

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
70010	MYELOGRAPHY, POSTERIOR FOSSA, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$206.63	7/1/2021	12/31/2382
70010	MYELOGRAPHY, POSTERIOR FOSSA, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$67.38	7/1/2021	12/31/2382
70010	MYELOGRAPHY, POSTERIOR FOSSA, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$155.29	7/1/2021	12/31/2382
70015	CISTERNOGRAPHY, POSITIVE CONTRAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$206.63	7/1/2021	12/31/2382
70015	CISTERNOGRAPHY, POSITIVE CONTRAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$67.38	7/1/2021	12/31/2382
70015	CISTERNOGRAPHY, POSITIVE CONTRAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$48.68	7/1/2021	12/31/2382
70030	RADIOLOGIC EXAMINATION, EYE, FOR DETECTION OF FOREIGN BODY		\$51.69	7/1/2021	12/31/2382
70030	RADIOLOGIC EXAMINATION, EYE, FOR DETECTION OF FOREIGN BODY	26	\$9.77	7/1/2021	12/31/2382
70030	RADIOLOGIC EXAMINATION, EYE, FOR DETECTION OF FOREIGN BODY	50	\$51.69	7/1/2021	12/31/2382
70030	RADIOLOGIC EXAMINATION, EYE, FOR DETECTION OF FOREIGN BODY	TC	\$15.18	7/1/2021	12/31/2382
70100	RADIOLOGIC EXAMINATION, MANDIBLE; PARTIAL, LESS THAN FOUR VIEWS		\$51.69	7/1/2021	12/31/2382
70100	RADIOLOGIC EXAMINATION, MANDIBLE; PARTIAL, LESS THAN FOUR VIEWS	26	\$10.33	7/1/2021	12/31/2382
70100	RADIOLOGIC EXAMINATION, MANDIBLE; PARTIAL, LESS THAN FOUR VIEWS	TC	\$19.05	7/1/2021	12/31/2382
70110	RADIOLOGIC EXAMINATION, MANDIBLE; COMPLETE, MINIMUM OF FOUR VIEWS		\$51.69	7/1/2021	12/31/2382
70110	RADIOLOGIC EXAMINATION, MANDIBLE; COMPLETE, MINIMUM OF FOUR VIEWS	26	\$14.05	7/1/2021	12/31/2382
70110	RADIOLOGIC EXAMINATION, MANDIBLE; COMPLETE, MINIMUM OF FOUR VIEWS	TC	\$22.47	7/1/2021	12/31/2382
70120	RADIOLOGIC EXAMINATION, MASTOIDS; LESS THAN THREE VIEWS PER SIDE		\$51.69	7/1/2021	12/31/2382
70120	RADIOLOGIC EXAMINATION, MASTOIDS; LESS THAN THREE VIEWS PER SIDE	26	\$10.33	7/1/2021	12/31/2382

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70120	RADIOLOGIC EXAMINATION, MASTOIDS; LESS THAN THREE VIEWS PER SIDE	TC	\$22.47	7/1/2021	12/31/2382
70130	RADIOLOGIC EXAMINATION, MASTOIDS; COMPLETE, MINIMUM OF THREE VIEWS PER SIDE		\$51.69	7/1/2021	12/31/2382
70130	RADIOLOGIC EXAMINATION, MASTOIDS; COMPLETE, MINIMUM OF THREE VIEWS PER SIDE	26	\$18.83	7/1/2021	12/31/2382
70130	RADIOLOGIC EXAMINATION, MASTOIDS; COMPLETE, MINIMUM OF THREE VIEWS PER SIDE	TC	\$28.33	7/1/2021	12/31/2382
70134	RADIOLOGIC EXAMINATION, INTERNAL AUDITORY MEATI, COMPLETE		\$87.98	7/1/2021	12/31/2382
70134	RADIOLOGIC EXAMINATION, INTERNAL AUDITORY MEATI, COMPLETE	26	\$18.83	7/1/2021	12/31/2382
70134	RADIOLOGIC EXAMINATION, INTERNAL AUDITORY MEATI, COMPLETE	TC	\$26.58	7/1/2021	12/31/2382
70140	RADIOLOGIC EXAMINATION, FACIAL BONES; LESS THAN THREE VIEWS		\$51.69	7/1/2021	12/31/2382
70140	RADIOLOGIC EXAMINATION, FACIAL BONES; LESS THAN THREE VIEWS	26	\$10.65	7/1/2021	12/31/2382
70140	RADIOLOGIC EXAMINATION, FACIAL BONES; LESS THAN THREE VIEWS	TC	\$22.47	7/1/2021	12/31/2382
70150	RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE, MINIMUM OF THREE VIEWS		\$51.69	7/1/2021	12/31/2382
70150	RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE, MINIMUM OF THREE VIEWS	26	\$14.70	7/1/2021	12/31/2382
70150	RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE, MINIMUM OF THREE VIEWS	LT	\$51.69	7/1/2021	12/31/2382
70150	RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE, MINIMUM OF THREE VIEWS	RT	\$51.69	7/1/2021	12/31/2382
70150	RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE, MINIMUM OF THREE VIEWS	TC	\$28.33	7/1/2021	12/31/2382
70160	RADIOLOGIC EXAMINATION, NASAL BONES, COMPLETE, MINIMUM OF THREE VIEWS		\$51.69	7/1/2021	12/31/2382
70160	RADIOLOGIC EXAMINATION, NASAL BONES, COMPLETE, MINIMUM OF THREE VIEWS	26	\$9.62	7/1/2021	12/31/2382
70160	RADIOLOGIC EXAMINATION, NASAL BONES, COMPLETE, MINIMUM OF THREE VIEWS	LT	\$51.69	7/1/2021	12/31/2382

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70160	RADIOLOGIC EXAMINATION, NASAL BONES, COMPLETE, MINIMUM OF THREE VIEWS	RT	\$51.69	7/1/2021	12/31/2382
70160	RADIOLOGIC EXAMINATION, NASAL BONES, COMPLETE, MINIMUM OF THREE VIEWS	TC	\$19.05	7/1/2021	12/31/2382
70170	DACRYOCYSTOGRAPHY, NASOLACRIMAL DUCT, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$244.78	7/1/2021	12/31/2382
70170	DACRYOCYSTOGRAPHY, NASOLACRIMAL DUCT, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$16.09	7/1/2021	12/31/2382
70170	DACRYOCYSTOGRAPHY, NASOLACRIMAL DUCT, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$33.87	7/1/2021	12/31/2382
70190	RADIOLOGIC EXAMINATION; OPTIC FORAMINA		\$51.69	7/1/2021	12/31/2382
70190	RADIOLOGIC EXAMINATION; OPTIC FORAMINA	26	\$12.02	7/1/2021	12/31/2382
70190	RADIOLOGIC EXAMINATION; OPTIC FORAMINA	TC	\$22.47	7/1/2021	12/31/2382
70200	RADIOLOGIC EXAMINATION; ORBITS, COMPLETE, MINIMUM OF FOUR VIEWS		\$51.69	7/1/2021	12/31/2382
70200	RADIOLOGIC EXAMINATION; ORBITS, COMPLETE, MINIMUM OF FOUR VIEWS	26	\$15.74	7/1/2021	12/31/2382
70200	RADIOLOGIC EXAMINATION; ORBITS, COMPLETE, MINIMUM OF FOUR VIEWS	TC	\$28.33	7/1/2021	12/31/2382
70210	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, LESS THAN THREE VIEWS		\$51.69	7/1/2021	12/31/2382
70210	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, LESS THAN THREE VIEWS	26	\$9.62	7/1/2021	12/31/2382
70210	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, LESS THAN THREE VIEWS	TC	\$22.47	7/1/2021	12/31/2382
70220	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, COMPLETE, MINIMUM OF THREE VIEWS		\$51.69	7/1/2021	12/31/2382
70220	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, COMPLETE, MINIMUM OF THREE VIEWS	26	\$14.06	7/1/2021	12/31/2382
70220	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, COMPLETE, MINIMUM OF THREE VIEWS	TC	\$28.33	7/1/2021	12/31/2382
70240	RADIOLOGIC EXAMINATION, SELLA TURCICA		\$51.69	7/1/2021	12/31/2382

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70240	RADIOLOGIC EXAMINATION, SELLA TURCICA	26	\$10.92	7/1/2021	12/31/2382
70240	RADIOLOGIC EXAMINATION, SELLA TURCICA	TC	\$15.18	7/1/2021	12/31/2382
70250	RADIOLOGIC EXAMINATION, SKULL; LESS THAN FOUR VIEWS, WITH OR WITHOUT STEREO		\$51.69	7/1/2021	12/31/2382
70250	RADIOLOGIC EXAMINATION, SKULL; LESS THAN FOUR VIEWS, WITH OR WITHOUT STEREO	26	\$13.67	7/1/2021	12/31/2382
70250	RADIOLOGIC EXAMINATION, SKULL; LESS THAN FOUR VIEWS, WITH OR WITHOUT STEREO	PO	\$51.69	7/1/2021	12/31/2382
70250	RADIOLOGIC EXAMINATION, SKULL; LESS THAN FOUR VIEWS, WITH OR WITHOUT STEREO	TC	\$22.47	7/1/2021	12/31/2382
70260	RADIOLOGIC EXAMINATION, SKULL; COMPLETE, MINIMUM OF FOUR VIEWS, WITH OR WITHOUT STEREO		\$87.98	7/1/2021	12/31/2382
70260	RADIOLOGIC EXAMINATION, SKULL; COMPLETE, MINIMUM OF FOUR VIEWS, WITH OR WITHOUT STEREO	26	\$18.83	7/1/2021	12/31/2382
70260	RADIOLOGIC EXAMINATION, SKULL; COMPLETE, MINIMUM OF FOUR VIEWS, WITH OR WITHOUT STEREO	TC	\$32.10	7/1/2021	12/31/2382
70300	RADIOLOGIC EXAMINATION, TEETH; SINGLE VIEW		\$56.82	7/1/2021	12/31/2382
70300	RADIOLOGIC EXAMINATION, TEETH; SINGLE VIEW	26	\$5.64	7/1/2021	12/31/2382
70300	RADIOLOGIC EXAMINATION, TEETH; SINGLE VIEW	TC	\$9.30	7/1/2021	12/31/2382
70310	RADIOLOGIC EXAMINATION, TEETH; PARTIAL EXAMINATION, LESS THAN FULL MOUTH		\$56.82	7/1/2021	12/31/2382
70310	RADIOLOGIC EXAMINATION, TEETH; PARTIAL EXAMINATION, LESS THAN FULL MOUTH	26	\$8.76	7/1/2021	12/31/2382
70310	RADIOLOGIC EXAMINATION, TEETH; PARTIAL EXAMINATION, LESS THAN FULL MOUTH	TC	\$15.18	7/1/2021	12/31/2382
70320	RADIOLOGIC EXAMINATION, TEETH; COMPLETE, FULL MOUTH		\$56.82	7/1/2021	12/31/2382
70320	RADIOLOGIC EXAMINATION, TEETH; COMPLETE, FULL MOUTH	26	\$12.54	7/1/2021	12/31/2382
70320	RADIOLOGIC EXAMINATION, TEETH; COMPLETE, FULL MOUTH	TC	\$28.33	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
70328	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; UNILATERAL		\$51.69	7/1/2021	12/31/2382
70328	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; UNILATERAL	26	\$10.33	7/1/2021	12/31/2382
70328	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; UNILATERAL	TC	\$17.99	7/1/2021	12/31/2382
70330	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; BILATERAL		\$51.69	7/1/2021	12/31/2382
70330	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; BILATERAL	26	\$13.67	7/1/2021	12/31/2382
70330	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; BILATERAL	TC	\$30.09	7/1/2021	12/31/2382
70332	TEMPOROMANDIBULAR JOINT ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$247.49	7/1/2021	12/31/2382
70332	TEMPOROMANDIBULAR JOINT ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$29.71	7/1/2021	12/31/2382
70332	TEMPOROMANDIBULAR JOINT ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$75.36	7/1/2021	12/31/2382
70336	MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JOINT		\$361.37	7/1/2021	12/31/2382
70336	MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JOINT	26	\$51.45	7/1/2021	12/31/2382
70336	MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JOINT	TC	\$402.08	7/1/2021	12/31/2382
70350	CEPHALOGRAM, ORTHODONTIC		\$51.69	7/1/2021	12/31/2382
70350	CEPHALOGRAM, ORTHODONTIC	26	\$9.32	7/1/2021	12/31/2382
70350	CEPHALOGRAM, ORTHODONTIC	TC	\$13.17	7/1/2021	12/31/2382
70355	ORTHOPANTOGRAM		\$51.69	7/1/2021	12/31/2382
70355	ORTHOPANTOGRAM	26	\$11.23	7/1/2021	12/31/2382
70355	ORTHOPANTOGRAM	TC	\$20.70	7/1/2021	12/31/2382

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70360	RADIOLOGIC EXAMINATION; NECK, SOFT TISSUE		\$51.69	7/1/2021	12/31/2382
70360	RADIOLOGIC EXAMINATION; NECK, SOFT TISSUE	26	\$9.53	7/1/2021	12/31/2382
70360	RADIOLOGIC EXAMINATION; NECK, SOFT TISSUE	TC	\$15.18	7/1/2021	12/31/2382
70370	RADIOLOGIC EXAMINATION; PHARYNX OR LARYNX, INCLUDING FLUOROSCOPY AND/OR MAGNIFICATION TECHNIQUE		\$94.18	7/1/2021	12/31/2382
70370	RADIOLOGIC EXAMINATION; PHARYNX OR LARYNX, INCLUDING FLUOROSCOPY AND/OR MAGNIFICATION TECHNIQUE	26	\$17.97	7/1/2021	12/31/2382
70370	RADIOLOGIC EXAMINATION; PHARYNX OR LARYNX, INCLUDING FLUOROSCOPY AND/OR MAGNIFICATION TECHNIQUE	TC	\$46.66	7/1/2021	12/31/2382
70371	COMPLEX DYNAMIC PHARYNGEAL AND SPEECH EVALUATION BY CINE OR VIDEO RECORDING		\$94.18	7/1/2021	12/31/2382
70371	COMPLEX DYNAMIC PHARYNGEAL AND SPEECH EVALUATION BY CINE OR VIDEO RECORDING	26	\$47.75	7/1/2021	12/31/2382
70371	COMPLEX DYNAMIC PHARYNGEAL AND SPEECH EVALUATION BY CINE OR VIDEO RECORDING	TC	\$75.36	7/1/2021	12/31/2382
70373	LARYNGOGRAPHY, CONTRAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$120.32	7/1/2021	12/31/2382
70373	LARYNGOGRAPHY, CONTRAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$23.78	7/1/2021	12/31/2382
70373	LARYNGOGRAPHY, CONTRAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$63.96	7/1/2021	12/31/2382
70380	RADIOLOGIC EXAMINATION, SALIVARY GLAND FOR CALCULUS		\$51.69	7/1/2021	12/31/2382
70380	RADIOLOGIC EXAMINATION, SALIVARY GLAND FOR CALCULUS	26	\$9.62	7/1/2021	12/31/2382
70380	RADIOLOGIC EXAMINATION, SALIVARY GLAND FOR CALCULUS	TC	\$24.22	7/1/2021	12/31/2382
70390	SIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$120.32	7/1/2021	12/31/2382
70390	SIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$20.23	7/1/2021	12/31/2382
70390	SIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$63.96	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL		\$223.98	7/1/2021	12/31/2382
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	26	\$48.47	7/1/2021	12/31/2382
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	59	\$223.98	7/1/2021	12/31/2382
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	76	\$223.98	7/1/2021	12/31/2382
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	ET	\$223.98	7/1/2021	12/31/2382
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	GA	\$223.98	7/1/2021	12/31/2382
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	ME	\$223.98	7/1/2021	12/31/2382
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	MG	\$223.98	7/1/2021	12/31/2382
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	MH	\$223.98	7/1/2021	12/31/2382
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	PO	\$223.98	7/1/2021	12/31/2382
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	QQ	\$223.98	7/1/2021	12/31/2382
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	TC	\$169.41	7/1/2021	12/31/2382
70460	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITH CONTRAST MATERIAL(S)		\$304.15	7/1/2021	12/31/2382
70460	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITH CONTRAST MATERIAL(S)	26	\$64.02	7/1/2021	12/31/2382
70460	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITH CONTRAST MATERIAL(S)	TC	\$202.93	7/1/2021	12/31/2382
70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND		\$361.77	7/1/2021	12/31/2382
70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND	26	\$72.29	7/1/2021	12/31/2382
70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND	TC	\$253.73	7/1/2021	12/31/2382

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70480	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRA		\$223.98	7/1/2021	12/31/2382
70480	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRA	26	\$72.92	7/1/2021	12/31/2382
70480	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRA	59	\$223.64	7/1/2021	12/31/2382
70480	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRA	TC	\$169.41	7/1/2021	12/31/2382
70481	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITH CONTRAST		\$304.15	7/1/2021	12/31/2382
70481	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITH CONTRAST	26	\$78.51	7/1/2021	12/31/2382
70481	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITH CONTRAST	TC	\$202.93	7/1/2021	12/31/2382
70482	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRA		\$361.77	7/1/2021	12/31/2382
70482	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRA	26	\$82.48	7/1/2021	12/31/2382
70482	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRA	TC	\$253.73	7/1/2021	12/31/2382
70486	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL		\$223.98	7/1/2021	12/31/2382
70486	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	26	\$64.59	7/1/2021	12/31/2382
70486	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	MG	\$223.98	7/1/2021	12/31/2382
70486	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	PO	\$223.98	7/1/2021	12/31/2382
70486	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	QQ	\$223.98	7/1/2021	12/31/2382
70486	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	TC	\$169.41	7/1/2021	12/31/2382
70487	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S)		\$304.15	7/1/2021	12/31/2382
70487	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S)	26	\$73.73	7/1/2021	12/31/2382

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70487	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S)	QQ	\$304.15	7/1/2021	12/31/2382
70487	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S)	TC	\$202.93	7/1/2021	12/31/2382
70488	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S)		\$361.77	7/1/2021	12/31/2382
70488	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S)	26	\$81.05	7/1/2021	12/31/2382
70488	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S)	TC	\$253.73	7/1/2021	12/31/2382
70490	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL		\$223.98	7/1/2021	12/31/2382
70490	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL	26	\$72.92	7/1/2021	12/31/2382
70490	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL	MG	\$223.98	7/1/2021	12/31/2382
70490	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL	TC	\$169.41	7/1/2021	12/31/2382
70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITH CONTRAST MATERIAL(S)		\$304.15	7/1/2021	12/31/2382
70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITH CONTRAST MATERIAL(S)	26	\$78.51	7/1/2021	12/31/2382
70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITH CONTRAST MATERIAL(S)	QQ	\$304.15	7/1/2021	12/31/2382
70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITH CONTRAST MATERIAL(S)	TC	\$202.93	7/1/2021	12/31/2382
70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AN		\$361.77	7/1/2021	12/31/2382
70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AN	26	\$82.48	7/1/2021	12/31/2382
70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AN	TC	\$253.73	7/1/2021	12/31/2382
70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND		\$353.90	7/1/2021	12/31/2382
70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND	MG	\$353.90	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND	QQ	\$353.90	7/1/2021	12/31/2382
70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FUR		\$353.90	7/1/2021	12/31/2382
70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FUR	MG	\$353.90	7/1/2021	12/31/2382
70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FUR	QQ	\$353.90	7/1/2021	12/31/2382
70540	MAGNETIC RESONANCE (EG, PROTON) IMAGING; ORBIT, FACE, AND NECK		\$415.80	7/1/2021	12/31/2382
70540	MAGNETIC RESONANCE (EG, PROTON) IMAGING; ORBIT, FACE, AND NECK	26	\$84.14	7/1/2021	12/31/2382
70540	MAGNETIC RESONANCE (EG, PROTON) IMAGING; ORBIT, FACE, AND NECK	TC	\$402.08	7/1/2021	12/31/2382
70542	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND NECK WITH CONTRAST MATERIAL(S)		\$441.76	7/1/2021	12/31/2382
70543	MAGNETIC RESONANCE INAMGING, ORBIT, FACE AND NECK WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S)		\$602.82	7/1/2021	12/31/2382
70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL(S)		\$415.80	7/1/2021	12/31/2382
70545	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITH CONTRAST MATERIAL(S)		\$441.76	7/1/2021	12/31/2382
70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTH		\$602.82	7/1/2021	12/31/2382
70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTH	XS	\$602.82	7/1/2021	12/31/2382
70547	MAGNETIC RESONANCE ANGIOGRAPHY, NECK, WITHOUT CONTRAST MATERIAL(S)		\$415.80	7/1/2021	12/31/2382
70548	MAGNETIC RESONANCE ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S)		\$441.76	7/1/2021	12/31/2382
70549	MAGNETIC RESONANCE ANGIOGRAPHY, NECK, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTH		\$602.82	7/1/2021	12/31/2382
70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL		\$415.80	7/1/2021	12/31/2382
70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL	26	\$84.14	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL	ME	\$415.80	7/1/2021	12/31/2382
70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL	MG	\$415.80	7/1/2021	12/31/2382
70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL	PO	\$415.80	7/1/2021	12/31/2382
70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL	QQ	\$415.80	7/1/2021	12/31/2382
70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL	TC	\$402.08	7/1/2021	12/31/2382
70552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITH CONTRAST MATERIAL(S)		\$441.76	7/1/2021	12/31/2382
70552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITH CONTRAST MATERIAL(S)	26	\$96.53	7/1/2021	12/31/2382
70552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITH CONTRAST MATERIAL(S)	TC	\$482.26	7/1/2021	12/31/2382
70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY		\$602.82	7/1/2021	12/31/2382
70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY	26	\$128.37	7/1/2021	12/31/2382
70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY	52	\$602.82	7/1/2021	12/31/2382
70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY	TC	\$893.05	7/1/2021	12/31/2382
70554	MAGNETIC RESONANCE IMAGING, BRAIN FUNCATIONAL MRI; INCLUDING TEST SELECTION AND ADMINISTRATION OF REPETITIVE		\$402.10	7/1/2021	12/31/2382
70555	MAGNETIC RESONANCE IMAGING, BRAIN FUNCATIONAL MRI; REQUIRING PHYSICIAN OR PSYCHOLOGIST ADMINISTRATION OF ENTIR		\$402.10	7/1/2021	12/31/2382
70557	MAGNETIC RESONANCE IMAGIN, BRAIN, DURING INTRACRANIAL PROCEDURE; WITHOUT CONTRAST MATERIAL		\$415.80	7/1/2021	12/31/2382
70558	MAGNETIC RESONANCE IMAGIN, BRAIN, DURING INTRACRANIAL PROCEDURE; WITH CONTRAST MATERIAL		\$441.76	7/1/2021	12/31/2382
70559	MAGNETIC RESONANCE IMAGIN, BRAIN, DURING INTRACRANIAL PROCEDURE; WITHOUT CONTRAST MATERIAL FOLLOWED		\$602.82	7/1/2021	12/31/2382
71010	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL		\$51.69	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
71010	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL	26	\$10.10	7/1/2021	12/31/2382
71010	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL	59	\$51.69	7/1/2021	12/31/2382
71010	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL	76	\$51.69	7/1/2021	12/31/2382
71010	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL	RT	\$51.69	7/1/2021	12/31/2382
71010	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL	TC	\$17.30	7/1/2021	12/31/2382
71010	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL	XU	\$51.69	7/1/2021	12/31/2382
71015	RADIOLOGIC EXAMINATION, CHEST; STEREO, FRONTAL		\$51.69	7/1/2021	12/31/2382
71015	RADIOLOGIC EXAMINATION, CHEST; STEREO, FRONTAL	26	\$11.76	7/1/2021	12/31/2382
71015	RADIOLOGIC EXAMINATION, CHEST; STEREO, FRONTAL	TC	\$19.05	7/1/2021	12/31/2382
71020	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL;		\$51.69	7/1/2021	12/31/2382
71020	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL;	26	\$12.34	7/1/2021	12/31/2382
71020	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL;	59	\$51.69	7/1/2021	12/31/2382
71020	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL;	GA	\$51.69	7/1/2021	12/31/2382
71020	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL;	TC	\$22.47	7/1/2021	12/31/2382
71021	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH APICAL LORDOTIC PROCEDURE		\$51.69	7/1/2021	12/31/2382
71021	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH APICAL LORDOTIC PROCEDURE	26	\$14.93	7/1/2021	12/31/2382
71021	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH APICAL LORDOTIC PROCEDURE	TC	\$26.58	7/1/2021	12/31/2382
71022	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH OBLIQUE PROJECTIONS		\$51.69	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
71022	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH OBLIQUE PROJECTIONS	26	\$17.34	7/1/2021	12/31/2382
71022	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH OBLIQUE PROJECTIONS	TC	\$26.58	7/1/2021	12/31/2382
71023	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH FLUOROSCOPY		\$94.18	7/1/2021	12/31/2382
71023	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH FLUOROSCOPY	26	\$21.34	7/1/2021	12/31/2382
71023	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH FLUOROSCOPY	TC	\$28.33	7/1/2021	12/31/2382
71030	RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF FOUR VIEWS;		\$51.69	7/1/2021	12/31/2382
71030	RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF FOUR VIEWS;	26	\$17.34	7/1/2021	12/31/2382
71030	RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF FOUR VIEWS;	TC	\$28.33	7/1/2021	12/31/2382
71034	RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF FOUR VIEWS; WITH FLUOROSCOPY		\$94.18	7/1/2021	12/31/2382
71034	RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF FOUR VIEWS; WITH FLUOROSCOPY	26	\$26.39	7/1/2021	12/31/2382
71034	RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF FOUR VIEWS; WITH FLUOROSCOPY	TC	\$51.85	7/1/2021	12/31/2382
71035	RADIOLOGIC EXAMINATION, CHEST, SPECIAL VIEWS (EG, LATERAL DECUBITUS, BUCKY STUDIES)		\$51.69	7/1/2021	12/31/2382
71035	RADIOLOGIC EXAMINATION, CHEST, SPECIAL VIEWS (EG, LATERAL DECUBITUS, BUCKY STUDIES)	26	\$10.10	7/1/2021	12/31/2382
71035	RADIOLOGIC EXAMINATION, CHEST, SPECIAL VIEWS (EG, LATERAL DECUBITUS, BUCKY STUDIES)	TC	\$19.05	7/1/2021	12/31/2382
71036	NEEDLE BIOPSY OF INTRATHORACIC LESION, INCLUDING FOLLOW-UP FILMS; FLUOROSCOPIC LOCALIZATION ONLY, RADIOLOGICAL		\$86.37	7/1/2021	12/31/2382
71036	NEEDLE BIOPSY OF INTRATHORACIC LESION, INCLUDING FOLLOW-UP FILMS; FLUOROSCOPIC LOCALIZATION ONLY, RADIOLOGICAL	26	\$31.39	7/1/2021	12/31/2382
71036	NEEDLE BIOPSY OF INTRATHORACIC LESION, INCLUDING FOLLOW-UP FILMS; FLUOROSCOPIC LOCALIZATION ONLY, RADIOLOGICAL	TC	\$56.67	7/1/2021	12/31/2382
71038	FLUOROSCOPIC LOCALIZATION FOR TRANSBRONCHIAL BIOPSY OR BRUSHING		\$90.14	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
71038	FLUOROSCOPIC LOCALIZATION FOR TRANSBRONCHIAL BIOPSY OR BRUSHING	26	\$31.39	7/1/2021	12/31/2382
71038	FLUOROSCOPIC LOCALIZATION FOR TRANSBRONCHIAL BIOPSY OR BRUSHING	TC	\$60.45	7/1/2021	12/31/2382
71040	BRONCHOGRAPHY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$120.32	7/1/2021	12/31/2382
71040	BRONCHOGRAPHY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$31.83	7/1/2021	12/31/2382
71040	BRONCHOGRAPHY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$52.55	7/1/2021	12/31/2382
71045	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW		\$55.98	7/1/2021	12/31/2382
71045	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	26	\$6.05	7/1/2021	12/31/2382
71045	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	77	\$55.98	7/1/2021	12/31/2382
71045	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	FY	\$55.98	7/1/2021	12/31/2382
71045	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	TC	\$6.97	7/1/2021	12/31/2382
71045	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	UD	\$55.98	7/1/2021	12/31/2382
71046	RADIOLOGIC EXAMINATION, CHEST; 2 VIEWS		\$55.98	7/1/2021	12/31/2382
71046	RADIOLOGIC EXAMINATION, CHEST; 2 VIEWS	26	\$7.21	7/1/2021	12/31/2382
71046	RADIOLOGIC EXAMINATION, CHEST; 2 VIEWS	FY	\$55.98	7/1/2021	12/31/2382
71046	RADIOLOGIC EXAMINATION, CHEST; 2 VIEWS	PN	\$55.98	7/1/2021	12/31/2382
71046	RADIOLOGIC EXAMINATION, CHEST; 2 VIEWS	PO	\$55.98	7/1/2021	12/31/2382
71046	RADIOLOGIC EXAMINATION, CHEST; 2 VIEWS	TC	\$12.79	7/1/2021	12/31/2382
71047	RADIOLOGIC EXAMINATION, CHEST; 3 VIEWS		\$55.98	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
71047	RADIOLOGIC EXAMINATION, CHEST; 3 VIEWS	26	\$9.30	7/1/2021	12/31/2382
71047	RADIOLOGIC EXAMINATION, CHEST; 3 VIEWS	TC	\$16.27	7/1/2021	12/31/2382
71048	RADIOLOGIC EXAMINATION, CHEST; 4 OR MORE VIEWS		\$103.14	7/1/2021	12/31/2382
71048	RADIOLOGIC EXAMINATION, CHEST; 4 OR MORE VIEWS	26	\$10.68	7/1/2021	12/31/2382
71048	RADIOLOGIC EXAMINATION, CHEST; 4 OR MORE VIEWS	TC	\$16.73	7/1/2021	12/31/2382
71060	BRONCHOGRAPHY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$120.32	7/1/2021	12/31/2382
71060	BRONCHOGRAPHY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$40.22	7/1/2021	12/31/2382
71060	BRONCHOGRAPHY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$79.13	7/1/2021	12/31/2382
71090	INSERTION PACEMAKER, FLUOROSCOPY AND RADIOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$94.18	7/1/2021	12/31/2382
71090	INSERTION PACEMAKER, FLUOROSCOPY AND RADIOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$29.71	7/1/2021	12/31/2382
71090	INSERTION PACEMAKER, FLUOROSCOPY AND RADIOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$60.45	7/1/2021	12/31/2382
71100	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; TWO VIEWS		\$51.69	7/1/2021	12/31/2382
71100	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; TWO VIEWS	26	\$12.54	7/1/2021	12/31/2382
71100	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; TWO VIEWS	59	\$51.69	7/1/2021	12/31/2382
71100	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; TWO VIEWS	LT	\$51.69	7/1/2021	12/31/2382
71100	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; TWO VIEWS	RT	\$51.69	7/1/2021	12/31/2382
71100	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; TWO VIEWS	TC	\$20.70	7/1/2021	12/31/2382
71101	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF THREE VIEWS		\$51.69	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
71101	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF THREE VIEWS	26	\$15.19	7/1/2021	12/31/2382
71101	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF THREE VIEWS	59	\$51.69	7/1/2021	12/31/2382
71101	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF THREE VIEWS	LT	\$51.69	7/1/2021	12/31/2382
71101	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF THREE VIEWS	RT	\$51.69	7/1/2021	12/31/2382
71101	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF THREE VIEWS	TC	\$24.22	7/1/2021	12/31/2382
71110	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; THREE VIEWS		\$51.69	7/1/2021	12/31/2382
71110	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; THREE VIEWS	26	\$15.19	7/1/2021	12/31/2382
71110	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; THREE VIEWS	TC	\$28.33	7/1/2021	12/31/2382
71111	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF FOUR VIEWS		\$87.98	7/1/2021	12/31/2382
71111	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF FOUR VIEWS	26	\$17.73	7/1/2021	12/31/2382
71111	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF FOUR VIEWS	59	\$87.98	7/1/2021	12/31/2382
71111	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF FOUR VIEWS	TC	\$32.10	7/1/2021	12/31/2382
71120	RADIOLOGIC EXAMINATION; STERNUM, MINIMUM OF TWO VIEWS		\$51.69	7/1/2021	12/31/2382
71120	RADIOLOGIC EXAMINATION; STERNUM, MINIMUM OF TWO VIEWS	26	\$11.23	7/1/2021	12/31/2382
71120	RADIOLOGIC EXAMINATION; STERNUM, MINIMUM OF TWO VIEWS	TC	\$23.51	7/1/2021	12/31/2382
71130	RADIOLOGIC EXAMINATION; STERNOCLAVICULAR JOINT OR JOINTS, MINIMUM OF THREE VIEWS		\$51.69	7/1/2021	12/31/2382
71130	RADIOLOGIC EXAMINATION; STERNOCLAVICULAR JOINT OR JOINTS, MINIMUM OF THREE VIEWS	26	\$12.34	7/1/2021	12/31/2382
71130	RADIOLOGIC EXAMINATION; STERNOCLAVICULAR JOINT OR JOINTS, MINIMUM OF THREE VIEWS	TC	\$25.28	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
71250	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL		\$223.98	7/1/2021	12/31/2382
71250	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	26	\$65.95	7/1/2021	12/31/2382
71250	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	59	\$223.98	7/1/2021	12/31/2382
71250	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	MC	\$223.98	7/1/2021	12/31/2382
71250	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	ME	\$223.98	7/1/2021	12/31/2382
71250	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	MG	\$223.98	7/1/2021	12/31/2382
71250	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	MH	\$223.98	7/1/2021	12/31/2382
71250	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	QQ	\$223.98	7/1/2021	12/31/2382
71250	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	TC	\$211.62	7/1/2021	12/31/2382
71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)		\$304.15	7/1/2021	12/31/2382
71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	26	\$70.65	7/1/2021	12/31/2382
71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	59	\$304.15	7/1/2021	12/31/2382
71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	MG	\$304.15	7/1/2021	12/31/2382
71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	MH	\$304.15	7/1/2021	12/31/2382
71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	QQ	\$304.15	7/1/2021	12/31/2382
71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	TC	\$253.73	7/1/2021	12/31/2382
71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER		\$361.77	7/1/2021	12/31/2382
71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER	26	\$78.51	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER	TC	\$317.08	7/1/2021	12/31/2382
71271	COMPUTED TOMOGRAPHY, THORAX, LOW DOSE FOR LUNG CANCER SCREENING, WITHOUT CONTRAST MATERIAL(S)		\$62.96	7/1/2021	12/31/2382
71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S), FOLLO		\$353.90	7/1/2021	12/31/2382
71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S), FOLLO	QQ	\$353.90	7/1/2021	12/31/2382
71550	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY)		\$415.80	7/1/2021	12/31/2382
71550	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY)	26	\$91.21	7/1/2021	12/31/2382
71550	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY)	TC	\$402.08	7/1/2021	12/31/2382
71551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPH WITH CONTRAS		\$441.76	7/1/2021	12/31/2382
71552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPH WITHOUT		\$602.82	7/1/2021	12/31/2382
71555	MAGNETIC RESONANCE IMAGING, CHEST		\$527.17	7/1/2021	12/31/2382
72010	RADIOLOGIC EXAMINATION, SPINE, ENTIRE, SURVEY STUDY, ANTEROPOSTERIOR AND LATERAL		\$51.69	7/1/2021	12/31/2382
72010	RADIOLOGIC EXAMINATION, SPINE, ENTIRE, SURVEY STUDY, ANTEROPOSTERIOR AND LATERAL	26	\$25.18	7/1/2021	12/31/2382
72010	RADIOLOGIC EXAMINATION, SPINE, ENTIRE, SURVEY STUDY, ANTEROPOSTERIOR AND LATERAL	TC	\$36.67	7/1/2021	12/31/2382
72020	RADIOLOGIC EXAMINATION, SPINE, SINGLE VIEW, SPECIFY LEVEL		\$51.69	7/1/2021	12/31/2382
72020	RADIOLOGIC EXAMINATION, SPINE, SINGLE VIEW, SPECIFY LEVEL	26	\$8.36	7/1/2021	12/31/2382
72020	RADIOLOGIC EXAMINATION, SPINE, SINGLE VIEW, SPECIFY LEVEL	59	\$51.69	7/1/2021	12/31/2382
72020	RADIOLOGIC EXAMINATION, SPINE, SINGLE VIEW, SPECIFY LEVEL	76	\$51.69	7/1/2021	12/31/2382
72020	RADIOLOGIC EXAMINATION, SPINE, SINGLE VIEW, SPECIFY LEVEL	TC	\$15.18	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
72040	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; ANTEROPOSTERIOR AND LATERAL		\$51.69	7/1/2021	12/31/2382
72040	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; ANTEROPOSTERIOR AND LATERAL	26	\$12.34	7/1/2021	12/31/2382
72040	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; ANTEROPOSTERIOR AND LATERAL	TC	\$21.76	7/1/2021	12/31/2382
72050	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; MINIMUM OF FOUR VIEWS		\$87.98	7/1/2021	12/31/2382
72050	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; MINIMUM OF FOUR VIEWS	26	\$17.34	7/1/2021	12/31/2382
72050	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; MINIMUM OF FOUR VIEWS	PO	\$87.98	7/1/2021	12/31/2382
72050	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; MINIMUM OF FOUR VIEWS	TC	\$32.10	7/1/2021	12/31/2382
72052	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; COMPLETE, INCLUDING OBLIQUE AND FLEXION AND/OR EXTENSION STUDIES		\$87.98	7/1/2021	12/31/2382
72052	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; COMPLETE, INCLUDING OBLIQUE AND FLEXION AND/OR EXTENSION STUDIES	26	\$19.95	7/1/2021	12/31/2382
72052	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; COMPLETE, INCLUDING OBLIQUE AND FLEXION AND/OR EXTENSION STUDIES	TC	\$40.45	7/1/2021	12/31/2382
72069	RADIOLOGIC EXAMINATION, SPINE, THORACOLUMBAR, STANDING (SCOLIOSIS)		\$51.69	7/1/2021	12/31/2382
72069	RADIOLOGIC EXAMINATION, SPINE, THORACOLUMBAR, STANDING (SCOLIOSIS)	26	\$11.58	7/1/2021	12/31/2382
72069	RADIOLOGIC EXAMINATION, SPINE, THORACOLUMBAR, STANDING (SCOLIOSIS)	TC	\$17.99	7/1/2021	12/31/2382
72070	RADIOLOGIC EXAMINATION, SPINE; THORACIC, ANTEROPOSTERIOR AND LATERAL		\$51.69	7/1/2021	12/31/2382
72070	RADIOLOGIC EXAMINATION, SPINE; THORACIC, ANTEROPOSTERIOR AND LATERAL	26	\$12.35	7/1/2021	12/31/2382
72070	RADIOLOGIC EXAMINATION, SPINE; THORACIC, ANTEROPOSTERIOR AND LATERAL	TC	\$23.51	7/1/2021	12/31/2382
72072	RADIOLOGIC EXAMINATION, SPINE; THORACIC, ANTEROPOSTERIOR AND LATERAL, INCLUDING SWIMMER'S VIEW OF THE CERVICOT		\$51.69	7/1/2021	12/31/2382
72072	RADIOLOGIC EXAMINATION, SPINE; THORACIC, ANTEROPOSTERIOR AND LATERAL, INCLUDING SWIMMER'S VIEW OF THE CERVICOT	26	\$12.34	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
72072	RADIOLOGIC EXAMINATION, SPINE; THORACIC, ANTEROPOSTERIOR AND LATERAL, INCLUDING SWIMMER'S VIEW OF THE CERVICOT	TC	\$26.58	7/1/2021	12/31/2382
72074	RADIOLOGIC EXAMINATION, SPINE; THORACIC, COMPLETE, INCLUDING OBLIQUES, MINIMUM OF FOUR VIEWS		\$51.69	7/1/2021	12/31/2382
72074	RADIOLOGIC EXAMINATION, SPINE; THORACIC, COMPLETE, INCLUDING OBLIQUES, MINIMUM OF FOUR VIEWS	26	\$12.34	7/1/2021	12/31/2382
72074	RADIOLOGIC EXAMINATION, SPINE; THORACIC, COMPLETE, INCLUDING OBLIQUES, MINIMUM OF FOUR VIEWS	TC	\$32.81	7/1/2021	12/31/2382
72080	RADIOLOGIC EXAMINATION, SPINE; THORACOLUMBAR, ANTEROPOSTERIOR AND LATERAL		\$51.69	7/1/2021	12/31/2382
72080	RADIOLOGIC EXAMINATION, SPINE; THORACOLUMBAR, ANTEROPOSTERIOR AND LATERAL	26	\$12.34	7/1/2021	12/31/2382
72080	RADIOLOGIC EXAMINATION, SPINE; THORACOLUMBAR, ANTEROPOSTERIOR AND LATERAL	TC	\$24.22	7/1/2021	12/31/2382
72081	X-RAY OF SPINE, 1 VIEW		\$58.45	7/1/2021	12/31/2382
72082	X-RAY OF SPINE, 2 OR 3 VIEWS		\$96.79	7/1/2021	12/31/2382
72083	X-RAY OF SPINE, 4 OR 5 VIEWS		\$184.52	7/1/2021	12/31/2382
72084	X-RAY OF SPINE, MINIMUM OF 6 VIEWS		\$184.52	7/1/2021	12/31/2382
72090	RADIOLOGIC EXAMINATION, SPINE; SCOLIOSIS STUDY, INCLUDING SUPINE AND ERECT STUDIES		\$87.98	7/1/2021	12/31/2382
72090	RADIOLOGIC EXAMINATION, SPINE; SCOLIOSIS STUDY, INCLUDING SUPINE AND ERECT STUDIES	26	\$15.48	7/1/2021	12/31/2382
72090	RADIOLOGIC EXAMINATION, SPINE; SCOLIOSIS STUDY, INCLUDING SUPINE AND ERECT STUDIES	TC	\$24.22	7/1/2021	12/31/2382
72100	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; ANTEROPOSTERIOR AND LATERAL		\$51.69	7/1/2021	12/31/2382
72100	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; ANTEROPOSTERIOR AND LATERAL	26	\$12.35	7/1/2021	12/31/2382
72100	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; ANTEROPOSTERIOR AND LATERAL	59	\$51.69	7/1/2021	12/31/2382
72100	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; ANTEROPOSTERIOR AND LATERAL	FY	\$51.69	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
72100	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; ANTEROPOSTERIOR AND LATERAL	PN	\$51.69	7/1/2021	12/31/2382
72100	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; ANTEROPOSTERIOR AND LATERAL	TC	\$24.22	7/1/2021	12/31/2382
72110	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLETE, WITH OBLIQUE VIEWS		\$87.98	7/1/2021	12/31/2382
72110	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLETE, WITH OBLIQUE VIEWS	26	\$17.34	7/1/2021	12/31/2382
72110	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLETE, WITH OBLIQUE VIEWS	TC	\$32.81	7/1/2021	12/31/2382
72114	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLETE, INCLUDING BENDING VIEWS		\$87.98	7/1/2021	12/31/2382
72114	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLETE, INCLUDING BENDING VIEWS	26	\$19.95	7/1/2021	12/31/2382
72114	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLETE, INCLUDING BENDING VIEWS	TC	\$42.20	7/1/2021	12/31/2382
72120	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL, BENDING VIEWS ONLY, MINIMUM OF FOUR VIEWS		\$87.98	7/1/2021	12/31/2382
72120	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL, BENDING VIEWS ONLY, MINIMUM OF FOUR VIEWS	26	\$12.34	7/1/2021	12/31/2382
72120	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL, BENDING VIEWS ONLY, MINIMUM OF FOUR VIEWS	TC	\$32.10	7/1/2021	12/31/2382
72125	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL		\$223.98	7/1/2021	12/31/2382
72125	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	26	\$65.95	7/1/2021	12/31/2382
72125	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	59	\$223.98	7/1/2021	12/31/2382
72125	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	ME	\$223.98	7/1/2021	12/31/2382
72125	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	MG	\$223.98	7/1/2021	12/31/2382
72125	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	QQ	\$223.98	7/1/2021	12/31/2382
72125	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	TC	\$211.62	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
72126	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITH CONTRAST MATERIAL		\$304.15	7/1/2021	12/31/2382
72126	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITH CONTRAST MATERIAL	26	\$69.20	7/1/2021	12/31/2382
72126	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITH CONTRAST MATERIAL	TC	\$253.73	7/1/2021	12/31/2382
72127	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND		\$361.77	7/1/2021	12/31/2382
72127	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND	26	\$72.29	7/1/2021	12/31/2382
72127	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND	TC	\$317.08	7/1/2021	12/31/2382
72128	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL		\$223.98	7/1/2021	12/31/2382
72128	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL	26	\$65.95	7/1/2021	12/31/2382
72128	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL	MG	\$223.98	7/1/2021	12/31/2382
72128	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL	QQ	\$223.98	7/1/2021	12/31/2382
72128	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL	TC	\$211.62	7/1/2021	12/31/2382
72129	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITH CONTRAST MATERIAL		\$304.15	7/1/2021	12/31/2382
72129	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITH CONTRAST MATERIAL	26	\$69.20	7/1/2021	12/31/2382
72129	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITH CONTRAST MATERIAL	TC	\$253.73	7/1/2021	12/31/2382
72130	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND		\$361.77	7/1/2021	12/31/2382
72130	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND	26	\$72.29	7/1/2021	12/31/2382
72130	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND	TC	\$317.08	7/1/2021	12/31/2382
72131	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL		\$223.98	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
72131	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	26	\$65.95	7/1/2021	12/31/2382
72131	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	ME	\$223.98	7/1/2021	12/31/2382
72131	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	MG	\$223.98	7/1/2021	12/31/2382
72131	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	QQ	\$223.98	7/1/2021	12/31/2382
72131	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	TC	\$211.62	7/1/2021	12/31/2382
72132	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL		\$304.15	7/1/2021	12/31/2382
72132	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL	26	\$69.20	7/1/2021	12/31/2382
72132	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL	TC	\$253.73	7/1/2021	12/31/2382
72133	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND F		\$361.77	7/1/2021	12/31/2382
72133	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND F	26	\$72.29	7/1/2021	12/31/2382
72133	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND F	TC	\$317.08	7/1/2021	12/31/2382
72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITHOUT CONTRAST MATERIAL		\$415.80	7/1/2021	12/31/2382
72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITHOUT CONTRAST MATERIAL	26	\$91.21	7/1/2021	12/31/2382
72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITHOUT CONTRAST MATERIAL	ME	\$415.80	7/1/2021	12/31/2382
72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITHOUT CONTRAST MATERIAL	MF	\$415.80	7/1/2021	12/31/2382
72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITHOUT CONTRAST MATERIAL	MG	\$415.80	7/1/2021	12/31/2382
72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITHOUT CONTRAST MATERIAL	MH	\$415.80	7/1/2021	12/31/2382
72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITHOUT CONTRAST MATERIAL	QQ	\$415.80	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITHOUT CONTRAST MATERIAL	TC	\$402.08	7/1/2021	12/31/2382
72142	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITH CONTRAST MATERIAL(S)		\$441.76	7/1/2021	12/31/2382
72142	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITH CONTRAST MATERIAL(S)	26	\$104.22	7/1/2021	12/31/2382
72142	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITH CONTRAST MATERIAL(S)	TC	\$482.26	7/1/2021	12/31/2382
72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL		\$415.80	7/1/2021	12/31/2382
72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	26	\$91.21	7/1/2021	12/31/2382
72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	MG	\$415.80	7/1/2021	12/31/2382
72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	TC	\$446.40	7/1/2021	12/31/2382
72147	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITH CONTRAST MATERIAL(S)		\$441.76	7/1/2021	12/31/2382
72147	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITH CONTRAST MATERIAL(S)	26	\$104.22	7/1/2021	12/31/2382
72147	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITH CONTRAST MATERIAL(S)	TC	\$482.26	7/1/2021	12/31/2382
72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL		\$415.80	7/1/2021	12/31/2382
72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	26	\$80.45	7/1/2021	12/31/2382
72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	MF	\$415.80	7/1/2021	12/31/2382
72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	MH	\$415.80	7/1/2021	12/31/2382
72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	TC	\$446.40	7/1/2021	12/31/2382
72149	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITH CONTRAST MATERIAL(S)		\$441.76	7/1/2021	12/31/2382
72149	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITH CONTRAST MATERIAL(S)	26	\$96.53	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
72149	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITH CONTRAST MATERIAL(S)	TC	\$482.26	7/1/2021	12/31/2382
72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CON		\$602.82	7/1/2021	12/31/2382
72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CON	26	\$139.23	7/1/2021	12/31/2382
72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CON	TC	\$893.05	7/1/2021	12/31/2382
72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CON		\$602.82	7/1/2021	12/31/2382
72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CON	26	\$139.23	7/1/2021	12/31/2382
72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CON	TC	\$893.05	7/1/2021	12/31/2382
72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CON		\$602.82	7/1/2021	12/31/2382
72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CON	26	\$128.37	7/1/2021	12/31/2382
72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CON	TC	\$893.05	7/1/2021	12/31/2382
72159	MAGNETIC RESONANCE IMAGING, SPINAL CANAL AND CONTENTS, WITH OR WITHOUT CONTRAST MATERIAL(S)		\$602.82	7/1/2021	12/31/2382
72170	RADIOLOGIC EXAMINATION, PELVIS; ANTEROPOSTERIOR ONLY		\$51.69	7/1/2021	12/31/2382
72170	RADIOLOGIC EXAMINATION, PELVIS; ANTEROPOSTERIOR ONLY	26	\$12.65	7/1/2021	12/31/2382
72170	RADIOLOGIC EXAMINATION, PELVIS; ANTEROPOSTERIOR ONLY	59	\$51.69	7/1/2021	12/31/2382
72170	RADIOLOGIC EXAMINATION, PELVIS; ANTEROPOSTERIOR ONLY	FY	\$51.69	7/1/2021	12/31/2382
72170	RADIOLOGIC EXAMINATION, PELVIS; ANTEROPOSTERIOR ONLY	LT	\$51.69	7/1/2021	12/31/2382
72170	RADIOLOGIC EXAMINATION, PELVIS; ANTEROPOSTERIOR ONLY	RT	\$51.69	7/1/2021	12/31/2382
72170	RADIOLOGIC EXAMINATION, PELVIS; ANTEROPOSTERIOR ONLY	TC	\$19.05	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
72190	RADIOLOGIC EXAMINATION, PELVIS; COMPLETE, MINIMUM OF THREE VIEWS		\$51.69	7/1/2021	12/31/2382
72190	RADIOLOGIC EXAMINATION, PELVIS; COMPLETE, MINIMUM OF THREE VIEWS	26	\$11.23	7/1/2021	12/31/2382
72190	RADIOLOGIC EXAMINATION, PELVIS; COMPLETE, MINIMUM OF THREE VIEWS	TC	\$24.22	7/1/2021	12/31/2382
72191	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, PELVIS, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND		\$353.90	7/1/2021	12/31/2382
72192	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL		\$223.98	7/1/2021	12/31/2382
72192	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	26	\$58.79	7/1/2021	12/31/2382
72192	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	MG	\$223.98	7/1/2021	12/31/2382
72192	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	TC	\$211.62	7/1/2021	12/31/2382
72193	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)		\$304.15	7/1/2021	12/31/2382
72193	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	26	\$62.94	7/1/2021	12/31/2382
72193	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	59	\$304.15	7/1/2021	12/31/2382
72193	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	GZ	\$304.15	7/1/2021	12/31/2382
72193	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	TC	\$245.47	7/1/2021	12/31/2382
72194	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER		\$361.77	7/1/2021	12/31/2382
72194	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER	26	\$65.77	7/1/2021	12/31/2382
72194	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER	TC	\$304.61	7/1/2021	12/31/2382
72195	MAGNETIC RESONANCE (EG, PROTON)IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL(S)		\$415.80	7/1/2021	12/31/2382
72196	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS		\$441.76	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
72196	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS	26	\$87.07	7/1/2021	12/31/2382
72196	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS	TC	\$402.08	7/1/2021	12/31/2382
72197	MAGNETIC RESONANCE (EG, PROTON)IMAGING, PELVIS; WITHOUTCONTRAST MATERIAL(S) AND FURTHER SEQUENCES		\$602.82	7/1/2021	12/31/2382
72198	MAGNETIC RESONANCE ANGIOGRAPHY, PELVIS, WITH OR WITHOUT CONTRAST MATERIAL(S)		\$523.36	7/1/2021	12/31/2382
72200	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; LESS THAN THREE VIEWS		\$51.69	7/1/2021	12/31/2382
72200	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; LESS THAN THREE VIEWS	26	\$9.10	7/1/2021	12/31/2382
72200	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; LESS THAN THREE VIEWS	TC	\$19.05	7/1/2021	12/31/2382
72202	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; THREE OR MORE VIEWS		\$51.69	7/1/2021	12/31/2382
72202	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; THREE OR MORE VIEWS	26	\$10.17	7/1/2021	12/31/2382
72202	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; THREE OR MORE VIEWS	PN	\$51.69	7/1/2021	12/31/2382
72202	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; THREE OR MORE VIEWS	TC	\$22.47	7/1/2021	12/31/2382
72220	RADIOLOGIC EXAMINATION, SACRUM AND COCCYX, MINIMUM OF TWO VIEWS		\$51.69	7/1/2021	12/31/2382
72220	RADIOLOGIC EXAMINATION, SACRUM AND COCCYX, MINIMUM OF TWO VIEWS	26	\$9.77	7/1/2021	12/31/2382
72220	RADIOLOGIC EXAMINATION, SACRUM AND COCCYX, MINIMUM OF TWO VIEWS	TC	\$20.70	7/1/2021	12/31/2382
72240	MYELOGRAPHY, CERVICAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$206.63	7/1/2021	12/31/2382
72240	MYELOGRAPHY, CERVICAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$51.65	7/1/2021	12/31/2382
72240	MYELOGRAPHY, CERVICAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$170.13	7/1/2021	12/31/2382
72255	MYELOGRAPHY, THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$206.63	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
72255	MYELOGRAPHY, THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$51.65	7/1/2021	12/31/2382
72255	MYELOGRAPHY, THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$155.29	7/1/2021	12/31/2382
72265	MYELOGRAPHY, LUMBOSACRAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$206.63	7/1/2021	12/31/2382
72265	MYELOGRAPHY, LUMBOSACRAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$46.95	7/1/2021	12/31/2382
72265	MYELOGRAPHY, LUMBOSACRAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$145.90	7/1/2021	12/31/2382
72270	MYELOGRAPHY, ENTIRE SPINAL CANAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$206.63	7/1/2021	12/31/2382
72270	MYELOGRAPHY, ENTIRE SPINAL CANAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$75.47	7/1/2021	12/31/2382
72270	MYELOGRAPHY, ENTIRE SPINAL CANAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$218.55	7/1/2021	12/31/2382
72275	EPIDUROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$206.63	7/1/2021	12/31/2382
72285	DISKOGRAPHY, CERVICAL OR THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$862.47	7/1/2021	12/31/2382
72285	DISKOGRAPHY, CERVICAL OR THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$45.09	7/1/2021	12/31/2382
72285	DISKOGRAPHY, CERVICAL OR THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$301.10	7/1/2021	12/31/2382
72291	RADIOLOGICAL SUPERVISION AND INTERPRETATION, PERCUTANEOUS VERTEBROPLASTY OR VERTEBRAL AUGMENTATION INCLUDING		\$180.99	7/1/2021	12/31/2382
72291	RADIOLOGICAL SUPERVISION AND INTERPRETATION, PERCUTANEOUS VERTEBROPLASTY OR VERTEBRAL AUGMENTATION INCLUDING	76	\$180.99	7/1/2021	12/31/2382
72292	RADIOLOGICAL SUPERVISION AND INTERPRETATION, PERCUTANEOUS VERTEBROPLASTY OR VERTEBRAL AUGMENTATION INCLUDING		\$180.99	7/1/2021	12/31/2382
72295	DISKOGRAPHY, LUMBAR, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$862.47	7/1/2021	12/31/2382
72295	DISKOGRAPHY, LUMBAR, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$45.09	7/1/2021	12/31/2382
72295	DISKOGRAPHY, LUMBAR, RADIOLOGICAL SUPERVISION AND INTERPRETATION	59	\$862.47	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
72295	DISKOGRAPHY, LUMBAR, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$281.80	7/1/2021	12/31/2382
73000	RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE		\$51.69	7/1/2021	12/31/2382
73000	RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE	26	\$8.66	7/1/2021	12/31/2382
73000	RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE	50	\$51.69	7/1/2021	12/31/2382
73000	RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE	LT	\$51.69	7/1/2021	12/31/2382
73000	RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE	RT	\$51.69	7/1/2021	12/31/2382
73000	RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE	TC	\$19.05	7/1/2021	12/31/2382
73010	RADIOLOGIC EXAMINATION; SCAPULA, COMPLETE		\$51.69	7/1/2021	12/31/2382
73010	RADIOLOGIC EXAMINATION; SCAPULA, COMPLETE	26	\$9.53	7/1/2021	12/31/2382
73010	RADIOLOGIC EXAMINATION; SCAPULA, COMPLETE	LT	\$51.69	7/1/2021	12/31/2382
73010	RADIOLOGIC EXAMINATION; SCAPULA, COMPLETE	RT	\$51.69	7/1/2021	12/31/2382
73010	RADIOLOGIC EXAMINATION; SCAPULA, COMPLETE	TC	\$19.05	7/1/2021	12/31/2382
73020	RADIOLOGIC EXAMINATION, SHOULDER; ONE VIEW		\$51.69	7/1/2021	12/31/2382
73020	RADIOLOGIC EXAMINATION, SHOULDER; ONE VIEW	26	\$8.24	7/1/2021	12/31/2382
73020	RADIOLOGIC EXAMINATION, SHOULDER; ONE VIEW	51	\$51.69	7/1/2021	12/31/2382
73020	RADIOLOGIC EXAMINATION, SHOULDER; ONE VIEW	59	\$51.69	7/1/2021	12/31/2382
73020	RADIOLOGIC EXAMINATION, SHOULDER; ONE VIEW	76	\$51.69	7/1/2021	12/31/2382
73020	RADIOLOGIC EXAMINATION, SHOULDER; ONE VIEW	LT	\$51.69	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
73020	RADIOLOGIC EXAMINATION, SHOULDER; ONE VIEW	RT	\$51.69	7/1/2021	12/31/2382
73020	RADIOLOGIC EXAMINATION, SHOULDER; ONE VIEW	TC	\$17.30	7/1/2021	12/31/2382
73030	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO VIEWS		\$51.69	7/1/2021	12/31/2382
73030	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO VIEWS	26	\$10.02	7/1/2021	12/31/2382
73030	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO VIEWS	50	\$51.69	7/1/2021	12/31/2382
73030	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO VIEWS	59	\$51.69	7/1/2021	12/31/2382
73030	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO VIEWS	76	\$51.69	7/1/2021	12/31/2382
73030	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO VIEWS	FY	\$51.69	7/1/2021	12/31/2382
73030	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO VIEWS	LT	\$51.69	7/1/2021	12/31/2382
73030	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO VIEWS	RT	\$51.69	7/1/2021	12/31/2382
73030	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO VIEWS	TC	\$20.70	7/1/2021	12/31/2382
73040	RADIOLOGIC EXAMINATION, SHOULDER, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$247.49	7/1/2021	12/31/2382
73040	RADIOLOGIC EXAMINATION, SHOULDER, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$29.71	7/1/2021	12/31/2382
73040	RADIOLOGIC EXAMINATION, SHOULDER, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	LT	\$247.49	7/1/2021	12/31/2382
73040	RADIOLOGIC EXAMINATION, SHOULDER, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	RT	\$247.49	7/1/2021	12/31/2382
73040	RADIOLOGIC EXAMINATION, SHOULDER, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$75.36	7/1/2021	12/31/2382
73050	RADIOLOGIC EXAMINATION; ACROMIOCLAVICULAR JOINTS, BILATERAL, WITH OR WITHOUT WEIGHTED DISTRACTION		\$51.69	7/1/2021	12/31/2382
73050	RADIOLOGIC EXAMINATION; ACROMIOCLAVICULAR JOINTS, BILATERAL, WITH OR WITHOUT WEIGHTED DISTRACTION	26	\$11.06	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
73050	RADIOLOGIC EXAMINATION; ACROMIOCLAVICULAR JOINTS, BILATERAL, WITH OR WITHOUT WEIGHTED DISTRACTION	50	\$51.69	7/1/2021	12/31/2382
73050	RADIOLOGIC EXAMINATION; ACROMIOCLAVICULAR JOINTS, BILATERAL, WITH OR WITHOUT WEIGHTED DISTRACTION	RT	\$51.69	7/1/2021	12/31/2382
73050	RADIOLOGIC EXAMINATION; ACROMIOCLAVICULAR JOINTS, BILATERAL, WITH OR WITHOUT WEIGHTED DISTRACTION	TC	\$24.22	7/1/2021	12/31/2382
73060	RADIOLOGIC EXAMINATION; HUMERUS, MINIMUM OF TWO VIEWS		\$51.69	7/1/2021	12/31/2382
73060	RADIOLOGIC EXAMINATION; HUMERUS, MINIMUM OF TWO VIEWS	26	\$9.24	7/1/2021	12/31/2382
73060	RADIOLOGIC EXAMINATION; HUMERUS, MINIMUM OF TWO VIEWS	59	\$51.69	7/1/2021	12/31/2382
73060	RADIOLOGIC EXAMINATION; HUMERUS, MINIMUM OF TWO VIEWS	76	\$51.69	7/1/2021	12/31/2382
73060	RADIOLOGIC EXAMINATION; HUMERUS, MINIMUM OF TWO VIEWS	LT	\$51.69	7/1/2021	12/31/2382
73060	RADIOLOGIC EXAMINATION; HUMERUS, MINIMUM OF TWO VIEWS	RT	\$51.69	7/1/2021	12/31/2382
73060	RADIOLOGIC EXAMINATION; HUMERUS, MINIMUM OF TWO VIEWS	TC	\$20.70	7/1/2021	12/31/2382
73070	RADIOLOGIC EXAMINATION, ELBOW; ANTEROPOSTERIOR AND LATERAL VIEWS		\$51.69	7/1/2021	12/31/2382
73070	RADIOLOGIC EXAMINATION, ELBOW; ANTEROPOSTERIOR AND LATERAL VIEWS	26	\$8.36	7/1/2021	12/31/2382
73070	RADIOLOGIC EXAMINATION, ELBOW; ANTEROPOSTERIOR AND LATERAL VIEWS	50	\$51.69	7/1/2021	12/31/2382
73070	RADIOLOGIC EXAMINATION, ELBOW; ANTEROPOSTERIOR AND LATERAL VIEWS	59	\$51.69	7/1/2021	12/31/2382
73070	RADIOLOGIC EXAMINATION, ELBOW; ANTEROPOSTERIOR AND LATERAL VIEWS	LT	\$51.69	7/1/2021	12/31/2382
73070	RADIOLOGIC EXAMINATION, ELBOW; ANTEROPOSTERIOR AND LATERAL VIEWS	RT	\$51.69	7/1/2021	12/31/2382
73070	RADIOLOGIC EXAMINATION, ELBOW; ANTEROPOSTERIOR AND LATERAL VIEWS	TC	\$19.05	7/1/2021	12/31/2382
73080	RADIOLOGIC EXAMINATION, ELBOW; COMPLETE, MINIMUM OF THREE VIEWS		\$51.69	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
73080	RADIOLOGIC EXAMINATION, ELBOW; COMPLETE, MINIMUM OF THREE VIEWS	26	\$9.77	7/1/2021	12/31/2382
73080	RADIOLOGIC EXAMINATION, ELBOW; COMPLETE, MINIMUM OF THREE VIEWS	50	\$51.69	7/1/2021	12/31/2382
73080	RADIOLOGIC EXAMINATION, ELBOW; COMPLETE, MINIMUM OF THREE VIEWS	LT	\$51.69	7/1/2021	12/31/2382
73080	RADIOLOGIC EXAMINATION, ELBOW; COMPLETE, MINIMUM OF THREE VIEWS	RT	\$51.69	7/1/2021	12/31/2382
73080	RADIOLOGIC EXAMINATION, ELBOW; COMPLETE, MINIMUM OF THREE VIEWS	TC	\$20.70	7/1/2021	12/31/2382
73085	RADIOLOGIC EXAMINATION, ELBOW, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$247.49	7/1/2021	12/31/2382
73085	RADIOLOGIC EXAMINATION, ELBOW, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$29.71	7/1/2021	12/31/2382
73085	RADIOLOGIC EXAMINATION, ELBOW, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$75.36	7/1/2021	12/31/2382
73090	RADIOLOGIC EXAMINATION; FOREARM, ANTEROPOSTERIOR AND LATERAL VIEWS		\$51.69	7/1/2021	12/31/2382
73090	RADIOLOGIC EXAMINATION; FOREARM, ANTEROPOSTERIOR AND LATERAL VIEWS	26	\$8.86	7/1/2021	12/31/2382
73090	RADIOLOGIC EXAMINATION; FOREARM, ANTEROPOSTERIOR AND LATERAL VIEWS	50	\$51.69	7/1/2021	12/31/2382
73090	RADIOLOGIC EXAMINATION; FOREARM, ANTEROPOSTERIOR AND LATERAL VIEWS	LT	\$51.69	7/1/2021	12/31/2382
73090	RADIOLOGIC EXAMINATION; FOREARM, ANTEROPOSTERIOR AND LATERAL VIEWS	RT	\$51.69	7/1/2021	12/31/2382
73090	RADIOLOGIC EXAMINATION; FOREARM, ANTEROPOSTERIOR AND LATERAL VIEWS	TC	\$19.05	7/1/2021	12/31/2382
73090	RADIOLOGIC EXAMINATION; FOREARM, ANTEROPOSTERIOR AND LATERAL VIEWS	XU	\$51.69	7/1/2021	12/31/2382
73092	RADIOLOGIC EXAMINATION; UPPER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS		\$51.69	7/1/2021	12/31/2382
73092	RADIOLOGIC EXAMINATION; UPPER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS	26	\$8.51	7/1/2021	12/31/2382
73092	RADIOLOGIC EXAMINATION; UPPER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS	TC	\$17.99	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
73100	RADIOLOGIC EXAMINATION, WRIST; ANTEROPOSTERIOR AND LATERAL VIEWS		\$51.69	7/1/2021	12/31/2382
73100	RADIOLOGIC EXAMINATION, WRIST; ANTEROPOSTERIOR AND LATERAL VIEWS	26	\$8.51	7/1/2021	12/31/2382
73100	RADIOLOGIC EXAMINATION, WRIST; ANTEROPOSTERIOR AND LATERAL VIEWS	50	\$51.69	7/1/2021	12/31/2382
73100	RADIOLOGIC EXAMINATION, WRIST; ANTEROPOSTERIOR AND LATERAL VIEWS	59	\$51.69	7/1/2021	12/31/2382
73100	RADIOLOGIC EXAMINATION, WRIST; ANTEROPOSTERIOR AND LATERAL VIEWS	LT	\$51.69	7/1/2021	12/31/2382
73100	RADIOLOGIC EXAMINATION, WRIST; ANTEROPOSTERIOR AND LATERAL VIEWS	PO	\$51.69	7/1/2021	12/31/2382
73100	RADIOLOGIC EXAMINATION, WRIST; ANTEROPOSTERIOR AND LATERAL VIEWS	RT	\$51.69	7/1/2021	12/31/2382
73100	RADIOLOGIC EXAMINATION, WRIST; ANTEROPOSTERIOR AND LATERAL VIEWS	TC	\$17.99	7/1/2021	12/31/2382
73110	RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF THREE VIEWS		\$51.69	7/1/2021	12/31/2382
73110	RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF THREE VIEWS	26	\$9.77	7/1/2021	12/31/2382
73110	RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF THREE VIEWS	50	\$51.69	7/1/2021	12/31/2382
73110	RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF THREE VIEWS	76	\$51.69	7/1/2021	12/31/2382
73110	RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF THREE VIEWS	LT	\$51.69	7/1/2021	12/31/2382
73110	RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF THREE VIEWS	RT	\$51.69	7/1/2021	12/31/2382
73110	RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF THREE VIEWS	TC	\$19.39	7/1/2021	12/31/2382
73115	RADIOLOGIC EXAMINATION, WRIST, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$247.49	7/1/2021	12/31/2382
73115	RADIOLOGIC EXAMINATION, WRIST, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$29.71	7/1/2021	12/31/2382
73115	RADIOLOGIC EXAMINATION, WRIST, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	RT	\$247.49	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
73115	RADIOLOGIC EXAMINATION, WRIST, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$56.67	7/1/2021	12/31/2382
73120	RADIOLOGIC EXAMINATION, HAND; TWO VIEWS		\$51.69	7/1/2021	12/31/2382
73120	RADIOLOGIC EXAMINATION, HAND; TWO VIEWS	26	\$8.51	7/1/2021	12/31/2382
73120	RADIOLOGIC EXAMINATION, HAND; TWO VIEWS	LT	\$51.69	7/1/2021	12/31/2382
73120	RADIOLOGIC EXAMINATION, HAND; TWO VIEWS	RT	\$51.69	7/1/2021	12/31/2382
73120	RADIOLOGIC EXAMINATION, HAND; TWO VIEWS	TC	\$17.99	7/1/2021	12/31/2382
73130	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEWS		\$51.69	7/1/2021	12/31/2382
73130	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEWS	26	\$9.77	7/1/2021	12/31/2382
73130	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEWS	50	\$51.69	7/1/2021	12/31/2382
73130	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEWS	59	\$51.69	7/1/2021	12/31/2382
73130	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEWS	76	\$51.69	7/1/2021	12/31/2382
73130	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEWS	LT	\$51.69	7/1/2021	12/31/2382
73130	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEWS	RT	\$51.69	7/1/2021	12/31/2382
73130	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEWS	TC	\$19.39	7/1/2021	12/31/2382
73140	RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO VIEWS		\$51.69	7/1/2021	12/31/2382
73140	RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO VIEWS	26	\$7.07	7/1/2021	12/31/2382
73140	RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO VIEWS	59	\$51.69	7/1/2021	12/31/2382
73140	RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO VIEWS	76	\$51.69	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
73140	RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO VIEWS	F1	\$51.69	7/1/2021	12/31/2382
73140	RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO VIEWS	F3	\$51.69	7/1/2021	12/31/2382
73140	RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO VIEWS	F4	\$51.69	7/1/2021	12/31/2382
73140	RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO VIEWS	F5	\$51.69	7/1/2021	12/31/2382
73140	RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO VIEWS	F6	\$51.69	7/1/2021	12/31/2382
73140	RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO VIEWS	F7	\$51.69	7/1/2021	12/31/2382
73140	RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO VIEWS	F8	\$51.69	7/1/2021	12/31/2382
73140	RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO VIEWS	LT	\$51.69	7/1/2021	12/31/2382
73140	RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO VIEWS	RT	\$51.69	7/1/2021	12/31/2382
73140	RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO VIEWS	TC	\$15.18	7/1/2021	12/31/2382
73200	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL		\$223.98	7/1/2021	12/31/2382
73200	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	26	\$61.44	7/1/2021	12/31/2382
73200	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	LT	\$223.98	7/1/2021	12/31/2382
73200	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	RT	\$223.98	7/1/2021	12/31/2382
73200	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	TC	\$177.75	7/1/2021	12/31/2382
73201	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITH CONTRAST MATERIAL(S)		\$304.15	7/1/2021	12/31/2382
73201	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITH CONTRAST MATERIAL(S)	26	\$65.95	7/1/2021	12/31/2382
73201	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITH CONTRAST MATERIAL(S)	TC	\$211.62	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
73202	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AN		\$361.77	7/1/2021	12/31/2382
73202	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AN	26	\$69.20	7/1/2021	12/31/2382
73202	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AN	TC	\$266.54	7/1/2021	12/31/2382
73206	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, UPPER EXTREMITY, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL		\$353.90	7/1/2021	12/31/2382
73218	MAGNETIC RESONANCE (EG, PROTON)IMAGING, UPPER EXTREMITY OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S)		\$415.80	7/1/2021	12/31/2382
73218	MAGNETIC RESONANCE (EG, PROTON)IMAGING, UPPER EXTREMITY OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S)	LT	\$415.80	7/1/2021	12/31/2382
73218	MAGNETIC RESONANCE (EG, PROTON)IMAGING, UPPER EXTREMITY OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S)	RT	\$415.80	7/1/2021	12/31/2382
73219	MAGNETIC RESONANCE (EG, PROTON)IMAGING, UPPER EXTREMITY0THER THAN JOINT; WITH CONTRAST MATERIEL(S)		\$441.76	7/1/2021	12/31/2382
73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT		\$602.82	7/1/2021	12/31/2382
73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT	26	\$84.14	7/1/2021	12/31/2382
73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT	LT	\$602.82	7/1/2021	12/31/2382
73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT	RT	\$602.82	7/1/2021	12/31/2382
73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT	TC	\$402.08	7/1/2021	12/31/2382
73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY		\$415.80	7/1/2021	12/31/2382
73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY	26	\$51.45	7/1/2021	12/31/2382
73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY	50	\$415.80	7/1/2021	12/31/2382
73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY	LT	\$415.80	7/1/2021	12/31/2382
73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY	RT	\$415.80	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY	TC	\$402.08	7/1/2021	12/31/2382
73222	MAGNETIC RESONANCE (EG, PROTON)IMAGING, ANY JOINT OF UPPER EXTREMITY WITH; CONTRAST MATERIAL(S)		\$441.76	7/1/2021	12/31/2382
73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED		\$602.82	7/1/2021	12/31/2382
73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED	LT	\$602.82	7/1/2021	12/31/2382
73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED	RT	\$602.82	7/1/2021	12/31/2382
73225	MAGNETIC RSONANCE ANGIOGRAPHY, UPPER EXTREMITY, WITH OR WITHOUT CONTRAST MATERIAL(S)		\$428.78	7/1/2021	12/31/2382
73500	RADIOLOGIC EXAMINATION, HIP; UNILATERAL, ONE VIEW		\$51.69	7/1/2021	12/31/2382
73500	RADIOLOGIC EXAMINATION, HIP; UNILATERAL, ONE VIEW	26	\$9.32	7/1/2021	12/31/2382
73500	RADIOLOGIC EXAMINATION, HIP; UNILATERAL, ONE VIEW	LT	\$51.69	7/1/2021	12/31/2382
73500	RADIOLOGIC EXAMINATION, HIP; UNILATERAL, ONE VIEW	RT	\$51.69	7/1/2021	12/31/2382
73500	RADIOLOGIC EXAMINATION, HIP; UNILATERAL, ONE VIEW	TC	\$17.30	7/1/2021	12/31/2382
73501	X-RAY OF HIP WITH PELVIS, 1 VIEW		\$58.45	7/1/2021	12/31/2382
73501	X-RAY OF HIP WITH PELVIS, 1 VIEW	LT	\$58.45	7/1/2021	12/31/2382
73501	X-RAY OF HIP WITH PELVIS, 1 VIEW	RT	\$58.45	7/1/2021	12/31/2382
73502	X-RAY OF HIP WITH PELVIS, 2-3 VIEWS		\$58.45	7/1/2021	12/31/2382
73502	X-RAY OF HIP WITH PELVIS, 2-3 VIEWS	LT	\$58.45	7/1/2021	12/31/2382
73502	X-RAY OF HIP WITH PELVIS, 2-3 VIEWS	PN	\$58.45	7/1/2021	12/31/2382
73502	X-RAY OF HIP WITH PELVIS, 2-3 VIEWS	RT	\$58.45	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
73503	X-RAY OF HIP WITH PELVIS, MINIMUM OF 4 VIEWS		\$96.79	7/1/2021	12/31/2382
73510	RADIOLOGIC EXAMINATION, HIP; COMPLETE, MINIMUM OF TWO VIEWS		\$51.69	7/1/2021	12/31/2382
73510	RADIOLOGIC EXAMINATION, HIP; COMPLETE, MINIMUM OF TWO VIEWS	26	\$11.76	7/1/2021	12/31/2382
73510	RADIOLOGIC EXAMINATION, HIP; COMPLETE, MINIMUM OF TWO VIEWS	50	\$51.69	7/1/2021	12/31/2382
73510	RADIOLOGIC EXAMINATION, HIP; COMPLETE, MINIMUM OF TWO VIEWS	59	\$51.69	7/1/2021	12/31/2382
73510	RADIOLOGIC EXAMINATION, HIP; COMPLETE, MINIMUM OF TWO VIEWS	76	\$51.69	7/1/2021	12/31/2382
73510	RADIOLOGIC EXAMINATION, HIP; COMPLETE, MINIMUM OF TWO VIEWS	LT	\$51.69	7/1/2021	12/31/2382
73510	RADIOLOGIC EXAMINATION, HIP; COMPLETE, MINIMUM OF TWO VIEWS	RT	\$51.69	7/1/2021	12/31/2382
73510	RADIOLOGIC EXAMINATION, HIP; COMPLETE, MINIMUM OF TWO VIEWS	TC	\$20.70	7/1/2021	12/31/2382
73520	RADIOLOGIC EXAMINATION, HIPS, BILATERAL, MINIMUM OF TWO VIEWS OF EACH HIP, INCLUDING ANTEROPOSTERIOR VIEW OF P		\$87.98	7/1/2021	12/31/2382
73520	RADIOLOGIC EXAMINATION, HIPS, BILATERAL, MINIMUM OF TWO VIEWS OF EACH HIP, INCLUDING ANTEROPOSTERIOR VIEW OF P	26	\$14.65	7/1/2021	12/31/2382
73520	RADIOLOGIC EXAMINATION, HIPS, BILATERAL, MINIMUM OF TWO VIEWS OF EACH HIP, INCLUDING ANTEROPOSTERIOR VIEW OF P	TC	\$24.22	7/1/2021	12/31/2382
73521	X-RAY OF BOTH HIPS WITH PELVIS, 2 VIEWS		\$96.79	7/1/2021	12/31/2382
73522	X-RAY OF BOTH HIPS WITH PELVIS, 3-4 VIEWS		\$96.79	7/1/2021	12/31/2382
73523	X-RAY OF BOTH HIPS WITH PELVIS, MINIMUM OF 5 VIEWS		\$184.52	7/1/2021	12/31/2382
73525	RADIOLOGIC EXAMINATION, HIP, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$247.49	7/1/2021	12/31/2382
73525	RADIOLOGIC EXAMINATION, HIP, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$29.71	7/1/2021	12/31/2382
73525	RADIOLOGIC EXAMINATION, HIP, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	59	\$247.49	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
73525	RADIOLOGIC EXAMINATION, HIP, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	LT	\$247.49	7/1/2021	12/31/2382
73525	RADIOLOGIC EXAMINATION, HIP, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	RT	\$247.49	7/1/2021	12/31/2382
73525	RADIOLOGIC EXAMINATION, HIP, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$75.36	7/1/2021	12/31/2382
73530	RADIOLOGIC EXAMINATION, HIP, DURING OPERATIVE PROCEDURE		\$87.98	7/1/2021	12/31/2382
73530	RADIOLOGIC EXAMINATION, HIP, DURING OPERATIVE PROCEDURE	26	\$16.22	7/1/2021	12/31/2382
73530	RADIOLOGIC EXAMINATION, HIP, DURING OPERATIVE PROCEDURE	RT	\$87.98	7/1/2021	12/31/2382
73530	RADIOLOGIC EXAMINATION, HIP, DURING OPERATIVE PROCEDURE	TC	\$19.05	7/1/2021	12/31/2382
73540	RADIOLOGIC EXAMINATION, PELVIS AND HIPS, INFANT OR CHILD, MINIMUM OF TWO VIEWS		\$51.69	7/1/2021	12/31/2382
73540	RADIOLOGIC EXAMINATION, PELVIS AND HIPS, INFANT OR CHILD, MINIMUM OF TWO VIEWS	26	\$11.44	7/1/2021	12/31/2382
73540	RADIOLOGIC EXAMINATION, PELVIS AND HIPS, INFANT OR CHILD, MINIMUM OF TWO VIEWS	TC	\$20.70	7/1/2021	12/31/2382
73542	RADIOLOGICAL JOINT ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$247.49	7/1/2021	12/31/2382
73550	RADIOLOGIC EXAMINATION, FEMUR, ANTEROPOSTERIOR AND LATERAL VIEWS		\$51.69	7/1/2021	12/31/2382
73550	RADIOLOGIC EXAMINATION, FEMUR, ANTEROPOSTERIOR AND LATERAL VIEWS	26	\$9.62	7/1/2021	12/31/2382
73550	RADIOLOGIC EXAMINATION, FEMUR, ANTEROPOSTERIOR AND LATERAL VIEWS	50	\$51.69	7/1/2021	12/31/2382
73550	RADIOLOGIC EXAMINATION, FEMUR, ANTEROPOSTERIOR AND LATERAL VIEWS	LT	\$51.69	7/1/2021	12/31/2382
73550	RADIOLOGIC EXAMINATION, FEMUR, ANTEROPOSTERIOR AND LATERAL VIEWS	RT	\$51.69	7/1/2021	12/31/2382
73550	RADIOLOGIC EXAMINATION, FEMUR, ANTEROPOSTERIOR AND LATERAL VIEWS	TC	\$20.70	7/1/2021	12/31/2382
73551	X-RAY OF FEMUR, 1 VIEW		\$58.45	7/1/2021	12/31/2382

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73551	X-RAY OF FEMUR, 1 VIEW	LT	\$58.45	7/1/2021	12/31/2382
73551	X-RAY OF FEMUR, 1 VIEW	RT	\$58.45	7/1/2021	12/31/2382
73552	X-RAY OF FEMUR, MINIMUM 2 VIEWS		\$58.45	7/1/2021	12/31/2382
73552	X-RAY OF FEMUR, MINIMUM 2 VIEWS	LT	\$58.45	7/1/2021	12/31/2382
73552	X-RAY OF FEMUR, MINIMUM 2 VIEWS	RT	\$58.45	7/1/2021	12/31/2382
73560	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL VIEWS		\$51.69	7/1/2021	12/31/2382
73560	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL VIEWS	26	\$8.98	7/1/2021	12/31/2382
73560	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL VIEWS	50	\$51.69	7/1/2021	12/31/2382
73560	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL VIEWS	59	\$87.98	7/1/2021	12/31/2382
73560	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL VIEWS	LT	\$51.69	7/1/2021	12/31/2382
73560	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL VIEWS	RT	\$51.69	7/1/2021	12/31/2382
73560	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL VIEWS	TC	\$19.05	7/1/2021	12/31/2382
73562	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL, WITH OBLIQUE(S), MINIMUM OF THREE VIEWS		\$51.69	7/1/2021	12/31/2382
73562	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL, WITH OBLIQUE(S), MINIMUM OF THREE VIEWS	26	\$10.33	7/1/2021	12/31/2382
73562	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL, WITH OBLIQUE(S), MINIMUM OF THREE VIEWS	50	\$51.69	7/1/2021	12/31/2382
73562	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL, WITH OBLIQUE(S), MINIMUM OF THREE VIEWS	59	\$51.69	7/1/2021	12/31/2382
73562	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL, WITH OBLIQUE(S), MINIMUM OF THREE VIEWS	76	\$51.69	7/1/2021	12/31/2382
73562	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL, WITH OBLIQUE(S), MINIMUM OF THREE VIEWS	LT	\$51.69	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
73562	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL, WITH OBLIQUE(S), MINIMUM OF THREE VIEWS	RT	\$51.69	7/1/2021	12/31/2382
73562	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL, WITH OBLIQUE(S), MINIMUM OF THREE VIEWS	TC	\$20.70	7/1/2021	12/31/2382
73564	RADIOLOGIC EXAMINATION, KNEE; COMPLETE, INCLUDING OBLIQUE(S), AND TUNNEL, AND/OR PATELLAR AND/OR STANDING VIEW		\$51.69	7/1/2021	12/31/2382
73564	RADIOLOGIC EXAMINATION, KNEE; COMPLETE, INCLUDING OBLIQUE(S), AND TUNNEL, AND/OR PATELLAR AND/OR STANDING VIEW	26	\$12.54	7/1/2021	12/31/2382
73564	RADIOLOGIC EXAMINATION, KNEE; COMPLETE, INCLUDING OBLIQUE(S), AND TUNNEL, AND/OR PATELLAR AND/OR STANDING VIEW	50	\$51.69	7/1/2021	12/31/2382
73564	RADIOLOGIC EXAMINATION, KNEE; COMPLETE, INCLUDING OBLIQUE(S), AND TUNNEL, AND/OR PATELLAR AND/OR STANDING VIEW	76	\$51.69	7/1/2021	12/31/2382
73564	RADIOLOGIC EXAMINATION, KNEE; COMPLETE, INCLUDING OBLIQUE(S), AND TUNNEL, AND/OR PATELLAR AND/OR STANDING VIEW	LT	\$51.69	7/1/2021	12/31/2382
73564	RADIOLOGIC EXAMINATION, KNEE; COMPLETE, INCLUDING OBLIQUE(S), AND TUNNEL, AND/OR PATELLAR AND/OR STANDING VIEW	RT	\$51.69	7/1/2021	12/31/2382
73564	RADIOLOGIC EXAMINATION, KNEE; COMPLETE, INCLUDING OBLIQUE(S), AND TUNNEL, AND/OR PATELLAR AND/OR STANDING VIEW	TC	\$22.47	7/1/2021	12/31/2382
73565	RADIOLOGIC EXAMINATION, KNEE; BOTH KNEES, STANDING, ANTEROPOSTERIOR		\$51.69	7/1/2021	12/31/2382
73565	RADIOLOGIC EXAMINATION, KNEE; BOTH KNEES, STANDING, ANTEROPOSTERIOR	26	\$12.01	7/1/2021	12/31/2382
73565	RADIOLOGIC EXAMINATION, KNEE; BOTH KNEES, STANDING, ANTEROPOSTERIOR	59	\$51.69	7/1/2021	12/31/2382
73565	RADIOLOGIC EXAMINATION, KNEE; BOTH KNEES, STANDING, ANTEROPOSTERIOR	TC	\$17.99	7/1/2021	12/31/2382
73580	RADIOLOGIC EXAMINATION, KNEE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$247.49	7/1/2021	12/31/2382
73580	RADIOLOGIC EXAMINATION, KNEE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$29.71	7/1/2021	12/31/2382
73580	RADIOLOGIC EXAMINATION, KNEE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$94.31	7/1/2021	12/31/2382
73590	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, ANTEROPOSTERIOR AND LATERAL VIEWS		\$51.69	7/1/2021	12/31/2382
73590	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, ANTEROPOSTERIOR AND LATERAL VIEWS	26	\$8.98	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
73590	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, ANTEROPOSTERIOR AND LATERAL VIEWS	50	\$51.69	7/1/2021	12/31/2382
73590	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, ANTEROPOSTERIOR AND LATERAL VIEWS	LT	\$51.69	7/1/2021	12/31/2382
73590	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, ANTEROPOSTERIOR AND LATERAL VIEWS	RT	\$51.69	7/1/2021	12/31/2382
73590	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, ANTEROPOSTERIOR AND LATERAL VIEWS	TC	\$19.05	7/1/2021	12/31/2382
73592	RADIOLOGIC EXAMINATION; LOWER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS		\$51.69	7/1/2021	12/31/2382
73592	RADIOLOGIC EXAMINATION; LOWER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS	26	\$8.51	7/1/2021	12/31/2382
73592	RADIOLOGIC EXAMINATION; LOWER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS	TC	\$17.99	7/1/2021	12/31/2382
73600	RADIOLOGIC EXAMINATION, ANKLE; ANTEROPOSTERIOR AND LATERAL VIEWS		\$51.69	7/1/2021	12/31/2382
73600	RADIOLOGIC EXAMINATION, ANKLE; ANTEROPOSTERIOR AND LATERAL VIEWS	26	\$8.53	7/1/2021	12/31/2382
73600	RADIOLOGIC EXAMINATION, ANKLE; ANTEROPOSTERIOR AND LATERAL VIEWS	LT	\$51.69	7/1/2021	12/31/2382
73600	RADIOLOGIC EXAMINATION, ANKLE; ANTEROPOSTERIOR AND LATERAL VIEWS	RT	\$51.69	7/1/2021	12/31/2382
73600	RADIOLOGIC EXAMINATION, ANKLE; ANTEROPOSTERIOR AND LATERAL VIEWS	TC	\$17.99	7/1/2021	12/31/2382
73610	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF THREE VIEWS		\$51.69	7/1/2021	12/31/2382
73610	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF THREE VIEWS	26	\$9.77	7/1/2021	12/31/2382
73610	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF THREE VIEWS	50	\$51.69	7/1/2021	12/31/2382
73610	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF THREE VIEWS	59	\$51.69	7/1/2021	12/31/2382
73610	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF THREE VIEWS	76	\$51.69	7/1/2021	12/31/2382
73610	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF THREE VIEWS	LT	\$51.69	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
73610	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF THREE VIEWS	RT	\$51.69	7/1/2021	12/31/2382
73610	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF THREE VIEWS	TC	\$19.39	7/1/2021	12/31/2382
73615	RADIOLOGIC EXAMINATION, ANKLE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$247.49	7/1/2021	12/31/2382
73615	RADIOLOGIC EXAMINATION, ANKLE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$29.71	7/1/2021	12/31/2382
73615	RADIOLOGIC EXAMINATION, ANKLE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$75.36	7/1/2021	12/31/2382
73620	RADIOLOGIC EXAMINATION, FOOT; ANTEROPOSTERIOR AND LATERAL VIEWS		\$51.69	7/1/2021	12/31/2382
73620	RADIOLOGIC EXAMINATION, FOOT; ANTEROPOSTERIOR AND LATERAL VIEWS	26	\$8.51	7/1/2021	12/31/2382
73620	RADIOLOGIC EXAMINATION, FOOT; ANTEROPOSTERIOR AND LATERAL VIEWS	59	\$51.69	7/1/2021	12/31/2382
73620	RADIOLOGIC EXAMINATION, FOOT; ANTEROPOSTERIOR AND LATERAL VIEWS	76	\$51.69	7/1/2021	12/31/2382
73620	RADIOLOGIC EXAMINATION, FOOT; ANTEROPOSTERIOR AND LATERAL VIEWS	LT	\$51.69	7/1/2021	12/31/2382
73620	RADIOLOGIC EXAMINATION, FOOT; ANTEROPOSTERIOR AND LATERAL VIEWS	RT	\$51.69	7/1/2021	12/31/2382
73620	RADIOLOGIC EXAMINATION, FOOT; ANTEROPOSTERIOR AND LATERAL VIEWS	TC	\$17.99	7/1/2021	12/31/2382
73630	RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF THREE VIEWS		\$51.69	7/1/2021	12/31/2382
73630	RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF THREE VIEWS	26	\$9.77	7/1/2021	12/31/2382
73630	RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF THREE VIEWS	50	\$51.69	7/1/2021	12/31/2382
73630	RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF THREE VIEWS	59	\$51.69	7/1/2021	12/31/2382
73630	RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF THREE VIEWS	LT	\$51.69	7/1/2021	12/31/2382
73630	RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF THREE VIEWS	RT	\$51.69	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
73630	RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF THREE VIEWS	TC	\$19.39	7/1/2021	12/31/2382
73650	RADIOLOGIC EXAMINATION; CALCANEUS, MINIMUM OF TWO VIEWS		\$51.69	7/1/2021	12/31/2382
73650	RADIOLOGIC EXAMINATION; CALCANEUS, MINIMUM OF TWO VIEWS	26	\$8.51	7/1/2021	12/31/2382
73650	RADIOLOGIC EXAMINATION; CALCANEUS, MINIMUM OF TWO VIEWS	50	\$51.69	7/1/2021	12/31/2382
73650	RADIOLOGIC EXAMINATION; CALCANEUS, MINIMUM OF TWO VIEWS	LT	\$51.69	7/1/2021	12/31/2382
73650	RADIOLOGIC EXAMINATION; CALCANEUS, MINIMUM OF TWO VIEWS	RT	\$51.69	7/1/2021	12/31/2382
73650	RADIOLOGIC EXAMINATION; CALCANEUS, MINIMUM OF TWO VIEWS	TC	\$17.30	7/1/2021	12/31/2382
73660	RADIOLOGIC EXAMINATION; TOE OR TOES, MINIMUM OF TWO VIEWS		\$51.69	7/1/2021	12/31/2382
73660	RADIOLOGIC EXAMINATION; TOE OR TOES, MINIMUM OF TWO VIEWS	26	\$7.07	7/1/2021	12/31/2382
73660	RADIOLOGIC EXAMINATION; TOE OR TOES, MINIMUM OF TWO VIEWS	50	\$51.69	7/1/2021	12/31/2382
73660	RADIOLOGIC EXAMINATION; TOE OR TOES, MINIMUM OF TWO VIEWS	59	\$51.69	7/1/2021	12/31/2382
73660	RADIOLOGIC EXAMINATION; TOE OR TOES, MINIMUM OF TWO VIEWS	76	\$51.69	7/1/2021	12/31/2382
73660	RADIOLOGIC EXAMINATION; TOE OR TOES, MINIMUM OF TWO VIEWS	LT	\$51.69	7/1/2021	12/31/2382
73660	RADIOLOGIC EXAMINATION; TOE OR TOES, MINIMUM OF TWO VIEWS	RT	\$51.69	7/1/2021	12/31/2382
73660	RADIOLOGIC EXAMINATION; TOE OR TOES, MINIMUM OF TWO VIEWS	T5	\$51.69	7/1/2021	12/31/2382
73660	RADIOLOGIC EXAMINATION; TOE OR TOES, MINIMUM OF TWO VIEWS	T6	\$51.69	7/1/2021	12/31/2382
73660	RADIOLOGIC EXAMINATION; TOE OR TOES, MINIMUM OF TWO VIEWS	TC	\$15.18	7/1/2021	12/31/2382
73700	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL		\$223.98	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
73700	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	26	\$61.44	7/1/2021	12/31/2382
73700	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	50	\$223.98	7/1/2021	12/31/2382
73700	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	59	\$223.98	7/1/2021	12/31/2382
73700	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	LT	\$51.69	7/1/2021	12/31/2382
73700	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	RT	\$51.69	7/1/2021	12/31/2382
73700	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	TC	\$177.75	7/1/2021	12/31/2382
73701	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)		\$304.15	7/1/2021	12/31/2382
73701	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)	26	\$65.95	7/1/2021	12/31/2382
73701	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)	59	\$304.15	7/1/2021	12/31/2382
73701	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)	LT	\$304.15	7/1/2021	12/31/2382
73701	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)	RT	\$304.15	7/1/2021	12/31/2382
73701	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)	TC	\$211.62	7/1/2021	12/31/2382
73702	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AN		\$361.77	7/1/2021	12/31/2382
73702	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AN	26	\$69.20	7/1/2021	12/31/2382
73702	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AN	TC	\$266.54	7/1/2021	12/31/2382
73706	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, LOWER EXTREMITY, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL		\$353.90	7/1/2021	12/31/2382
73706	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, LOWER EXTREMITY, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL	59	\$353.90	7/1/2021	12/31/2382
73706	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, LOWER EXTREMITY, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL	LT	\$353.90	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S)		\$415.80	7/1/2021	12/31/2382
73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S)	LT	\$415.80	7/1/2021	12/31/2382
73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S)	RT	\$415.80	7/1/2021	12/31/2382
73719	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT; WITH CONTRAST MATERIAL(S)		\$441.76	7/1/2021	12/31/2382
73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT		\$602.82	7/1/2021	12/31/2382
73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT	26	\$84.14	7/1/2021	12/31/2382
73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT	LT	\$602.82	7/1/2021	12/31/2382
73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT	RT	\$602.82	7/1/2021	12/31/2382
73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT	TC	\$402.08	7/1/2021	12/31/2382
73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY		\$415.80	7/1/2021	12/31/2382
73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY	26	\$154.05	7/1/2021	12/31/2382
73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY	50	\$415.80	7/1/2021	12/31/2382
73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY	LT	\$415.80	7/1/2021	12/31/2382
73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY	RT	\$415.80	7/1/2021	12/31/2382
73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY	TC	\$402.08	7/1/2021	12/31/2382
73722	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)		\$441.76	7/1/2021	12/31/2382
73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S)		\$602.82	7/1/2021	12/31/2382
73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S)	LT	\$602.82	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
73725	MAGNETIC RESONANCE ANGIOGRAPHY, LOWER EXTREMITY, WITH OR WITHOUT CONTRAST MATERIAL(S)		\$524.20	7/1/2021	12/31/2382
74000	RADIOLOGIC EXAMINATION, ABDOMEN; SINGLE ANTEROPOSTERIOR VIEW		\$51.69	7/1/2021	12/31/2382
74000	RADIOLOGIC EXAMINATION, ABDOMEN; SINGLE ANTEROPOSTERIOR VIEW	26	\$13.14	7/1/2021	12/31/2382
74000	RADIOLOGIC EXAMINATION, ABDOMEN; SINGLE ANTEROPOSTERIOR VIEW	59	\$51.69	7/1/2021	12/31/2382
74000	RADIOLOGIC EXAMINATION, ABDOMEN; SINGLE ANTEROPOSTERIOR VIEW	76	\$51.69	7/1/2021	12/31/2382
74000	RADIOLOGIC EXAMINATION, ABDOMEN; SINGLE ANTEROPOSTERIOR VIEW	TC	\$19.05	7/1/2021	12/31/2382
74010	RADIOLOGIC EXAMINATION, ABDOMEN; ANTEROPOSTERIOR AND ADDITIONAL OBLIQUE AND CONE VIEWS		\$51.69	7/1/2021	12/31/2382
74010	RADIOLOGIC EXAMINATION, ABDOMEN; ANTEROPOSTERIOR AND ADDITIONAL OBLIQUE AND CONE VIEWS	26	\$12.85	7/1/2021	12/31/2382
74010	RADIOLOGIC EXAMINATION, ABDOMEN; ANTEROPOSTERIOR AND ADDITIONAL OBLIQUE AND CONE VIEWS	TC	\$20.70	7/1/2021	12/31/2382
74018	RADIOLOGIC EXAMINATION, ABDOMEN; 1 VIEW		\$55.98	7/1/2021	12/31/2382
74018	RADIOLOGIC EXAMINATION, ABDOMEN; 1 VIEW	26	\$6.05	7/1/2021	12/31/2382
74018	RADIOLOGIC EXAMINATION, ABDOMEN; 1 VIEW	TC	\$11.86	7/1/2021	12/31/2382
74019	RADIOLOGIC EXAMINATION, ABDOMEN; 2 VIEWS		\$103.14	7/1/2021	12/31/2382
74019	RADIOLOGIC EXAMINATION, ABDOMEN; 2 VIEWS	26	\$7.67	7/1/2021	12/31/2382
74019	RADIOLOGIC EXAMINATION, ABDOMEN; 2 VIEWS	TC	\$14.18	7/1/2021	12/31/2382
74020	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE, INCLUDING DECUBITUS AND/OR ERECT VIEWS		\$51.69	7/1/2021	12/31/2382
74020	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE, INCLUDING DECUBITUS AND/OR ERECT VIEWS	26	\$15.19	7/1/2021	12/31/2382
74020	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE, INCLUDING DECUBITUS AND/OR ERECT VIEWS	59	\$51.69	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
74020	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE, INCLUDING DECUBITUS AND/OR ERECT VIEWS	TC	\$22.47	7/1/2021	12/31/2382
74021	RADIOLOGIC EXAMINATION, ABDOMEN; 3 OR MORE VIEWS		\$103.14	7/1/2021	12/31/2382
74021	RADIOLOGIC EXAMINATION, ABDOMEN; 3 OR MORE VIEWS	26	\$9.06	7/1/2021	12/31/2382
74021	RADIOLOGIC EXAMINATION, ABDOMEN; 3 OR MORE VIEWS	TC	\$16.50	7/1/2021	12/31/2382
74022	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE ACUTE ABDOMEN SERIES, INCLUDING SUPINE, ERECT, AND/ OR DECUBITUS VIE		\$87.98	7/1/2021	12/31/2382
74022	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE ACUTE ABDOMEN SERIES, INCLUDING SUPINE, ERECT, AND/ OR DECUBITUS VIE	26	\$17.73	7/1/2021	12/31/2382
74022	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE ACUTE ABDOMEN SERIES, INCLUDING SUPINE, ERECT, AND/ OR DECUBITUS VIE	TC	\$26.58	7/1/2021	12/31/2382
74150	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL		\$223.98	7/1/2021	12/31/2382
74150	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	26	\$67.38	7/1/2021	12/31/2382
74150	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	TC	\$202.93	7/1/2021	12/31/2382
74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)		\$304.15	7/1/2021	12/31/2382
74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	26	\$72.29	7/1/2021	12/31/2382
74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	59	\$304.15	7/1/2021	12/31/2382
74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	GZ	\$304.15	7/1/2021	12/31/2382
74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	TC	\$245.47	7/1/2021	12/31/2382
74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHE		\$361.77	7/1/2021	12/31/2382
74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHE	26	\$79.68	7/1/2021	12/31/2382
74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHE	TC	\$304.61	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES		\$384.02	7/1/2021	12/31/2382
74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES	QQ	\$384.02	7/1/2021	12/31/2382
74175	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN, WITHOUT CONTRAST MATERIAL(S),FOLLOWED BY CONTRAST MATERIAL(S) AND		\$353.90	7/1/2021	12/31/2382
74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL		\$199.44	7/1/2021	12/31/2382
74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	26	\$85.84	1/1/2020	12/31/2382
74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	MG	\$199.44	7/1/2021	12/31/2382
74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	MH	\$199.44	7/1/2021	12/31/2382
74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	PO	\$199.44	7/1/2021	12/31/2382
74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	QQ	\$199.44	7/1/2021	12/31/2382
74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	TC	\$114.80	1/1/2020	12/31/2382
74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL		\$308.45	7/1/2021	12/31/2382
74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL	MG	\$308.45	7/1/2021	12/31/2382
74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL	MH	\$308.45	7/1/2021	12/31/2382
74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL	PO	\$308.45	7/1/2021	12/31/2382
74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL	QQ	\$308.45	7/1/2021	12/31/2382
74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL	TC	\$143.67	7/1/2021	12/31/2382
74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL	XP	\$308.45	7/1/2021	12/31/2382
74178	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL IN ONE OR BOTH BODY REGIONS, FOLLOWED BY		\$343.87	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
74178	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL IN ONE OR BOTH BODY REGIONS, FOLLOWED BY	QQ	\$343.87	7/1/2021	12/31/2382
74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN		\$415.80	7/1/2021	12/31/2382
74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN	26	\$91.21	7/1/2021	12/31/2382
74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN	52	\$415.80	7/1/2021	12/31/2382
74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN	59	\$415.80	7/1/2021	12/31/2382
74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN	TC	\$402.08	7/1/2021	12/31/2382
74182	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITH CONTRAST MATERIAL(S)		\$441.76	7/1/2021	12/31/2382
74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY WITH CONTRAST MATE		\$602.82	7/1/2021	12/31/2382
74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY WITH CONTRAST MATE	59	\$602.82	7/1/2021	12/31/2382
74185	MAGNETIC RESONANCE ANGIOGRAPHY, ABDOMEN, WITH OR WITHOUT CONTRAST MATERIAL(S)		\$523.78	7/1/2021	12/31/2382
74190	PERITONEOGRAM, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$244.78	7/1/2021	12/31/2382
74210	RADIOLOGIC EXAMINATION; PHARYNX AND/OR CERVICAL ESOPHAGUS		\$104.12	7/1/2021	12/31/2382
74210	RADIOLOGIC EXAMINATION; PHARYNX AND/OR CERVICAL ESOPHAGUS	26	\$19.72	7/1/2021	12/31/2382
74210	RADIOLOGIC EXAMINATION; PHARYNX AND/OR CERVICAL ESOPHAGUS	TC	\$42.20	7/1/2021	12/31/2382
74220	RADIOLOGIC EXAMINATION; ESOPHAGUS		\$101.30	7/1/2021	12/31/2382
74220	RADIOLOGIC EXAMINATION; ESOPHAGUS	26	\$26.62	7/1/2021	12/31/2382
74220	RADIOLOGIC EXAMINATION; ESOPHAGUS	FY	\$101.30	7/1/2021	12/31/2382
74220	RADIOLOGIC EXAMINATION; ESOPHAGUS	TC	\$42.20	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
74221	RADIOLOGIC EXAMINATION, ESOPHAGUS, INCLUDING SCOUT CHEST RADIOGRAPH(S) AND DELAYED IMAGE(S), WHEN PERFORMED; DOUBLE-CONTRAST (EG, HIGH-DENSITY BARIUM AND EFFERVESCENT AGENT) STUDY		\$149.08	7/1/2021	12/31/2382
74221	RADIOLOGIC EXAMINATION, ESOPHAGUS, INCLUDING SCOUT CHEST RADIOGRAPH(S) AND DELAYED IMAGE(S), WHEN PERFORMED; DOUBLE-CONTRAST (EG, HIGH-DENSITY BARIUM AND EFFERVESCENT AGENT) STUDY	FY	\$149.08	7/1/2021	12/31/2382
74230	SWALLOWING FUNCTION, PHARYNX AND/OR ESOPHAGUS, WITH CINERADIOGRAPHY AND/OR VIDEO		\$101.30	7/1/2021	12/31/2382
74230	SWALLOWING FUNCTION, PHARYNX AND/OR ESOPHAGUS, WITH CINERADIOGRAPHY AND/OR VIDEO	26	\$30.81	7/1/2021	12/31/2382
74230	SWALLOWING FUNCTION, PHARYNX AND/OR ESOPHAGUS, WITH CINERADIOGRAPHY AND/OR VIDEO	FY	\$101.30	7/1/2021	12/31/2382
74230	SWALLOWING FUNCTION, PHARYNX AND/OR ESOPHAGUS, WITH CINERADIOGRAPHY AND/OR VIDEO	TC	\$46.66	7/1/2021	12/31/2382
74235	REMOVAL OF FOREIGN BODY(S), ESOPHAGEAL, WITH USE OF BALLOON CATHETER, RADIOLOGICAL SUPERVISION AND INTERPRETAT		\$160.75	7/1/2021	12/31/2382
74235	REMOVAL OF FOREIGN BODY(S), ESOPHAGEAL, WITH USE OF BALLOON CATHETER, RADIOLOGICAL SUPERVISION AND INTERPRETAT	26	\$67.38	7/1/2021	12/31/2382
74235	REMOVAL OF FOREIGN BODY(S), ESOPHAGEAL, WITH USE OF BALLOON CATHETER, RADIOLOGICAL SUPERVISION AND INTERPRETAT	TC	\$94.31	7/1/2021	12/31/2382
74240	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR WITHOUT DELAYED FILMS, WITHOUT KUB		\$104.12	7/1/2021	12/31/2382
74240	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR WITHOUT DELAYED FILMS, WITHOUT KUB	26	\$39.30	7/1/2021	12/31/2382
74240	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR WITHOUT DELAYED FILMS, WITHOUT KUB	TC	\$52.55	7/1/2021	12/31/2382
74241	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR WITHOUT DELAYED FILMS, WITH KUB		\$104.12	7/1/2021	12/31/2382
74241	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR WITHOUT DELAYED FILMS, WITH KUB	26	\$39.30	7/1/2021	12/31/2382
74241	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR WITHOUT DELAYED FILMS, WITH KUB	TC	\$53.62	7/1/2021	12/31/2382
74245	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH SMALL BOWEL, INCLUDES MULTIPLE SERIAL FILMS		\$162.63	7/1/2021	12/31/2382
74245	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH SMALL BOWEL, INCLUDES MULTIPLE SERIAL FILMS	26	\$51.81	7/1/2021	12/31/2382
74245	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH SMALL BOWEL, INCLUDES MULTIPLE SERIAL FILMS	TC	\$85.72	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
74246	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY BARIUM, EFFE		\$104.12	7/1/2021	12/31/2382
74246	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY BARIUM, EFFE	26	\$39.30	7/1/2021	12/31/2382
74246	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY BARIUM, EFFE	TC	\$59.13	7/1/2021	12/31/2382
74247	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY BARIUM, EFFE		\$104.12	7/1/2021	12/31/2382
74247	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY BARIUM, EFFE	26	\$39.30	7/1/2021	12/31/2382
74247	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY BARIUM, EFFE	TC	\$60.45	7/1/2021	12/31/2382
74249	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY BARIUM, EFFE		\$162.63	7/1/2021	12/31/2382
74249	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY BARIUM, EFFE	26	\$51.81	7/1/2021	12/31/2382
74249	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY BARIUM, EFFE	TC	\$92.29	7/1/2021	12/31/2382
74250	RADIOLOGIC EXAMINATION, SMALL BOWEL, INCLUDES MULTIPLE SERIAL FILMS		\$104.12	7/1/2021	12/31/2382
74250	RADIOLOGIC EXAMINATION, SMALL BOWEL, INCLUDES MULTIPLE SERIAL FILMS	26	\$26.78	7/1/2021	12/31/2382
74250	RADIOLOGIC EXAMINATION, SMALL BOWEL, INCLUDES MULTIPLE SERIAL FILMS	TC	\$46.66	7/1/2021	12/31/2382
74251	RADIOLOGIC EXAMINATION, SMALL BOWEL, INCLUDES MULTIPLE SERIAL FILMS; VIA ENTEROCLYSIS TUBE		\$162.63	7/1/2021	12/31/2382
74260	DUODENOGRAPHY, HYPOTONIC		\$162.63	7/1/2021	12/31/2382
74260	DUODENOGRAPHY, HYPOTONIC	26	\$28.85	7/1/2021	12/31/2382
74260	DUODENOGRAPHY, HYPOTONIC	TC	\$53.62	7/1/2021	12/31/2382
74261	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE POSTPROCESSING; WITHOUT CONTRAST MATERIAL		\$199.44	7/1/2021	12/31/2382
74270	RADIOLOGIC EXAMINATION, COLON; BARIUM ENEMA		\$104.12	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
74270	RADIOLOGIC EXAMINATION, COLON; BARIUM ENEMA	26	\$39.30	7/1/2021	12/31/2382
74270	RADIOLOGIC EXAMINATION, COLON; BARIUM ENEMA	TC	\$61.14	7/1/2021	12/31/2382
74280	RADIOLOGIC EXAMINATION, COLON; AIR CONTRAST WITH SPECIFIC HIGH DENSITY BARIUM, WITH OR WITHOUT GLUCAGON		\$162.63	7/1/2021	12/31/2382
74280	RADIOLOGIC EXAMINATION, COLON; AIR CONTRAST WITH SPECIFIC HIGH DENSITY BARIUM, WITH OR WITHOUT GLUCAGON	26	\$56.17	7/1/2021	12/31/2382
74280	RADIOLOGIC EXAMINATION, COLON; AIR CONTRAST WITH SPECIFIC HIGH DENSITY BARIUM, WITH OR WITHOUT GLUCAGON	TC	\$80.19	7/1/2021	12/31/2382
74283	THERAPEUTIC ENEMA, CONTRAST OR AIR, FOR REDUCTION OF INTUSSUSCEPTION OR OTHER INTRALUNIMAL OBSTRUCTION		\$104.12	7/1/2021	12/31/2382
74283	THERAPEUTIC ENEMA, CONTRAST OR AIR, FOR REDUCTION OF INTUSSUSCEPTION OR OTHER INTRALUNIMAL OBSTRUCTION	26	\$109.45	7/1/2021	12/31/2382
74283	THERAPEUTIC ENEMA, CONTRAST OR AIR, FOR REDUCTION OF INTUSSUSCEPTION OR OTHER INTRALUNIMAL OBSTRUCTION	TC	\$91.96	7/1/2021	12/31/2382
74290	CHOLECYSTOGRAPHY, ORAL CONTRAST;		\$104.12	7/1/2021	12/31/2382
74290	CHOLECYSTOGRAPHY, ORAL CONTRAST;	26	\$17.73	7/1/2021	12/31/2382
74290	CHOLECYSTOGRAPHY, ORAL CONTRAST;	TC	\$26.58	7/1/2021	12/31/2382
74291	CHOLECYSTOGRAPHY, ORAL CONTRAST; ADDITIONAL OR REPEAT EXAMINATION OR MULTIPLE DAY EXAMINATION		\$104.12	7/1/2021	12/31/2382
74291	CHOLECYSTOGRAPHY, ORAL CONTRAST; ADDITIONAL OR REPEAT EXAMINATION OR MULTIPLE DAY EXAMINATION	26	\$11.23	7/1/2021	12/31/2382
74291	CHOLECYSTOGRAPHY, ORAL CONTRAST; ADDITIONAL OR REPEAT EXAMINATION OR MULTIPLE DAY EXAMINATION	TC	\$15.18	7/1/2021	12/31/2382
74300	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; DURING SURGERY		\$120.32	7/1/2021	12/31/2382
74300	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; DURING SURGERY	26	\$20.21	7/1/2021	12/31/2382
74301	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; ADDITIONAL SET DURING SURGERY		\$120.32	7/1/2021	12/31/2382
74301	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; ADDITIONAL SET DURING SURGERY	26	\$11.76	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
74305	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; POSTOPERATIVE		\$120.32	7/1/2021	12/31/2382
74305	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; POSTOPERATIVE	26	\$23.82	7/1/2021	12/31/2382
74305	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; POSTOPERATIVE	TC	\$28.33	7/1/2021	12/31/2382
74320	CHOLANGIOGRAPHY, PERCUTANEOUS, TRANSHEPATIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$244.78	7/1/2021	12/31/2382
74320	CHOLANGIOGRAPHY, PERCUTANEOUS, TRANSHEPATIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$29.71	7/1/2021	12/31/2382
74320	CHOLANGIOGRAPHY, PERCUTANEOUS, TRANSHEPATIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$112.74	7/1/2021	12/31/2382
74327	POSTOPERATIVE BILIARY DUCT STONE REMOVAL, PERCUTANEOUS VIA T-TUBE TRACT, BASKET OR SNARE (EG, BURHENNE TECHNIQ		\$160.75	7/1/2021	12/31/2382
74327	POSTOPERATIVE BILIARY DUCT STONE REMOVAL, PERCUTANEOUS VIA T-TUBE TRACT, BASKET OR SNARE (EG, BURHENNE TECHNIQ	26	\$39.90	7/1/2021	12/31/2382
74327	POSTOPERATIVE BILIARY DUCT STONE REMOVAL, PERCUTANEOUS VIA T-TUBE TRACT, BASKET OR SNARE (EG, BURHENNE TECHNIQ	TC	\$63.25	7/1/2021	12/31/2382
74328	ENDOSCOPIC CATHETERIZATION OF THE BILIARY DUCTAL SYSTEM, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$150.84	7/1/2021	12/31/2382
74328	ENDOSCOPIC CATHETERIZATION OF THE BILIARY DUCTAL SYSTEM, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$39.90	7/1/2021	12/31/2382
74328	ENDOSCOPIC CATHETERIZATION OF THE BILIARY DUCTAL SYSTEM, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$112.74	7/1/2021	12/31/2382
74329	ENDOSCOPIC CATHETERIZATION OF THE PANCREATIC DUCTAL SYSTEM, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$150.84	7/1/2021	12/31/2382
74329	ENDOSCOPIC CATHETERIZATION OF THE PANCREATIC DUCTAL SYSTEM, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$39.90	7/1/2021	12/31/2382
74329	ENDOSCOPIC CATHETERIZATION OF THE PANCREATIC DUCTAL SYSTEM, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$112.74	7/1/2021	12/31/2382
74330	COMBINED ENDOSCOPIC CATHETERIZATION OF THE BILIARY AND PANCREATIC DUCTAL SYSTEMS, RADIOLOGICAL SUPERVISION AND		\$150.84	7/1/2021	12/31/2382
74330	COMBINED ENDOSCOPIC CATHETERIZATION OF THE BILIARY AND PANCREATIC DUCTAL SYSTEMS, RADIOLOGICAL SUPERVISION AND	26	\$39.90	7/1/2021	12/31/2382
74330	COMBINED ENDOSCOPIC CATHETERIZATION OF THE BILIARY AND PANCREATIC DUCTAL SYSTEMS, RADIOLOGICAL SUPERVISION AND	TC	\$112.74	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
74340	INTRODUCTION OF LONG GASTROINTESTINAL TUBE (EG, MILLER-ABBOTT), WITH MULTIPLE FLUOROSCOPIES AND FILMS		\$94.18	7/1/2021	12/31/2382
74340	INTRODUCTION OF LONG GASTROINTESTINAL TUBE (EG, MILLER-ABBOTT), WITH MULTIPLE FLUOROSCOPIES AND FILMS	26	\$31.39	7/1/2021	12/31/2382
74340	INTRODUCTION OF LONG GASTROINTESTINAL TUBE (EG, MILLER-ABBOTT), WITH MULTIPLE FLUOROSCOPIES AND FILMS	TC	\$94.31	7/1/2021	12/31/2382
74350	PERCUTANEOUS PLACEMENT OF GASTROSTOMY TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$120.32	7/1/2021	12/31/2382
74350	PERCUTANEOUS PLACEMENT OF GASTROSTOMY TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$43.23	7/1/2021	12/31/2382
74350	PERCUTANEOUS PLACEMENT OF GASTROSTOMY TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$112.74	7/1/2021	12/31/2382
74355	PERCUTANEOUS PLACEMENT OF ENTEROCLYSIS TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$120.32	7/1/2021	12/31/2382
74355	PERCUTANEOUS PLACEMENT OF ENTEROCLYSIS TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$43.23	7/1/2021	12/31/2382
74355	PERCUTANEOUS PLACEMENT OF ENTEROCLYSIS TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$94.31	7/1/2021	12/31/2382
74360	INTRALUMINAL DILATION OF STRICTURES AND/OR OBSTRUCTIONS (EG, ESOPHAGUS), RADIOLOGICAL SUPERVISION AND INTERPRE		\$160.75	7/1/2021	12/31/2382
74360	INTRALUMINAL DILATION OF STRICTURES AND/OR OBSTRUCTIONS (EG, ESOPHAGUS), RADIOLOGICAL SUPERVISION AND INTERPRE	26	\$31.39	7/1/2021	12/31/2382
74360	INTRALUMINAL DILATION OF STRICTURES AND/OR OBSTRUCTIONS (EG, ESOPHAGUS), RADIOLOGICAL SUPERVISION AND INTERPRE	TC	\$112.74	7/1/2021	12/31/2382
74363	PERCUTANEOUS TRANSHEPATIC DILATATION OF BILIARY DUCT STRICTURE WITH OR WITHOUT PLACEMENT OF STENT, RADIOLOGICA		\$361.23	7/1/2021	12/31/2382
74363	PERCUTANEOUS TRANSHEPATIC DILATATION OF BILIARY DUCT STRICTURE WITH OR WITHOUT PLACEMENT OF STENT, RADIOLOGICA	26	\$47.91	7/1/2021	12/31/2382
74400	UROGRAPHY (PYELOGRAPHY), INTRAVENOUS, WITH OR WITHOUT KUB, WITH OR WITHOUT TOMOGRAPHY;		\$181.11	7/1/2021	12/31/2382
74400	UROGRAPHY (PYELOGRAPHY), INTRAVENOUS, WITH OR WITHOUT KUB, WITH OR WITHOUT TOMOGRAPHY;	26	\$27.99	7/1/2021	12/31/2382
74400	UROGRAPHY (PYELOGRAPHY), INTRAVENOUS, WITH OR WITHOUT KUB, WITH OR WITHOUT TOMOGRAPHY;	TC	\$60.45	7/1/2021	12/31/2382
74405	UROGRAPHY (PYELOGRAPHY), INTRAVENOUS, WITH OR WITHOUT KUB, WITH OR WITHOUT TOMOGRAPHY; WITH SPECIAL HYPERTENSI		\$98.11	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
74405	UROGRAPHY (PYELOGRAPHY), INTRAVENOUS, WITH OR WITHOUT KUB, WITH OR WITHOUT TOMOGRAPHY; WITH SPECIAL HYPERTENSI	26	\$27.99	7/1/2021	12/31/2382
74405	UROGRAPHY (PYELOGRAPHY), INTRAVENOUS, WITH OR WITHOUT KUB, WITH OR WITHOUT TOMOGRAPHY; WITH SPECIAL HYPERTENSI	TC	\$71.50	7/1/2021	12/31/2382
74410	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE;		\$181.11	7/1/2021	12/31/2382
74410	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE;	26	\$27.99	7/1/2021	12/31/2382
74410	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE;	TC	\$69.84	7/1/2021	12/31/2382
74415	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE; WITH NEPHROTOMOGRAPHY		\$181.11	7/1/2021	12/31/2382
74415	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE; WITH NEPHROTOMOGRAPHY	26	\$27.99	7/1/2021	12/31/2382
74415	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE; WITH NEPHROTOMOGRAPHY	TC	\$76.06	7/1/2021	12/31/2382
74420	UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB		\$181.11	7/1/2021	12/31/2382
74420	UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB	26	\$19.72	7/1/2021	12/31/2382
74420	UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB	76	\$181.11	7/1/2021	12/31/2382
74420	UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB	TC	\$94.31	7/1/2021	12/31/2382
74425	UROGRAPHY, ANTEGRADE, (PYELOGRAM, NEPHROSTOGRAM, LOOPOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$181.11	7/1/2021	12/31/2382
74425	UROGRAPHY, ANTEGRADE, (PYELOGRAM, NEPHROSTOGRAM, LOOPOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$18.92	7/1/2021	12/31/2382
74425	UROGRAPHY, ANTEGRADE, (PYELOGRAM, NEPHROSTOGRAM, LOOPOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETATION	59	\$181.11	7/1/2021	12/31/2382
74425	UROGRAPHY, ANTEGRADE, (PYELOGRAM, NEPHROSTOGRAM, LOOPOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETATION	LT	\$181.11	7/1/2021	12/31/2382
74425	UROGRAPHY, ANTEGRADE, (PYELOGRAM, NEPHROSTOGRAM, LOOPOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETATION	RT	\$181.11	7/1/2021	12/31/2382
74425	UROGRAPHY, ANTEGRADE, (PYELOGRAM, NEPHROSTOGRAM, LOOPOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$46.66	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
74430	CYSTOGRAPHY, MINIMUM OF THREE VIEWS, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$181.11	7/1/2021	12/31/2382
74430	CYSTOGRAPHY, MINIMUM OF THREE VIEWS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$17.15	7/1/2021	12/31/2382
74430	CYSTOGRAPHY, MINIMUM OF THREE VIEWS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$37.64	7/1/2021	12/31/2382
74440	VASOGRAPHY, VESICULOGRAPHY, OR EPIDIDYMOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$181.11	7/1/2021	12/31/2382
74440	VASOGRAPHY, VESICULOGRAPHY, OR EPIDIDYMOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$20.23	7/1/2021	12/31/2382
74440	VASOGRAPHY, VESICULOGRAPHY, OR EPIDIDYMOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$40.45	7/1/2021	12/31/2382
74445	CORPORA CAVERNOSOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$181.11	7/1/2021	12/31/2382
74445	CORPORA CAVERNOSOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$61.88	7/1/2021	12/31/2382
74445	CORPORA CAVERNOSOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$40.45	7/1/2021	12/31/2382
74450	URETHROCYSTOGRAPHY, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$181.11	7/1/2021	12/31/2382
74450	URETHROCYSTOGRAPHY, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$17.50	7/1/2021	12/31/2382
74450	URETHROCYSTOGRAPHY, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$52.55	7/1/2021	12/31/2382
74455	URETHROCYSTOGRAPHY, VOIDING, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$181.11	7/1/2021	12/31/2382
74455	URETHROCYSTOGRAPHY, VOIDING, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$17.50	7/1/2021	12/31/2382
74455	URETHROCYSTOGRAPHY, VOIDING, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$56.67	7/1/2021	12/31/2382
74470	RADIOLOGIC EXAMINATION, RENAL CYST STUDY, TRANSLUMBAR, CONTRAST VISUALIZATION, RADIOLOGICAL SUPERVISION AND IN		\$120.32	7/1/2021	12/31/2382
74470	RADIOLOGIC EXAMINATION, RENAL CYST STUDY, TRANSLUMBAR, CONTRAST VISUALIZATION, RADIOLOGICAL SUPERVISION AND IN	26	\$29.71	7/1/2021	12/31/2382
74470	RADIOLOGIC EXAMINATION, RENAL CYST STUDY, TRANSLUMBAR, CONTRAST VISUALIZATION, RADIOLOGICAL SUPERVISION AND IN	TC	\$44.91	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
74475	INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS, RADIO		\$361.23	7/1/2021	12/31/2382
74475	INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS, RADIO	26	\$31.39	7/1/2021	12/31/2382
74475	INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS, RADIO	LT	\$361.23	7/1/2021	12/31/2382
74475	INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS, RADIO	RT	\$361.23	7/1/2021	12/31/2382
74475	INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS, RADIO	TC	\$145.90	7/1/2021	12/31/2382
74480	INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER THROUGH RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PER		\$160.75	7/1/2021	12/31/2382
74480	INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER THROUGH RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PER	26	\$31.39	7/1/2021	12/31/2382
74480	INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER THROUGH RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PER	TC	\$145.90	7/1/2021	12/31/2382
74485	DILATION OF NEPHROSTOMY, URETERS, OR URETHRA, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$160.75	7/1/2021	12/31/2382
74485	DILATION OF NEPHROSTOMY, URETERS, OR URETHRA, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$29.71	7/1/2021	12/31/2382
74485	DILATION OF NEPHROSTOMY, URETERS, OR URETHRA, RADIOLOGICAL SUPERVISION AND INTERPRETATION	LT	\$160.75	7/1/2021	12/31/2382
74485	DILATION OF NEPHROSTOMY, URETERS, OR URETHRA, RADIOLOGICAL SUPERVISION AND INTERPRETATION	RT	\$160.75	7/1/2021	12/31/2382
74485	DILATION OF NEPHROSTOMY, URETERS, OR URETHRA, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$112.74	7/1/2021	12/31/2382
74710	PELVIMETRY, WITH OR WITHOUT PLACENTAL LOCALIZATION		\$87.98	7/1/2021	12/31/2382
74710	PELVIMETRY, WITH OR WITHOUT PLACENTAL LOCALIZATION	26	\$19.09	7/1/2021	12/31/2382
74710	PELVIMETRY, WITH OR WITHOUT PLACENTAL LOCALIZATION	TC	\$37.64	7/1/2021	12/31/2382
74712	MAGNETIC RESONANCE IMAGING OF FETUS, SINGLE OR FIRST PREGNANCY		\$262.92	7/1/2021	12/31/2382
74740	HYSTEOSALPINGOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$244.78	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
74740	HYSTEOSALPINGOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$21.06	7/1/2021	12/31/2382
74740	HYSTEOSALPINGOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$46.66	7/1/2021	12/31/2382
74742	TRANSCERVICAL CATHETERIZATION OF FALLOPIAN TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$244.78	7/1/2021	12/31/2382
74742	TRANSCERVICAL CATHETERIZATION OF FALLOPIAN TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$32.19	7/1/2021	12/31/2382
74742	TRANSCERVICAL CATHETERIZATION OF FALLOPIAN TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$112.74	7/1/2021	12/31/2382
74775	PERINEOGRAM (EG, VAGINOGRAM, FOR SEX DETERMINATION OR EXTENT OF ANOMALIES)		\$181.11	7/1/2021	12/31/2382
74775	PERINEOGRAM (EG, VAGINOGRAM, FOR SEX DETERMINATION OR EXTENT OF ANOMALIES)	26	\$35.60	7/1/2021	12/31/2382
74775	PERINEOGRAM (EG, VAGINOGRAM, FOR SEX DETERMINATION OR EXTENT OF ANOMALIES)	TC	\$52.55	7/1/2021	12/31/2382
75500	ANGIOCARDIOGRAPHY BY CINERADIOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$476.07	7/1/2021	12/31/2382
75500	ANGIOCARDIOGRAPHY BY CINERADIOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$64.82	7/1/2021	12/31/2382
75500	ANGIOCARDIOGRAPHY BY CINERADIOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$414.20	7/1/2021	12/31/2382
75505	ANGIOCARDIOGRAPHY BY SERIALOGRAPHY, SINGLE PLANE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$476.07	7/1/2021	12/31/2382
75505	ANGIOCARDIOGRAPHY BY SERIALOGRAPHY, SINGLE PLANE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$64.82	7/1/2021	12/31/2382
75505	ANGIOCARDIOGRAPHY BY SERIALOGRAPHY, SINGLE PLANE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$414.20	7/1/2021	12/31/2382
75507	ANGIOCARDIOGRAPHY BY SERIALOGRAPHY, MULTI-PLANE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$485.18	7/1/2021	12/31/2382
75507	ANGIOCARDIOGRAPHY BY SERIALOGRAPHY, MULTI-PLANE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$74.52	7/1/2021	12/31/2382
75507	ANGIOCARDIOGRAPHY BY SERIALOGRAPHY, MULTI-PLANE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$414.20	7/1/2021	12/31/2382
75519	CARDIAC RADIOGRAPHY, SELECTIVE CARDIAC CATHETERIZATION, RIGHT SIDE, RADIOLOGICAL SUPERVISION AND INTERPRETATIO		\$459.98	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
75519	CARDIAC RADIOGRAPHY, SELECTIVE CARDIAC CATHETERIZATION, RIGHT SIDE, RADIOLOGICAL SUPERVISION AND INTERPRETATIO	26	\$47.75	7/1/2021	12/31/2382
75519	CARDIAC RADIOGRAPHY, SELECTIVE CARDIAC CATHETERIZATION, RIGHT SIDE, RADIOLOGICAL SUPERVISION AND INTERPRETATIO	TC	\$414.20	7/1/2021	12/31/2382
75523	CARDIAC RADIOGRAPHY, SELECTIVE CARDIAC CATHETERIZATION, LEFT SIDE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$459.98	7/1/2021	12/31/2382
75523	CARDIAC RADIOGRAPHY, SELECTIVE CARDIAC CATHETERIZATION, LEFT SIDE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$47.75	7/1/2021	12/31/2382
75523	CARDIAC RADIOGRAPHY, SELECTIVE CARDIAC CATHETERIZATION, LEFT SIDE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$414.20	7/1/2021	12/31/2382
75527	CARDIAC RADIOGRAPHY, SELECTIVE CARDIAC CATHETERIZATION, RIGHT AND LEFT SIDE, RADIOLOGICAL SUPERVISION AND INTE		\$495.71	7/1/2021	12/31/2382
75527	CARDIAC RADIOGRAPHY, SELECTIVE CARDIAC CATHETERIZATION, RIGHT AND LEFT SIDE, RADIOLOGICAL SUPERVISION AND INTE	26	\$85.10	7/1/2021	12/31/2382
75527	CARDIAC RADIOGRAPHY, SELECTIVE CARDIAC CATHETERIZATION, RIGHT AND LEFT SIDE, RADIOLOGICAL SUPERVISION AND INTE	TC	\$414.20	7/1/2021	12/31/2382
75552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, MYOCARDIUM		\$415.80	7/1/2021	12/31/2382
75552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, MYOCARDIUM	26	\$91.21	7/1/2021	12/31/2382
75552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, MYOCARDIUM	TC	\$402.08	7/1/2021	12/31/2382
75553	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY; WITHOUT CONTRAST MATERIAL		\$441.76	7/1/2021	12/31/2382
75554	CARDIAC MAGNETIC RESONANCE IMAGING FOR FUNCTION, WITH OR WITHOUT MORPHOLOGY; COMPLETE STUDY		\$415.80	7/1/2021	12/31/2382
75555	CARDIAC MAGNETIC RESONANCE IMAGING FOR FUNCTION, WITH OR WITHOUT MORPHOLOGY; LIMITED STUDY		\$415.80	7/1/2021	12/31/2382
75556	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING		\$415.80	7/1/2021	12/31/2382
75557	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL;		\$336.34	7/1/2021	12/31/2382
75561	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTR		\$611.85	7/1/2021	12/31/2382
75600	AORTOGRAPHY, THORACIC, WITHOUT SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$1,446.90	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
75600	AORTOGRAPHY, THORACIC, WITHOUT SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$27.99	7/1/2021	12/31/2382
75600	AORTOGRAPHY, THORACIC, WITHOUT SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$451.92	7/1/2021	12/31/2382
75605	AORTOGRAPHY, THORACIC, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$1,446.90	7/1/2021	12/31/2382
75605	AORTOGRAPHY, THORACIC, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$64.82	7/1/2021	12/31/2382
75605	AORTOGRAPHY, THORACIC, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$451.92	7/1/2021	12/31/2382
75625	AORTOGRAPHY, ABDOMINAL, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$1,446.90	7/1/2021	12/31/2382
75625	AORTOGRAPHY, ABDOMINAL, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$64.82	7/1/2021	12/31/2382
75625	AORTOGRAPHY, ABDOMINAL, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	59	\$1,446.90	7/1/2021	12/31/2382
75625	AORTOGRAPHY, ABDOMINAL, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$451.92	7/1/2021	12/31/2382
75630	AORTOGRAPHY, ABDOMINAL PLUS BILATERAL ILIOFEMORAL LOWER EXTREMITY, CATHETER, BY SERIALOGRAPHY, RADIOLOGICAL SU		\$1,446.90	7/1/2021	12/31/2382
75630	AORTOGRAPHY, ABDOMINAL PLUS BILATERAL ILIOFEMORAL LOWER EXTREMITY, CATHETER, BY SERIALOGRAPHY, RADIOLOGICAL SU	26	\$74.52	7/1/2021	12/31/2382
75630	AORTOGRAPHY, ABDOMINAL PLUS BILATERAL ILIOFEMORAL LOWER EXTREMITY, CATHETER, BY SERIALOGRAPHY, RADIOLOGICAL SU	59	\$1,446.90	7/1/2021	12/31/2382
75630	AORTOGRAPHY, ABDOMINAL PLUS BILATERAL ILIOFEMORAL LOWER EXTREMITY, CATHETER, BY SERIALOGRAPHY, RADIOLOGICAL SU	TC	\$471.21	7/1/2021	12/31/2382
75635	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMINAL AORTA AND BILATERAL ILIOFEMORAL LOWER EXTREMITY RUNOFF, RADIOLOGIC		\$353.90	7/1/2021	12/31/2382
75650	ANGIOGRAPHY, CERVICOCEREBRAL, CATHETER, INCLUDING VESSEL ORIGIN, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$1,446.90	7/1/2021	12/31/2382
75650	ANGIOGRAPHY, CERVICOCEREBRAL, CATHETER, INCLUDING VESSEL ORIGIN, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$84.47	7/1/2021	12/31/2382
75650	ANGIOGRAPHY, CERVICOCEREBRAL, CATHETER, INCLUDING VESSEL ORIGIN, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$451.92	7/1/2021	12/31/2382
75658	ANGIOGRAPHY, BRACHIAL, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$616.41	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
75658	ANGIOGRAPHY, BRACHIAL, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$74.52	7/1/2021	12/31/2382
75658	ANGIOGRAPHY, BRACHIAL, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$451.92	7/1/2021	12/31/2382
75660	ANGIOGRAPHY, EXTERNAL CAROTID, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$447.17	7/1/2021	12/31/2382
75660	ANGIOGRAPHY, EXTERNAL CAROTID, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$74.52	7/1/2021	12/31/2382
75660	ANGIOGRAPHY, EXTERNAL CAROTID, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$451.92	7/1/2021	12/31/2382
75662	ANGIOGRAPHY, EXTERNAL CAROTID, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$1,446.90	7/1/2021	12/31/2382
75662	ANGIOGRAPHY, EXTERNAL CAROTID, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$94.24	7/1/2021	12/31/2382
75662	ANGIOGRAPHY, EXTERNAL CAROTID, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$451.92	7/1/2021	12/31/2382
75665	ANGIOGRAPHY, CAROTID, CEREBRAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$1,446.90	7/1/2021	12/31/2382
75665	ANGIOGRAPHY, CAROTID, CEREBRAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$74.52	7/1/2021	12/31/2382
75665	ANGIOGRAPHY, CAROTID, CEREBRAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	RT	\$1,446.90	7/1/2021	12/31/2382
75665	ANGIOGRAPHY, CAROTID, CEREBRAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$451.92	7/1/2021	12/31/2382
75671	ANGIOGRAPHY, CAROTID, CEREBRAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$1,446.90	7/1/2021	12/31/2382
75671	ANGIOGRAPHY, CAROTID, CEREBRAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$94.24	7/1/2021	12/31/2382
75671	ANGIOGRAPHY, CAROTID, CEREBRAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$451.92	7/1/2021	12/31/2382
75676	ANGIOGRAPHY, CAROTID, CERVICAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$1,446.90	7/1/2021	12/31/2382
75676	ANGIOGRAPHY, CAROTID, CERVICAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$74.52	7/1/2021	12/31/2382
75676	ANGIOGRAPHY, CAROTID, CERVICAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$451.92	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
75680	ANGIOGRAPHY, CAROTID, CERVICAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$1,446.90	7/1/2021	12/31/2382
75680	ANGIOGRAPHY, CAROTID, CERVICAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$94.24	7/1/2021	12/31/2382
75680	ANGIOGRAPHY, CAROTID, CERVICAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$451.92	7/1/2021	12/31/2382
75685	ANGIOGRAPHY, VERTEBRAL, CERVICAL, AND/OR INTRACRANIAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$1,446.90	7/1/2021	12/31/2382
75685	ANGIOGRAPHY, VERTEBRAL, CERVICAL, AND/OR INTRACRANIAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$74.52	7/1/2021	12/31/2382
75685	ANGIOGRAPHY, VERTEBRAL, CERVICAL, AND/OR INTRACRANIAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$451.92	7/1/2021	12/31/2382
75705	ANGIOGRAPHY, SPINAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$447.17	7/1/2021	12/31/2382
75705	ANGIOGRAPHY, SPINAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$123.72	7/1/2021	12/31/2382
75705	ANGIOGRAPHY, SPINAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$451.92	7/1/2021	12/31/2382
75710	ANGIOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$1,446.90	7/1/2021	12/31/2382
75710	ANGIOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$64.82	7/1/2021	12/31/2382
75710	ANGIOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	59	\$1,446.90	7/1/2021	12/31/2382
75710	ANGIOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	LT	\$1,446.90	7/1/2021	12/31/2382
75710	ANGIOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$451.92	7/1/2021	12/31/2382
75716	ANGIOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$1,446.90	7/1/2021	12/31/2382
75716	ANGIOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$74.52	7/1/2021	12/31/2382
75716	ANGIOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	59	\$1,446.90	7/1/2021	12/31/2382
75716	ANGIOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$451.92	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
75722	ANGIOGRAPHY, RENAL, UNILATERAL, SELECTIVE (INCLUDING FLUSH AORTOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETA		\$1,446.90	7/1/2021	12/31/2382
75722	ANGIOGRAPHY, RENAL, UNILATERAL, SELECTIVE (INCLUDING FLUSH AORTOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETA	26	\$64.82	7/1/2021	12/31/2382
75722	ANGIOGRAPHY, RENAL, UNILATERAL, SELECTIVE (INCLUDING FLUSH AORTOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETA	TC	\$451.92	7/1/2021	12/31/2382
75724	ANGIOGRAPHY, RENAL, BILATERAL, SELECTIVE (INCLUDING FLUSH AORTOGRAM),		\$1,446.90	7/1/2021	12/31/2382
75724	ANGIOGRAPHY, RENAL, BILATERAL, SELECTIVE (INCLUDING FLUSH AORTOGRAM),	26	\$84.47	7/1/2021	12/31/2382
75724	ANGIOGRAPHY, RENAL, BILATERAL, SELECTIVE (INCLUDING FLUSH AORTOGRAM),	TC	\$451.92	7/1/2021	12/31/2382
75726	ANGIOGRAPHY, VISCERAL, SELECTIVE OR SUPRASELECTIVE, (WITH OR WITHOUT FLUSH AORTOGRAM) RADIOLOGICAL SUPERVISION		\$1,446.90	7/1/2021	12/31/2382
75726	ANGIOGRAPHY, VISCERAL, SELECTIVE OR SUPRASELECTIVE, (WITH OR WITHOUT FLUSH AORTOGRAM) RADIOLOGICAL SUPERVISION	26	\$64.82	7/1/2021	12/31/2382
75726	ANGIOGRAPHY, VISCERAL, SELECTIVE OR SUPRASELECTIVE, (WITH OR WITHOUT FLUSH AORTOGRAM) RADIOLOGICAL SUPERVISION	59	\$1,446.90	7/1/2021	12/31/2382
75726	ANGIOGRAPHY, VISCERAL, SELECTIVE OR SUPRASELECTIVE, (WITH OR WITHOUT FLUSH AORTOGRAM) RADIOLOGICAL SUPERVISION	TC	\$451.92	7/1/2021	12/31/2382
75731	ANGIOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$1,446.90	7/1/2021	12/31/2382
75731	ANGIOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$64.82	7/1/2021	12/31/2382
75731	ANGIOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$451.92	7/1/2021	12/31/2382
75733	ANGIOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$447.17	7/1/2021	12/31/2382
75733	ANGIOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$74.52	7/1/2021	12/31/2382
75733	ANGIOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$451.92	7/1/2021	12/31/2382
75736	ANGIOGRAPHY, PELVIC, SELECTIVE OR SUPRASELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$1,446.90	7/1/2021	12/31/2382
75736	ANGIOGRAPHY, PELVIC, SELECTIVE OR SUPRASELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$64.82	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
75736	ANGIOGRAPHY, PELVIC, SELECTIVE OR SUPRASELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$451.92	7/1/2021	12/31/2382
75741	ANGIOGRAPHY, PULMONARY, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$616.41	7/1/2021	12/31/2382
75741	ANGIOGRAPHY, PULMONARY, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$74.52	7/1/2021	12/31/2382
75741	ANGIOGRAPHY, PULMONARY, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$451.92	7/1/2021	12/31/2382
75743	ANGIOGRAPHY, PULMONARY, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$1,446.90	7/1/2021	12/31/2382
75743	ANGIOGRAPHY, PULMONARY, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$94.24	7/1/2021	12/31/2382
75743	ANGIOGRAPHY, PULMONARY, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$451.92	7/1/2021	12/31/2382
75746	ANGIOGRAPHY, PULMONARY, BY NONSELECTIVE CATHETER OR VENOUS INJECTION, RADIOLOGICAL SUPERVISION AND INTERPRETAT		\$616.41	7/1/2021	12/31/2382
75746	ANGIOGRAPHY, PULMONARY, BY NONSELECTIVE CATHETER OR VENOUS INJECTION, RADIOLOGICAL SUPERVISION AND INTERPRETAT	26	\$64.82	7/1/2021	12/31/2382
75746	ANGIOGRAPHY, PULMONARY, BY NONSELECTIVE CATHETER OR VENOUS INJECTION, RADIOLOGICAL SUPERVISION AND INTERPRETAT	TC	\$451.92	7/1/2021	12/31/2382
75750	ANGIOGRAPHY, CORONARY, ROOT INJECTION, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$513.81	7/1/2021	12/31/2382
75750	ANGIOGRAPHY, CORONARY, ROOT INJECTION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$64.82	7/1/2021	12/31/2382
75750	ANGIOGRAPHY, CORONARY, ROOT INJECTION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$451.92	7/1/2021	12/31/2382
75752	ANGIOGRAPHY, CORONARY, UNILATERAL SELECTIVE INJECTION, INCLUDING LEFT VENTRICULAR AND SUPRAVALVULAR ANGIOGRAM		\$513.81	7/1/2021	12/31/2382
75752	ANGIOGRAPHY, CORONARY, UNILATERAL SELECTIVE INJECTION, INCLUDING LEFT VENTRICULAR AND SUPRAVALVULAR ANGIOGRAM	26	\$64.82	7/1/2021	12/31/2382
75752	ANGIOGRAPHY, CORONARY, UNILATERAL SELECTIVE INJECTION, INCLUDING LEFT VENTRICULAR AND SUPRAVALVULAR ANGIOGRAM	TC	\$451.92	7/1/2021	12/31/2382
75754	ANGIOGRAPHY, CORONARY, BILATERAL SELECTIVE INJECTION, INCLUDING LEFT VENTRICULAR AND SUPRAVALVULAR ANGIOGRAM A		\$523.26	7/1/2021	12/31/2382
75754	ANGIOGRAPHY, CORONARY, BILATERAL SELECTIVE INJECTION, INCLUDING LEFT VENTRICULAR AND SUPRAVALVULAR ANGIOGRAM A	26	\$74.85	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
75754	ANGIOGRAPHY, CORONARY, BILATERAL SELECTIVE INJECTION, INCLUDING LEFT VENTRICULAR AND SUPRAVALVULAR ANGIOGRAM A	TC	\$451.92	7/1/2021	12/31/2382
75756	ANGIOGRAPHY, INTERNAL MAMMARY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$616.41	7/1/2021	12/31/2382
75756	ANGIOGRAPHY, INTERNAL MAMMARY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$64.82	7/1/2021	12/31/2382
75756	ANGIOGRAPHY, INTERNAL MAMMARY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$451.92	7/1/2021	12/31/2382
75762	ANGIOGRAPHY, CORONARY BYPASS, UNILATERAL SELECTIVE INJECTION, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$513.81	7/1/2021	12/31/2382
75762	ANGIOGRAPHY, CORONARY BYPASS, UNILATERAL SELECTIVE INJECTION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$64.82	7/1/2021	12/31/2382
75762	ANGIOGRAPHY, CORONARY BYPASS, UNILATERAL SELECTIVE INJECTION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$451.92	7/1/2021	12/31/2382
75766	ANGIOGRAPHY, CORONARY BYPASS, MULTIPLE SELECTIVE INJECTION, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$522.91	7/1/2021	12/31/2382
75766	ANGIOGRAPHY, CORONARY BYPASS, MULTIPLE SELECTIVE INJECTION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$74.52	7/1/2021	12/31/2382
75766	ANGIOGRAPHY, CORONARY BYPASS, MULTIPLE SELECTIVE INJECTION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$451.92	7/1/2021	12/31/2382
75774	ANGIOGRAPHY, SELECTIVE, EACH ADDITIONAL VESSEL STUDIED AFTER BASIC EXAMINATION, RADIOLOGICAL SUPERVISION AND I		\$616.41	7/1/2021	12/31/2382
75774	ANGIOGRAPHY, SELECTIVE, EACH ADDITIONAL VESSEL STUDIED AFTER BASIC EXAMINATION, RADIOLOGICAL SUPERVISION AND I	26	\$18.92	7/1/2021	12/31/2382
75774	ANGIOGRAPHY, SELECTIVE, EACH ADDITIONAL VESSEL STUDIED AFTER BASIC EXAMINATION, RADIOLOGICAL SUPERVISION AND I	TC	\$451.92	7/1/2021	12/31/2382
75790	ANGIOGRAPHY, ARTERIOVENOUS SHUNT (EG, DIALYSIS PATIENT), RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$616.41	7/1/2021	12/31/2382
75790	ANGIOGRAPHY, ARTERIOVENOUS SHUNT (EG, DIALYSIS PATIENT), RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$104.36	7/1/2021	12/31/2382
75790	ANGIOGRAPHY, ARTERIOVENOUS SHUNT (EG, DIALYSIS PATIENT), RADIOLOGICAL SUPERVISION AND INTERPRETATION	LT	\$616.41	7/1/2021	12/31/2382
75790	ANGIOGRAPHY, ARTERIOVENOUS SHUNT (EG, DIALYSIS PATIENT), RADIOLOGICAL SUPERVISION AND INTERPRETATION	RT	\$616.41	7/1/2021	12/31/2382
75790	ANGIOGRAPHY, ARTERIOVENOUS SHUNT (EG, DIALYSIS PATIENT), RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$48.68	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
75801	LYMPHANGIOGRAPHY, EXTREMITY ONLY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$244.78	7/1/2021	11/30/2382
75801	LYMPHANGIOGRAPHY, EXTREMITY ONLY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$45.97	7/1/2021	12/31/2382
75801	LYMPHANGIOGRAPHY, EXTREMITY ONLY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$194.33	7/1/2021	12/31/2382
75803	LYMPHANGIOGRAPHY, EXTREMITY ONLY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$244.78	7/1/2021	12/31/2382
75803	LYMPHANGIOGRAPHY, EXTREMITY ONLY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$66.18	7/1/2021	12/31/2382
75803	LYMPHANGIOGRAPHY, EXTREMITY ONLY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$194.33	7/1/2021	12/31/2382
75805	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$244.78	7/1/2021	12/31/2382
75805	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$45.97	7/1/2021	12/31/2382
75805	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$218.55	7/1/2021	12/31/2382
75807	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$244.78	7/1/2021	12/31/2382
75807	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$66.18	7/1/2021	12/31/2382
75807	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$218.55	7/1/2021	12/31/2382
75809	SHUNTOGRAM FOR INVESTIGATION OF PREVIOUSLY PLACED INDWELLING NONVASCULAR SHUNT (EG, LEVEEN SHUNT, VENTRICULOPE		\$120.32	7/1/2021	12/31/2382
75809	SHUNTOGRAM FOR INVESTIGATION OF PREVIOUSLY PLACED INDWELLING NONVASCULAR SHUNT (EG, LEVEEN SHUNT, VENTRICULOPE	26	\$24.84	7/1/2021	12/31/2382
75809	SHUNTOGRAM FOR INVESTIGATION OF PREVIOUSLY PLACED INDWELLING NONVASCULAR SHUNT (EG, LEVEEN SHUNT, VENTRICULOPE	TC	\$28.33	7/1/2021	12/31/2382
75810	SPLENOPORTOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$616.41	7/1/2021	12/31/2382
75810	SPLENOPORTOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$64.82	7/1/2021	12/31/2382
75810	SPLENOPORTOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$451.92	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
75820	VENOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$447.17	7/1/2021	12/31/2382
75820	VENOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$39.90	7/1/2021	12/31/2382
75820	VENOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	59	\$447.17	7/1/2021	12/31/2382
75820	VENOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	LT	\$447.17	7/1/2021	12/31/2382
75820	VENOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	RT	\$447.17	7/1/2021	12/31/2382
75820	VENOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$33.87	7/1/2021	12/31/2382
75822	VENOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$447.17	7/1/2021	12/31/2382
75822	VENOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$59.84	7/1/2021	12/31/2382
75822	VENOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$53.25	7/1/2021	12/31/2382
75825	VENOGRAPHY, CAVAL, INFERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$616.41	7/1/2021	12/31/2382
75825	VENOGRAPHY, CAVAL, INFERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$64.82	7/1/2021	12/31/2382
75825	VENOGRAPHY, CAVAL, INFERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	59	\$616.41	7/1/2021	12/31/2382
75825	VENOGRAPHY, CAVAL, INFERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$451.92	7/1/2021	12/31/2382
75827	VENOGRAPHY, CAVAL, SUPERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$616.41	7/1/2021	12/31/2382
75827	VENOGRAPHY, CAVAL, SUPERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$64.82	7/1/2021	12/31/2382
75827	VENOGRAPHY, CAVAL, SUPERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	59	\$616.41	7/1/2021	12/31/2382
75827	VENOGRAPHY, CAVAL, SUPERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$451.92	7/1/2021	12/31/2382
75831	VENOGRAPHY, RENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$616.41	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
75831	VENOGRAPHY, RENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$64.82	7/1/2021	12/31/2382
75831	VENOGRAPHY, RENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$451.92	7/1/2021	12/31/2382
75833	VENOGRAPHY, RENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$616.41	7/1/2021	12/31/2382
75833	VENOGRAPHY, RENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$84.47	7/1/2021	12/31/2382
75833	VENOGRAPHY, RENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$451.92	7/1/2021	12/31/2382
75840	VENOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$1,446.90	7/1/2021	12/31/2382
75840	VENOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$64.82	7/1/2021	12/31/2382
75840	VENOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$451.92	7/1/2021	12/31/2382
75842	VENOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$1,446.90	7/1/2021	12/31/2382
75842	VENOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$84.47	7/1/2021	12/31/2382
75842	VENOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$451.92	7/1/2021	12/31/2382
75860	VENOGRAPHY, SINUS OR JUGULAR, CATHETER, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$447.17	7/1/2021	12/31/2382
75860	VENOGRAPHY, SINUS OR JUGULAR, CATHETER, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$64.82	7/1/2021	12/31/2382
75860	VENOGRAPHY, SINUS OR JUGULAR, CATHETER, RADIOLOGICAL SUPERVISION AND INTERPRETATION	59	\$447.17	7/1/2021	12/31/2382
75860	VENOGRAPHY, SINUS OR JUGULAR, CATHETER, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$451.92	7/1/2021	12/31/2382
75870	VENOGRAPHY, SUPERIOR SAGITTAL SINUS, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$447.17	7/1/2021	12/31/2382
75870	VENOGRAPHY, SUPERIOR SAGITTAL SINUS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$64.82	7/1/2021	12/31/2382
75870	VENOGRAPHY, SUPERIOR SAGITTAL SINUS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$451.92	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
75872	VENOGRAPHY, EPIDURAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$616.41	7/1/2021	12/31/2382
75872	VENOGRAPHY, EPIDURAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$64.82	7/1/2021	12/31/2382
75872	VENOGRAPHY, EPIDURAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$451.92	7/1/2021	12/31/2382
75880	VENOGRAPHY, ORBITAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$447.17	7/1/2021	12/31/2382
75880	VENOGRAPHY, ORBITAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$39.90	7/1/2021	12/31/2382
75880	VENOGRAPHY, ORBITAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$33.87	7/1/2021	12/31/2382
75885	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITH HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$1,446.90	7/1/2021	12/31/2382
75885	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITH HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$81.92	7/1/2021	12/31/2382
75885	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITH HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$451.92	7/1/2021	12/31/2382
75887	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITHOUT HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETAT		\$616.41	7/1/2021	12/31/2382
75887	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITHOUT HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETAT	26	\$81.92	7/1/2021	12/31/2382
75887	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITHOUT HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETAT	TC	\$451.92	7/1/2021	12/31/2382
75889	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITH HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$1,446.90	7/1/2021	12/31/2382
75889	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITH HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$64.82	7/1/2021	12/31/2382
75889	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITH HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$451.92	7/1/2021	12/31/2382
75891	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITHOUT HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETATIO		\$616.41	7/1/2021	12/31/2382
75891	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITHOUT HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETATIO	26	\$64.82	7/1/2021	12/31/2382
75891	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITHOUT HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETATIO	TC	\$451.92	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
75893	VENOUS SAMPLING THROUGH CATHETER, WITH OR WITHOUT ANGIOGRAPHY (EG, FOR PARATHYROID HORMONE, RENIN), RADIOLOGIC		\$481.63	7/1/2021	12/31/2382
75893	VENOUS SAMPLING THROUGH CATHETER, WITH OR WITHOUT ANGIOGRAPHY (EG, FOR PARATHYROID HORMONE, RENIN), RADIOLOGIC	26	\$31.39	7/1/2021	12/31/2382
75893	VENOUS SAMPLING THROUGH CATHETER, WITH OR WITHOUT ANGIOGRAPHY (EG, FOR PARATHYROID HORMONE, RENIN), RADIOLOGIC	59	\$481.63	7/1/2021	12/31/2382
75893	VENOUS SAMPLING THROUGH CATHETER, WITH OR WITHOUT ANGIOGRAPHY (EG, FOR PARATHYROID HORMONE, RENIN), RADIOLOGIC	TC	\$451.92	7/1/2021	12/31/2382
75894	TRANSCATHETER THERAPY, EMBOLIZATION, ANY METHOD, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$361.23	7/1/2021	12/31/2382
75894	TRANSCATHETER THERAPY, EMBOLIZATION, ANY METHOD, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$74.52	7/1/2021	12/31/2382
75894	TRANSCATHETER THERAPY, EMBOLIZATION, ANY METHOD, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$866.11	7/1/2021	12/31/2382
75896	TRANSCATHETER THERAPY, INFUSION, ANY METHOD (EG, THROMBOLYSIS OTHER THAN CORONARY), RADIOLOGICAL SUPERVISION A		\$361.23	7/1/2021	12/31/2382
75896	TRANSCATHETER THERAPY, INFUSION, ANY METHOD (EG, THROMBOLYSIS OTHER THAN CORONARY), RADIOLOGICAL SUPERVISION A	26	\$74.52	7/1/2021	12/31/2382
75896	TRANSCATHETER THERAPY, INFUSION, ANY METHOD (EG, THROMBOLYSIS OTHER THAN CORONARY), RADIOLOGICAL SUPERVISION A	TC	\$752.76	7/1/2021	12/31/2382
75898	ANGIOGRAM THROUGH EXISTING CATHETER FOR FOLLOW-UP STUDY FOR TRANSCATHETER THERAPY, EMBOLIZATION OR INFUSION		\$120.32	7/1/2021	12/31/2382
75898	ANGIOGRAM THROUGH EXISTING CATHETER FOR FOLLOW-UP STUDY FOR TRANSCATHETER THERAPY, EMBOLIZATION OR INFUSION	26	\$93.92	7/1/2021	12/31/2382
75898	ANGIOGRAM THROUGH EXISTING CATHETER FOR FOLLOW-UP STUDY FOR TRANSCATHETER THERAPY, EMBOLIZATION OR INFUSION	TC	\$37.64	7/1/2021	12/31/2382
75901	MECHANICAL REMOVAL OF PERICATHETER OBSTRUCTIVE MATERIAL FROM CENTRAL VENOUS DEVICE VIA SEPERATE VENOUS ACCESS		\$120.32	7/1/2021	12/31/2382
75902	MECHANICAL REMOVAL OF INTRALUMINAL OBSTRUCTIVE MATERIAL FROM CENTRAL VENOUS DEVICE THROUGH DEVICE LUMEN, RADIO		\$120.32	7/1/2021	12/31/2382
75940	PERCUTANEOUS PLACEMENT OF IVC FILTER, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$361.23	7/1/2021	12/31/2382
75940	PERCUTANEOUS PLACEMENT OF IVC FILTER, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$29.71	7/1/2021	12/31/2382
75940	PERCUTANEOUS PLACEMENT OF IVC FILTER, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$451.92	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
75945	INTRAVASCULAR ULTRASOUND (NON-CORONARY VESSEL), RADIOLOGICAL SUPERVISION AND INTERPRETATION; INTIAL VESSEL		\$181.00	7/1/2021	12/31/2382
75946	INTRAVASCULAR ULTRASOUND (NON-CORONARY VESSEL), RADIOLOGICAL SUPERVISION AND INTERPRETATION; EACH ADDITIONAL		\$112.55	7/1/2021	12/31/2382
75960	TRANSCATHETER INTRODUCTION OF INTRAVASCULAR STENT(S), (NON-CORONARY VESSEL), PERCUTANEOUS AND/OR OPEN, RADIOLO		\$447.17	7/1/2021	12/31/2382
75960	TRANSCATHETER INTRODUCTION OF INTRAVASCULAR STENT(S), (NON-CORONARY VESSEL), PERCUTANEOUS AND/OR OPEN, RADIOLO	26	\$44.38	7/1/2021	12/31/2382
75960	TRANSCATHETER INTRODUCTION OF INTRAVASCULAR STENT(S), (NON-CORONARY VESSEL), PERCUTANEOUS AND/OR OPEN, RADIOLO	TC	\$534.31	7/1/2021	12/31/2382
75961	TRANSCATHETER RETRIEVAL, PERCUTANEOUS, OF INTRAVASCULAR FOREIGN BODY (EG, FRACTURED VENOUS OR ARTERIAL CATHETE		\$447.17	7/1/2021	12/31/2382
75961	TRANSCATHETER RETRIEVAL, PERCUTANEOUS, OF INTRAVASCULAR FOREIGN BODY (EG, FRACTURED VENOUS OR ARTERIAL CATHETE	26	\$241.72	7/1/2021	12/31/2382
75961	TRANSCATHETER RETRIEVAL, PERCUTANEOUS, OF INTRAVASCULAR FOREIGN BODY (EG, FRACTURED VENOUS OR ARTERIAL CATHETE	TC	\$376.56	7/1/2021	12/31/2382
75962	TRANSLUMINAL BALLOON ANGIOPLASTY, PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$447.17	7/1/2021	12/31/2382
75962	TRANSLUMINAL BALLOON ANGIOPLASTY, PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$29.71	7/1/2021	12/31/2382
75962	TRANSLUMINAL BALLOON ANGIOPLASTY, PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$564.66	7/1/2021	12/31/2382
75964	TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATI		\$447.17	7/1/2021	12/31/2382
75964	TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATI	26	\$18.92	7/1/2021	12/31/2382
75964	TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATI	TC	\$301.46	7/1/2021	12/31/2382
75966	TRANSLUMINAL BALLOON ANGIOPLASTY, RENAL OR OTHER VISCERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$447.17	7/1/2021	12/31/2382
75966	TRANSLUMINAL BALLOON ANGIOPLASTY, RENAL OR OTHER VISCERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$70.99	7/1/2021	12/31/2382
75966	TRANSLUMINAL BALLOON ANGIOPLASTY, RENAL OR OTHER VISCERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$564.66	7/1/2021	12/31/2382
75968	TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL VISCERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$447.17	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
75968	TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL VISCERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$18.92	7/1/2021	12/31/2382
75968	TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL VISCERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$301.46	7/1/2021	12/31/2382
75970	TRANSCATHETER BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$447.17	7/1/2021	12/31/2382
75970	TRANSCATHETER BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$46.95	7/1/2021	12/31/2382
75970	TRANSCATHETER BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$414.20	7/1/2021	12/31/2382
75978	TRANSLUMINAL BALLOON ANGIOPLASTY, VENOUS (EG, SUBCLAVIAN STENOSIS), RADIOLOGICAL SUPERVISION AND INTERPRETATIO		\$447.17	7/1/2021	12/31/2382
75978	TRANSLUMINAL BALLOON ANGIOPLASTY, VENOUS (EG, SUBCLAVIAN STENOSIS), RADIOLOGICAL SUPERVISION AND INTERPRETATIO	26	\$38.48	7/1/2021	12/31/2382
75978	TRANSLUMINAL BALLOON ANGIOPLASTY, VENOUS (EG, SUBCLAVIAN STENOSIS), RADIOLOGICAL SUPERVISION AND INTERPRETATIO	59	\$447.17	7/1/2021	12/31/2382
75978	TRANSLUMINAL BALLOON ANGIOPLASTY, VENOUS (EG, SUBCLAVIAN STENOSIS), RADIOLOGICAL SUPERVISION AND INTERPRETATIO	LT	\$447.17	7/1/2021	12/31/2382
75978	TRANSLUMINAL BALLOON ANGIOPLASTY, VENOUS (EG, SUBCLAVIAN STENOSIS), RADIOLOGICAL SUPERVISION AND INTERPRETATIO	RT	\$447.17	7/1/2021	12/31/2382
75980	PERCUTANEOUS TRANSHEPATIC BILIARY DRAINAGE WITH CONTRAST MONITORING, RADIOLOGICAL SUPERVISION AND INTERPRETATI		\$361.23	7/1/2021	12/31/2382
75980	PERCUTANEOUS TRANSHEPATIC BILIARY DRAINAGE WITH CONTRAST MONITORING, RADIOLOGICAL SUPERVISION AND INTERPRETATI	26	\$81.92	7/1/2021	12/31/2382
75980	PERCUTANEOUS TRANSHEPATIC BILIARY DRAINAGE WITH CONTRAST MONITORING, RADIOLOGICAL SUPERVISION AND INTERPRETATI	TC	\$194.33	7/1/2021	12/31/2382
75982	PERCUTANEOUS PLACEMENT OF DRAINAGE CATHETER FOR COMBINED INTERNAL AND EXTERNAL BILIARY DRAINAGE OR OF A DRAINA		\$361.23	7/1/2021	12/31/2382
75982	PERCUTANEOUS PLACEMENT OF DRAINAGE CATHETER FOR COMBINED INTERNAL AND EXTERNAL BILIARY DRAINAGE OR OF A DRAINA	26	\$81.92	7/1/2021	12/31/2382
75982	PERCUTANEOUS PLACEMENT OF DRAINAGE CATHETER FOR COMBINED INTERNAL AND EXTERNAL BILIARY DRAINAGE OR OF A DRAINA	52	\$361.23	7/1/2021	12/31/2382
75982	PERCUTANEOUS PLACEMENT OF DRAINAGE CATHETER FOR COMBINED INTERNAL AND EXTERNAL BILIARY DRAINAGE OR OF A DRAINA	TC	\$218.55	7/1/2021	12/31/2382
75984	CHANGE OF PERCUTANEOUS DRAINAGE CATHETER WITH CONTRAST MONITORING (IE, BILIARY TRACT, URINARY TRACT), RADIOLOG		\$120.32	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
75984	CHANGE OF PERCUTANEOUS DRAINAGE CATHETER WITH CONTRAST MONITORING (IE, BILIARY TRACT, URINARY TRACT), RADIOLOG	26	\$39.16	7/1/2021	12/31/2382
75984	CHANGE OF PERCUTANEOUS DRAINAGE CATHETER WITH CONTRAST MONITORING (IE, BILIARY TRACT, URINARY TRACT), RADIOLOG	50	\$120.32	7/1/2021	12/31/2382
75984	CHANGE OF PERCUTANEOUS DRAINAGE CATHETER WITH CONTRAST MONITORING (IE, BILIARY TRACT, URINARY TRACT), RADIOLOG	59	\$120.32	7/1/2021	12/31/2382
75984	CHANGE OF PERCUTANEOUS DRAINAGE CATHETER WITH CONTRAST MONITORING (IE, BILIARY TRACT, URINARY TRACT), RADIOLOG	LT	\$120.32	7/1/2021	12/31/2382
75984	CHANGE OF PERCUTANEOUS DRAINAGE CATHETER WITH CONTRAST MONITORING (IE, BILIARY TRACT, URINARY TRACT), RADIOLOG	RT	\$120.32	7/1/2021	12/31/2382
75984	CHANGE OF PERCUTANEOUS DRAINAGE CATHETER WITH CONTRAST MONITORING (IE, BILIARY TRACT, URINARY TRACT), RADIOLOG	TC	\$69.84	7/1/2021	12/31/2382
75989	RADIOLOGICAL GUIDANCE FOR PERCUTANEOUS DRAINAGE OF ABSCESS, OR SPECIMEN COLLECTION (IE, FLUOROSCOPY, ULTRASOUN		\$132.65	7/1/2021	12/31/2382
75989	RADIOLOGICAL GUIDANCE FOR PERCUTANEOUS DRAINAGE OF ABSCESS, OR SPECIMEN COLLECTION (IE, FLUOROSCOPY, ULTRASOUN	26	\$55.14	7/1/2021	12/31/2382
75989	RADIOLOGICAL GUIDANCE FOR PERCUTANEOUS DRAINAGE OF ABSCESS, OR SPECIMEN COLLECTION (IE, FLUOROSCOPY, ULTRASOUN	TC	\$112.74	7/1/2021	12/31/2382
75992	TRANSLUMINAL ATHERECTOMY, PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$616.41	7/1/2021	12/31/2382
75992	TRANSLUMINAL ATHERECTOMY, PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$29.71	7/1/2021	12/31/2382
75992	TRANSLUMINAL ATHERECTOMY, PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$564.66	7/1/2021	12/31/2382
75993	TRANSLUMINAL ATHERECTOMY, EACH ADDITIONAL PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$616.41	7/1/2021	12/31/2382
75993	TRANSLUMINAL ATHERECTOMY, EACH ADDITIONAL PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$18.92	7/1/2021	12/31/2382
75993	TRANSLUMINAL ATHERECTOMY, EACH ADDITIONAL PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$301.46	7/1/2021	12/31/2382
75994	TRANSLUMINAL ATHERECTOMY, RENAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$616.41	7/1/2021	12/31/2382
75994	TRANSLUMINAL ATHERECTOMY, RENAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$70.99	7/1/2021	12/31/2382
75994	TRANSLUMINAL ATHERECTOMY, RENAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$564.66	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
75995	TRANSLUMINAL ATHERECTOMY, VISCERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$616.41	7/1/2021	12/31/2382
75995	TRANSLUMINAL ATHERECTOMY, VISCERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$70.99	7/1/2021	12/31/2382
75995	TRANSLUMINAL ATHERECTOMY, VISCERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$564.66	7/1/2021	12/31/2382
75996	TRANSLUMINAL ATHERECTOMY, EACH ADDITIONAL RENAL OR VISCERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATIO		\$616.41	7/1/2021	12/31/2382
75996	TRANSLUMINAL ATHERECTOMY, EACH ADDITIONAL RENAL OR VISCERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATIO	26	\$18.92	7/1/2021	12/31/2382
75996	TRANSLUMINAL ATHERECTOMY, EACH ADDITIONAL RENAL OR VISCERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATIO	TC	\$301.46	7/1/2021	12/31/2382
76000	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO ONE HOUR PHYSICIAN TIME, OTHER THAN 71023 OR 71034		\$94.18	7/1/2021	12/31/2382
76000	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO ONE HOUR PHYSICIAN TIME, OTHER THAN 71023 OR 71034	26	\$8.98	7/1/2021	12/31/2382
76000	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO ONE HOUR PHYSICIAN TIME, OTHER THAN 71023 OR 71034	59	\$94.18	7/1/2021	12/31/2382
76000	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO ONE HOUR PHYSICIAN TIME, OTHER THAN 71023 OR 71034	TC	\$46.66	7/1/2021	12/31/2382
76000	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO ONE HOUR PHYSICIAN TIME, OTHER THAN 71023 OR 71034	XU	\$94.18	7/1/2021	12/31/2382
76001	FLUOROSCOPY, PHYSICIAN TIME MORE THAN ONE HOUR, ASSISTING A NON-RADIOLOGIC PHYSICIAN (EG, NEPHROSTOLITHOTOMY,		\$130.99	7/1/2021	12/31/2382
76001	FLUOROSCOPY, PHYSICIAN TIME MORE THAN ONE HOUR, ASSISTING A NON-RADIOLOGIC PHYSICIAN (EG, NEPHROSTOLITHOTOMY,	26	\$38.45	7/1/2021	12/31/2382
76001	FLUOROSCOPY, PHYSICIAN TIME MORE THAN ONE HOUR, ASSISTING A NON-RADIOLOGIC PHYSICIAN (EG, NEPHROSTOLITHOTOMY,	59	\$130.99	7/1/2021	12/31/2382
76001	FLUOROSCOPY, PHYSICIAN TIME MORE THAN ONE HOUR, ASSISTING A NON-RADIOLOGIC PHYSICIAN (EG, NEPHROSTOLITHOTOMY,	76	\$130.99	7/1/2021	12/31/2382
76001	FLUOROSCOPY, PHYSICIAN TIME MORE THAN ONE HOUR, ASSISTING A NON-RADIOLOGIC PHYSICIAN (EG, NEPHROSTOLITHOTOMY,	TC	\$94.31	7/1/2021	12/31/2382
76003	FLUOROSCOPIC LOCALIZATION FOR NEEDLE BIOPSY OR FINE NEEDLE ASPIRATION		\$76.37	7/1/2021	12/31/2382
76003	FLUOROSCOPIC LOCALIZATION FOR NEEDLE BIOPSY OR FINE NEEDLE ASPIRATION	26	\$31.39	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
76003	FLUOROSCOPIC LOCALIZATION FOR NEEDLE BIOPSY OR FINE NEEDLE ASPIRATION	TC	\$46.66	7/1/2021	12/31/2382
76006	MANUAL APPLICATION OF STRESS PERFORMED BY PHYSICIAN FOR JOINT RADIOLOGY, INCLUDING CONTRALATERAL JOINT IF IND		\$51.69	7/1/2021	12/31/2382
76010	RADIOLOGIC EXAMINATION FROM NOSE TO RECTUM FOR FOREIGN BODY, SINGLE FILM, CHILD		\$51.69	7/1/2021	12/31/2382
76010	RADIOLOGIC EXAMINATION FROM NOSE TO RECTUM FOR FOREIGN BODY, SINGLE FILM, CHILD	26	\$10.10	7/1/2021	12/31/2382
76010	RADIOLOGIC EXAMINATION FROM NOSE TO RECTUM FOR FOREIGN BODY, SINGLE FILM, CHILD	TC	\$19.05	7/1/2021	12/31/2382
76012	RADIOLOGICAL SUPERVISION AND INTERPRETATION, PERCUTANEOUS VERTEBROPLASTY, PER VERTEBRAL BODY; UNDER FLUOROSCOPI		\$206.63	7/1/2021	12/31/2382
76013	RADIOLOGICAL SUPERVISION AND INTERPRETATION, PERCUTANEOUS VERTEBROPLASTY; UNDER CT GUIDANCE		\$206.63	7/1/2021	12/31/2382
76020	BONE AGE STUDIES		\$51.69	7/1/2021	12/31/2382
76020	BONE AGE STUDIES	26	\$10.92	7/1/2021	12/31/2382
76020	BONE AGE STUDIES	TC	\$19.05	7/1/2021	12/31/2382
76040	BONE LENGTH STUDIES (ORTHOENTGENOGRAM, SCANOGRAM)		\$87.98	7/1/2021	12/31/2382
76040	BONE LENGTH STUDIES (ORTHOENTGENOGRAM, SCANOGRAM)	26	\$15.19	7/1/2021	12/31/2382
76040	BONE LENGTH STUDIES (ORTHOENTGENOGRAM, SCANOGRAM)	TC	\$28.33	7/1/2021	12/31/2382
76061	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; LIMITED (EG, FOR METASTASES)		\$87.98	7/1/2021	12/31/2382
76061	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; LIMITED (EG, FOR METASTASES)	26	\$25.52	7/1/2021	12/31/2382
76061	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; LIMITED (EG, FOR METASTASES)	TC	\$35.62	7/1/2021	12/31/2382
76062	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; COMPLETE (AXIAL AND APPENDICULAR SKELETON)		\$87.98	7/1/2021	12/31/2382
76062	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; COMPLETE (AXIAL AND APPENDICULAR SKELETON)	26	\$31.39	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
76062	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; COMPLETE (AXIAL AND APPENDICULAR SKELETON)	TC	\$51.85	7/1/2021	12/31/2382
76065	RADIOLOGIC EXAMINATION OSSEOUS SURVEY; INFANT		\$87.98	7/1/2021	12/31/2382
76065	RADIOLOGIC EXAMINATION OSSEOUS SURVEY; INFANT	26	\$15.48	7/1/2021	12/31/2382
76065	RADIOLOGIC EXAMINATION OSSEOUS SURVEY; INFANT	TC	\$26.58	7/1/2021	12/31/2382
76066	JOINT SURVEY, SINGLE VIEW, ONE OR MORE JOINTS (SPECIFY)		\$51.69	7/1/2021	12/31/2382
76066	JOINT SURVEY, SINGLE VIEW, ONE OR MORE JOINTS (SPECIFY)	26	\$17.34	7/1/2021	12/31/2382
76066	JOINT SURVEY, SINGLE VIEW, ONE OR MORE JOINTS (SPECIFY)	TC	\$39.74	7/1/2021	12/31/2382
76070	COMPUTERIZED TOMOGRAPHY BONE MINERAL DENSITY STUDY, ONE OR MORE SITES		\$86.56	7/1/2021	12/31/2382
76070	COMPUTERIZED TOMOGRAPHY BONE MINERAL DENSITY STUDY, ONE OR MORE SITES	26	\$14.05	7/1/2021	12/31/2382
76070	COMPUTERIZED TOMOGRAPHY BONE MINERAL DENSITY STUDY, ONE OR MORE SITES	TC	\$105.81	7/1/2021	12/31/2382
76071	COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, ONE OR MORE SITES;APPENDICULAR SKELETON		\$112.91	7/1/2021	12/31/2382
76075	DUAL ENERGY X-RAY ABSORPTIOMETRY (DEXA), BONE DENSITY STUDY, ONE OR MORE SITES; AXIAL SKELETON (EG, HIPS, PEL		\$86.56	7/1/2021	12/31/2382
76076	DUAL ENERGY X-RAY ABSORPTIOMETRY (DEXA), BONE DENSITY STUDY, ONE OR MORE SITES; APPENDICULAR SKELETON		\$45.22	7/1/2021	12/31/2382
76077	DUAL ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, ONE OR MORE SITES; VERTEBRAL FRACTURE ASSESSMENT		\$51.69	7/1/2021	12/31/2382
76078	RADIOGRAPHIC ABSORPTIOMETRY (PHOTODENSITOMETRY), ONE OR MORE SITES		\$51.69	7/1/2021	12/31/2382
76080	RADIOLOGIC EXAMINATION, ABSCESS, FISTULA OR SINUS TRACT STUDY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$120.32	7/1/2021	12/31/2382
76080	RADIOLOGIC EXAMINATION, ABSCESS, FISTULA OR SINUS TRACT STUDY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$29.71	7/1/2021	12/31/2382
76080	RADIOLOGIC EXAMINATION, ABSCESS, FISTULA OR SINUS TRACT STUDY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	59	\$120.32	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
76080	RADIOLOGIC EXAMINATION, ABSCESS, FISTULA OR SINUS TRACT STUDY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	FY	\$120.32	7/1/2021	12/31/2382
76080	RADIOLOGIC EXAMINATION, ABSCESS, FISTULA OR SINUS TRACT STUDY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$37.64	7/1/2021	12/31/2382
76082	COMPUTER AIDED DETECTION WITH FURTHER PHYSICIAN REVIEW FOR INTERPRETATION, WITH OR WITHOUT DIGITIZATION		\$18.12	7/1/2021	12/31/2382
76082	COMPUTER AIDED DETECTION WITH FURTHER PHYSICIAN REVIEW FOR INTERPRETATION, WITH OR WITHOUT DIGITIZATION	LT	\$18.12	7/1/2021	12/31/2382
76082	COMPUTER AIDED DETECTION WITH FURTHER PHYSICIAN REVIEW FOR INTERPRETATION, WITH OR WITHOUT DIGITIZATION	RT	\$18.12	7/1/2021	12/31/2382
76083	COMPUTER AIDED DETECTION WITH FURTHER PHYSICIAN REVIEW FOR INTERPRETATION, WITH OR WITHOUT DIGITIZATION		\$18.12	7/1/2021	12/31/2382
76086	MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE DUCT, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$120.32	7/1/2021	12/31/2382
76086	MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE DUCT, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$19.27	7/1/2021	12/31/2382
76086	MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE DUCT, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$94.31	7/1/2021	12/31/2382
76088	MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIPLE DUCTS, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$120.32	7/1/2021	12/31/2382
76088	MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIPLE DUCTS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$24.14	7/1/2021	12/31/2382
76088	MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIPLE DUCTS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$131.42	7/1/2021	12/31/2382
76090	MAMMOGRAPHY; UNILATERAL		\$46.64	7/1/2021	12/31/2382
76090	MAMMOGRAPHY; UNILATERAL	26	\$14.05	7/1/2021	12/31/2382
76090	MAMMOGRAPHY; UNILATERAL	LT	\$46.64	7/1/2021	12/31/2382
76090	MAMMOGRAPHY; UNILATERAL	RT	\$46.64	7/1/2021	12/31/2382
76090	MAMMOGRAPHY; UNILATERAL	TC	\$37.64	7/1/2021	12/31/2382
76091	MAMMOGRAPHY; BILATERAL		\$58.02	7/1/2021	12/31/2382

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76091	MAMMOGRAPHY; BILATERAL	26	\$23.04	7/1/2021	12/31/2382
76091	MAMMOGRAPHY; BILATERAL	TC	\$46.66	7/1/2021	12/31/2382
76092	SCREENING MAMMOGRAPHY, BILATERAL (TWO VIEW FILM STUDY OF EACH BREAST)		\$54.63	7/1/2021	12/31/2382
76095	STEREOTACTIC LOCALIZATION FOR BREAST BIOPSY, EACH LESION, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$244.78	7/1/2021	12/31/2382
76095	STEREOTACTIC LOCALIZATION FOR BREAST BIOPSY, EACH LESION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	LT	\$244.78	7/1/2021	12/31/2382
76095	STEREOTACTIC LOCALIZATION FOR BREAST BIOPSY, EACH LESION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	RT	\$244.78	7/1/2021	12/31/2382
76096	PREOPERATIVE PLACEMENT OF NEEDLE LOCALIZATION WIRE, BREAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$120.32	7/1/2021	12/31/2382
76096	PREOPERATIVE PLACEMENT OF NEEDLE LOCALIZATION WIRE, BREAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$30.76	7/1/2021	12/31/2382
76096	PREOPERATIVE PLACEMENT OF NEEDLE LOCALIZATION WIRE, BREAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION	LT	\$120.32	7/1/2021	12/31/2382
76096	PREOPERATIVE PLACEMENT OF NEEDLE LOCALIZATION WIRE, BREAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION	RT	\$120.32	7/1/2021	12/31/2382
76096	PREOPERATIVE PLACEMENT OF NEEDLE LOCALIZATION WIRE, BREAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$46.66	7/1/2021	12/31/2382
76098	RADIOLOGICAL EXAMINATION, BREAST SURGICAL SPECIMEN		\$51.69	7/1/2021	12/31/2382
76098	RADIOLOGICAL EXAMINATION, BREAST SURGICAL SPECIMEN	26	\$8.51	7/1/2021	12/31/2382
76098	RADIOLOGICAL EXAMINATION, BREAST SURGICAL SPECIMEN	LT	\$51.69	7/1/2021	12/31/2382
76098	RADIOLOGICAL EXAMINATION, BREAST SURGICAL SPECIMEN	RT	\$51.69	7/1/2021	12/31/2382
76098	RADIOLOGICAL EXAMINATION, BREAST SURGICAL SPECIMEN	TC	\$15.18	7/1/2021	12/31/2382
76100	RADIOLOGIC EXAMINATION, SINGLE PLANE BODY SECTION (EG, TOMOGRAPHY), OTHER THAN WITH UROGRAPHY		\$87.98	7/1/2021	12/31/2382
76100	RADIOLOGIC EXAMINATION, SINGLE PLANE BODY SECTION (EG, TOMOGRAPHY), OTHER THAN WITH UROGRAPHY	26	\$33.62	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
76100	RADIOLOGIC EXAMINATION, SINGLE PLANE BODY SECTION (EG, TOMOGRAPHY), OTHER THAN WITH UROGRAPHY	TC	\$44.91	7/1/2021	12/31/2382
76101	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTION (EG, MASTOID POLYTOMOGRAPHY), OTHER T		\$120.32	7/1/2021	12/31/2382
76101	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTION (EG, MASTOID POLYTOMOGRAPHY), OTHER T	26	\$33.62	7/1/2021	12/31/2382
76101	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTION (EG, MASTOID POLYTOMOGRAPHY), OTHER T	TC	\$50.80	7/1/2021	12/31/2382
76102	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTION (EG, MASTOID POLYTOMOGRAPHY), OTHER T		\$244.78	7/1/2021	12/31/2382
76102	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTION (EG, MASTOID POLYTOMOGRAPHY), OTHER T	26	\$33.62	7/1/2021	12/31/2382
76102	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTION (EG, MASTOID POLYTOMOGRAPHY), OTHER T	TC	\$62.21	7/1/2021	12/31/2382
76120	CINERADIOGRAPHY, EXCEPT WHERE SPECIFICALLY INCLUDED		\$94.18	7/1/2021	12/31/2382
76120	CINERADIOGRAPHY, EXCEPT WHERE SPECIFICALLY INCLUDED	26	\$21.34	7/1/2021	12/31/2382
76120	CINERADIOGRAPHY, EXCEPT WHERE SPECIFICALLY INCLUDED	TC	\$37.64	7/1/2021	12/31/2382
76125	CINERADIOGRAPHY TO COMPLEMENT ROUTINE EXAMINATION		\$51.69	7/1/2021	12/31/2382
76125	CINERADIOGRAPHY TO COMPLEMENT ROUTINE EXAMINATION	26	\$14.93	7/1/2021	12/31/2382
76125	CINERADIOGRAPHY TO COMPLEMENT ROUTINE EXAMINATION	TC	\$28.33	7/1/2021	12/31/2382
76150	XERORADIOGRAPHY		\$51.69	7/1/2021	12/31/2382
76355	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR STEREOTACTIC LOCALIZATION		\$304.15	7/1/2021	12/31/2382
76355	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR STEREOTACTIC LOCALIZATION	26	\$68.87	7/1/2021	12/31/2382
76355	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR STEREOTACTIC LOCALIZATION	TC	\$296.27	7/1/2021	12/31/2382
76360	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR NEEDLE BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$304.15	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
76360	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR NEEDLE BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$62.59	7/1/2021	12/31/2382
76360	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR NEEDLE BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$296.27	7/1/2021	12/31/2382
76362	COMPUTERIZED AXIAL TOMOGRAPHIC GUIDANCE FOR, AND MONITORING OF, TISSUE ABLATION		\$361.77	7/1/2021	12/31/2382
76365	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR CYST ASPIRATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$358.86	7/1/2021	12/31/2382
76365	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR CYST ASPIRATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$62.59	7/1/2021	12/31/2382
76365	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR CYST ASPIRATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$296.27	7/1/2021	12/31/2382
76370	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS		\$112.91	7/1/2021	12/31/2382
76370	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS	26	\$48.47	7/1/2021	12/31/2382
76370	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS	TC	\$105.81	7/1/2021	12/31/2382
76375	CORONAL, SAGITTAL, MULTIPLANAR, OBLIQUE, 3-DIMENSIONAL AND/OR HOLOGRAPHIC RECONSTRUCTION OF COMPUTERIZED TOMO		\$135.00	7/1/2021	12/31/2382
76375	CORONAL, SAGITTAL, MULTIPLANAR, OBLIQUE, 3-DIMENSIONAL AND/OR HOLOGRAPHIC RECONSTRUCTION OF COMPUTERIZED TOMO	26	\$8.51	7/1/2021	12/31/2382
76375	CORONAL, SAGITTAL, MULTIPLANAR, OBLIQUE, 3-DIMENSIONAL AND/OR HOLOGRAPHIC RECONSTRUCTION OF COMPUTERIZED TOMO	TC	\$126.60	7/1/2021	12/31/2382
76376	3D REDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND,		\$43.49	7/1/2021	12/31/2382
76376	3D REDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND,	59	\$43.49	7/1/2021	12/31/2382
76376	3D REDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND,	LT	\$43.49	7/1/2021	12/31/2382
76376	3D REDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND,	RT	\$43.49	7/1/2021	12/31/2382
76377	3D REDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND,		\$112.91	7/1/2021	12/31/2382
76377	3D REDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND,	59	\$112.91	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
76377	3D REDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND,	ET	\$112.91	7/1/2021	12/31/2382
76380	COMPUTERIZED TOMOGRAPHY, LIMITED OR LOCALIZED FOLLOW-UP STUDY		\$112.91	7/1/2021	12/31/2382
76380	COMPUTERIZED TOMOGRAPHY, LIMITED OR LOCALIZED FOLLOW-UP STUDY	26	\$53.13	7/1/2021	12/31/2382
76380	COMPUTERIZED TOMOGRAPHY, LIMITED OR LOCALIZED FOLLOW-UP STUDY	59	\$112.91	7/1/2021	12/31/2382
76380	COMPUTERIZED TOMOGRAPHY, LIMITED OR LOCALIZED FOLLOW-UP STUDY	TC	\$125.55	7/1/2021	12/31/2382
76393	MAGNETIC RESONANCE GUIDANCE FOR NEEDLE PLACEMENT (EG, FOR BIOPSY)RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$361.37	7/1/2021	12/31/2382
76394	MAGNETIC RESONANCE GUIDANCE FOR, AND MONITORING OF, TISSUE ABLATION		\$361.37	7/1/2021	12/31/2382
76400	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BONE MARROW BLOOD SUPPLY		\$361.37	7/1/2021	12/31/2382
76400	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BONE MARROW BLOOD SUPPLY	26	\$87.07	7/1/2021	12/31/2382
76400	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BONE MARROW BLOOD SUPPLY	TC	\$402.08	7/1/2021	12/31/2382
76496	UNLISTED FLUOROSCOPIC PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)		\$94.18	7/1/2021	12/31/2382
76497	UNLISTED COMPUTED TOMOGRAPHY PROCEDURE (EG, DIAGNOSTIC INTERVENTIONAL)		\$112.91	7/1/2021	12/31/2382
76498	UNLISTED MAGNETIC RESONANCE PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)		\$361.37	7/1/2021	12/31/2382
76499	UNLISTED DIAGNOSTIC RADIOLOGIC PROCEDURE		\$51.69	7/1/2021	12/31/2382
76506	ECHOENCEPHALOGRAPHY, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION (GRAY SCALE) (FOR DETERMINATION OF VENTR		\$70.37	7/1/2021	12/31/2382
76506	ECHOENCEPHALOGRAPHY, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION (GRAY SCALE) (FOR DETERMINATION OF VENTR	26	\$36.18	7/1/2021	12/31/2382
76506	ECHOENCEPHALOGRAPHY, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION (GRAY SCALE) (FOR DETERMINATION OF VENTR	TC	\$50.80	7/1/2021	12/31/2382
76510	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN AND QUANTITATIVE A-SCAN PERFORMED DURING THE SAME PATIENT ENCOUNTER		\$112.55	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
76511	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; A-SCAN ONLY, WITH AMPLITUDE QUANTIFICATION		\$112.55	7/1/2021	12/31/2382
76511	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; A-SCAN ONLY, WITH AMPLITUDE QUANTIFICATION	26	\$34.93	7/1/2021	12/31/2382
76511	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; A-SCAN ONLY, WITH AMPLITUDE QUANTIFICATION	50	\$112.55	7/1/2021	12/31/2382
76511	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; A-SCAN ONLY, WITH AMPLITUDE QUANTIFICATION	LT	\$112.55	7/1/2021	12/31/2382
76511	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; A-SCAN ONLY, WITH AMPLITUDE QUANTIFICATION	RT	\$112.55	7/1/2021	12/31/2382
76511	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; A-SCAN ONLY, WITH AMPLITUDE QUANTIFICATION	TC	\$44.91	7/1/2021	12/31/2382
76512	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CONTACT B-SCAN (WITH OR WITHOUT SIMULTANEOUS A-SCAN)		\$112.55	7/1/2021	12/31/2382
76512	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CONTACT B-SCAN (WITH OR WITHOUT SIMULTANEOUS A-SCAN)	26	\$37.83	7/1/2021	12/31/2382
76512	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CONTACT B-SCAN (WITH OR WITHOUT SIMULTANEOUS A-SCAN)	50	\$112.55	7/1/2021	12/31/2382
76512	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CONTACT B-SCAN (WITH OR WITHOUT SIMULTANEOUS A-SCAN)	LT	\$112.55	7/1/2021	12/31/2382
76512	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CONTACT B-SCAN (WITH OR WITHOUT SIMULTANEOUS A-SCAN)	RT	\$112.55	7/1/2021	12/31/2382
76512	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CONTACT B-SCAN (WITH OR WITHOUT SIMULTANEOUS A-SCAN)	TC	\$54.92	7/1/2021	12/31/2382
76513	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; ANTERIOR SEGMENT ULTRASOUND,		\$112.55	7/1/2021	12/31/2382
76513	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; ANTERIOR SEGMENT ULTRASOUND,	26	\$37.83	7/1/2021	12/31/2382
76513	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; ANTERIOR SEGMENT ULTRASOUND,	TC	\$54.92	7/1/2021	12/31/2382
76514	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CORNEAL PACHYMETRY, UNILATERAL OR BILATERAL		\$43.49	7/1/2021	12/31/2382
76514	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CORNEAL PACHYMETRY, UNILATERAL OR BILATERAL	50	\$43.49	7/1/2021	12/31/2382
76514	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CORNEAL PACHYMETRY, UNILATERAL OR BILATERAL	PO	\$0.01	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
76516	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN;		\$70.37	7/1/2021	12/31/2382
76516	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN;	26	\$31.13	7/1/2021	12/31/2382
76516	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN;	TC	\$44.91	7/1/2021	12/31/2382
76519	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN; WITH INTRAOCULAR LENS POWER CALCULATION		\$112.55	7/1/2021	12/31/2382
76519	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN; WITH INTRAOCULAR LENS POWER CALCULATION	26	\$31.13	7/1/2021	12/31/2382
76519	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN; WITH INTRAOCULAR LENS POWER CALCULATION	TC	\$44.91	7/1/2021	12/31/2382
76529	OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION		\$70.37	7/1/2021	12/31/2382
76529	OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	26	\$32.99	7/1/2021	12/31/2382
76529	OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	TC	\$49.03	7/1/2021	12/31/2382
76536	ECHOGRAPHY, SOFT TISSUES OF HEAD AND NECK (EG, THYROID, PARATHYROID, PAROTID), B-SCAN AND/OR REAL TIME WITH IM		\$112.55	7/1/2021	12/31/2382
76536	ECHOGRAPHY, SOFT TISSUES OF HEAD AND NECK (EG, THYROID, PARATHYROID, PAROTID), B-SCAN AND/OR REAL TIME WITH IM	26	\$32.25	7/1/2021	12/31/2382
76536	ECHOGRAPHY, SOFT TISSUES OF HEAD AND NECK (EG, THYROID, PARATHYROID, PAROTID), B-SCAN AND/OR REAL TIME WITH IM	59	\$112.55	7/1/2021	12/31/2382
76536	ECHOGRAPHY, SOFT TISSUES OF HEAD AND NECK (EG, THYROID, PARATHYROID, PAROTID), B-SCAN AND/OR REAL TIME WITH IM	PN	\$112.55	7/1/2021	12/31/2382
76536	ECHOGRAPHY, SOFT TISSUES OF HEAD AND NECK (EG, THYROID, PARATHYROID, PAROTID), B-SCAN AND/OR REAL TIME WITH IM	PO	\$112.55	7/1/2021	12/31/2382
76536	ECHOGRAPHY, SOFT TISSUES OF HEAD AND NECK (EG, THYROID, PARATHYROID, PAROTID), B-SCAN AND/OR REAL TIME WITH IM	TC	\$50.80	7/1/2021	12/31/2382
76604	ECHOGRAPHY, CHEST, B-SCAN (INCLUDES MEDIASTINUM) AND/OR REAL TIME WITH IMAGE DOCUMENTATION		\$112.55	7/1/2021	12/31/2382
76604	ECHOGRAPHY, CHEST, B-SCAN (INCLUDES MEDIASTINUM) AND/OR REAL TIME WITH IMAGE DOCUMENTATION	26	\$31.94	7/1/2021	12/31/2382
76604	ECHOGRAPHY, CHEST, B-SCAN (INCLUDES MEDIASTINUM) AND/OR REAL TIME WITH IMAGE DOCUMENTATION	TC	\$46.66	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
76641	ULTRASOUND, BREAST, UNILATERAL, REALTIME WITH IMAGE DOCUMENTATION, INCLUDING AXILLA WHEN PERFORMED; COMPLETE		\$100.29	7/1/2021	12/31/2382
76641	ULTRASOUND, BREAST, UNILATERAL, REALTIME WITH IMAGE DOCUMENTATION, INCLUDING AXILLA WHEN PERFORMED; COMPLETE	26	\$23.72	7/1/2021	12/31/2382
76641	ULTRASOUND, BREAST, UNILATERAL, REALTIME WITH IMAGE DOCUMENTATION, INCLUDING AXILLA WHEN PERFORMED; COMPLETE	50	\$100.29	7/1/2021	12/31/2382
76641	ULTRASOUND, BREAST, UNILATERAL, REALTIME WITH IMAGE DOCUMENTATION, INCLUDING AXILLA WHEN PERFORMED; COMPLETE	TC	\$46.49	7/1/2021	12/31/2382
76642	ULTRASOUND, BREAST, UNILATERAL, REALTIME WITH IMAGE DOCUMENTATION, INCLUDING AXILLA WHEN PERFORMED; LIMITED		\$87.60	7/1/2021	12/31/2382
76642	ULTRASOUND, BREAST, UNILATERAL, REALTIME WITH IMAGE DOCUMENTATION, INCLUDING AXILLA WHEN PERFORMED; LIMITED	26	\$33.85	1/1/2020	12/31/2382
76642	ULTRASOUND, BREAST, UNILATERAL, REALTIME WITH IMAGE DOCUMENTATION, INCLUDING AXILLA WHEN PERFORMED; LIMITED	LT	\$87.60	7/1/2021	12/31/2382
76642	ULTRASOUND, BREAST, UNILATERAL, REALTIME WITH IMAGE DOCUMENTATION, INCLUDING AXILLA WHEN PERFORMED; LIMITED	RT	\$87.60	7/1/2021	12/31/2382
76642	ULTRASOUND, BREAST, UNILATERAL, REALTIME WITH IMAGE DOCUMENTATION, INCLUDING AXILLA WHEN PERFORMED; LIMITED	TC	\$55.83	1/1/2021	12/31/2382
76642	ULTRASOUND, BREAST, UNILATERAL, REALTIME WITH IMAGE DOCUMENTATION, INCLUDING AXILLA WHEN PERFORMED; LIMITED	XS	\$87.60	7/1/2021	12/31/2382
76645	ECHOGRAPHY, BREAST(S) (UNILATERAL OR BILATERAL), B-SCAN AND/ OR REAL TIME WITH IMAGE DOCUMENTATION		\$70.37	7/1/2021	12/31/2382
76645	ECHOGRAPHY, BREAST(S) (UNILATERAL OR BILATERAL), B-SCAN AND/ OR REAL TIME WITH IMAGE DOCUMENTATION	26	\$31.13	7/1/2021	12/31/2382
76645	ECHOGRAPHY, BREAST(S) (UNILATERAL OR BILATERAL), B-SCAN AND/ OR REAL TIME WITH IMAGE DOCUMENTATION	50	\$70.37	7/1/2021	12/31/2382
76645	ECHOGRAPHY, BREAST(S) (UNILATERAL OR BILATERAL), B-SCAN AND/ OR REAL TIME WITH IMAGE DOCUMENTATION	LT	\$70.37	7/1/2021	12/31/2382
76645	ECHOGRAPHY, BREAST(S) (UNILATERAL OR BILATERAL), B-SCAN AND/ OR REAL TIME WITH IMAGE DOCUMENTATION	RT	\$70.37	7/1/2021	12/31/2382
76645	ECHOGRAPHY, BREAST(S) (UNILATERAL OR BILATERAL), B-SCAN AND/ OR REAL TIME WITH IMAGE DOCUMENTATION	TC	\$37.64	7/1/2021	12/31/2382
76700	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE		\$112.55	7/1/2021	12/31/2382
76700	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	26	\$45.79	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
76700	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	59	\$112.55	7/1/2021	12/31/2382
76700	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	TC	\$70.54	7/1/2021	12/31/2382
76705	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (EG, SINGLE ORGAN, QUADRANT,		\$112.55	7/1/2021	12/31/2382
76705	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (EG, SINGLE ORGAN, QUADRANT,	26	\$33.93	7/1/2021	12/31/2382
76705	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (EG, SINGLE ORGAN, QUADRANT,	59	\$112.55	7/1/2021	12/31/2382
76705	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (EG, SINGLE ORGAN, QUADRANT,	GA	\$112.55	7/1/2021	12/31/2382
76705	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (EG, SINGLE ORGAN, QUADRANT,	TC	\$50.80	7/1/2021	12/31/2382
76705	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (EG, SINGLE ORGAN, QUADRANT,	XS	\$112.55	7/1/2021	12/31/2382
76705	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (EG, SINGLE ORGAN, QUADRANT,	XU	\$112.55	7/1/2021	12/31/2382
76770	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPL		\$112.55	7/1/2021	12/31/2382
76770	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPL	26	\$42.12	7/1/2021	12/31/2382
76770	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPL	59	\$112.55	7/1/2021	12/31/2382
76770	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPL	GA	\$112.55	7/1/2021	12/31/2382
76770	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPL	PN	\$112.55	7/1/2021	12/31/2382
76770	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPL	PO	\$112.55	7/1/2021	12/31/2382
76770	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPL	TC	\$70.54	7/1/2021	12/31/2382
76770	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPL	XU	\$112.55	7/1/2021	12/31/2382
76775	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMIT		\$112.55	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
76775	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMIT	26	\$33.62	7/1/2021	12/31/2382
76775	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMIT	59	\$112.55	7/1/2021	12/31/2382
76775	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMIT	PN	\$112.55	7/1/2021	12/31/2382
76775	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMIT	TC	\$50.80	7/1/2021	12/31/2382
76776	ULTRASOUND, TRANSPLANTED KIDNEY, REAL TIME AND DUPLEX DOPPLER WITH IMAGE DOCUMENTATION		\$110.59	7/1/2021	12/31/2382
76778	ECHOGRAPHY OF TRANSPLANTED KIDNEY, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION, WITH OR WITHOUT DUPLEX DO		\$112.55	7/1/2021	12/31/2382
76778	ECHOGRAPHY OF TRANSPLANTED KIDNEY, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION, WITH OR WITHOUT DUPLEX DO	26	\$40.22	7/1/2021	12/31/2382
76778	ECHOGRAPHY OF TRANSPLANTED KIDNEY, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION, WITH OR WITHOUT DUPLEX DO	TC	\$70.54	7/1/2021	12/31/2382
76800	ECHOGRAPHY, SPINAL CANAL AND CONTENTS		\$112.55	7/1/2021	12/31/2382
76800	ECHOGRAPHY, SPINAL CANAL AND CONTENTS	26	\$61.52	7/1/2021	12/31/2382
76800	ECHOGRAPHY, SPINAL CANAL AND CONTENTS	TC	\$50.80	7/1/2021	12/31/2382
76801	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION, FIR		\$112.55	7/1/2021	12/31/2382
76802	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION, EACH ADDITIONA		\$70.37	7/1/2021	12/31/2382
76805	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE (COMPLETE FETAL AND MA		\$112.55	7/1/2021	12/31/2382
76805	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE (COMPLETE FETAL AND MA	26	\$56.17	7/1/2021	12/31/2382
76805	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE (COMPLETE FETAL AND MA	TC	\$75.36	7/1/2021	12/31/2382
76810	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE (COMPLETE FETAL AND MA		\$112.55	7/1/2021	12/31/2382
76810	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE (COMPLETE FETAL AND MA	26	\$106.70	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
76810	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE (COMPLETE FETAL AND MA	TC	\$150.13	7/1/2021	12/31/2382
76811	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION, SINGLE OR FIRS		\$181.00	7/1/2021	12/31/2382
76811	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION, SINGLE OR FIRS	TC	\$181.00	7/1/2021	12/31/2382
76812	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION, EACH ADDITIONA		\$112.55	7/1/2021	12/31/2382
76813	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FIRST TRIMESTER FETAL NUCHAL TRANSLUCENCY		\$110.59	7/1/2021	12/31/2382
76813	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FIRST TRIMESTER FETAL NUCHAL TRANSLUCENCY	55	\$110.59	7/1/2021	12/31/2382
76813	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FIRST TRIMESTER FETAL NUCHAL TRANSLUCENCY	PO	\$110.59	7/1/2021	12/31/2382
76814	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FIRST TRIMESTER FETAL NUCHAL TRANSLUCENCY		\$110.59	7/1/2021	12/31/2382
76815	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (FETAL SIZE, HEART		\$70.37	7/1/2021	12/31/2382
76815	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (FETAL SIZE, HEART	22	\$70.37	7/1/2021	12/31/2382
76815	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (FETAL SIZE, HEART	25	\$70.37	7/1/2021	12/31/2382
76815	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (FETAL SIZE, HEART	26	\$37.05	7/1/2021	12/31/2382
76815	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (FETAL SIZE, HEART	52	\$70.37	7/1/2021	12/31/2382
76815	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (FETAL SIZE, HEART	59	\$70.37	7/1/2021	12/31/2382
76815	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (FETAL SIZE, HEART	TC	\$50.80	7/1/2021	12/31/2382
76816	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; FOLLOW-UP OR REPEAT		\$70.37	7/1/2021	12/31/2382
76816	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; FOLLOW-UP OR REPEAT	26	\$32.99	7/1/2021	12/31/2382
76816	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; FOLLOW-UP OR REPEAT	PO	\$70.37	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
76816	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; FOLLOW-UP OR REPEAT	TC	\$39.74	7/1/2021	12/31/2382
76817	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, TRANSVAGINAL		\$112.55	7/1/2021	12/31/2382
76817	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, TRANSVAGINAL	25	\$112.55	7/1/2021	12/31/2382
76818	FETAL BIOPHYSICAL PROFILE		\$112.55	7/1/2021	12/31/2382
76818	FETAL BIOPHYSICAL PROFILE	26	\$43.55	7/1/2021	12/31/2382
76818	FETAL BIOPHYSICAL PROFILE	59	\$112.55	7/1/2021	12/31/2382
76818	FETAL BIOPHYSICAL PROFILE	TC	\$58.08	7/1/2021	12/31/2382
76819	FETAL BIOPHYSICAL PROFILE; WITHOUT STRESS OR NON-STRESS TESTING		\$112.55	7/1/2021	12/31/2382
76819	FETAL BIOPHYSICAL PROFILE; WITHOUT STRESS OR NON-STRESS TESTING	59	\$112.55	7/1/2021	12/31/2382
76820	DOPPLER VELOCIMETRY, FETAL; UMBILICAL ARTERY		\$113.52	7/1/2021	12/31/2382
76820	DOPPLER VELOCIMETRY, FETAL; UMBILICAL ARTERY	51	\$113.52	7/1/2021	12/31/2382
76820	DOPPLER VELOCIMETRY, FETAL; UMBILICAL ARTERY	59	\$113.52	7/1/2021	12/31/2382
76821	DOPPLER VELOCIMETRY, FETAL; MIDDLE CEREBRAL ARTERY		\$113.52	7/1/2021	12/31/2382
76825	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE DOCUMENTATION (2D) WITH OR WITHOUT M-MODE		\$118.78	7/1/2021	12/31/2382
76825	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE DOCUMENTATION (2D) WITH OR WITHOUT M-MODE	26	\$43.23	7/1/2021	12/31/2382
76825	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE DOCUMENTATION (2D) WITH OR WITHOUT M-MODE	TC	\$70.54	7/1/2021	12/31/2382
76826	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE DOCUMENTATION (2D) WITH OR WITHOUT M-MODE		\$107.15	7/1/2021	12/31/2382
76826	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE DOCUMENTATION (2D) WITH OR WITHOUT M-MODE	26	\$55.79	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
76826	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE DOCUMENTATION (2D) WITH OR WITHOUT M-MODE	TC	\$25.53	7/1/2021	12/31/2382
76827	DOPPLER ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPL		\$118.78	7/1/2021	12/31/2382
76827	DOPPLER ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPL	26	\$40.46	7/1/2021	12/31/2382
76827	DOPPLER ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPL	TC	\$62.37	7/1/2021	12/31/2382
76828	DOPPLER ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPL		\$107.15	7/1/2021	12/31/2382
76828	DOPPLER ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPL	26	\$27.75	7/1/2021	12/31/2382
76828	DOPPLER ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPL	TC	\$5.89	7/1/2021	12/31/2382
76830	ECHOGRAPHY, TRANSVAGINAL		\$112.55	7/1/2021	12/31/2382
76830	ECHOGRAPHY, TRANSVAGINAL	25	\$112.55	7/1/2021	12/31/2382
76830	ECHOGRAPHY, TRANSVAGINAL	26	\$39.57	7/1/2021	12/31/2382
76830	ECHOGRAPHY, TRANSVAGINAL	59	\$112.55	7/1/2021	12/31/2382
76830	ECHOGRAPHY, TRANSVAGINAL	PO	\$112.55	7/1/2021	12/31/2382
76830	ECHOGRAPHY, TRANSVAGINAL	TC	\$54.92	7/1/2021	12/31/2382
76831	HYSTEROSONOGRAPHY, WITH OR WITHOUT COLOR FLOW DOPPLER		\$181.00	7/1/2021	12/31/2382
76856	ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE		\$112.55	7/1/2021	12/31/2382
76856	ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	26	\$39.57	7/1/2021	12/31/2382
76856	ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	59	\$112.55	7/1/2021	12/31/2382
76856	ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	PO	\$112.55	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
76856	ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	TC	\$54.92	7/1/2021	12/31/2382
76856	ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	XU	\$112.55	7/1/2021	12/31/2382
76857	ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED OR FOLLOW-UP (EG,		\$70.37	7/1/2021	12/31/2382
76857	ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED OR FOLLOW-UP (EG,	26	\$21.06	7/1/2021	12/31/2382
76857	ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED OR FOLLOW-UP (EG,	LT	\$70.37	7/1/2021	12/31/2382
76857	ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED OR FOLLOW-UP (EG,	RT	\$70.37	7/1/2021	12/31/2382
76857	ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED OR FOLLOW-UP (EG,	TC	\$37.64	7/1/2021	12/31/2382
76870	ECHOGRAPHY, SCROTUM AND CONTENTS		\$112.55	7/1/2021	12/31/2382
76870	ECHOGRAPHY, SCROTUM AND CONTENTS	26	\$36.39	7/1/2021	12/31/2382
76870	ECHOGRAPHY, SCROTUM AND CONTENTS	59	\$112.55	7/1/2021	12/31/2382
76870	ECHOGRAPHY, SCROTUM AND CONTENTS	TC	\$54.92	7/1/2021	12/31/2382
76872	ECHOGRAPHY, TRANSRECTAL		\$112.55	7/1/2021	12/31/2382
76872	ECHOGRAPHY, TRANSRECTAL	26	\$39.57	7/1/2021	12/31/2382
76872	ECHOGRAPHY, TRANSRECTAL	TC	\$54.92	7/1/2021	12/31/2382
76873	ECHOGRAPHY, TRANSRECTAL; PROSTATE VOLUME STUDY FOR BRACHYTHERAPY TREATMENT PLANNING		\$112.55	7/1/2021	12/31/2382
76880	ECHOGRAPHY, EXTREMITY, NON-VASCULAR, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION		\$112.55	7/1/2021	12/31/2382
76880	ECHOGRAPHY, EXTREMITY, NON-VASCULAR, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION	26	\$33.93	7/1/2021	12/31/2382
76880	ECHOGRAPHY, EXTREMITY, NON-VASCULAR, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION	LT	\$112.55	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
76880	ECHOGRAPHY, EXTREMITY, NON-VASCULAR, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION	RT	\$112.55	7/1/2021	12/31/2382
76880	ECHOGRAPHY, EXTREMITY, NON-VASCULAR, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION	TC	\$50.80	7/1/2021	12/31/2382
76881	ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUMENTATION; COMPLETE		\$99.05	7/1/2021	12/31/2382
76881	ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUMENTATION; COMPLETE	LT	\$99.05	7/1/2021	12/31/2382
76881	ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUMENTATION; COMPLETE	RT	\$99.05	7/1/2021	12/31/2382
76882	ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUMENTATION; LIMITED, ANATOMIC SPECIFIC		\$64.03	7/1/2021	12/31/2382
76882	ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUMENTATION; LIMITED, ANATOMIC SPECIFIC	26	\$23.73	1/1/2020	12/31/2382
76882	ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUMENTATION; LIMITED, ANATOMIC SPECIFIC	LT	\$64.03	7/1/2021	12/31/2382
76882	ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUMENTATION; LIMITED, ANATOMIC SPECIFIC	RT	\$64.03	7/1/2021	12/31/2382
76882	ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUMENTATION; LIMITED, ANATOMIC SPECIFIC	TC	\$33.85	1/1/2020	12/31/2382
76885	ECHOGRAPHY OF INFANT HIPS, REAL TIME WITH IMAGING DOCUMENTATION; DYNAMIC (EG, REQUIRING MANIPULATION)		\$70.37	7/1/2021	12/31/2382
76886	ECHOGRAPHY OF INFANT HIPS, REAL TIME WITH IMAGING DOCUMENTATION; LIMITED, STATIC (EG, NOT REQUIRING MANIPULATO		\$112.55	7/1/2021	12/31/2382
76930	ULTRASONIC GUIDANCE FOR PERICARDIOCENTESIS, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$74.12	7/1/2021	12/31/2382
76930	ULTRASONIC GUIDANCE FOR PERICARDIOCENTESIS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$36.69	7/1/2021	12/31/2382
76930	ULTRASONIC GUIDANCE FOR PERICARDIOCENTESIS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$54.92	7/1/2021	12/31/2382
76932	ULTRASONIC GUIDANCE FOR ENDOMYOCARDIAL BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$74.12	7/1/2021	12/31/2382
76932	ULTRASONIC GUIDANCE FOR ENDOMYOCARDIAL BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$36.69	7/1/2021	12/31/2382
76932	ULTRASONIC GUIDANCE FOR ENDOMYOCARDIAL BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$54.92	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
76934	ULTRASONIC GUIDANCE FOR THORACENTESIS OR ABDOMINAL PARACENTESIS, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$91.61	7/1/2021	12/31/2382
76934	ULTRASONIC GUIDANCE FOR THORACENTESIS OR ABDOMINAL PARACENTESIS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$36.69	7/1/2021	12/31/2382
76934	ULTRASONIC GUIDANCE FOR THORACENTESIS OR ABDOMINAL PARACENTESIS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$54.92	7/1/2021	12/31/2382
76936	ULTRASOUND GUIDED COMPRESSION REPAIR OF ARTERIAL PSEUDO-ANEURYSM OR ARTERIOVENOUS FISTULAE (INCLUDES DIAGNOSTI		\$74.12	7/1/2021	12/31/2382
76937	ULTRASOUND GUIDANCE FOR VASCULAR ACCESS REQUIRING ULTRASOUND EVALUATION OF POTENTIAL ACCESS SITES,		\$21.16	7/1/2021	12/31/2382
76938	ULTRASONIC GUIDANCE FOR CYST (ANY LOCATION), OR RENAL PELVIS ASPIRATION, RADIOLOGICAL SUPERVISION AND INTERPRE		\$91.61	7/1/2021	12/31/2382
76938	ULTRASONIC GUIDANCE FOR CYST (ANY LOCATION), OR RENAL PELVIS ASPIRATION, RADIOLOGICAL SUPERVISION AND INTERPRE	26	\$36.69	7/1/2021	12/31/2382
76938	ULTRASONIC GUIDANCE FOR CYST (ANY LOCATION), OR RENAL PELVIS ASPIRATION, RADIOLOGICAL SUPERVISION AND INTERPRE	TC	\$54.92	7/1/2021	12/31/2382
76940	ULTRASOUND GUIDANCE FOR, AND MONITORING OF VISCERAL TISSUE ABLATION		\$74.12	7/1/2021	12/31/2382
76941	ULTRASONIC GUIDANCE FOR INTRAUTERINE FETAL TRANSFUSION OR CORDOCENTESIS, RADIOLOGICAL SUPERVISION AND INTERPRET		\$74.12	7/1/2021	12/31/2382
76942	ULTRASONIC GUIDANCE FOR NEEDLE BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$74.12	7/1/2021	12/31/2382
76942	ULTRASONIC GUIDANCE FOR NEEDLE BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$36.69	7/1/2021	12/31/2382
76942	ULTRASONIC GUIDANCE FOR NEEDLE BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	59	\$74.12	7/1/2021	12/31/2382
76942	ULTRASONIC GUIDANCE FOR NEEDLE BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	LT	\$74.12	7/1/2021	12/31/2382
76942	ULTRASONIC GUIDANCE FOR NEEDLE BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	RT	\$74.12	7/1/2021	12/31/2382
76942	ULTRASONIC GUIDANCE FOR NEEDLE BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$54.92	7/1/2021	12/31/2382
76945	ULTRASONIC GUIDANCE FOR CHORIONIC VILLUS SAMPLING, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$74.12	7/1/2021	12/31/2382
76946	ULTRASONIC GUIDANCE FOR AMNIOCENTESIS, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$74.12	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
76946	ULTRASONIC GUIDANCE FOR AMNIOCENTESIS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$20.23	7/1/2021	12/31/2382
76946	ULTRASONIC GUIDANCE FOR AMNIOCENTESIS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$54.92	7/1/2021	12/31/2382
76948	ULTRASONIC GUIDANCE FOR ASPIRATION OF OVA, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$74.12	7/1/2021	12/31/2382
76948	ULTRASONIC GUIDANCE FOR ASPIRATION OF OVA, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	\$21.06	7/1/2021	12/31/2382
76948	ULTRASONIC GUIDANCE FOR ASPIRATION OF OVA, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	\$54.92	7/1/2021	12/31/2382
76950	ECHOGRAPHY FOR PLACEMENT OF RADIATION THERAPY FIELDS, B-SCAN		\$74.12	7/1/2021	12/31/2382
76950	ECHOGRAPHY FOR PLACEMENT OF RADIATION THERAPY FIELDS, B-SCAN	26	\$33.62	7/1/2021	12/31/2382
76950	ECHOGRAPHY FOR PLACEMENT OF RADIATION THERAPY FIELDS, B-SCAN	TC	\$46.66	7/1/2021	12/31/2382
76960	ULTRASONIC GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS, EXCEPT FOR B-SCAN ECHOGRAPHY		\$78.50	7/1/2021	12/31/2382
76960	ULTRASONIC GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS, EXCEPT FOR B-SCAN ECHOGRAPHY	26	\$33.62	7/1/2021	12/31/2382
76960	ULTRASONIC GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS, EXCEPT FOR B-SCAN ECHOGRAPHY	TC	\$46.66	7/1/2021	12/31/2382
76965	ULTRASONIC GUIDANCE FOR INTERSTITIAL RADIOELEMENT APPLICATION		\$74.12	7/1/2021	12/31/2382
76970	ULTRASOUND STUDY FOLLOW-UP (SPECIFY)		\$70.37	7/1/2021	12/31/2382
76970	ULTRASOUND STUDY FOLLOW-UP (SPECIFY)	26	\$21.66	7/1/2021	12/31/2382
76970	ULTRASOUND STUDY FOLLOW-UP (SPECIFY)	TC	\$37.64	7/1/2021	12/31/2382
76975	GASTROINTESTINAL ENDOSCOPIC ULTRASOUND, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$112.55	7/1/2021	12/31/2382
76977	ULTRASOUND BONE DENSITY MEASUREMENT AND INTERPRETATION,PERIPHERAL SITE(S), ANY METHOD		\$43.49	7/1/2021	12/31/2382
76978	ULTRASOUND USING TARGETED MICROBUBBLE CONTRAST OF FIRST LESION		\$179.85	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
76978	ULTRASOUND USING TARGETED MICROBUBBLE CONTRAST OF FIRST LESION	XS	\$179.85	7/1/2021	12/31/2382
76986	ECHOGRAPHY, INTRAOPERATIVE		\$112.55	7/1/2021	12/31/2382
76986	ECHOGRAPHY, INTRAOPERATIVE	26	\$68.58	7/1/2021	12/31/2382
76986	ECHOGRAPHY, INTRAOPERATIVE	TC	\$94.31	7/1/2021	12/31/2382
76998	ULTRASONIC GUIDANCE, INTRAOPERATIVE		\$110.59	7/1/2021	12/31/2382
76999	UNLISTED ULTRASOUND PROCEDURE		\$70.37	7/1/2021	12/31/2382
77001	FLUOROSCOPIC GUIDANCE FOR CENTRAL VENOUS ACCESS DEVICE PLACEMENT, REPLACEMENT, OR REMOVAL		\$71.50	7/1/2021	12/31/2382
77001	FLUOROSCOPIC GUIDANCE FOR CENTRAL VENOUS ACCESS DEVICE PLACEMENT, REPLACEMENT, OR REMOVAL	59	\$71.50	7/1/2021	12/31/2382
77002	FLUOROSCOPIC GUIDANCE FOE NEEDLE PLACEMENT		\$55.11	7/1/2021	12/31/2382
77002	FLUOROSCOPIC GUIDANCE FOE NEEDLE PLACEMENT	59	\$55.11	7/1/2021	12/31/2382
77002	FLUOROSCOPIC GUIDANCE FOE NEEDLE PLACEMENT	LT	\$55.11	7/1/2021	12/31/2382
77003	FLUOROSCOPIC GUIDANCE AND LOCALIZATION OF NEEDLE OR CATHETER TIP FOR SPINE PARASPINOUS DIAGNOSTIC OR THERAPEUT		\$50.47	7/1/2021	12/31/2382
77003	FLUOROSCOPIC GUIDANCE AND LOCALIZATION OF NEEDLE OR CATHETER TIP FOR SPINE PARASPINOUS DIAGNOSTIC OR THERAPEUT	50	\$50.47	7/1/2021	12/31/2382
77003	FLUOROSCOPIC GUIDANCE AND LOCALIZATION OF NEEDLE OR CATHETER TIP FOR SPINE PARASPINOUS DIAGNOSTIC OR THERAPEUT	59	\$50.47	7/1/2021	12/31/2382
77011	COMPUTED TOMOGRAPHY GUIDANCE FOR STEROTACTIC		\$289.29	7/1/2021	12/31/2382
77012	COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$289.30	7/1/2021	12/31/2382
77012	COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT, RADIOLOGICAL SUPERVISION AND INTERPRETATION	59	\$289.30	7/1/2021	12/31/2382
77013	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR, AND MONITORING OF PARENCHYMAL TISSUE ABLATION		\$343.01	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
77014	COMPUTED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS		\$108.98	7/1/2021	12/31/2382
77014	COMPUTED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS	59	\$108.98	7/1/2021	12/31/2382
77021	MAGNETIC RESONANCE GUIDANCE FOR NEEDLE PLACEMENT RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$322.58	7/1/2021	12/31/2382
77022	MAGNETIC RESONANCE GUIDANCE FOR, AND MONITORING OF PARENCHYMAL TISSUE ABLATION		\$322.58	7/1/2021	12/31/2382
77031	STEREOTACTIC LOCALIZATION GUIDANCE FOR BREAST BIOPSY OR NEEDLE PLACEMENT, EACH LESION, RADIOLOGICAL SUPERVISION		\$209.65	7/1/2021	12/31/2382
77031	STEREOTACTIC LOCALIZATION GUIDANCE FOR BREAST BIOPSY OR NEEDLE PLACEMENT, EACH LESION, RADIOLOGICAL SUPERVISION	50	\$209.65	7/1/2021	12/31/2382
77031	STEREOTACTIC LOCALIZATION GUIDANCE FOR BREAST BIOPSY OR NEEDLE PLACEMENT, EACH LESION, RADIOLOGICAL SUPERVISION	59	\$209.65	7/1/2021	12/31/2382
77031	STEREOTACTIC LOCALIZATION GUIDANCE FOR BREAST BIOPSY OR NEEDLE PLACEMENT, EACH LESION, RADIOLOGICAL SUPERVISION	LT	\$209.65	7/1/2021	12/31/2338
77031	STEREOTACTIC LOCALIZATION GUIDANCE FOR BREAST BIOPSY OR NEEDLE PLACEMENT, EACH LESION, RADIOLOGICAL SUPERVISION	RT	\$209.65	7/1/2021	12/31/2382
77032	MAMMOGRAPHIC GUIDANCE FOR NEEDLE PLACEMENT, BREAST, EACH LESION, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$120.15	7/1/2021	12/31/2382
77032	MAMMOGRAPHIC GUIDANCE FOR NEEDLE PLACEMENT, BREAST, EACH LESION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	59	\$120.15	7/1/2021	12/31/2382
77032	MAMMOGRAPHIC GUIDANCE FOR NEEDLE PLACEMENT, BREAST, EACH LESION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	LT	\$120.15	7/1/2021	12/31/2382
77032	MAMMOGRAPHIC GUIDANCE FOR NEEDLE PLACEMENT, BREAST, EACH LESION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	RT	\$120.15	7/1/2021	12/31/2382
77051	COMPUTER AIDED DETECTION WITH FURTHER PHYSICIAN REVIEW FOR INTERPRETATION; DIAGNOSTIC MAMMOGRAPHY		\$15.62	7/1/2021	12/31/2382
77051	COMPUTER AIDED DETECTION WITH FURTHER PHYSICIAN REVIEW FOR INTERPRETATION; DIAGNOSTIC MAMMOGRAPHY	LT	\$15.62	7/1/2021	12/31/2382
77051	COMPUTER AIDED DETECTION WITH FURTHER PHYSICIAN REVIEW FOR INTERPRETATION; DIAGNOSTIC MAMMOGRAPHY	RT	\$15.62	7/1/2021	12/31/2382
77052	COMPUTER AIDED DETECTION WITH FURTHER PHYSICIAN REVIEW FOR INTERPRETATION; SCREENING MAMMOGRAPHY		\$15.62	7/1/2021	12/31/2382
77053	MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE DUCT, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$120.15	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
77054	MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIPLE DUCTS, RADIOLOGICAL SUPERVISION AND INTERPRETATION		\$120.15	7/1/2021	12/31/2382
77055	MAMMOGRAPHY, UNILATERAL		\$38.54	7/1/2021	12/31/2382
77055	MAMMOGRAPHY, UNILATERAL	59	\$38.54	7/1/2021	12/31/2382
77055	MAMMOGRAPHY, UNILATERAL	LT	\$38.54	7/1/2021	12/31/2382
77055	MAMMOGRAPHY, UNILATERAL	RT	\$38.54	7/1/2021	12/31/2382
77056	MAMMOGRAPHY; BILATERAL		\$62.31	7/1/2021	12/31/2382
77057	SCREENING MAMMOGRAPHY, BILATERAL, 2 VIEW FILM STUDY OF EACH BREAST		\$53.85	7/1/2021	12/31/2382
77058	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND/OR WITH CONTRAST MATERIALS, UNILATERAL		\$807.10	7/1/2021	12/31/2382
77059	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND/OR WITH CONTRAST MATERIALS, BILATERAL		\$1,018.13	7/1/2021	12/31/2382
77063	SCREENING DIGITAL BREAST TOMOSYNTHESIS, BILATERAL (LIST SEPERATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)		\$104.44	7/1/2021	12/31/2382
77063	SCREENING DIGITAL BREAST TOMOSYNTHESIS, BILATERAL (LIST SEPERATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	26	\$17.75	7/1/2020	12/31/2382
77063	SCREENING DIGITAL BREAST TOMOSYNTHESIS, BILATERAL (LIST SEPERATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	PO	\$104.44	7/1/2021	12/31/2382
77063	SCREENING DIGITAL BREAST TOMOSYNTHESIS, BILATERAL (LIST SEPERATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	TC	\$15.07	7/1/2020	12/31/2382
77065	DIAGNOSTIC MAMMORGRAPHY, INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PREFORMED; UNILATERAL		\$113.65	7/1/2021	12/31/2382
77065	DIAGNOSTIC MAMMORGRAPHY, INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PREFORMED; UNILATERAL	26	\$1.26	7/1/2021	12/31/2382
77065	DIAGNOSTIC MAMMORGRAPHY, INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PREFORMED; UNILATERAL	LT	\$113.65	7/1/2021	12/31/2382
77065	DIAGNOSTIC MAMMORGRAPHY, INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PREFORMED; UNILATERAL	RT	\$113.65	7/1/2021	12/31/2382
77065	DIAGNOSTIC MAMMORGRAPHY, INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PREFORMED; UNILATERAL	TC	\$3.00	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
77066	DIAGNOSTIC MAMMOGRAPHY, INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PREFORMED; BILATERAL		\$145.15	7/1/2021	12/31/2382
77066	DIAGNOSTIC MAMMOGRAPHY, INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PREFORMED; BILATERAL	26	\$1.57	7/1/2021	12/31/2382
77066	DIAGNOSTIC MAMMOGRAPHY, INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PREFORMED; BILATERAL	LT	\$145.15	7/1/2021	12/31/2382
77066	DIAGNOSTIC MAMMOGRAPHY, INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PREFORMED; BILATERAL	RT	\$145.15	7/1/2021	12/31/2382
77066	DIAGNOSTIC MAMMOGRAPHY, INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PREFORMED; BILATERAL	TC	\$3.85	7/1/2021	12/31/2382
77067	SCREENING MAMMOGRAPHY, BILATERAL (2-VIEW STUDY OF EACH BREAST), INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PERFORMED		\$120.03	7/1/2021	12/31/2382
77067	SCREENING MAMMOGRAPHY, BILATERAL (2-VIEW STUDY OF EACH BREAST), INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PERFORMED	26	\$1.20	7/1/2021	12/31/2382
77067	SCREENING MAMMOGRAPHY, BILATERAL (2-VIEW STUDY OF EACH BREAST), INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PERFORMED	LT	\$120.03	7/1/2021	12/31/2382
77067	SCREENING MAMMOGRAPHY, BILATERAL (2-VIEW STUDY OF EACH BREAST), INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PERFORMED	RT	\$120.03	7/1/2021	12/31/2382
77067	SCREENING MAMMOGRAPHY, BILATERAL (2-VIEW STUDY OF EACH BREAST), INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PERFORMED	TC	\$3.17	7/1/2021	12/31/2382
77071	MANUAL APPLICATION OF STRESS PERFORMED BY PHYSICIAN FOR JOINT RADIOLOGY, INCLUDING CONTRALATERAL JOINT IF		\$50.26	7/1/2021	12/31/2382
77072	BONE AGE STUDIES		\$50.26	7/1/2021	12/31/2382
77073	BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM)		\$50.26	7/1/2021	12/31/2382
77074	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; LIMITED		\$86.62	7/1/2021	12/31/2382
77075	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; COMPLETE (AXIAL AND APPENDICULAR SKELETON)		\$86.62	7/1/2021	12/31/2382
77076	RADIOLOGIC EXAMINATION , OSSEOUS SURVEY, INFANT		\$50.26	7/1/2021	12/31/2382
77077	JOINT SURVEY, SINGLE VIEW, 2 OR MORE JOINTS (SPECIFY)		\$50.26	7/1/2021	12/31/2382
77078	COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON (EG, HIPS, PELVIS, SPINE)		\$83.30	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
77079	COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, 1 OR MORE SITES; APPENDICULAR SKELETON		\$108.98	7/1/2021	12/31/2382
77080	DUAL ENERGY X-RAY ABSORPTIOMETRY, DXA, BONE DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON		\$83.30	7/1/2021	12/31/2382
77080	DUAL ENERGY X-RAY ABSORPTIOMETRY, DXA, BONE DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON	59	\$83.30	7/1/2021	12/31/2382
77080	DUAL ENERGY X-RAY ABSORPTIOMETRY, DXA, BONE DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON	GA	\$83.30	7/1/2021	12/31/2382
77081	DUAL- ENERGY X-RAY ABSORPTIOMETRY, BONE DENSITY STUDY, 1 OR MORE SITE; APPENDICULAR SKELETON		\$38.95	7/1/2021	12/31/2382
77081	DUAL- ENERGY X-RAY ABSORPTIOMETRY, BONE DENSITY STUDY, 1 OR MORE SITE; APPENDICULAR SKELETON	59	\$38.95	7/1/2021	12/31/2382
77082	DUAL- ENERGY X-RAY ABSORPTIOMETRY, BONE DENSITY STUDY, 1 OR MORE SITE; VERTEBRAL FRACTURE ASSESSMENT		\$50.26	7/1/2021	12/31/2382
77083	RADIOGRAPHIC ABSORPTIOMETRY, 1 OR MORE SITES		\$86.62	7/1/2021	12/31/2382
77084	MAGNETIC RESONANCE IMAGING, BONE MARROW BLOOD SUPPLY		\$322.58	7/1/2021	12/31/2382
77090	TRABECULAR BONE SCORE (TBS), STRUCTURAL CONDITION OF THE BONE MICROARCHITECTURE; TECHNICAL PREPARATION AND TRANSMISSION OF DATA FOR ANALYSIS TO BE PERFORMED ELSEWHERE		\$61.75	1/1/2022	12/31/2382
77091	TRABECULAR BONE SCORE (TBS), STRUCTURAL CONDITION OF THE BONE MICROARCHITECTURE; TECHNICAL CALCULATION ONLY		\$61.75	1/1/2022	12/31/2382
77261	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; SIMPLE		\$79.32	7/1/2021	12/31/2382
77262	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; INTERMEDIATE		\$119.53	7/1/2021	12/31/2382
77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX		\$178.10	7/1/2021	12/31/2382
77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE		\$289.47	7/1/2021	12/31/2382
77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	26	\$39.72	7/1/2021	12/31/2382
77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	TC	\$124.50	7/1/2021	12/31/2382
77285	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; INTERMEDIATE		\$278.73	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
77285	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; INTERMEDIATE	26	\$59.19	7/1/2021	12/31/2382
77285	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; INTERMEDIATE	TC	\$199.86	7/1/2021	12/31/2382
77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX		\$289.47	7/1/2021	12/31/2382
77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	26	\$88.82	7/1/2021	12/31/2382
77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	TC	\$233.38	7/1/2021	12/31/2382
77295	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; BY THREE DIMENSIONAL RECONSTRUCTION OF TUMOR VOLUME		\$983.67	7/1/2021	12/31/2382
77299	UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY CLINICAL TREATMENT PLANNING		\$122.76	7/1/2021	12/31/2382
77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TI		\$122.76	7/1/2021	12/31/2382
77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TI	26	\$35.45	7/1/2021	12/31/2382
77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TI	TC	\$48.08	7/1/2021	12/31/2382
77301	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE- VOLUME HISTOGRAMS FOR TARGET AND CRITICAL STRUCTURE PAR		\$983.67	7/1/2021	12/31/2382
77301	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE- VOLUME HISTOGRAMS FOR TARGET AND CRITICAL STRUCTURE PAR	59	\$983.67	7/1/2021	12/31/2382
77305	TELEETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); SIMPLE (ONE OR TWO PARALLEL OPPOSED UNMODIFIE		\$122.76	7/1/2021	12/31/2382
77305	TELEETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); SIMPLE (ONE OR TWO PARALLEL OPPOSED UNMODIFIE	26	\$39.72	7/1/2021	12/31/2382
77305	TELEETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); SIMPLE (ONE OR TWO PARALLEL OPPOSED UNMODIFIE	TC	\$66.67	7/1/2021	12/31/2382
77310	TELEETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); INTERMEDIATE (THREE OR MORE TREATMENT PORTS D		\$278.73	7/1/2021	12/31/2382
77310	TELEETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); INTERMEDIATE (THREE OR MORE TREATMENT PORTS D	26	\$59.19	7/1/2021	12/31/2382
77310	TELEETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); INTERMEDIATE (THREE OR MORE TREATMENT PORTS D	59	\$278.73	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
77310	TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); INTERMEDIATE (THREE OR MORE TREATMENT PORTS D	TC	\$83.60	7/1/2021	12/31/2382
77315	TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); COMPLEX (MANTLE OR INVERTED Y, TANGENTIAL POR		\$278.73	7/1/2021	12/31/2382
77315	TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); COMPLEX (MANTLE OR INVERTED Y, TANGENTIAL POR	26	\$88.82	7/1/2021	12/31/2382
77315	TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); COMPLEX (MANTLE OR INVERTED Y, TANGENTIAL POR	59	\$278.73	7/1/2021	12/31/2382
77315	TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); COMPLEX (MANTLE OR INVERTED Y, TANGENTIAL POR	TC	\$95.37	7/1/2021	12/31/2382
77321	SPECIAL TELETHERAPY PORT PLAN, PARTICLES, HEMI-BODY, TOTAL BODY		\$278.73	7/1/2021	12/31/2382
77321	SPECIAL TELETHERAPY PORT PLAN, PARTICLES, HEMI-BODY, TOTAL BODY	26	\$53.87	7/1/2021	12/31/2382
77321	SPECIAL TELETHERAPY PORT PLAN, PARTICLES, HEMI-BODY, TOTAL BODY	TC	\$144.59	7/1/2021	12/31/2382
77326	BRACHYTHERAPY ISODOSE CALCULATION; SIMPLE (CALCULATION MADE FROM SINGLE PLANE, ONE TO FOUR SOURCES/ RIBBON APP		\$122.76	7/1/2021	11/30/2382
77326	BRACHYTHERAPY ISODOSE CALCULATION; SIMPLE (CALCULATION MADE FROM SINGLE PLANE, ONE TO FOUR SOURCES/ RIBBON APP	26	\$52.68	7/1/2021	12/31/2382
77326	BRACHYTHERAPY ISODOSE CALCULATION; SIMPLE (CALCULATION MADE FROM SINGLE PLANE, ONE TO FOUR SOURCES/ RIBBON APP	TC	\$85.00	7/1/2021	12/31/2382
77327	BRACHYTHERAPY ISODOSE CALCULATION; INTERMEDIATE (MULTIPLANE DOSAGE CALCULATIONS, APPLICATION INVOLVING FIVE TO		\$278.73	7/1/2021	12/31/2382
77327	BRACHYTHERAPY ISODOSE CALCULATION; INTERMEDIATE (MULTIPLANE DOSAGE CALCULATIONS, APPLICATION INVOLVING FIVE TO	26	\$79.32	7/1/2021	12/31/2382
77327	BRACHYTHERAPY ISODOSE CALCULATION; INTERMEDIATE (MULTIPLANE DOSAGE CALCULATIONS, APPLICATION INVOLVING FIVE TO	TC	\$124.50	7/1/2021	12/31/2382
77328	BRACHYTHERAPY ISODOSE CALCULATION; COMPLEX (MULTIPLANE ISODOSE PLAN, VOLUME IMPLANT CALCULATIONS, OVER TEN SOU		\$278.73	7/1/2021	12/31/2382
77328	BRACHYTHERAPY ISODOSE CALCULATION; COMPLEX (MULTIPLANE ISODOSE PLAN, VOLUME IMPLANT CALCULATIONS, OVER TEN SOU	26	\$118.39	7/1/2021	12/31/2382
77328	BRACHYTHERAPY ISODOSE CALCULATION; COMPLEX (MULTIPLANE ISODOSE PLAN, VOLUME IMPLANT CALCULATIONS, OVER TEN SOU	TC	\$177.75	7/1/2021	12/31/2382
77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY), ONLY WHEN PRESCRIBED BY THE TREATING PHYSICIAN		\$122.76	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY), ONLY WHEN PRESCRIBED BY THE TREATING PHYSICIAN	26	\$49.67	7/1/2021	12/31/2382
77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY), ONLY WHEN PRESCRIBED BY THE TREATING PHYSICIAN	TC	\$18.33	7/1/2021	12/31/2382
77332	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; SIMPLE (SIMPLE BLOCK, SIMPLE BOLUS)		\$200.11	7/1/2021	12/31/2382
77332	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; SIMPLE (SIMPLE BLOCK, SIMPLE BOLUS)	26	\$31.28	7/1/2021	12/31/2382
77332	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; SIMPLE (SIMPLE BLOCK, SIMPLE BOLUS)	59	\$200.11	7/1/2021	12/31/2382
77332	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; SIMPLE (SIMPLE BLOCK, SIMPLE BOLUS)	TC	\$48.08	7/1/2021	12/31/2382
77333	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERMEDIATE (MULTIPLE BLOCKS, STENTS, BITE BLOCKS, SPECIAL BOLUS)		\$200.11	7/1/2021	12/31/2382
77333	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERMEDIATE (MULTIPLE BLOCKS, STENTS, BITE BLOCKS, SPECIAL BOLUS)	26	\$47.43	7/1/2021	12/31/2382
77333	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERMEDIATE (MULTIPLE BLOCKS, STENTS, BITE BLOCKS, SPECIAL BOLUS)	59	\$200.11	7/1/2021	12/31/2382
77333	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERMEDIATE (MULTIPLE BLOCKS, STENTS, BITE BLOCKS, SPECIAL BOLUS)	TC	\$68.08	7/1/2021	12/31/2382
77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES,		\$200.11	7/1/2021	12/31/2382
77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES,	26	\$70.33	7/1/2021	12/31/2382
77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES,	59	\$200.11	7/1/2021	12/31/2382
77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES,	LT	\$200.11	7/1/2021	12/31/2382
77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES,	RT	\$200.11	7/1/2021	12/31/2382
77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES,	TC	\$116.25	7/1/2021	12/31/2382
77336	CONTINUING MEDICAL RADIATION PHYSICS CONSULTATION IN SUPPORT OF THERAPEUTIC RADIOLOGIST INCLUDING CONTINUING Q		\$122.76	7/1/2021	12/31/2382
77336	CONTINUING MEDICAL RADIATION PHYSICS CONSULTATION IN SUPPORT OF THERAPEUTIC RADIOLOGIST INCLUDING CONTINUING Q	59	\$122.76	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
77336	CONTINUING MEDICAL RADIATION PHYSICS CONSULTATION IN SUPPORT OF THERAPEUTIC RADIOLOGIST INCLUDING CONTINUING Q	LT	\$122.76	7/1/2021	12/31/2382
77336	CONTINUING MEDICAL RADIATION PHYSICS CONSULTATION IN SUPPORT OF THERAPEUTIC RADIOLOGIST INCLUDING CONTINUING Q	RT	\$122.76	7/1/2021	12/31/2382
77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RADIATION THERAPY (IMRT), DESIGN AND		\$300.51	7/1/2021	12/31/2382
77370	SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION		\$122.76	7/1/2021	12/31/2382
77371	RADIATION TREATMENT DELIVERY, STEREOTACTIC RADIOSURGERY, COMPLETE COURSE OF TREATMENT OF CEREBRAL LESION		\$9,810.68	7/1/2021	12/31/2382
77385	INTENSITY MODULATED RADIATION TREATMENT DELIVERY, INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; SIMPLE		\$551.03	7/1/2021	12/31/2382
77386	INTENSITY MODULATED RADIATION TREATMENT DELIVERY, INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; COMPLEX		\$485.08	7/1/2021	12/31/2382
77399	UNLISTED PROCEDURE, MEDICAL RADIATION PHYSICS, DOSIMETRY AND TREATMENT DEVICES		\$122.76	7/1/2021	12/31/2382
77401	RADIATION TREATMENT DELIVERY, SUPERFICIAL AND/OR ORTHO VOLTAGE		\$103.88	7/1/2021	12/31/2382
77402	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS OR N		\$103.88	7/1/2021	12/31/2382
77403	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS OR N		\$103.88	7/1/2021	12/31/2382
77404	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS OR N		\$103.88	7/1/2021	12/31/2382
77406	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS OR N		\$103.88	7/1/2021	12/31/2382
77407	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS ON A SINGLE TREATMENT AREA, US		\$103.88	7/1/2021	12/31/2382
77408	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS ON A SINGLE TREATMENT AREA, US		\$103.88	7/1/2021	12/31/2382
77409	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS ON A SINGLE TREATMENT AREA, US		\$103.88	7/1/2021	12/31/2382
77411	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS ON A SINGLE TREATMENT AREA, US		\$156.29	7/1/2021	12/31/2382
77412	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGE		\$156.29	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
77413	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGE		\$156.29	7/1/2021	12/31/2382
77413	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGE	76	\$156.29	7/1/2021	12/31/2382
77414	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGE		\$156.29	7/1/2021	12/31/2382
77416	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGE		\$156.29	7/1/2021	12/31/2382
77417	THERAPEUTIC RADIOLOGY PORT FILM(S)		\$51.69	7/1/2021	12/31/2382
77418	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS, VIA NARROW SPATIALLY AND TEPORALLY MOD		\$379.63	7/1/2021	12/31/2382
77420	WEEKLY RADIOLOGY THERAPY MANAGEMENT; SIMPLE		\$91.44	7/1/2021	12/31/2382
77421	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY		\$89.30	7/1/2021	11/30/2382
77422	HIGH ENERGY NEUTRON RADIATION TREATMENT DELIVERY; SINGLE TREATMENT AREA USING A SINGLE PORT OR PARALLEL		\$156.29	7/1/2021	12/31/2382
77423	HIGH ENERGY NEUTRON RADIATION TREATMENT DELIVERY; 1 OR MORE ISOCENTER(S) WITH COPLANAR OR NON-COPLANAR GEOMETR		\$156.29	7/1/2021	12/31/2382
77425	INTRAOPERATIVE RADIATION TREATMENT DELIVERY, ELECTRONS, SINGLE TREATMENT SESSION		\$138.63	7/1/2021	12/31/2382
77430	WEEKLY RADIOLOGY THERAPY MANAGEMENT; COMPLEX		\$204.62	7/1/2021	12/31/2382
77431	RADIATION THERAPY MANAGEMENT WITH COMPLETE COURSE OF THERAPY CONSISTING OF ONE OR TWO FRACTIONS ONLY		\$97.95	7/1/2021	12/31/2382
77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY IRRADIATION, PER ORAL, VAGINAL CONE IRRADIAT		\$408.71	7/1/2021	12/31/2382
77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY IRRADIATION, PER ORAL, VAGINAL CONE IRRADIAT	26	\$112.98	7/1/2021	12/31/2382
77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY IRRADIATION, PER ORAL, VAGINAL CONE IRRADIAT	TC	\$399.72	7/1/2021	12/31/2382
77520	PROTON BEAM DELIVERY TO A SINGLE TREATMENT AREA, SINGLEPORT, CUSTOM BLOCK, W/ OR W/OUT COMPENSATIN, W/TREATMEN		\$1,128.72	7/1/2021	12/31/2382
77522	PROTON TREATMENT DELIVERY; SIMPLE, WITH COMPENSATION		\$1,128.72	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
77523	PROTON BEAM DELIVERY TO ONE OR TWO TREATMENT AREAS, TWO OR MORE PORTS, TWO OR MORE CUSTOM BLOCKS AND TWO OR MO		\$1,350.38	7/1/2021	12/31/2382
77525	PROTON TREATMENT DELIVERY; COMPLEX		\$1,350.38	7/1/2021	12/31/2382
77600	HYPERTHERMIA, EXTERNALLY GENERATED; SUPERFICIAL (IE, HEATING TO A DEPTH OF 4 CM OR LESS)		\$395.69	7/1/2021	12/31/2382
77600	HYPERTHERMIA, EXTERNALLY GENERATED; SUPERFICIAL (IE, HEATING TO A DEPTH OF 4 CM OR LESS)	26	\$88.82	7/1/2021	12/31/2382
77600	HYPERTHERMIA, EXTERNALLY GENERATED; SUPERFICIAL (IE, HEATING TO A DEPTH OF 4 CM OR LESS)	TC	\$108.97	7/1/2021	12/31/2382
77605	HYPERTHERMIA, EXTERNALLY GENERATED; DEEP (IE, HEATING TO DEPTHS GREATER THAN 4 CM)		\$395.69	7/1/2021	12/31/2382
77605	HYPERTHERMIA, EXTERNALLY GENERATED; DEEP (IE, HEATING TO DEPTHS GREATER THAN 4 CM)	26	\$118.39	7/1/2021	12/31/2382
77605	HYPERTHERMIA, EXTERNALLY GENERATED; DEEP (IE, HEATING TO DEPTHS GREATER THAN 4 CM)	TC	\$145.54	7/1/2021	12/31/2382
77610	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); 5 OR FEWER INTERSTITIAL APPLICATORS		\$395.69	7/1/2021	12/31/2382
77610	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); 5 OR FEWER INTERSTITIAL APPLICATORS	26	\$88.82	7/1/2021	12/31/2382
77610	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); 5 OR FEWER INTERSTITIAL APPLICATORS	TC	\$108.97	7/1/2021	12/31/2382
77615	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); MORE THAN 5 INTERSTITIAL APPLICATORS		\$395.69	7/1/2021	12/31/2382
77615	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); MORE THAN 5 INTERSTITIAL APPLICATORS	26	\$118.39	7/1/2021	12/31/2382
77615	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); MORE THAN 5 INTERSTITIAL APPLICATORS	TC	\$145.54	7/1/2021	12/31/2382
77620	HYPERTHERMIA GENERATED BY INTRACAVITARY PROBE(S)		\$395.69	7/1/2021	12/31/2382
77620	HYPERTHERMIA GENERATED BY INTRACAVITARY PROBE(S)	26	\$88.82	7/1/2021	12/31/2382
77620	HYPERTHERMIA GENERATED BY INTRACAVITARY PROBE(S)	TC	\$108.97	7/1/2021	12/31/2382
77750	INFUSION OR INSTILLATION OF RADIOELEMENT SOLUTION		\$156.29	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
77750	INFUSION OR INSTILLATION OF RADIOELEMENT SOLUTION	26	\$248.41	7/1/2021	12/31/2382
77750	INFUSION OR INSTILLATION OF RADIOELEMENT SOLUTION	TC	\$47.73	7/1/2021	12/31/2382
77761	INTRACAVITARY RADIOELEMENT APPLICATION; SIMPLE		\$394.51	7/1/2021	12/31/2382
77761	INTRACAVITARY RADIOELEMENT APPLICATION; SIMPLE	26	\$192.81	7/1/2021	12/31/2382
77761	INTRACAVITARY RADIOELEMENT APPLICATION; SIMPLE	TC	\$90.19	7/1/2021	12/31/2382
77762	INTRACAVITARY RADIOELEMENT APPLICATION; INTERMEDIATE		\$394.51	7/1/2021	12/31/2382
77762	INTRACAVITARY RADIOELEMENT APPLICATION; INTERMEDIATE	26	\$304.04	7/1/2021	12/31/2382
77762	INTRACAVITARY RADIOELEMENT APPLICATION; INTERMEDIATE	TC	\$129.67	7/1/2021	12/31/2382
77763	INTRACAVITARY RADIOELEMENT APPLICATION; COMPLEX		\$394.51	7/1/2021	12/31/2382
77763	INTRACAVITARY RADIOELEMENT APPLICATION; COMPLEX	26	\$433.89	7/1/2021	12/31/2382
77763	INTRACAVITARY RADIOELEMENT APPLICATION; COMPLEX	TC	\$161.17	7/1/2021	12/31/2382
77767	HIGH DOSE BRACHYTHERAPY THROUGH SKIN SURFACE, 1 CHANNEL OR UP TO 2.0 CM		\$186.80	7/1/2021	12/31/2382
77768	HIGH DOSE BRACHYTHERAPY THROUGH SKIN SURFACE, 2 CHANNELS OR MORE THAN 2.0 CM		\$186.80	7/1/2021	12/31/2382
77770	HIGH DOSE BRACHYTHERAPY, 1 CHANNEL		\$669.16	7/1/2021	12/31/2382
77771	HIGH DOSE BRACHYTHERAPY, 2-12 CHANNELS		\$669.16	7/1/2021	12/31/2382
77772	HIGH DOSE BRACHYTHERAPY, MORE THAN 12 CHANNELS		\$669.16	7/1/2021	12/31/2382
77776	INTERSTITIAL RADIOELEMENT APPLICATION; SIMPLE		\$394.51	7/1/2021	12/31/2382
77776	INTERSTITIAL RADIOELEMENT APPLICATION; SIMPLE	26	\$252.57	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
77776	INTERSTITIAL RADIOELEMENT APPLICATION; SIMPLE	TC	\$78.08	7/1/2021	12/31/2382
77777	INTERSTITIAL RADIOELEMENT APPLICATION; INTERMEDIATE		\$394.51	7/1/2021	12/31/2382
77777	INTERSTITIAL RADIOELEMENT APPLICATION; INTERMEDIATE	26	\$378.54	7/1/2021	12/31/2382
77777	INTERSTITIAL RADIOELEMENT APPLICATION; INTERMEDIATE	TC	\$151.78	7/1/2021	12/31/2382
77778	INTERSTITIAL RADIOELEMENT APPLICATION; COMPLEX		\$793.27	7/1/2021	12/31/2382
77778	INTERSTITIAL RADIOELEMENT APPLICATION; COMPLEX	26	\$567.10	7/1/2021	12/31/2382
77778	INTERSTITIAL RADIOELEMENT APPLICATION; COMPLEX	TC	\$183.62	7/1/2021	12/31/2382
77781	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 1-4 SOURCE POSITIONS OR CATHETERS		\$922.62	7/1/2021	12/31/2382
77781	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 1-4 SOURCE POSITIONS OR CATHETERS	26	\$84.24	7/1/2021	12/31/2382
77781	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 1-4 SOURCE POSITIONS OR CATHETERS	TC	\$728.55	7/1/2021	12/31/2382
77782	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 5-8 SOURCE POSITIONS OR CATHETERS		\$922.62	7/1/2021	12/31/2382
77782	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 5-8 SOURCE POSITIONS OR CATHETERS	26	\$126.59	7/1/2021	12/31/2382
77782	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 5-8 SOURCE POSITIONS OR CATHETERS	76	\$922.62	7/1/2021	12/31/2382
77782	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 5-8 SOURCE POSITIONS OR CATHETERS	TC	\$728.55	7/1/2021	12/31/2382
77783	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 9-12 SOURCE POSITIONS OR CATHETERS		\$922.62	7/1/2021	12/31/2382
77783	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 9-12 SOURCE POSITIONS OR CATHETERS	26	\$188.93	7/1/2021	12/31/2382
77783	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 9-12 SOURCE POSITIONS OR CATHETERS	TC	\$728.55	7/1/2021	12/31/2382
77784	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; OVER 12 SOURCE POSITIONS OR CATHETERS		\$922.62	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
77784	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; OVER 12 SOURCE POSITIONS OR CATHETERS	26	\$284.04	7/1/2021	12/31/2382
77784	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; OVER 12 SOURCE POSITIONS OR CATHETERS	TC	\$728.55	7/1/2021	12/31/2382
77785	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE BRACHYTHERAPY; 1 CHANNEL		\$786.57	7/1/2021	12/31/2382
77786	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE BRACHYTHERAPY; 2-12 CHANNELS		\$786.57	7/1/2021	12/31/2382
77787	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE BRACHYTHERAPY; OVER 12 CHANNELS		\$786.57	7/1/2021	12/31/2382
77789	SURFACE APPLICATION OF RADIOELEMENT		\$103.88	7/1/2021	12/31/2382
77789	SURFACE APPLICATION OF RADIOELEMENT	26	\$56.66	7/1/2021	12/31/2382
77789	SURFACE APPLICATION OF RADIOELEMENT	TC	\$16.23	7/1/2021	12/31/2382
77790	SUPERVISION, HANDLING, LOADING OF RADIOELEMENT		\$75.00	7/1/2021	12/31/2382
77790	SUPERVISION, HANDLING, LOADING OF RADIOELEMENT	26	\$56.66	7/1/2021	12/31/2382
77790	SUPERVISION, HANDLING, LOADING OF RADIOELEMENT	TC	\$18.33	7/1/2021	12/31/2382
77799	UNLISTED PROCEDURE, CLINICAL BRACHYTHERAPY		\$922.62	7/1/2021	12/31/2382
78000	THYROID UPTAKE; SINGLE DETERMINATION		\$101.16	7/1/2021	12/31/2382
78000	THYROID UPTAKE; SINGLE DETERMINATION	26	\$12.83	7/1/2021	12/31/2382
78000	THYROID UPTAKE; SINGLE DETERMINATION	TC	\$34.57	7/1/2021	12/31/2382
78001	THYROID UPTAKE; MULTIPLE DETERMINATIONS		\$101.16	7/1/2021	12/31/2382
78001	THYROID UPTAKE; MULTIPLE DETERMINATIONS	26	\$14.30	7/1/2021	12/31/2382
78001	THYROID UPTAKE; MULTIPLE DETERMINATIONS	TC	\$46.66	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
78003	THYROID UPTAKE; STIMULATION, SUPPRESSION OR DISCHARGE (NOT INCLUDING INITIAL UPTAKE STUDIES)		\$249.65	7/1/2021	12/31/2382
78003	THYROID UPTAKE; STIMULATION, SUPPRESSION OR DISCHARGE (NOT INCLUDING INITIAL UPTAKE STUDIES)	26	\$17.50	7/1/2021	12/31/2382
78003	THYROID UPTAKE; STIMULATION, SUPPRESSION OR DISCHARGE (NOT INCLUDING INITIAL UPTAKE STUDIES)	TC	\$34.57	7/1/2021	12/31/2382
78006	THYROID IMAGING, WITH UPTAKE; SINGLE DETERMINATION		\$174.76	7/1/2021	12/31/2382
78006	THYROID IMAGING, WITH UPTAKE; SINGLE DETERMINATION	26	\$31.93	7/1/2021	12/31/2382
78006	THYROID IMAGING, WITH UPTAKE; SINGLE DETERMINATION	TC	\$85.72	7/1/2021	12/31/2382
78007	THYROID IMAGING, WITH UPTAKE; MULTIPLE DETERMINATIONS		\$197.02	7/1/2021	12/31/2382
78007	THYROID IMAGING, WITH UPTAKE; MULTIPLE DETERMINATIONS	26	\$27.33	7/1/2021	12/31/2382
78007	THYROID IMAGING, WITH UPTAKE; MULTIPLE DETERMINATIONS	TC	\$92.29	7/1/2021	12/31/2382
78010	THYROID IMAGING; ONLY		\$174.76	7/1/2021	12/31/2382
78010	THYROID IMAGING; ONLY	26	\$26.54	7/1/2021	12/31/2382
78010	THYROID IMAGING; ONLY	TC	\$65.01	7/1/2021	12/31/2382
78011	THYROID IMAGING; WITH VASCULAR FLOW		\$174.76	7/1/2021	12/31/2382
78011	THYROID IMAGING; WITH VASCULAR FLOW	26	\$31.71	7/1/2021	12/31/2382
78011	THYROID IMAGING; WITH VASCULAR FLOW	TC	\$86.42	7/1/2021	12/31/2382
78012	THYROID UPTAKE, SINGLE OR MULTIPLE, QUANTITATIVE MEASUREMENT(S) (INCLUDING STIMULATION, SUPPRESSION, OR		\$136.89	7/1/2021	12/31/2382
78014	THYROID IMAGING (INCLUDING VASCULAR FLOW, WHEN PERFORMED); WITH SINGLE OR MULTIPLE UPTAKE(S)		\$231.46	7/1/2021	12/31/2382
78014	THYROID IMAGING (INCLUDING VASCULAR FLOW, WHEN PERFORMED); WITH SINGLE OR MULTIPLE UPTAKE(S)	MH	\$231.46	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
78015	THYROID CARCINOMA METASTASES IMAGING; LIMITED AREA (EG, NECK AND CHEST ONLY)		\$293.35	7/1/2021	11/30/2382
78015	THYROID CARCINOMA METASTASES IMAGING; LIMITED AREA (EG, NECK AND CHEST ONLY)	26	\$36.69	7/1/2021	12/31/2382
78015	THYROID CARCINOMA METASTASES IMAGING; LIMITED AREA (EG, NECK AND CHEST ONLY)	TC	\$92.29	7/1/2021	12/31/2382
78016	THYROID CARCINOMA METASTASES IMAGING; WITH ADDITIONAL STUDIES (EG, URINARY RECOVERY)		\$293.35	7/1/2021	12/31/2382
78016	THYROID CARCINOMA METASTASES IMAGING; WITH ADDITIONAL STUDIES (EG, URINARY RECOVERY)	26	\$44.73	7/1/2021	12/31/2382
78016	THYROID CARCINOMA METASTASES IMAGING; WITH ADDITIONAL STUDIES (EG, URINARY RECOVERY)	TC	\$124.85	7/1/2021	12/31/2382
78017	THYROID CARCINOMA METASTASES IMAGING; MULTIPLE AREAS		\$203.87	7/1/2021	12/31/2382
78017	THYROID CARCINOMA METASTASES IMAGING; MULTIPLE AREAS	26	\$47.21	7/1/2021	12/31/2382
78017	THYROID CARCINOMA METASTASES IMAGING; MULTIPLE AREAS	TC	\$133.53	7/1/2021	12/31/2382
78018	THYROID CARCINOMA METASTASES IMAGING; WHOLE BODY		\$293.35	7/1/2021	12/31/2382
78018	THYROID CARCINOMA METASTASES IMAGING; WHOLE BODY	26	\$51.90	7/1/2021	12/31/2382
78018	THYROID CARCINOMA METASTASES IMAGING; WHOLE BODY	TC	\$194.69	7/1/2021	12/31/2382
78070	PARATHYROID IMAGING		\$197.02	7/1/2021	12/31/2382
78070	PARATHYROID IMAGING	26	\$27.93	7/1/2021	12/31/2382
78070	PARATHYROID IMAGING	TC	\$65.01	7/1/2021	12/31/2382
78071	PARATHYROID PLANAR IMAGING; WITH TOMOGRAPHIC (SPECT)		\$320.01	7/1/2021	12/31/2382
78071	PARATHYROID PLANAR IMAGING; WITH TOMOGRAPHIC (SPECT)	MD	\$320.01	7/1/2021	12/31/2382
78072	PARATHYROID PLANAR IMAGING; WITH TOMOGRAPHIC (SPECT), AND CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY		\$320.01	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
78072	PARATHYROID PLANAR IMAGING; WITH TOMOGRAPHIC (SPECT), AND CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY	MG	\$320.01	7/1/2021	12/31/2382
78075	ADRENAL IMAGING, CORTEX AND/OR MEDULLA		\$197.02	7/1/2021	12/31/2382
78075	ADRENAL IMAGING, CORTEX AND/OR MEDULLA	26	\$42.10	7/1/2021	12/31/2382
78075	ADRENAL IMAGING, CORTEX AND/OR MEDULLA	TC	\$194.69	7/1/2021	12/31/2382
78099	UNLISTED ENDOCRINE PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE		\$174.76	7/1/2021	12/31/2382
78102	BONE MARROW IMAGING; LIMITED AREA		\$277.49	7/1/2021	12/31/2382
78102	BONE MARROW IMAGING; LIMITED AREA	26	\$32.59	7/1/2021	12/31/2382
78102	BONE MARROW IMAGING; LIMITED AREA	TC	\$73.25	7/1/2021	12/31/2382
78103	BONE MARROW IMAGING; MULTIPLE AREAS		\$277.49	7/1/2021	12/31/2382
78103	BONE MARROW IMAGING; MULTIPLE AREAS	26	\$52.56	7/1/2021	12/31/2382
78103	BONE MARROW IMAGING; MULTIPLE AREAS	TC	\$113.44	7/1/2021	12/31/2382
78104	BONE MARROW IMAGING; WHOLE BODY		\$277.49	7/1/2021	12/31/2382
78104	BONE MARROW IMAGING; WHOLE BODY	26	\$53.85	7/1/2021	12/31/2382
78104	BONE MARROW IMAGING; WHOLE BODY	TC	\$145.90	7/1/2021	12/31/2382
78110	PLASMA VOLUME, RADIONUCLIDE VOLUME-DILUTION TECHNIQUE (SEPARATE PROCEDURE); SINGLE SAMPLING		\$244.23	7/1/2021	12/31/2382
78110	PLASMA VOLUME, RADIONUCLIDE VOLUME-DILUTION TECHNIQUE (SEPARATE PROCEDURE); SINGLE SAMPLING	26	\$11.25	7/1/2021	12/31/2382
78110	PLASMA VOLUME, RADIONUCLIDE VOLUME-DILUTION TECHNIQUE (SEPARATE PROCEDURE); SINGLE SAMPLING	TC	\$33.87	7/1/2021	12/31/2382
78111	PLASMA VOLUME, RADIONUCLIDE VOLUME-DILUTION TECHNIQUE (SEPARATE PROCEDURE); MULTIPLE SAMPLINGS		\$244.23	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
78111	PLASMA VOLUME, RADIONUCLIDE VOLUME-DILUTION TECHNIQUE (SEPARATE PROCEDURE); MULTIPLE SAMPLINGS	26	\$15.22	7/1/2021	12/31/2382
78111	PLASMA VOLUME, RADIONUCLIDE VOLUME-DILUTION TECHNIQUE (SEPARATE PROCEDURE); MULTIPLE SAMPLINGS	TC	\$92.29	7/1/2021	12/31/2382
78120	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); SINGLE SAMPLING		\$244.23	7/1/2021	12/31/2382
78120	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); SINGLE SAMPLING	26	\$18.30	7/1/2021	12/31/2382
78120	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); SINGLE SAMPLING	TC	\$62.21	7/1/2021	12/31/2382
78121	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); MULTIPLE SAMPLINGS		\$244.23	7/1/2021	12/31/2382
78121	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); MULTIPLE SAMPLINGS	26	\$20.52	7/1/2021	12/31/2382
78121	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); MULTIPLE SAMPLINGS	TC	\$104.15	7/1/2021	12/31/2382
78122	WHOLE BLOOD VOLUME DETERMINATION, INCLUDING SEPARATE MEASUREMENT OF PLASMA VOLUME AND RED CELL VOLUME (RADIONU		\$244.23	7/1/2021	12/31/2382
78122	WHOLE BLOOD VOLUME DETERMINATION, INCLUDING SEPARATE MEASUREMENT OF PLASMA VOLUME AND RED CELL VOLUME (RADIONU	26	\$31.70	7/1/2021	12/31/2382
78122	WHOLE BLOOD VOLUME DETERMINATION, INCLUDING SEPARATE MEASUREMENT OF PLASMA VOLUME AND RED CELL VOLUME (RADIONU	TC	\$165.29	7/1/2021	12/31/2382
78130	RED CELL SURVIVAL STUDY;		\$244.23	7/1/2021	12/31/2382
78130	RED CELL SURVIVAL STUDY;	26	\$34.88	7/1/2021	12/31/2382
78130	RED CELL SURVIVAL STUDY;	TC	\$102.39	7/1/2021	12/31/2382
78135	RED CELL SURVIVAL STUDY; DIFFERENTIAL ORGAN/TISSUE KINETICS, (EG, SPLENIC AND/OR HEPATIC SEQUESTRATION)		\$244.23	7/1/2021	12/31/2382
78135	RED CELL SURVIVAL STUDY; DIFFERENTIAL ORGAN/TISSUE KINETICS, (EG, SPLENIC AND/OR HEPATIC SEQUESTRATION)	26	\$35.50	7/1/2021	12/31/2382
78135	RED CELL SURVIVAL STUDY; DIFFERENTIAL ORGAN/TISSUE KINETICS, (EG, SPLENIC AND/OR HEPATIC SEQUESTRATION)	TC	\$174.59	7/1/2021	12/31/2382
78140	LABELED RED CELL SEQUESTRATION, DIFFERENTIAL ORGAN/TISSUE, (EG, SPLENIC AND/OR HEPATIC)		\$244.23	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
78140	LABELED RED CELL SEQUESTRATION, DIFFERENTIAL ORGAN/TISSUE, (EG, SPLENIC AND/OR HEPATIC)	26	\$34.88	7/1/2021	12/31/2382
78140	LABELED RED CELL SEQUESTRATION, DIFFERENTIAL ORGAN/TISSUE, (EG, SPLENIC AND/OR HEPATIC)	TC	\$141.08	7/1/2021	12/31/2382
78160	PLASMA RADIOIRON DISAPPEARANCE (TURNOVER) RATE		\$162.74	7/1/2021	12/31/2382
78160	PLASMA RADIOIRON DISAPPEARANCE (TURNOVER) RATE	26	\$22.95	7/1/2021	12/31/2382
78160	PLASMA RADIOIRON DISAPPEARANCE (TURNOVER) RATE	TC	\$131.42	7/1/2021	12/31/2382
78162	RADIOIRON ORAL ABSORPTION		\$153.58	7/1/2021	12/31/2382
78162	RADIOIRON ORAL ABSORPTION	26	\$31.70	7/1/2021	12/31/2382
78162	RADIOIRON ORAL ABSORPTION	TC	\$114.49	7/1/2021	12/31/2382
78170	RADIOIRON RED CELL UTILIZATION		\$162.43	7/1/2021	12/31/2382
78170	RADIOIRON RED CELL UTILIZATION	26	\$24.77	7/1/2021	12/31/2382
78170	RADIOIRON RED CELL UTILIZATION	TC	\$190.57	7/1/2021	12/31/2382
78172	CHELATABLE IRON FOR ESTIMATION OF TOTAL BODY IRON	26	\$38.68	7/1/2021	12/31/2382
78185	SPLEEN IMAGING ONLY, WITH OR WITHOUT VASCULAR FLOW		\$277.49	7/1/2021	12/31/2382
78185	SPLEEN IMAGING ONLY, WITH OR WITHOUT VASCULAR FLOW	26	\$29.29	7/1/2021	12/31/2382
78185	SPLEEN IMAGING ONLY, WITH OR WITHOUT VASCULAR FLOW	TC	\$84.66	7/1/2021	12/31/2382
78190	KINETICS, STUDY OF PLATELET SURVIVAL, WITH OR WITHOUT DIFFERENTIAL ORGAN/TISSUE LOCALIZATION		\$249.65	7/1/2021	12/31/2382
78190	KINETICS, STUDY OF PLATELET SURVIVAL, WITH OR WITHOUT DIFFERENTIAL ORGAN/TISSUE LOCALIZATION	26	\$58.79	7/1/2021	12/31/2382
78190	KINETICS, STUDY OF PLATELET SURVIVAL, WITH OR WITHOUT DIFFERENTIAL ORGAN/TISSUE LOCALIZATION	TC	\$205.04	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
78191	PLATELET SURVIVAL STUDY		\$249.65	7/1/2021	12/31/2382
78191	PLATELET SURVIVAL STUDY	26	\$44.00	7/1/2021	12/31/2382
78191	PLATELET SURVIVAL STUDY	TC	\$263.12	7/1/2021	12/31/2382
78192	WHITE BLOOD CELL LOCALIZATION; LIMITED AREA SCANNING		\$186.49	7/1/2021	12/31/2382
78192	WHITE BLOOD CELL LOCALIZATION; LIMITED AREA SCANNING	26	\$56.66	7/1/2021	12/31/2382
78192	WHITE BLOOD CELL LOCALIZATION; LIMITED AREA SCANNING	TC	\$121.78	7/1/2021	12/31/2382
78193	WHITE BLOOD CELL LOCALIZATION; WHOLE BODY		\$434.33	7/1/2021	12/31/2382
78193	WHITE BLOOD CELL LOCALIZATION; WHOLE BODY	26	\$62.62	7/1/2021	12/31/2382
78193	WHITE BLOOD CELL LOCALIZATION; WHOLE BODY	TC	\$349.62	7/1/2021	12/31/2382
78195	LYMPHATICS AND LYMPH GLANDS IMAGING		\$277.49	7/1/2021	12/31/2382
78195	LYMPHATICS AND LYMPH GLANDS IMAGING	26	\$66.36	7/1/2021	12/31/2382
78195	LYMPHATICS AND LYMPH GLANDS IMAGING	LT	\$277.49	7/1/2021	12/31/2382
78195	LYMPHATICS AND LYMPH GLANDS IMAGING	MB	\$277.49	7/1/2021	12/31/2382
78195	LYMPHATICS AND LYMPH GLANDS IMAGING	MG	\$277.49	7/1/2021	12/31/2382
78195	LYMPHATICS AND LYMPH GLANDS IMAGING	RT	\$277.49	7/1/2021	12/31/2382
78195	LYMPHATICS AND LYMPH GLANDS IMAGING	TC	\$145.90	7/1/2021	12/31/2382
78199	UNLISTED HEMATOPOIETIC, RETICULOENDOTHELIAL AND LYMPHATIC PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE		\$277.49	7/1/2021	12/31/2382
78201	LIVER IMAGING; STATIC ONLY		\$305.47	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
78201	LIVER IMAGING; STATIC ONLY	26	\$30.24	7/1/2021	12/31/2382
78201	LIVER IMAGING; STATIC ONLY	TC	\$84.66	7/1/2021	12/31/2382
78202	LIVER IMAGING; WITH VASCULAR FLOW		\$305.47	7/1/2021	12/31/2382
78202	LIVER IMAGING; WITH VASCULAR FLOW	26	\$56.00	7/1/2021	12/31/2382
78202	LIVER IMAGING; WITH VASCULAR FLOW	TC	\$103.44	7/1/2021	12/31/2382
78205	LIVER IMAGING (SPECT)		\$305.47	7/1/2021	12/31/2382
78205	LIVER IMAGING (SPECT)	26	\$51.05	7/1/2021	12/31/2382
78205	LIVER IMAGING (SPECT)	TC	\$211.62	7/1/2021	12/31/2382
78206	LIVER IMAGING (SPECT); WITH VASCULAR FLOW		\$310.19	7/1/2021	12/31/2382
78215	LIVER AND SPLEEN IMAGING; STATIC ONLY		\$305.47	7/1/2021	12/31/2382
78215	LIVER AND SPLEEN IMAGING; STATIC ONLY	26	\$33.84	7/1/2021	12/31/2382
78215	LIVER AND SPLEEN IMAGING; STATIC ONLY	TC	\$105.19	7/1/2021	12/31/2382
78216	LIVER AND SPLEEN IMAGING; WITH VASCULAR FLOW		\$305.47	7/1/2021	12/31/2382
78216	LIVER AND SPLEEN IMAGING; WITH VASCULAR FLOW	26	\$35.51	7/1/2021	12/31/2382
78216	LIVER AND SPLEEN IMAGING; WITH VASCULAR FLOW	TC	\$124.85	7/1/2021	12/31/2382
78220	LIVER FUNCTION STUDY WITH HEPATOBILIARY AGENTS, WITH SERIAL IMAGES		\$305.47	7/1/2021	12/31/2382
78220	LIVER FUNCTION STUDY WITH HEPATOBILIARY AGENTS, WITH SERIAL IMAGES	26	\$38.41	7/1/2021	12/31/2382
78220	LIVER FUNCTION STUDY WITH HEPATOBILIARY AGENTS, WITH SERIAL IMAGES	TC	\$133.53	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
78223	HEPATOBIILIARY DUCTAL SYSTEM IMAGING, INCLUDING GALLBLADDER, WITH OR WITHOUT PHARMACOLOGIC INTERVENTION, WITH O		\$305.47	7/1/2021	12/31/2382
78223	HEPATOBIILIARY DUCTAL SYSTEM IMAGING, INCLUDING GALLBLADDER, WITH OR WITHOUT PHARMACOLOGIC INTERVENTION, WITH O	26	\$41.32	7/1/2021	12/31/2382
78223	HEPATOBIILIARY DUCTAL SYSTEM IMAGING, INCLUDING GALLBLADDER, WITH OR WITHOUT PHARMACOLOGIC INTERVENTION, WITH O	TC	\$131.42	7/1/2021	12/31/2382
78226	HEPATOBIILIARY SYSTEM IMAGING, INCLUDING GALLBLADDER WHEN PRESENT		\$356.39	7/1/2021	12/31/2382
78226	HEPATOBIILIARY SYSTEM IMAGING, INCLUDING GALLBLADDER WHEN PRESENT	MH	\$356.39	7/1/2021	12/31/2382
78227	HEPATOBIILIARY SYSTEM IMAGING, INCLUDING GALLBLADDER WHEN PRESENT; WITH PHARMACOLOGIC INTERVENTION, INCLUDING		\$312.40	7/1/2021	12/31/2382
78230	SALIVARY GLAND IMAGING;		\$267.12	7/1/2021	12/31/2382
78230	SALIVARY GLAND IMAGING;	26	\$48.75	7/1/2021	12/31/2382
78230	SALIVARY GLAND IMAGING;	TC	\$78.08	7/1/2021	12/31/2382
78231	SALIVARY GLAND IMAGING; WITH SERIAL IMAGES		\$267.12	7/1/2021	12/31/2382
78231	SALIVARY GLAND IMAGING; WITH SERIAL IMAGES	26	\$62.10	7/1/2021	12/31/2382
78231	SALIVARY GLAND IMAGING; WITH SERIAL IMAGES	TC	\$113.44	7/1/2021	12/31/2382
78232	SALIVARY GLAND FUNCTION STUDY		\$267.12	7/1/2021	12/31/2382
78232	SALIVARY GLAND FUNCTION STUDY	26	\$34.54	7/1/2021	12/31/2382
78232	SALIVARY GLAND FUNCTION STUDY	TC	\$126.60	7/1/2021	12/31/2382
78258	ESOPHAGEAL MOTILITY		\$267.12	7/1/2021	12/31/2382
78258	ESOPHAGEAL MOTILITY	26	\$52.85	7/1/2021	12/31/2382
78258	ESOPHAGEAL MOTILITY	TC	\$103.44	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
78261	GASTRIC MUCOSA IMAGING		\$267.12	7/1/2021	12/31/2382
78261	GASTRIC MUCOSA IMAGING	26	\$49.32	7/1/2021	12/31/2382
78261	GASTRIC MUCOSA IMAGING	TC	\$146.95	7/1/2021	12/31/2382
78262	GASTROESOPHAGEAL REFLUX STUDY		\$267.12	7/1/2021	12/31/2382
78262	GASTROESOPHAGEAL REFLUX STUDY	26	\$48.64	7/1/2021	12/31/2382
78262	GASTROESOPHAGEAL REFLUX STUDY	TC	\$152.15	7/1/2021	12/31/2382
78264	GASTRIC EMPTYING STUDY		\$267.12	7/1/2021	12/31/2382
78264	GASTRIC EMPTYING STUDY	26	\$42.71	7/1/2021	12/31/2382
78264	GASTRIC EMPTYING STUDY	MG	\$267.12	7/1/2021	12/31/2382
78264	GASTRIC EMPTYING STUDY	TC	\$147.65	7/1/2021	12/31/2382
78265	STOMACH EMPTYING AND SMALL BOWEL TRANSIT STUDY		\$319.72	7/1/2021	12/31/2382
78266	STOMACH EMPTYING AND SMALL BOWEL WITH COLON TRANSIT STUDY		\$424.22	7/1/2021	12/31/2382
78267	UREA BREATH TEST, C-14; ACQUISITION FOR ANALYSIS		\$12.37	7/1/2021	12/31/2382
78268	UREA BREATH TEST, C-14; ANALYSIS		\$105.99	7/1/2021	12/31/2382
78270	VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITHOUT INTRINSIC FACTOR		\$249.65	7/1/2021	12/31/2382
78270	VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITHOUT INTRINSIC FACTOR	26	\$15.62	7/1/2021	12/31/2382
78270	VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITHOUT INTRINSIC FACTOR	TC	\$55.63	7/1/2021	12/31/2382
78271	VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITH INTRINSIC FACTOR		\$249.65	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
78271	VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITH INTRINSIC FACTOR	26	\$15.62	7/1/2021	12/31/2382
78271	VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITH INTRINSIC FACTOR	TC	\$59.13	7/1/2021	12/31/2382
78272	VITAMIN B-12 ABSORPTION STUDIES COMBINED, WITH AND WITHOUT INTRINSIC FACTOR		\$249.65	7/1/2021	12/31/2382
78272	VITAMIN B-12 ABSORPTION STUDIES COMBINED, WITH AND WITHOUT INTRINSIC FACTOR	26	\$17.33	7/1/2021	12/31/2382
78272	VITAMIN B-12 ABSORPTION STUDIES COMBINED, WITH AND WITHOUT INTRINSIC FACTOR	TC	\$83.25	7/1/2021	12/31/2382
78276	GASTROINTESTINAL ASPIRATE BLOOD LOSS LOCALIZATION		\$117.65	7/1/2021	12/31/2382
78276	GASTROINTESTINAL ASPIRATE BLOOD LOSS LOCALIZATION	26	\$35.38	7/1/2021	12/31/2382
78276	GASTROINTESTINAL ASPIRATE BLOOD LOSS LOCALIZATION	TC	\$114.49	7/1/2021	12/31/2382
78278	ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING		\$267.12	7/1/2021	11/30/2382
78278	ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	26	\$44.84	7/1/2021	12/31/2382
78278	ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	TC	\$174.59	7/1/2021	12/31/2382
78280	GASTROINTESTINAL BLOOD LOSS STUDY (EG, STOOL COUNTING)		\$106.71	7/1/2021	12/31/2382
78280	GASTROINTESTINAL BLOOD LOSS STUDY (EG, STOOL COUNTING)	26	\$20.60	7/1/2021	12/31/2382
78280	GASTROINTESTINAL BLOOD LOSS STUDY (EG, STOOL COUNTING)	TC	\$116.25	7/1/2021	12/31/2382
78282	GASTROINTESTINAL PROTEIN LOSS		\$267.12	7/1/2021	12/31/2382
78282	GASTROINTESTINAL PROTEIN LOSS	26	\$26.76	7/1/2021	12/31/2382
78290	BOWEL IMAGING (EG, ECTOPIC GASTRIC MUCOSA, MECKEL'S LOCALIZATION, VOLVULUS)		\$267.12	7/1/2021	12/31/2382
78290	BOWEL IMAGING (EG, ECTOPIC GASTRIC MUCOSA, MECKEL'S LOCALIZATION, VOLVULUS)	26	\$54.93	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
78290	BOWEL IMAGING (EG, ECTOPIC GASTRIC MUCOSA, MECKEL'S LOCALIZATION, VOLVULUS)	TC	\$108.97	7/1/2021	12/31/2382
78291	PERITONEAL-VEIN SHUNT PATENCY TEST (EG, FOR LEVEEN, DENVER SHUNT)		\$267.12	7/1/2021	12/31/2382
78291	PERITONEAL-VEIN SHUNT PATENCY TEST (EG, FOR LEVEEN, DENVER SHUNT)	26	\$62.62	7/1/2021	12/31/2382
78291	PERITONEAL-VEIN SHUNT PATENCY TEST (EG, FOR LEVEEN, DENVER SHUNT)	TC	\$109.67	7/1/2021	12/31/2382
78299	UNLISTED GASTROINTESTINAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE		\$267.12	7/1/2021	12/31/2382
78300	BONE AND/OR JOINT IMAGING; LIMITED AREA		\$282.88	7/1/2021	12/31/2382
78300	BONE AND/OR JOINT IMAGING; LIMITED AREA	26	\$38.26	7/1/2021	12/31/2382
78300	BONE AND/OR JOINT IMAGING; LIMITED AREA	TC	\$89.48	7/1/2021	12/31/2382
78305	BONE AND/OR JOINT IMAGING; MULTIPLE AREAS		\$282.88	7/1/2021	12/31/2382
78305	BONE AND/OR JOINT IMAGING; MULTIPLE AREAS	26	\$58.70	7/1/2021	12/31/2382
78305	BONE AND/OR JOINT IMAGING; MULTIPLE AREAS	TC	\$131.42	7/1/2021	12/31/2382
78306	BONE AND/OR JOINT IMAGING; WHOLE BODY		\$282.88	7/1/2021	12/31/2382
78306	BONE AND/OR JOINT IMAGING; WHOLE BODY	26	\$58.98	7/1/2021	12/31/2382
78306	BONE AND/OR JOINT IMAGING; WHOLE BODY	QQ	\$282.88	7/1/2021	12/31/2382
78306	BONE AND/OR JOINT IMAGING; WHOLE BODY	TC	\$153.18	7/1/2021	12/31/2382
78310	BONE AND/OR JOINT IMAGING; VASCULAR FLOW ONLY		\$124.50	7/1/2021	12/31/2382
78310	BONE AND/OR JOINT IMAGING; VASCULAR FLOW ONLY	26	\$50.86	7/1/2021	12/31/2382
78310	BONE AND/OR JOINT IMAGING; VASCULAR FLOW ONLY	TC	\$42.20	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
78315	BONE AND/OR JOINT IMAGING; THREE PHASE STUDY		\$282.88	7/1/2021	12/31/2382
78315	BONE AND/OR JOINT IMAGING; THREE PHASE STUDY	26	\$64.68	7/1/2021	12/31/2382
78315	BONE AND/OR JOINT IMAGING; THREE PHASE STUDY	59	\$282.88	7/1/2021	12/31/2382
78315	BONE AND/OR JOINT IMAGING; THREE PHASE STUDY	MB	\$282.88	7/1/2021	12/31/2382
78315	BONE AND/OR JOINT IMAGING; THREE PHASE STUDY	TC	\$171.17	7/1/2021	12/31/2382
78320	BONE AND/OR JOINT IMAGING; TOMOGRAPHIC (SPECT)		\$282.88	7/1/2021	12/31/2382
78320	BONE AND/OR JOINT IMAGING; TOMOGRAPHIC (SPECT)	26	\$73.97	7/1/2021	12/31/2382
78320	BONE AND/OR JOINT IMAGING; TOMOGRAPHIC (SPECT)	TC	\$211.62	7/1/2021	12/31/2382
78350	BONE DENSITY (BONE MINERAL CONTENT) STUDY, ONE OR MORE SITES; SINGLE PHOTON ABSORPTIOMETRY		\$51.69	7/1/2021	12/31/2382
78350	BONE DENSITY (BONE MINERAL CONTENT) STUDY, ONE OR MORE SITES; SINGLE PHOTON ABSORPTIOMETRY	26	\$15.76	7/1/2021	12/31/2382
78350	BONE DENSITY (BONE MINERAL CONTENT) STUDY, ONE OR MORE SITES; SINGLE PHOTON ABSORPTIOMETRY	TC	\$27.27	7/1/2021	12/31/2382
78399	UNLISTED MUSCULOSKELETAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE		\$282.88	7/1/2021	12/31/2382
78414	DETERMINATION OF CENTRAL C-V HEMODYNAMICS (NON-IMAGING) (EG, EJECTION FRACTION WITH PROBE TECHNIQUE) WITH OR W		\$297.88	7/1/2021	12/31/2382
78414	DETERMINATION OF CENTRAL C-V HEMODYNAMICS (NON-IMAGING) (EG, EJECTION FRACTION WITH PROBE TECHNIQUE) WITH OR W	26	\$44.80	7/1/2021	12/31/2382
78428	CARDIAC SHUNT DETECTION		\$297.88	7/1/2021	12/31/2382
78428	CARDIAC SHUNT DETECTION	26	\$32.27	7/1/2021	12/31/2382
78428	CARDIAC SHUNT DETECTION	TC	\$80.89	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
78429	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), METABOLIC EVALUATION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED), SINGLE STUDY; WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY	26	\$1,180.74	7/1/2021	12/31/2382
78430	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED); SINGLE STUDY, AT REST OR STRESS (EXERCISE OR PHARMACOLOGIC), WITH	26	\$1,180.74	7/1/2021	12/31/2382
78445	NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY, VENOGRAPHY)		\$147.60	7/1/2021	12/31/2382
78445	NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY, VENOGRAPHY)	26	\$43.87	7/1/2021	12/31/2382
78445	NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY, VENOGRAPHY)	TC	\$67.74	7/1/2021	12/31/2382
78451	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT); SINGLE STUDY, AT REST OR STRESS		\$781.80	7/1/2021	12/31/2382
78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT); MULTIPLE STUDIES, AT REST OR STRESS AND/OR REDISTRUBUTION		\$781.80	7/1/2021	12/31/2382
78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT); MULTIPLE STUDIES, AT REST OR STRESS AND/OR REDISTRUBUTION	QQ	\$781.80	7/1/2021	12/31/2382
78454	MYOCARDIAL PERFUSION IMAGING, PLANAR; MULTIPLE STUDIES, AT REST AND/OR STRESS AND/OR REDISTRIBUTION AND/OR		\$814.83	7/1/2021	12/31/2382
78455	VENOUS THROMBOSIS STUDY (EG, RADIOACTIVE FIBRINOGEN)		\$203.96	7/1/2021	12/31/2382
78455	VENOUS THROMBOSIS STUDY (EG, RADIOACTIVE FIBRINOGEN)	26	\$45.91	7/1/2021	12/31/2382
78455	VENOUS THROMBOSIS STUDY (EG, RADIOACTIVE FIBRINOGEN)	TC	\$142.83	7/1/2021	12/31/2382
78456	ACUTE VENOUS THROMBOSIS IMAGING, PEPTIDE		\$147.60	7/1/2021	12/31/2382
78457	VENOUS THROMBOSIS IMAGING, VENOGRAM; UNILATERAL		\$147.60	7/1/2021	12/31/2382
78457	VENOUS THROMBOSIS IMAGING, VENOGRAM; UNILATERAL	26	\$46.86	7/1/2021	12/31/2382
78457	VENOUS THROMBOSIS IMAGING, VENOGRAM; UNILATERAL	TC	\$95.37	7/1/2021	12/31/2382
78458	VENOUS THROMBOSIS IMAGING (EG, VENOGRAM); BILATERAL		\$147.60	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
78458	VENOUS THROMBOSIS IMAGING (EG, VENOGRAM); BILATERAL	26	\$50.18	7/1/2021	12/31/2382
78458	VENOUS THROMBOSIS IMAGING (EG, VENOGRAM); BILATERAL	TC	\$143.89	7/1/2021	12/31/2382
78459	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), METABOLIC EVALUATION		\$953.24	7/1/2021	12/31/2382
78459	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), METABOLIC EVALUATION	ME	\$953.24	7/1/2021	12/31/2382
78460	MYOCARDIAL PERFUSION IMAGING; (PLANAR) SINGLE STUDY, AT REST OR STRESS (EXERCISE AND/OR PHARMACOLOGIC), WITH		\$297.88	7/1/2021	12/31/2382
78460	MYOCARDIAL PERFUSION IMAGING; (PLANAR) SINGLE STUDY, AT REST OR STRESS (EXERCISE AND/OR PHARMACOLOGIC), WITH	26	\$61.60	7/1/2021	12/31/2382
78460	MYOCARDIAL PERFUSION IMAGING; (PLANAR) SINGLE STUDY, AT REST OR STRESS (EXERCISE AND/OR PHARMACOLOGIC), WITH	TC	\$84.66	7/1/2021	12/31/2382
78461	MYOCARDIAL PERFUSION IMAGING; MULTIPLE STUDIES,(PLANAR)AT REST AND/OR STRESS (EXERCISE AND/OR PHARMACOLOGIC)		\$472.85	7/1/2021	12/31/2382
78461	MYOCARDIAL PERFUSION IMAGING; MULTIPLE STUDIES,(PLANAR)AT REST AND/OR STRESS (EXERCISE AND/OR PHARMACOLOGIC)	26	\$72.97	7/1/2021	12/31/2382
78461	MYOCARDIAL PERFUSION IMAGING; MULTIPLE STUDIES,(PLANAR)AT REST AND/OR STRESS (EXERCISE AND/OR PHARMACOLOGIC)	TC	\$169.41	7/1/2021	12/31/2382
78464	MYOCARDIAL PERFUSION IMAGING; TOMOGRAPHIC (SPECT), SINGLE STUDY AT REST OR STRESS (EXERCISE AND/OR PHARMACOLOG		\$297.88	7/1/2021	12/31/2382
78464	MYOCARDIAL PERFUSION IMAGING; TOMOGRAPHIC (SPECT), SINGLE STUDY AT REST OR STRESS (EXERCISE AND/OR PHARMACOLOG	26	\$77.42	7/1/2021	12/31/2382
78464	MYOCARDIAL PERFUSION IMAGING; TOMOGRAPHIC (SPECT), SINGLE STUDY AT REST OR STRESS (EXERCISE AND/OR PHARMACOLOG	TC	\$254.07	7/1/2021	12/31/2382
78465	MYOCARDIAL PERFUSION IMAGING; TOMOGRAPHIC (SPECT), MULTIPLE STUDIES, AT REST AND/OR STRESS (EXERCISE AND		\$472.85	7/1/2021	12/31/2382
78465	MYOCARDIAL PERFUSION IMAGING; TOMOGRAPHIC (SPECT), MULTIPLE STUDIES, AT REST AND/OR STRESS (EXERCISE AND	26	\$103.97	7/1/2021	12/31/2382
78465	MYOCARDIAL PERFUSION IMAGING; TOMOGRAPHIC (SPECT), MULTIPLE STUDIES, AT REST AND/OR STRESS (EXERCISE AND	TC	\$422.88	7/1/2021	12/31/2382
78466	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; QUALITATIVE OR QUANTITATIVE		\$297.88	7/1/2021	12/31/2382
78466	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; QUALITATIVE OR QUANTITATIVE	26	\$49.65	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
78466	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; QUALITATIVE OR QUANTITATIVE	TC	\$94.31	7/1/2021	12/31/2382
78468	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; WITH EJECTION FRACTION BY FIRST PASS TECHNIQUE		\$297.88	7/1/2021	12/31/2382
78468	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; WITH EJECTION FRACTION BY FIRST PASS TECHNIQUE	26	\$56.66	7/1/2021	12/31/2382
78468	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; WITH EJECTION FRACTION BY FIRST PASS TECHNIQUE	TC	\$131.42	7/1/2021	12/31/2382
78469	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; TOMOGRAPHIC SPECT WITH OR WITHOUT QUANTIFICATION		\$297.88	7/1/2021	12/31/2382
78469	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; TOMOGRAPHIC SPECT WITH OR WITHOUT QUANTIFICATION	26	\$83.39	7/1/2021	12/31/2382
78469	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; TOMOGRAPHIC SPECT WITH OR WITHOUT QUANTIFICATION	TC	\$187.75	7/1/2021	12/31/2382
78472	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; SINGLE STUDY AT REST, WALL MOTION STUDY PLUS EJECTION FRACTION,		\$297.88	7/1/2021	12/31/2382
78472	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; SINGLE STUDY AT REST, WALL MOTION STUDY PLUS EJECTION FRACTION,	26	\$78.26	7/1/2021	12/31/2382
78472	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; SINGLE STUDY AT REST, WALL MOTION STUDY PLUS EJECTION FRACTION,	TC	\$197.74	7/1/2021	12/31/2382
78473	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; MULTIPLE STUDIES, WALL MOTION STUDY PLUS EJECTION FRACTION, RES		\$356.54	7/1/2021	12/31/2382
78473	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; MULTIPLE STUDIES, WALL MOTION STUDY PLUS EJECTION FRACTION, RES	26	\$79.74	7/1/2021	12/31/2382
78473	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; MULTIPLE STUDIES, WALL MOTION STUDY PLUS EJECTION FRACTION, RES	TC	\$296.27	7/1/2021	12/31/2382
78478	MYOCARDIAL PERFUSION STUDY WITH WALL MOTION, QUALITATIVE OR QUANTITATIVE STUDY (LIST SEPARATELY IN ADDITION TO		\$106.57	7/1/2021	12/31/2382
78478	MYOCARDIAL PERFUSION STUDY WITH WALL MOTION, QUALITATIVE OR QUANTITATIVE STUDY (LIST SEPARATELY IN ADDITION TO	26	\$33.60	7/1/2021	12/31/2382
78478	MYOCARDIAL PERFUSION STUDY WITH WALL MOTION, QUALITATIVE OR QUANTITATIVE STUDY (LIST SEPARATELY IN ADDITION TO	TC	\$55.98	7/1/2021	12/31/2382
78480	MYOCARDIAL PERFUSION STUDY WITH EJECTION FRACTION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)		\$106.57	7/1/2021	12/31/2382
78480	MYOCARDIAL PERFUSION STUDY WITH EJECTION FRACTION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	26	\$33.60	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
78480	MYOCARDIAL PERFUSION STUDY WITH EJECTION FRACTION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	TC	\$55.98	7/1/2021	12/31/2382
78481	CARDIAC BLOOD POOL IMAGING,(PLANAR), FIRST PASS TECHNIQUE; SINGLE STUDY, AT REST OR WITH STRESS		\$297.88	7/1/2021	12/31/2382
78481	CARDIAC BLOOD POOL IMAGING,(PLANAR), FIRST PASS TECHNIQUE; SINGLE STUDY, AT REST OR WITH STRESS	26	\$69.99	7/1/2021	12/31/2382
78481	CARDIAC BLOOD POOL IMAGING,(PLANAR), FIRST PASS TECHNIQUE; SINGLE STUDY, AT REST OR WITH STRESS	TC	\$187.75	7/1/2021	12/31/2382
78483	CARDIAC BLOOD POOL IMAGING, (PLANAR) FIRST PASS TECHNIQUE; MULTIPLE STUDIES, AT REST AND WITH STRESS (EXERCISE		\$356.54	7/1/2021	12/31/2382
78483	CARDIAC BLOOD POOL IMAGING, (PLANAR) FIRST PASS TECHNIQUE; MULTIPLE STUDIES, AT REST AND WITH STRESS (EXERCISE	26	\$79.74	7/1/2021	12/31/2382
78483	CARDIAC BLOOD POOL IMAGING, (PLANAR) FIRST PASS TECHNIQUE; MULTIPLE STUDIES, AT REST AND WITH STRESS (EXERCISE	TC	\$282.41	7/1/2021	12/31/2382
78491	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION; SINGLE STUDY AT REST OR STRESS		\$953.24	7/1/2021	12/31/2382
78492	MYCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION; MULTIPLE STUDIES AT REST AND/OR STRESS		\$2,958.81	7/1/2021	12/31/2382
78494	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SPECT, AT REST, WALL MOTION STUDY PLUS EJECTION FRACTION, WITH		\$292.41	7/1/2021	12/31/2382
78496	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SINGLE STUDY, AT REST, WITH RIGHT VENTRICULAR EJECTION FRACTION		\$106.57	7/1/2021	12/31/2382
78499	UNLISTED CARDIOVASCULAR PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE		\$297.88	7/1/2021	12/31/2382
78580	PULMONARY PERFUSION IMAGING; PARTICULATE		\$235.02	7/1/2021	12/31/2382
78580	PULMONARY PERFUSION IMAGING; PARTICULATE	26	\$50.79	7/1/2021	12/31/2382
78580	PULMONARY PERFUSION IMAGING; PARTICULATE	TC	\$123.10	7/1/2021	12/31/2382
78581	PULMONARY PERFUSION IMAGING; GASEOUS		\$100.63	7/1/2021	12/31/2382
78581	PULMONARY PERFUSION IMAGING; GASEOUS	26	\$34.90	7/1/2021	12/31/2382
78581	PULMONARY PERFUSION IMAGING; GASEOUS	TC	\$85.72	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
78582	PULMONARY VENTILATION (EG, AEROSOL OR GAS) AND PERFUSION IMAGING		\$184.54	7/1/2021	12/31/2382
78582	PULMONARY VENTILATION (EG, AEROSOL OR GAS) AND PERFUSION IMAGING	26	\$52.28	7/1/2021	12/31/2382
78582	PULMONARY VENTILATION (EG, AEROSOL OR GAS) AND PERFUSION IMAGING	TC	\$135.20	7/1/2021	12/31/2382
78584	PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION; SINGLE BREATH		\$383.10	7/1/2021	12/31/2382
78584	PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION; SINGLE BREATH	26	\$53.83	7/1/2021	12/31/2382
78584	PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION; SINGLE BREATH	TC	\$114.49	7/1/2021	12/31/2382
78585	PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION; REBREATHING AND WASHOUT, WITH OR WITHOUT SINGLE BR		\$383.10	7/1/2021	12/31/2382
78585	PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION; REBREATHING AND WASHOUT, WITH OR WITHOUT SINGLE BR	26	\$58.79	7/1/2021	12/31/2382
78585	PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION; REBREATHING AND WASHOUT, WITH OR WITHOUT SINGLE BR	TC	\$201.96	7/1/2021	12/31/2382
78586	PULMONARY VENTILATION IMAGING, AEROSOL; SINGLE PROJECTION		\$235.02	7/1/2021	12/31/2382
78586	PULMONARY VENTILATION IMAGING, AEROSOL; SINGLE PROJECTION	26	\$32.57	7/1/2021	12/31/2382
78586	PULMONARY VENTILATION IMAGING, AEROSOL; SINGLE PROJECTION	TC	\$93.00	7/1/2021	12/31/2382
78587	PULMONARY VENTILATION IMAGING, AEROSOL; MULTIPLE PROJECTIONS (EG, ANTERIOR, POSTERIOR, LATERAL VIEWS)		\$235.02	7/1/2021	12/31/2382
78587	PULMONARY VENTILATION IMAGING, AEROSOL; MULTIPLE PROJECTIONS (EG, ANTERIOR, POSTERIOR, LATERAL VIEWS)	26	\$35.13	7/1/2021	12/31/2382
78587	PULMONARY VENTILATION IMAGING, AEROSOL; MULTIPLE PROJECTIONS (EG, ANTERIOR, POSTERIOR, LATERAL VIEWS)	TC	\$100.63	7/1/2021	12/31/2382
78588	PULMONY PERFUSION IMAGING PARTICULATE WITH VENTILATION IMAGING		\$383.10	7/1/2021	12/31/2382
78591	PULMONARY VENTILATION IMAGING, GASEOUS, SINGLE BREATH, SINGLE PROJECTION		\$235.02	7/1/2021	12/31/2382
78591	PULMONARY VENTILATION IMAGING, GASEOUS, SINGLE BREATH, SINGLE PROJECTION	26	\$32.57	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
78591	PULMONARY VENTILATION IMAGING, GASEOUS, SINGLE BREATH, SINGLE PROJECTION	TC	\$102.39	7/1/2021	12/31/2382
78593	PULMONARY VENTILATION IMAGING, GASEOUS, WITH REBREATHING AND WASHOUT WITH OR WITHOUT SINGLE BREATH; SINGLE PRO		\$235.02	7/1/2021	12/31/2382
78593	PULMONARY VENTILATION IMAGING, GASEOUS, WITH REBREATHING AND WASHOUT WITH OR WITHOUT SINGLE BREATH; SINGLE PRO	26	\$35.03	7/1/2021	12/31/2382
78593	PULMONARY VENTILATION IMAGING, GASEOUS, WITH REBREATHING AND WASHOUT WITH OR WITHOUT SINGLE BREATH; SINGLE PRO	TC	\$123.79	7/1/2021	12/31/2382
78594	PULMONARY VENTILATION IMAGING, GASEOUS, WITH REBREATHING AND WASHOUT WITH OR WITHOUT SINGLE BREATH; MULTIPLE P		\$235.02	7/1/2021	12/31/2382
78594	PULMONARY VENTILATION IMAGING, GASEOUS, WITH REBREATHING AND WASHOUT WITH OR WITHOUT SINGLE BREATH; MULTIPLE P	26	\$60.11	7/1/2021	12/31/2382
78594	PULMONARY VENTILATION IMAGING, GASEOUS, WITH REBREATHING AND WASHOUT WITH OR WITHOUT SINGLE BREATH; MULTIPLE P	TC	\$178.46	7/1/2021	12/31/2382
78596	PULMONARY QUANTITATIVE DIFFERENTIAL FUNCTION (VENTILATION/PERFUSION) STUDY		\$383.10	7/1/2021	12/31/2382
78596	PULMONARY QUANTITATIVE DIFFERENTIAL FUNCTION (VENTILATION/PERFUSION) STUDY	26	\$68.85	7/1/2021	12/31/2382
78596	PULMONARY QUANTITATIVE DIFFERENTIAL FUNCTION (VENTILATION/PERFUSION) STUDY	TC	\$254.07	7/1/2021	12/31/2382
78597	QUANTITATIVE DIFFERENTIAL PULMONARY PERFUSION, INCLUDING IMAGING WHEN PERFORMED		\$301.78	7/1/2021	12/31/2382
78599	UNLISTED RESPIRATORY PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE		\$235.02	7/1/2021	12/31/2382
78600	BRAIN IMAGING, LIMITED PROCEDURE; STATIC		\$366.42	7/1/2021	12/31/2382
78600	BRAIN IMAGING, LIMITED PROCEDURE; STATIC	26	\$43.16	7/1/2021	12/31/2382
78600	BRAIN IMAGING, LIMITED PROCEDURE; STATIC	TC	\$103.44	7/1/2021	12/31/2382
78601	BRAIN IMAGING, LIMITED PROCEDURE; WITH VASCULAR FLOW		\$366.42	7/1/2021	12/31/2382
78601	BRAIN IMAGING, LIMITED PROCEDURE; WITH VASCULAR FLOW	26	\$45.27	7/1/2021	12/31/2382
78601	BRAIN IMAGING, LIMITED PROCEDURE; WITH VASCULAR FLOW	TC	\$121.78	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
78605	BRAIN IMAGING, COMPLETE STUDY; STATIC		\$366.42	7/1/2021	12/31/2382
78605	BRAIN IMAGING, COMPLETE STUDY; STATIC	26	\$45.77	7/1/2021	12/31/2382
78605	BRAIN IMAGING, COMPLETE STUDY; STATIC	TC	\$121.78	7/1/2021	12/31/2382
78606	BRAIN IMAGING, COMPLETE STUDY; WITH VASCULAR FLOW		\$366.42	7/1/2021	12/31/2382
78606	BRAIN IMAGING, COMPLETE STUDY; WITH VASCULAR FLOW	26	\$48.27	7/1/2021	12/31/2382
78606	BRAIN IMAGING, COMPLETE STUDY; WITH VASCULAR FLOW	TC	\$138.71	7/1/2021	12/31/2382
78607	BRAIN IMAGING, COMPLETE STUDY; TOMOGRAPHIC (SPECT)		\$366.42	7/1/2021	12/31/2382
78607	BRAIN IMAGING, COMPLETE STUDY; TOMOGRAPHIC (SPECT)	26	\$87.88	7/1/2021	12/31/2382
78607	BRAIN IMAGING, COMPLETE STUDY; TOMOGRAPHIC (SPECT)	TC	\$235.13	7/1/2021	12/31/2382
78608	BRAIN IMAGING POSITRON EMISSION TOMOGRAPHY (PET); METABOLIC EVALUATION		\$1,369.34	7/1/2021	12/31/2382
78608	BRAIN IMAGING POSITRON EMISSION TOMOGRAPHY (PET); METABOLIC EVALUATION	PI	\$1,369.34	7/1/2021	12/31/2382
78610	BRAIN IMAGING, VASCULAR FLOW ONLY		\$366.42	7/1/2021	12/31/2382
78610	BRAIN IMAGING, VASCULAR FLOW ONLY	26	\$47.77	7/1/2021	12/31/2382
78610	BRAIN IMAGING, VASCULAR FLOW ONLY	TC	\$56.67	7/1/2021	12/31/2382
78615	CEREBRAL BLOOD FLOW		\$366.42	7/1/2021	12/31/2382
78615	CEREBRAL BLOOD FLOW	26	\$39.30	7/1/2021	12/31/2382
78615	CEREBRAL BLOOD FLOW	52	\$70.37	7/1/2021	12/31/2382
78615	CEREBRAL BLOOD FLOW	TC	\$138.01	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
78630	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); CISTERNOGRAPHY		\$248.12	7/1/2021	12/31/2382
78630	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); CISTERNOGRAPHY	26	\$74.40	7/1/2021	12/31/2382
78630	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); CISTERNOGRAPHY	TC	\$180.48	7/1/2021	12/31/2382
78635	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); VENTRICULOGRAPHY		\$248.12	7/1/2021	12/31/2382
78635	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); VENTRICULOGRAPHY	26	\$44.00	7/1/2021	12/31/2382
78635	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); VENTRICULOGRAPHY	TC	\$91.24	7/1/2021	12/31/2382
78645	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); SHUNT EVALUATION		\$248.12	7/1/2021	12/31/2382
78645	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); SHUNT EVALUATION	26	\$41.43	7/1/2021	12/31/2382
78645	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); SHUNT EVALUATION	TC	\$123.10	7/1/2021	12/31/2382
78647	CEREBROSPINAL FLUID FLOW, IMAGING; TOMOGRAPHIC (SPECT)		\$248.12	7/1/2021	12/31/2382
78650	CSF LEAKAGE DETECTION AND LOCALIZATION		\$248.12	7/1/2021	12/31/2382
78650	CSF LEAKAGE DETECTION AND LOCALIZATION	26	\$45.33	7/1/2021	12/31/2382
78650	CSF LEAKAGE DETECTION AND LOCALIZATION	TC	\$166.35	7/1/2021	12/31/2382
78652	CSF LEAKAGE DETECTION AND LOCALIZATION TOMOGRAPHIC (ECT)		\$289.22	7/1/2021	12/31/2382
78652	CSF LEAKAGE DETECTION AND LOCALIZATION TOMOGRAPHIC (ECT)	26	\$64.41	7/1/2021	12/31/2382
78652	CSF LEAKAGE DETECTION AND LOCALIZATION TOMOGRAPHIC (ECT)	TC	\$211.62	7/1/2021	12/31/2382
78655	RADIONUCLIDE IDENTIFICATION OF EYE TUMOR		\$230.29	7/1/2021	12/31/2382
78655	RADIONUCLIDE IDENTIFICATION OF EYE TUMOR	26	\$29.87	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
78655	RADIONUCLIDE IDENTIFICATION OF EYE TUMOR	TC	\$178.46	7/1/2021	12/31/2382
78660	RADIONUCLIDE DACRYOCYSTOGRAPHY		\$248.12	7/1/2021	12/31/2382
78660	RADIONUCLIDE DACRYOCYSTOGRAPHY	26	\$44.93	7/1/2021	12/31/2382
78660	RADIONUCLIDE DACRYOCYSTOGRAPHY	TC	\$76.06	7/1/2021	12/31/2382
78699	UNLISTED NERVOUS SYSTEM PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE		\$366.42	7/1/2021	12/31/2382
78700	KIDNEY IMAGING; STATIC ONLY		\$259.05	7/1/2021	12/31/2382
78700	KIDNEY IMAGING; STATIC ONLY	26	\$39.84	7/1/2021	12/31/2382
78700	KIDNEY IMAGING; STATIC ONLY	TC	\$108.97	7/1/2021	12/31/2382
78701	KIDNEY IMAGING; WITH VASCULAR FLOW		\$259.05	7/1/2021	12/31/2382
78701	KIDNEY IMAGING; WITH VASCULAR FLOW	26	\$41.62	7/1/2021	12/31/2382
78701	KIDNEY IMAGING; WITH VASCULAR FLOW	TC	\$127.66	7/1/2021	12/31/2382
78704	KIDNEY IMAGING; WITH FUNCTION STUDY (IE, IMAGING RENOGRAM)		\$259.05	7/1/2021	12/31/2382
78704	KIDNEY IMAGING; WITH FUNCTION STUDY (IE, IMAGING RENOGRAM)	26	\$41.13	7/1/2021	12/31/2382
78704	KIDNEY IMAGING; WITH FUNCTION STUDY (IE, IMAGING RENOGRAM)	TC	\$141.77	7/1/2021	12/31/2382
78707	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; SINGLE STUDY WITHOUT PHARMACOLOGICAL INTERVENTION		\$259.05	7/1/2021	12/31/2382
78707	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; SINGLE STUDY WITHOUT PHARMACOLOGICAL INTERVENTION	26	\$50.75	7/1/2021	12/31/2382
78707	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; SINGLE STUDY WITHOUT PHARMACOLOGICAL INTERVENTION	TC	\$160.47	7/1/2021	12/31/2382
78708	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; SINGLE STUDY, WITH PHARMACOLOGICAL INTERVENTION (EG, ANGIOTEN		\$294.03	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
78709	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; PHARMACOLOGICAL		\$294.03	7/1/2021	12/31/2382
78710	KIDNEY IMAGING, TOMOGRAPHIC (SPECT)		\$259.05	7/1/2021	12/31/2382
78710	KIDNEY IMAGING, TOMOGRAPHIC (SPECT)	26	\$47.45	7/1/2021	12/31/2382
78710	KIDNEY IMAGING, TOMOGRAPHIC (SPECT)	TC	\$211.62	7/1/2021	12/31/2382
78715	KIDNEY VASCULAR FLOW ONLY		\$259.05	7/1/2021	12/31/2382
78715	KIDNEY VASCULAR FLOW ONLY	26	\$17.97	7/1/2021	12/31/2382
78715	KIDNEY VASCULAR FLOW ONLY	TC	\$56.67	7/1/2021	12/31/2382
78725	KIDNEY FUNCTION STUDY WITHOUT PHARMACOLOGIC INTERVENTION		\$101.16	7/1/2021	12/31/2382
78725	KIDNEY FUNCTION STUDY WITHOUT PHARMACOLOGIC INTERVENTION	26	\$28.17	7/1/2021	12/31/2382
78725	KIDNEY FUNCTION STUDY WITHOUT PHARMACOLOGIC INTERVENTION	TC	\$63.96	7/1/2021	12/31/2382
78726	KIDNEY FUNCTION STUDY INCLUDING PHARMACOLOGIC INTERVENTION		\$175.16	7/1/2021	12/31/2382
78726	KIDNEY FUNCTION STUDY INCLUDING PHARMACOLOGIC INTERVENTION	26	\$62.23	7/1/2021	12/31/2382
78726	KIDNEY FUNCTION STUDY INCLUDING PHARMACOLOGIC INTERVENTION	TC	\$106.17	7/1/2021	12/31/2382
78727	KIDNEY TRANSPLANT EVALUATION		\$222.29	7/1/2021	12/31/2382
78727	KIDNEY TRANSPLANT EVALUATION	26	\$70.47	7/1/2021	12/31/2382
78727	KIDNEY TRANSPLANT EVALUATION	TC	\$142.83	7/1/2021	12/31/2382
78730	URINARY BLADDER RESIDUAL STUDY		\$43.49	7/1/2021	12/31/2382
78730	URINARY BLADDER RESIDUAL STUDY	26	\$24.74	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
78730	URINARY BLADDER RESIDUAL STUDY	TC	\$52.55	7/1/2021	12/31/2382
78740	URETERAL REFLUX STUDY (RADIONUCLIDE VOIDING CYSTOGRAM)		\$259.05	7/1/2021	12/31/2382
78740	URETERAL REFLUX STUDY (RADIONUCLIDE VOIDING CYSTOGRAM)	26	\$41.36	7/1/2021	12/31/2382
78740	URETERAL REFLUX STUDY (RADIONUCLIDE VOIDING CYSTOGRAM)	TC	\$76.06	7/1/2021	12/31/2382
78760	TESTICULAR IMAGING;		\$259.05	7/1/2021	12/31/2382
78760	TESTICULAR IMAGING;	26	\$35.71	7/1/2021	12/31/2382
78760	TESTICULAR IMAGING;	TC	\$96.07	7/1/2021	12/31/2382
78761	TESTICULAR IMAGING; WITH VASCULAR FLOW		\$259.05	7/1/2021	12/31/2382
78761	TESTICULAR IMAGING; WITH VASCULAR FLOW	26	\$38.10	7/1/2021	12/31/2382
78761	TESTICULAR IMAGING; WITH VASCULAR FLOW	TC	\$114.49	7/1/2021	12/31/2382
78799	UNLISTED GENITOURINARY PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE		\$259.05	7/1/2021	12/31/2382
78800	RADIONUCLIDE LOCALIZATION OF TUMOR; LIMITED AREA		\$293.35	7/1/2021	12/31/2382
78800	RADIONUCLIDE LOCALIZATION OF TUMOR; LIMITED AREA	26	\$37.09	7/1/2021	12/31/2382
78800	RADIONUCLIDE LOCALIZATION OF TUMOR; LIMITED AREA	TC	\$121.78	7/1/2021	12/31/2382
78801	RADIONUCLIDE LOCALIZATION OF TUMOR; MULTIPLE AREAS		\$293.35	7/1/2021	12/31/2382
78801	RADIONUCLIDE LOCALIZATION OF TUMOR; MULTIPLE AREAS	26	\$61.86	7/1/2021	12/31/2382
78801	RADIONUCLIDE LOCALIZATION OF TUMOR; MULTIPLE AREAS	TC	\$151.43	7/1/2021	12/31/2382
78802	RADIONUCLIDE LOCALIZATION OF TUMOR; WHOLE BODY		\$293.35	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
78802	RADIONUCLIDE LOCALIZATION OF TUMOR; WHOLE BODY	26	\$63.83	7/1/2021	12/31/2382
78802	RADIONUCLIDE LOCALIZATION OF TUMOR; WHOLE BODY	TC	\$198.46	7/1/2021	12/31/2382
78803	TUMOR LOCALIZATION (SPECT)		\$293.35	7/1/2021	12/31/2382
78803	TUMOR LOCALIZATION (SPECT)	26	\$77.42	7/1/2021	12/31/2382
78803	TUMOR LOCALIZATION (SPECT)	MB	\$293.35	7/1/2021	12/31/2382
78803	TUMOR LOCALIZATION (SPECT)	MG	\$293.35	7/1/2021	12/31/2382
78803	TUMOR LOCALIZATION (SPECT)	TC	\$235.13	7/1/2021	12/31/2382
78804	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRUBUTION OF RADIOPHARMACEUTICAL AGENT, WHOLE BODY		\$773.97	7/1/2021	12/31/2382
78805	RADIONUCLIDE LOCALIZATION OF ABSCESS; LIMITED AREA		\$293.35	7/1/2021	12/31/2382
78805	RADIONUCLIDE LOCALIZATION OF ABSCESS; LIMITED AREA	26	\$40.16	7/1/2021	12/31/2382
78805	RADIONUCLIDE LOCALIZATION OF ABSCESS; LIMITED AREA	TC	\$121.78	7/1/2021	12/31/2382
78806	RADIONUCLIDE LOCALIZATION OF ABSCESS; WHOLE BODY		\$293.35	7/1/2021	12/31/2382
78806	RADIONUCLIDE LOCALIZATION OF ABSCESS; WHOLE BODY	26	\$46.14	7/1/2021	12/31/2382
78806	RADIONUCLIDE LOCALIZATION OF ABSCESS; WHOLE BODY	TC	\$198.46	7/1/2021	12/31/2382
78807	RADIONUCLIDE LOCALIZATION OF ABSCESS, SPECT		\$293.35	7/1/2021	12/31/2382
78811	TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); LIMITED AREA, (EG, CHEST, HEAD/NECK)		\$1,369.34	7/1/2021	12/31/2382
78812	TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); SKULL BASE TO MID THIGH		\$1,369.34	7/1/2021	12/31/2382
78813	TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET) ; WHOLE BODY		\$1,369.34	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
78814	TUMOR IMAGING, (PET); WITH CONCURRENTLY ACQUIRED CT FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION; LI		\$1,488.40	7/1/2021	12/31/2382
78814	TUMOR IMAGING, (PET); WITH CONCURRENTLY ACQUIRED CT FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION; LI	MG	\$1,488.40	7/1/2021	12/31/2382
78814	TUMOR IMAGING, (PET); WITH CONCURRENTLY ACQUIRED CT FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION; LI	PI	\$1,488.40	7/1/2021	12/31/2382
78814	TUMOR IMAGING, (PET); WITH CONCURRENTLY ACQUIRED CT FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION; LI	PS	\$1,488.40	7/1/2021	12/31/2382
78815	TUMOR IMAGING, (PET) WITHCONCURENTLY ACQUIRED CT FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION; SKULL		\$1,488.40	7/1/2021	12/31/2382
78815	TUMOR IMAGING, (PET) WITHCONCURENTLY ACQUIRED CT FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION; SKULL	ME	\$1,488.40	7/1/2021	12/31/2382
78815	TUMOR IMAGING, (PET) WITHCONCURENTLY ACQUIRED CT FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION; SKULL	MG	\$1,488.40	7/1/2021	12/31/2382
78815	TUMOR IMAGING, (PET) WITHCONCURENTLY ACQUIRED CT FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION; SKULL	PI	\$1,488.40	7/1/2021	12/31/2382
78815	TUMOR IMAGING, (PET) WITHCONCURENTLY ACQUIRED CT FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION; SKULL	PS	\$1,488.40	7/1/2021	12/31/2382
78815	TUMOR IMAGING, (PET) WITHCONCURENTLY ACQUIRED CT FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION; SKULL	QR	\$1,488.40	7/1/2021	12/31/2382
78815	TUMOR IMAGING, (PET) WITHCONCURENTLY ACQUIRED CT FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION; SKULL	TC	\$1,488.40	7/1/2021	12/31/2382
78816	TUMOR IMAGING, (PET) WITH CONCURRENTLY ACQUIRED CT FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION; WHO		\$1,488.40	7/1/2021	12/31/2382
78816	TUMOR IMAGING, (PET) WITH CONCURRENTLY ACQUIRED CT FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION; WHO	PI	\$1,488.40	7/1/2021	12/31/2382
78816	TUMOR IMAGING, (PET) WITH CONCURRENTLY ACQUIRED CT FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION; WHO	PS	\$1,488.40	7/1/2021	12/31/2382
78816	TUMOR IMAGING, (PET) WITH CONCURRENTLY ACQUIRED CT FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION; WHO	QR	\$1,488.40	7/1/2021	12/31/2382
78830	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR, INFLAMMATORY PROCESS OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S) (INCLUDES VASCULAR FLOW AND BLOOD POOL IMAGING, WHEN PERFORMED): TOMOGRAPHIC (SPECT) WITH CONCURRENTLY		\$44.24	7/1/2021	12/31/2382
78831	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR, INFLAMMATORY PROCESS OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S) (INCLUDES VASCULAR FLOW AND BLOOD POOL IMAGING, WHEN PERFORMED): TOMOGRAPHIC (SPECT) MINIMUM 2 AREAS		\$54.00	7/1/2021	12/31/2382
78832	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR, INFLAMMATORY PROCESS OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S) (INCLUDES VASCULAR FLOW AND BLOOD POOL IMAGING, WHEN PERFORMED): TOMOGRAPHIC (SPECT) WITH CONCURRENTLY ACQUIRED		\$62.89	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
78890	GENERATION OF AUTOMATED DATA: INTERACTIVE PROCESS INVOLVING NUCLEAR PHYSICIAN AND/OR ALLIED HEALTH PROFESSIONA		\$53.38	7/1/2021	12/31/2382
78890	GENERATION OF AUTOMATED DATA: INTERACTIVE PROCESS INVOLVING NUCLEAR PHYSICIAN AND/OR ALLIED HEALTH PROFESSIONA	26	\$3.53	7/1/2021	12/31/2382
78890	GENERATION OF AUTOMATED DATA: INTERACTIVE PROCESS INVOLVING NUCLEAR PHYSICIAN AND/OR ALLIED HEALTH PROFESSIONA	TC	\$46.66	7/1/2021	12/31/2382
78891	GENERATION OF AUTOMATED DATA: INTERACTIVE PROCESS INVOLVING NUCLEAR PHYSICIAN AND/OR ALLIED HEALTH PROFESSIONA		\$107.06	7/1/2021	12/31/2382
78891	GENERATION OF AUTOMATED DATA: INTERACTIVE PROCESS INVOLVING NUCLEAR PHYSICIAN AND/OR ALLIED HEALTH PROFESSIONA	26	\$7.06	7/1/2021	12/31/2382
78891	GENERATION OF AUTOMATED DATA: INTERACTIVE PROCESS INVOLVING NUCLEAR PHYSICIAN AND/OR ALLIED HEALTH PROFESSIONA	TC	\$94.31	7/1/2021	12/31/2382
78999	UNLISTED MISCELLANEOUS PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE		\$101.16	7/1/2021	12/31/2382
79000	RADIONUCLIDE THERAPY, HYPERTHYROIDISM; INITIAL, INCLUDING EVALUATION OF PATIENT		\$220.67	7/1/2021	12/31/2382
79000	RADIONUCLIDE THERAPY, HYPERTHYROIDISM; INITIAL, INCLUDING EVALUATION OF PATIENT	26	\$100.55	7/1/2021	12/31/2382
79000	RADIONUCLIDE THERAPY, HYPERTHYROIDISM; INITIAL, INCLUDING EVALUATION OF PATIENT	TC	\$94.31	7/1/2021	12/31/2382
79001	RADIONUCLIDE THERAPY, HYPERTHYROIDISM; SUBSEQUENT, EACH THERAPY		\$182.44	7/1/2021	12/31/2382
79001	RADIONUCLIDE THERAPY, HYPERTHYROIDISM; SUBSEQUENT, EACH THERAPY	26	\$80.52	7/1/2021	12/31/2382
79001	RADIONUCLIDE THERAPY, HYPERTHYROIDISM; SUBSEQUENT, EACH THERAPY	TC	\$46.66	7/1/2021	12/31/2382
79005	RADIOPHARMACEUTICAL THERAPY, BY ORAL ADMINISTRATION		\$274.65	7/1/2021	12/31/2382
79020	RADIONUCLIDE THERAPY, THYROID SUPPRESSION (EUTHYROID CARDIAC DISEASE), INCLUDING EVALUATION OF PATIENT		\$228.55	7/1/2021	12/31/2382
79020	RADIONUCLIDE THERAPY, THYROID SUPPRESSION (EUTHYROID CARDIAC DISEASE), INCLUDING EVALUATION OF PATIENT	26	\$97.95	7/1/2021	12/31/2382
79020	RADIONUCLIDE THERAPY, THYROID SUPPRESSION (EUTHYROID CARDIAC DISEASE), INCLUDING EVALUATION OF PATIENT	TC	\$94.31	7/1/2021	12/31/2382
79030	RADIONUCLIDE ABLATION OF GLAND FOR THYROID CARCINOMA		\$307.69	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
79030	RADIONUCLIDE ABLATION OF GLAND FOR THYROID CARCINOMA	26	\$139.97	7/1/2021	12/31/2382
79030	RADIONUCLIDE ABLATION OF GLAND FOR THYROID CARCINOMA	TC	\$94.31	7/1/2021	12/31/2382
79035	RADIONUCLIDE THERAPY FOR METASTASES OF THYROID CARCINOMA		\$339.46	7/1/2021	12/31/2382
79035	RADIONUCLIDE THERAPY FOR METASTASES OF THYROID CARCINOMA	26	\$111.84	7/1/2021	12/31/2382
79035	RADIONUCLIDE THERAPY FOR METASTASES OF THYROID CARCINOMA	TC	\$94.31	7/1/2021	12/31/2382
79100	RADIONUCLIDE THERAPY, POLYCYTHEMIA VERA, CHRONIC LEUKEMIA, EACH TREATMENT		\$193.95	7/1/2021	12/31/2382
79100	RADIONUCLIDE THERAPY, POLYCYTHEMIA VERA, CHRONIC LEUKEMIA, EACH TREATMENT	26	\$81.98	7/1/2021	12/31/2382
79100	RADIONUCLIDE THERAPY, POLYCYTHEMIA VERA, CHRONIC LEUKEMIA, EACH TREATMENT	TC	\$94.31	7/1/2021	12/31/2382
79101	RADIOPHARMACEUTICAL THERAPY, BY INTRAVENOUS ADMINISTRATION		\$274.65	7/1/2021	12/31/2382
79200	INTRACAVITARY RADIOACTIVE COLLOID THERAPY		\$274.65	7/1/2021	12/31/2382
79200	INTRACAVITARY RADIOACTIVE COLLOID THERAPY	26	\$141.84	7/1/2021	12/31/2382
79200	INTRACAVITARY RADIOACTIVE COLLOID THERAPY	TC	\$94.31	7/1/2021	12/31/2382
79300	INTERSTITIAL RADIOACTIVE COLLOID THERAPY		\$274.65	7/1/2021	12/31/2382
79300	INTERSTITIAL RADIOACTIVE COLLOID THERAPY	26	\$114.06	7/1/2021	12/31/2382
79400	RADIONUCLIDE THERAPY, NONTHYROID, NONHEMATOLOGIC		\$202.91	7/1/2021	12/31/2382
79400	RADIONUCLIDE THERAPY, NONTHYROID, NONHEMATOLOGIC	26	\$101.23	7/1/2021	12/31/2382
79400	RADIONUCLIDE THERAPY, NONTHYROID, NONHEMATOLOGIC	TC	\$94.31	7/1/2021	12/31/2382
79403	RADIOPHARMACEUTICAL THERAPY, RADIOLABELED MONOCLONAL ANTIBODY BY INTRAVENOUS INFUSION		\$654.91	7/1/2021	12/31/2382

Procedure Code	Procedure Description	Modifier	Allowed Amount	Effective Date	End Date
79420	INTRAVASCULAR RADIONUCLIDE THERAPY, PARTICULATE	26	\$107.38	7/1/2021	12/31/2382
79440	INTRA-ARTICULAR RADIONUCLIDE THERAPY		\$274.65	7/1/2021	12/31/2382
79440	INTRA-ARTICULAR RADIONUCLIDE THERAPY	26	\$137.38	7/1/2021	12/31/2382
79440	INTRA-ARTICULAR RADIONUCLIDE THERAPY	TC	\$94.31	7/1/2021	12/31/2382
79445	RADIOPHARMACEUTICAL THERAPY, BY INTRA-ARTERIAL PARTICULATE ADMINISTRATION		\$274.65	7/1/2021	12/31/2382
79999	UNLISTED RADIONUCLIDE THERAPEUTIC PROCEDURE		\$274.65	7/1/2021	12/31/2382