

Affected Programs: BadgerCare Plus, Medicaid

To: Chiropractors, Family Planning Clinics, Nurse Practitioners, Physician Assistants, Physician Clinics, Physicians, HMOs and Other Managed Care Programs

New Reimbursement Rates for Certain Radiology Services Effective December 1, 2010

Effective for dates of service on and after December 1, 2010, ForwardHealth is changing reimbursement rates for certain radiology services to pay no more than current Medicare rates. Rate changes apply to the BadgerCare Plus Standard Plan, the BadgerCare Plus Benchmark Plan, the BadgerCare Plus Core Plan, the BadgerCare Plus Basic Plan, and Medicaid.

Effective for dates of service (DOS) on and after December 1, 2010, ForwardHealth is changing reimbursement rates for certain radiology services to pay no more than current Medicare rates.

For many of the affected radiology services, the rates for the professional component and the technical component of the service and the rate for the global service will be affected; however, for some of the affected radiology services, only the rate for one of the components of the service and/or the rate for the global service will be affected as the other rates are already lower than Medicare's rates. Refer to the Attachment of this *ForwardHealth Update* for a list of affected radiology services, along with their new reimbursement rates.

Note: For select radiology services, the rate for the professional component will be exempt from the reimbursement rate change when provided to members who are 18 years of age and younger on the DOS.

Rate changes apply to the BadgerCare Plus Standard Plan, the BadgerCare Plus Benchmark Plan, the BadgerCare Plus Core Plan, the BadgerCare Plus Basic Plan, and Medicaid.

Providers may also refer to the Medicaid maximum allowable fee schedules on the ForwardHealth Portal for the new reimbursement rates. Providers are reminded to ensure that they are charging members the correct copayment.

Information Regarding Managed Care Organizations

This *Update* contains fee-for-service policy and applies to services members receive on a fee-for-service basis only. For managed care policy, contact the appropriate managed care organization. Managed care organizations are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin Well Woman Program is administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at www.forwardhealth.wi.gov/.

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ATTACHMENT

Reimbursement Rates for Certain Radiology Services Effective December 1, 2010

The following table lists new reimbursement rates for certain radiology services effective for dates of service on and after December 1, 2010. For some of the affected radiology services, only the rate for one of the components (professional or technical) of the service and/or the rate for the global service will be affected. This Attachment only includes rate and reimbursement information for those components of the radiology service (professional component, technical component, and/or the global service) that are changing; the Attachment does not identify all radiology services covered under Medicaid and BadgerCare Plus.

Rates shown reflect the maximum allowable fee for physicians. Consistent with current ForwardHealth policy, reimbursement rates may vary based on provider type. For example, reimbursement rates for physician assistants are typically set at 90 percent of the physician rate for most procedures.

Note: For select radiology services (identified on the table by an asterisk), the rate for the professional component will be exempt from the reimbursement rate change when provided to members who are 18 years of age and younger on the date of service.

Procedure Code	Description	Modifier	New Reimbursement Rate
70010	CONTRAST X-RAY OF BRAIN		156.49
70010		26	61.02
70010		TC	95.47
70015	CONTRAST X-RAY OF BRAIN	26	60.22
70030	X-RAY EYE FOR FOREIGN BODY	26	8.55
70100	X-RAY EXAM OF JAW		29.26
70100		26	8.91
70110	X-RAY EXAM OF JAW		37.16
70110		26	12.56
70120	X-RAY EXAM OF MASTOIDS		31.74
70120		26	8.91
70120		TC	22.83
70130	X-RAY EXAM OF MASTOIDS	26	16.94
70134	X-RAY EXAM OF MIDDLE EAR		43.67
70134		26	16.94
70134		TC	26.73
70140	X-RAY EXAM OF FACIAL BONES		27.51
70140		26	9.28
70140		TC	18.22

70150	X-RAY EXAM OF FACIAL BONES		39.65
70150		26	12.93
70150		TC	26.73
70160	X-RAY EXAM OF NASAL BONES	26	8.55
70170	X-RAY EXAM OF TEAR DUCT		51.91
70170		26	15.26
70190	X-RAY EXAM OF EYE SOCKETS		33.20
70190		26	10.37
70190		TC	22.83
70200	X-RAY EXAM OF EYE SOCKETS		41.10
70200		26	14.02
70200		TC	27.08
70210	X-RAY EXAM OF SINUSES		28.19
70210		26	8.55
70210		TC	19.64
70220	X-RAY EXAM OF SINUSES		36.45
70220		26	12.20
70220		TC	24.25
70240	X-RAY EXAM, PITUITARY SADDLE	26	9.64
70250	X-RAY EXAM OF SKULL		33.96
70250		26	11.84
70250		TC	22.12
70260	X-RAY EXAM OF SKULL		44.38
70260		26	16.59
70260		TC	27.79
70300	X-RAY EXAM OF TEETH		13.20
70300		26	5.26
70300		TC	7.95
70310	X-RAY EXAM OF TEETH	26	8.53
70320	FULL MOUTH X-RAY OF TEETH		40.31
70320		26	11.45
70320		TC	28.85
70328	X-RAY EXAM OF JAW JOINT		28.20
70328		26	8.91
70330	X-RAY EXAM OF JAW JOINTS		44.23
70330		26	12.19
70332	X-RAY EXAM OF JAW JOINT		79.19
70332		26	27.30
70332		TC	51.89
70336	MAGNETIC IMAGE, JAW JOINT		409.27
70336		TC	335.36

70350	X-RAY HEAD FOR ORTHODONTIA		19.68
70350		26	8.90
70350		TC	10.78
70355	PANORAMIC X-RAY OF JAWS		20.79
70355		26	10.36
70355		TC	10.43
70360	X-RAY EXAM OF NECK		25.70
70360		26	8.55
70370	THROAT X-RAY & FLUOROSCOPY	26	15.85
70371	SPEECH EVALUATION, COMPLEX		90.25
70371		26	41.20
70371		TC	49.05
70373	CONTRAST X-RAY OF LARYNX		75.35
70373		26	20.98
70373		TC	54.37
70380	X-RAY EXAM OF SALIVARY GLAND	26	8.90
70390	X-RAY EXAM OF SALIVARY DUCT	26	19.27
70450	CT HEAD/BRAIN W/O DYE		189.28
70450*		26	42.78
70450		TC	146.50
70460	CT HEAD/BRAIN W/DYE		246.17
70460		26	56.80
70460		TC	189.37
70470	CT HEAD/BRAIN W/O & W/DYE		297.19
70470		26	63.88
70470		TC	233.31
70480	CT ORBIT/EAR/FOSSA W/O DYE	26	64.25
70481	CT ORBIT/EAR/FOSSA W/DYE	26	69.15
70482	CT ORBIT/EAR/FOSSA W/O&W/DYE	26	72.80
70486*	CT MAXILLOFACIAL W/O DYE	26	57.17
70487	CT MAXILLOFACIAL W/DYE	26	65.34
70488	CT MAXILLOFACIAL W/O & W/DYE	26	71.34
70490	CT SOFT TISSUE NECK W/O DYE		245.83
70490		26	64.61
70491	CT SOFT TISSUE NECK W/DYE	26	69.36
70492	CT SFT TSUE NCK W/O & W/DYE	26	72.80
70496	CT ANGIOGRAPHY, HEAD	26	88.26
70498	CT ANGIOGRAPHY, NECK	26	88.26
70540	MRI ORBIT/FACE/NECK W/O DYE		403.41
70540		26	67.69
70540		TC	335.72

70542	MRI ORBIT/FACE/NECK W/DYE	TC	406.94
70543	MRI ORBT/FAC/NCK W/O & W/DYE		621.52
70543		TC	513.96
70544	MR ANGIOGRAPHY HEAD W/O DYE		395.96
70544		26	60.24
70544		TC	335.72
70545	MR ANGIOGRAPHY HEAD W/DYE		467.18
70545		26	60.24
70545		TC	406.94
70546	MR ANGIOGRAPH HEAD W/O&W/DYE		604.21
70546		26	90.26
70546		TC	513.96
70547	MR ANGIOGRAPHY NECK W/O DYE		395.96
70547		26	60.24
70547		TC	335.72
70548	MR ANGIOGRAPHY NECK W/DYE		467.18
70548		26	60.24
70548		TC	406.94
70549	MR ANGIOGRAPH NECK W/O&W/DYE		604.06
70549		26	90.11
70549		TC	513.96
70551	MRI BRAIN W/O DYE		409.98
70551*		26	74.26
70551		TC	335.72
70552	MRI BRAIN W/DYE		496.46
70552		26	89.52
70552		TC	406.94
70553	MRI BRAIN W/O & W/DYE		632.25
70553*		26	118.29
70553		TC	513.96
71010	CHEST X-RAY		22.53
71010*		26	8.91
71010		TC	13.62
71015	CHEST X-RAY		28.24
71015		26	10.37
71015		TC	17.87
71020	CHEST X-RAY		29.67
71020*		26	11.10
71020		TC	18.58
71021	CHEST X-RAY		35.77
71021		26	13.30

71021		TC	22.47
71022	CHEST X-RAY		43.62
71022		26	15.48
71023	CHEST X-RAY AND FLUOROSCOPY	26	19.48
71030	CHEST X-RAY		43.62
71030		26	15.48
71030		TC	28.14
71034	CHEST X-RAY AND FLUOROSCOPY	26	24.20
71035	CHEST X-RAY	26	9.27
71040	CONTRAST X-RAY OF BRONCHI	26	28.62
71060	CONTRAST X-RAY OF BRONCHI	26	37.31
71090	X-RAY & PACEMAKER INSERTION		93.57
71090		26	28.87
71100	X-RAY EXAM OF RIBS		30.74
71100		26	11.10
71100		TC	19.64
71101	X-RAY EXAM OF RIBS/CHEST		36.83
71101		26	13.30
71101		TC	23.54
71110	X-RAY EXAM OF RIBS		37.90
71110		26	13.30
71110		TC	24.60
71111	X-RAY EXAM OF RIBS/CHEST		48.95
71111		26	15.85
71111		TC	33.11
71120	X-RAY EXAM OF BREASTBONE		30.35
71120		26	10.01
71120		TC	20.35
71130	X-RAY EXAM OF BREASTBONE		34.99
71130		26	11.10
71130		TC	23.89
71250	CT THORAX W/O DYE		245.66
71250		26	58.41
71250		TC	187.25
71260	CT THORAX W/DYE		297.51
71260		26	62.42
71260		TC	235.08
71270	CT THORAX W/O & W/DYE		366.10
71270		26	69.36
71270		TC	296.74
71275	CT ANGIOGRAPHY, CHEST	TC	326.86

71550	MRI CHEST W/O DYE		408.88
71550*		26	73.17
71550		TC	335.72
71551	MRI CHEST W/DYE		493.40
71551		TC	406.94
71552	MRI CHEST W/O & W/DYE		627.70
71552		TC	513.96
72010*	X-RAY EXAM OF SPINE	26	22.21
72020	X-RAY EXAM OF SPINE		22.49
72020		26	7.81
72020		TC	14.68
72040	X-RAY EXAM OF NECK SPINE	26	11.25
72050	X-RAY EXAM OF NECK SPINE		49.09
72050		26	15.63
72050		TC	33.46
72052	X-RAY EXAM OF NECK SPINE		61.56
72052		26	18.18
72069	X-RAY EXAM OF TRUNK SPINE	26	11.25
72070	X-RAY EXAM OF THORACIC SPINE		31.45
72070		26	11.10
72070		TC	20.35
72072	X-RAY EXAM OF THORACIC SPINE		35.70
72072		26	11.10
72072		TC	24.60
72074	X-RAY EXAM OF THORACIC SPINE		41.72
72074		26	11.10
72074		TC	30.62
72080	X-RAY EXAM OF TRUNK SPINE		33.37
72080		26	11.25
72080		TC	22.12
72090	X-RAY EXAM OF TRUNK SPINE	26	14.67
72100	X-RAY EXAM OF LOWER SPINE		36.91
72100		26	11.25
72110	X-RAY EXAM OF LOWER SPINE		50.86
72110		26	15.63
72114	X-RAY EXAM OF LOWER SPINE	26	18.33
72120	X-RAY EXAM OF LOWER SPINE		46.13
72120		26	11.25
72125	CT NECK SPINE W/O DYE		245.66
72125		26	58.41
72125		TC	187.25

72126	CT NECK SPINE W/DYE		297.12
72126		26	61.33
72126		TC	235.79
72127	CT NECK SPINE W/O & W/DYE		359.91
72127		26	63.53
72127		TC	296.39
72128	CT CHEST SPINE W/O DYE		245.66
72128		26	58.41
72128		TC	187.25
72129	CT CHEST SPINE W/DYE		297.12
72129		26	61.33
72129		TC	235.79
72130	CT CHEST SPINE W/O & W/DYE		361.33
72130		26	63.88
72130		TC	297.45
72131	CT LUMBAR SPINE W/O DYE		245.66
72131		26	58.41
72131		TC	187.25
72132	CT LUMBAR SPINE W/DYE		296.41
72132		26	61.33
72132		TC	235.08
72133	CT LUMBAR SPINE W/O & W/DYE		360.62
72133		26	63.88
72133		TC	296.74
72141	MRI NECK SPINE W/O DYE		415.61
72141*		26	80.25
72141		TC	335.36
72142	MRI NECK SPINE W/DYE		503.04
72142		26	96.10
72142		TC	406.94
72146	MRI CHEST SPINE W/O DYE		415.61
72146*		26	80.25
72146		TC	335.36
72147	MRI CHEST SPINE W/DYE		503.40
72147		26	96.45
72147		TC	406.94
72148	MRI LUMBAR SPINE W/O DYE		409.77
72148*		26	74.41
72148		TC	335.36
72149	MRI LUMBAR SPINE W/DYE		496.46
72149		26	89.52

72149		TC	406.94
72156	MRI NECK SPINE W/O & W/DYE		643.13
72156*		26	129.17
72156		TC	513.96
72157	MRI CHEST SPINE W/O & W/DYE		643.13
72157*		26	129.17
72157		TC	513.96
72158	MRI LUMBAR SPINE W/O & W/DYE		632.55
72158*		26	118.60
72158		TC	513.96
72170	X-RAY EXAM OF PELVIS		24.79
72170		26	8.70
72170		TC	16.10
72190	X-RAY EXAM OF PELVIS	26	10.88
72192	CT PELVIS W/O DYE		234.77
72192		26	54.97
72192		TC	179.81
72193	CT PELVIS W/DYE		281.80
72193		26	58.41
72193		TC	223.39
72194	CT PELVIS W/O & W/DYE		359.13
72194		26	61.33
72194		TC	297.80
72195	MRI PELVIS W/O DYE		409.04
72195		TC	335.72
72196	MRI PELVIS W/DYE		493.76
72196		26	86.82
72196		TC	406.94
72197	MRI PELVIS W/O & W/DYE		627.35
72197		TC	513.96
72200	X-RAY EXAM SACROILIAC JOINTS		27.48
72200		26	8.55
72200		TC	18.93
72202	X-RAY EXAM SACROILIAC JOINTS		32.47
72202		26	9.64
72202		TC	22.83
72220	X-RAY EXAM OF TAILBONE		27.12
72220		26	8.55
72220		TC	18.58
72240	CONTRAST X-RAY OF NECK SPINE		140.97
72240		26	45.50

72240		TC	95.47
72255	CONTRAST X-RAY, THORAX SPINE		130.89
72255		26	44.99
72255		TC	85.90
72265	CONTRAST X-RAY, LOWER SPINE		132.55
72265		26	41.69
72265		TC	90.86
72270	CONTRAST X-RAY, SPINE		206.92
72270		26	66.80
72270		TC	140.12
72275	EPIDUROGRAPHY		99.14
72275		TC	62.16
72285	X-RAY C/T SPINE DISK		149.48
72285		TC	92.64
72295	X-RAY OF LOWER SPINE DISK		131.13
72295		26	40.98
72295		TC	90.16
73000	X-RAY EXAM OF COLLAR BONE		26.04
73000		26	8.18
73000		TC	17.87
73010	X-RAY EXAM OF SHOULDER BLADE		27.27
73010		26	8.70
73010		TC	18.58
73020	X-RAY EXAM OF SHOULDER		22.13
73020		26	7.45
73020		TC	14.68
73030	X-RAY EXAM OF SHOULDER		28.00
73030		26	9.42
73030		TC	18.58
73040	CONTRAST X-RAY OF SHOULDER		99.89
73040		26	27.45
73040		TC	72.44
73050	X-RAY EXAM OF SHOULDERS		34.40
73050		26	10.51
73050		TC	23.89
73060	X-RAY EXAM OF HUMERUS		27.12
73060		26	8.55
73060		TC	18.58
73070	X-RAY EXAM OF ELBOW		25.68
73070		26	7.45
73070		TC	18.22

73080	X-RAY EXAM OF ELBOW	26	8.55
73085	CONTRAST X-RAY OF ELBOW		89.82
73085		26	26.95
73085		TC	62.87
73090	X-RAY EXAM OF FOREARM		25.69
73090*		26	7.82
73090		TC	17.87
73092	X-RAY EXAM OF ARM, INFANT		26.75
73092		26	7.82
73100	X-RAY EXAM OF WRIST	26	8.33
73110		26	8.55
73115	CONTRAST X-RAY OF WRIST	26	27.45
73120	X-RAY EXAM OF HAND		25.34
73120		26	7.82
73120		TC	17.51
73130	X-RAY EXAM OF HAND		29.25
73130		26	8.55
73140	X-RAY EXAM OF FINGER(S)	26	6.72
73200	CT UPPER EXTREMITY W/O DYE		237.41
73200		26	54.77
73200		TC	182.64
73201	CT UPPER EXTREMITY W/DYE		284.28
73201		26	58.41
73202	CT UPPR EXTREMITY W/O&W/DYE	26	61.33
73218	MRI UPPER EXTREMITY W/O DYE		402.91
73218		TC	335.72
73219	MRI UPPER EXTREMITY W/DYE		488.28
73219		TC	406.94
73221	MRI JOINT UPR EXTREM W/O DYE		403.21
73221		TC	335.36
73222	MRI JOINT UPR EXTREM W/DYE		488.28
73222		TC	406.94
73223	MRI JOINT UPR EXTR W/O&W/DYE		621.52
73223		TC	513.96
73500	X-RAY EXAM OF HIP		24.08
73500		26	8.70
73500		TC	15.39
73510	X-RAY EXAM OF HIP	26	10.88
73520	X-RAY EXAM OF HIPS		37.32
73520		26	13.08
73520		TC	24.25

73525	CONTRAST X-RAY OF HIP		91.03
73525		26	27.81
73525		TC	63.22
73530	X-RAY EXAM OF HIP		34.75
73530		26	14.89
73530		TC	19.41
73540	X-RAY EXAM OF PELVIS & HIPS	26	10.51
73542	X-RAY EXAM, SACROILIAC JOINT		75.01
73542		TC	46.57
73550	X-RAY EXAM OF THIGH		26.21
73550*		26	8.70
73550		TC	17.51
73560	X-RAY EXAM OF KNEE, 1 OR 2		27.27
73560		26	8.70
73560		TC	18.58
73562	X-RAY EXAM OF KNEE, 3	26	9.42
73564	X-RAY EXAM, KNEE, 4 OR MORE	26	11.25
73565	X-RAY EXAM OF KNEES	26	9.05
73580	CONTRAST X-RAY OF KNEE JOINT		116.34
73580		26	28.31
73580		TC	88.03
73590	X-RAY EXAM OF LOWER LEG		25.70
73590*		26	8.55
73590		TC	17.16
73592	X-RAY EXAM OF LEG, INFANT		27.11
73592		26	7.82
73600	X-RAY EXAM OF ANKLE		25.69
73600		26	7.82
73600		TC	17.87
73610	X-RAY EXAM OF ANKLE		29.60
73610*		26	8.55
73615	CONTRAST X-RAY OF ANKLE		94.22
73615		26	27.45
73615		TC	66.77
73620	X-RAY EXAM OF FOOT		24.98
73620		26	7.82
73620		TC	17.16
73630	X-RAY EXAM OF FOOT		29.25
73630*		26	8.55
73650	X-RAY EXAM OF HEEL		25.34
73650		26	7.82

73650		TC	17.51
73660	X-RAY EXAM OF TOE(S)	26	6.36
73700	CT LOWER EXTREMITY W/O DYE		237.76
73700		26	54.77
73700		TC	182.99
73701	CT LOWER EXTREMITY W/DYE		286.41
73701		26	58.41
73702	CT LWR EXTREMITY W/O&W/DYE	26	61.33
73718	CT LWR EXTREMITY W/O&W/DYE		403.41
73718		TC	335.72
73719	MRI LOWER EXTREMITY W/DYE		487.93
73719		TC	406.94
73721	MRI JNT OF LWR EXTRE W/O DYE		403.56
73721		TC	335.72
73722	MRI JOINT OF LWR EXTR W/DYE		488.79
73722		TC	406.94
73723	MRI JOINT LWR EXTR W/O&W/DYE		621.88
73723		TC	513.96
74000	X-RAY EXAM OF ABDOMEN		23.95
74000*		26	8.91
74000		TC	15.03
74010	X-RAY EXAM OF ABDOMEN	26	11.47
74020	X-RAY EXAM OF ABDOMEN		37.90
74020*		26	13.65
74022	X-RAY EXAM SERIES, ABDOMEN		45.41
74022		26	16.20
74150	CT ABDOMEN W/O DYE		237.90
74150		26	59.87
74150		TC	178.03
74160	CT ABDOMEN W/DYE		317.75
74160		26	63.88
74160		TC	253.86
74170	CT ABDOMEN W/O & W/DYE		390.73
74170		26	70.60
74181	MRI ABDOMEN W/O DYE		408.53
74181		26	73.17
74181		TC	335.36
74182	MRI ABDOMEN W/DYE		493.76
74182		TC	406.94
74183	MRI ABDOMEN W/O & W/DYE		626.99
74183		TC	513.96

74210	CONTRST X-RAY EXAM OF THROAT	26	18.03
74220	CONTRAST X-RAY, ESOPHAGUS	26	23.29
74230*	CINE/MID X-RAY, THROAT/ESOPH	26	26.58
74240*	X-RAY EXAM, UPPER GI TRACT	26	34.75
74241	X-RAY EXAM, UPPER GI TRACT	26	34.25
74245	X-RAY EXAM, UPPER GI TRACT	26	45.85
74246	CONTRST X-RAY UPPR GI TRACT	26	34.75
74247	CONTRST X-RAY UPPR GI TRACT	26	34.75
74249	CONTRST X-RAY UPPR GI TRACT	26	45.85
74250	X-RAY EXAM OF SMALL BOWEL	26	23.66
74251	X-RAY EXAM OF SMALL BOWEL	26	34.75
74260	X-RAY EXAM OF SMALL BOWEL	26	25.12
74270*	CONTRAST X-RAY EXAM OF COLON	26	34.75
74280	CONTRAST X-RAY EXAM OF COLON	26	49.86
74283	CONTRAST X-RAY EXAM OF COLON		184.38
74283		26	100.60
74283		TC	83.78
74290	CONTRAST X-RAY, GALLBLADDER	26	16.20
74291	CONTRAST X-RAYS, GALLBLADDER	26	10.01
74300	X-RAY BILE DUCTS/PANCREAS	26	18.18
74305	X-RAY BILE DUCTS/PANCREAS		51.94
74305		26	21.25
74320	CONTRAST X-RAY OF BILE DUCTS		103.28
74320		26	27.30
74320		TC	75.98
74327	X-RAY BILE STONE REMOVAL	26	36.38
74328	X-RAY BILE DUCT ENDOSCOPY		156.22
74328		26	35.63
74329	X-RAY FOR PANCREAS ENDOSCOPY		156.22
74329		26	35.63
74340	X-RAY GUIDE FOR GI TUBE		127.74
74340		26	27.45
74355	X-RAY GUIDE, INTESTINAL TUBE		139.24
74355		26	38.70
74360	X-RAY GUIDE, GI DILATION		148.18
74360		26	28.51
74400	CONTRST X-RAY, URINARY TRACT	26	24.39
74410	CONTRST X-RAY, URINARY TRACT	26	24.75
74415	CONTRST X-RAY, URINARY TRACT	26	24.39
74420	CONTRST X-RAY, URINARY TRACT		118.49
74420		26	18.54

74425	CONTRST X-RAY, URINARY TRACT		68.63
74425		26	18.18
74430	CONTRAST X-RAY, BLADDER	26	16.20
74440	X-RAY, MALE GENITAL TRACT	26	19.27
74445	X-RAY EXAM OF PENIS		103.10
74445		26	58.68
74445		TC	42.69
74450	X-RAY, URETHRA/BLADDER		72.82
74450		26	17.08
74455	X-RAY, URETHRA/BLADDER	26	16.93
74470	X-RAY EXAM OF KIDNEY LESION		75.71
74470		26	27.45
74475	X-RAY CONTROL, CATH INSERT		108.95
74475		26	27.30
74475		TC	81.65
74480	X-RAY CONTROL, CATH INSERT		109.31
74480		26	27.30
74480		TC	82.01
74485	X-RAY GUIDE, GU DILATION		106.12
74485		26	27.30
74485		TC	78.82
74710	X-RAY MEASUREMENT OF PELVIS		39.41
74710		26	17.29
74710		TC	22.12
74740	X-RAY, FEMALE GENITAL TRACT	26	19.12
74775	X-RAY EXAM OF PERINEUM		88.15
74775		26	31.26
75571	CT HRT W/O DYE W/CA TEST		71.30
75571		TC	43.38
75574	CT ANGIO HRT W/3D IMAGE		374.65
75574		TC	258.32
75600	CONTRAST X-RAY EXAM OF AORTA		271.17
75600		26	26.17
75600		TC	245.01
75605	CONTRAST X-RAY EXAM OF AORTA		225.08
75605		26	59.09
75605		TC	165.99
75625	CONTRAST X-RAY EXAM OF AORTA		223.25
75625		26	57.97
75625		TC	165.28
75630	X-RAY AORTA, LEG ARTERIES		261.39

75630		TC	170.24
75650	ARTERY X-RAYS, HEAD & NECK		241.83
75650		26	75.84
75650		TC	165.99
75658	ARTERY X-RAYS, ARM		242.48
75658		26	65.15
75658		TC	177.33
75660	ARTERY X-RAYS, HEAD & NECK		245.92
75660		26	66.47
75660		TC	179.45
75662	ARTERY X-RAYS, HEAD & NECK		286.92
75662		26	85.35
75662		TC	201.57
75665	ARTERY X-RAYS, HEAD & NECK		253.41
75665		26	66.87
75665		TC	186.54
75671	ARTERY X-RAYS, HEAD & NECK		292.89
75671		26	84.59
75671		TC	208.30
75676	ARTERY X-RAYS, NECK		245.97
75676		26	66.87
75676		TC	179.10
75680	ARTERY X-RAYS, NECK		278.21
75680		26	84.94
75680		TC	193.27
75685	ARTERY X-RAYS, SPINE		246.38
75685		26	66.93
75685		TC	179.45
75705	ARTERY X-RAYS, SPINE		289.29
75705		26	110.19
75705		TC	179.10
75710	ARTERY X-RAYS, ARM/LEG		238.74
75710		26	57.52
75710		TC	181.22
75716	ARTERY X-RAYS, ARMS/LEGS		271.48
75716		26	66.37
75716		TC	205.12
75722	ARTERY X-RAYS, KIDNEY		233.93
75722		26	58.73
75722		TC	175.20
75724	ARTERY X-RAYS, KIDNEYS		276.60

75724		26	78.93
75724		TC	197.67
75726	ARTERY X-RAYS, ABDOMEN		236.21
75726		26	57.82
75726		TC	178.39
75731	ARTERY X-RAYS, ADRENAL GLAND		240.72
75731		26	59.85
75731		TC	180.87
75733	ARTERY X-RAYS, ADRENALS		278.32
75733		26	69.66
75733		TC	208.66
75736	ARTERY X-RAYS, PELVIS		236.97
75736		26	57.88
75736		TC	179.10
75741	ARTERY X-RAYS, LUNG		226.53
75741		26	66.57
75741		TC	159.96
75743	ARTERY X-RAYS, LUNGS		252.35
75743		26	84.59
75743		TC	167.76
75746	ARTERY X-RAYS, LUNG		229.68
75746		26	57.67
75746		TC	172.01
75756	ARTERY X-RAYS, CHEST		245.51
75756		26	62.52
75756		TC	182.99
75774	ARTERY X-RAY, EACH VESSEL		168.22
75774		26	18.18
75774		TC	150.04
75791	AV DIALYSIS SHUNT IMAGING		237.89
75791		TC	155.00
75801	LYMPH VESSEL X-RAY, ARM/LEG		249.30
75801		26	41.39
75803	LYMPH VESSEL X-RAY, ARMS/LEGS		266.51
75803		26	59.43
75805	LYMPH VESSEL X-RAY, TRUNK		274.53
75805		26	41.25
75807	LYMPH VESSEL X-RAY, TRUNK	26	59.43
75809	NONVASCULAR SHUNT, X-RAY	26	23.66
75810	VEIN X-RAY, SPLEEN/LIVER		536.62
75810		26	58.33

75820	VEIN X-RAY, ARM/LEG	26	35.83
75822	VEIN X-RAY, ARMS/LEGS	26	53.30
75825	VEIN X-RAY, TRUNK		214.24
75825		26	57.11
75825		TC	157.13
75827	VEIN X-RAY, CHEST		215.15
75827		26	56.25
75827		TC	158.90
75831	VEIN X-RAY, KIDNEY		219.24
75831		26	58.92
75831		TC	160.32
75833	VEIN X-RAY, KIDNEYS		247.70
75833		26	73.92
75833		TC	173.78
75840	VEIN X-RAY, ADRENAL GLAND		216.05
75840		26	58.21
75840		TC	157.84
75842	VEIN X-RAY, ADRENAL GLANDS		248.41
75842		26	74.98
75842		TC	173.43
75860	VEIN X-RAY, NECK		221.33
75860		26	58.89
75860		TC	162.44
75870	VEIN X-RAY, SKULL		221.18
75870		26	57.67
75870		TC	163.51
75872	VEIN X-RAY, SKULL		263.70
75872		26	59.80
75872		TC	203.90
75880	VEIN X-RAY, EYE SOCKET	26	34.77
75885	VEIN X-RAY, LIVER		233.10
75885		26	72.78
75885		TC	160.32
75887	VEIN X-RAY, LIVER		235.63
75887		26	72.84
75887		TC	162.80
75889	VEIN X-RAY, LIVER		217.63
75889		26	57.67
75889		TC	159.96
75891	VEIN X-RAY, LIVER		217.63
75891		26	57.67

75891		TC	159.96
75893	VENOUS SAMPLING BY CATHETER		186.05
75893		26	26.79
75893		TC	159.25
75894	X-RAYS, TRANSCATH THERAPY	26	66.77
75896	X-RAYS, TRANSCATH THERAPY	26	67.83
75898	FOLLOW-UP ANGIOGRAPHY		126.78
75898		26	85.43
75900	INTRAVASCULAR CATH EXCHANGE	26	24.69
75902	REMOVE CVA LUMEN OBSTRUCT	TC	51.53
75940	X-RAY PLACEMENT, VEIN FILTER	26	27.40
75946	INTRAVASCULAR US ADD-ON		97.30
75946		26	20.11
75960	TRANSCATH IV STENT RS&I		207.46
75960		26	41.82
75960		TC	165.63
75961	RETRIEVAL, BROKEN CATHETER		372.83
75961		26	213.57
75961		TC	159.25
75962	REPAIR ARTERIAL BLOCKAGE		223.41
75962		26	26.95
75962		TC	196.46
75964	REPAIR ARTERY BLOCKAGE, EACH		136.13
75964		26	18.33
75964		TC	117.79
75966	REPAIR ARTERIAL BLOCKAGE		268.55
75966		26	67.48
75966		TC	201.07
75968	REPAIR ARTERY BLOCKAGE, EACH		134.76
75968		26	18.39
75968		TC	116.38
75970	VASCULAR BIOPSY		480.66
75970		26	42.34
75978	REPAIR VENOUS BLOCKAGE		221.28
75978		26	26.95
75978		TC	194.33
75980	CONTRAST XRAY EXAM BILE DUCT		280.69
75980		26	73.23
75984	XRAY CONTROL CATHETER CHANGE		107.94
75984		26	36.57
75984		TC	71.37

75989	ABSCESS DRAINAGE UNDER X-RAY		132.16
75989		26	59.72
75989		TC	72.44
75992	ATHERECTOMY, X-RAY EXAM	26	28.11
76000	FLUOROSCOPE EXAMINATION	26	8.55
76001	FLUOROSCOPE EXAM, EXTENSIVE		135.23
76001		26	34.47
76010	X-RAY, NOSE TO RECTUM		26.43
76010		26	9.27
76010		TC	17.16
76080	X-RAY EXAM OF FISTULA		59.70
76080		26	27.30
76080		TC	32.40
76098	X-RAY EXAM, BREAST SPECIMEN		18.60
76098		26	8.18
76098		TC	10.43
76100	X-RAY EXAM OF BODY SECTION	26	29.79
76101	COMPLEX BODY SECTION X-RAY	26	30.80
76102	COMPLEX BODY SECTION X-RAYS	26	30.59
76120	CINE/VIDEO X-RAYS	26	18.92
76125	CINE/VIDEO X-RAYS ADD-ON		43.93
76125		26	14.16
76376	3D RENDER W/O POSTPROCESS		70.40
76376		26	10.36
76377	3D RENDERING W/POSTPROCESS		93.87
76377		26	39.50
76380	CAT SCAN FOLLOW-UP STUDY		154.38
76380		26	48.99
76380		TC	105.39
76506*	ECHO EXAM OF HEAD	26	31.83
76510	OPHTH US, B & QUANT A	TC	65.35
76511	OPHTH US, QUANT A ONLY		93.43
76511		TC	44.09
76512	OPHTH US, B W/NON-QUANT A		87.35
76512		TC	37.00
76513	ECHO EXAM OF EYE, WATER BATH		80.98
76513		26	33.70
76513		TC	47.28
76514	ECHO EXAM OF EYE, THICKNESS	TC	3.69
76516	ECHO EXAM OF EYE		65.92
76516		26	28.57

76516		TC	37.36
76519	ECHO EXAM OF EYE		70.68
76519		26	29.07
76519		TC	41.61
76529	ECHO EXAM OF EYE		66.47
76529		26	30.18
76529		TC	36.29
76536	US EXAM OF HEAD AND NECK	26	27.68
76604	US EXAM, CHEST	26	27.31
76645	US EXAM, BREAST(S)	26	27.10
76700*	US EXAM, ABDOM, COMPLETE	26	40.60
76705*	ECHO EXAM OF ABDOMEN	26	29.50
76770	US EXAM ABDO BACK WALL, COMP	26	36.95
76775*	US EXAM ABDO BACK WALL, COMP	26	29.48
76800	US EXAM, SPINAL CANAL	26	54.52
76802	OB US < 14 WKS, ADDL FETUS		68.26
76802		TC	27.08
76805	OB US >= 14 WKS, SNGL FETUS	26	49.21
76810	OB US >= 14 WKS, ADDL FETUS		92.93
76810		26	48.48
76810		TC	44.44
76811	OB US, DETAILED, SNGL FETUS		186.68
76811		TC	92.99
76815	OB US, LIMITED, FETUS(S)		85.93
76815		26	31.91
76817	TRANSVAGINAL US, OBSTETRIC	26	37.17
76819	FETAL BIOPHYS PROFIL W/O NST		87.67
76819		TC	49.41
76820	UMBILICAL ARTERY ECHO		47.09
76820		TC	22.47
76826	ECHO EXAM OF FETAL HEART	26	40.83
76827	ECHO EXAM OF FETAL HEART		65.27
76827		26	28.62
76827		TC	36.65
76828	ECHO EXAM OF FETAL HEART		48.24
76828		26	27.53
76828		TC	20.70
76830	TRANSVAGINAL US, NON-OB	26	34.25
76856*	US EXAM, PELVIC, COMPLETE	26	34.60
76857	US EXAM, PELVIC, LIMITED	26	19.63
76870	US EXAM, SCROTUM	26	32.20

76872	US, TRANSRECTAL	26	35.46
76880	US EXAM, EXTREMITY	26	28.79
76930	ECHO GUIDE, CARDIOCENTESIS		89.50
76930		26	35.49
76930		TC	54.01
76932	ECHO GUIDE FOR HEART BIOPSY		94.03
76932		26	35.79
76936	ECHO GUIDE FOR ARTERY REPAIR		205.07
76936		26	101.10
76936		TC	103.97
76937	US GUIDE, VASCULAR ACCESS	26	15.26
76940	US GUIDE, TISSUE ABLATION	26	101.36
76941	ECHO GUIDE FOR TRANSFUSION		129.64
76941		26	67.27
76942*	ECHO GUIDE FOR BIOPSY	26	33.66
76945	ECHO GUIDE, VILLUS SAMPLING		93.01
76945		26	33.31
76946	ECHO GUIDE FOR AMNIOCENTESIS		38.76
76946		26	18.77
76946		TC	19.99
76948	ECHO GUIDE, OVA ASPIRATION		39.27
76948		26	18.92
76948		TC	20.35
76950	ECHO GUIDANCE RADIOTHERAPY		66.84
76950		26	29.13
76950		TC	37.71
76965	ECHO GUIDANCE RADIOTHERAPY		125.23
76965		26	68.39
76965		TC	56.85
76970	ULTRASOUND EXAM FOLLOW-UP	26	19.81
76975	GI ENDOSCOPIC ULTRASOUND		101.26
76975		26	42.11
76977	US BONE DENSITY MEASURE		11.00
76977		26	2.70
76977		TC	8.30
77003	FLUOROGUIDE FOR SPINE INJECT		56.95
77003		TC	28.50
77012	CT SCAN FOR NEEDLE BIOPSY		167.75
77012		TC	109.64
77031	STEREOTACT GUIDE FOR BRST BX		165.73
77031		TC	85.90

77032	GUIDANCE FOR NEEDLE, BREAST		54.76
77032		TC	26.73
77051	COMPUTER DX MAMMOGRAM ADD-ON		11.02
77051		TC	7.95
77052	COMP SCREEN MAMMOGRAM ADD-ON		11.02
77052		TC	7.95
77053	X-RAY OF MAMMARY DUCT		66.73
77053		TC	48.70
77054	X-RAY OF MAMMARY DUCTS		89.69
77054		TC	67.12
77059	MRI, BOTH BREASTS	TC	677.67
77059			759.38
77073	X-RAYS, BONE LENGTH STUDIES	TC	21.77
77077	JOINT SURVEY, SINGLE VIEW	TC	23.54
77077			39.67
77078	CT BONE DENSITY, AXIAL	TC	69.60
77078			82.16
77079	CT BONE DENSITY, PERIPHERAL		50.94
77079		TC	40.19
77081	DXA BONE DENSITY/PERIPHERAL		27.55
77081		TC	16.81
77082	DXA BONE DENSITY, VERT FX		25.73
77082		26	5.99
77082		TC	19.74
77083	RADIOGRAPHIC ABSORPTIOMETRY		23.98
77084	MAGNETIC IMAGE, BONE MARROW		416.32
77084		TC	335.72
77280	SET RADIATION THERAPY FIELD	26	35.33
77285	SET RADIATION THERAPY FIELD	26	53.14
77290	SET RADIATION THERAPY FIELD	26	78.47
77295	SET RADIATION THERAPY FIELD		585.19
77295		26	230.03
77295		TC	355.16
77300	RADIATION THERAPY DOSE PLAN		67.61
77300		26	31.31
77300		TC	36.29
77301	RADIOTHERAPY DOSE PLAN, IMRT	26	402.96
77305	TELETX ISODOSE PLAN SIMPLE		66.66
77305		26	35.33
77305		TC	31.33
77310	TELETX ISODOSE PLAN INTERMED		94.39

77310		26	53.14
77310		TC	41.26
77315	TELETX ISODOSE PLAN COMPLEX		140.64
77315		26	78.47
77315		TC	62.16
77321	SPECIAL TELETX PORT PLAN		108.63
77321		26	47.88
77321		TC	60.74
77326	BRACHYTX ISODOSE CALC SIMP		137.45
77326		26	46.79
77327	BRACHYTX ISODOSE CALC INTERM		195.11
77327		26	70.08
77327		TC	125.03
77328	BRACHYTX ISODOSE PLAN COMPL		266.02
77328		26	105.40
77328		TC	160.62
77331	SPECIAL RADIATION DOSIMETRY		61.74
77331		26	43.87
77331		TC	17.87
77332	RADIATION TREATMENT AID(S)		74.58
77332		26	27.30
77332		TC	47.28
77333	RADIATION TREATMENT AID(S)		62.05
77333		26	42.41
77333		TC	19.64
77334	RADIATION TREATMENT AID(S)		148.88
77334		26	62.27
77334		TC	86.61
77421	STEREOSCOPIC X-RAY GUIDANCE		105.40
77421		26	19.49
77470	SPECIAL RADIATION TREATMENT		215.40
77470		26	105.40
77470		TC	110
77620	HYPERTHERMIA TREATMENT	26	75.69
77750	INFUSE RADIOACTIVE MATERIALS	26	251.72
77761	APPLY INTRCAV RADIAT SIMPLE	26	192.41
77762	APPLY INTRCAV RADIAT INTERM	26	290.12
77763	APPLY INTRCAV RADIAT COMPL	26	435.41
77776	APPLY INTERSTIT RADIAT SIMPL	26	234.88
77777	APPLY INTERSTIT RADIAT INTER	26	381.22
77778	APPLY INTERSTIT RADIAT COMPL	26	570.38

77789	APPLY SURFACE RADIATION	26	57.88
77790	RADIATION HANDLING	26	52.99
78000	THYROID, SINGLE UPTAKE	26	9.64
78001	THYROID, MULTIPLE UPTAKES	26	13.28
78003	THYROID SUPPRESS/STIMUL	26	16.57
78006	THYROID IMAGING WITH UPTAKE	26	24.39
78007	THYROID IMAGE, MULT UPTAKES	26	25.12
78010	THYROID IMAGING	26	19.14
78011	THYROID IMAGING WITH FLOW	26	22.56
78015	THYROID MET IMAGING	26	33.31
78016	THYROID MET IMAGING/STUDIES	26	39.75
78018	THYROID MET IMAGING, BODY	26	42.79
78075	ADRENAL NUCLEAR IMAGING	26	36.95
78102	BONE MARROW IMAGING, LTD	26	27.31
78103	BONE MARROW IMAGING, MULT	26	37.32
78104	BONE MARROW IMAGING, BODY	26	40.23
78110	PLASMA VOLUME, SINGLE	26	9.64
78111	PLASMA VOLUME, MULTIPLE		85.10
78111		26	11.10
78111		TC	74.01
78120	RED CELL MASS, SINGLE	26	11.47
78121	RED CELL MASS, MULTIPLE		90.56
78121		26	15.49
78121		TC	75.07
78122	BLOOD VOLUME		110.95
78122		26	22.06
78122		TC	88.89
78130	RED CELL SURVIVAL STUDY	26	30.74
78135	RED CELL SURVIVAL KINETICS	26	32.20
78140	RED CELL SEQUESTRATION		132.39
78140		26	30.74
78140		TC	101.65
78185	SPLEEN IMAGING	26	19.86
78190	PLATELET SURVIVAL, KINETICS		227.54
78190		26	54.11
78190		TC	173.43
78191	PLATELET SURVIVAL		171.16
78191		26	30.39
78191		TC	140.77
78201	LIVER IMAGING	26	21.99
78202	LIVER IMAGING WITH FLOW	26	24.98

78205	LIVER IMAGING (3D)		214.03
78205		26	35.49
78205		TC	178.54
78215	LIVER AND SPLEEN IMAGING	26	24.39
78216	LIVER & SPLEEN IMAGE/FLOW		124.74
78216		26	28.41
78216		TC	96.33
78220	LIVER FUNCTION STUDY		129.43
78220		26	24.24
78220		TC	105.19
78223	HEPATOBIILIARY IMAGING	26	42.06
78230	SALIVARY GLAND IMAGING	26	22.56
78231	SERIAL SALIVARY IMAGING		120.62
78231		26	25.70
78231		TC	94.91
78232	SALIVARY GLAND FUNCTION EXAM		116.80
78232		26	22.95
78232		TC	93.85
78258	ESOPHAGEAL MOTILITY STUDY	26	37.51
78261	GASTRIC MUCOSA IMAGING	26	34.75
78262	GASTROESOPHAGEAL REFLUX EXAM	26	33.37
78264	GASTRIC EMPTYING STUDY	26	39.14
78270	VIT B-12 ABSORPTION EXAM	26	10.01
78271	VIT B-12 ABSRP EXAM, INT FAC	26	9.65
78272	VIT B-12 ABSORP, COMBINED		83.05
78272		26	12.94
78272		TC	70.11
78278	ACUTE GI BLOOD LOSS IMAGING	26	49.51
78282	GI PROTEIN LOSS EXAM	26	19.27
78290	MECKELS DIVERT EXAM	26	34.38
78291	LEVEEN/SHUNT PATENCY EXAM	26	44.04
78300	BONE IMAGING, LIMITED AREA	26	30.96
78305	BONE IMAGING, MULTIPLE AREAS	26	41.33
78306	BONE IMAGING, WHOLE BODY	26	43.15
78315	BONE IMAGING, 3 PHASE	26	50.97
78320	BONE IMAGING (3D)		230.25
78320		26	52.06
78320		TC	178.18
78428	CARDIAC SHUNT IMAGING	26	40.05
78445	VASCULAR FLOW IMAGING	26	24.24
78457	VENOUS THROMBOSIS IMAGING	26	38.41

78458	VEN THROMBOSIS IMAGES, BILAT		188.59
78458		26	44.77
78458		TC	143.81
78466	HEART INFARCT IMAGE	26	35.31
78468	HEART INFARCT IMAGE (EF)	26	42.20
78469	HEART INFARCT IMAGE (3D)		236.50
78469		26	47.69
78469		TC	188.82
78472	GATED HEART, PLANAR, SINGLE		237.81
78472		26	50.41
78472		TC	187.40
78473	GATED HEART, MULTIPLE		320.87
78473		26	76.42
78473		TC	244.45
78481	HEART FIRST PASS, SINGLE		204.55
78481		26	52.03
78481		TC	152.52
78483	HEART FIRST PASS, MULTIPLE		286.85
78483		26	78.90
78483		TC	207.95
78496	HEART FIRST PASS ADD-ON	26	26.03
78580	LUNG PERFUSION IMAGING	26	37.15
78584	LUNG V/Q IMAGE SINGLE BREATH		144.78
78584		26	49.86
78584		TC	94.91
78585	LUNG V/Q IMAGING	26	54.61
78586	AEROSOL LUNG IMAGE, SINGLE	26	19.86
78587	AEROSOL LUNG IMAGE, MULTIPLE	26	24.75
78588	PERFUSION LUNG IMAGE	26	54.61
78591	VENT IMAGE, 1 BREATH, 1 PROJ	26	19.86
78593	VENT IMAGE, 1 PROJ, GAS	26	24.39
78594	VENT IMAGE, MULT PROJ, GAS		201.57
78594		26	26.58
78594		TC	175.00
78596	LUNG DIFFERENTIAL FUNCTION	26	62.16
78600	BRAIN IMAGE < 4 VIEWS	26	22.04
78601	BRAIN IMAGE W/FLOW < 4 VIEWS	26	25.49
78605	BRAIN IMAGE 4+ VIEWS	26	26.93
78606	BRAIN IMAGE W/FLOW 4 + VIEWS	26	31.90
78607	BRAIN IMAGING (3D)	26	61.19
78610	BRAIN FLOW IMAGING ONLY	26	15.46

78630	CEREBROSPINAL FLUID SCAN	26	34.23
78635	CSF VENTRICULOGRAPHY	26	30.79
78645	CSF SHUNT EVALUATION	26	28.76
78647	CEREBROSPINAL FLUID SCAN	26	43.71
78650	CSF LEAKAGE IMAGING	26	30.39
78660	NUCLEAR EXAM OF TEAR FLOW	26	26.58
78700	KIDNEY IMAGING, MORPHOL	26	22.56
78701	KIDNEY IMAGING WITH FLOW	26	24.39
78707	K FLOW/FUNCT IMAGE W/O DRUG		220.41
78707		26	47.90
78708	K FLOW/FUNCT IMAGE W/DRUG		174.50
78708		26	60.46
78708		TC	114.05
78709	K FLOW/FUNCT IMAGE, MULTIPLE	26	70.46
78710	KIDNEY IMAGING (3D)		209.40
78710		26	32.64
78710		TC	176.77
78725	KIDNEY FUNCTION STUDY	26	18.77
78730	URINARY BLADDER RETENTION		68.91
78730		26	8.16
78740	URETERAL REFLUX STUDY	26	28.76
78761	TESTICULAR IMAGING W/FLOW	26	35.85
78800	TUMOR IMAGING, LIMITED AREA	26	32.94
78801	TUMOR IMAGING, MULT AREAS	26	39.50
78802	TUMOR IMAGING, WHOLE BODY	26	42.79
78803	TUMOR IMAGING (3D)	26	54.26
78804	TUMOR IMAGING, WHOLE BODY	26	53.88
78805	ABSCESS IMAGING, LTD AREA	26	36.58
78806	ABSCESS IMAGING, WHOLE BODY	26	42.79
78807	NUCLEAR LOCALIZATION/ABSCESS	26	54.11
79005	NUCLEAR RX, ORAL ADMIN		142.04
79005		TC	52.95
79101	NUCLEAR RX, IV ADMIN		160.35
79101		TC	57.56
79200	NUCLEAR RX, INTRACAV ADMIN		164.38
79200		26	100.45
79200		TC	63.93
79403	HEMATOPOIETIC NUCLEAR TX		203.18
79403		26	113.58
79403		TC	89.60
79440	NUCLEAR RX, INTRA-ARTICULAR		150.32

79440		26	99.85
79440		TC	50.47