



P R O V I D E R B U L L E T I N

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**To: Hospital and Ambulatory Surgical Center (ASC)
 Providers**

Subject: Outpatient Radiology Reimbursement

Overview

The Office of Medicaid Policy and Planning (OMPP) is promulgating regulations on an emergency basis to avoid an anticipated budgetary shortfall and to remain within the available Medicaid appropriation. The result is a permanent change in reimbursement for certain radiology services reported on the UB-04 claim form.

General

Reimbursement for the technical component of outpatient radiology services billed on the UB-04 will be adjusted to equal the technical component rates identified on the Indiana Medicaid fee schedule, available at <http://www.indianamedicaid.com/ihcp/index.asp>. This change will facilitate consistent technical component reimbursements for radiology services across all Medicaid providers. The new rates for the specified Current Procedural Terminology (CPT^{®1}) codes listed in Table 1 will be effective for claims submitted on the UB-04 with a “from” date of service on or after April 1, 2010.

Table 1 – Radiology Fee Schedule

CPT Code	CPT Description	Outpatient UB-04 Rate Effective April 1, 2010
G0130	Single energy X-ray absorptiometry (sexa) bone density study, one or more sites; appendicular skeleton (peripheral) (e.g., radius, wrist, heel)	\$21.05
G0202	Screening mammography, producing direct digital image, bilateral, all views	\$63.54
G0204	Diagnostic mammography, producing direct digital image, bilateral, all views	\$62.51
G0206	Diagnostic mammography, producing direct digital image, unilateral, all views	\$50.45
G0389	Ultrasound B-scan and/or real time with image documentation; for abdominal aortic aneurysm (AAA) screening	\$58.92
70010	Myelography, posterior fossa; supervision and interpretation only	\$112.07

CPT Code	CPT Description	Outpatient UB-04 Rate Effective April 1, 2010
70015	Cisternography, positive contrast; supervision and interpretation only	\$34.99
70030	Radiologic examination, eye; for detection of foreign body	\$10.80
70100	Radiologic examination, mandible; partial, less than four views	\$13.65
70110	Radiologic examination, mandible; complete, minimum of four views	\$16.13
70120	Radiologic examination, mastoids; less than three views per side	\$16.13
70130	Radiologic examination, mastoids; complete, minimum of three views per side	\$20.42
70134	Radiologic examination, internal auditory meati, complete	\$19.12
70140	Radiologic examination, facial bones; less than three views	\$16.13
70150	Radiologic examination, facial bones; complete, minimum of three views	\$20.42
70160	Radiologic examination, nasal bones, complete, minimum of three views	\$13.65
70170	Dacryocystography, nasolacrimal duct; supervision and interpretation only	\$24.45
70190	Radiologic examination; optic foramina	\$16.13
70200	Radiologic examination; orbits, complete, minimum of four views	\$20.42
70210	Radiologic examination, sinuses, paranasal, less than three views	\$16.13
70220	Radiologic examination, sinuses, paranasal, complete, minimum of three views; w/o contrast studies	\$20.42
70240	Radiologic examination, sella turcica	\$10.80
70250	Radiologic examination, skull; less than four views	\$16.13
70260	Radiologic examination, skull; complete, minimum of four views	\$23.15
70300	Radiologic examination, teeth; single view	\$6.77
70310	Radiologic examination, teeth; partial examination, less than full mouth	\$10.80
70320	Radiologic examination, teeth; complete, full mouth	\$20.42
70328	Radiologic examination, temporomandibular joint, open and closed mouth; unilateral	\$12.87
70330	Radiologic examination, temporomandibular joint, open and closed mouth; bilateral	\$21.71
70332	Temporomandibular joint arthrography; supervision and	\$54.22

CPT Code	CPT Description	Outpatient UB-04 Rate Effective April 1, 2010
	interpretation only	
70336	Magnetic resonance (e.g., proton) imaging, temporomandibular joint	\$289.67
70350	Cephalogram, orthodontic	\$9.62
70355	Orthopantomogram	\$14.83
70360	Radiologic examination; neck, soft tissue	\$10.80
70370	Radiologic examination; pharynx or larynx, including fluoroscopy and/or magnification technique	\$33.55
70371	Complex dynamic pharyngeal and speech evaluation by cine or video recording	\$54.22
70373	Laryngography, contrast; supervision and interpretation only	\$46.16
70380	Radiologic examination, salivary gland for calculus	\$17.42
70390	Sialography; supervision and interpretation only	\$46.16
70450	Computed tomography, head or brain; without contrast material	\$122.09
70460	Computerized axial tomography, head or brain; with contrast material(s)	\$146.28
70470	Computerized axial tomography, head or brain w/o contrast material, followed by contrast material(s) and further sections	\$182.67
70480	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	\$122.09
70481	Computerized axial tomography, orbit, sella or posterior fossa or outer, middle or inner ear; w/contrast material(s)	\$146.28
70482	Computerized axial tomography, orbit, sella or posterior fossa or outer, middle or inner ear; w/o contrast material, followed by contrast material(s) and further sections	\$182.67
70486	Computed tomography, maxillofacial area; without contrast material	\$122.09
70487	Computerized axial tomography, maxillofacial area; with contrast material	\$146.28
70488	Computerized axial tomography, maxillofacial area; w/o material, followed by contrast material(s) and further sections	\$182.67
70490	Computed tomography, soft tissue neck; without contrast material	\$122.09
70491	Computerized axial tomography, soft tissue neck; with contrast material	\$146.28
70492	Computerized axial tomography, soft tissue neck; without contrast material followed by contrast material(s) and further	\$182.67

CPT Code	CPT Description	Outpatient UB-04 Rate Effective April 1, 2010
	sections	
70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	\$188.59
70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	\$188.59
70540	Magnetic resonance (e.g., proton) imaging, orbit, face, and/or neck; without contrast material(s)	\$289.67
70542	Magnetic resonance (e.g., proton) imaging, orbit, face, and neck; with contrast material(s)	\$351.16
70543	Magnetic resonance (e.g., proton) imaging, orbit, face, and neck; without contrast material(s), followed by contrast material(s) and further sequences	\$650.13
70544	Magnetic resonance angiography, head; without contrast material(s)	\$295.41
70545	Magnetic resonance angiography, head; with contrast material(s)	\$295.41
70546	Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences	\$583.33
70547	Magnetic resonance angiography, neck; without contrast material(s)	\$295.41
70548	Magnetic resonance angiography, neck; with contrast material(s)	\$295.41
70549	Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences	\$583.33
70551	Magnetic resonance (e.g., proton) imaging, brain (including brain stem); without contrast material	\$289.67
70552	Magnetic resonance (e.g., aroton) imaging, brain (including brain stem); with contrast material(s)	\$347.41
70553	Magnetic resonance imaging, proton	\$643.18
70554	Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration	\$345.85
71010	Radiologic examination, chest; single view, frontal	\$12.35
71015	Radiologic examination, chest; stereo, frontal	\$13.65
71020	Radiologic examination, chest, two views, frontal and lateral	\$16.13
71021	Radiologic exam., chest, two views, frontal and lateral; with	\$19.12

CPT Code	CPT Description	Outpatient UB-04 Rate Effective April 1, 2010
	apical lordotic procedure	
71022	Radiologic exam., chest, two views, frontal and lateral; with oblique projections	\$19.12
71023	Radiologic exam., chest, two views, frontal and lateral; with fluoroscopy	\$20.42
71030	Radiologic examination, chest, complete, minimum of four views	\$20.42
71034	Radiologic examination, chest, complete, minimum of four views; with fluoroscopy	\$37.32
71035	Radiologic examination, chest, special views, e.g., lateral decubitus, bucky studies	\$13.65
71040	Bronchography, unilateral; supervision and interpretation only	\$37.84
71060	Bronchography, bilateral; supervision and interpretation only	\$56.96
71090	Insertion Pacemaker, fluoroscopy and radiography, supervision and interpretation only	\$43.57
71100	Radiologic examination, ribs, unilateral; two views	\$14.83
71101	Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of three views	\$17.42
71110	Radiologic examination, ribs, bilateral; three views	\$20.42
71111	Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of four views	\$23.15
71120	Radiologic examination; sternum, minimum of two views	\$16.90
71130	Radiologic examination; sternoclavicular joint or joints, minimum of three views	\$18.20
71250	Computed tomography, thorax; without contrast material	\$152.64
71260	Computerized tomography, thorax; with contrast material(s)	\$182.67
71270	Computerized tomography, thorax; without contrast material, followed by contrast material(s) and further sections	\$228.42
71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	\$232.06
71550	Magnetic resonance (e.g., proton) imaging, chest (e.g., for eval. of hilar and mediastinal lymphadenopathy); without contrast material(s)	\$289.67
71551	Magnetic resonance (e.g., proton) imaging, chest (e.g., for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)	\$351.75
71552	Magnetic resonance (e.g., proton) imaging, chest (e.g., for evaluation of hilar and mediastinal lymphadenopathy);	\$648.06

CPT Code	CPT Description	Outpatient UB-04 Rate Effective April 1, 2010
	without contrast material(s), followed by contrast material(s) and further sequences	
71555	Magnetic resonance angiography, chest (excl. myocardium) with/without contrast	\$289.67
72010	Radiologic examination, spine, entire, survey study, anteroposterior and lateral	\$26.52
72020	Radiologic examination, spine, single view, specify level	\$10.80
72040	Radiologic examination, spine, cervical; anteroposterior and lateral	\$15.61
72050	Radiologic examination, spine, cervical; minimum of four views	\$23.15
72052	Radiologic examination, spine, cervical; complete, including oblique and flexion and/or extension studies	\$29.26
72069	Radiologic examination, spine, thoracolumbar, standing (scoliosis)	\$12.87
72070	Radiologic examination, spine; thoracic, anteroposterior and lateral	\$16.90
72072	Radiologic examination, spine; thoracic, anteroposterior and lateral, including swimmer's VI	\$19.12
72074	Radiologic examination, spine; thoracic, complete, including obliques, minimum of four views	\$23.67
72080	Radiologic examination, spine; thoracolumbar, anteroposterior and lateral	\$17.42
72090	Radiologic examination, spine; scoliosis study, including supine and erect studies	\$17.42
72100	Radiologic examination, spine, lumbosacral; anteroposterior and lateral	\$17.42
72110	Radiologic examination, spine, lumbosacral; complete, with oblique views	\$23.67
72114	Radiologic examination, spine, lumbosacral; complete, including bending views	\$30.55
72120	Radiologic examination, spine, lumbosacral, bending views only, minimum of four views	\$23.15
72125	Computed tomography, cervical spine; without contrast material	\$152.64
72126	Computerized axial tomography, cervical spine; with contrast material	\$182.67
72127	Com. axial tom., cervical spine; w/o contrast material, followed by contrast material(s) and further sections	\$228.42
72128	Computed tomography, thoracic spine; without contrast material	\$152.64

CPT Code	CPT Description	Outpatient UB-04 Rate Effective April 1, 2010
72129	Computerized axial tomography, thoracic spine; with contrast material	\$182.67
72130	Without contrast material followed by contrast material(s) and further sections	\$228.42
72131	Computed tomography, lumbar spine; without contrast material	\$152.64
72132	Computerized axial tomography, lumbar spine; with contrast material	\$182.67
72133	Com. axial tom., lumbar spine; w/o cont. mat., followed by cont. material(s) and further sections	\$228.42
72141	Magnetic resonance (e.g., proton) imaging, spinal canal and contents; cervical	\$289.67
72142	Magnetic resonance (e.g., proton) imaging, spinal canal and contents, cervical; with contrast materials	\$347.41
72146	Magnetic resonance (e.g., proton) imaging, spinal canal and contents, thoracic; w/o contrast material	\$321.52
72147	Magnetic resonance (e.g., proton) imaging, spinal canal and contents, thoracic; w/contrast material(s)	\$347.41
72148	Magnetic resonance (e.g., proton) imaging, spinal canal and contents, lumbar; w/o contrast material	\$321.52
72149	Magnetic resonance (e.g., proton) imaging, spinal canal and contents, lumbar; w/contrast material(s)	\$347.41
72156	Magnetic resonance (e.g., proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical	\$643.18
72157	Magnetic resonance (e.g. proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic	\$643.18
72158	Magnetic resonance (e.g., proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar	\$643.18
72159	Magnetic resonance angiography, spinal canal and contents with/without contrast	\$321.52
72170	Radiologic examination, pelvis; anteroposterior only	\$13.65
72190	Radiologic examination, pelvis; complete, minimum of three views	\$17.42
72191	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	\$222.99
72192	Computed tomography, pelvis; without contrast material	\$152.64
72193	Computerized axial tomography, pelvis; with contrast material(s)	\$176.68

CPT Code	CPT Description	Outpatient UB-04 Rate Effective April 1, 2010
72194	Computerized axial tomography, pelvis; w/o con. mat., followed by con. mat. and further sections	\$219.33
72195	Magnetic resonance (e.g., proton) imaging, pelvis; without contrast material(s)	\$293.64
72196	Magnetic resonance (e.g., proton) imaging, pelvis	\$289.67
72197	Magnetic resonance (e.g., proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences	\$651.01
72198	Magnetic resonance angiography, pelvis, with/without contrast material(s)	\$289.67
72200	Radiologic examination, sacroiliac joints; less than three views	\$13.65
72202	Radiologic examination, sacroiliac joints; three or more views	\$16.13
72220	Radiologic examination, sacrum and coccyx, minimum of two views	\$14.83
72240	Myelography, cervical; supervision and interpretation only	\$122.61
72255	Myelography, thoracic; supervision and interpretation only	\$112.07
72265	Myelography, lumbosacral; supervision and interpretation only	\$105.19
72270	Myelography, two or more regions (e.g., lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical), radiological supervision and interpretation	\$157.45
72275	Epidurography, radiological supervision and interpretation	\$57.44
72285	Diskography, cervical; supervision and interpretation only	\$216.74
72295	Diskography, lumbar; supervision and interpretation only	\$202.94
73000	Radiologic examination; clavicle, complete	\$13.65
73010	Radiologic examination; scapula, complete	\$13.65
73020	Radiologic examination, shoulder; one view	\$12.35
73030	Radiologic examination, shoulder; complete, minimum of two views	\$14.83
73040	Radiologic examination, shoulder, arthrography; supervision and interpretation only	\$54.22
73050	Radiologic examination, acromioclavicular joints, bilateral, with or without weighted distraction	\$17.42
73060	Radiologic examination; humerus, minimum of two views	\$14.83
73070	Radiologic examination, elbow; anteroposterior and lateral views	\$13.65

CPT Code	CPT Description	Outpatient UB-04 Rate Effective April 1, 2010
73080	Radiologic examination, elbow; complete, minimum of three views	\$14.83
73085	Radiologic examination, elbow, arthrography; supervision and interpretation only	\$54.22
73090	Radiologic examination; forearm, anteroposterior and lateral views	\$13.65
73092	Radiologic examination; upper extremity, infant, minimum of two views	\$12.87
73100	Radiologic examination, wrist; anteroposterior and lateral views	\$12.87
73110	Radiologic examination, wrist; complete, minimum of three views	\$13.91
73115	Radiologic examination, wrist, arthrography; supervision and interpretation only	\$40.83
73120	Radiologic examination, hand; two views	\$12.87
73130	Radiologic examination, hand; minimum of three views	\$13.91
73140	Radiologic examination, finger or fingers, minimum of two views	\$10.80
73200	Computed tomography, upper extremity; without contrast material	\$128.19
73201	Computerized axial tomography, upper extremity; with contrast material(s)	\$152.64
73202	Computerized axial tomography, upper extremity; w/o cont. mat., followed by cont. mat. and further sec	\$192.03
73206	Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	\$195.55
73218	Magnetic resonance (e.g., proton) imaging, upper extremity, other than joint; without contrast material(s)	\$292.90
73219	Magnetic resonance (e.g., proton) imaging, upper extremity, other than joint; with contrast material(s)	\$351.16
73220	MRI, upper extremity, other than joint; without contrast material(s); followed by contrast material(s) and further sequences	\$649.09
73221	Magnetic resonance (e.g., proton) imaging, any joint of upper extremity	\$289.67
73222	Magnetic resonance (e.g., proton) imaging, any joint of upper extremity; with contrast material(s)	\$351.16
73223	Magnetic resonance (e.g., proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences	\$650.13

CPT Code	CPT Description	Outpatient UB-04 Rate Effective April 1, 2010
73225	Magnetic resonance angiography, upper extremity, with/without contrast	\$289.67
73500	Radiologic examination, hip; unilateral, one view	\$12.35
73510	Radiologic examination, hip; complete, minimum of two views	\$14.83
73520	Radiologic examination, hips, bilateral, minimum of two views of each hip, including anteroposterior view of pelvis	\$17.42
73525	Radiologic examination, hip, arthrography; supervision and interpretation only	\$54.22
73530	Radiologic examination, hip, during operative procedure	\$13.65
73540	Radiologic examination, pelvis and hips, infant or child, minimum of two views	\$14.83
73542	Radiological examination, sacroiliac joint arthrography, radiological supervision and interpretation	\$56.11
73550	Radiologic examination, femur, anteroposterior and lateral views	\$14.83
73560	Radiologic examination, knee; anteroposterior and lateral views	\$13.65
73562	Radiologic examination, knee; anteroposterior and lateral, with oblique(s), minimum of three views	\$14.83
73564	Radiologic examination, knee; complete, including oblique(s), and/or tunnel, and/or patellar	\$16.13
73565	Radiologic examination, knee; both knees, standing, anteroposterior	\$12.87
73580	Radiologic examination, knee, arthrography; supervision and interpretation only	\$68.02
73590	Radiologic examination; tibia and fibula, anteroposterior and lateral views	\$13.65
73592	Radiologic examination; lower extremity, infant, minimum of two views	\$12.87
73600	Radiologic examination, ankle; anteroposterior and lateral views	\$12.87
73610	Radiologic examination, ankle; complete, minimum of three views	\$13.91
73615	Radiologic examination, ankle, arthrography; supervision and interpretation only	\$54.22
73620	Radiologic examination, foot; anteroposterior and lateral views	\$12.87
73630	Radiologic examination, foot; complete, minimum of three views	\$13.91
73650	Radiologic examination; calcaneus, minimum of two views	\$12.35

CPT Code	CPT Description	Outpatient UB-04 Rate Effective April 1, 2010
73660	Radiologic examination; toe or toes, minimum of two views	\$10.80
73700	Computed tomography, lower extremity; without contrast material	\$128.19
73701	Computerized axial tomography, lower extremity; with contrast material(s)	\$152.64
73702	Computerized axial tomography, lower extremity; w/o contrast material, followed by contrast material(s) and further sections	\$192.03
73706	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	\$195.55
73718	Magnetic resonance (e.g., proton) imaging, lower extremity other than joint; without contrast material(s)	\$292.90
73719	Magnetic resonance (e.g., proton) imaging, lower extremity other than joint; with contrast material(s)	\$351.16
73720	MRI, lower extremity other than joint; without contrast material (s); followed by contrast material(s) and further sequences	\$650.13
73721	Magnetic resonance (e.g., proton) imaging, any joint of lower extremity	\$289.67
73722	Magnetic resonance (e.g., proton) imaging, any joint of lower extremity; with contrast material(s)	\$351.16
73723	Magnetic resonance (e.g., proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences	\$650.13
73725	Magnetic resonance angiography, lower extremity, with/without contrast	\$289.67
74000	Radiologic examination, abdomen; single anteroposterior view	\$13.65
74010	Radiologic examination, abdomen; anteroposterior and additional oblique and cone views	\$14.83
74020	Radiologic examination, abdomen; complete, including decubitus and/or erect views	\$16.13
74022	Radiologic examination, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest	\$19.12
74150	Computed tomography, abdomen; without contrast material	\$146.28
74160	Computerized axial tomography, abdomen; with contrast material	\$176.68
74170	Computerized axial tomography, abdomen; w/o cont. mat., followed by cont. mat. and further sections	\$219.33
74175	Computed tomographic angiography, abdomen, with contrast	\$222.99

CPT Code	CPT Description	Outpatient UB-04 Rate Effective April 1, 2010
	material(s), including noncontrast images, if performed, and image postprocessing	
74181	Magnetic resonance (e.g., proton) imaging, abdomen	\$289.67
74182	Magnetic resonance (e.g., proton) imaging, abdomen; with contrast material(s)	\$351.75
74183	Magnetic resonance (e.g., proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences	\$651.01
74185	Magnetic resonance angiography, abdomen, with/without contrast	\$289.67
74190	Peritoneogram (e.g., after injection of air or contrast) radiological super/interp	\$33.55
74210	Radiologic examination; pharynx and/or cervical esophagus	\$30.55
74220	Radiologic examination; esophagus	\$30.55
74230	Swallowing function, phary and/or esophagus, with cineradiography and/or video	\$33.55
74235	Removal of foreign body(s), esophageal, w/use of balloon catheter under fluoroscopic guidance	\$68.02
74240	Radiologic examination, gastrointestinal tract, upper; with or without delayed films, without KUB	\$37.84
74241	Radiologic examination, gastrointestinal tract, upper; with or without delayed films, with KUB	\$38.61
74245	Radiologic examination, gastrointestinal tract, upper; with small bowel, includes multiple serial films	\$61.77
74246	Radiologic exam, gastrointestinal tract, upper, air contrast, w/specific high density barium effervescent agent, with or without glucagon; with or without delayed films, without KUB	\$42.64
74247	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium effervescent agent, with or without glucagon; with or without delayed films, with KUB	\$43.57
74249	Radiological examination, gastro. tract, upper air cont., w/spec. high density barium, effervescent agent, with or without glucagon; with small intestine follow-through	\$66.57
74250	Radiologic examination, small bowel, includes multiple serial films	\$33.55
74251	Radiological exam, small bowel, incl mult series films; via enteroclysis tube	\$33.55
74260	Duodenography, hypotonic	\$38.61
74270	Radiologic examination, colon; contrast (e.g., barium) enema, with or without KUB	\$44.09

CPT Code	CPT Description	Outpatient UB-04 Rate Effective April 1, 2010
74280	Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon	\$57.73
74283	Barium enema, therapeutic, for reduction of intussusception	\$66.32
74290	Cholecystography, oral contrast	\$19.12
74291	Cholecystography, oral contrast; additional or repeat examination or multiple day examination	\$10.80
74305	Cholangiography and/or pancreatography; postoperative	\$20.42
74320	Cholangiography, percutaneous, transhepatic; supervision and interpretation only	\$81.26
74327	Postoperative biliary duct stone removal, percutaneous viat-tube tract, basket or snare	\$45.64
74328	Endoscopic catheterization of the biliary ductal system, fluoroscopic monitoring and radiography	\$81.26
74329	Endoscopic catheterization of the pancreatic ductal system, fluoroscopic monitoring and radiography	\$81.26
74330	Combined endoscopic catheterization of the biliary and pancreatic ductal systems, radiological supervision and interpretation	\$81.26
74340	Introduction of long gastrointestinal tube (e.g., Miller Abbott), with multiple fluoroscopies and films	\$68.02
74355	Percutaneous placement of enteroclysis tube; radiologic guidance only	\$68.02
74360	Intraluminal dilation of strictures and/or obstructions; radiologic guidance only	\$81.26
74363	Percutaneous transhepatic dilatation of biliary duct stricture with or without placement of stent	\$157.45
74400	Urography (pyelography), intravenous, with or without KUB	\$43.57
74410	Urography, infusion, drip technique and/or bolus technique	\$50.45
74415	Urography, infusion, drip technique and/or bolus technique; with nephrotomography	\$54.74
74420	Urography, retrograde, with or without KUB	\$68.02
74425	Urography, antegrade, (pyelostogram, nephrostogram, loopogram); supervision and interpretation only	\$33.55
74430	Cystography, minimum of three views; supervision and interpretation only	\$27.18
74440	Vasography, vesiculography, or epididymography; supervision and interpretation only	\$29.26
74445	Corpora cavernosography; supervision and interpretation only	\$29.26
74450	Urethrocystography, retrograde; supervision and	\$37.84

CPT Code	CPT Description	Outpatient UB-04 Rate Effective April 1, 2010
	interpretation only	
74455	Urethrocytography, voiding; supervision and interpretation only	\$40.83
74470	Radiologic examination, renal cyst study, translumbar, contrast visualization; supervision	\$32.25
74475	Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation	\$105.19
74480	Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage, percutaneous	\$105.19
74485	Dilation of nephrostomy or ureters with fluoroscopic monitoring and radiography; supervision and interpretation	\$81.26
74710	Pelvimetry, with or without placental localization	\$27.18
74740	Hysterosalpingography; supervision and interpretation only	\$33.55
74742	Transcervical catheterization of fallopian tube	\$81.26
74775	Perineogram (e.g., vaginogram, for sex determination or extent of anomalies)	\$37.84
75557	Cardiac magnetic resonance imaging for morphology and function without contrast material;	\$279.79
75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging	\$426.34
75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;	\$400.48
75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging	\$501.61
75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	\$44.16
75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	\$127.54
75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of LV cardiac function, RV structure and function and evaluation of venous structures, if performed)	\$180.62
75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of	\$332.86

CPT Code	CPT Description	Outpatient UB-04 Rate Effective April 1, 2010
	cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	
75600	Aortography, thoracic, without serialography; supervision and interpretation only	\$325.55
75605	Aortography, thoracic, by serialography; supervision and interpretation only	\$325.55
75625	Aortography, abdominal, translumbar, by serialography; supervision and interpretation only	\$325.55
75630	Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography	\$339.34
75635	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	\$222.99
75650	Angiography, cervicocerebral, catheter, including vessel origin; supervision and interpretation only	\$325.55
75658	Angiography, brachial, retrograde; supervision and interpretation only	\$325.55
75660	Angiography, external carotid, cerebral, unilateral, selective; supervision and inter only	\$325.55
75662	Angiography, external carotid, cerebral, bilateral, selective; supervision and interpretation	\$325.55
75665	Angiography, carotid, cerebral, unilateral; supervision and interpretation only	\$325.55
75671	Angiography, carotid, cerebral, bilateral; supervision and interpretation only	\$325.55
75676	Angiography, carotid, cervical, unilateral; supervision and interpretation only	\$325.55
75680	Angiography, carotid, cervical, bilateral; supervision and interpretation only	\$325.55
75685	Angiography, vertebral, cervical, and/or intracranial, radiological supervision and interpretation	\$325.55
75705	Angiography, spinal, selective; supervision and interpretation only	\$325.55
75710	Angiography, extremity, unilateral; supervision and interpretation only	\$325.55
75716	Angiography, extremity, bilateral; supervision and interpretation only	\$325.55
75722	Angiography, renal, unilateral, selective (including flush aortogram); supervision and interpretation	\$325.55
75724	Angiography, renal, bilateral, selective (including flush aortogram); supervision and interpretation only	\$325.55

CPT Code	CPT Description	Outpatient UB-04 Rate Effective April 1, 2010
75726	Angiography, visceral; selective or supraseductive, supervision and interpretation only	\$325.55
75731	Angiography, adrenal, unilateral, selective; supervision and interpretation only	\$325.55
75733	Angiography, adrenal, bilateral, selective; supervision and interpretation only	\$325.55
75736	Angiography, pelvic; selective or supraseductive, supervision and interpretation only	\$325.55
75741	Angiography, pulmonary, unilateral, selective; supervision and interpretation only	\$325.55
75743	Angiography, pulmonary, bilateral, selective; supervision and interpretation only	\$325.55
75746	Angiography, pulmonary; by nonselective catheter or venous injection, supervision and interpretation	\$325.55
75756	Angiography, internal mammary; supervision and interpretation only	\$325.55
75774	Angiography, selective, each additional vessel studied after basic exam; supervision and interp.	\$325.55
75791	Angiography, arteriovenous shunt (e.g., dialysis patient fistula/graft), complete evaluation of dialysis access, including fluoroscopy, image documentation and report (includes injections of contrast and all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava), radiological supervision and interpretation	\$159.64
75801	Lymphangiography, extremity only, unilateral; supervision and interpretation only	\$140.03
75803	Lymphangiography, extremity only, bilateral; supervision and interpretation only	\$140.03
75805	Lymphangiography, pelvic/abdominal, unilateral; supervision and interpretation only	\$157.45
75807	Lymphangiography, pelvic/abdominal, bilateral; supervision and interpretation only	\$157.45
75809	Shuntogram for investigation of previously placed shunt	\$20.42
75810	Splenoportography; supervision and interpretation only	\$325.55
75820	Venography, extremity, unilateral; supervision and interpretation only	\$24.45
75822	Venography, extremity, bilateral; supervision and interpretation only	\$38.35
75825	Venography, caval, inferior, with serialography; supervision and interpretation only	\$325.55
75827	Venography, caval, superior, with serialography; supervision	\$325.55

CPT Code	CPT Description	Outpatient UB-04 Rate Effective April 1, 2010
	and interpretation only	
75831	Venography, renal, unilateral, selective; supervision and interpretation only	\$325.55
75833	Venography, renal, bilateral, selective; supervision and interpretation only	\$325.55
75840	Venography, adrenal, unilateral, selective; supervision and interpretation only	\$325.55
75842	Venography, adrenal, bilateral, selective; supervision and interpretation only	\$325.55
75860	Venography, venous sinus (e.g., petrosal and inferior sagittal) or jugular, catheter, radiological supervision and interpretation	\$325.55
75870	Venography, superior sagittal sinus; supervision and interpretation only	\$325.55
75872	Venography, epidural; supervision and interpretation only	\$325.55
75880	Venography, orbital; supervision and interpretation only	\$24.45
75885	Percutaneous transhepatic portography with hemodynamic evaluation; supervision and interpretation	\$325.55
75887	Percutaneous transhepatic portography without hemodynamic evaluation; supervision and interpretation	\$325.55
75889	Hepatic venography wedged or free, with hemodynamic evaluation; supervision and interpretation only	\$325.55
75891	Hepatic venography, wedged or free, without hemodynamic evaluation; supervision and interpretation only	\$325.55
75893	Venous sampling thru catheter without angiography (e.g., for parathyroid hormone, renin)	\$325.55
75894	Transcatheter therapy, embolization (e.g., particulate or liquid), incl. angiography; super./interp.	\$623.80
75896	Transcatheter therapy, infusion (e.g., thrombolysis other than coronary), incl. angiography; super./in	\$542.14
75898	Angiogram through existing catheter for follow-up study for transcatheter therapy, embolization or infusion	\$27.18
75900	Exchange of a previously placed intravascular catheter during thrombolytic therapy with contrast monitoring, radiological supervision and interpretation	\$559.57
75901	Mechanical removal of pericatheter obstructive material (e.g., fibrin sheath) from central venous device via separate venous access, radiologic supervision and interpretation	\$43.85
75902	Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen, radiologic supervision and interpretation	\$43.85

CPT Code	CPT Description	Outpatient UB-04 Rate Effective April 1, 2010
75940	Percutaneous placement of IVC filter; supervision and interpretation only	\$325.55
75960	Transcatheter introduction of intravascular stent(s), (except coronary, carotid, and vertebral vessel), percutaneous and/or open, radiological supervision and interpretation, each vessel	\$397.16
75961	Transcatheter retrieval, percutaneous, of fractured venous or arterial catheter	\$271.33
75962	Percutaneous transluminal angioplasty, any method, peripheral artery; supervision and inter. only	\$406.81
75964	Percutaneous transluminal angioplasty, any method, each add. peripheral artery; super. and inter. only	\$217.00
75966	Percutaneous transluminal angioplasty, any method, renal or other vis. artery; super. and inter. only	\$406.81
75968	Percutaneous transluminal angioplasty, any method, each add. visceral artery; supervision and inter.	\$217.00
75970	Transcatheter biopsy; supervision and interpretation only	\$298.25
75978	Percutaneous transluminal angioplasty, venous (e.g., subclavian stenosis); supervision and interpretation only	\$406.81
75980	Percutaneous transhepatic biliary drainage with contrast monitoring; supervision and interpretation	\$140.03
75982	Percutaneous placement of drainage catheter for combined internal and external biliary drainage	\$157.45
75984	Change of percutaneous tube or drainage catheter with contrast monitoring (e.g., genitourinary system, abscess), radiological supervision and interpretation	\$50.45
75989	Radiological guidance (i.e., fluoroscopy, ultrasound, or computed tomography), for percutaneous drainage (e.g., abscess, specimen collection), with placement of catheter, radiological supervision and interpretation	\$81.26
75992	Transluminal atherectomy peripheral artery	\$406.81
75993	Transluminal atherectomy each additional peripheral artery	\$217.00
75994	Transluminal atherectomy, renal	\$406.81
75995	Transluminal atherectomy visceral	\$406.81
75996	Transluminal atherectomy each additional renal visceral	\$217.00
76000	Fluoroscopy (separate procedure), up to one hour physician time, other than 71023 or 71034	\$33.55
76001	Fluoroscopy, phys. time more than one hour, assisting a non-radiologic phys. (e.g., nephrostolithotomy, ERCP, bronchoscopy, transbronchial biopsy)	\$68.02
76010	Radiologic examination from nose to rectum for foreign body, single film, child	\$13.65

CPT Code	CPT Description	Outpatient UB-04 Rate Effective April 1, 2010
76080	Radiologic examination, fistula or sinus tract study; supervision and interpretation only	\$27.18
76098	Radiological examination, breast surgical specimen	\$10.80
76100	Radiologic examination, single plane body section (e.g., tomography), other than with urography	\$32.25
76101	Radiologic examination, complex motion (i.e., hypercycloidal) body section (e.g., mastoid polytomography) other than with urography; unilateral	\$36.54
76102	Radiologic exam, complex motion (hypercycloidal) body sect (mastoid polytom) other than with urography; bilateral	\$44.86
76120	Cineradiography, except where specifically included	\$27.18
76125	Cineradiography to complement routine examination	\$20.42
76376	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; not requiring image postprocessing on an independent workstation	\$89.99
76377	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation	\$93.39
76380	Computed tomography, limited or localized follow-up study	\$90.62
76390	Magnetic resonance spectroscopy	\$286.42
76506	Echoencephalography, real time with image documentation (gray scale) (for determination of ventricular size, delineation of cerebral contents, and detection of fluid masses or other intracranial abnormalities), including A-mode encephalography as secondary component where indicated	\$36.54
76510	Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter	\$57.48
76511	Ophthalmic ultrasound, diagnostic; quantitative A-scan only	\$53.59
76512	Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)	\$48.34
76513	Ophthalmic ultrasound, echography immersion (water bath) BD scan	\$39.54
76514	Ophthalmic ultrasound, echography, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness)	\$1.70
76516	Ophthalmic biometry by ultrasound echography, A-mode	\$32.25
76519	Ophthalmic biometry by ultrasound echography, A-mode; with intraocular lens power calculation	\$32.25

CPT Code	CPT Description	Outpatient UB-04 Rate Effective April 1, 2010
76529	Ophthalmic ultrasonic foreign body localization	\$35.25
76536	Ultrasound, soft tissues of head and neck (e.g., thyroid, parathyroid, parotid), real time with image documentation	\$36.54
76604	Ultrasound, chest (includes mediastinum), real time with image documentation	\$33.55
76645	Ultrasound, breast(s) (unilateral or bilateral), real time with image documentation	\$27.18
76700	Ultrasound, abdominal, real time with image documentation; complete	\$50.97
76705	Echography, abdominal, B-scan and/or real time w/image documentation; limited (e.g., single organ, quadrant, follow-up)	\$36.54
76770	Ultrasound, retroperitoneal (e.g., renal, aorta, nodes), real time with image documentation; complete	\$50.97
76775	Echography, retroperitoneal (e.g., renal, aorta, nodes), B-scan; limited	\$36.54
76776	Ultrasound, transplanted kidney, real time and duplex Doppler with image documentation	\$78.78
76800	Echography, spinal canal and contents	\$36.54
76801	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (14 weeks, 0 days), transabdominal approach; single or first gestation	\$28.40
76802	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (14 weeks, 0 days), transabdominal approach; each additional gestation (list separately in addition to code for primary procedure)	\$19.86
76805	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks, 0 days), transabdominal approach; single or first gestation	\$54.22
76810	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks, 0 days), transabdominal approach; each additional gestation (list separately in addition to code for primary procedure)	\$108.29
76811	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; single or first gestation	\$96.20
76812	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; each	\$31.95

CPT Code	CPT Description	Outpatient UB-04 Rate Effective April 1, 2010
	additional gestation (list separately in addition to code for primary procedure)	
76815	Ultrasound, pregnant uterus, real time with image documentation, limited (e.g., fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), one or more fetuses	\$36.54
76816	Ultrasound, pregnant uterus, real time with image documentation, follow-up (e.g., re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus	\$28.74
76817	Ultrasound, pregnant uterus, real time with image documentation, transvaginal	\$39.84
76818	Fetal biophysical profile	\$41.87
76819	Fetal biophysical profile; without stress or non-stress testing	\$42.61
76820	Doppler velocimetry, fetal; umbilical artery	\$43.46
76821	Doppler velocimetry, fetal; middle cerebral artery	\$43.46
76825	Echocardiography, fetal, real time with image documentation (2D) with or without M-mode recording	\$50.97
76826	Echocardiography fetal cardiovascular system	\$18.34
76827	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; complete	\$46.31
76828	Doppler echocardiography fetal cardiovascular system	\$29.03
76830	Echography, transvaginal	\$39.54
76831	Saline infusion sonohysterography (SIS), including color flow Doppler, when performed	\$39.02
76856	Ultrasound, pelvic (nonobstetric), real time with image documentation; complete	\$39.54
76857	Echography, pelvic (non-obstetric), B-scan and/or real time w/image doc.; limited or follow-up (e.g., for follicles)	\$27.18
76870	Echography, scrotum and contents	\$39.54
76872	Ultrasound, transrectal	\$39.54
76873	Echography, transrectal; prostate volume study for brachytherapy treatment planning (separate procedure)	\$56.55
76880	Ultrasound, extremity, nonvascular, real time with image documentation	\$36.54
76885	Echography of infant hips, real time with imaging documentation; dynamic (e.g., requiring manipulation)	\$39.02

CPT Code	CPT Description	Outpatient UB-04 Rate Effective April 1, 2010
76886	Echography of infant hips, real time with imaging documentation; limited, static (e.g., not requiring manipulation)	\$36.28
76930	Ultrasonic guidance for pericardiocentesis; supervision and interpretation only	\$39.54
76932	Ultrasonic guidance for endomyocardial biopsy; supervision and interpretation only	\$39.54
76936	Ultrasound guided compression repair of arterial pseudo-aneurysm or arteriovenous fistulae (includes diagnostic ultrasound evaluation, compression of lesion and imaging)	\$167.92
76940	Ultrasound guidance for, and monitoring of, parenchymal tissue ablation	\$43.38
76942	Ultrasonic guidance for needle biopsy; supervision and interpretation only	\$39.54
76946	Ultrasonic guidance for amniocentesis; supervision and interpretation only	\$39.54
76948	Ultrasonic guidance for aspiration of ova; supervision and interpretation only	\$39.54
76950	Echography for placement of radiation therapy fields, B-scan	\$33.55
76965	Gastrointestinal endoscopic ultrasound, radiological supervision and interpretation	\$142.36
76970	Ultrasound study follow-up (specify)	\$27.18
76975	Gastrointestinal endoscopic ultrasound, radiological supervision and interpretation	\$39.54
76977	Ultrasound bone density measurement and interpretation, peripheral site(s), any method	\$22.86
77001	Fluoroscopic guidance for central venous access placement/replacement (cath only or complete), or removal (inc fluoro guidance for vasc access and cath manipulation, any nec contrast inj thru access site/cath w/venography superv/interpr, position)	\$65.43
77002	Fluoroscopic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device)	\$27.18
77003	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinal diagnostic or therapeutic injection procedures (epidural, transforaminal epidural, subarachnoid, or sacroiliac joint), including neurolytic agent destruction	\$16.57
77011	Computed tomography guidance for stereotactic localization	\$502.29
77012	Computed tomography guidance for needle placement (e.g., biopsy, aspiration, injection, localization device), radiological supervision and interpretation	\$53.06

CPT Code	CPT Description	Outpatient UB-04 Rate Effective April 1, 2010
77014	Computed tomography guidance for placement of radiation therapy fields	\$110.07
77021	Magnetic resonance guidance for needle placement (e.g., for biopsy, needle aspiration, injection, or placement of localization device), radiological supervision and interpretation	\$234.93
77031	Stereotactic localization guidance for breast biopsy or needle placement (e.g., for wire localization or for injection), each lesion, radiological supervision and interpretation	\$38.35
77032	Mammographic guidance for needle placement, breast (e.g., for wire localization or for injection), each lesion, radiological supervision and interpretation	\$11.39
77051	Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation, with or without digitization of film radiographic images; diagnostic mammography (list separately in addition to code for primary procedure)	\$4.55
77052	Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation, with or without digitization of film radiographic images; screening mammography (list separately in addition to code for primary procedure)	\$4.55
77053	Mammary ductogram or galactogram, single duct, radiological supervision and interpretation	\$14.75
77054	Mammary ductogram or galactogram, multiple ducts, radiological supervision and interpretation	\$39.83
77055	Mammography; unilateral	\$34.80
77056	Mammography; bilateral	\$44.79
77057	Screening mammography, bilateral (2-view film study of each breast)	\$30.29
77058	Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral	\$535.31
77059	Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral	\$537.44
77072	Bone age studies	\$9.10
77073	Bone length studies (orthoroentgenogram, scanogram)	\$14.98
77074	Radiologic examination, osseous survey; limited (e.g., for metastases)	\$32.22
77075	Radiologic examination, osseous survey; complete (axial and appendicular skeleton)	\$52.45
77076	Radiologic examination, osseous survey, infant	\$45.53

CPT Code	CPT Description	Outpatient UB-04 Rate Effective April 1, 2010
77077	Joint survey, single view, 2 or more joints (specify)	\$14.61
77078	Computed tomography, bone mineral density study, 1 or more sites; axial skeleton (e.g., hips, pelvis, spine)	\$117.58
77079	Computed tomography, bone mineral density study, 1 or more sites; appendicular skeleton (peripheral) (e.g., radius, wrist, heel)	\$17.83
77080	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (e.g., hips, pelvis, spine)	\$21.41
77081	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (e.g., radius, wrist, heel)	\$17.05
77082	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; vertebral fracture assessment	\$10.06
77083	Radiographic absorptiometry (e.g., photodensitometry, radiogrammetry), 1 or more sites	\$9.02
77084	Magnetic resonance (e.g., proton) imaging, bone marrow blood supply	\$353.85
77280	Radiation therapy simulator aided field setting; simple	\$89.84
77285	Intermediate	\$144.06
77290	Radiation therapy simulator aided field setting; complex	\$168.10
77295	Therapeutic radiology simulation-aided field setting; by three-dimensional reconstruction of tumor	\$722.41
77300	Basic radiation dosimetry calculation, central axis depth dose, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose	\$34.58
77301	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications	\$705.07
77305	Teletherapy, isodose plan (whether hand or computer cal.); simple (one or two parallel opposed unmodified ports directed to a single area of interest)	\$48.12
77310	Teletherapy, isodose plan (whether hand or computer calculated); intermediate (three or more treatment ports directed to a single area of interest)	\$60.21
77315	Complex (mantle or inverted y, tangential ports, the use of wedges, compensators, complex blocking, rotational beam considerations)	\$68.79
77321	Special teletherapy port plan, particles, hemibody, total body	\$104.26
77326	Brachytherapy isodose plan; simple (calculation made from single plane, one to four sources/ribbon application, remote	\$61.25

CPT Code	CPT Description	Outpatient UB-04 Rate Effective April 1, 2010
	afterloading brachytherapy, 1 to 8 sources)	
77327	Brachytherapy isodose plan; intermediate (multiplane dosage calculations, application involving 5-10 sources/ribbon application, remote afterloading brachytherapy, 9 to 12 sources)	\$89.84
77328	Complex (multiplane isodose plan, volume implant calculations, over 10 sources/ribbons used, special spatial reconstruction, remote afterloading brachytherapy, over 12 sources)	\$128.19
77331	Special dosimetry	\$13.13
77332	Treatment devices, design and construction; simple block, simple bolus	\$34.58
77333	Intermediate	\$49.15
77334	Complex	\$83.85
77338	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan	\$180.87
77421	Stereoscopic X-ray guidance for localization of target volume for the delivery of radiation therapy	\$88.47
77470	Special treatment procedure (e.g., total body irradiation, hemibody irradiation, per oral, endocavitary or interoperative cone irradiation)	\$287.97
77750	Infusion or instillation of radioelement solution (includes three months' follow-up care)	\$35.47
77761	Intracavitary radioelement application; simple	\$65.02
77762	Intracavitary radioelement application; intermediate	\$93.35
77763	Intracavitary radioelement application; complex	\$116.10
77776	Interstitial radioelement application; simple	\$56.18
77777	Interstitial radioelement application; intermediate	\$109.48
77778	Interstitial radioelement application; complex	\$132.48
77785	Remote afterloading high dose rate radionuclide brachytherapy; 1 channel	\$80.89
77786	Remote afterloading high dose rate radionuclide brachytherapy; 2-12 channels	\$198.21
77787	Remote afterloading high dose rate radionuclide brachytherapy; over 12 channels	\$372.09
77789	Surface application of radioelement	\$11.58
77790	Supervision, handling, loading of radioelement	\$13.13

CPT Code	CPT Description	Outpatient UB-04 Rate Effective April 1, 2010
78000	Thyroid uptake; single determination	\$24.97
78001	Thyroid uptake; multiple determinations	\$33.55
78003	Thyroid uptake; stimulation, suppression or discharge (not including initial uptake studies)	\$24.97
78006	Thyroid imaging, with uptake; single determination	\$61.77
78007	Thyroid imaging, with uptake; multiple determinations	\$66.57
78010	Thyroid imaging only	\$46.93
78011	Thyroid imaging; with vascular flow	\$62.28
78015	Thyroid carcinoma metastases imaging; limited area	\$66.57
78016	Thyroid carcinoma metastases imaging; limited area; with additional studies	\$90.10
78018	Thyroid carcinoma metastases imaging; whole body	\$140.29
78020	Thyroid carcinoma metastases uptake (list separately in addition to code for primary procedure)	\$3.88
78070	Parathyroid imaging	\$46.93
78075	Adrenal imaging, cortex and/or medulla	\$140.29
78102	Bone marrow imaging; limited area	\$52.67
78103	Bone marrow imaging; multiple areas	\$81.78
78104	Bone marrow imaging; whole body	\$105.19
78110	Blood or plasma volume, radioisotope technique; single sampling	\$24.45
78111	Blood or plasma volume, radioisotope technique; multiple sampling	\$66.57
78120	Red cell mass determination; single sampling	\$44.86
78121	Red cell mass determination; multiple sampling	\$75.01
78122	Whole blood volume determination, including separate measurement of plasma volume and red cell vol.	\$119.09
78130	Red cell survival study (e.g., radiochromium)	\$73.71
78135	With differential organ/tissue kinetics (e.g., splenic and/or hepatic sequestration)	\$125.86
78140	Red cell splenic and/or hepatic sequestration	\$101.67
78185	Spleen imaging only, with or without vascular flow	\$60.99
78190	Kinetics, study of platelet survival, with or without differential organ/tissue localization	\$147.83
78191	Platelet survival study	\$189.55

CPT Code	CPT Description	Outpatient UB-04 Rate Effective April 1, 2010
78195	Lymphatics and lymph glands imaging	\$105.19
78201	Liver imaging; static	\$60.99
78202	Liver imaging; with vascular flow	\$74.49
78205	Liver imaging (spect)	\$152.64
78206	Liver imaging (spect); with vascular flow	\$160.05
78215	Liver and spleen imaging; static	\$75.78
78216	Liver and spleen imaging; with vascular flow	\$90.10
78220	Liver function study with hepatobiliary agents, with serial images	\$96.20
78223	Hepatobiliary ductal system imaging, including gallbladder	\$94.65
78230	Salivary gland imaging	\$56.18
78231	Salivary gland imaging; with serial views	\$81.78
78232	Salivary gland function study	\$91.39
78258	Esophageal motility	\$74.49
78261	Gastric mucosa imaging	\$105.96
78262	Gastroesophageal reflux study	\$109.74
78264	Gastric emptying study	\$106.48
78270	Vitamin B-12 absorption studies; without intrinsic factor	\$40.06
78271	Vitamin B-12 absorption studies (e.g., Schilling test); with intrinsic factor	\$42.64
78272	Vitamin B-12 absorption studies combined, with and without intrinsic factor	\$59.95
78278	Acute gastrointestinal blood loss imaging	\$125.86
78290	Intestine imaging (e.g., ectopic gastric mucosa, Meckel's localization, volvulus)	\$78.52
78291	Peritoneal-venous shunt patency test	\$79.04
78300	Bone imaging; limited area (e.g., skull, pelvis)	\$64.50
78305	Bone imaging; multiple areas	\$94.65
78306	Bone imaging; whole body	\$110.51
78315	Bone imaging by three phase technique	\$123.38
78320	Bone imaging tomographic (spect)	\$152.64
78350	Bone density (bone mineral content) study; single photon absorptiometry	\$19.64

CPT Code	CPT Description	Outpatient UB-04 Rate Effective April 1, 2010
78428	Cardiac shunt detection	\$58.25
78445	Vascular flow study, imaging (i.e., angiography, venography)	\$47.97
78451	Myocardial perfusion imaging, tomographic (spect) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	\$111.48
78452	Myocardial perfusion imaging, tomographic (spect) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress	\$215.57
78453	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	\$103.97
78454	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic)	\$87.40
78456	Acute venous thrombosis imaging, peptide	\$107.26
78457	Venous thrombosis imaging (e.g., venogram); unilateral	\$68.79
78458	Venous thrombosis imaging (e.g., venogram); bilateral	\$103.75
78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation	\$811.03
78466	Myocardial imaging, infarct avid, planar; qualitative or quantitative	\$68.02
78468	Myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique	\$94.65
78469	Myocardial imaging, infarct avid, planar; tomographic spect with or without quantification	\$135.22
78472	Cardiac blood pool imaging, gated equilibrium; planar, single study, at rest or stress, wall motion study plus ejection fraction	\$142.51
78473	Cardiac blood pool imaging, gated equilibrium; multiple studies, wall motion study plus ejection fraction, at rest and stress	\$213.48
78481	Cardiac blood pool imaging, first pass technique; single study, at rest or with stress, wall motion study plus ejection fraction	\$135.22

CPT Code	CPT Description	Outpatient UB-04 Rate Effective April 1, 2010
78483	Cardiac blood pool imaging, first pass technique; multiple studies, at rest and with stress, wall motion study plus ejection fraction	\$203.35
78491	Myocardial imaging, positron emission tomography (PET), perfusion; single study at rest or stress	\$811.03
78492	Myocardial imaging, positron emission tomography (PET), perfusion; multiple studies at rest and/or stress	\$811.03
78494	Cardiac blood pool imaging, gated equilibrium, spect, at rest, wall motion study plus ejection fraction, with or without quantitative processing	\$151.83
78496	Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique (list separately in addition to code for primary procedure)	\$45.67
78580	Pulmonary perfusion imaging; particulate	\$88.80
78584	Pulmonary perfusion imaging, particulate, with ventilation; single breath	\$82.55
78585	Pulmonary perf imaging, particulate, with ventilation; rebreathing and washout, w/wo single breath	\$145.61
78586	Pulmonary ventilation imaging, aerosol; single projection	\$67.09
78587	Pulmonary ventilation imaging, aerosol; multiple projections e.g., anterior, posterior, lateral views	\$72.42
78588	Pulmonary perfusion imaging, particulate, with ventilation imaging, aerosol, one or multiple projections	\$94.54
78591	Pulmonary ventilation imaging, gaseous, single breath, single projection	\$73.71
78593	Pulmonary ventilation imaging, gaseous, with rebreathing and washout with or without single breath; single projection	\$89.32
78594	Pulmonary ventilation imaging, gaseous, with rebreathing and washout with or without single breath; multiple projections	\$128.71
78596	Pulmonary quantitative differential function (ventilation/perfusion) study	\$182.93
78600	Brain imaging, less than 4 static views	\$74.49
78601	Brain imaging, less than 4 static views; with vascular flow	\$87.88
78605	Brain imaging, minimum 4 static views	\$87.88
78606	Brain imaging, minimum 4 static views; with vascular flow	\$99.97
78607	Brain imaging, tomographic (spect)	\$169.40
78608	Brain imaging, positron emission tomography (PET); metabolic evaluation	\$811.03

CPT Code	CPT Description	Outpatient UB-04 Rate Effective April 1, 2010
78609	Brain imaging, positron emission tomography (PET); perfusion evaluation	\$811.03
78610	Brain imaging, vascular flow study only	\$40.83
78630	Cerebrospinal fluid flow, imaging (not including introduction of material); cisternography	\$130.15
78635	Ventriculography	\$65.80
78645	Cerebrospinal fluid flow, imaging; shunt evaluation	\$88.80
78650	Cerebrospinal fluid flow, imaging; CSF leakage	\$119.87
78660	Dacryocystography (lacrimal flow study)	\$54.74
78700	Kidney imaging morphology	\$78.52
78701	Kidney imaging; with vascular flow	\$91.91
78707	Kidney imaging morphology; with vascular flow and function, single study without pharmacological intervention	\$115.58
78708	Kidney imaging morphology; with vascular flow and function, single study, with pharmacological intervention (e.g., angiotensin converting enzyme inhibitor and/or diuretic)	\$114.29
78709	Kidney imaging morphology; with vascular flow and function, multiple studies, with and without pharmacological intervention (e.g., angiotensin converting enzyme inhibitor and/or diuretic)	\$114.29
78710	Kidney imaging morphology; tomographic (spect)	\$152.64
78725	Kidney function study only	\$46.16
78730	Urinary bladder residual study (list separately in addition to code for primary procedure)	\$37.84
78740	Ureteral reflux study	\$54.74
78761	Testicular imaging with vascular flow	\$82.55
78800	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); limited area	\$87.88
78801	Tumor localization (e.g., gallium, selenomethionine); multiple areas	\$109.22
78802	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); whole body, single day imaging	\$143.02
78803	Tumor localization (spect)	\$169.40
78804	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); whole body, requiring two or more days' imaging	\$291.83

CPT Code	CPT Description	Outpatient UB-04 Rate Effective April 1, 2010
78805	Abscess localization; limited area	\$87.88
78806	Abscess localization; whole body	\$166.29
78807	Radionuclide localization of abcess, spect	\$169.40
78811	Positron emission tomography (PET) imaging; limited area (e.g., chest, head/neck)	\$811.03
78812	Positron emission tomography (PET) imaging; skull base to mid-thigh	\$811.03
78813	Positron emission tomography (PET) imaging; whole body	\$811.03
78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (e.g., chest, head/neck)	\$811.03
78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh	\$811.03
78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	\$811.03
79005	Radiopharmaceutical therapy, by oral administration	\$69.90
79101	Radiopharmaceutical therapy, by intravenous administration	\$69.90
79200	Radiopharmaceutical therapy, by intracavitary administration	\$69.90
79403	Radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous infusion	\$111.85
79440	Radiopharmaceutical therapy, by intra-articular administration	\$69.90
79445	Radiopharmaceutical therapy, by intra-arterial particulate administration	\$70.20

Contact Information

Questions regarding this bulletin may be directed to Customer Assistance at (317) 655-3240 or toll free at 1-800-577-1278.

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