUSH AORTOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETA	TC	7/1/2023	12/31/2382	\$493.98
75724	ANGIOGRAPHY, RENAL, BILATERAL, SELECTIVE (INCLUDING FLUSH AORTOGRAM),	26	7/1/2023	12/31/2382	\$92.33
75724	ANGIOGRAPHY, RENAL, BILATERAL, SELECTIVE (INCLUDING FLUSH AORTOGRAM),		7/1/2023	12/31/2382	\$1,581.54
75724	ANGIOGRAPHY, RENAL, BILATERAL, SELECTIVE (INCLUDING FLUSH AORTOGRAM),		1/1/1993	12/31/2382	\$473.00
75724	ANGIOGRAPHY, RENAL, BILATERAL, SELECTIVE (INCLUDING FLUSH AORTOGRAM),	TC	7/1/2023	12/31/2382	\$493.98
75726	ANGIOGRAPHY, VISCERAL, SELECTIVE OR SUPRASELECTIVE, (WITH OR WITHOUT FLUSH AORTOGRAM) RADIOLOGICAL SUPERVISION	26	7/1/2023	12/31/2382	\$70.85

75726	ANGIOGRAPHY, VISCERAL, SELECTIVE OR SUPRASELECTIVE, (WITH OR WITHOUT FLUSH AORTOGRAM) RADIOLOGICAL SUPERVISION	59	7/1/2023	12/31/2382	\$1,581.54
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
75726	ANGIOGRAPHY, VISCERAL, SELECTIVE OR SUPRASELECTIVE, (WITH OR WITHOUT FLUSH AORTOGRAM) RADIOLOGICAL SUPERVISION		7/1/2023	12/31/2382	\$1,581.54
75726	ANGIOGRAPHY, VISCERAL, SELECTIVE OR SUPRASELECTIVE, (WITH OR WITHOUT FLUSH AORTOGRAM) RADIOLOGICAL SUPERVISION		1/1/1993	12/31/2382	\$285.91
75726	ANGIOGRAPHY, VISCERAL, SELECTIVE OR SUPRASELECTIVE, (WITH OR WITHOUT FLUSH AORTOGRAM) RADIOLOGICAL SUPERVISION	TC	7/1/2023	12/31/2382	\$493.98
75731	ANGIOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$70.85
75731	ANGIOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$1,581.54
75731	ANGIOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$456.20
75731	ANGIOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$493.98
75733	ANGIOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$81.46
75733	ANGIOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$488.78

75733	ANGIOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$464.28
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
75733	ANGIOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$493.98
75736	ANGIOGRAPHY, PELVIC, SELECTIVE OR SUPRASELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$70.85
75736	ANGIOGRAPHY, PELVIC, SELECTIVE OR SUPRASELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$456.20
75736	ANGIOGRAPHY, PELVIC, SELECTIVE OR SUPRASELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$1,581.54
75736	ANGIOGRAPHY, PELVIC, SELECTIVE OR SUPRASELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$493.98
75741	ANGIOGRAPHY, PULMONARY, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$81.46
75741	ANGIOGRAPHY, PULMONARY, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$464.28
75741	ANGIOGRAPHY, PULMONARY, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$673.77
75741	ANGIOGRAPHY, PULMONARY, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$493.98

75743	ANGIOGRAPHY, PULMONARY, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$103.01
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
75743	ANGIOGRAPHY, PULMONARY, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$1,581.54
75743	ANGIOGRAPHY, PULMONARY, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$481.08
75743	ANGIOGRAPHY, PULMONARY, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$493.98
75746	ANGIOGRAPHY, PULMONARY, BY NONSELECTIVE CATHETER OR VENOUS INJECTION, RADIOLOGICAL SUPERVISION AND INTERPRETAT	26	7/1/2023	12/31/2382	\$70.85
75746	ANGIOGRAPHY, PULMONARY, BY NONSELECTIVE CATHETER OR VENOUS INJECTION, RADIOLOGICAL SUPERVISION AND INTERPRETAT		7/1/2023	12/31/2382	\$673.77
75746	ANGIOGRAPHY, PULMONARY, BY NONSELECTIVE CATHETER OR VENOUS INJECTION, RADIOLOGICAL SUPERVISION AND INTERPRETAT		1/1/1993	12/31/2382	\$456.20
75746	ANGIOGRAPHY, PULMONARY, BY NONSELECTIVE CATHETER OR VENOUS INJECTION, RADIOLOGICAL SUPERVISION AND INTERPRETAT	TC	7/1/2023	12/31/2382	\$493.98
75750	ANGIOGRAPHY, CORONARY, ROOT INJECTION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$70.85
75750	ANGIOGRAPHY, CORONARY, ROOT INJECTION, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$561.62

75750	ANGIOGRAPHY, CORONARY, ROOT INJECTION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$493.98
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
75752	ANGIOGRAPHY, CORONARY, UNILATERAL SELECTIVE INJECTION, INCLUDING LEFT VENTRICULAR AND SUPRAVALVULAR ANGIOGRAM	26	7/1/2023	12/31/2382	\$70.85
75752	ANGIOGRAPHY, CORONARY, UNILATERAL SELECTIVE INJECTION, INCLUDING LEFT VENTRICULAR AND SUPRAVALVULAR ANGIOGRAM		7/1/2023	12/31/2382	\$561.62
75752	ANGIOGRAPHY, CORONARY, UNILATERAL SELECTIVE INJECTION, INCLUDING LEFT VENTRICULAR AND SUPRAVALVULAR ANGIOGRAM	TC	7/1/2023	12/31/2382	\$493.98
75754	ANGIOGRAPHY, CORONARY, BILATERAL SELECTIVE INJECTION, INCLUDING LEFT VENTRICULAR AND SUPRAVALVULAR ANGIOGRAM A	26	7/1/2023	12/31/2382	\$81.81
75754	ANGIOGRAPHY, CORONARY, BILATERAL SELECTIVE INJECTION, INCLUDING LEFT VENTRICULAR AND SUPRAVALVULAR ANGIOGRAM A		7/1/2023	12/31/2382	\$571.95
75754	ANGIOGRAPHY, CORONARY, BILATERAL SELECTIVE INJECTION, INCLUDING LEFT VENTRICULAR AND SUPRAVALVULAR ANGIOGRAM A	TC	7/1/2023	12/31/2382	\$493.98
75756	ANGIOGRAPHY, INTERNAL MAMMARY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$70.85
75756	ANGIOGRAPHY, INTERNAL MAMMARY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$673.77
75756	ANGIOGRAPHY, INTERNAL MAMMARY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$456.20

75756	ANGIOGRAPHY, INTERNAL MAMMARY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$493.98
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
75762	ANGIOGRAPHY, CORONARY BYPASS, UNILATERAL SELECTIVE INJECTION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$70.85
75762	ANGIOGRAPHY, CORONARY BYPASS, UNILATERAL SELECTIVE INJECTION, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$561.62
75762	ANGIOGRAPHY, CORONARY BYPASS, UNILATERAL SELECTIVE INJECTION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$493.98
75766	ANGIOGRAPHY, CORONARY BYPASS, MULTIPLE SELECTIVE INJECTION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$81.46
75766	ANGIOGRAPHY, CORONARY BYPASS, MULTIPLE SELECTIVE INJECTION, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$571.57
75766	ANGIOGRAPHY, CORONARY BYPASS, MULTIPLE SELECTIVE INJECTION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$493.98
75774	ANGIOGRAPHY, SELECTIVE, EACH ADDITIONAL VESSEL STUDIED AFTER BASIC EXAMINATION, RADIOLOGICAL SUPERVISION AND I	26	7/1/2023	12/31/2382	\$20.68
75774	ANGIOGRAPHY, SELECTIVE, EACH ADDITIONAL VESSEL STUDIED AFTER BASIC EXAMINATION, RADIOLOGICAL SUPERVISION AND I		7/1/2023	12/31/2382	\$673.77
75774	ANGIOGRAPHY, SELECTIVE, EACH ADDITIONAL VESSEL STUDIED AFTER BASIC EXAMINATION, RADIOLOGICAL SUPERVISION AND I		1/1/1993	12/31/2382	\$167.33

75774	ANGIOGRAPHY, SELECTIVE, EACH ADDITIONAL VESSEL STUDIED AFTER BASIC EXAMINATION, RADIOLOGICAL SUPERVISION AND I	TC	7/1/2023	12/31/2382	\$493.98
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
75790	ANGIOGRAPHY, ARTERIOVENOUS SHUNT (EG, DIALYSIS PATIENT), RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$114.07
75790	ANGIOGRAPHY, ARTERIOVENOUS SHUNT (EG, DIALYSIS PATIENT), RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$673.77
75790	ANGIOGRAPHY, ARTERIOVENOUS SHUNT (EG, DIALYSIS PATIENT), RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$131.77
75790	ANGIOGRAPHY, ARTERIOVENOUS SHUNT (EG, DIALYSIS PATIENT), RADIOLOGICAL SUPERVISION AND INTERPRETATION	LT	7/1/2023	12/31/2382	\$673.77
75790	ANGIOGRAPHY, ARTERIOVENOUS SHUNT (EG, DIALYSIS PATIENT), RADIOLOGICAL SUPERVISION AND INTERPRETATION	RT	7/1/2023	12/31/2382	\$673.77
75790	ANGIOGRAPHY, ARTERIOVENOUS SHUNT (EG, DIALYSIS PATIENT), RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$53.21
75801	LYMPHANGIOGRAPHY, EXTREMITY ONLY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$50.25
75801	LYMPHANGIOGRAPHY, EXTREMITY ONLY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$211.40
75801	LYMPHANGIOGRAPHY, EXTREMITY ONLY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	11/30/2382	\$267.56

75801	LYMPHANGIOGRAPHY, EXTREMITY ONLY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$212.42
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
75803	LYMPHANGIOGRAPHY, EXTREMITY ONLY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$72.34
75803	LYMPHANGIOGRAPHY, EXTREMITY ONLY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$228.75
75803	LYMPHANGIOGRAPHY, EXTREMITY ONLY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$267.56
75803	LYMPHANGIOGRAPHY, EXTREMITY ONLY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$212.42
75805	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$50.25
75805	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$232.90
75805	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$267.56
75805	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$238.89
75807	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$72.34

75807	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$267.56
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
75807	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$250.25
75807	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$238.89
75809	SHUNTOGRAM FOR INVESTIGATION OF PREVIOUSLY PLACED INDWELLING NONVASCULAR SHUNT (EG, LEVEEN SHUNT, VENTRICULOPE	26	7/1/2023	12/31/2382	\$27.15
75809	SHUNTOGRAM FOR INVESTIGATION OF PREVIOUSLY PLACED INDWELLING NONVASCULAR SHUNT (EG, LEVEEN SHUNT, VENTRICULOPE		1/1/1993	12/31/2382	\$47.22
75809	SHUNTOGRAM FOR INVESTIGATION OF PREVIOUSLY PLACED INDWELLING NONVASCULAR SHUNT (EG, LEVEEN SHUNT, VENTRICULOPE		7/1/2023	12/31/2382	\$131.52
75809	SHUNTOGRAM FOR INVESTIGATION OF PREVIOUSLY PLACED INDWELLING NONVASCULAR SHUNT (EG, LEVEEN SHUNT, VENTRICULOPE	TC	7/1/2023	12/31/2382	\$30.97
75810	SPLENOPORTOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$70.85
75810	SPLENOPORTOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$456.20
75810	SPLENOPORTOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$673.77

75810	SPLENOPORTOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$493.98
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
75820	VENOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$43.62
75820	VENOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	59	7/1/2023	12/31/2382	\$488.78
75820	VENOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$63.90
75820	VENOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$488.78
75820	VENOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	LT	7/1/2023	12/31/2382	\$488.78
75820	VENOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	RT	7/1/2023	12/31/2382	\$488.78
75820	VENOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$37.02
75822	VENOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$65.41
75822	VENOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$98.22

75822	VENOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$488.78
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
75822	VENOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$58.20
75825	VENOGRAPHY, CAVAL, INFERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$70.85
75825	VENOGRAPHY, CAVAL, INFERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	59	7/1/2023	12/31/2382	\$673.77
75825	VENOGRAPHY, CAVAL, INFERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$456.20
75825	VENOGRAPHY, CAVAL, INFERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$673.77
75825	VENOGRAPHY, CAVAL, INFERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$493.98
75827	VENOGRAPHY, CAVAL, SUPERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$70.85
75827	VENOGRAPHY, CAVAL, SUPERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	59	7/1/2023	12/31/2382	\$673.77
75827	VENOGRAPHY, CAVAL, SUPERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$673.77

75827	VENOGRAPHY, CAVAL, SUPERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$285.91
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
75827	VENOGRAPHY, CAVAL, SUPERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$493.98
75831	VENOGRAPHY, RENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$70.85
75831	VENOGRAPHY, RENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$456.20
75831	VENOGRAPHY, RENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$673.77
75831	VENOGRAPHY, RENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$493.98
75833	VENOGRAPHY, RENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$92.33
75833	VENOGRAPHY, RENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$473.00
75833	VENOGRAPHY, RENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$673.77
75833	VENOGRAPHY, RENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$493.98

75840	VENOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$70.85
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
75840	VENOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$456.20
75840	VENOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$1,581.54
75840	VENOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$493.98
75842	VENOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$92.33
75842	VENOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$1,581.54
75842	VENOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$473.00
75842	VENOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$493.98
75860	VENOGRAPHY, SINUS OR JUGULAR, CATHETER, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$70.85
75860	VENOGRAPHY, SINUS OR JUGULAR, CATHETER, RADIOLOGICAL SUPERVISION AND INTERPRETATION	59	7/1/2023	12/31/2382	\$488.78

75860	VENOGRAPHY, SINUS OR JUGULAR, CATHETER, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$456.20
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
75860	VENOGRAPHY, SINUS OR JUGULAR, CATHETER, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$488.78
75860	VENOGRAPHY, SINUS OR JUGULAR, CATHETER, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$493.98
75870	VENOGRAPHY, SUPERIOR SAGITTAL SINUS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$70.85
75870	VENOGRAPHY, SUPERIOR SAGITTAL SINUS, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$488.78
75870	VENOGRAPHY, SUPERIOR SAGITTAL SINUS, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$456.20
75870	VENOGRAPHY, SUPERIOR SAGITTAL SINUS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$493.98
75872	VENOGRAPHY, EPIDURAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$70.85
75872	VENOGRAPHY, EPIDURAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$456.20
75872	VENOGRAPHY, EPIDURAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$673.77

75872	VENOGRAPHY, EPIDURAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$493.98
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
75880	VENOGRAPHY, ORBITAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$43.62
75880	VENOGRAPHY, ORBITAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$488.78
75880	VENOGRAPHY, ORBITAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$63.90
75880	VENOGRAPHY, ORBITAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$37.02
75885	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITH HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$89.55
75885	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITH HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$1,581.54
75885	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITH HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$470.80
75885	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITH HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$493.98
75887	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITHOUT HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETAT	26	7/1/2023	12/31/2382	\$89.55

75887	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITHOUT HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETAT		7/1/2023	12/31/2382	\$673.77
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
75887	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITHOUT HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETAT		1/1/1993	12/31/2382	\$470.80
75887	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITHOUT HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETAT	TC	7/1/2023	12/31/2382	\$493.98
75889	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITH HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$70.85
75889	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITH HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$1,581.54
75889	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITH HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$456.20
75889	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITH HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$493.98
75891	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITHOUT HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETATIO	26	7/1/2023	12/31/2382	\$70.85
75891	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITHOUT HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETATIO		1/1/1993	12/31/2382	\$456.20
75891	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITHOUT HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETATIO		7/1/2023	12/31/2382	\$673.77

75891	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITHOUT HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$493.98
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
75893	VENOUS SAMPLING THROUGH CATHETER, WITH OR WITHOUT ANGIOGRAPHY (EG, FOR PARATHYROID HORMONE, RENIN), RADIOLOGIC	26	7/1/2023	12/31/2382	\$34.31
75893	VENOUS SAMPLING THROUGH CATHETER, WITH OR WITHOUT ANGIOGRAPHY (EG, FOR PARATHYROID HORMONE, RENIN), RADIOLOGIC	59	7/1/2023	12/31/2382	\$526.44
75893	VENOUS SAMPLING THROUGH CATHETER, WITH OR WITHOUT ANGIOGRAPHY (EG, FOR PARATHYROID HORMONE, RENIN), RADIOLOGIC		7/1/2023	12/31/2382	\$526.44
75893	VENOUS SAMPLING THROUGH CATHETER, WITH OR WITHOUT ANGIOGRAPHY (EG, FOR PARATHYROID HORMONE, RENIN), RADIOLOGIC	TC	7/1/2023	12/31/2382	\$493.98
75894	TRANSCATHETER THERAPY, EMBOLIZATION, ANY METHOD, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$81.46
75894	TRANSCATHETER THERAPY, EMBOLIZATION, ANY METHOD, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$832.04
75894	TRANSCATHETER THERAPY, EMBOLIZATION, ANY METHOD, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$394.84
75894	TRANSCATHETER THERAPY, EMBOLIZATION, ANY METHOD, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$946.71
75896	TRANSCATHETER THERAPY, INFUSION, ANY METHOD (EG, THROMBOLYSIS OTHER THAN CORONARY), RADIOLOGICAL SUPERVISION A	26	7/1/2023	12/31/2382	\$81.46

75896	TRANSCATHETER THERAPY, INFUSION, ANY METHOD (EG, THROMBOLYSIS OTHER THAN CORONARY), RADIOLOGICAL SUPERVISION A		1/1/1993	12/31/2382	\$731.40
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
75896	TRANSCATHETER THERAPY, INFUSION, ANY METHOD (EG, THROMBOLYSIS OTHER THAN CORONARY), RADIOLOGICAL SUPERVISION A		7/1/2023	12/31/2382	\$394.84
75896	TRANSCATHETER THERAPY, INFUSION, ANY METHOD (EG, THROMBOLYSIS OTHER THAN CORONARY), RADIOLOGICAL SUPERVISION A	TC	7/1/2023	12/31/2382	\$822.81
75898	ANGIOGRAM THROUGH EXISTING CATHETER FOR FOLLOW-UP STUDY FOR TRANSCATHETER THERAPY, EMBOLIZATION OR INFUSION	26	7/1/2023	12/31/2382	\$102.66
75898	ANGIOGRAM THROUGH EXISTING CATHETER FOR FOLLOW-UP STUDY FOR TRANSCATHETER THERAPY, EMBOLIZATION OR INFUSION		1/1/1993	12/31/2382	\$112.93
75898	ANGIOGRAM THROUGH EXISTING CATHETER FOR FOLLOW-UP STUDY FOR TRANSCATHETER THERAPY, EMBOLIZATION OR INFUSION		7/1/2023	12/31/2382	\$131.52
75898	ANGIOGRAM THROUGH EXISTING CATHETER FOR FOLLOW-UP STUDY FOR TRANSCATHETER THERAPY, EMBOLIZATION OR INFUSION	TC	7/1/2023	12/31/2382	\$41.14
75901	MECHANICAL REMOVAL OF PERICATHETER OBSTRUCTIVE MATERIAL FROM CENTRAL VENOUS DEVICE VIA SEPERATE VENOUS ACCESS		7/1/2023	12/31/2382	\$131.52
75902	MECHANICAL REMOVAL OF INTRALUMINAL OBSTRUCTIVE MATERIAL FROM CENTRAL VENOUS DEVICE THROUGH DEVICE LUMEN, RADIO		7/1/2023	12/31/2382	\$131.52
75940	PERCUTANEOUS PLACEMENT OF IVC FILTER, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$32.48

75940	PERCUTANEOUS PLACEMENT OF IVC FILTER, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$179.52
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
75940	PERCUTANEOUS PLACEMENT OF IVC FILTER, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$394.84
75940	PERCUTANEOUS PLACEMENT OF IVC FILTER, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$493.98
75945	INTRAVASCULAR ULTRASOUND (NON-CORONARY VESSEL), RADIOLOGICAL SUPERVISION AND INTERPRETATION; INTIAL VESSEL		7/1/2023	12/31/2382	\$197.84
75946	INTRAVASCULAR ULTRASOUND (NON-CORONARY VESSEL), RADIOLOGICAL SUPERVISION AND INTERPRETATION; EACH ADDITIONAL		7/1/2023	12/31/2382	\$123.03
75960	TRANSCATHETER INTRODUCTION OF INTRAVASCULAR STENT(S), (NON-CORONARY VESSEL), PERCUTANEOUS AND/OR OPEN, RADIOLO	26	7/1/2023	12/31/2382	\$48.51
75960	TRANSCATHETER INTRODUCTION OF INTRAVASCULAR STENT(S), (NON-CORONARY VESSEL), PERCUTANEOUS AND/OR OPEN, RADIOLO		7/1/2023	12/31/2382	\$488.78
75960	TRANSCATHETER INTRODUCTION OF INTRAVASCULAR STENT(S), (NON-CORONARY VESSEL), PERCUTANEOUS AND/OR OPEN, RADIOLO		1/1/1993	12/31/2382	\$513.81
75960	TRANSCATHETER INTRODUCTION OF INTRAVASCULAR STENT(S), (NON-CORONARY VESSEL), PERCUTANEOUS AND/OR OPEN, RADIOLO	TC	7/1/2023	12/31/2382	\$584.03
75961	TRANSCATHETER RETRIEVAL, PERCUTANEOUS, OF INTRAVASCULAR FOREIGN BODY (EG, FRACTURED VENOUS OR ARTERIAL CATHETE	26	7/1/2023	12/31/2382	\$264.22

75961	TRANSCATHETER RETRIEVAL, PERCUTANEOUS, OF INTRAVASCULAR FOREIGN BODY (EG, FRACTURED VENOUS OR ARTERIAL CATHETE		7/1/2023	12/31/2382	\$488.78
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
75961	TRANSCATHETER RETRIEVAL, PERCUTANEOUS, OF INTRAVASCULAR FOREIGN BODY (EG, FRACTURED VENOUS OR ARTERIAL CATHETE		1/1/1993	12/31/2382	\$539.05
75961	TRANSCATHETER RETRIEVAL, PERCUTANEOUS, OF INTRAVASCULAR FOREIGN BODY (EG, FRACTURED VENOUS OR ARTERIAL CATHETE	TC	7/1/2023	12/31/2382	\$411.60
75962	TRANSLUMINAL BALLOON ANGIOPLASTY, PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$32.48
75962	TRANSLUMINAL BALLOON ANGIOPLASTY, PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$488.78
75962	TRANSLUMINAL BALLOON ANGIOPLASTY, PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$216.14
75962	TRANSLUMINAL BALLOON ANGIOPLASTY, PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$617.20
75964	TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATI	26	7/1/2023	12/31/2382	\$20.68
75964	TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATI		1/1/1993	12/31/2382	\$118.46
75964	TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATI		7/1/2023	12/31/2382	\$488.78

75964	TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATI	TC	7/1/2023	12/31/2382	\$329.51
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
75966	TRANSLUMINAL BALLOON ANGIOPLASTY, RENAL OR OTHER VISCERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$77.60
75966	TRANSLUMINAL BALLOON ANGIOPLASTY, RENAL OR OTHER VISCERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$488.78
75966	TRANSLUMINAL BALLOON ANGIOPLASTY, RENAL OR OTHER VISCERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$261.22
75966	TRANSLUMINAL BALLOON ANGIOPLASTY, RENAL OR OTHER VISCERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$617.20
75968	TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL VISCERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$20.68
75968	TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL VISCERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$488.78
75968	TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL VISCERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$118.46
75968	TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL VISCERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$329.51
75970	TRANSCATHETER BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$51.32

75970	TRANSCATHETER BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$407.78
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
75970	TRANSCATHETER BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$488.78
75970	TRANSCATHETER BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$452.74
75978	TRANSLUMINAL BALLOON ANGIOPLASTY, VENOUS (EG, SUBCLAVIAN STENOSIS), RADIOLOGICAL SUPERVISION AND INTERPRETATIO	26	7/1/2023	12/31/2382	\$42.06
75978	TRANSLUMINAL BALLOON ANGIOPLASTY, VENOUS (EG, SUBCLAVIAN STENOSIS), RADIOLOGICAL SUPERVISION AND INTERPRETATIO	59	7/1/2023	12/31/2382	\$488.78
75978	TRANSLUMINAL BALLOON ANGIOPLASTY, VENOUS (EG, SUBCLAVIAN STENOSIS), RADIOLOGICAL SUPERVISION AND INTERPRETATIO		7/1/2023	12/31/2382	\$488.78
75978	TRANSLUMINAL BALLOON ANGIOPLASTY, VENOUS (EG, SUBCLAVIAN STENOSIS), RADIOLOGICAL SUPERVISION AND INTERPRETATIO		1/1/1993	12/31/2382	\$0.00
75978	TRANSLUMINAL BALLOON ANGIOPLASTY, VENOUS (EG, SUBCLAVIAN STENOSIS), RADIOLOGICAL SUPERVISION AND INTERPRETATIO	LT	7/1/2023	12/31/2382	\$488.78
75978	TRANSLUMINAL BALLOON ANGIOPLASTY, VENOUS (EG, SUBCLAVIAN STENOSIS), RADIOLOGICAL SUPERVISION AND INTERPRETATIO	RT	7/1/2023	12/31/2382	\$488.78
75978	TRANSLUMINAL BALLOON ANGIOPLASTY, VENOUS (EG, SUBCLAVIAN STENOSIS), RADIOLOGICAL SUPERVISION AND INTERPRETATIO	TC	1/1/1993	12/31/2382	\$0.00

75980	PERCUTANEOUS TRANSHEPATIC BILIARY DRAINAGE WITH CONTRAST MONITORING, RADIOLOGICAL SUPERVISION AND INTERPRETATI	26	7/1/2023	12/31/2382	\$89.55
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
75980	PERCUTANEOUS TRANSHEPATIC BILIARY DRAINAGE WITH CONTRAST MONITORING, RADIOLOGICAL SUPERVISION AND INTERPRETATI		7/1/2023	12/31/2382	\$394.84
75980	PERCUTANEOUS TRANSHEPATIC BILIARY DRAINAGE WITH CONTRAST MONITORING, RADIOLOGICAL SUPERVISION AND INTERPRETATI		1/1/1993	12/31/2382	\$242.09
75980	PERCUTANEOUS TRANSHEPATIC BILIARY DRAINAGE WITH CONTRAST MONITORING, RADIOLOGICAL SUPERVISION AND INTERPRETATI	TC	7/1/2023	12/31/2382	\$212.42
75982	PERCUTANEOUS PLACEMENT OF DRAINAGE CATHETER FOR COMBINED INTERNAL AND EXTERNAL BILIARY DRAINAGE OR OF A DRAIN A	26	7/1/2023	12/31/2382	\$89.55
75982	PERCUTANEOUS PLACEMENT OF DRAINAGE CATHETER FOR COMBINED INTERNAL AND EXTERNAL BILIARY DRAINAGE OR OF A DRAIN A	52	7/1/2023	12/31/2382	\$394.84
75982	PERCUTANEOUS PLACEMENT OF DRAINAGE CATHETER FOR COMBINED INTERNAL AND EXTERNAL BILIARY DRAINAGE OR OF A DRAIN A		1/1/1993	12/31/2382	\$263.59
75982	PERCUTANEOUS PLACEMENT OF DRAINAGE CATHETER FOR COMBINED INTERNAL AND EXTERNAL BILIARY DRAINAGE OR OF A DRAIN A		7/1/2023	12/31/2382	\$394.84
75982	PERCUTANEOUS PLACEMENT OF DRAINAGE CATHETER FOR COMBINED INTERNAL AND EXTERNAL BILIARY DRAINAGE OR OF A DRAIN A	TC	7/1/2023	12/31/2382	\$238.89
75984	CHANGE OF PERCUTANEOUS DRAINAGE CATHETER WITH CONTRAST MONITORING (IE, BILIARY TRACT, URINARY TRACT), RADIOLOG	26	7/1/2023	12/31/2382	\$42.81

75984	CHANGE OF PERCUTANEOUS DRAINAGE CATHETER WITH CONTRAST MONITORING (IE, BILIARY TRACT, URINARY TRACT), RADIOLOG	50	7/1/2023	12/31/2382	\$131.52
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
75984	CHANGE OF PERCUTANEOUS DRAINAGE CATHETER WITH CONTRAST MONITORING (IE, BILIARY TRACT, URINARY TRACT), RADIOLOG	59	7/1/2023	12/31/2382	\$131.52
75984	CHANGE OF PERCUTANEOUS DRAINAGE CATHETER WITH CONTRAST MONITORING (IE, BILIARY TRACT, URINARY TRACT), RADIOLOG		7/1/2023	12/31/2382	\$131.52
75984	CHANGE OF PERCUTANEOUS DRAINAGE CATHETER WITH CONTRAST MONITORING (IE, BILIARY TRACT, URINARY TRACT), RADIOLOG		1/1/1993	12/31/2382	\$96.78
75984	CHANGE OF PERCUTANEOUS DRAINAGE CATHETER WITH CONTRAST MONITORING (IE, BILIARY TRACT, URINARY TRACT), RADIOLOG	LT	7/1/2023	12/31/2382	\$131.52
75984	CHANGE OF PERCUTANEOUS DRAINAGE CATHETER WITH CONTRAST MONITORING (IE, BILIARY TRACT, URINARY TRACT), RADIOLOG	RT	7/1/2023	12/31/2382	\$131.52
75984	CHANGE OF PERCUTANEOUS DRAINAGE CATHETER WITH CONTRAST MONITORING (IE, BILIARY TRACT, URINARY TRACT), RADIOLOG	TC	7/1/2023	12/31/2382	\$76.34
75989	RADIOLOGICAL GUIDANCE FOR PERCUTANEOUS DRAINAGE OF ABSCESS, OR SPECIMEN COLLECTION (IE, FLUOROSCOPY, ULTRASOUN	26	7/1/2023	12/31/2382	\$60.27
75989	RADIOLOGICAL GUIDANCE FOR PERCUTANEOUS DRAINAGE OF ABSCESS, OR SPECIMEN COLLECTION (IE, FLUOROSCOPY, ULTRASOUN		7/1/2023	12/31/2382	\$144.99
75989	RADIOLOGICAL GUIDANCE FOR PERCUTANEOUS DRAINAGE OF ABSCESS, OR SPECIMEN COLLECTION (IE, FLUOROSCOPY, ULTRASOUN	TC	7/1/2023	12/31/2382	\$123.23

75992	TRANSLUMINAL ATHERECTOMY, PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$32.48
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
75992	TRANSLUMINAL ATHERECTOMY, PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$216.14
75992	TRANSLUMINAL ATHERECTOMY, PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$673.77
75992	TRANSLUMINAL ATHERECTOMY, PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$617.20
75993	TRANSLUMINAL ATHERECTOMY, EACH ADDITIONAL PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$20.68
75993	TRANSLUMINAL ATHERECTOMY, EACH ADDITIONAL PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$118.46
75993	TRANSLUMINAL ATHERECTOMY, EACH ADDITIONAL PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$673.77
75993	TRANSLUMINAL ATHERECTOMY, EACH ADDITIONAL PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$329.51
75994	TRANSLUMINAL ATHERECTOMY, RENAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$77.60
75994	TRANSLUMINAL ATHERECTOMY, RENAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$673.77

75994	TRANSLUMINAL ATHERECTOMY, RENAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$261.22
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
75994	TRANSLUMINAL ATHERECTOMY, RENAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$617.20
75995	TRANSLUMINAL ATHERECTOMY, VISCERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$77.60
75995	TRANSLUMINAL ATHERECTOMY, VISCERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$261.22
75995	TRANSLUMINAL ATHERECTOMY, VISCERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$673.77
75995	TRANSLUMINAL ATHERECTOMY, VISCERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$617.20
75996	TRANSLUMINAL ATHERECTOMY, EACH ADDITIONAL RENAL OR VISCERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATIO	26	7/1/2023	12/31/2382	\$20.68
75996	TRANSLUMINAL ATHERECTOMY, EACH ADDITIONAL RENAL OR VISCERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATIO		7/1/2023	12/31/2382	\$673.77
75996	TRANSLUMINAL ATHERECTOMY, EACH ADDITIONAL RENAL OR VISCERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATIO		1/1/1993	12/31/2382	\$118.46
75996	TRANSLUMINAL ATHERECTOMY, EACH ADDITIONAL RENAL OR VISCERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATIO	TC	7/1/2023	12/31/2382	\$329.51

76000	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO ONE HOUR PHYSICIAN TIME, OTHER THAN 71023 OR 71034	26	7/1/2023	12/31/2382	\$9.82
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
76000	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO ONE HOUR PHYSICIAN TIME, OTHER THAN 71023 OR 71034	59	7/1/2023	12/31/2382	\$102.94
76000	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO ONE HOUR PHYSICIAN TIME, OTHER THAN 71023 OR 71034		7/1/2023	12/31/2382	\$102.94
76000	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO ONE HOUR PHYSICIAN TIME, OTHER THAN 71023 OR 71034		1/1/1993	12/31/2382	\$49.21
76000	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO ONE HOUR PHYSICIAN TIME, OTHER THAN 71023 OR 71034	TC	7/1/2023	12/31/2382	\$51.00
76000	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO ONE HOUR PHYSICIAN TIME, OTHER THAN 71023 OR 71034	XU	7/1/2023	12/31/2382	\$102.94
76001	FLUOROSCOPY, PHYSICIAN TIME MORE THAN ONE HOUR, ASSISTING A NON-RADIOLOGIC PHYSICIAN (EG, NEPHROSTOLITHOTOMY,	26	7/1/2023	12/31/2382	\$42.03
76001	FLUOROSCOPY, PHYSICIAN TIME MORE THAN ONE HOUR, ASSISTING A NON-RADIOLOGIC PHYSICIAN (EG, NEPHROSTOLITHOTOMY,	59	7/1/2023	12/31/2382	\$143.18
76001	FLUOROSCOPY, PHYSICIAN TIME MORE THAN ONE HOUR, ASSISTING A NON-RADIOLOGIC PHYSICIAN (EG, NEPHROSTOLITHOTOMY,	76	7/1/2023	12/31/2382	\$143.18
76001	FLUOROSCOPY, PHYSICIAN TIME MORE THAN ONE HOUR, ASSISTING A NON-RADIOLOGIC PHYSICIAN (EG, NEPHROSTOLITHOTOMY,		7/1/2023	12/31/2382	\$143.18

76001	FLUOROSCOPY, PHYSICIAN TIME MORE THAN ONE HOUR, ASSISTING A NON-RADIOLOGIC PHYSICIAN (EG, NEPHROSTOLITHOTOMY,	TC	7/1/2023	12/31/2382	\$103.09
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
76003	FLUOROSCOPIC LOCALIZATION FOR NEEDLE BIOPSY OR FINE NEEDLE ASPIRATION	26	7/1/2023	12/31/2382	\$34.31
76003	FLUOROSCOPIC LOCALIZATION FOR NEEDLE BIOPSY OR FINE NEEDLE ASPIRATION		7/1/2023	12/31/2382	\$83.48
76003	FLUOROSCOPIC LOCALIZATION FOR NEEDLE BIOPSY OR FINE NEEDLE ASPIRATION	TC	7/1/2023	12/31/2382	\$51.00
76006	MANUAL APPLICATION OF STRESS PERFORMED BY PHYSICIAN FOR JOINT RADIOLOGY, INCLUDING CONTRALATERAL JOINT IF IND		7/1/2023	12/31/2382	\$56.50
76010	RADIOLOGIC EXAMINATION FROM NOSE TO RECTUM FOR FOREIGN BODY, SINGLE FILM, CHILD	26	7/1/2023	12/31/2382	\$11.05
76010	RADIOLOGIC EXAMINATION FROM NOSE TO RECTUM FOR FOREIGN BODY, SINGLE FILM, CHILD		1/1/1993	12/31/2382	\$25.30
76010	RADIOLOGIC EXAMINATION FROM NOSE TO RECTUM FOR FOREIGN BODY, SINGLE FILM, CHILD		7/1/2023	12/31/2382	\$56.50
76010	RADIOLOGIC EXAMINATION FROM NOSE TO RECTUM FOR FOREIGN BODY, SINGLE FILM, CHILD	TC	7/1/2023	12/31/2382	\$20.82
76012	RADIOLOGICAL SUPERVISION AND INTERPRETATION, PERCUTANEOUS VERTEBROPLASTY, PER VERTEBRAL BODY; UNDER FLUOROSCOPI		7/1/2023	12/31/2382	\$225.86

76013	RADIOLOGICAL SUPERVISION AND INTERPRETATION, PERCUTANEOUS VERTEBROPLASTY; UNDER CT GUIDANCE		7/1/2023	12/31/2382	\$225.86
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
76020	BONE AGE STUDIES	26	7/1/2023	12/31/2382	\$11.94
76020	BONE AGE STUDIES		7/1/2023	12/31/2382	\$56.50
76020	BONE AGE STUDIES		1/1/1993	12/31/2382	\$25.93
76020	BONE AGE STUDIES	TC	7/1/2023	12/31/2382	\$20.82
76040	BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM)	26	7/1/2023	12/31/2382	\$16.60
76040	BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM)		1/1/1993	12/31/2382	\$38.19
76040	BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM)		7/1/2023	12/31/2382	\$96.17
76040	BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM)	TC	7/1/2023	12/31/2382	\$30.97
76061	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; LIMITED (EG, FOR METASTASES)	26	7/1/2023	12/31/2382	\$27.90

76061	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; LIMITED (EG, FOR METASTASES)		7/1/2023	12/31/2382	\$96.17
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
76061	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; LIMITED (EG, FOR METASTASES)		1/1/1993	12/31/2382	\$53.06
76061	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; LIMITED (EG, FOR METASTASES)	TC	7/1/2023	12/31/2382	\$38.93
76062	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; COMPLETE (AXIAL AND APPENDICULAR SKELETON)	26	7/1/2023	12/31/2382	\$34.31
76062	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; COMPLETE (AXIAL AND APPENDICULAR SKELETON)		1/1/1993	12/31/2382	\$72.41
76062	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; COMPLETE (AXIAL AND APPENDICULAR SKELETON)		7/1/2023	12/31/2382	\$96.17
76062	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; COMPLETE (AXIAL AND APPENDICULAR SKELETON)	TC	7/1/2023	12/31/2382	\$56.67
76065	RADIOLOGIC EXAMINATION OSSEOUS SURVEY; INFANT	26	7/1/2023	12/31/2382	\$16.92
76065	RADIOLOGIC EXAMINATION OSSEOUS SURVEY; INFANT		1/1/1993	12/31/2382	\$36.94
76065	RADIOLOGIC EXAMINATION OSSEOUS SURVEY; INFANT		7/1/2023	12/31/2382	\$96.17

76065	RADIOLOGIC EXAMINATION OSSEOUS SURVEY; INFANT	TC	7/1/2023	12/31/2382	\$29.05
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
76066	JOINT SURVEY, SINGLE VIEW, ONE OR MORE JOINTS (SPECIFY)	26	7/1/2023	12/31/2382	\$18.96
76066	JOINT SURVEY, SINGLE VIEW, ONE OR MORE JOINTS (SPECIFY)		1/1/1993	12/31/2382	\$49.89
76066	JOINT SURVEY, SINGLE VIEW, ONE OR MORE JOINTS (SPECIFY)		7/1/2023	12/31/2382	\$56.50
76066	JOINT SURVEY, SINGLE VIEW, ONE OR MORE JOINTS (SPECIFY)	TC	7/1/2023	12/31/2382	\$43.44
76070	COMPUTERIZED TOMOGRAPHY BONE MINERAL DENSITY STUDY, ONE OR MORE SITES	26	7/1/2023	12/31/2382	\$15.35
76070	COMPUTERIZED TOMOGRAPHY BONE MINERAL DENSITY STUDY, ONE OR MORE SITES		1/1/1993	12/31/2382	\$106.03
76070	COMPUTERIZED TOMOGRAPHY BONE MINERAL DENSITY STUDY, ONE OR MORE SITES		7/1/2023	12/31/2382	\$94.62
76070	COMPUTERIZED TOMOGRAPHY BONE MINERAL DENSITY STUDY, ONE OR MORE SITES	TC	7/1/2023	12/31/2382	\$115.66
76071	COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, ONE OR MORE SITES;APPENDICULAR SKELETON		7/1/2023	12/31/2382	\$123.42

76075	DUAL ENERGY X-RAY ABSORPTIOMETRY (DEXA), BONE DENSITY STUDY, ONE OR MORE SITES; AXIAL SKELETON (EG, HIPS, PEL		7/1/2023	12/31/2382	\$94.62
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
76076	DUAL ENERGY X-RAY ABSORPTIOMETRY (DEXA), BONE DENSITY STUDY, ONE OR MORE SITES; APPENDICULAR SKELETON		7/1/2023	12/31/2382	\$49.43
76077	DUAL ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, ONE OR MORE SITES; VERTEBRAL FRACTURE ASSESSMENT		7/1/2023	12/31/2382	\$56.50
76078	RADIOGRAPHIC ABSORPTIOMETRY (PHOTODENSITOMETRY), ONE OR MORE SITES		7/1/2023	12/31/2382	\$56.50
76080	RADIOLOGIC EXAMINATION, ABSCESS, FISTULA OR SINUS TRACT STUDY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$32.48
76080	RADIOLOGIC EXAMINATION, ABSCESS, FISTULA OR SINUS TRACT STUDY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	59	7/1/2023	12/31/2382	\$131.52
76080	RADIOLOGIC EXAMINATION, ABSCESS, FISTULA OR SINUS TRACT STUDY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$131.52
76080	RADIOLOGIC EXAMINATION, ABSCESS, FISTULA OR SINUS TRACT STUDY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$59.79
76080	RADIOLOGIC EXAMINATION, ABSCESS, FISTULA OR SINUS TRACT STUDY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	FY	7/1/2023	12/31/2382	\$131.52
76080	RADIOLOGIC EXAMINATION, ABSCESS, FISTULA OR SINUS TRACT STUDY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$41.14

76082	COMPUTER AIDED DETECTION WITH FURTHER PHYSICIAN REVIEW FOR INTERPRETATION, WITH OR WITHOUT DIGITIZATION		7/1/2023	12/31/2382	\$19.81
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
76082	COMPUTER AIDED DETECTION WITH FURTHER PHYSICIAN REVIEW FOR INTERPRETATION, WITH OR WITHOUT DIGITIZATION	LT	7/1/2023	12/31/2382	\$19.81
76082	COMPUTER AIDED DETECTION WITH FURTHER PHYSICIAN REVIEW FOR INTERPRETATION, WITH OR WITHOUT DIGITIZATION	RT	7/1/2023	12/31/2382	\$19.81
76083	COMPUTER AIDED DETECTION WITH FURTHER PHYSICIAN REVIEW FOR INTERPRETATION, WITH OR WITHOUT DIGITIZATION		7/1/2023	12/31/2382	\$19.81
76086	MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE DUCT, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$21.06
76086	MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE DUCT, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$131.52
76086	MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE DUCT, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$100.85
76086	MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE DUCT, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$103.09
76088	MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIPLE DUCTS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$26.39
76088	MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIPLE DUCTS, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$131.52

76088	MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIPLE DUCTS, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$138.12
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
76088	MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIPLE DUCTS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$143.65
76090	MAMMOGRAPHY; UNILATERAL	26	7/1/2023	12/31/2382	\$15.35
76090	MAMMOGRAPHY; UNILATERAL		1/1/1993	12/31/2382	\$45.50
76090	MAMMOGRAPHY; UNILATERAL		7/1/2023	12/31/2382	\$50.98
76090	MAMMOGRAPHY; UNILATERAL	LT	7/1/2023	12/31/2382	\$50.98
76090	MAMMOGRAPHY; UNILATERAL	RT	7/1/2023	12/31/2382	\$50.98
76090	MAMMOGRAPHY; UNILATERAL	TC	7/1/2023	12/31/2382	\$41.14
76091	MAMMOGRAPHY; BILATERAL	26	7/1/2023	12/31/2382	\$25.18
76091	MAMMOGRAPHY; BILATERAL		1/1/1993	12/31/2382	\$60.99

76091	MAMMOGRAPHY; BILATERAL		7/1/2023	12/31/2382	\$63.42
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
76091	MAMMOGRAPHY; BILATERAL	TC	7/1/2023	12/31/2382	\$51.00
76092	SCREENING MAMMOGRAPHY, BILATERAL (TWO VIEW FILM STUDY OF EACH BREAST)		7/1/2023	12/31/2382	\$59.71
76092	SCREENING MAMMOGRAPHY, BILATERAL (TWO VIEW FILM STUDY OF EACH BREAST)		1/1/1993	12/31/2382	\$0.00
76093	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND/OR WITH CONTRAST MATERIAL(S); UNILATERAL		12/1/2006	12/31/2382	\$380.71
76094	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND/OR WITH CONTRAST MATERIAL(S);BILATERAL		12/1/2006	12/31/2382	\$380.71
76095	STEREOTACTIC LOCALIZATION FOR BREAST BIOPSY, EACH LESION, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$267.56
76095	STEREOTACTIC LOCALIZATION FOR BREAST BIOPSY, EACH LESION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	LT	7/1/2023	12/31/2382	\$267.56
76095	STEREOTACTIC LOCALIZATION FOR BREAST BIOPSY, EACH LESION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	RT	7/1/2023	12/31/2382	\$267.56
76096	PREOPERATIVE PLACEMENT OF NEEDLE LOCALIZATION WIRE, BREAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$33.62

76096	PREOPERATIVE PLACEMENT OF NEEDLE LOCALIZATION WIRE, BREAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$68.76
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
76096	PREOPERATIVE PLACEMENT OF NEEDLE LOCALIZATION WIRE, BREAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$131.52
76096	PREOPERATIVE PLACEMENT OF NEEDLE LOCALIZATION WIRE, BREAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION	LT	7/1/2023	12/31/2382	\$131.52
76096	PREOPERATIVE PLACEMENT OF NEEDLE LOCALIZATION WIRE, BREAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION	RT	7/1/2023	12/31/2382	\$131.52
76096	PREOPERATIVE PLACEMENT OF NEEDLE LOCALIZATION WIRE, BREAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$51.00
76098	RADIOLOGICAL EXAMINATION, BREAST SURGICAL SPECIMEN	26	7/1/2023	12/31/2382	\$9.31
76098	RADIOLOGICAL EXAMINATION, BREAST SURGICAL SPECIMEN		7/1/2023	12/31/2382	\$56.50
76098	RADIOLOGICAL EXAMINATION, BREAST SURGICAL SPECIMEN		1/1/1993	12/31/2382	\$20.93
76098	RADIOLOGICAL EXAMINATION, BREAST SURGICAL SPECIMEN	LT	7/1/2023	12/31/2382	\$56.50
76098	RADIOLOGICAL EXAMINATION, BREAST SURGICAL SPECIMEN	RT	7/1/2023	12/31/2382	\$56.50

76098	RADIOLOGICAL EXAMINATION, BREAST SURGICAL SPECIMEN	TC	7/1/2023	12/31/2382	\$16.59
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
76100	RADIOLOGIC EXAMINATION, SINGLE PLANE BODY SECTION (EG, TOMOGRAPHY), OTHER THAN WITH UROGRAPHY	26	7/1/2023	12/31/2382	\$36.75
76100	RADIOLOGIC EXAMINATION, SINGLE PLANE BODY SECTION (EG, TOMOGRAPHY), OTHER THAN WITH UROGRAPHY		1/1/1993	12/31/2382	\$68.14
76100	RADIOLOGIC EXAMINATION, SINGLE PLANE BODY SECTION (EG, TOMOGRAPHY), OTHER THAN WITH UROGRAPHY		7/1/2023	12/31/2382	\$96.17
76100	RADIOLOGIC EXAMINATION, SINGLE PLANE BODY SECTION (EG, TOMOGRAPHY), OTHER THAN WITH UROGRAPHY	TC	7/1/2023	12/31/2382	\$49.09
76101	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTION (EG, MASTOID POLYTOMOGRAPHY), OTHER T	26	7/1/2023	12/31/2382	\$36.75
76101	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTION (EG, MASTOID POLYTOMOGRAPHY), OTHER T		1/1/1993	12/31/2382	\$73.36
76101	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTION (EG, MASTOID POLYTOMOGRAPHY), OTHER T		7/1/2023	12/31/2382	\$131.52
76101	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTION (EG, MASTOID POLYTOMOGRAPHY), OTHER T	TC	7/1/2023	12/31/2382	\$55.53
76102	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTION (EG, MASTOID POLYTOMOGRAPHY), OTHER T	26	7/1/2023	12/31/2382	\$36.75

76102	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTION (EG, MASTOID POLYTOMOGRAPHY), OTHER T		1/1/1993	12/31/2382	\$83.48
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
76102	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTION (EG, MASTOID POLYTOMOGRAPHY), OTHER T		7/1/2023	12/31/2382	\$267.56
76102	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTION (EG, MASTOID POLYTOMOGRAPHY), OTHER T	TC	7/1/2023	12/31/2382	\$68.00
76120	CINERADIOGRAPHY, EXCEPT WHERE SPECIFICALLY INCLUDED	26	7/1/2023	12/31/2382	\$23.33
76120	CINERADIOGRAPHY, EXCEPT WHERE SPECIFICALLY INCLUDED		1/1/1993	12/31/2382	\$51.70
76120	CINERADIOGRAPHY, EXCEPT WHERE SPECIFICALLY INCLUDED		7/1/2023	12/31/2382	\$102.94
76120	CINERADIOGRAPHY, EXCEPT WHERE SPECIFICALLY INCLUDED	TC	7/1/2023	12/31/2382	\$41.14
76125	CINERADIOGRAPHY TO COMPLEMENT ROUTINE EXAMINATION	26	7/1/2023	12/31/2382	\$16.32
76125	CINERADIOGRAPHY TO COMPLEMENT ROUTINE EXAMINATION		1/1/1993	12/31/2382	\$37.87
76125	CINERADIOGRAPHY TO COMPLEMENT ROUTINE EXAMINATION		7/1/2023	12/31/2382	\$56.50

76125	CINERADIOGRAPHY TO COMPLEMENT ROUTINE EXAMINATION	TC	7/1/2023	12/31/2382	\$30.97
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
76140	CONSULTATION ON X-RAY EXAMINATION MADE ELSEWHERE, WRITTEN REPORT		1/1/1993	12/31/2382	\$0.00
76150	XERORADIOGRAPHY		1/1/1993	12/31/2382	\$13.47
76150	XERORADIOGRAPHY		7/1/2023	12/31/2382	\$56.50
76350	SUBTRACTION IN CONJUNCTION WITH CONTRAST STUDIES	26	1/1/1993	12/31/2382	\$0.00
76350	SUBTRACTION IN CONJUNCTION WITH CONTRAST STUDIES		1/1/1993	12/31/2382	\$0.00
76350	SUBTRACTION IN CONJUNCTION WITH CONTRAST STUDIES	TC	1/1/1993	12/31/2382	\$0.00
76355	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR STEREOTACTIC LOCALIZATION	26	7/1/2023	12/31/2382	\$75.27
76355	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR STEREOTACTIC LOCALIZATION		7/1/2023	12/31/2382	\$332.45
76355	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR STEREOTACTIC LOCALIZATION		1/1/1993	12/31/2382	\$321.15

76355	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR STEREOTACTIC LOCALIZATION	TC	7/1/2023	12/31/2382	\$323.83
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
76360	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR NEEDLE BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$68.41
76360	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR NEEDLE BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$318.63
76360	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR NEEDLE BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$332.45
76360	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR NEEDLE BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$323.83
76362	COMPUTERIZED AXIAL TOMOGRAPHIC GUIDANCE FOR, AND MONITORING OF, TISSUE ABLATION		7/1/2023	12/31/2382	\$395.43
76365	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR CYST ASPIRATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$68.41
76365	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR CYST ASPIRATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$392.25
76365	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR CYST ASPIRATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$323.83
76370	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS	26	7/1/2023	12/31/2382	\$52.98

76370	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS		7/1/2023	12/31/2382	\$123.42
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
76370	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS		1/1/1993	12/31/2382	\$134.92
76370	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS	TC	7/1/2023	12/31/2382	\$115.66
76375	CORONAL, SAGITTAL, MULTIPLANAR, OBLIQUE, 3-DIMENSIONAL AND/OR HOLOGRAPHIC RECONSTRUCTION OF COMPUTERIZED TOMO	26	7/1/2023	12/31/2382	\$9.31
76375	CORONAL, SAGITTAL, MULTIPLANAR, OBLIQUE, 3-DIMENSIONAL AND/OR HOLOGRAPHIC RECONSTRUCTION OF COMPUTERIZED TOMO		7/1/2023	12/31/2382	\$147.56
76375	CORONAL, SAGITTAL, MULTIPLANAR, OBLIQUE, 3-DIMENSIONAL AND/OR HOLOGRAPHIC RECONSTRUCTION OF COMPUTERIZED TOMO	TC	7/1/2023	12/31/2382	\$138.38
76376	3D REDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND,	59	7/1/2023	12/31/2382	\$47.53
76376	3D REDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND,		7/1/2023	12/31/2382	\$47.53
76376	3D REDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND,	LT	7/1/2023	12/31/2382	\$47.53
76376	3D REDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND,	RT	7/1/2023	12/31/2382	\$47.53

76376	3D REDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND,	TC	7/1/2023	12/31/2382	\$8.60
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
76377	3D REDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND,	59	7/1/2023	12/31/2382	\$123.42
76377	3D REDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND,		7/1/2023	12/31/2382	\$123.42
76377	3D REDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND,	ET	7/1/2023	12/31/2382	\$123.42
76380	COMPUTERIZED TOMOGRAPHY, LIMITED OR LOCALIZED FOLLOW-UP STUDY	26	7/1/2023	12/31/2382	\$58.08
76380	COMPUTERIZED TOMOGRAPHY, LIMITED OR LOCALIZED FOLLOW-UP STUDY	59	7/1/2023	12/31/2382	\$123.42
76380	COMPUTERIZED TOMOGRAPHY, LIMITED OR LOCALIZED FOLLOW-UP STUDY		1/1/1993	12/31/2382	\$158.64
76380	COMPUTERIZED TOMOGRAPHY, LIMITED OR LOCALIZED FOLLOW-UP STUDY		7/1/2023	12/31/2382	\$123.42
76380	COMPUTERIZED TOMOGRAPHY, LIMITED OR LOCALIZED FOLLOW-UP STUDY	TC	7/1/2023	12/31/2382	\$137.24
76393	MAGNETIC RESONANCE GUIDANCE FOR NEEDLE PLACEMENT (EG, FOR BIOPSY)RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$395.00

76394	MAGNETIC RESONANCE GUIDANCE FOR, AND MONITORING OF, TISSUE ABLATION		7/1/2023	12/31/2382	\$395.00
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
76400	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BONE MARROW BLOOD SUPPLY	26	7/1/2023	12/31/2382	\$95.17
76400	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BONE MARROW BLOOD SUPPLY		1/1/1993	12/31/2382	\$434.32
76400	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BONE MARROW BLOOD SUPPLY		7/1/2023	12/31/2382	\$395.00
76400	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BONE MARROW BLOOD SUPPLY	TC	7/1/2023	12/31/2382	\$439.49
76496	UNLISTED FLUOROSCOPIC PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)		7/1/2023	12/31/2382	\$102.94
76497	UNLISTED COMPUTED TOMOGRAPHY PROCEDURE (EG, DIAGNOSTIC INTERVENTIONAL)		7/1/2023	12/31/2382	\$123.42
76498	UNLISTED MAGNETIC RESONANCE PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)		7/1/2023	12/31/2382	\$395.00
76499	UNLISTED DIAGNOSTIC RADIOLOGIC PROCEDURE	26	1/1/1993	12/31/2382	\$0.00
76499	UNLISTED DIAGNOSTIC RADIOLOGIC PROCEDURE		1/1/1993	12/31/2382	\$0.00

76499	UNLISTED DIAGNOSTIC RADIOLOGIC PROCEDURE		7/1/2023	12/31/2382	\$56.50
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
76499	UNLISTED DIAGNOSTIC RADIOLOGIC PROCEDURE	TC	1/1/1993	12/31/2382	\$0.00
76506	ECHOENCEPHALOGRAPHY, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION (GRAY SCALE) (FOR DETERMINATION OF VENTR	26	7/1/2023	12/31/2382	\$39.55
76506	ECHOENCEPHALOGRAPHY, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION (GRAY SCALE) (FOR DETERMINATION OF VENTR		7/1/2023	12/31/2382	\$76.92
76506	ECHOENCEPHALOGRAPHY, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION (GRAY SCALE) (FOR DETERMINATION OF VENTR		1/1/1993	12/31/2382	\$75.56
76506	ECHOENCEPHALOGRAPHY, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION (GRAY SCALE) (FOR DETERMINATION OF VENTR	TC	7/1/2023	12/31/2382	\$55.53
76510	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN AND QUANTITATIVE A-SCAN PERFORMED DURING THE SAME PATIENT ENCOUNTER		7/1/2023	12/31/2382	\$123.03
76511	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; A-SCAN ONLY, WITH AMPLITUDE QUANTIFICATION	26	7/1/2023	12/31/2382	\$38.18
76511	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; A-SCAN ONLY, WITH AMPLITUDE QUANTIFICATION	50	7/1/2023	12/31/2382	\$123.03
76511	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; A-SCAN ONLY, WITH AMPLITUDE QUANTIFICATION		1/1/1993	12/31/2382	\$78.87

76511	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; A-SCAN ONLY, WITH AMPLITUDE QUANTIFICATION		7/1/2023	12/31/2382	\$123.03
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
76511	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; A-SCAN ONLY, WITH AMPLITUDE QUANTIFICATION	LT	7/1/2023	12/31/2382	\$123.03
76511	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; A-SCAN ONLY, WITH AMPLITUDE QUANTIFICATION	RT	7/1/2023	12/31/2382	\$123.03
76511	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; A-SCAN ONLY, WITH AMPLITUDE QUANTIFICATION	TC	7/1/2023	12/31/2382	\$49.09
76512	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CONTACT B-SCAN (WITH OR WITHOUT SIMULTANEOUS A-SCAN)	26	7/1/2023	12/31/2382	\$41.35
76512	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CONTACT B-SCAN (WITH OR WITHOUT SIMULTANEOUS A-SCAN)	50	7/1/2023	12/31/2382	\$123.03
76512	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CONTACT B-SCAN (WITH OR WITHOUT SIMULTANEOUS A-SCAN)		7/1/2023	12/31/2382	\$123.03
76512	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CONTACT B-SCAN (WITH OR WITHOUT SIMULTANEOUS A-SCAN)		1/1/1993	12/31/2382	\$80.70
76512	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CONTACT B-SCAN (WITH OR WITHOUT SIMULTANEOUS A-SCAN)	LT	7/1/2023	12/31/2382	\$123.03
76512	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CONTACT B-SCAN (WITH OR WITHOUT SIMULTANEOUS A-SCAN)	RT	7/1/2023	12/31/2382	\$123.03

76512	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CONTACT B-SCAN (WITH OR WITHOUT SIMULTANEOUS A- SCAN)	TC	7/1/2023	12/31/2382	\$60.03
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
76513	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; ANTERIOR SEGMENT ULTRASOUND,	26	7/1/2023	12/31/2382	\$41.35
76513	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; ANTERIOR SEGMENT ULTRASOUND,		7/1/2023	12/31/2382	\$123.03
76513	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; ANTERIOR SEGMENT ULTRASOUND,		1/1/1993	12/31/2382	\$80.70
76513	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; ANTERIOR SEGMENT ULTRASOUND,	TC	7/1/2023	12/31/2382	\$60.03
76514	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CORNEAL PACHYMETRY, UNILATERAL OR BILATERAL	50	7/1/2023	12/31/2382	\$47.53
76514	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CORNEAL PACHYMETRY, UNILATERAL OR BILATERAL		7/1/2023	12/31/2382	\$47.53
76514	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CORNEAL PACHYMETRY, UNILATERAL OR BILATERAL	PO	7/1/2023	12/31/2382	\$0.01
76514	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CORNEAL PACHYMETRY, UNILATERAL OR BILATERAL	PO	1/1/2016	12/31/2382	\$38.61
76516	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A- SCAN;	26	7/1/2023	12/31/2382	\$34.03

76516	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN;		1/1/1993	12/31/2382	\$66.25
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
76516	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN;		7/1/2023	12/31/2382	\$76.92
76516	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN;	TC	7/1/2023	12/31/2382	\$49.09
76519	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN; WITH INTRAOCULAR LENS POWER CALCULATION	26	7/1/2023	12/31/2382	\$34.03
76519	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN; WITH INTRAOCULAR LENS POWER CALCULATION		7/1/2023	12/31/2382	\$123.03
76519	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN; WITH INTRAOCULAR LENS POWER CALCULATION		1/1/1993	12/31/2382	\$66.25
76519	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN; WITH INTRAOCULAR LENS POWER CALCULATION	TC	7/1/2023	12/31/2382	\$49.09
76529	OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	26	7/1/2023	12/31/2382	\$36.06
76529	OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION		7/1/2023	12/31/2382	\$76.92
76529	OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION		1/1/1993	12/31/2382	\$71.17

76529	OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	TC	7/1/2023	12/31/2382	\$53.59
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
76536	ECHOGRAPHY, SOFT TISSUES OF HEAD AND NECK (EG, THYROID, PARATHYROID, PAROTID), B-SCAN AND/OR REAL TIME WITH IM	26	7/1/2023	12/31/2382	\$35.25
76536	ECHOGRAPHY, SOFT TISSUES OF HEAD AND NECK (EG, THYROID, PARATHYROID, PAROTID), B-SCAN AND/OR REAL TIME WITH IM	59	7/1/2023	12/31/2382	\$123.03
76536	ECHOGRAPHY, SOFT TISSUES OF HEAD AND NECK (EG, THYROID, PARATHYROID, PAROTID), B-SCAN AND/OR REAL TIME WITH IM		1/1/1993	12/31/2382	\$72.42
76536	ECHOGRAPHY, SOFT TISSUES OF HEAD AND NECK (EG, THYROID, PARATHYROID, PAROTID), B-SCAN AND/OR REAL TIME WITH IM		7/1/2023	12/31/2382	\$123.03
76536	ECHOGRAPHY, SOFT TISSUES OF HEAD AND NECK (EG, THYROID, PARATHYROID, PAROTID), B-SCAN AND/OR REAL TIME WITH IM	PN	7/1/2023	12/31/2382	\$123.03
76536	ECHOGRAPHY, SOFT TISSUES OF HEAD AND NECK (EG, THYROID, PARATHYROID, PAROTID), B-SCAN AND/OR REAL TIME WITH IM	PO	7/1/2023	12/31/2382	\$123.03
76536	ECHOGRAPHY, SOFT TISSUES OF HEAD AND NECK (EG, THYROID, PARATHYROID, PAROTID), B-SCAN AND/OR REAL TIME WITH IM	TC	7/1/2023	12/31/2382	\$55.53
76604	ECHOGRAPHY, CHEST, B-SCAN (INCLUDES MEDIASTINUM) AND/OR REAL TIME WITH IMAGE DOCUMENTATION	26	7/1/2023	12/31/2382	\$34.92
76604	ECHOGRAPHY, CHEST, B-SCAN (INCLUDES MEDIASTINUM) AND/OR REAL TIME WITH IMAGE DOCUMENTATION		1/1/1993	12/31/2382	\$68.44

76604	ECHOGRAPHY, CHEST, B-SCAN (INCLUDES MEDIASTINUM) AND/OR REAL TIME WITH IMAGE DOCUMENTATION		7/1/2023	12/31/2382	\$123.03
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
76604	ECHOGRAPHY, CHEST, B-SCAN (INCLUDES MEDIASTINUM) AND/OR REAL TIME WITH IMAGE DOCUMENTATION	TC	7/1/2023	12/31/2382	\$51.00
76641	ULTRASOUND, BREAST, UNILATERAL, REALTIME WITH IMAGE DOCUMENTATION, INCLUDING AXILLA WHEN PERFORMED; COMPLETE	26	7/1/2023	12/31/2382	\$25.93
76641	ULTRASOUND, BREAST, UNILATERAL, REALTIME WITH IMAGE DOCUMENTATION, INCLUDING AXILLA WHEN PERFORMED; COMPLETE	50	7/1/2023	12/31/2382	\$109.62
76641	ULTRASOUND, BREAST, UNILATERAL, REALTIME WITH IMAGE DOCUMENTATION, INCLUDING AXILLA WHEN PERFORMED; COMPLETE		7/1/2023	12/31/2382	\$109.62
76641	ULTRASOUND, BREAST, UNILATERAL, REALTIME WITH IMAGE DOCUMENTATION, INCLUDING AXILLA WHEN PERFORMED; COMPLETE	TC	7/1/2023	12/31/2382	\$50.81
76642	ULTRASOUND, BREAST, UNILATERAL, REALTIME WITH IMAGE DOCUMENTATION, INCLUDING AXILLA WHEN PERFORMED; LIMITED	26	7/1/2023	12/31/2382	\$37.00
76642	ULTRASOUND, BREAST, UNILATERAL, REALTIME WITH IMAGE DOCUMENTATION, INCLUDING AXILLA WHEN PERFORMED; LIMITED	26	1/1/2020	12/31/2382	\$55.83
76642	ULTRASOUND, BREAST, UNILATERAL, REALTIME WITH IMAGE DOCUMENTATION, INCLUDING AXILLA WHEN PERFORMED; LIMITED		7/1/2023	12/31/2382	\$95.75
76642	ULTRASOUND, BREAST, UNILATERAL, REALTIME WITH IMAGE DOCUMENTATION, INCLUDING AXILLA WHEN PERFORMED; LIMITED	LT	7/1/2023	12/31/2382	\$95.75

76642	ULTRASOUND, BREAST, UNILATERAL, REALTIME WITH IMAGE DOCUMENTATION, INCLUDING AXILLA WHEN PERFORMED; LIMITED	RT	7/1/2023	12/31/2382	\$95.75
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
76642	ULTRASOUND, BREAST, UNILATERAL, REALTIME WITH IMAGE DOCUMENTATION, INCLUDING AXILLA WHEN PERFORMED; LIMITED	TC	7/1/2023	12/31/2382	\$61.02
76642	ULTRASOUND, BREAST, UNILATERAL, REALTIME WITH IMAGE DOCUMENTATION, INCLUDING AXILLA WHEN PERFORMED; LIMITED	XS	7/1/2023	12/31/2382	\$95.75
76645	ECHOGRAPHY, BREAST(S) (UNILATERAL OR BILATERAL), B-SCAN AND/ OR REAL TIME WITH IMAGE DOCUMENTATION	26	7/1/2023	12/31/2382	\$34.03
76645	ECHOGRAPHY, BREAST(S) (UNILATERAL OR BILATERAL), B-SCAN AND/ OR REAL TIME WITH IMAGE DOCUMENTATION	50	7/1/2023	12/31/2382	\$76.92
76645	ECHOGRAPHY, BREAST(S) (UNILATERAL OR BILATERAL), B-SCAN AND/ OR REAL TIME WITH IMAGE DOCUMENTATION		7/1/2023	12/31/2382	\$76.92
76645	ECHOGRAPHY, BREAST(S) (UNILATERAL OR BILATERAL), B-SCAN AND/ OR REAL TIME WITH IMAGE DOCUMENTATION		1/1/1993	12/31/2382	\$59.79
76645	ECHOGRAPHY, BREAST(S) (UNILATERAL OR BILATERAL), B-SCAN AND/ OR REAL TIME WITH IMAGE DOCUMENTATION	LT	7/1/2023	12/31/2382	\$76.92
76645	ECHOGRAPHY, BREAST(S) (UNILATERAL OR BILATERAL), B-SCAN AND/ OR REAL TIME WITH IMAGE DOCUMENTATION	RT	7/1/2023	12/31/2382	\$76.92
76645	ECHOGRAPHY, BREAST(S) (UNILATERAL OR BILATERAL), B-SCAN AND/ OR REAL TIME WITH IMAGE DOCUMENTATION	TC	7/1/2023	12/31/2382	\$41.14

76700	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	26	7/1/2023	12/31/2382	\$50.05
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
76700	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	59	7/1/2023	12/31/2382	\$123.03
76700	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE		1/1/1993	12/31/2382	\$101.49
76700	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE		7/1/2023	12/31/2382	\$123.03
76700	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	TC	7/1/2023	12/31/2382	\$77.11
76705	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (EG, SINGLE ORGAN, QUADRANT,	26	7/1/2023	12/31/2382	\$37.09
76705	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (EG, SINGLE ORGAN, QUADRANT,	59	7/1/2023	12/31/2382	\$123.03
76705	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (EG, SINGLE ORGAN, QUADRANT,		1/1/1993	12/31/2382	\$73.67
76705	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (EG, SINGLE ORGAN, QUADRANT,		7/1/2023	12/31/2382	\$123.03
76705	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (EG, SINGLE ORGAN, QUADRANT,	GA	7/1/2023	12/31/2382	\$123.03

76705	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (EG, SINGLE ORGAN, QUADRANT,	PO	7/1/2023	12/31/2382	\$123.03
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
76705	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (EG, SINGLE ORGAN, QUADRANT,	TC	7/1/2023	12/31/2382	\$55.53
76705	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (EG, SINGLE ORGAN, QUADRANT,	XS	7/1/2023	12/31/2382	\$123.03
76705	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (EG, SINGLE ORGAN, QUADRANT,	XU	7/1/2023	12/31/2382	\$123.03
76706	ULTRASOUND, ABDOMINAL AORTA, REAL TIME WITH IMAGE DOCUMENTATION, SCREENING STUDY FOR ABDOMINAL AORTIC ANEURYSM (AAA)		7/1/2023	12/31/2382	\$86.21
76706	ULTRASOUND, ABDOMINAL AORTA, REAL TIME WITH IMAGE DOCUMENTATION, SCREENING STUDY FOR ABDOMINAL AORTIC ANEURYSM (AAA)	PO	7/1/2023	12/31/2382	\$86.21
76706	ULTRASOUND, ABDOMINAL AORTA, REAL TIME WITH IMAGE DOCUMENTATION, SCREENING STUDY FOR ABDOMINAL AORTIC ANEURYSM (AAA)	XU	7/1/2023	12/31/2382	\$86.21
76770	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPL	26	7/1/2023	12/31/2382	\$46.04
76770	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPL	59	7/1/2023	12/31/2382	\$123.03
76770	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPL		1/1/1993	12/31/2382	\$98.34

76770	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPL		7/1/2023	12/31/2382	\$123.03
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
76770	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPL	GA	7/1/2023	12/31/2382	\$123.03
76770	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPL	PN	7/1/2023	12/31/2382	\$123.03
76770	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPL	PO	7/1/2023	12/31/2382	\$123.03
76770	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPL	TC	7/1/2023	12/31/2382	\$77.11
76770	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPL	XU	7/1/2023	12/31/2382	\$123.03
76775	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMIT	26	7/1/2023	12/31/2382	\$36.75
76775	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMIT	59	7/1/2023	12/31/2382	\$123.03
76775	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMIT		1/1/1993	12/31/2382	\$73.36
76775	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMIT		7/1/2023	12/31/2382	\$123.03

76775	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMIT	PN	7/1/2023	12/31/2382	\$123.03
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
76775	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMIT	TC	7/1/2023	12/31/2382	\$55.53
76776	ULTRASOUND, TRANSPLANTED KIDNEY, REAL TIME AND DUPLEX DOPPLER WITH IMAGE DOCUMENTATION		7/1/2023	12/31/2382	\$120.88
76778	ECHOGRAPHY OF TRANSPLANTED KIDNEY, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION, WITH OR WITHOUT DUPLEX DO	26	7/1/2023	12/31/2382	\$43.96
76778	ECHOGRAPHY OF TRANSPLANTED KIDNEY, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION, WITH OR WITHOUT DUPLEX DO		7/1/2023	12/31/2382	\$123.03
76778	ECHOGRAPHY OF TRANSPLANTED KIDNEY, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION, WITH OR WITHOUT DUPLEX DO		1/1/1993	12/31/2382	\$98.34
76778	ECHOGRAPHY OF TRANSPLANTED KIDNEY, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION, WITH OR WITHOUT DUPLEX DO	TC	7/1/2023	12/31/2382	\$77.11
76800	ECHOGRAPHY, SPINAL CANAL AND CONTENTS	26	7/1/2023	12/31/2382	\$67.25
76800	ECHOGRAPHY, SPINAL CANAL AND CONTENTS		7/1/2023	12/31/2382	\$123.03
76800	ECHOGRAPHY, SPINAL CANAL AND CONTENTS		1/1/1993	12/31/2382	\$99.73

76800	ECHOGRAPHY, SPINAL CANAL AND CONTENTS	TC	7/1/2023	12/31/2382	\$55.53
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
76801	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION, FIR		7/1/2023	12/31/2382	\$123.03
76802	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION, EACH ADDITIONA		7/1/2023	12/31/2382	\$76.92
76805	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE (COMPLETE FETAL AND MA	26	7/1/2023	12/31/2382	\$61.40
76805	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE (COMPLETE FETAL AND MA		1/1/1993	12/31/2382	\$114.71
76805	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE (COMPLETE FETAL AND MA		7/1/2023	12/31/2382	\$123.03
76805	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE (COMPLETE FETAL AND MA	TC	7/1/2023	12/31/2382	\$82.37
76810	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE (COMPLETE FETAL AND MA	26	7/1/2023	12/31/2382	\$116.63
76810	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE (COMPLETE FETAL AND MA		1/1/1993	12/31/2382	\$228.03
76810	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE (COMPLETE FETAL AND MA		7/1/2023	12/31/2382	\$123.03

76810	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE (COMPLETE FETAL AND MA	TC	7/1/2023	12/31/2382	\$164.10
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
76811	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION, SINGLE OR FIRS		7/1/2023	12/31/2382	\$197.84
76811	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION, SINGLE OR FIRS	PO	7/1/2023	12/31/2382	\$197.84
76811	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION, SINGLE OR FIRS	TC	7/1/2023	12/31/2382	\$197.84
76812	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION, EACH ADDITIONA		7/1/2023	12/31/2382	\$123.03
76813	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FIRST TRIMESTER FETAL NUCHAL TRANSLUCENCY	55	7/1/2023	12/31/2382	\$120.88
76813	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FIRST TRIMESTER FETAL NUCHAL TRANSLUCENCY		7/1/2023	12/31/2382	\$120.88
76813	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FIRST TRIMESTER FETAL NUCHAL TRANSLUCENCY	PO	7/1/2023	12/31/2382	\$120.88
76814	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FIRST TRIMESTER FETAL NUCHAL TRANSLUCENCY		7/1/2023	12/31/2382	\$120.88
76815	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (FETAL SIZE, HEART	22	7/1/2023	12/31/2382	\$76.92

76815	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (FETAL SIZE, HEART	25	7/1/2023	12/31/2382	\$76.92
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
76815	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (FETAL SIZE, HEART	26	7/1/2023	12/31/2382	\$40.49
76815	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (FETAL SIZE, HEART	52	7/1/2023	12/31/2382	\$76.92
76815	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (FETAL SIZE, HEART	59	7/1/2023	12/31/2382	\$76.92
76815	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (FETAL SIZE, HEART		1/1/1993	12/31/2382	\$76.50
76815	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (FETAL SIZE, HEART		7/1/2023	12/31/2382	\$76.92
76815	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (FETAL SIZE, HEART	TC	7/1/2023	12/31/2382	\$55.53
76816	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; FOLLOW-UP OR REPEAT	26	7/1/2023	12/31/2382	\$36.06
76816	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; FOLLOW-UP OR REPEAT		7/1/2023	12/31/2382	\$76.92
76816	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; FOLLOW-UP OR REPEAT		1/1/1993	12/31/2382	\$62.92

76816	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; FOLLOW-UP OR REPEAT	PO	7/1/2023	12/31/2382	\$76.92
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
76816	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; FOLLOW-UP OR REPEAT	TC	7/1/2023	12/31/2382	\$43.44
76817	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, TRANSVAGINAL	25	7/1/2023	12/31/2382	\$123.03
76817	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, TRANSVAGINAL		7/1/2023	12/31/2382	\$123.03
76818	FETAL BIOPHYSICAL PROFILE	26	7/1/2023	12/31/2382	\$47.60
76818	FETAL BIOPHYSICAL PROFILE	59	7/1/2023	12/31/2382	\$123.03
76818	FETAL BIOPHYSICAL PROFILE		7/1/2023	12/31/2382	\$123.03
76818	FETAL BIOPHYSICAL PROFILE		1/1/1993	12/31/2382	\$88.54
76818	FETAL BIOPHYSICAL PROFILE	TC	7/1/2023	12/31/2382	\$63.48
76819	FETAL BIOPHYSICAL PROFILE; WITHOUT STRESS OR NON-STRESS TESTING	59	7/1/2023	12/31/2382	\$123.03

76819	FETAL BIOPHYSICAL PROFILE; WITHOUT STRESS OR NON-STRESS TESTING		7/1/2023	12/31/2382	\$123.03
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
76820	DOPPLER VELOCIMETRY, FETAL; UMBILICAL ARTERY	51	7/1/2023	12/31/2382	\$124.09
76820	DOPPLER VELOCIMETRY, FETAL; UMBILICAL ARTERY	59	7/1/2023	12/31/2382	\$124.09
76820	DOPPLER VELOCIMETRY, FETAL; UMBILICAL ARTERY		7/1/2023	12/31/2382	\$124.09
76821	DOPPLER VELOCIMETRY, FETAL; MIDDLE CEREBRAL ARTERY		7/1/2023	12/31/2382	\$124.09
76825	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE DOCUMENTATION (2D) WITH OR WITHOUT M-MODE	26	7/1/2023	12/31/2382	\$47.25
76825	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE DOCUMENTATION (2D) WITH OR WITHOUT M-MODE		7/1/2023	12/31/2382	\$129.83
76825	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE DOCUMENTATION (2D) WITH OR WITHOUT M-MODE		1/1/1993	12/31/2382	\$99.29
76825	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE DOCUMENTATION (2D) WITH OR WITHOUT M-MODE	TC	7/1/2023	12/31/2382	\$77.11
76826	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE DOCUMENTATION (2D) WITH OR WITHOUT M-MODE	26	7/1/2023	12/31/2382	\$60.98

76826	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE DOCUMENTATION (2D) WITH OR WITHOUT M-MODE		7/1/2023	12/31/2382	\$117.12
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
76826	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE DOCUMENTATION (2D) WITH OR WITHOUT M-MODE		1/1/1993	12/31/2382	\$70.24
76826	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE DOCUMENTATION (2D) WITH OR WITHOUT M-MODE	TC	7/1/2023	12/31/2382	\$27.91
76827	DOPPLER ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPL	26	7/1/2023	12/31/2382	\$44.22
76827	DOPPLER ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPL		1/1/1993	12/31/2382	\$91.34
76827	DOPPLER ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPL		7/1/2023	12/31/2382	\$129.83
76827	DOPPLER ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPL	TC	7/1/2023	12/31/2382	\$68.18
76828	DOPPLER ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPL	26	7/1/2023	12/31/2382	\$30.33
76828	DOPPLER ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPL		7/1/2023	12/31/2382	\$117.12
76828	DOPPLER ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPL		1/1/1993	12/31/2382	\$29.86

76828	DOPPLER ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPL	TC	7/1/2023	12/31/2382	\$6.43
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
76830	ECHOGRAPHY, TRANSVAGINAL	25	7/1/2023	12/31/2382	\$123.03
76830	ECHOGRAPHY, TRANSVAGINAL	26	7/1/2023	12/31/2382	\$43.25
76830	ECHOGRAPHY, TRANSVAGINAL	59	7/1/2023	12/31/2382	\$123.03
76830	ECHOGRAPHY, TRANSVAGINAL		1/1/1993	12/31/2382	\$82.27
76830	ECHOGRAPHY, TRANSVAGINAL		7/1/2023	12/31/2382	\$123.03
76830	ECHOGRAPHY, TRANSVAGINAL	PO	7/1/2023	12/31/2382	\$123.03
76830	ECHOGRAPHY, TRANSVAGINAL	TC	7/1/2023	12/31/2382	\$60.03
76830	ECHOGRAPHY, TRANSVAGINAL	XU	7/1/2023	12/31/2382	\$123.03
76831	HYSTEROSONOGRAPHY, WITH OR WITHOUT COLOR FLOW DOPPLER		7/1/2023	12/31/2382	\$197.84

76831	HYSTEROSONOGRAPHY, WITH OR WITHOUT COLOR FLOW DOPPLER	TC	7/1/2023	12/31/2382	\$34.17
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
76856	ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	26	7/1/2023	12/31/2382	\$43.25
76856	ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	59	7/1/2023	12/31/2382	\$123.03
76856	ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE		1/1/1993	12/31/2382	\$82.27
76856	ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE		7/1/2023	12/31/2382	\$123.03
76856	ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	PO	7/1/2023	12/31/2382	\$123.03
76856	ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	TC	7/1/2023	12/31/2382	\$60.03
76856	ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	XU	7/1/2023	12/31/2382	\$123.03
76857	ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED OR FOLLOW-UP (EG,	26	7/1/2023	12/31/2382	\$23.02
76857	ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED OR FOLLOW-UP (EG,		7/1/2023	12/31/2382	\$76.92

76857	ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED OR FOLLOW-UP (EG,		1/1/1993	12/31/2382	\$51.39
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
76857	ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED OR FOLLOW-UP (EG,	LT	7/1/2023	12/31/2382	\$76.92
76857	ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED OR FOLLOW-UP (EG,	RT	7/1/2023	12/31/2382	\$76.92
76857	ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED OR FOLLOW-UP (EG,	TC	7/1/2023	12/31/2382	\$41.14
76870	ECHOGRAPHY, SCROTUM AND CONTENTS	26	7/1/2023	12/31/2382	\$39.78
76870	ECHOGRAPHY, SCROTUM AND CONTENTS	59	7/1/2023	12/31/2382	\$123.03
76870	ECHOGRAPHY, SCROTUM AND CONTENTS		1/1/1993	12/31/2382	\$79.53
76870	ECHOGRAPHY, SCROTUM AND CONTENTS		7/1/2023	12/31/2382	\$123.03
76870	ECHOGRAPHY, SCROTUM AND CONTENTS	PN	7/1/2023	12/31/2382	\$123.03
76870	ECHOGRAPHY, SCROTUM AND CONTENTS	PO	7/1/2023	12/31/2382	\$123.03

76870	ECHOGRAPHY, SCROTUM AND CONTENTS	TC	7/1/2023	12/31/2382	\$60.03
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
76872	ECHOGRAPHY, TRANSRECTAL	26	7/1/2023	12/31/2382	\$43.25
76872	ECHOGRAPHY, TRANSRECTAL		1/1/1993	12/31/2382	\$82.27
76872	ECHOGRAPHY, TRANSRECTAL		7/1/2023	12/31/2382	\$123.03
76872	ECHOGRAPHY, TRANSRECTAL	TC	7/1/2023	12/31/2382	\$60.03
76873	ECHOGRAPHY, TRANSRECTAL; PROSTATE VOLUME STUDY FOR BRACHYTHERAPY TREATMENT PLANNING		7/1/2023	12/31/2382	\$123.03
76880	ECHOGRAPHY, EXTREMITY, NON-VASCULAR, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION	26	7/1/2023	12/31/2382	\$37.09
76880	ECHOGRAPHY, EXTREMITY, NON-VASCULAR, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION		1/1/1993	12/31/2382	\$73.67
76880	ECHOGRAPHY, EXTREMITY, NON-VASCULAR, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION		7/1/2023	12/31/2382	\$123.03
76880	ECHOGRAPHY, EXTREMITY, NON-VASCULAR, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION	LT	7/1/2023	12/31/2382	\$123.03

76880	ECHOGRAPHY, EXTREMITY, NON-VASCULAR, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION	RT	7/1/2023	12/31/2382	\$123.03
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
76880	ECHOGRAPHY, EXTREMITY, NON-VASCULAR, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION	TC	7/1/2023	12/31/2382	\$55.53
76881	ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUMENTATION; COMPLETE		7/1/2023	12/31/2382	\$108.26
76881	ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUMENTATION; COMPLETE	LT	7/1/2023	12/31/2382	\$108.26
76881	ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUMENTATION; COMPLETE	RT	7/1/2023	12/31/2382	\$108.26
76882	ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUMENTATION; LIMITED, ANATOMIC SPECIFIC	26	7/1/2023	12/31/2382	\$25.94
76882	ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUMENTATION; LIMITED, ANATOMIC SPECIFIC		7/1/2023	12/31/2382	\$69.99
76882	ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUMENTATION; LIMITED, ANATOMIC SPECIFIC	LT	7/1/2023	12/31/2382	\$69.99
76882	ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUMENTATION; LIMITED, ANATOMIC SPECIFIC	RT	7/1/2023	12/31/2382	\$69.99
76882	ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUMENTATION; LIMITED, ANATOMIC SPECIFIC	TC	7/1/2023	12/31/2382	\$37.00

76885	ECHOGRAPHY OF INFANT HIPS, REAL TIME WITH IMAGING DOCUMENTATION; DYNAMIC (EG, REQUIRING MANIPULATION)		7/1/2023	12/31/2382	\$76.92
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
76886	ECHOGRAPHY OF INFANT HIPS, REAL TIME WITH IMAGING DOCUMENTATION; LIMITED, STATIC (EG, NOT REQUIRING MANIPULATO		7/1/2023	12/31/2382	\$123.03
76930	ULTRASONIC GUIDANCE FOR PERICARDIOCENTESIS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$40.10
76930	ULTRASONIC GUIDANCE FOR PERICARDIOCENTESIS, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$81.33
76930	ULTRASONIC GUIDANCE FOR PERICARDIOCENTESIS, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$81.02
76930	ULTRASONIC GUIDANCE FOR PERICARDIOCENTESIS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$60.03
76932	ULTRASONIC GUIDANCE FOR ENDOMYOCARDIAL BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$40.10
76932	ULTRASONIC GUIDANCE FOR ENDOMYOCARDIAL BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$81.33
76932	ULTRASONIC GUIDANCE FOR ENDOMYOCARDIAL BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$81.02
76932	ULTRASONIC GUIDANCE FOR ENDOMYOCARDIAL BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$60.03

76934	ULTRASONIC GUIDANCE FOR THORACENTESIS OR ABDOMINAL PARACENTESIS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$40.10
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
76934	ULTRASONIC GUIDANCE FOR THORACENTESIS OR ABDOMINAL PARACENTESIS, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$100.13
76934	ULTRASONIC GUIDANCE FOR THORACENTESIS OR ABDOMINAL PARACENTESIS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$60.03
76936	ULTRASOUND GUIDED COMPRESSION REPAIR OF ARTERIAL PSEUDO-ANEURYSM OR ARTERIOVENOUS FISTULAE (INCLUDES DIAGNOSTI		7/1/2023	12/31/2382	\$81.02
76937	ULTRASOUND GUIDANCE FOR VASCULAR ACCESS REQUIRING ULTRASOUND EVALUATION OF POTENTIAL ACCESS SITES,	58	7/1/2023	12/31/2382	\$23.13
76937	ULTRASOUND GUIDANCE FOR VASCULAR ACCESS REQUIRING ULTRASOUND EVALUATION OF POTENTIAL ACCESS SITES,		7/1/2023	12/31/2382	\$23.13
76937	ULTRASOUND GUIDANCE FOR VASCULAR ACCESS REQUIRING ULTRASOUND EVALUATION OF POTENTIAL ACCESS SITES,	TC	7/1/2023	12/31/2382	\$10.32
76938	ULTRASONIC GUIDANCE FOR CYST (ANY LOCATION), OR RENAL PELVIS ASPIRATION, RADIOLOGICAL SUPERVISION AND INTERPRE	26	7/1/2023	12/31/2382	\$40.10
76938	ULTRASONIC GUIDANCE FOR CYST (ANY LOCATION), OR RENAL PELVIS ASPIRATION, RADIOLOGICAL SUPERVISION AND INTERPRE		7/1/2023	12/31/2382	\$100.13
76938	ULTRASONIC GUIDANCE FOR CYST (ANY LOCATION), OR RENAL PELVIS ASPIRATION, RADIOLOGICAL SUPERVISION AND INTERPRE	TC	7/1/2023	12/31/2382	\$60.03

76940	ULTRASOUND GUIDANCE FOR, AND MONITORING OF VISCERAL TISSUE ABLATION		7/1/2023	12/31/2382	\$81.02
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
76941	ULTRASONIC GUIDANCE FOR INTRAUTERINE FETAL TRANSFUSION OR CORDOCENTESIS, RADIOLOGICAL SUPERVISION AND INTERPRET		7/1/2023	12/31/2382	\$81.02
76942	ULTRASONIC GUIDANCE FOR NEEDLE BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$40.10
76942	ULTRASONIC GUIDANCE FOR NEEDLE BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	59	7/1/2023	12/31/2382	\$81.02
76942	ULTRASONIC GUIDANCE FOR NEEDLE BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$81.02
76942	ULTRASONIC GUIDANCE FOR NEEDLE BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$81.33
76942	ULTRASONIC GUIDANCE FOR NEEDLE BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	LT	7/1/2023	12/31/2382	\$81.02
76942	ULTRASONIC GUIDANCE FOR NEEDLE BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	RT	7/1/2023	12/31/2382	\$81.02
76942	ULTRASONIC GUIDANCE FOR NEEDLE BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$60.03
76945	ULTRASONIC GUIDANCE FOR CHORIONIC VILLUS SAMPLING, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$81.02

76946	ULTRASONIC GUIDANCE FOR AMNIOCENTESIS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$22.11
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
76946	ULTRASONIC GUIDANCE FOR AMNIOCENTESIS, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$66.73
76946	ULTRASONIC GUIDANCE FOR AMNIOCENTESIS, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$81.02
76946	ULTRASONIC GUIDANCE FOR AMNIOCENTESIS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$60.03
76948	ULTRASONIC GUIDANCE FOR ASPIRATION OF OVA, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$23.02
76948	ULTRASONIC GUIDANCE FOR ASPIRATION OF OVA, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$66.73
76948	ULTRASONIC GUIDANCE FOR ASPIRATION OF OVA, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$81.02
76948	ULTRASONIC GUIDANCE FOR ASPIRATION OF OVA, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$60.03
76950	ECHOGRAPHY FOR PLACEMENT OF RADIATION THERAPY FIELDS, B-SCAN	26	7/1/2023	12/31/2382	\$36.75
76950	ECHOGRAPHY FOR PLACEMENT OF RADIATION THERAPY FIELDS, B-SCAN		1/1/1993	12/31/2382	\$69.70

76950	ECHOGRAPHY FOR PLACEMENT OF RADIATION THERAPY FIELDS, B-SCAN		7/1/2023	12/31/2382	\$81.02
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
76950	ECHOGRAPHY FOR PLACEMENT OF RADIATION THERAPY FIELDS, B-SCAN	TC	7/1/2023	12/31/2382	\$51.00
76960	ULTRASONIC GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS, EXCEPT FOR B-SCAN ECHOGRAPHY	26	7/1/2023	12/31/2382	\$36.75
76960	ULTRASONIC GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS, EXCEPT FOR B-SCAN ECHOGRAPHY		7/1/2023	12/31/2382	\$85.81
76960	ULTRASONIC GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS, EXCEPT FOR B-SCAN ECHOGRAPHY	TC	7/1/2023	12/31/2382	\$51.00
76965	ULTRASONIC GUIDANCE FOR INTERSTITIAL RADIOELEMENT APPLICATION		7/1/2023	12/31/2382	\$81.02
76970	ULTRASOUND STUDY FOLLOW-UP (SPECIFY)	26	7/1/2023	12/31/2382	\$23.67
76970	ULTRASOUND STUDY FOLLOW-UP (SPECIFY)		7/1/2023	12/31/2382	\$76.92
76970	ULTRASOUND STUDY FOLLOW-UP (SPECIFY)		1/1/1993	12/31/2382	\$52.64
76970	ULTRASOUND STUDY FOLLOW-UP (SPECIFY)	TC	7/1/2023	12/31/2382	\$41.14

76975	GASTROINTESTINAL ENDOSCOPIC ULTRASOUND, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$123.03
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
76977	ULTRASOUND BONE DENSITY MEASUREMENT AND INTERPRETATION,PERIPHERAL SITE(S), ANY METHOD		7/1/2023	12/31/2382	\$47.53
76978	ULTRASOUND USING TARGETED MICROBUBBLE CONTRAST OF FIRST LESION		7/1/2023	12/31/2382	\$196.58
76978	ULTRASOUND USING TARGETED MICROBUBBLE CONTRAST OF FIRST LESION	XS	7/1/2023	12/31/2382	\$196.58
76981	ELASTOGRAPHY ULTRASOUND OF ORGAN TISSUE		1/1/2022	12/31/2382	\$62.75
76981	ELASTOGRAPHY ULTRASOUND OF ORGAN TISSUE	XU	1/1/2022	12/31/2382	\$62.75
76986	ECHOGRAPHY, INTRAOPERATIVE	26	7/1/2023	12/31/2382	\$74.96
76986	ECHOGRAPHY, INTRAOPERATIVE		7/1/2023	12/31/2382	\$123.03
76986	ECHOGRAPHY, INTRAOPERATIVE		1/1/1993	12/31/2382	\$141.51
76986	ECHOGRAPHY, INTRAOPERATIVE	TC	7/1/2023	12/31/2382	\$103.09

76998	ULTRASONIC GUIDANCE, INTRAOPERATIVE		7/1/2023	12/31/2382	\$120.88
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
76999	UNLISTED ULTRASOUND PROCEDURE	26	1/1/1993	12/31/2382	\$0.00
76999	UNLISTED ULTRASOUND PROCEDURE		7/1/2023	12/31/2382	\$76.92
76999	UNLISTED ULTRASOUND PROCEDURE		1/1/1993	12/31/2382	\$0.00
76999	UNLISTED ULTRASOUND PROCEDURE	TC	1/1/1993	12/31/2382	\$0.00
77001	FLUOROSCOPIC GUIDANCE FOR CENTRAL VENOUS ACCESS DEVICE PLACEMENT, REPLACEMENT, OR REMOVAL	59	7/1/2023	12/31/2382	\$78.16
77001	FLUOROSCOPIC GUIDANCE FOR CENTRAL VENOUS ACCESS DEVICE PLACEMENT, REPLACEMENT, OR REMOVAL		7/1/2023	12/31/2382	\$78.16
77001	FLUOROSCOPIC GUIDANCE FOR CENTRAL VENOUS ACCESS DEVICE PLACEMENT, REPLACEMENT, OR REMOVAL	TC	7/1/2023	12/31/2382	\$55.21
77002	FLUOROSCOPIC GUIDANCE FOE NEEDLE PLACEMENT	59	7/1/2023	12/31/2382	\$60.24
77002	FLUOROSCOPIC GUIDANCE FOE NEEDLE PLACEMENT		7/1/2023	12/31/2382	\$60.24

77002	FLUOROSCOPIC GUIDANCE FOF NEEDLE PLACEMENT	LT	7/1/2023	12/31/2382	\$60.24
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
77002	FLUOROSCOPIC GUIDANCE FOF NEEDLE PLACEMENT	XE	7/1/2023	12/31/2382	\$60.24
77003	FLUOROSCOPIC GUIDANCE AND LOCALIZATION OF NEEDLE OR CATHETER TIP FOR SPINE PARASPINOUS DIAGNOSTIC OR THERAPEUT	50	7/1/2023	12/31/2382	\$55.16
77003	FLUOROSCOPIC GUIDANCE AND LOCALIZATION OF NEEDLE OR CATHETER TIP FOR SPINE PARASPINOUS DIAGNOSTIC OR THERAPEUT	59	7/1/2023	12/31/2382	\$55.16
77003	FLUOROSCOPIC GUIDANCE AND LOCALIZATION OF NEEDLE OR CATHETER TIP FOR SPINE PARASPINOUS DIAGNOSTIC OR THERAPEUT		7/1/2023	12/31/2382	\$55.16
77011	COMPUTED TOMOGRAPHY GUIDANCE FOR STEROTACTIC		7/1/2023	12/31/2382	\$316.20
77012	COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT, RADIOLOGICAL SUPERVISION AND INTERPRETATION	59	7/1/2023	12/31/2382	\$316.22
77012	COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$316.22
77012	COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	1/1/2007	12/31/2382	\$46.03
77013	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR, AND MONITORING OF PARENCHYMAL TISSUE ABLATION		7/1/2023	12/31/2382	\$374.93

77014	COMPUTED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS	59	7/1/2023	12/31/2382	\$119.12
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
77014	COMPUTED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS		7/1/2023	12/31/2382	\$119.12
77021	MAGNETIC RESONANCE GUIDANCE FOR NEEDLE PLACEMENT RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$352.60
77022	MAGNETIC RESONANCE GUIDANCE FOR, AND MONITORING OF PARENCHYMAL TISSUE ABLATION		7/1/2023	12/31/2382	\$352.60
77031	STEREOTACTIC LOCALIZATION GUIDANCE FOR BREAST BIOPSY OR NEEDLE PLACEMENT, EACH LESION, RADIOLOGICAL SUPERVISION	50	7/1/2023	12/31/2382	\$229.16
77031	STEREOTACTIC LOCALIZATION GUIDANCE FOR BREAST BIOPSY OR NEEDLE PLACEMENT, EACH LESION, RADIOLOGICAL SUPERVISION	59	7/1/2023	12/31/2382	\$229.16
77031	STEREOTACTIC LOCALIZATION GUIDANCE FOR BREAST BIOPSY OR NEEDLE PLACEMENT, EACH LESION, RADIOLOGICAL SUPERVISION		7/1/2023	12/31/2382	\$229.16
77031	STEREOTACTIC LOCALIZATION GUIDANCE FOR BREAST BIOPSY OR NEEDLE PLACEMENT, EACH LESION, RADIOLOGICAL SUPERVISION	LT	7/1/2023	12/31/2338	\$229.16
77031	STEREOTACTIC LOCALIZATION GUIDANCE FOR BREAST BIOPSY OR NEEDLE PLACEMENT, EACH LESION, RADIOLOGICAL SUPERVISION	RT	7/1/2023	12/31/2382	\$229.16
77032	MAMMOGRAPHIC GUIDANCE FOR NEEDLE PLACEMENT, BREAST, EACH LESION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	59	7/1/2023	12/31/2382	\$131.33

77032	MAMMOGRAPHIC GUIDANCE FOR NEEDLE PLACEMENT, BREAST, EACH LESION, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$131.33
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
77032	MAMMOGRAPHIC GUIDANCE FOR NEEDLE PLACEMENT, BREAST, EACH LESION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	LT	7/1/2023	12/31/2382	\$131.33
77032	MAMMOGRAPHIC GUIDANCE FOR NEEDLE PLACEMENT, BREAST, EACH LESION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	RT	7/1/2023	12/31/2382	\$131.33
77051	COMPUTER AIDED DETECTION WITH FURTHER PHYSICIAN REVIEWFOR INTERPRETATION; DIAGNOSTIC MAMMOGRAPHY		7/1/2023	12/31/2382	\$17.07
77051	COMPUTER AIDED DETECTION WITH FURTHER PHYSICIAN REVIEWFOR INTERPRETATION; DIAGNOSTIC MAMMOGRAPHY	LT	7/1/2023	12/31/2382	\$17.07
77051	COMPUTER AIDED DETECTION WITH FURTHER PHYSICIAN REVIEWFOR INTERPRETATION; DIAGNOSTIC MAMMOGRAPHY	RT	7/1/2023	12/31/2382	\$17.07
77052	COMPUTER AIDED DETECTION WITH FURTHER PHYSICIAN REVIEWFOR INTERPRETATION; SCREENING MAMMOGRAPHY		7/1/2023	12/31/2382	\$17.07
77053	MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE DUCT, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$131.33
77054	MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIPLE DUCTS, RADIOLOGICAL SUPERVISON AND INTERPRETATION		7/1/2023	12/31/2382	\$131.33
77055	MAMMOGRAPHY, UNILATERAL	59	7/1/2023	12/31/2382	\$42.13

77055	MAMMOGRAPHY, UNILATERAL		7/1/2023	12/31/2382	\$42.13
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
77055	MAMMOGRAPHY, UNILATERAL	LT	7/1/2023	12/31/2382	\$42.13
77055	MAMMOGRAPHY, UNILATERAL	RT	7/1/2023	12/31/2382	\$42.13
77056	MAMMOGRAPHY; BILATERAL		7/1/2023	12/31/2382	\$68.11
77057	SCREENING MAMMOGRAPHY, BILATERAL, 2 VIEW FILM STUDY OF EACH BREAST		7/1/2023	12/31/2382	\$58.86
77058	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND/OR WITH CONTRAST MATERIALS, UNILATERAL		7/1/2023	12/31/2382	\$882.21
77059	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND/OR WITH CONTRAST MATERIALS, BILATERAL		7/1/2023	12/31/2382	\$1,112.87
77063	SCREENING DIGITAL BREAST TOMOSYNTHESIS, BILATERAL (LIST SEPERATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	26	7/1/2023	12/31/2382	\$19.40
77063	SCREENING DIGITAL BREAST TOMOSYNTHESIS, BILATERAL (LIST SEPERATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)		7/1/2023	12/31/2382	\$114.16
77063	SCREENING DIGITAL BREAST TOMOSYNTHESIS, BILATERAL (LIST SEPERATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	PO	7/1/2023	12/31/2382	\$114.16

77063	SCREENING DIGITAL BREAST TOMOSYNTHESIS, BILATERAL (LIST SEPERATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	TC	7/1/2023	12/31/2382	\$16.47
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
77065	DIAGNOSTIC MAMMORGRAPHY, INCLUDING COMPUTER- AIDED DETECTION (CAD) WHEN PERFORMED; UNILATERAL	26	7/1/2023	12/31/2382	\$1.37
77065	DIAGNOSTIC MAMMORGRAPHY, INCLUDING COMPUTER- AIDED DETECTION (CAD) WHEN PERFORMED; UNILATERAL		7/1/2023	12/31/2382	\$124.22
77065	DIAGNOSTIC MAMMORGRAPHY, INCLUDING COMPUTER- AIDED DETECTION (CAD) WHEN PERFORMED; UNILATERAL	LT	7/1/2023	12/31/2382	\$124.22
77065	DIAGNOSTIC MAMMORGRAPHY, INCLUDING COMPUTER- AIDED DETECTION (CAD) WHEN PERFORMED; UNILATERAL	RT	7/1/2023	12/31/2382	\$124.22
77065	DIAGNOSTIC MAMMORGRAPHY, INCLUDING COMPUTER- AIDED DETECTION (CAD) WHEN PERFORMED; UNILATERAL	TC	7/1/2023	12/31/2382	\$3.28
77066	DIAGNOSTIC MAMMORGRAPHY, INCLUDING COMPUTER- AIDED DETECTION (CAD) WHEN PERFORMED; BILATERAL	26	7/1/2023	12/31/2382	\$1.72
77066	DIAGNOSTIC MAMMORGRAPHY, INCLUDING COMPUTER- AIDED DETECTION (CAD) WHEN PERFORMED; BILATERAL		7/1/2023	12/31/2382	\$158.66
77066	DIAGNOSTIC MAMMORGRAPHY, INCLUDING COMPUTER- AIDED DETECTION (CAD) WHEN PERFORMED; BILATERAL	LT	7/1/2023	12/31/2382	\$158.66
77066	DIAGNOSTIC MAMMORGRAPHY, INCLUDING COMPUTER- AIDED DETECTION (CAD) WHEN PERFORMED; BILATERAL	RT	7/1/2023	12/31/2382	\$158.66

77066	DIAGNOSTIC MAMMOGRAPHY, INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PERFORMED; BILATERAL	TC	7/1/2023	12/31/2382	\$4.21
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
77067	SCREENING MAMMOGRAPHY, BILATERAL (2-VIEW STUDY OF EACH BREAST), INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PERFORMED	26	7/1/2023	12/31/2382	\$1.31
77067	SCREENING MAMMOGRAPHY, BILATERAL (2-VIEW STUDY OF EACH BREAST), INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PERFORMED		7/1/2023	12/31/2382	\$131.20
77067	SCREENING MAMMOGRAPHY, BILATERAL (2-VIEW STUDY OF EACH BREAST), INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PERFORMED	LT	7/1/2023	12/31/2382	\$131.20
77067	SCREENING MAMMOGRAPHY, BILATERAL (2-VIEW STUDY OF EACH BREAST), INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PERFORMED	PN	7/1/2023	12/31/2382	\$131.20
77067	SCREENING MAMMOGRAPHY, BILATERAL (2-VIEW STUDY OF EACH BREAST), INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PERFORMED	PO	7/1/2023	12/31/2382	\$131.20
77067	SCREENING MAMMOGRAPHY, BILATERAL (2-VIEW STUDY OF EACH BREAST), INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PERFORMED	RT	7/1/2023	12/31/2382	\$131.20
77067	SCREENING MAMMOGRAPHY, BILATERAL (2-VIEW STUDY OF EACH BREAST), INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PERFORMED	TC	7/1/2023	12/31/2382	\$3.47
77071	MANUAL APPLICATION OF STRESS PERFORMED BY PHYSICIAN FOR JOINT RADIOLOGY, INCLUDING CONTRALATERAL JOINT IF		7/1/2023	12/31/2382	\$54.93
77072	BONE AGE STUDIES		7/1/2023	12/31/2382	\$54.93

77073	BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM)		7/1/2023	12/31/2382	\$54.93
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
77074	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; LIMITED		7/1/2023	12/31/2382	\$94.68
77075	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; COMPLETE (AXIAL AND APPENDICULAR SKELETON)		7/1/2023	12/31/2382	\$94.68
77076	RADIOLOGIC EXAMINATION , OSSEOUS SURVEY, INFANT		7/1/2023	12/31/2382	\$54.93
77077	JOINT SURVEY, SINGLE VIEW, 2 OR MORE JOINTS (SPECIFY)		7/1/2023	12/31/2382	\$54.93
77078	COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON (EG, HIPS, PELVIS, SPINE)		7/1/2023	12/31/2382	\$91.06
77079	COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, 1 OR MORE SITES; APPENDICULAR SKELETON		7/1/2023	12/31/2382	\$119.12
77080	DUAL ENERGY X-RAY ABSORPTIOMETRY, DXA, BONE DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON	59	7/1/2023	12/31/2382	\$91.06
77080	DUAL ENERGY X-RAY ABSORPTIOMETRY, DXA, BONE DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON		7/1/2023	12/31/2382	\$91.06
77080	DUAL ENERGY X-RAY ABSORPTIOMETRY, DXA, BONE DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON	GA	7/1/2023	12/31/2382	\$91.06

77080	DUAL ENERGY X-RAY ABSORPTIOMETRY, DXA, BONE DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON	PN	7/1/2023	12/31/2382	\$91.06
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
77080	DUAL ENERGY X-RAY ABSORPTIOMETRY, DXA, BONE DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON	PO	7/1/2023	12/31/2382	\$91.06
77080	DUAL ENERGY X-RAY ABSORPTIOMETRY, DXA, BONE DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON	TC	7/1/2023	12/31/2382	\$62.68
77081	DUAL- ENERGY X-RAY ABSORPTIOMETRY, BONE DENSITY STUDY, 1 OR MORE SITE; APPENDICULAR SKELETON	59	7/1/2023	12/31/2382	\$42.58
77081	DUAL- ENERGY X-RAY ABSORPTIOMETRY, BONE DENSITY STUDY, 1 OR MORE SITE; APPENDICULAR SKELETON		7/1/2023	12/31/2382	\$42.58
77082	DUAL- ENERGY X-RAY ABSORPTIOMETRY, BONE DENSITY STUDY, 1 OR MORE SITE; VERTEBRAL FRACTURE ASSESSMENT		7/1/2023	12/31/2382	\$54.93
77083	RADIOGRAPHIC ABSORPTIOMETRY, 1 OR MORE SITES		7/1/2023	12/31/2382	\$94.68
77084	MAGNETIC RESONANCE IMAGING, BONE MARROW BLOOD SUPPLY		7/1/2023	12/31/2382	\$352.60
77090	TRABECULAR BONE SCORE (TBS), STRUCTURAL CONDITION OF THE BONE MICROARCHITECTURE; TECHNICAL PREPARATION AND TRANSMISSION OF DATA FOR ANALYSIS		7/1/2023	12/31/2382	\$67.50
77091	TRABECULAR BONE SCORE (TBS), STRUCTURAL CONDITION OF THE BONE MICROARCHITECTURE; TECHNICAL CALCULATION ONLY		7/1/2023	12/31/2382	\$67.50

77261	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; SIMPLE		7/1/2023	12/31/2382	\$86.70
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
77262	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; INTERMEDIATE		7/1/2023	12/31/2382	\$130.66
77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX		7/1/2023	12/31/2382	\$194.68
77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	26	7/1/2023	12/31/2382	\$43.42
77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE		7/1/2023	12/31/2382	\$316.40
77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE		12/1/2006	12/31/2382	\$108.99
77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE		1/1/1993	12/31/2382	\$146.50
77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	TC	7/1/2023	12/31/2382	\$136.09
77285	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; INTERMEDIATE	26	7/1/2023	12/31/2382	\$64.70
77285	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; INTERMEDIATE		1/1/1993	12/31/2382	\$230.15

77285	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; INTERMEDIATE		7/1/2023	12/31/2382	\$304.67
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
77285	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; INTERMEDIATE	TC	7/1/2023	12/31/2382	\$218.45
77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	26	7/1/2023	12/31/2382	\$97.08
77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX		1/1/1993	12/31/2382	\$282.63
77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX		12/1/2006	12/31/2382	\$247.48
77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX		7/1/2023	12/31/2382	\$316.40
77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	TC	7/1/2023	12/31/2382	\$255.10
77293	RESPIRATORY MOTION MANAGMENT SIMULATION	26	1/1/2014	12/31/2382	\$59.86
77295	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; BY THREE DIMENSIONAL RECONSTRUCTION OF TUMOR VOLUME		7/1/2023	12/31/2382	\$1,075.20
77299	UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY CLINICAL TREATMENT PLANNING	26	1/1/1993	12/31/2382	\$0.00

77299	UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY CLINICAL TREATMENT PLANNING		1/1/1993	12/31/2382	\$0.00
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
77299	UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY CLINICAL TREATMENT PLANNING		7/1/2023	12/31/2382	\$134.18
77299	UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY CLINICAL TREATMENT PLANNING	TC	1/1/1993	12/31/2382	\$0.00
77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TI	26	7/1/2023	12/31/2382	\$38.75
77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TI	76	7/1/2023	12/31/2382	\$134.18
77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TI		1/1/1993	12/31/2382	\$72.52
77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TI		7/1/2023	12/31/2382	\$134.18
77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TI	TC	7/1/2023	12/31/2382	\$52.55
77301	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE- VOLUME HISTOGRAMS FOR TARGET AND CRITICAL STRUCTURE PAR	59	7/1/2023	12/31/2382	\$1,075.20
77301	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE- VOLUME HISTOGRAMS FOR TARGET AND CRITICAL STRUCTURE PAR		7/1/2023	12/31/2382	\$1,075.20

77305	TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); SIMPLE (ONE OR TWO PARALLEL OPPOSED UNMODIFIE	26	7/1/2023	12/31/2382	\$43.42
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
77305	TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); SIMPLE (ONE OR TWO PARALLEL OPPOSED UNMODIFIE		7/1/2023	12/31/2382	\$134.18
77305	TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); SIMPLE (ONE OR TWO PARALLEL OPPOSED UNMODIFIE		1/1/1993	12/31/2382	\$93.03
77305	TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); SIMPLE (ONE OR TWO PARALLEL OPPOSED UNMODIFIE	TC	7/1/2023	12/31/2382	\$72.87
77310	TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); INTERMEDIATE (THREE OR MORE TREATMENT PORTS D	26	7/1/2023	12/31/2382	\$64.70
77310	TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); INTERMEDIATE (THREE OR MORE TREATMENT PORTS D	59	7/1/2023	12/31/2382	\$304.67
77310	TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); INTERMEDIATE (THREE OR MORE TREATMENT PORTS D		1/1/1993	12/31/2382	\$124.55
77310	TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); INTERMEDIATE (THREE OR MORE TREATMENT PORTS D		7/1/2023	12/31/2382	\$304.67
77310	TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); INTERMEDIATE (THREE OR MORE TREATMENT PORTS D	TC	7/1/2023	12/31/2382	\$91.38
77315	TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); COMPLEX (MANTLE OR INVERTED Y, TANGENTIAL POR	26	7/1/2023	12/31/2382	\$97.08

77315	TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); COMPLEX (MANTLE OR INVERTED Y, TANGENTIAL POR	59	7/1/2023	12/31/2382	\$304.67
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
77315	TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); COMPLEX (MANTLE OR INVERTED Y, TANGENTIAL POR		1/1/1993	12/31/2382	\$160.10
77315	TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); COMPLEX (MANTLE OR INVERTED Y, TANGENTIAL POR		7/1/2023	12/31/2382	\$304.67
77315	TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); COMPLEX (MANTLE OR INVERTED Y, TANGENTIAL POR	TC	7/1/2023	12/31/2382	\$104.25
77321	SPECIAL TELETHERAPY PORT PLAN, PARTICLES, HEMI-BODY, TOTAL BODY	26	7/1/2023	12/31/2382	\$58.88
77321	SPECIAL TELETHERAPY PORT PLAN, PARTICLES, HEMI-BODY, TOTAL BODY		7/1/2023	12/31/2382	\$304.67
77321	SPECIAL TELETHERAPY PORT PLAN, PARTICLES, HEMI-BODY, TOTAL BODY		1/1/1993	12/31/2382	\$174.06
77321	SPECIAL TELETHERAPY PORT PLAN, PARTICLES, HEMI-BODY, TOTAL BODY	TC	7/1/2023	12/31/2382	\$158.04
77326	BRACHYTHERAPY ISODOSE CALCULATION; SIMPLE (CALCULATION MADE FROM SINGLE PLANE, ONE TO FOUR SOURCES/ RIBBON APP	26	7/1/2023	12/31/2382	\$57.58
77326	BRACHYTHERAPY ISODOSE CALCULATION; SIMPLE (CALCULATION MADE FROM SINGLE PLANE, ONE TO FOUR SOURCES/ RIBBON APP		1/1/1993	12/31/2382	\$120.22

77326	BRACHYTHERAPY ISODOSE CALCULATION; SIMPLE (CALCULATION MADE FROM SINGLE PLANE, ONE TO FOUR SOURCES/ RIBBON APP		7/1/2023	11/30/2382	\$134.18
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
77326	BRACHYTHERAPY ISODOSE CALCULATION; SIMPLE (CALCULATION MADE FROM SINGLE PLANE, ONE TO FOUR SOURCES/ RIBBON APP	TC	7/1/2023	12/31/2382	\$92.91
77327	BRACHYTHERAPY ISODOSE CALCULATION; INTERMEDIATE (MULTIPLANE DOSAGE CALCULATIONS, APPLICATION INVOLVING FIVE TO	26	7/1/2023	12/31/2382	\$86.70
77327	BRACHYTHERAPY ISODOSE CALCULATION; INTERMEDIATE (MULTIPLANE DOSAGE CALCULATIONS, APPLICATION INVOLVING FIVE TO		7/1/2023	12/31/2382	\$304.67
77327	BRACHYTHERAPY ISODOSE CALCULATION; INTERMEDIATE (MULTIPLANE DOSAGE CALCULATIONS, APPLICATION INVOLVING FIVE TO		1/1/1993	12/31/2382	\$177.65
77327	BRACHYTHERAPY ISODOSE CALCULATION; INTERMEDIATE (MULTIPLANE DOSAGE CALCULATIONS, APPLICATION INVOLVING FIVE TO	TC	7/1/2023	12/31/2382	\$136.09
77328	BRACHYTHERAPY ISODOSE CALCULATION; COMPLEX (MULTIPLANE ISODOSE PLAN, VOLUME IMPLANT CALCULATIONS, OVER TEN SOU	26	7/1/2023	12/31/2382	\$129.41
77328	BRACHYTHERAPY ISODOSE CALCULATION; COMPLEX (MULTIPLANE ISODOSE PLAN, VOLUME IMPLANT CALCULATIONS, OVER TEN SOU		1/1/1993	12/31/2382	\$258.14
77328	BRACHYTHERAPY ISODOSE CALCULATION; COMPLEX (MULTIPLANE ISODOSE PLAN, VOLUME IMPLANT CALCULATIONS, OVER TEN SOU		7/1/2023	12/31/2382	\$304.67
77328	BRACHYTHERAPY ISODOSE CALCULATION; COMPLEX (MULTIPLANE ISODOSE PLAN, VOLUME IMPLANT CALCULATIONS, OVER TEN SOU	TC	7/1/2023	12/31/2382	\$194.29

77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY), ONLY WHEN PRESCRIBED BY THE TREATING PHYSICIAN	26	7/1/2023	12/31/2382	\$54.29
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY), ONLY WHEN PRESCRIBED BY THE TREATING PHYSICIAN		1/1/1993	12/31/2382	\$58.19
77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY), ONLY WHEN PRESCRIBED BY THE TREATING PHYSICIAN		7/1/2023	12/31/2382	\$134.18
77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY), ONLY WHEN PRESCRIBED BY THE TREATING PHYSICIAN	TC	7/1/2023	12/31/2382	\$20.04
77332	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; SIMPLE (SIMPLE BLOCK, SIMPLE BOLUS)	26	7/1/2023	12/31/2382	\$34.19
77332	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; SIMPLE (SIMPLE BLOCK, SIMPLE BOLUS)	59	7/1/2023	12/31/2382	\$218.73
77332	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; SIMPLE (SIMPLE BLOCK, SIMPLE BOLUS)		7/1/2023	12/31/2382	\$218.73
77332	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; SIMPLE (SIMPLE BLOCK, SIMPLE BOLUS)		1/1/1993	12/31/2382	\$69.06
77332	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; SIMPLE (SIMPLE BLOCK, SIMPLE BOLUS)	TC	7/1/2023	12/31/2382	\$52.55
77333	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERMEDIATE (MULTIPLE BLOCKS, STENTS, BITE BLOCKS, SPECIAL BOLUS)	26	7/1/2023	12/31/2382	\$51.84

77333	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERMEDIATE (MULTIPLE BLOCKS, STENTS, BITE BLOCKS, SPECIAL BOLUS)	59	7/1/2023	12/31/2382	\$218.73
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
77333	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERMEDIATE (MULTIPLE BLOCKS, STENTS, BITE BLOCKS, SPECIAL BOLUS)		7/1/2023	12/31/2382	\$218.73
77333	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERMEDIATE (MULTIPLE BLOCKS, STENTS, BITE BLOCKS, SPECIAL BOLUS)		1/1/1993	12/31/2382	\$100.79
77333	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERMEDIATE (MULTIPLE BLOCKS, STENTS, BITE BLOCKS, SPECIAL BOLUS)	TC	7/1/2023	12/31/2382	\$74.41
77333	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERMEDIATE (MULTIPLE BLOCKS, STENTS, BITE BLOCKS, SPECIAL BOLUS)	XU	7/1/2023	12/31/2382	\$218.73
77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES,	26	7/1/2023	12/31/2382	\$76.88
77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES,	59	7/1/2023	12/31/2382	\$218.73
77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES,	76	7/1/2023	12/31/2382	\$218.73
77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES,		7/1/2023	12/31/2382	\$218.73
77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES,		1/1/1993	12/31/2382	\$162.56

77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES,	LT	7/1/2023	12/31/2382	\$218.73
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES,	RT	7/1/2023	12/31/2382	\$218.73
77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES,	TC	7/1/2023	12/31/2382	\$127.06
77336	CONTINUING MEDICAL RADIATION PHYSICS CONSULTATION IN SUPPORT OF THERAPEUTIC RADIOLOGIST INCLUDING CONTINUING Q	59	7/1/2023	12/31/2382	\$134.18
77336	CONTINUING MEDICAL RADIATION PHYSICS CONSULTATION IN SUPPORT OF THERAPEUTIC RADIOLOGIST INCLUDING CONTINUING Q		7/1/2023	12/31/2382	\$134.18
77336	CONTINUING MEDICAL RADIATION PHYSICS CONSULTATION IN SUPPORT OF THERAPEUTIC RADIOLOGIST INCLUDING CONTINUING Q		1/1/1993	12/31/2382	\$90.70
77336	CONTINUING MEDICAL RADIATION PHYSICS CONSULTATION IN SUPPORT OF THERAPEUTIC RADIOLOGIST INCLUDING CONTINUING Q	LT	7/1/2023	12/31/2382	\$134.18
77336	CONTINUING MEDICAL RADIATION PHYSICS CONSULTATION IN SUPPORT OF THERAPEUTIC RADIOLOGIST INCLUDING CONTINUING Q	RT	7/1/2023	12/31/2382	\$134.18
77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RADIATION THERAPY (IMRT), DESIGN AND		7/1/2023	12/31/2382	\$328.48
77370	SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION		1/1/1993	12/31/2382	\$106.52

77370	SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION		7/1/2023	12/31/2382	\$134.18
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
77371	RADIATION TREATMENT DELIVERY, STEREOTACTIC RADIOSURGERY, COMPLETE COURSE OF TREATMENT OF CEREBRAL LESION		7/1/2023	12/31/2382	#####
77373	STEREOTACTIC BODY RADIATION THERAPY, TREATMENT DELIVERY, PER FRACTION TO 1 OR MORE LESIONS, INCLUDING		7/1/2023	12/31/2382	\$1,378.20
77385	INTENSITY MODULATED RADIATION TREATMENT DELIVERY, INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; SIMPLE		7/1/2023	12/31/2382	\$602.30
77386	INTENSITY MODULATED RADIATION TREATMENT DELIVERY, INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; COMPLEX	76	7/1/2023	12/31/2382	\$530.21
77386	INTENSITY MODULATED RADIATION TREATMENT DELIVERY, INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; COMPLEX		7/1/2023	12/31/2382	\$530.21
77399	UNLISTED PROCEDURE, MEDICAL RADIATION PHYSICS, DOSIMETRY AND TREATMENT DEVICES	26	1/1/1993	12/31/2382	\$0.00
77399	UNLISTED PROCEDURE, MEDICAL RADIATION PHYSICS, DOSIMETRY AND TREATMENT DEVICES		1/1/1993	12/31/2382	\$0.00
77399	UNLISTED PROCEDURE, MEDICAL RADIATION PHYSICS, DOSIMETRY AND TREATMENT DEVICES		7/1/2023	12/31/2382	\$134.18
77399	UNLISTED PROCEDURE, MEDICAL RADIATION PHYSICS, DOSIMETRY AND TREATMENT DEVICES	TC	1/1/1993	12/31/2382	\$0.00

77401	RADIATION TREATMENT DELIVERY, SUPERFICIAL AND/OR ORTHO VOLTAGE		1/1/1993	12/31/2382	\$56.48
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
77401	RADIATION TREATMENT DELIVERY, SUPERFICIAL AND/OR ORTHO VOLTAGE		7/1/2023	12/31/2382	\$113.54
77402	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS OR N		1/1/1993	12/31/2382	\$56.48
77402	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS OR N		7/1/2023	12/31/2382	\$113.54
77403	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS OR N		1/1/1993	12/31/2382	\$56.48
77403	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS OR N		7/1/2023	12/31/2382	\$113.54
77404	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS OR N		1/1/1993	12/31/2382	\$56.48
77404	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS OR N		7/1/2023	12/31/2382	\$113.54
77406	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS OR N		1/1/1993	12/31/2382	\$56.48
77406	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS OR N		7/1/2023	12/31/2382	\$113.54

77407	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS ON A SINGLE TREATMENT AREA, US		7/1/2023	12/31/2382	\$113.54
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
77407	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS ON A SINGLE TREATMENT AREA, US		1/1/1993	12/31/2382	\$66.60
77408	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS ON A SINGLE TREATMENT AREA, US		7/1/2023	12/31/2382	\$113.54
77408	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS ON A SINGLE TREATMENT AREA, US		1/1/1993	12/31/2382	\$66.60
77409	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS ON A SINGLE TREATMENT AREA, US		7/1/2023	12/31/2382	\$113.54
77409	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS ON A SINGLE TREATMENT AREA, US		1/1/1993	12/31/2382	\$66.60
77411	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS ON A SINGLE TREATMENT AREA, US		1/1/1993	12/31/2382	\$66.60
77411	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS ON A SINGLE TREATMENT AREA, US		7/1/2023	12/31/2382	\$170.83
77412	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGE		1/1/1993	12/31/2382	\$74.23
77412	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGE		7/1/2023	12/31/2382	\$170.83

77413	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGE	76	7/1/2023	12/31/2382	\$170.83
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
77413	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGE		7/1/2023	12/31/2382	\$170.83
77413	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGE		1/1/1993	12/31/2382	\$74.23
77414	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGE		7/1/2023	12/31/2382	\$170.83
77414	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGE		1/1/1993	12/31/2382	\$74.23
77416	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGE		7/1/2023	12/31/2382	\$170.83
77416	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGE		1/1/1993	12/31/2382	\$74.23
77417	THERAPEUTIC RADIOLOGY PORT FILM(S)		1/1/1993	12/31/2382	\$19.01
77417	THERAPEUTIC RADIOLOGY PORT FILM(S)		7/1/2023	12/31/2382	\$56.50
77418	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS, VIA NARROW SPATIALLY AND TEPORALLY MOD		7/1/2023	12/31/2382	\$414.95

77420	WEEKLY RADIOLOGY THERAPY MANAGEMENT; SIMPLE		7/1/2023	12/31/2382	\$99.95
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
77421	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY		7/1/2023	11/30/2382	\$97.61
77422	HIGH ENERGY NEUTRON RADIATION TREATMENT DELIVERY; SINGLE TREATMENT AREA USING A SINGLE PORT OR PARALLEL		7/1/2023	12/31/2382	\$170.83
77423	HIGH ENERGY NEUTRON RADIATION TREATMENT DELIVERY; 1 OR MORE ISOCENTER(S) WITH COPLANAR OR NON-COPLANAR GEOMETR		7/1/2023	12/31/2382	\$170.83
77425	INTRAOPERATIVE RADIATION TREATMENT DELIVERY, ELECTRONS, SINGLE TREATMENT SESSION		7/1/2023	12/31/2382	\$151.53
77430	WEEKLY RADIOLOGY THERAPY MANAGEMENT; COMPLEX		7/1/2023	12/31/2382	\$223.66
77431	RADIATION THERAPY MANAGEMENT WITH COMPLETE COURSE OF THERAPY CONSISTING OF ONE OR TWO FRACTIONS ONLY		7/1/2023	12/31/2382	\$107.07
77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY IRRADIATION, PER ORAL, VAGINAL CONE IRRADIAT	26	7/1/2023	12/31/2382	\$123.49
77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY IRRADIATION, PER ORAL, VAGINAL CONE IRRADIAT		1/1/1993	12/31/2382	\$460.18
77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY IRRADIATION, PER ORAL, VAGINAL CONE IRRADIAT		7/1/2023	12/31/2382	\$446.75

77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY IRRADIATION, PER ORAL, VAGINAL CONE IRRADIAT	TC	7/1/2023	12/31/2382	\$436.92
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
77499	UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY TREATMENT MANAGEMENT	26	1/1/1993	12/31/2382	\$0.00
77499	UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY TREATMENT MANAGEMENT		1/1/1993	12/31/2382	\$0.00
77499	UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY TREATMENT MANAGEMENT	TC	1/1/1993	12/31/2382	\$0.00
77520	PROTON BEAM DELIVERY TO A SINGLE TREATMENT AREA, SINGLEPORT, CUSTOM BLOCK, W/ OR W/OUT COMPENSATIN, W/TREATMEN		7/1/2023	12/31/2382	\$1,233.75
77522	PROTON TREATMENT DELIVERY; SIMPLE, WITH COMPENSATION		7/1/2023	12/31/2382	\$1,233.75
77523	PROTON BEAM DELIVERY TO ONE OR TWO TREATMENT AREAS, TWO OR MORE PORTS, TWO OR MORE CUSTOM BLOCKS AND TWO OR MO		7/1/2023	12/31/2382	\$1,476.03
77525	PROTON TREATMENT DELIVERY; COMPLEX		7/1/2023	12/31/2382	\$1,476.03
77600	HYPERTHERMIA, EXTERNALLY GENERATED; SUPERFICIAL (IE, HEATING TO A DEPTH OF 4 CM OR LESS)	26	7/1/2023	12/31/2382	\$97.08
77600	HYPERTHERMIA, EXTERNALLY GENERATED; SUPERFICIAL (IE, HEATING TO A DEPTH OF 4 CM OR LESS)		1/1/1993	12/31/2382	\$172.18

77600	HYPERTHERMIA, EXTERNALLY GENERATED; SUPERFICIAL (IE, HEATING TO A DEPTH OF 4 CM OR LESS)		7/1/2023	12/31/2382	\$432.50
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
77600	HYPERTHERMIA, EXTERNALLY GENERATED; SUPERFICIAL (IE, HEATING TO A DEPTH OF 4 CM OR LESS)	TC	7/1/2023	12/31/2382	\$119.11
77605	HYPERTHERMIA, EXTERNALLY GENERATED; DEEP (IE, HEATING TO DEPTHS GREATER THAN 4 CM)	26	7/1/2023	12/31/2382	\$129.41
77605	HYPERTHERMIA, EXTERNALLY GENERATED; DEEP (IE, HEATING TO DEPTHS GREATER THAN 4 CM)		1/1/1993	12/31/2382	\$229.55
77605	HYPERTHERMIA, EXTERNALLY GENERATED; DEEP (IE, HEATING TO DEPTHS GREATER THAN 4 CM)		7/1/2023	12/31/2382	\$432.50
77605	HYPERTHERMIA, EXTERNALLY GENERATED; DEEP (IE, HEATING TO DEPTHS GREATER THAN 4 CM)	TC	7/1/2023	12/31/2382	\$159.09
77610	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); 5 OR FEWER INTERSTITIAL APPLICATORS	26	7/1/2023	12/31/2382	\$97.08
77610	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); 5 OR FEWER INTERSTITIAL APPLICATORS		1/1/1993	12/31/2382	\$172.18
77610	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); 5 OR FEWER INTERSTITIAL APPLICATORS		7/1/2023	12/31/2382	\$432.50
77610	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); 5 OR FEWER INTERSTITIAL APPLICATORS	TC	7/1/2023	12/31/2382	\$119.11

77615	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); MORE THAN 5 INTERSTITIAL APPLICATORS	26	7/1/2023	12/31/2382	\$129.41
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
77615	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); MORE THAN 5 INTERSTITIAL APPLICATORS		1/1/1993	12/31/2382	\$229.55
77615	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); MORE THAN 5 INTERSTITIAL APPLICATORS		7/1/2023	12/31/2382	\$432.50
77615	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); MORE THAN 5 INTERSTITIAL APPLICATORS	TC	7/1/2023	12/31/2382	\$159.09
77620	HYPERTHERMIA GENERATED BY INTRACAVITARY PROBE(S)	26	7/1/2023	12/31/2382	\$97.08
77620	HYPERTHERMIA GENERATED BY INTRACAVITARY PROBE(S)		1/1/1993	12/31/2382	\$172.18
77620	HYPERTHERMIA GENERATED BY INTRACAVITARY PROBE(S)		7/1/2023	12/31/2382	\$432.50
77620	HYPERTHERMIA GENERATED BY INTRACAVITARY PROBE(S)	TC	7/1/2023	12/31/2382	\$119.11
77750	INFUSION OR INSTILLATION OF RADIOELEMENT SOLUTION	26	7/1/2023	12/31/2382	\$271.52
77750	INFUSION OR INSTILLATION OF RADIOELEMENT SOLUTION		1/1/1993	12/31/2382	\$262.94

77750	INFUSION OR INSTILLATION OF RADIOELEMENT SOLUTION		7/1/2023	12/31/2382	\$170.83
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
77750	INFUSION OR INSTILLATION OF RADIOELEMENT SOLUTION	TC	7/1/2023	12/31/2382	\$52.17
77761	INTRACAVITARY RADIOELEMENT APPLICATION; SIMPLE	26	7/1/2023	12/31/2382	\$210.75
77761	INTRACAVITARY RADIOELEMENT APPLICATION; SIMPLE		1/1/1993	12/31/2382	\$251.27
77761	INTRACAVITARY RADIOELEMENT APPLICATION; SIMPLE		7/1/2023	12/31/2382	\$431.22
77761	INTRACAVITARY RADIOELEMENT APPLICATION; SIMPLE	TC	7/1/2023	12/31/2382	\$98.58
77762	INTRACAVITARY RADIOELEMENT APPLICATION; INTERMEDIATE	26	7/1/2023	12/31/2382	\$332.33
77762	INTRACAVITARY RADIOELEMENT APPLICATION; INTERMEDIATE		1/1/1993	12/31/2382	\$372.35
77762	INTRACAVITARY RADIOELEMENT APPLICATION; INTERMEDIATE		7/1/2023	12/31/2382	\$431.22
77762	INTRACAVITARY RADIOELEMENT APPLICATION; INTERMEDIATE	TC	7/1/2023	12/31/2382	\$141.73

77763	INTRACAVITARY RADIOELEMENT APPLICATION; COMPLEX	26	7/1/2023	12/31/2382	\$474.26
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
77763	INTRACAVITARY RADIOELEMENT APPLICATION; COMPLEX		1/1/1993	12/31/2382	\$528.35
77763	INTRACAVITARY RADIOELEMENT APPLICATION; COMPLEX		7/1/2023	12/31/2382	\$431.22
77763	INTRACAVITARY RADIOELEMENT APPLICATION; COMPLEX	TC	7/1/2023	12/31/2382	\$176.17
77767	HIGH DOSE BRACHYTHERAPY THROUGH SKIN SURFACE, 1 CHANNEL OR UP TO 2.0 CM		7/1/2023	12/31/2382	\$204.18
77768	HIGH DOSE BRACHYTHERAPY THROUGH SKIN SURFACE, 2 CHANNELS OR MORE THAN 2.0 CM		7/1/2023	12/31/2382	\$204.18
77770	HIGH DOSE BRACHYTHERAPY, 1 CHANNEL		7/1/2023	12/31/2382	\$731.43
77771	HIGH DOSE BRACHYTHERAPY, 2-12 CHANNELS		7/1/2023	12/31/2382	\$731.43
77772	HIGH DOSE BRACHYTHERAPY, MORE THAN 12 CHANNELS		7/1/2023	12/31/2382	\$731.43
77776	INTERSTITIAL RADIOELEMENT APPLICATION; SIMPLE	26	7/1/2023	12/31/2382	\$276.07

77776	INTERSTITIAL RADIOELEMENT APPLICATION; SIMPLE		7/1/2023	12/31/2382	\$431.22
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
77776	INTERSTITIAL RADIOELEMENT APPLICATION; SIMPLE		1/1/1993	12/31/2382	\$293.58
77776	INTERSTITIAL RADIOELEMENT APPLICATION; SIMPLE	TC	7/1/2023	12/31/2382	\$85.34
77777	INTERSTITIAL RADIOELEMENT APPLICATION; INTERMEDIATE	26	7/1/2023	12/31/2382	\$413.77
77777	INTERSTITIAL RADIOELEMENT APPLICATION; INTERMEDIATE		7/1/2023	12/31/2382	\$431.22
77777	INTERSTITIAL RADIOELEMENT APPLICATION; INTERMEDIATE		1/1/1993	12/31/2382	\$470.87
77777	INTERSTITIAL RADIOELEMENT APPLICATION; INTERMEDIATE	TC	7/1/2023	12/31/2382	\$165.90
77778	INTERSTITIAL RADIOELEMENT APPLICATION; COMPLEX	26	7/1/2023	12/31/2382	\$619.87
77778	INTERSTITIAL RADIOELEMENT APPLICATION; COMPLEX		7/1/2023	12/31/2382	\$867.08
77778	INTERSTITIAL RADIOELEMENT APPLICATION; COMPLEX		1/1/1993	12/31/2382	\$666.57

77778	INTERSTITIAL RADIOELEMENT APPLICATION; COMPLEX	TC	7/1/2023	12/31/2382	\$200.70
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
77781	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 1-4 SOURCE POSITIONS OR CATHETERS	26	7/1/2023	12/31/2382	\$92.08
77781	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 1-4 SOURCE POSITIONS OR CATHETERS		1/1/1993	12/31/2382	\$721.67
77781	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 1-4 SOURCE POSITIONS OR CATHETERS		7/1/2023	12/31/2382	\$1,008.47
77781	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 1-4 SOURCE POSITIONS OR CATHETERS	TC	7/1/2023	12/31/2382	\$796.34
77782	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 5-8 SOURCE POSITIONS OR CATHETERS	26	7/1/2023	12/31/2382	\$138.37
77782	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 5-8 SOURCE POSITIONS OR CATHETERS	76	7/1/2023	12/31/2382	\$1,008.47
77782	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 5-8 SOURCE POSITIONS OR CATHETERS		7/1/2023	12/31/2382	\$1,008.47
77782	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 5-8 SOURCE POSITIONS OR CATHETERS		1/1/1993	12/31/2382	\$759.27
77782	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 5-8 SOURCE POSITIONS OR CATHETERS	TC	7/1/2023	12/31/2382	\$796.34

77783	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 9-12 SOURCE POSITIONS OR CATHETERS	26	7/1/2023	12/31/2382	\$206.51
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
77783	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 9-12 SOURCE POSITIONS OR CATHETERS		1/1/1993	12/31/2382	\$814.61
77783	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 9-12 SOURCE POSITIONS OR CATHETERS		7/1/2023	12/31/2382	\$1,008.47
77783	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 9-12 SOURCE POSITIONS OR CATHETERS	TC	7/1/2023	12/31/2382	\$796.34
77784	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; OVER 12 SOURCE POSITIONS OR CATHETERS	26	7/1/2023	12/31/2382	\$310.47
77784	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; OVER 12 SOURCE POSITIONS OR CATHETERS		1/1/1993	12/31/2382	\$899.06
77784	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; OVER 12 SOURCE POSITIONS OR CATHETERS		7/1/2023	12/31/2382	\$1,008.47
77784	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; OVER 12 SOURCE POSITIONS OR CATHETERS	TC	7/1/2023	12/31/2382	\$796.34
77785	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE BRACHYTHERAPY; 1 CHANNEL		7/1/2023	12/31/2382	\$859.76
77786	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE BRACHYTHERAPY; 2-12 CHANNELS		7/1/2023	12/31/2382	\$859.76

77787	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE BRACHYTHERAPY; OVER 12 CHANNELS		7/1/2023	12/31/2382	\$859.76
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
77789	SURFACE APPLICATION OF RADIOELEMENT	26	7/1/2023	12/31/2382	\$61.93
77789	SURFACE APPLICATION OF RADIOELEMENT		7/1/2023	12/31/2382	\$113.54
77789	SURFACE APPLICATION OF RADIOELEMENT		1/1/1993	12/31/2382	\$64.72
77789	SURFACE APPLICATION OF RADIOELEMENT	TC	7/1/2023	12/31/2382	\$17.74
77790	SUPERVISION, HANDLING, LOADING OF RADIOELEMENT	26	7/1/2023	12/31/2382	\$61.93
77790	SUPERVISION, HANDLING, LOADING OF RADIOELEMENT		7/1/2023	12/31/2382	\$81.98
77790	SUPERVISION, HANDLING, LOADING OF RADIOELEMENT	TC	7/1/2023	12/31/2382	\$20.04
77799	UNLISTED PROCEDURE, CLINICAL BRACHYTHERAPY	26	1/1/1993	12/31/2382	\$0.00
77799	UNLISTED PROCEDURE, CLINICAL BRACHYTHERAPY		1/1/1993	12/31/2382	\$0.00

77799	UNLISTED PROCEDURE, CLINICAL BRACHYTHERAPY		7/1/2023	12/31/2382	\$1,008.47
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
77799	UNLISTED PROCEDURE, CLINICAL BRACHYTHERAPY	TC	1/1/1993	12/31/2382	\$0.00
78000	THYROID UPTAKE; SINGLE DETERMINATION	26	7/1/2023	12/31/2382	\$14.02
78000	THYROID UPTAKE; SINGLE DETERMINATION		7/1/2023	12/31/2382	\$110.58
78000	THYROID UPTAKE; SINGLE DETERMINATION		1/1/1993	12/31/2382	\$39.72
78000	THYROID UPTAKE; SINGLE DETERMINATION	TC	7/1/2023	12/31/2382	\$37.79
78001	THYROID UPTAKE; MULTIPLE DETERMINATIONS	26	7/1/2023	12/31/2382	\$15.64
78001	THYROID UPTAKE; MULTIPLE DETERMINATIONS		7/1/2023	12/31/2382	\$110.58
78001	THYROID UPTAKE; MULTIPLE DETERMINATIONS		1/1/1993	12/31/2382	\$49.70
78001	THYROID UPTAKE; MULTIPLE DETERMINATIONS	TC	7/1/2023	12/31/2382	\$51.00

78003	THYROID UPTAKE; STIMULATION, SUPPRESSION OR DISCHARGE (NOT INCLUDING INITIAL UPTAKE STUDIES)	26	7/1/2023	12/31/2382	\$19.13
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
78003	THYROID UPTAKE; STIMULATION, SUPPRESSION OR DISCHARGE (NOT INCLUDING INITIAL UPTAKE STUDIES)		1/1/1993	12/31/2382	\$44.09
78003	THYROID UPTAKE; STIMULATION, SUPPRESSION OR DISCHARGE (NOT INCLUDING INITIAL UPTAKE STUDIES)		7/1/2023	12/31/2382	\$272.88
78003	THYROID UPTAKE; STIMULATION, SUPPRESSION OR DISCHARGE (NOT INCLUDING INITIAL UPTAKE STUDIES)	TC	7/1/2023	12/31/2382	\$37.79
78006	THYROID IMAGING, WITH UPTAKE; SINGLE DETERMINATION	26	7/1/2023	12/31/2382	\$34.90
78006	THYROID IMAGING, WITH UPTAKE; SINGLE DETERMINATION		1/1/1993	12/31/2382	\$99.73
78006	THYROID IMAGING, WITH UPTAKE; SINGLE DETERMINATION		7/1/2023	12/31/2382	\$191.02
78006	THYROID IMAGING, WITH UPTAKE; SINGLE DETERMINATION	TC	7/1/2023	12/31/2382	\$93.70
78007	THYROID IMAGING, WITH UPTAKE; MULTIPLE DETERMINATIONS	26	7/1/2023	12/31/2382	\$29.88
78007	THYROID IMAGING, WITH UPTAKE; MULTIPLE DETERMINATIONS		1/1/1993	12/31/2382	\$89.72

78007	THYROID IMAGING, WITH UPTAKE; MULTIPLE DETERMINATIONS		7/1/2023	12/31/2382	\$215.35
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
78007	THYROID IMAGING, WITH UPTAKE; MULTIPLE DETERMINATIONS	TC	7/1/2023	12/31/2382	\$100.87
78010	THYROID IMAGING; ONLY	26	7/1/2023	12/31/2382	\$29.01
78010	THYROID IMAGING; ONLY		7/1/2023	12/31/2382	\$191.02
78010	THYROID IMAGING; ONLY		1/1/1993	12/31/2382	\$76.33
78010	THYROID IMAGING; ONLY	TC	7/1/2023	12/31/2382	\$71.06
78011	THYROID IMAGING; WITH VASCULAR FLOW	26	7/1/2023	12/31/2382	\$34.67
78011	THYROID IMAGING; WITH VASCULAR FLOW		1/1/1993	12/31/2382	\$98.79
78011	THYROID IMAGING; WITH VASCULAR FLOW		7/1/2023	12/31/2382	\$191.02
78011	THYROID IMAGING; WITH VASCULAR FLOW	TC	7/1/2023	12/31/2382	\$94.46

78012	THYROID UPTAKE, SINGLE OR MULTIPLE, QUANTITATIVE MEASUREMENT(S) (INCLUDING STIMULATION, SUPPRESSION, OR		7/1/2023	12/31/2382	\$149.62
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
78014	THYROID IMAGING (INCLUDING VASCULAR FLOW, WHEN PERFORMED); WITH SINGLE OR MULTIPLE UPTAKE(S)		1/1/2013	12/31/2382	\$147.16
78014	THYROID IMAGING (INCLUDING VASCULAR FLOW, WHEN PERFORMED); WITH SINGLE OR MULTIPLE UPTAKE(S)		7/1/2023	12/31/2382	\$252.99
78014	THYROID IMAGING (INCLUDING VASCULAR FLOW, WHEN PERFORMED); WITH SINGLE OR MULTIPLE UPTAKE(S)	MH	7/1/2023	12/31/2382	\$252.99
78015	THYROID CARCINOMA METASTASES IMAGING; LIMITED AREA (EG, NECK AND CHEST ONLY)	26	7/1/2023	12/31/2382	\$40.10
78015	THYROID CARCINOMA METASTASES IMAGING; LIMITED AREA (EG, NECK AND CHEST ONLY)		7/1/2023	11/30/2382	\$320.65
78015	THYROID CARCINOMA METASTASES IMAGING; LIMITED AREA (EG, NECK AND CHEST ONLY)		1/1/1993	12/31/2382	\$129.78
78015	THYROID CARCINOMA METASTASES IMAGING; LIMITED AREA (EG, NECK AND CHEST ONLY)	TC	7/1/2023	12/31/2382	\$100.87
78016	THYROID CARCINOMA METASTASES IMAGING; WITH ADDITIONAL STUDIES (EG, URINARY RECOVERY)	26	7/1/2023	12/31/2382	\$48.90
78016	THYROID CARCINOMA METASTASES IMAGING; WITH ADDITIONAL STUDIES (EG, URINARY RECOVERY)		7/1/2023	12/31/2382	\$320.65

78016	THYROID CARCINOMA METASTASES IMAGING; WITH ADDITIONAL STUDIES (EG, URINARY RECOVERY)		1/1/1993	12/31/2382	\$169.87
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
78016	THYROID CARCINOMA METASTASES IMAGING; WITH ADDITIONAL STUDIES (EG, URINARY RECOVERY)	TC	7/1/2023	12/31/2382	\$136.46
78017	THYROID CARCINOMA METASTASES IMAGING; MULTIPLE AREAS	26	7/1/2023	12/31/2382	\$51.60
78017	THYROID CARCINOMA METASTASES IMAGING; MULTIPLE AREAS		7/1/2023	12/31/2382	\$222.84
78017	THYROID CARCINOMA METASTASES IMAGING; MULTIPLE AREAS	TC	7/1/2023	12/31/2382	\$145.96
78018	THYROID CARCINOMA METASTASES IMAGING; WHOLE BODY	26	7/1/2023	12/31/2382	\$56.73
78018	THYROID CARCINOMA METASTASES IMAGING; WHOLE BODY		1/1/1993	12/31/2382	\$243.72
78018	THYROID CARCINOMA METASTASES IMAGING; WHOLE BODY		7/1/2023	12/31/2382	\$320.65
78018	THYROID CARCINOMA METASTASES IMAGING; WHOLE BODY	TC	7/1/2023	12/31/2382	\$212.80
78070	PARATHYROID IMAGING	26	7/1/2023	12/31/2382	\$30.53

78070	PARATHYROID IMAGING		7/1/2023	12/31/2382	\$215.35
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
78070	PARATHYROID IMAGING		1/1/1993	12/31/2382	\$82.52
78070	PARATHYROID IMAGING	TC	7/1/2023	12/31/2382	\$71.06
78071	PARATHYROID PLANAR IMAGING; WITH TOMOGRAPHIC (SPECT)		7/1/2023	12/31/2382	\$349.79
78071	PARATHYROID PLANAR IMAGING; WITH TOMOGRAPHIC (SPECT)	MD	7/1/2023	12/31/2382	\$349.79
78072	PARATHYROID PLANAR IMAGING; WITH TOMOGRAPHIC (SPECT), AND CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY		7/1/2023	12/31/2382	\$349.79
78072	PARATHYROID PLANAR IMAGING; WITH TOMOGRAPHIC (SPECT), AND CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY	MG	7/1/2023	12/31/2382	\$349.79
78075	ADRENAL IMAGING, CORTEX AND/OR MEDULLA	26	7/1/2023	12/31/2382	\$46.02
78075	ADRENAL IMAGING, CORTEX AND/OR MEDULLA		7/1/2023	12/31/2382	\$215.35
78075	ADRENAL IMAGING, CORTEX AND/OR MEDULLA		1/1/1993	12/31/2382	\$176.31

78075	ADRENAL IMAGING, CORTEX AND/OR MEDULLA	TC	7/1/2023	12/31/2382	\$212.80
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
78099	UNLISTED ENDOCRINE PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	26	1/1/1993	12/31/2382	\$0.00
78099	UNLISTED ENDOCRINE PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE		1/1/1993	12/31/2382	\$0.00
78099	UNLISTED ENDOCRINE PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE		7/1/2023	12/31/2382	\$191.02
78099	UNLISTED ENDOCRINE PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	TC	1/1/1993	12/31/2382	\$0.00
78102	BONE MARROW IMAGING; LIMITED AREA	26	7/1/2023	12/31/2382	\$35.62
78102	BONE MARROW IMAGING; LIMITED AREA		1/1/1993	12/31/2382	\$104.43
78102	BONE MARROW IMAGING; LIMITED AREA		7/1/2023	12/31/2382	\$303.31
78102	BONE MARROW IMAGING; LIMITED AREA	TC	7/1/2023	12/31/2382	\$80.06
78103	BONE MARROW IMAGING; MULTIPLE AREAS	26	7/1/2023	12/31/2382	\$57.45

78103	BONE MARROW IMAGING; MULTIPLE AREAS		1/1/1993	12/31/2382	\$136.75
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
78103	BONE MARROW IMAGING; MULTIPLE AREAS		7/1/2023	12/31/2382	\$303.31
78103	BONE MARROW IMAGING; MULTIPLE AREAS	TC	7/1/2023	12/31/2382	\$123.99
78104	BONE MARROW IMAGING; WHOLE BODY	26	7/1/2023	12/31/2382	\$58.86
78104	BONE MARROW IMAGING; WHOLE BODY		1/1/1993	12/31/2382	\$168.09
78104	BONE MARROW IMAGING; WHOLE BODY		7/1/2023	12/31/2382	\$303.31
78104	BONE MARROW IMAGING; WHOLE BODY	TC	7/1/2023	12/31/2382	\$159.48
78110	PLASMA VOLUME, RADIONUCLIDE VOLUME-DILUTION TECHNIQUE (SEPARATE PROCEDURE); SINGLE SAMPLING	26	7/1/2023	12/31/2382	\$12.29
78110	PLASMA VOLUME, RADIONUCLIDE VOLUME-DILUTION TECHNIQUE (SEPARATE PROCEDURE); SINGLE SAMPLING		1/1/1993	12/31/2382	\$37.93
78110	PLASMA VOLUME, RADIONUCLIDE VOLUME-DILUTION TECHNIQUE (SEPARATE PROCEDURE); SINGLE SAMPLING		7/1/2023	12/31/2382	\$266.95

78110	PLASMA VOLUME, RADIONUCLIDE VOLUME-DILUTION TECHNIQUE (SEPARATE PROCEDURE); SINGLE SAMPLING	TC	7/1/2023	12/31/2382	\$37.02
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
78111	PLASMA VOLUME, RADIONUCLIDE VOLUME-DILUTION TECHNIQUE (SEPARATE PROCEDURE); MULTIPLE SAMPLINGS	26	7/1/2023	12/31/2382	\$16.64
78111	PLASMA VOLUME, RADIONUCLIDE VOLUME-DILUTION TECHNIQUE (SEPARATE PROCEDURE); MULTIPLE SAMPLINGS		1/1/1993	12/31/2382	\$76.33
78111	PLASMA VOLUME, RADIONUCLIDE VOLUME-DILUTION TECHNIQUE (SEPARATE PROCEDURE); MULTIPLE SAMPLINGS		7/1/2023	12/31/2382	\$266.95
78111	PLASMA VOLUME, RADIONUCLIDE VOLUME-DILUTION TECHNIQUE (SEPARATE PROCEDURE); MULTIPLE SAMPLINGS	TC	7/1/2023	12/31/2382	\$100.87
78120	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); SINGLE SAMPLING	26	7/1/2023	12/31/2382	\$20.01
78120	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); SINGLE SAMPLING		1/1/1993	12/31/2382	\$67.31
78120	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); SINGLE SAMPLING		7/1/2023	12/31/2382	\$266.95
78120	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); SINGLE SAMPLING	TC	7/1/2023	12/31/2382	\$68.00
78121	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); MULTIPLE SAMPLINGS	26	7/1/2023	12/31/2382	\$22.43

78121	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); MULTIPLE SAMPLINGS		1/1/1993	12/31/2382	\$91.97
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
78121	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); MULTIPLE SAMPLINGS		7/1/2023	12/31/2382	\$266.95
78121	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); MULTIPLE SAMPLINGS	TC	7/1/2023	12/31/2382	\$113.84
78122	WHOLE BLOOD VOLUME DETERMINATION, INCLUDING SEPARATE MEASUREMENT OF PLASMA VOLUME AND RED CELL VOLUME (RADIONU	26	7/1/2023	12/31/2382	\$34.65
78122	WHOLE BLOOD VOLUME DETERMINATION, INCLUDING SEPARATE MEASUREMENT OF PLASMA VOLUME AND RED CELL VOLUME (RADIONU		1/1/1993	12/31/2382	\$184.24
78122	WHOLE BLOOD VOLUME DETERMINATION, INCLUDING SEPARATE MEASUREMENT OF PLASMA VOLUME AND RED CELL VOLUME (RADIONU		7/1/2023	12/31/2382	\$266.95
78122	WHOLE BLOOD VOLUME DETERMINATION, INCLUDING SEPARATE MEASUREMENT OF PLASMA VOLUME AND RED CELL VOLUME (RADIONU	TC	7/1/2023	12/31/2382	\$180.67
78130	RED CELL SURVIVAL STUDY;	26	7/1/2023	12/31/2382	\$38.12
78130	RED CELL SURVIVAL STUDY;		1/1/1993	12/31/2382	\$115.45
78130	RED CELL SURVIVAL STUDY;		7/1/2023	12/31/2382	\$266.95

78130	RED CELL SURVIVAL STUDY;	TC	7/1/2023	12/31/2382	\$111.92
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
78135	RED CELL SURVIVAL STUDY; DIFFERENTIAL ORGAN/TISSUE KINETICS, (EG, SPLENIC AND/OR HEPATIC SEQUESTRATION)	26	7/1/2023	12/31/2382	\$38.81
78135	RED CELL SURVIVAL STUDY; DIFFERENTIAL ORGAN/TISSUE KINETICS, (EG, SPLENIC AND/OR HEPATIC SEQUESTRATION)		1/1/1993	12/31/2382	\$153.90
78135	RED CELL SURVIVAL STUDY; DIFFERENTIAL ORGAN/TISSUE KINETICS, (EG, SPLENIC AND/OR HEPATIC SEQUESTRATION)		7/1/2023	12/31/2382	\$266.95
78135	RED CELL SURVIVAL STUDY; DIFFERENTIAL ORGAN/TISSUE KINETICS, (EG, SPLENIC AND/OR HEPATIC SEQUESTRATION)	TC	7/1/2023	12/31/2382	\$190.84
78140	LABELED RED CELL SEQUESTRATION, DIFFERENTIAL ORGAN/TISSUE, (EG, SPLENIC AND/OR HEPATIC)	26	7/1/2023	12/31/2382	\$38.12
78140	LABELED RED CELL SEQUESTRATION, DIFFERENTIAL ORGAN/TISSUE, (EG, SPLENIC AND/OR HEPATIC)		1/1/1993	12/31/2382	\$135.58
78140	LABELED RED CELL SEQUESTRATION, DIFFERENTIAL ORGAN/TISSUE, (EG, SPLENIC AND/OR HEPATIC)		7/1/2023	12/31/2382	\$266.95
78140	LABELED RED CELL SEQUESTRATION, DIFFERENTIAL ORGAN/TISSUE, (EG, SPLENIC AND/OR HEPATIC)	TC	7/1/2023	12/31/2382	\$154.20
78160	PLASMA RADIOIRON DISAPPEARANCE (TURNOVER) RATE	26	7/1/2023	12/31/2382	\$25.09

78160	PLASMA RADIOIRON DISAPPEARANCE (TURNOVER) RATE		7/1/2023	12/31/2382	\$177.89
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
78160	PLASMA RADIOIRON DISAPPEARANCE (TURNOVER) RATE	TC	7/1/2023	12/31/2382	\$143.65
78162	RADIOIRON ORAL ABSORPTION	26	7/1/2023	12/31/2382	\$34.65
78162	RADIOIRON ORAL ABSORPTION		7/1/2023	12/31/2382	\$167.87
78162	RADIOIRON ORAL ABSORPTION	TC	7/1/2023	12/31/2382	\$125.14
78170	RADIOIRON RED CELL UTILIZATION	26	7/1/2023	12/31/2382	\$27.08
78170	RADIOIRON RED CELL UTILIZATION		7/1/2023	12/31/2382	\$177.54
78170	RADIOIRON RED CELL UTILIZATION	TC	7/1/2023	12/31/2382	\$208.30
78172	CHELATABLE IRON FOR ESTIMATION OF TOTAL BODY IRON	26	7/1/2023	12/31/2382	\$42.28
78172	CHELATABLE IRON FOR ESTIMATION OF TOTAL BODY IRON		1/1/1993	12/31/2382	\$0.00

78172	CHELATABLE IRON FOR ESTIMATION OF TOTAL BODY IRON	TC	1/1/1993	12/31/2382	\$0.00
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
78185	SPLEEN IMAGING ONLY, WITH OR WITHOUT VASCULAR FLOW	26	7/1/2023	12/31/2382	\$32.01
78185	SPLEEN IMAGING ONLY, WITH OR WITHOUT VASCULAR FLOW		1/1/1993	12/31/2382	\$94.40
78185	SPLEEN IMAGING ONLY, WITH OR WITHOUT VASCULAR FLOW		7/1/2023	12/31/2382	\$303.31
78185	SPLEEN IMAGING ONLY, WITH OR WITHOUT VASCULAR FLOW	TC	7/1/2023	12/31/2382	\$92.53
78190	KINETICS, STUDY OF PLATELET SURVIVAL, WITH OR WITHOUT DIFFERENTIAL ORGAN/TISSUE LOCALIZATION	26	7/1/2023	12/31/2382	\$64.26
78190	KINETICS, STUDY OF PLATELET SURVIVAL, WITH OR WITHOUT DIFFERENTIAL ORGAN/TISSUE LOCALIZATION		1/1/1993	12/31/2382	\$234.25
78190	KINETICS, STUDY OF PLATELET SURVIVAL, WITH OR WITHOUT DIFFERENTIAL ORGAN/TISSUE LOCALIZATION		7/1/2023	12/31/2382	\$272.88
78190	KINETICS, STUDY OF PLATELET SURVIVAL, WITH OR WITHOUT DIFFERENTIAL ORGAN/TISSUE LOCALIZATION	TC	7/1/2023	12/31/2382	\$224.12
78191	PLATELET SURVIVAL STUDY	26	7/1/2023	12/31/2382	\$48.09

78191	PLATELET SURVIVAL STUDY		7/1/2023	12/31/2382	\$272.88
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
78191	PLATELET SURVIVAL STUDY		1/1/1993	12/31/2382	\$287.40
78191	PLATELET SURVIVAL STUDY	TC	7/1/2023	12/31/2382	\$287.61
78192	WHITE BLOOD CELL LOCALIZATION; LIMITED AREA SCANNING	26	7/1/2023	12/31/2382	\$61.93
78192	WHITE BLOOD CELL LOCALIZATION; LIMITED AREA SCANNING		7/1/2023	12/31/2382	\$203.84
78192	WHITE BLOOD CELL LOCALIZATION; LIMITED AREA SCANNING	TC	7/1/2023	12/31/2382	\$133.11
78193	WHITE BLOOD CELL LOCALIZATION; WHOLE BODY	26	7/1/2023	12/31/2382	\$68.45
78193	WHITE BLOOD CELL LOCALIZATION; WHOLE BODY		7/1/2023	12/31/2382	\$474.75
78193	WHITE BLOOD CELL LOCALIZATION; WHOLE BODY	TC	7/1/2023	12/31/2382	\$382.15
78195	LYMPHATICS AND LYMPH GLANDS IMAGING	26	7/1/2023	12/31/2382	\$72.54

78195	LYMPHATICS AND LYMPH GLANDS IMAGING		1/1/1993	12/31/2382	\$175.45
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
78195	LYMPHATICS AND LYMPH GLANDS IMAGING		7/1/2023	12/31/2382	\$303.31
78195	LYMPHATICS AND LYMPH GLANDS IMAGING	LT	7/1/2023	12/31/2382	\$303.31
78195	LYMPHATICS AND LYMPH GLANDS IMAGING	MB	7/1/2023	12/31/2382	\$303.31
78195	LYMPHATICS AND LYMPH GLANDS IMAGING	MG	7/1/2023	12/31/2382	\$303.31
78195	LYMPHATICS AND LYMPH GLANDS IMAGING	RT	7/1/2023	12/31/2382	\$303.31
78195	LYMPHATICS AND LYMPH GLANDS IMAGING	TC	7/1/2023	12/31/2382	\$159.48
78199	UNLISTED HEMATOPOIETIC, RETICULOENDOTHELIAL AND LYMPHATIC PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	26	1/1/1993	12/31/2382	\$0.00
78199	UNLISTED HEMATOPOIETIC, RETICULOENDOTHELIAL AND LYMPHATIC PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE		1/1/1993	12/31/2382	\$0.00
78199	UNLISTED HEMATOPOIETIC, RETICULOENDOTHELIAL AND LYMPHATIC PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE		7/1/2023	12/31/2382	\$303.31

78199	UNLISTED HEMATOPOIETIC, RETICULOENDOTHELIAL AND LYMPHATIC PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	TC	1/1/1993	12/31/2382	\$0.00
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
78201	LIVER IMAGING; STATIC ONLY	26	7/1/2023	12/31/2382	\$33.05
78201	LIVER IMAGING; STATIC ONLY		1/1/1993	12/31/2382	\$95.97
78201	LIVER IMAGING; STATIC ONLY		7/1/2023	12/31/2382	\$333.89
78201	LIVER IMAGING; STATIC ONLY	TC	7/1/2023	12/31/2382	\$92.53
78202	LIVER IMAGING; WITH VASCULAR FLOW	26	7/1/2023	12/31/2382	\$61.21
78202	LIVER IMAGING; WITH VASCULAR FLOW		7/1/2023	12/31/2382	\$333.89
78202	LIVER IMAGING; WITH VASCULAR FLOW		1/1/1993	12/31/2382	\$143.72
78202	LIVER IMAGING; WITH VASCULAR FLOW	TC	7/1/2023	12/31/2382	\$113.06
78205	LIVER IMAGING (SPECT)	26	7/1/2023	12/31/2382	\$55.80

78205	LIVER IMAGING (SPECT)		1/1/1993	12/31/2382	\$244.93
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
78205	LIVER IMAGING (SPECT)		7/1/2023	12/31/2382	\$333.89
78205	LIVER IMAGING (SPECT)	TC	7/1/2023	12/31/2382	\$231.31
78206	LIVER IMAGING (SPECT); WITH VASCULAR FLOW		7/1/2023	12/31/2382	\$339.05
78215	LIVER AND SPLEEN IMAGING; STATIC ONLY	26	7/1/2023	12/31/2382	\$36.99
78215	LIVER AND SPLEEN IMAGING; STATIC ONLY		1/1/1993	12/31/2382	\$115.77
78215	LIVER AND SPLEEN IMAGING; STATIC ONLY		7/1/2023	12/31/2382	\$333.89
78215	LIVER AND SPLEEN IMAGING; STATIC ONLY	TC	7/1/2023	12/31/2382	\$114.98
78216	LIVER AND SPLEEN IMAGING; WITH VASCULAR FLOW	26	7/1/2023	12/31/2382	\$38.82
78216	LIVER AND SPLEEN IMAGING; WITH VASCULAR FLOW		7/1/2023	12/31/2382	\$333.89

78216	LIVER AND SPLEEN IMAGING; WITH VASCULAR FLOW		1/1/1993	12/31/2382	\$129.62
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
78216	LIVER AND SPLEEN IMAGING; WITH VASCULAR FLOW	TC	7/1/2023	12/31/2382	\$136.46
78220	LIVER FUNCTION STUDY WITH HEPATOBILIARY AGENTS, WITH SERIAL IMAGES	26	7/1/2023	12/31/2382	\$41.98
78220	LIVER FUNCTION STUDY WITH HEPATOBILIARY AGENTS, WITH SERIAL IMAGES		1/1/1993	12/31/2382	\$123.89
78220	LIVER FUNCTION STUDY WITH HEPATOBILIARY AGENTS, WITH SERIAL IMAGES		7/1/2023	12/31/2382	\$333.89
78220	LIVER FUNCTION STUDY WITH HEPATOBILIARY AGENTS, WITH SERIAL IMAGES	TC	7/1/2023	12/31/2382	\$145.96
78223	HEPATOBILIARY DUCTAL SYSTEM IMAGING, INCLUDING GALLBLADDER, WITH OR WITHOUT PHARMACOLOGIC INTERVENTION, WITH O	26	7/1/2023	12/31/2382	\$45.17
78223	HEPATOBILIARY DUCTAL SYSTEM IMAGING, INCLUDING GALLBLADDER, WITH OR WITHOUT PHARMACOLOGIC INTERVENTION, WITH O		1/1/1993	12/31/2382	\$120.82
78223	HEPATOBILIARY DUCTAL SYSTEM IMAGING, INCLUDING GALLBLADDER, WITH OR WITHOUT PHARMACOLOGIC INTERVENTION, WITH O		7/1/2023	12/31/2382	\$333.89
78223	HEPATOBILIARY DUCTAL SYSTEM IMAGING, INCLUDING GALLBLADDER, WITH OR WITHOUT PHARMACOLOGIC INTERVENTION, WITH O	TC	7/1/2023	12/31/2382	\$143.65

78226	HEPATOBIILIARY SYSTEM IMAGING, INCLUDING GALLBLADDER WHEN PRESENT		7/1/2023	12/31/2382	\$389.55
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
78226	HEPATOBIILIARY SYSTEM IMAGING, INCLUDING GALLBLADDER WHEN PRESENT	MG	7/1/2023	12/31/2382	\$389.55
78226	HEPATOBIILIARY SYSTEM IMAGING, INCLUDING GALLBLADDER WHEN PRESENT	MH	7/1/2023	12/31/2382	\$389.55
78227	HEPATOBIILIARY SYSTEM IMAGING, INCLUDING GALLBLADDER WHEN PRESENT; WITH PHARMACOLOGIC INTERVENTION, INCLUDING		1/1/2012	12/31/2382	\$272.65
78227	HEPATOBIILIARY SYSTEM IMAGING, INCLUDING GALLBLADDER WHEN PRESENT; WITH PHARMACOLOGIC INTERVENTION, INCLUDING		7/1/2023	12/31/2382	\$341.47
78230	SALIVARY GLAND IMAGING;	26	7/1/2023	12/31/2382	\$53.29
78230	SALIVARY GLAND IMAGING;		7/1/2023	12/31/2382	\$291.98
78230	SALIVARY GLAND IMAGING;		1/1/1993	12/31/2382	\$120.51
78230	SALIVARY GLAND IMAGING;	TC	7/1/2023	12/31/2382	\$85.34
78231	SALIVARY GLAND IMAGING; WITH SERIAL IMAGES	26	7/1/2023	12/31/2382	\$67.88

78231	SALIVARY GLAND IMAGING; WITH SERIAL IMAGES		1/1/1993	12/31/2382	\$160.44
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
78231	SALIVARY GLAND IMAGING; WITH SERIAL IMAGES		7/1/2023	12/31/2382	\$291.98
78231	SALIVARY GLAND IMAGING; WITH SERIAL IMAGES	TC	7/1/2023	12/31/2382	\$123.99
78232	SALIVARY GLAND FUNCTION STUDY	26	7/1/2023	12/31/2382	\$37.76
78232	SALIVARY GLAND FUNCTION STUDY		7/1/2023	12/31/2382	\$291.98
78232	SALIVARY GLAND FUNCTION STUDY		1/1/1993	12/31/2382	\$150.03
78232	SALIVARY GLAND FUNCTION STUDY	TC	7/1/2023	12/31/2382	\$138.38
78258	ESOPHAGEAL MOTILITY	26	7/1/2023	12/31/2382	\$57.77
78258	ESOPHAGEAL MOTILITY		1/1/1993	12/31/2382	\$144.46
78258	ESOPHAGEAL MOTILITY		7/1/2023	12/31/2382	\$291.98

78258	ESOPHAGEAL MOTILITY	TC	7/1/2023	12/31/2382	\$113.06
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
78261	GASTRIC MUCOSA IMAGING	26	7/1/2023	12/31/2382	\$53.91
78261	GASTRIC MUCOSA IMAGING		1/1/1993	12/31/2382	\$182.26
78261	GASTRIC MUCOSA IMAGING		7/1/2023	12/31/2382	\$291.98
78261	GASTRIC MUCOSA IMAGING	TC	7/1/2023	12/31/2382	\$160.63
78262	GASTROESOPHAGEAL REFLUX STUDY	26	7/1/2023	12/31/2382	\$53.16
78262	GASTROESOPHAGEAL REFLUX STUDY		1/1/1993	12/31/2382	\$186.85
78262	GASTROESOPHAGEAL REFLUX STUDY		7/1/2023	12/31/2382	\$291.98
78262	GASTROESOPHAGEAL REFLUX STUDY	TC	7/1/2023	12/31/2382	\$166.31
78264	GASTRIC EMPTYING STUDY	26	7/1/2023	12/31/2382	\$46.69

78264	GASTRIC EMPTYING STUDY		1/1/1993	12/31/2382	\$136.26
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
78264	GASTRIC EMPTYING STUDY		7/1/2023	12/31/2382	\$291.98
78264	GASTRIC EMPTYING STUDY	MG	7/1/2023	12/31/2382	\$291.98
78264	GASTRIC EMPTYING STUDY	MH	7/1/2023	12/31/2382	\$291.98
78264	GASTRIC EMPTYING STUDY	TC	7/1/2023	12/31/2382	\$161.39
78265	STOMACH EMPTYING AND SMALL BOWEL TRANSIT STUDY		7/1/2023	12/31/2382	\$349.47
78266	STOMACH EMPTYING AND SMALL BOWEL WITH COLON TRANSIT STUDY		7/1/2023	12/31/2382	\$463.69
78267	UREA BREATH TEST, C-14; ACQUISITION FOR ANALYSIS		1/1/2004	12/31/2382	\$10.98
78267	UREA BREATH TEST, C-14; ACQUISITION FOR ANALYSIS		7/1/2023	12/31/2382	\$13.52
78268	UREA BREATH TEST, C-14; ANALYSIS		1/1/2004	12/31/2382	\$94.11

78268	UREA BREATH TEST, C-14; ANALYSIS		7/1/2023	12/31/2382	\$115.85
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
78270	VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITHOUT INTRINSIC FACTOR	26	7/1/2023	12/31/2382	\$17.07
78270	VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITHOUT INTRINSIC FACTOR		1/1/1993	12/31/2382	\$56.62
78270	VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITHOUT INTRINSIC FACTOR		7/1/2023	12/31/2382	\$272.88
78270	VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITHOUT INTRINSIC FACTOR	TC	7/1/2023	12/31/2382	\$60.80
78271	VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITH INTRINSIC FACTOR	26	7/1/2023	12/31/2382	\$17.07
78271	VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITH INTRINSIC FACTOR		1/1/1993	12/31/2382	\$59.56
78271	VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITH INTRINSIC FACTOR		7/1/2023	12/31/2382	\$272.88
78271	VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITH INTRINSIC FACTOR	TC	7/1/2023	12/31/2382	\$64.64
78272	VITAMIN B-12 ABSORPTION STUDIES COMBINED, WITH AND WITHOUT INTRINSIC FACTOR	26	7/1/2023	12/31/2382	\$18.95

78272	VITAMIN B-12 ABSORPTION STUDIES COMBINED, WITH AND WITHOUT INTRINSIC FACTOR		7/1/2023	12/31/2382	\$272.88
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
78272	VITAMIN B-12 ABSORPTION STUDIES COMBINED, WITH AND WITHOUT INTRINSIC FACTOR		1/1/1993	12/31/2382	\$74.10
78272	VITAMIN B-12 ABSORPTION STUDIES COMBINED, WITH AND WITHOUT INTRINSIC FACTOR	TC	7/1/2023	12/31/2382	\$90.99
78276	GASTROINTESTINAL ASPIRATE BLOOD LOSS LOCALIZATION	26	7/1/2023	12/31/2382	\$38.67
78276	GASTROINTESTINAL ASPIRATE BLOOD LOSS LOCALIZATION		7/1/2023	12/31/2382	\$128.59
78276	GASTROINTESTINAL ASPIRATE BLOOD LOSS LOCALIZATION	TC	7/1/2023	12/31/2382	\$125.14
78278	ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	26	7/1/2023	12/31/2382	\$49.01
78278	ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING		1/1/1993	12/31/2382	\$144.42
78278	ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING		7/1/2023	11/30/2382	\$291.98
78278	ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	TC	7/1/2023	12/31/2382	\$190.84

78280	GASTROINTESTINAL BLOOD LOSS STUDY (EG, STOOL COUNTING)	26	7/1/2023	12/31/2382	\$22.52
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
78280	GASTROINTESTINAL BLOOD LOSS STUDY (EG, STOOL COUNTING)		7/1/2023	12/31/2382	\$116.64
78280	GASTROINTESTINAL BLOOD LOSS STUDY (EG, STOOL COUNTING)	TC	7/1/2023	12/31/2382	\$127.06
78282	GASTROINTESTINAL PROTEIN LOSS	26	7/1/2023	12/31/2382	\$29.25
78282	GASTROINTESTINAL PROTEIN LOSS		1/1/1993	12/31/2382	\$0.00
78282	GASTROINTESTINAL PROTEIN LOSS		7/1/2023	12/31/2382	\$291.98
78282	GASTROINTESTINAL PROTEIN LOSS	TC	1/1/1993	12/31/2382	\$0.00
78290	BOWEL IMAGING (EG, ECTOPIC GASTRIC MUCOSA, MECKEL'S LOCALIZATION, VOLVULUS)	26	7/1/2023	12/31/2382	\$60.04
78290	BOWEL IMAGING (EG, ECTOPIC GASTRIC MUCOSA, MECKEL'S LOCALIZATION, VOLVULUS)		1/1/1993	12/31/2382	\$137.63
78290	BOWEL IMAGING (EG, ECTOPIC GASTRIC MUCOSA, MECKEL'S LOCALIZATION, VOLVULUS)		7/1/2023	12/31/2382	\$291.98

78290	BOWEL IMAGING (EG, ECTOPIC GASTRIC MUCOSA, MECKEL'S LOCALIZATION, VOLVULUS)	TC	7/1/2023	12/31/2382	\$119.11
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
78291	PERITONEAL-VENOUS SHUNT PATENCY TEST (EG, FOR LEVEEN, DENVER SHUNT)	26	7/1/2023	12/31/2382	\$68.45
78291	PERITONEAL-VENOUS SHUNT PATENCY TEST (EG, FOR LEVEEN, DENVER SHUNT)		1/1/1993	12/31/2382	\$159.35
78291	PERITONEAL-VENOUS SHUNT PATENCY TEST (EG, FOR LEVEEN, DENVER SHUNT)		7/1/2023	12/31/2382	\$291.98
78291	PERITONEAL-VENOUS SHUNT PATENCY TEST (EG, FOR LEVEEN, DENVER SHUNT)	TC	7/1/2023	12/31/2382	\$119.87
78299	UNLISTED GASTROINTESTINAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	26	1/1/1993	12/31/2382	\$0.00
78299	UNLISTED GASTROINTESTINAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE		1/1/1993	12/31/2382	\$0.00
78299	UNLISTED GASTROINTESTINAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE		7/1/2023	12/31/2382	\$291.98
78299	UNLISTED GASTROINTESTINAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	TC	1/1/1993	12/31/2382	\$0.00
78300	BONE AND/OR JOINT IMAGING; LIMITED AREA	26	7/1/2023	12/31/2382	\$41.82

78300	BONE AND/OR JOINT IMAGING; LIMITED AREA		7/1/2023	12/31/2382	\$309.20
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
78300	BONE AND/OR JOINT IMAGING; LIMITED AREA		1/1/1993	12/31/2382	\$109.59
78300	BONE AND/OR JOINT IMAGING; LIMITED AREA	TC	7/1/2023	12/31/2382	\$97.80
78305	BONE AND/OR JOINT IMAGING; MULTIPLE AREAS	26	7/1/2023	12/31/2382	\$64.17
78305	BONE AND/OR JOINT IMAGING; MULTIPLE AREAS		1/1/1993	12/31/2382	\$156.72
78305	BONE AND/OR JOINT IMAGING; MULTIPLE AREAS		7/1/2023	12/31/2382	\$309.20
78305	BONE AND/OR JOINT IMAGING; MULTIPLE AREAS	TC	7/1/2023	12/31/2382	\$143.65
78306	BONE AND/OR JOINT IMAGING; WHOLE BODY	26	7/1/2023	12/31/2382	\$64.47
78306	BONE AND/OR JOINT IMAGING; WHOLE BODY		1/1/1993	12/31/2382	\$177.61
78306	BONE AND/OR JOINT IMAGING; WHOLE BODY		7/1/2023	12/31/2382	\$309.20

78306	BONE AND/OR JOINT IMAGING; WHOLE BODY	ME	7/1/2023	12/31/2382	\$309.20
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
78306	BONE AND/OR JOINT IMAGING; WHOLE BODY	QQ	7/1/2023	12/31/2382	\$309.20
78306	BONE AND/OR JOINT IMAGING; WHOLE BODY	TC	7/1/2023	12/31/2382	\$167.43
78310	BONE AND/OR JOINT IMAGING; VASCULAR FLOW ONLY	26	7/1/2023	12/31/2382	\$55.59
78310	BONE AND/OR JOINT IMAGING; VASCULAR FLOW ONLY		7/1/2023	12/31/2382	\$136.09
78310	BONE AND/OR JOINT IMAGING; VASCULAR FLOW ONLY	TC	7/1/2023	12/31/2382	\$46.13
78315	BONE AND/OR JOINT IMAGING; THREE PHASE STUDY	26	7/1/2023	12/31/2382	\$70.69
78315	BONE AND/OR JOINT IMAGING; THREE PHASE STUDY	59	7/1/2023	12/31/2382	\$309.20
78315	BONE AND/OR JOINT IMAGING; THREE PHASE STUDY		1/1/1993	12/31/2382	\$218.91
78315	BONE AND/OR JOINT IMAGING; THREE PHASE STUDY		7/1/2023	12/31/2382	\$309.20

78315	BONE AND/OR JOINT IMAGING; THREE PHASE STUDY	MB	7/1/2023	12/31/2382	\$309.20
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
78315	BONE AND/OR JOINT IMAGING; THREE PHASE STUDY	TC	7/1/2023	12/31/2382	\$187.10
78320	BONE AND/OR JOINT IMAGING; TOMOGRAPHIC (SPECT)	26	7/1/2023	12/31/2382	\$80.85
78320	BONE AND/OR JOINT IMAGING; TOMOGRAPHIC (SPECT)		1/1/1993	12/31/2382	\$265.29
78320	BONE AND/OR JOINT IMAGING; TOMOGRAPHIC (SPECT)		7/1/2023	12/31/2382	\$309.20
78320	BONE AND/OR JOINT IMAGING; TOMOGRAPHIC (SPECT)	TC	7/1/2023	12/31/2382	\$231.31
78350	BONE DENSITY (BONE MINERAL CONTENT) STUDY, ONE OR MORE SITES; SINGLE PHOTON ABSORPTIOMETRY	26	7/1/2023	12/31/2382	\$17.23
78350	BONE DENSITY (BONE MINERAL CONTENT) STUDY, ONE OR MORE SITES; SINGLE PHOTON ABSORPTIOMETRY		7/1/2023	12/31/2382	\$56.50
78350	BONE DENSITY (BONE MINERAL CONTENT) STUDY, ONE OR MORE SITES; SINGLE PHOTON ABSORPTIOMETRY		1/1/1993	12/31/2382	\$23.70
78350	BONE DENSITY (BONE MINERAL CONTENT) STUDY, ONE OR MORE SITES; SINGLE PHOTON ABSORPTIOMETRY	TC	7/1/2023	12/31/2382	\$29.80

78351	BONE DENSITY (BONE MINERAL CONTENT) STUDY, ONE OR MORE SITES; DUAL PHOTON ABSORPTIOMETRY, ONE OR MORE SITES		1/1/1993	12/31/2382	\$0.00
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
78399	UNLISTED MUSCULOSKELETAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	26	1/1/1993	12/31/2382	\$0.00
78399	UNLISTED MUSCULOSKELETAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE		7/1/2023	12/31/2382	\$309.20
78399	UNLISTED MUSCULOSKELETAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE		1/1/1993	12/31/2382	\$0.00
78399	UNLISTED MUSCULOSKELETAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	TC	1/1/1993	12/31/2382	\$0.00
78414	DETERMINATION OF CENTRAL C-V HEMODYNAMICS (NON-IMAGING) (EG, EJECTION FRACTION WITH PROBE TECHNIQUE) WITH OR W	26	7/1/2023	12/31/2382	\$48.97
78414	DETERMINATION OF CENTRAL C-V HEMODYNAMICS (NON-IMAGING) (EG, EJECTION FRACTION WITH PROBE TECHNIQUE) WITH OR W		7/1/2023	12/31/2382	\$325.59
78414	DETERMINATION OF CENTRAL C-V HEMODYNAMICS (NON-IMAGING) (EG, EJECTION FRACTION WITH PROBE TECHNIQUE) WITH OR W		1/1/1993	12/31/2382	\$0.00
78414	DETERMINATION OF CENTRAL C-V HEMODYNAMICS (NON-IMAGING) (EG, EJECTION FRACTION WITH PROBE TECHNIQUE) WITH OR W	TC	1/1/1993	12/31/2382	\$0.00
78428	CARDIAC SHUNT DETECTION	26	7/1/2023	12/31/2382	\$35.27

78428	CARDIAC SHUNT DETECTION		1/1/1993	12/31/2382	\$76.91
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
78428	CARDIAC SHUNT DETECTION		7/1/2023	12/31/2382	\$325.59
78428	CARDIAC SHUNT DETECTION	TC	7/1/2023	12/31/2382	\$88.41
78429	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), METABOLIC EVALUATION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION	26	7/1/2023	12/31/2382	\$1,290.61
78430	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN	26	7/1/2023	12/31/2382	\$1,290.61
78445	NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY, VENOGRAPHY)	26	7/1/2023	12/31/2382	\$47.95
78445	NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY, VENOGRAPHY)		7/1/2023	12/31/2382	\$161.33
78445	NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY, VENOGRAPHY)		1/1/1993	12/31/2382	\$104.84
78445	NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY, VENOGRAPHY)	TC	7/1/2023	12/31/2382	\$74.05
78451	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT); SINGLE STUDY, AT REST OR STRESS		7/1/2023	12/31/2382	\$854.55

78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT); MULTIPLE STUDIES, AT REST OR STRESS AND/OR REDISTRUBUTION	26	7/1/2023	12/31/2382	\$53.09
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT); MULTIPLE STUDIES, AT REST OR STRESS AND/OR REDISTRUBUTION		7/1/2023	12/31/2382	\$854.55
78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT); MULTIPLE STUDIES, AT REST OR STRESS AND/OR REDISTRUBUTION	ME	7/1/2023	12/31/2382	\$854.55
78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT); MULTIPLE STUDIES, AT REST OR STRESS AND/OR REDISTRUBUTION	MG	7/1/2023	12/31/2382	\$854.55
78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT); MULTIPLE STUDIES, AT REST OR STRESS AND/OR REDISTRUBUTION	PO	7/1/2023	12/31/2382	\$854.55
78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT); MULTIPLE STUDIES, AT REST OR STRESS AND/OR REDISTRUBUTION	QQ	7/1/2023	12/31/2382	\$854.55
78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT); MULTIPLE STUDIES, AT REST OR STRESS AND/OR REDISTRUBUTION	TC	7/1/2023	12/31/2382	\$265.23
78454	MYOCARDIAL PERFUSION IMAGING, PLANAR; MULITPLE STUDIES, AT REST AND/OR STRESS AND/OR REDISTRIBUTION AND/OR		7/1/2023	12/31/2382	\$890.65
78455	VENOUS THROMBOSIS STUDY (EG, RADIOACTIVE FIBRINOGEN)	26	7/1/2023	12/31/2382	\$50.19
78455	VENOUS THROMBOSIS STUDY (EG, RADIOACTIVE FIBRINOGEN)		7/1/2023	12/31/2382	\$222.94

78455	VENOUS THROMBOSIS STUDY (EG, RADIOACTIVE FIBRINOGEN)	TC	7/1/2023	12/31/2382	\$156.12
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
78456	ACUTE VENOUS THROMBOSIS IMAGING, PEPTIDE		7/1/2023	12/31/2382	\$161.33
78457	VENOUS THROMBOSIS IMAGING, VENOGRAM; UNILATERAL	26	7/1/2023	12/31/2382	\$51.22
78457	VENOUS THROMBOSIS IMAGING, VENOGRAM; UNILATERAL		1/1/1993	12/31/2382	\$121.64
78457	VENOUS THROMBOSIS IMAGING, VENOGRAM; UNILATERAL		7/1/2023	12/31/2382	\$161.33
78457	VENOUS THROMBOSIS IMAGING, VENOGRAM; UNILATERAL	TC	7/1/2023	12/31/2382	\$104.25
78458	VENOUS THROMBOSIS IMAGING (EG, VENOGRAM); BILATERAL	26	7/1/2023	12/31/2382	\$54.85
78458	VENOUS THROMBOSIS IMAGING (EG, VENOGRAM); BILATERAL		7/1/2023	12/31/2382	\$161.33
78458	VENOUS THROMBOSIS IMAGING (EG, VENOGRAM); BILATERAL		1/1/1993	12/31/2382	\$172.26
78458	VENOUS THROMBOSIS IMAGING (EG, VENOGRAM); BILATERAL	TC	7/1/2023	12/31/2382	\$157.27

78459	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), METABOLIC EVALUATION		7/1/2023	12/31/2382	\$1,041.94
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
78459	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), METABOLIC EVALUATION	ME	7/1/2023	12/31/2382	\$1,041.94
78460	MYOCARDIAL PERFUSION IMAGING; (PLANAR) SINGLE STUDY, AT REST OR STRESS (EXERCISE AND/OR PHARMACOLOGIC), WITH	26	7/1/2023	12/31/2382	\$67.33
78460	MYOCARDIAL PERFUSION IMAGING; (PLANAR) SINGLE STUDY, AT REST OR STRESS (EXERCISE AND/OR PHARMACOLOGIC), WITH		7/1/2023	12/31/2382	\$325.59
78460	MYOCARDIAL PERFUSION IMAGING; (PLANAR) SINGLE STUDY, AT REST OR STRESS (EXERCISE AND/OR PHARMACOLOGIC), WITH		1/1/1993	12/31/2382	\$134.56
78460	MYOCARDIAL PERFUSION IMAGING; (PLANAR) SINGLE STUDY, AT REST OR STRESS (EXERCISE AND/OR PHARMACOLOGIC), WITH	TC	7/1/2023	12/31/2382	\$92.53
78461	MYOCARDIAL PERFUSION IMAGING; MULTIPLE STUDIES,(PLANAR)AT REST AND/OR STRESS (EXERCISE AND/OR PHARMACOLOGIC)	26	7/1/2023	12/31/2382	\$79.76
78461	MYOCARDIAL PERFUSION IMAGING; MULTIPLE STUDIES,(PLANAR)AT REST AND/OR STRESS (EXERCISE AND/OR PHARMACOLOGIC)		7/1/2023	12/31/2382	\$516.85
78461	MYOCARDIAL PERFUSION IMAGING; MULTIPLE STUDIES,(PLANAR)AT REST AND/OR STRESS (EXERCISE AND/OR PHARMACOLOGIC)		1/1/1993	12/31/2382	\$257.40
78461	MYOCARDIAL PERFUSION IMAGING; MULTIPLE STUDIES,(PLANAR)AT REST AND/OR STRESS (EXERCISE AND/OR PHARMACOLOGIC)	TC	7/1/2023	12/31/2382	\$185.17

78464	MYOCARDIAL PERFUSION IMAGING; TOMOGRAPHIC (SPECT), SINGLE STUDY AT REST OR STRESS (EXERCISE AND/OR PHARMACOLOG	26	7/1/2023	12/31/2382	\$84.62
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
78464	MYOCARDIAL PERFUSION IMAGING; TOMOGRAPHIC (SPECT), SINGLE STUDY AT REST OR STRESS (EXERCISE AND/OR PHARMACOLOG		7/1/2023	12/31/2382	\$325.59
78464	MYOCARDIAL PERFUSION IMAGING; TOMOGRAPHIC (SPECT), SINGLE STUDY AT REST OR STRESS (EXERCISE AND/OR PHARMACOLOG		1/1/1993	12/31/2382	\$308.33
78464	MYOCARDIAL PERFUSION IMAGING; TOMOGRAPHIC (SPECT), SINGLE STUDY AT REST OR STRESS (EXERCISE AND/OR PHARMACOLOG	TC	7/1/2023	12/31/2382	\$277.71
78465	MYOCARDIAL PERFUSION IMAGING; TOMOGRAPHIC (SPECT), MULTIPLE STUDIES, AT REST AND/OR STRESS (EXERCISE AND	26	7/1/2023	12/31/2382	\$113.65
78465	MYOCARDIAL PERFUSION IMAGING; TOMOGRAPHIC (SPECT), MULTIPLE STUDIES, AT REST AND/OR STRESS (EXERCISE AND		7/1/2023	12/31/2382	\$516.85
78465	MYOCARDIAL PERFUSION IMAGING; TOMOGRAPHIC (SPECT), MULTIPLE STUDIES, AT REST AND/OR STRESS (EXERCISE AND		1/1/1993	12/31/2382	\$491.46
78465	MYOCARDIAL PERFUSION IMAGING; TOMOGRAPHIC (SPECT), MULTIPLE STUDIES, AT REST AND/OR STRESS (EXERCISE AND	TC	7/1/2023	12/31/2382	\$462.22
78466	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; QUALITATIVE OR QUANTITATIVE	26	7/1/2023	12/31/2382	\$54.27
78466	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; QUALITATIVE OR QUANTITATIVE		7/1/2023	12/31/2382	\$325.59

78466	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; QUALITATIVE OR QUANTITATIVE		1/1/1993	12/31/2382	\$178.61
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
78466	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; QUALITATIVE OR QUANTITATIVE	TC	7/1/2023	12/31/2382	\$103.09
78468	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; WITH EJECTION FRACTION BY FIRST PASS TECHNIQUE	26	7/1/2023	12/31/2382	\$61.93
78468	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; WITH EJECTION FRACTION BY FIRST PASS TECHNIQUE		1/1/1993	12/31/2382	\$190.22
78468	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; WITH EJECTION FRACTION BY FIRST PASS TECHNIQUE		7/1/2023	12/31/2382	\$325.59
78468	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; WITH EJECTION FRACTION BY FIRST PASS TECHNIQUE	TC	7/1/2023	12/31/2382	\$143.65
78469	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; TOMOGRAPHIC SPECT WITH OR WITHOUT QUANTIFICATION	26	7/1/2023	12/31/2382	\$91.15
78469	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; TOMOGRAPHIC SPECT WITH OR WITHOUT QUANTIFICATION		7/1/2023	12/31/2382	\$325.59
78469	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; TOMOGRAPHIC SPECT WITH OR WITHOUT QUANTIFICATION		1/1/1993	12/31/2382	\$221.13
78469	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; TOMOGRAPHIC SPECT WITH OR WITHOUT QUANTIFICATION	TC	7/1/2023	12/31/2382	\$205.22

78472	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; SINGLE STUDY AT REST, WALL MOTION STUDY PLUS EJECTION FRACTION,	26	7/1/2023	12/31/2382	\$85.54
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
78472	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; SINGLE STUDY AT REST, WALL MOTION STUDY PLUS EJECTION FRACTION,		1/1/1993	12/31/2382	\$222.75
78472	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; SINGLE STUDY AT REST, WALL MOTION STUDY PLUS EJECTION FRACTION,		7/1/2023	12/31/2382	\$325.59
78472	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; SINGLE STUDY AT REST, WALL MOTION STUDY PLUS EJECTION FRACTION,	TC	7/1/2023	12/31/2382	\$216.14
78473	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; MULTIPLE STUDIES, WALL MOTION STUDY PLUS EJECTION FRACTION, RES	26	7/1/2023	12/31/2382	\$87.16
78473	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; MULTIPLE STUDIES, WALL MOTION STUDY PLUS EJECTION FRACTION, RES		7/1/2023	12/31/2382	\$389.72
78473	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; MULTIPLE STUDIES, WALL MOTION STUDY PLUS EJECTION FRACTION, RES		1/1/1993	12/31/2382	\$333.86
78473	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; MULTIPLE STUDIES, WALL MOTION STUDY PLUS EJECTION FRACTION, RES	TC	7/1/2023	12/31/2382	\$323.83
78478	MYOCARDIAL PERFUSION STUDY WITH WALL MOTION, QUALITATIVE OR QUANTITATIVE STUDY (LIST SEPARATELY IN ADDITION TO	26	7/1/2023	12/31/2382	\$36.73
78478	MYOCARDIAL PERFUSION STUDY WITH WALL MOTION, QUALITATIVE OR QUANTITATIVE STUDY (LIST SEPARATELY IN ADDITION TO		1/1/1993	12/31/2382	\$79.53

78478	MYOCARDIAL PERFUSION STUDY WITH WALL MOTION, QUALITATIVE OR QUANTITATIVE STUDY (LIST SEPARATELY IN ADDITION TO		7/1/2023	12/31/2382	\$116.49
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
78478	MYOCARDIAL PERFUSION STUDY WITH WALL MOTION, QUALITATIVE OR QUANTITATIVE STUDY (LIST SEPARATELY IN ADDITION TO	TC	7/1/2023	12/31/2382	\$61.19
78480	MYOCARDIAL PERFUSION STUDY WITH EJECTION FRACTION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	26	7/1/2023	12/31/2382	\$36.73
78480	MYOCARDIAL PERFUSION STUDY WITH EJECTION FRACTION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)		1/1/1993	12/31/2382	\$79.53
78480	MYOCARDIAL PERFUSION STUDY WITH EJECTION FRACTION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)		7/1/2023	12/31/2382	\$116.49
78480	MYOCARDIAL PERFUSION STUDY WITH EJECTION FRACTION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	TC	7/1/2023	12/31/2382	\$61.19
78481	CARDIAC BLOOD POOL IMAGING,(PLANAR), FIRST PASS TECHNIQUE; SINGLE STUDY, AT REST OR WITH STRESS	26	7/1/2023	12/31/2382	\$76.50
78481	CARDIAC BLOOD POOL IMAGING,(PLANAR), FIRST PASS TECHNIQUE; SINGLE STUDY, AT REST OR WITH STRESS		1/1/1993	12/31/2382	\$203.16
78481	CARDIAC BLOOD POOL IMAGING,(PLANAR), FIRST PASS TECHNIQUE; SINGLE STUDY, AT REST OR WITH STRESS		7/1/2023	12/31/2382	\$325.59
78481	CARDIAC BLOOD POOL IMAGING,(PLANAR), FIRST PASS TECHNIQUE; SINGLE STUDY, AT REST OR WITH STRESS	TC	7/1/2023	12/31/2382	\$205.22

78483	CARDIAC BLOOD POOL IMAGING, (PLANAR) FIRST PASS TECHNIQUE; MULTIPLE STUDIES, AT REST AND WITH STRESS (EXERCISE	26	7/1/2023	12/31/2382	\$87.16
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
78483	CARDIAC BLOOD POOL IMAGING, (PLANAR) FIRST PASS TECHNIQUE; MULTIPLE STUDIES, AT REST AND WITH STRESS (EXERCISE		1/1/1993	12/31/2382	\$321.55
78483	CARDIAC BLOOD POOL IMAGING, (PLANAR) FIRST PASS TECHNIQUE; MULTIPLE STUDIES, AT REST AND WITH STRESS (EXERCISE		7/1/2023	12/31/2382	\$389.72
78483	CARDIAC BLOOD POOL IMAGING, (PLANAR) FIRST PASS TECHNIQUE; MULTIPLE STUDIES, AT REST AND WITH STRESS (EXERCISE	TC	7/1/2023	12/31/2382	\$308.69
78491	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION; SINGLE STUDY AT REST OR STRESS		7/1/2023	12/31/2382	\$1,041.94
78492	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION; MULTIPLE STUDIES AT REST AND/OR STRESS		7/1/2023	12/31/2382	\$3,234.13
78494	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SPECT, AT REST, WALL MOTION STUDY PLUS EJECTION FRACTION, WITH		7/1/2023	12/31/2382	\$319.62
78496	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SINGLE STUDY, AT REST, WITH RIGHT VENTRICULAR EJECTION FRACTION		7/1/2023	12/31/2382	\$116.49
78499	UNLISTED CARDIOVASCULAR PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	26	1/1/1993	12/31/2382	\$0.00
78499	UNLISTED CARDIOVASCULAR PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE		1/1/1993	12/31/2382	\$0.00

78499	UNLISTED CARDIOVASCULAR PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE		7/1/2023	12/31/2382	\$325.59
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
78499	UNLISTED CARDIOVASCULAR PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	TC	1/1/1993	12/31/2382	\$0.00
78580	PULMONARY PERFUSION IMAGING; PARTICULATE	26	7/1/2023	12/31/2382	\$55.52
78580	PULMONARY PERFUSION IMAGING; PARTICULATE		1/1/1993	12/31/2382	\$145.00
78580	PULMONARY PERFUSION IMAGING; PARTICULATE		7/1/2023	12/31/2382	\$256.89
78580	PULMONARY PERFUSION IMAGING; PARTICULATE	TC	7/1/2023	12/31/2382	\$134.56
78581	PULMONARY PERFUSION IMAGING; GASEOUS	26	7/1/2023	12/31/2382	\$38.15
78581	PULMONARY PERFUSION IMAGING; GASEOUS		7/1/2023	12/31/2382	\$109.99
78581	PULMONARY PERFUSION IMAGING; GASEOUS	TC	7/1/2023	12/31/2382	\$93.70
78582	PULMONARY VENTILATION (EG, AEROSOL OR GAS) AND PERFUSION IMAGING	26	7/1/2023	12/31/2382	\$57.14

78582	PULMONARY VENTILATION (EG, AEROSOL OR GAS) AND PERFUSION IMAGING		7/1/2023	12/31/2382	\$201.71
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
78582	PULMONARY VENTILATION (EG, AEROSOL OR GAS) AND PERFUSION IMAGING	MG	7/1/2023	12/31/2382	\$201.71
78582	PULMONARY VENTILATION (EG, AEROSOL OR GAS) AND PERFUSION IMAGING	TC	7/1/2023	12/31/2382	\$147.78
78584	PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION; SINGLE BREATH	26	7/1/2023	12/31/2382	\$58.84
78584	PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION; SINGLE BREATH		7/1/2023	12/31/2382	\$418.75
78584	PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION; SINGLE BREATH		1/1/1993	12/31/2382	\$140.38
78584	PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION; SINGLE BREATH	TC	7/1/2023	12/31/2382	\$125.14
78585	PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION; REBREATHING AND WASHOUT, WITH OR WITHOUT SINGLE BR	26	7/1/2023	12/31/2382	\$64.26
78585	PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION; REBREATHING AND WASHOUT, WITH OR WITHOUT SINGLE BR		1/1/1993	12/31/2382	\$187.68
78585	PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION; REBREATHING AND WASHOUT, WITH OR WITHOUT SINGLE BR		7/1/2023	12/31/2382	\$418.75

78585	PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION; REBREATHING AND WASHOUT, WITH OR WITHOUT SINGLE BR	TC	7/1/2023	12/31/2382	\$220.75
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
78586	PULMONARY VENTILATION IMAGING, AEROSOL; SINGLE PROJECTION	26	7/1/2023	12/31/2382	\$35.60
78586	PULMONARY VENTILATION IMAGING, AEROSOL; SINGLE PROJECTION		1/1/1993	12/31/2382	\$105.69
78586	PULMONARY VENTILATION IMAGING, AEROSOL; SINGLE PROJECTION		7/1/2023	12/31/2382	\$256.89
78586	PULMONARY VENTILATION IMAGING, AEROSOL; SINGLE PROJECTION	TC	7/1/2023	12/31/2382	\$101.65
78587	PULMONARY VENTILATION IMAGING, AEROSOL; MULTIPLE PROJECTIONS (EG, ANTERIOR, POSTERIOR, LATERAL VIEWS)	26	7/1/2023	12/31/2382	\$38.40
78587	PULMONARY VENTILATION IMAGING, AEROSOL; MULTIPLE PROJECTIONS (EG, ANTERIOR, POSTERIOR, LATERAL VIEWS)		7/1/2023	12/31/2382	\$256.89
78587	PULMONARY VENTILATION IMAGING, AEROSOL; MULTIPLE PROJECTIONS (EG, ANTERIOR, POSTERIOR, LATERAL VIEWS)		1/1/1993	12/31/2382	\$126.12
78587	PULMONARY VENTILATION IMAGING, AEROSOL; MULTIPLE PROJECTIONS (EG, ANTERIOR, POSTERIOR, LATERAL VIEWS)	TC	7/1/2023	12/31/2382	\$109.99
78588	PULMONY PERFUSION IMAGING PARTICULATE WITH VENTILATION IMAGING		7/1/2023	12/31/2382	\$418.75

78591	PULMONARY VENTILATION IMAGING, GASEOUS, SINGLE BREATH, SINGLE PROJECTION	26	7/1/2023	12/31/2382	\$35.60
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
78591	PULMONARY VENTILATION IMAGING, GASEOUS, SINGLE BREATH, SINGLE PROJECTION		7/1/2023	12/31/2382	\$256.89
78591	PULMONARY VENTILATION IMAGING, GASEOUS, SINGLE BREATH, SINGLE PROJECTION		1/1/1993	12/31/2382	\$110.14
78591	PULMONARY VENTILATION IMAGING, GASEOUS, SINGLE BREATH, SINGLE PROJECTION	TC	7/1/2023	12/31/2382	\$111.92
78593	PULMONARY VENTILATION IMAGING, GASEOUS, WITH REBREATHING AND WASHOUT WITH OR WITHOUT SINGLE BREATH; SINGLE PRO	26	7/1/2023	12/31/2382	\$38.29
78593	PULMONARY VENTILATION IMAGING, GASEOUS, WITH REBREATHING AND WASHOUT WITH OR WITHOUT SINGLE BREATH; SINGLE PRO		1/1/1993	12/31/2382	\$133.54
78593	PULMONARY VENTILATION IMAGING, GASEOUS, WITH REBREATHING AND WASHOUT WITH OR WITHOUT SINGLE BREATH; SINGLE PRO		7/1/2023	12/31/2382	\$256.89
78593	PULMONARY VENTILATION IMAGING, GASEOUS, WITH REBREATHING AND WASHOUT WITH OR WITHOUT SINGLE BREATH; SINGLE PRO	TC	7/1/2023	12/31/2382	\$135.31
78594	PULMONARY VENTILATION IMAGING, GASEOUS, WITH REBREATHING AND WASHOUT WITH OR WITHOUT SINGLE BREATH; MULTIPLE P	26	7/1/2023	12/31/2382	\$65.71
78594	PULMONARY VENTILATION IMAGING, GASEOUS, WITH REBREATHING AND WASHOUT WITH OR WITHOUT SINGLE BREATH; MULTIPLE P		1/1/1993	12/31/2382	\$184.50

78594	PULMONARY VENTILATION IMAGING, GASEOUS, WITH REBREATHING AND WASHOUT WITH OR WITHOUT SINGLE BREATH; MULTIPLE P		7/1/2023	12/31/2382	\$256.89
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
78594	PULMONARY VENTILATION IMAGING, GASEOUS, WITH REBREATHING AND WASHOUT WITH OR WITHOUT SINGLE BREATH; MULTIPLE P	TC	7/1/2023	12/31/2382	\$195.06
78596	PULMONARY QUANTITATIVE DIFFERENTIAL FUNCTION (VENTILATION/PERFUSION) STUDY	26	7/1/2023	12/31/2382	\$75.25
78596	PULMONARY QUANTITATIVE DIFFERENTIAL FUNCTION (VENTILATION/PERFUSION) STUDY		1/1/1993	12/31/2382	\$286.73
78596	PULMONARY QUANTITATIVE DIFFERENTIAL FUNCTION (VENTILATION/PERFUSION) STUDY		7/1/2023	12/31/2382	\$418.75
78596	PULMONARY QUANTITATIVE DIFFERENTIAL FUNCTION (VENTILATION/PERFUSION) STUDY	TC	7/1/2023	12/31/2382	\$277.71
78597	QUANTITATIVE DIFFERENTIAL PULMONARY PERFUSION, INCLUDING IMAGING WHEN PERFORMED		7/1/2023	12/31/2382	\$329.86
78599	UNLISTED RESPIRATORY PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	26	1/1/1993	12/31/2382	\$0.00
78599	UNLISTED RESPIRATORY PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE		1/1/1993	12/31/2382	\$0.00
78599	UNLISTED RESPIRATORY PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE		7/1/2023	12/31/2382	\$256.89

78599	UNLISTED RESPIRATORY PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	TC	1/1/1993	12/31/2382	\$0.00
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
78600	BRAIN IMAGING, LIMITED PROCEDURE; STATIC	26	7/1/2023	12/31/2382	\$47.18
78600	BRAIN IMAGING, LIMITED PROCEDURE; STATIC		1/1/1993	12/31/2382	\$138.61
78600	BRAIN IMAGING, LIMITED PROCEDURE; STATIC		7/1/2023	12/31/2382	\$400.51
78600	BRAIN IMAGING, LIMITED PROCEDURE; STATIC	TC	7/1/2023	12/31/2382	\$113.06
78601	BRAIN IMAGING, LIMITED PROCEDURE; WITH VASCULAR FLOW	26	7/1/2023	12/31/2382	\$49.48
78601	BRAIN IMAGING, LIMITED PROCEDURE; WITH VASCULAR FLOW		1/1/1993	12/31/2382	\$147.09
78601	BRAIN IMAGING, LIMITED PROCEDURE; WITH VASCULAR FLOW		7/1/2023	12/31/2382	\$400.51
78601	BRAIN IMAGING, LIMITED PROCEDURE; WITH VASCULAR FLOW	TC	7/1/2023	12/31/2382	\$133.11
78605	BRAIN IMAGING, COMPLETE STUDY; STATIC	26	7/1/2023	12/31/2382	\$50.03

78605	BRAIN IMAGING, COMPLETE STUDY; STATIC		7/1/2023	12/31/2382	\$400.51
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
78605	BRAIN IMAGING, COMPLETE STUDY; STATIC		1/1/1993	12/31/2382	\$153.87
78605	BRAIN IMAGING, COMPLETE STUDY; STATIC	TC	7/1/2023	12/31/2382	\$133.11
78606	BRAIN IMAGING, COMPLETE STUDY; WITH VASCULAR FLOW	26	7/1/2023	12/31/2382	\$52.76
78606	BRAIN IMAGING, COMPLETE STUDY; WITH VASCULAR FLOW		1/1/1993	12/31/2382	\$162.15
78606	BRAIN IMAGING, COMPLETE STUDY; WITH VASCULAR FLOW		7/1/2023	12/31/2382	\$400.51
78606	BRAIN IMAGING, COMPLETE STUDY; WITH VASCULAR FLOW	TC	7/1/2023	12/31/2382	\$151.62
78607	BRAIN IMAGING, COMPLETE STUDY; TOMOGRAPHIC (SPECT)	26	7/1/2023	12/31/2382	\$96.05
78607	BRAIN IMAGING, COMPLETE STUDY; TOMOGRAPHIC (SPECT)		1/1/1993	12/31/2382	\$299.83
78607	BRAIN IMAGING, COMPLETE STUDY; TOMOGRAPHIC (SPECT)		7/1/2023	12/31/2382	\$400.51

78607	BRAIN IMAGING, COMPLETE STUDY; TOMOGRAPHIC (SPECT)	TC	7/1/2023	12/31/2382	\$257.01
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
78608	BRAIN IMAGING POSITRON EMISSION TOMOGRAPHY (PET); METABOLIC EVALUATION		7/1/2023	12/31/2382	\$1,496.76
78608	BRAIN IMAGING POSITRON EMISSION TOMOGRAPHY (PET); METABOLIC EVALUATION	PI	7/1/2023	12/31/2382	\$1,496.76
78610	BRAIN IMAGING, VASCULAR FLOW ONLY	26	7/1/2023	12/31/2382	\$52.22
78610	BRAIN IMAGING, VASCULAR FLOW ONLY		7/1/2023	12/31/2382	\$400.51
78610	BRAIN IMAGING, VASCULAR FLOW ONLY		1/1/1993	12/31/2382	\$116.28
78610	BRAIN IMAGING, VASCULAR FLOW ONLY	TC	7/1/2023	12/31/2382	\$61.94
78615	CEREBRAL BLOOD FLOW	26	7/1/2023	12/31/2382	\$42.96
78615	CEREBRAL BLOOD FLOW	52	7/1/2023	12/31/2382	\$76.92
78615	CEREBRAL BLOOD FLOW		1/1/1993	12/31/2382	\$142.71

78615	CEREBRAL BLOOD FLOW		7/1/2023	12/31/2382	\$400.51
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
78615	CEREBRAL BLOOD FLOW	TC	7/1/2023	12/31/2382	\$150.85
78630	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); CISTERNOGRAPHY	26	7/1/2023	12/31/2382	\$81.32
78630	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); CISTERNOGRAPHY		1/1/1993	12/31/2382	\$206.45
78630	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); CISTERNOGRAPHY		7/1/2023	12/31/2382	\$271.21
78630	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); CISTERNOGRAPHY	TC	7/1/2023	12/31/2382	\$197.27
78635	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); VENTRICULOGRAPHY	26	7/1/2023	12/31/2382	\$48.09
78635	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); VENTRICULOGRAPHY		1/1/1993	12/31/2382	\$125.12
78635	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); VENTRICULOGRAPHY		7/1/2023	12/31/2382	\$271.21
78635	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); VENTRICULOGRAPHY	TC	7/1/2023	12/31/2382	\$99.73

78645	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); SHUNT EVALUATION	26	7/1/2023	12/31/2382	\$45.28
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
78645	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); SHUNT EVALUATION		7/1/2023	12/31/2382	\$271.21
78645	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); SHUNT EVALUATION		1/1/1993	12/31/2382	\$152.96
78645	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); SHUNT EVALUATION	TC	7/1/2023	12/31/2382	\$134.56
78647	CEREBROSPINAL FLUID FLOW, IMAGING; TOMOGRAPHIC (SPECT)		7/1/2023	12/31/2382	\$271.21
78650	CSF LEAKAGE DETECTION AND LOCALIZATION	26	7/1/2023	12/31/2382	\$49.55
78650	CSF LEAKAGE DETECTION AND LOCALIZATION		7/1/2023	12/31/2382	\$271.21
78650	CSF LEAKAGE DETECTION AND LOCALIZATION		1/1/1993	12/31/2382	\$195.77
78650	CSF LEAKAGE DETECTION AND LOCALIZATION	TC	7/1/2023	12/31/2382	\$181.83
78652	CSF LEAKAGE DETECTION AND LOCALIZATION TOMOGRAPHIC (ECT)	26	7/1/2023	12/31/2382	\$70.40

78652	CSF LEAKAGE DETECTION AND LOCALIZATION TOMOGRAPHIC (ECT)		7/1/2023	12/31/2382	\$316.13
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
78652	CSF LEAKAGE DETECTION AND LOCALIZATION TOMOGRAPHIC (ECT)	TC	7/1/2023	12/31/2382	\$231.31
78655	RADIONUCLIDE IDENTIFICATION OF EYE TUMOR	26	7/1/2023	12/31/2382	\$32.65
78655	RADIONUCLIDE IDENTIFICATION OF EYE TUMOR		7/1/2023	12/31/2382	\$251.71
78655	RADIONUCLIDE IDENTIFICATION OF EYE TUMOR	TC	7/1/2023	12/31/2382	\$195.06
78660	RADIONUCLIDE DACRYOCYSTOGRAPHY	26	7/1/2023	12/31/2382	\$49.11
78660	RADIONUCLIDE DACRYOCYSTOGRAPHY		7/1/2023	12/31/2382	\$271.21
78660	RADIONUCLIDE DACRYOCYSTOGRAPHY		1/1/1993	12/31/2382	\$108.58
78660	RADIONUCLIDE DACRYOCYSTOGRAPHY	TC	7/1/2023	12/31/2382	\$83.13
78699	UNLISTED NERVOUS SYSTEM PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	26	1/1/1993	12/31/2382	\$0.00

78699	UNLISTED NERVOUS SYSTEM PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE		1/1/1993	12/31/2382	\$0.00
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
78699	UNLISTED NERVOUS SYSTEM PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE		7/1/2023	12/31/2382	\$400.51
78699	UNLISTED NERVOUS SYSTEM PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	TC	1/1/1993	12/31/2382	\$0.00
78700	KIDNEY IMAGING; STATIC ONLY	26	7/1/2023	12/31/2382	\$43.55
78700	KIDNEY IMAGING; STATIC ONLY		1/1/1993	12/31/2382	\$118.18
78700	KIDNEY IMAGING; STATIC ONLY		7/1/2023	12/31/2382	\$283.15
78700	KIDNEY IMAGING; STATIC ONLY	TC	7/1/2023	12/31/2382	\$119.11
78701	KIDNEY IMAGING; WITH VASCULAR FLOW	26	7/1/2023	12/31/2382	\$45.49
78701	KIDNEY IMAGING; WITH VASCULAR FLOW		1/1/1993	12/31/2382	\$133.44
78701	KIDNEY IMAGING; WITH VASCULAR FLOW		7/1/2023	12/31/2382	\$283.15

78701	KIDNEY IMAGING; WITH VASCULAR FLOW	TC	7/1/2023	12/31/2382	\$139.54
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
78704	KIDNEY IMAGING; WITH FUNCTION STUDY (IE, IMAGING RENOGRAM)	26	7/1/2023	12/31/2382	\$44.96
78704	KIDNEY IMAGING; WITH FUNCTION STUDY (IE, IMAGING RENOGRAM)		1/1/1993	12/31/2382	\$146.72
78704	KIDNEY IMAGING; WITH FUNCTION STUDY (IE, IMAGING RENOGRAM)		7/1/2023	12/31/2382	\$283.15
78704	KIDNEY IMAGING; WITH FUNCTION STUDY (IE, IMAGING RENOGRAM)	TC	7/1/2023	12/31/2382	\$154.96
78707	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; SINGLE STUDY WITHOUT PHARMACOLOGICAL INTERVENTION	26	7/1/2023	12/31/2382	\$55.47
78707	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; SINGLE STUDY WITHOUT PHARMACOLOGICAL INTERVENTION		1/1/1993	12/31/2382	\$182.74
78707	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; SINGLE STUDY WITHOUT PHARMACOLOGICAL INTERVENTION		7/1/2023	12/31/2382	\$283.15
78707	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; SINGLE STUDY WITHOUT PHARMACOLOGICAL INTERVENTION	TC	7/1/2023	12/31/2382	\$175.40
78708	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; SINGLE STUDY, WITH PHARMACOLOGICAL INTERVENTION (EG, ANGIOTEN		7/1/2023	12/31/2382	\$321.39

78709	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; MULTIPLE STUDIES, WITH AND WITHOUT PHARMACOLOGICAL		7/1/2023	12/31/2382	\$321.39
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
78709	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; MULTIPLE STUDIES, WITH AND WITHOUT PHARMACOLOGICAL	MG	7/1/2023	12/31/2382	\$321.39
78710	KIDNEY IMAGING, TOMOGRAPHIC (SPECT)	26	7/1/2023	12/31/2382	\$51.86
78710	KIDNEY IMAGING, TOMOGRAPHIC (SPECT)		7/1/2023	12/31/2382	\$283.15
78710	KIDNEY IMAGING, TOMOGRAPHIC (SPECT)		1/1/1993	12/31/2382	\$241.82
78710	KIDNEY IMAGING, TOMOGRAPHIC (SPECT)	TC	7/1/2023	12/31/2382	\$231.31
78715	KIDNEY VASCULAR FLOW ONLY	26	7/1/2023	12/31/2382	\$19.64
78715	KIDNEY VASCULAR FLOW ONLY		1/1/1993	12/31/2382	\$64.60
78715	KIDNEY VASCULAR FLOW ONLY		7/1/2023	12/31/2382	\$283.15
78715	KIDNEY VASCULAR FLOW ONLY	TC	7/1/2023	12/31/2382	\$61.94

78725	KIDNEY FUNCTION STUDY WITHOUT PHARMACOLOGIC INTERVENTION	26	7/1/2023	12/31/2382	\$30.79
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
78725	KIDNEY FUNCTION STUDY WITHOUT PHARMACOLOGIC INTERVENTION		7/1/2023	12/31/2382	\$110.58
78725	KIDNEY FUNCTION STUDY WITHOUT PHARMACOLOGIC INTERVENTION		1/1/1993	12/31/2382	\$74.76
78725	KIDNEY FUNCTION STUDY WITHOUT PHARMACOLOGIC INTERVENTION	TC	7/1/2023	12/31/2382	\$69.91
78726	KIDNEY FUNCTION STUDY INCLUDING PHARMACOLOGIC INTERVENTION	26	7/1/2023	12/31/2382	\$68.02
78726	KIDNEY FUNCTION STUDY INCLUDING PHARMACOLOGIC INTERVENTION		7/1/2023	12/31/2382	\$191.46
78726	KIDNEY FUNCTION STUDY INCLUDING PHARMACOLOGIC INTERVENTION	TC	7/1/2023	12/31/2382	\$116.05
78727	KIDNEY TRANSPLANT EVALUATION	26	7/1/2023	12/31/2382	\$77.02
78727	KIDNEY TRANSPLANT EVALUATION		7/1/2023	12/31/2382	\$242.97
78727	KIDNEY TRANSPLANT EVALUATION	TC	7/1/2023	12/31/2382	\$156.12

78730	URINARY BLADDER RESIDUAL STUDY	26	7/1/2023	12/31/2382	\$27.05
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
78730	URINARY BLADDER RESIDUAL STUDY		7/1/2023	12/31/2382	\$47.53
78730	URINARY BLADDER RESIDUAL STUDY		1/1/1993	12/31/2382	\$71.57
78730	URINARY BLADDER RESIDUAL STUDY	TC	7/1/2023	12/31/2382	\$57.44
78740	URETERAL REFLUX STUDY (RADIONUCLIDE VOIDING CYSTOGRAM)	26	7/1/2023	12/31/2382	\$45.21
78740	URETERAL REFLUX STUDY (RADIONUCLIDE VOIDING CYSTOGRAM)		7/1/2023	12/31/2382	\$283.15
78740	URETERAL REFLUX STUDY (RADIONUCLIDE VOIDING CYSTOGRAM)		1/1/1993	12/31/2382	\$99.38
78740	URETERAL REFLUX STUDY (RADIONUCLIDE VOIDING CYSTOGRAM)	TC	7/1/2023	12/31/2382	\$83.13
78760	TESTICULAR IMAGING;	26	7/1/2023	12/31/2382	\$39.04
78760	TESTICULAR IMAGING;		7/1/2023	12/31/2382	\$283.15

78760	TESTICULAR IMAGING;		1/1/1993	12/31/2382	\$106.65
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
78760	TESTICULAR IMAGING;	TC	7/1/2023	12/31/2382	\$105.01
78761	TESTICULAR IMAGING; WITH VASCULAR FLOW	26	7/1/2023	12/31/2382	\$41.65
78761	TESTICULAR IMAGING; WITH VASCULAR FLOW		1/1/1993	12/31/2382	\$120.01
78761	TESTICULAR IMAGING; WITH VASCULAR FLOW		7/1/2023	12/31/2382	\$283.15
78761	TESTICULAR IMAGING; WITH VASCULAR FLOW	TC	7/1/2023	12/31/2382	\$125.14
78799	UNLISTED GENITOURINARY PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	26	1/1/1993	12/31/2382	\$0.00
78799	UNLISTED GENITOURINARY PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE		1/1/1993	12/31/2382	\$0.00
78799	UNLISTED GENITOURINARY PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE		7/1/2023	12/31/2382	\$283.15
78799	UNLISTED GENITOURINARY PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	TC	1/1/1993	12/31/2382	\$0.00

78800	RADIONUCLIDE LOCALIZATION OF TUMOR; LIMITED AREA	26	7/1/2023	12/31/2382	\$40.54
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
78800	RADIONUCLIDE LOCALIZATION OF TUMOR; LIMITED AREA		7/1/2023	12/31/2382	\$320.65
78800	RADIONUCLIDE LOCALIZATION OF TUMOR; LIMITED AREA		1/1/1993	12/31/2382	\$139.53
78800	RADIONUCLIDE LOCALIZATION OF TUMOR; LIMITED AREA	TC	7/1/2023	12/31/2382	\$133.11
78801	RADIONUCLIDE LOCALIZATION OF TUMOR; MULTIPLE AREAS	26	7/1/2023	12/31/2382	\$67.61
78801	RADIONUCLIDE LOCALIZATION OF TUMOR; MULTIPLE AREAS		7/1/2023	12/31/2382	\$320.65
78801	RADIONUCLIDE LOCALIZATION OF TUMOR; MULTIPLE AREAS		1/1/1993	12/31/2382	\$172.37
78801	RADIONUCLIDE LOCALIZATION OF TUMOR; MULTIPLE AREAS	TC	7/1/2023	12/31/2382	\$165.52
78802	RADIONUCLIDE LOCALIZATION OF TUMOR; WHOLE BODY	26	7/1/2023	12/31/2382	\$69.77
78802	RADIONUCLIDE LOCALIZATION OF TUMOR; WHOLE BODY		1/1/1993	12/31/2382	\$217.80

78802	RADIONUCLIDE LOCALIZATION OF TUMOR; WHOLE BODY		7/1/2023	12/31/2382	\$320.65
Procedure code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
78802	RADIONUCLIDE LOCALIZATION OF TUMOR; WHOLE BODY	TC	7/1/2023	12/31/2382	\$216.92
78803	TUMOR LOCALIZATION (SPECT)	26	7/1/2023	12/31/2382	\$84.62
78803	TUMOR LOCALIZATION (SPECT)		7/1/2023	12/31/2382	\$320.65
78803	TUMOR LOCALIZATION (SPECT)		1/1/1993	12/31/2382	\$290.53