

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

114.3 CMR 18.00: RADIOLOGY

Section

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- 18.02: General Definitions
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18.01: General Provisions

(1) Scope, Purpose and Effective Date. 114.3 CMR 18.00 governs the payment rates used by all governmental units for radiology care and services provided to publicly-aided patients. 114.3 CMR 18.00 is effective July 1, 2012. Rates for services provided to individuals covered by M.G.L. c. 152 (the Worker's Compensation Act) are set forth in 114.3 CMR 40.00.

- (2) Coverage. The payment rates in 114.3 CMR 18.00 are used to pay for:
- (a) Radiology services rendered by an eligible provider who bills for services rendered and who performs these services in a private medical office, clinic, facility or other appropriate setting.
 - (b) Radiology services rendered in a hospital by an eligible provider who is not under contractual arrangement with the hospital for radiology services.

The rates of payment under 114.3 CMR 18.00 are full compensation for patient care rendered to publicly aided patients, as well as for any related administrative or supervisory duties in connection with patient care and all associated overhead expenses.

(3) Disclaimer of Authorization of Services. 114.3 CMR 18.00 is not authorization for or approval of the procedures for which rates are determined pursuant to 114.3 CMR 18.00. Governmental units that purchase care are responsible for the definition, authorization, and approval of care and services extended to publicly aided clients.

- (4) Coding Updates and Corrections. The Division may publish procedure code updates and corrections in the form of an Administrative Bulletin. Updates may reference coding systems including but not limited to the American Medical Association's *Current Procedural Terminology (CPT)*. The publication of such updates and corrections will list:
- (a) codes for which only the code numbers change, with the corresponding cross references between existing and new codes;
 - (b) deleted codes for which there are no corresponding new codes; and
 - (c) codes for entirely new services that require pricing. The Division will list these codes and apply individual consideration (I.C.) reimbursement for these codes until appropriate rates can be developed.
 - (d) for entirely new codes that require new pricing and have Medicare assigned relative value units (RVUs), the Division may list these codes and price them according to the rate methodology used in setting physician rates. When RVUS are not available, the Division may apply individual consideration in reimbursing for these new codes until appropriate rates can be developed.

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(5) Administrative Bulletins. The Division may issue Administrative Bulletins to clarify its policy on and understanding of substantive provisions of 114.3 CMR 18.00.

18.02: General Definitions

Meaning of Terms. The descriptions and five-digit codes included in 114.3 CMR 18.00 utilize the Healthcare Common Procedure Code System (HCPCS) for Level I and Level II coding. Level I CPT-4 codes are obtained from the Physicians' *Current Procedural Terminology* (CPT), copyright 2010 by the American Medical Association unless otherwise specified. Level II codes are obtained from 2011 HCPCS maintained jointly by the Centers for Medicare and Medicaid Services (CMS), the Blue Cross and Blue Shield Association, and the Health Insurance Association of America. HCPCS is a listing of descriptive terms and identifying codes and modifiers for reporting medical services and procedures performed by physicians and other healthcare professionals, as well as associated non-physician services. No fee schedules, basic unit value, relative value guides, conversion factors or scales are included in any part of the Physicians' *Current Procedure Terminology*.

114.3 CMR 18.00 includes only HCPCS numeric and alpha-numeric identifying codes and modifiers for reporting medical services and procedures that were selected by the Massachusetts Division of Health Care Finance and Policy. Any use of CPT outside the fee schedule should refer to the Physicians' *Current Procedural Terminology*. All rights reserved.

In addition, terms used in 114.3 CMR 18.00 shall have the meanings set forth in 114.3 CMR 18.02.

Eligible Provider. A licensed physician, licensed osteopath, licensed podiatrist, licensed dentist, or licensed chiropractor other than an intern, resident, fellow or house officer, who also meets such conditions of participation as may be adopted from time to time by a governmental unit.

A provider of therapeutic and diagnostic radiology services who must provide such services in accordance with generally accepted professional standards and in accordance with state licensing requirements and/or certification by national credentialing bodies as required by law. Such radiology services may be rendered by eligible providers such as, but not limited to, independent diagnostic testing facilities (IDTFs). These eligible providers must be physically and financially independent of a hospital or a physician's office. The provider's eligibility is limited to those procedures specified by the governmental unit purchasing such services, and must meet such conditions of participation as may have been or may be adopted from time to time by a governmental unit.

A provider of radiation oncology services, who must provide such services in accordance with generally accepted professional standards and in accordance with state licensing requirements and/or certification by national credentialing bodies, as required by law. Radiation oncology services may be rendered by eligible providers such as, but not limited to, independent radiation oncology centers. These eligible providers must be physically and financially independent of a hospital or a physician's office. The provider's eligibility is limited to those procedures specified by the governmental unit purchasing such services, and must meet such conditions of participation as may have been or may be adopted from time to time by a governmental unit.

A clinic licensed by the Massachusetts Department of Public Health in accordance with regulation 105 CMR 140.000 to provide radiology services. The provider's eligibility is limited to those procedures specified by the governmental unit purchasing such services, and must meet such conditions of participation as may have been or may be adopted from time to time by a governmental unit.

A licensed freestanding birth center facility that meets the conditions of participation adopted by the Massachusetts Department of Public Health pursuant to 105 CMR 142.000. The provider's eligibility

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is limited to those procedures specified by the governmental unit purchasing such services, and must meet such conditions of participation as may have been or may be adopted from time to time by a governmental unit.

Eligible Mid-Level Practitioner.

A licensed registered nurse who is authorized by the Board of Registration in Nursing to practice as a nurse practitioner, whose eligibility is limited to those procedures specified by the governmental unit purchasing such services, and who also meets such conditions of participation as may have been or may be adopted from time to time by a governmental unit.

A licensed registered nurse who is authorized by the Board of Registration in Nursing to practice as a nurse midwife, whose eligibility is limited to those procedures specified by the governmental unit purchasing such services, and who also meets such conditions of participation as may have been or may be adopted from time to time by a governmental unit.

A licensed physician assistant, who is authorized by the Board of Registration for Physician Assistants to practice as a physician assistant, whose eligibility is limited to those procedures specified by the governmental unit purchasing such services, and who also meets such conditions of participation as may have been or may be adopted from time to time by a government unit.

Governmental Unit. The Commonwealth, any department, agency, board or commission of the Commonwealth and any political subdivision of the Commonwealth.

Individual Consideration. Radiology services which are authorized but not listed herein, radiology services performed in unusual circumstances, and services designated "I.C." are individually considered items. The governmental unit or purchaser shall analyze the eligible provider's report of services rendered and charges submitted under the appropriate unlisted services or procedures category. Determination of appropriate payment for procedures designated I.C. shall be in accordance with the following standards and criteria:

- (a) the amount of time required to perform the service;
- (b) the degree of skill required to perform the service;
- (c) the severity or complexity of the patient's disease, disorder or disability;
- (d) any applicable relative value studies;
- (e) any complications or other circumstances that may be deemed relevant
- (f) the policies, procedures and practices of other third party insurers;
- (g) the payment rate for prescribed drugs as set forth in 114.3 CMR 31.00; and
- (h) a copy of the current invoice from the supplier.

Modifiers. Listed services and procedures may be modified under certain circumstances. When applicable, the modifying circumstances should be identified by the addition of the appropriate two digit number.

Publicly Aided Individual. A person for whose medical and other services a governmental unit is in whole or in part liable under a statutory program.

Radiology Services. Radiology services including diagnostic ultrasound, radiation oncology and nuclear medicine provided for the assessment and/or treatment of a medical condition, injury, or illness.

Separate Procedure. Some of the listed procedures are commonly carried out as an integral part of a total service, and as such do not warrant a separate identification. When, however, such a procedure is

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performed independently of, and is not immediately related to, other services, it may be listed as a "separate procedure."

Special Report. A service that is rarely provided, unusual, variable, or new may require a special report in determining medical appropriateness of the service. Pertinent information should include an adequate definition or description of the nature, extent, and need for the procedure; and the time, effort, and equipment necessary to provide the service.

Supervision and Interpretation Only. When a procedure is performed by two eligible physicians, the radiologic portion of the procedure is designated as "radiological supervision and interpretation." When an eligible physician performs both the procedure and the imaging supervision and interpretation, a combination of procedure codes outside the 70000 series and imaging supervision and interpretation codes are to be used. The radiological supervision and interpretation codes are not applicable to the Radiology Oncology subsection.

Unlisted Service or Procedure. A service or procedure may be provided that is covered but not listed in 114.3 CMR 18.04. When reporting such a service, the appropriate "Unlisted Procedure" code may be used to indicate the service, identifying it by "Special Report".

18.03: General Rate Provisions

(1) Rate Determination. Rates of payment to which 114.3 CMR 18.00 applies shall be the lowest of:

- (a) the eligible provider's usual fee to patients other than publicly-aided or industrial accident patients; or
- (b) the eligible provider's actual charge submitted; or
- (c) the schedule of allowable fees set forth in 114.3 CMR 18.04(2) ; or
- (d) The current Medicare Outpatient Prospective Payment System (OPPS) cap payment amounts, if applicable.

(2) Supplemental Payment

(a) Eligibility. An eligible provider may receive a supplemental payment for services to publicly aided individuals eligible under Titles XIX and XXI of the Social Security Act if the following conditions are met:

1. the eligible provider is employed by a non-profit group practice that was established in accordance with St.1997 c.163 and is affiliated with a Commonwealth-owned medical school;
2. such non-profit group practice shall have been established on or before January 1, 2000 in order to support the purposes of a teaching hospital affiliated with and appurtenant to a Commonwealth-owned medical school; and
3. the services are provided at a teaching hospital affiliated with and appurtenant to a Commonwealth-owned medical school.

(b) Payment Method. This supplemental payment may not exceed the difference between:

1. payments to the eligible provider made pursuant to the rates applicable under 114.3 CMR 18.03(1), and
2. the Federal upper payment limit set forth in 42 CFR 447.325.

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(3) Under no circumstances shall the sum of the professional and technical components of an individual procedure be greater than the allowable global fee set forth in 114.3 CMR 18.04(2).

(4) Allowable Mid-Level Fee for Qualified Mid-Level Practitioners. Payments for services provided by eligible licensed nurse practitioner, eligible licensed nurse midwives and eligible licensed physician assistants as specified in 114.3 CMR 18.02 shall be 85% of the fees contained in 114.3 CMR 18.04(2).

(5) CPT Category III Codes. All radiology related CPT category III codes are included as a part of this regulation and have an assigned fee of I.C.

18.04: Maximum Allowable Fees

Unless otherwise specified, guidelines, notes and definitions provided in the 2011 CPT Coding Handbook are applicable to the use of the procedure codes and descriptions listed in 114.3 CMR 18.04(2).

(1) Modifiers:

-26: Professional Component. The component of a service or procedure representing the physicians' work interpreting or performing the service or procedure. When the physician component is reported separately, the addition of modifier '-26' to the procedure code will allow the professional component allowable fee (PC Fee) contained in 114.3 CMR 18.04(2) to be paid.

-51: Multiple Procedures. Most radiology services do not require modifier 51. Modifier 51 applies only to nuclear medicine procedure codes 78306, 78320, 78802, 78803, 78806, 78807 and should be used only when a whole body bone, tumor or infection study is performed on the same day prior to a SPECT bone, tumor, or infection study, respectively. Under these circumstances, the modifier must be used to report multiple procedures performed at the same session. The service code for the major procedure or service must be reported without a modifier. The secondary, additional or lesser procedure(s) must be identified by adding the modifier '-51' to the end of the service code for the secondary procedure(s). The addition of the modifier '-51' to the second and subsequent procedure codes allows 50% of the allowable fee contained in 114.3 CMR 18.04(2) to be paid to the eligible provider.

Note: This modifier should not be used with designated "add-on" codes or with codes in which the narrative begins with "each additional".

-52: Reduced Services. Under certain circumstances, a service or procedure is partially reduced or eliminated at the physician's election. Under these circumstances, the service provided can be identified by its usual procedure number and the addition of the modifier '-52', signifying that the service is reduced. This provides a means of reporting reduced services without disturbing the identification of the basic service.

-59: Distinct Procedural Service. To identify a procedure distinct or independent from other services performed on the same day add the modifier '-59' to the end of the appropriate service code. Modifier '-59' is used to identify services/procedures that are

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not normally reported together, but are appropriate under certain circumstances, for example, different site or organ system. However, when another already established modifier is appropriate, it should be used rather than modifier '-59'.

-HN: Bachelor's Degree Level. (Use to indicate Physician Assistant) (This modifier is to be applied to service codes billed by a physician which were performed by a physician assistant employed by the physician or group practice.)

-PA: Surgical or other invasive procedure performed on the wrong body part. (This modifier is applied to report Provider Preventable Conditions in accordance with 42 C.F.R. 447.26 and results in non-payment for services.)

-PB: Surgical or other invasive procedure performed on the wrong patient. (This modifier is applied to report Provider Preventable Conditions in accordance with 42 C.F.R. 447.26 and results in non-payment for services.)

-PC: Wrong surgical or other invasive procedure performed on a patient. (This modifier is applied to report Provider Preventable Conditions in accordance with 42 C.F.R. 447.26 and results in non-payment for services.)

-SA: Nurse Practitioner rendering service in collaboration with a physician. (This modifier is to be applied to service codes billed by a physician which were performed by a non-independent nurse practitioner employed by the physician or group practice.) (An independent nurse practitioner billing under his/her own individual provider number should not use this modifier.)

-SB: Nurse Midwife. (This modifier is to be applied to service codes billed by a physician which were performed by a non-independent nurse midwife employed by the physician or group practice.) (An independent nurse midwife billing under his/her own individual provider number should not use this modifier.)

-TC: Pertains to the technical component for certain radiological procedures. Certain procedures are a combination of a physician, or professional component, and a technical component. When the technical component is reported separately, the addition of modifier '-TC' to the procedure code will allow the technical component allowable fee (TC Fee) contained in 114.3 CMR 18.04(2) to be paid.

(2) Fee Schedule

Code	Global Fee	PC Fee	TC Fee	Description
70010	99.21			Myelography, posterior fossa, radiological supervision and interpretation
70015	116.40	44.04	72.36	Cisternography, positive contrast, radiological supervision and interpretation
70030	22.88	6.25	16.63	Radiologic examination, eye, for detection of foreign body
70100	26.46	6.77	19.69	Radiologic examination, mandible; partial, less than 4 views

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Code	Global Fee	PC Fee	TC Fee	Description
70110	31.50	9.02	22.48	Radiologic examination, mandible; complete, minimum of 4 views
70120	28.14	6.77	21.36	Radiologic examination, mastoids; less than 3 views per side
70130	44.83	12.32	32.51	Radiologic examination, mastoids; complete, minimum of 3 views per side
70134	36.75	12.32	24.43	Radiologic examination, internal auditory meati, complete
70140	24.20	7.29	16.91	Radiologic examination, facial bones; less than 3 views
70150	34.25	9.55	24.71	Radiologic examination, facial bones; complete, minimum of 3 views
70160	26.50	6.25	20.25	Radiologic examination, nasal bones, complete, minimum of 3 views
70170	45.27	11.16	33.25	Dacrycystography, nasolacrimal duct, radiological supervision and interpretation
70190	28.58	7.78	20.81	Radiologic examination; optic foramina
70200	35.30	10.31	24.99	Radiologic examination; orbits, complete, minimum of 4 views
70210	24.83	6.53	18.30	Radiologic examination, sinuses, paranasal, less than 3 views
70220	30.95	9.02	21.92	Radiologic examination, sinuses, paranasal, complete, minimum of 3 views
70240	23.64	7.01	16.63	Radiologic examination, sella turcica
70250	29.59	9.06	20.53	Radiologic examination, skull; less than 4 views
70260	37.58	12.32	25.27	Radiologic examination, skull; complete, minimum of 4 views
70300	11.43	4.28	7.15	Radiologic examination, teeth; single view
70310	30.16	6.57	23.59	Radiologic examination, teeth; partial examination, less than full mouth
70320	40.53	8.58	31.95	Radiologic examination, teeth; complete, full mouth
70328	24.79	6.77	18.02	Radiologic examination, temporomandibular joint, open and closed mouth; unilateral
70330	38.79	9.06	29.72	Radiologic examination, temporomandibular joint, open and closed mouth; bilateral
70332	68.16	21.15	47.00	Temporomandibular joint arthrography, radiological supervision and interpretation
70336	364.94	54.03	310.91	Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)
70350	16.75	7.09	9.66	Cephalogram, orthodontic
70355	16.92	7.81	9.10	Orthopantogram
70360	22.04	6.25	15.79	Radiologic examination; neck, soft tissue
70370	65.80	11.83	53.97	Radiologic examination; pharynx or larynx, including fluoroscopy and/or magnification technique

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Code	Global Fee	PC Fee	TC Fee	Description
70371	74.31	30.37	43.94	Complex dynamic pharyngeal and speech evaluation by cine or video recording
70373	65.92	15.58	50.35	Laryngography, contrast, radiological supervision and interpretation
70380	31.80	6.81	24.99	Radiologic examination, salivary gland for calculus
70390	82.12	14.21	67.90	Sialography, radiological supervision and interpretation
70450	158.34	31.07	127.26	Computed tomography, head or brain; without contrast material
70460	206.27	41.38	164.88	Computed tomography, head or brain; with contrast material(s)
70470	249.88	46.81	203.06	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections
70480	253.74	47.06	206.68	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material
70481	295.08	50.78	244.31	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)
70482	333.56	53.03	280.53	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections
70486	211.25	41.90	169.34	Computed tomography, maxillofacial area; without contrast material
70487	254.78	47.82	206.96	Computed tomography, maxillofacial area; with contrast material(s)
70488	310.26	52.02	258.24	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections
70490	206.37	47.06	159.31	Computed tomography, soft tissue neck; without contrast material
70491	249.20	50.59	198.60	Computed tomography, soft tissue neck; with contrast material(s)
70492	301.79	53.03	248.76	Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections
70496	460.42	64.56	395.86	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing
70498	460.42	64.56	395.86	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing
70540	405.83	49.49	356.33	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)

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Code	Global Fee	PC Fee	TC Fee	Description
70542	453.14	59.47	393.68	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)
70543	592.03	78.52	513.51	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences
70544	444.93	44.00	400.92	Magnetic resonance angiography, head; without contrast material(s)
70545	442.14	44.00	398.14	Magnetic resonance angiography, head; with contrast material(s)
70546	690.09	66.24	623.85	Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences
70547	444.09	44.00	400.09	Magnetic resonance angiography, neck; without contrast material(s)
70548	466.39	44.00	422.38	Magnetic resonance angiography, neck; with contrast material(s)
70549	689.90	66.05	623.85	Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences
70551	419.57	54.31	365.25	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material
70552	467.51	65.75	401.76	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)
70553	586.89	86.76	500.13	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences
70554	460.64	78.11	382.53	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
70555	547.36	95.48	451.88	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing
70557		131.43		Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); without contrast material
70558		120.09		Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); with contrast material(s)

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Code	Global Fee	PC Fee	TC Fee	Description
70559		121.48		Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); without contrast material(s), followed by contrast material(s) and further sequences
71010	18.66	6.49	12.17	Radiologic examination, chest; single view, frontal
71015	23.85	7.50	16.35	Radiologic examination, chest; stereo, frontal
71020	24.65	8.02	16.63	Radiologic examination, chest, 2 views, frontal and lateral;
71021	30.32	9.79	20.53	Radiologic examination, chest, 2 views, frontal and lateral; with apical lordotic procedure
71022	37.14	11.31	25.82	Radiologic examination, chest, 2 views, frontal and lateral; with oblique projections
71023	55.55	14.12	41.43	Radiologic examination, chest, 2 views, frontal and lateral; with fluoroscopy
71030	36.86	11.31	25.54	Radiologic examination, chest, complete, minimum of 4 views;
71034	71.42	17.45	53.97	Radiologic examination, chest, complete, minimum of 4 views; with fluoroscopy
71035	28.42	6.77	21.64	Radiologic examination, chest, special views (eg, lateral decubitus, Bucky studies)
71040	77.39	20.64	56.76	Bronchography, unilateral, radiological supervision and interpretation
71060	113.31	27.02	86.30	Bronchography, bilateral, radiological supervision and interpretation
71100	25.76	8.02	17.74	Radiologic examination, ribs, unilateral; 2 views
71101	31.43	9.79	21.64	Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of 3 views
71110	32.55	9.79	22.76	Radiologic examination, ribs, bilateral; 3 views
71111	42.12	11.56	30.56	Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views
71120	25.56	7.26	18.30	Radiologic examination; sternum, minimum of 2 views
71130	29.94	8.02	21.92	Radiologic examination; sternoclavicular joint or joints, minimum of 3 views
71250	202.28	37.68	164.60	Computed tomography, thorax; without contrast material
71260	250.82	45.81	205.01	Computed tomography, thorax; with contrast material(s)
71270	308.55	50.59	257.96	Computed tomography, thorax; without contrast material, followed by contrast material(s) and further sections
71275	383.12	70.82	312.30	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing

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Code	Global Fee	PC Fee	TC Fee	Description
71550	454.30	53.27	401.03	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)
71551	516.84	63.24	453.59	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)
71552	681.08	83.13	597.95	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences
71555	449.10	66.85	382.25	Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)
72010	59.29	16.75	42.54	Radiologic examination, spine, entire, survey study, anteroposterior and lateral
72020	19.05	5.77	13.28	Radiologic examination, spine, single view, specify level
72040	31.15	8.67	22.48	Radiologic examination, spine, cervical; 2 or 3 views
72050	42.24	11.68	30.56	Radiologic examination, spine, cervical; minimum of 4 views
72052	53.77	13.45	40.31	Radiologic examination, spine, cervical; complete, including oblique and flexion and/or extension studies
72069	29.75	8.67	21.09	Radiologic examination, spine, thoracolumbar, standing (scoliosis)
72070	27.15	8.30	18.86	Radiologic examination, spine; thoracic, 2 views
72072	30.22	8.02	22.20	Radiologic examination, spine; thoracic, 3 views
72074	35.79	8.02	27.77	Radiologic examination, spine; thoracic, minimum of 4 views
72080	29.20	8.67	20.53	Radiologic examination, spine; thoracolumbar, 2 views
72090	39.47	11.14	28.33	Radiologic examination, spine; scoliosis study, including supine and erect studies
72100	32.54	8.67	23.87	Radiologic examination, spine, lumbosacral; 2 or 3 views
72110	44.47	11.68	32.79	Radiologic examination, spine, lumbosacral; minimum of 4 views
72114	59.80	13.91	45.89	Radiologic examination, spine, lumbosacral; complete, including bending views
72120	41.46	8.67	32.79	Radiologic examination, spine, lumbosacral, bending views only, minimum of 4 views
72125	203.40	37.68	165.72	Computed tomography, cervical spine; without contrast material
72126	250.34	44.77	205.57	Computed tomography, cervical spine; with contrast material
72127	304.22	46.54	257.68	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections

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Code	Global Fee	PC Fee	TC Fee	Description
72128	203.12	37.68	165.44	Computed tomography, thoracic spine; without contrast material
72129	250.89	45.05	205.85	Computed tomography, thoracic spine; with contrast material
72130	304.50	46.54	257.96	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections
72131	202.56	37.68	164.88	Computed tomography, lumbar spine; without contrast material
72132	250.34	45.05	205.29	Computed tomography, lumbar spine; with contrast material
72133	304.22	46.54	257.68	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections
72141	377.42	58.98	318.43	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material
72142	472.57	70.54	402.04	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)
72146	382.99	58.98	324.01	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material
72147	425.48	70.82	354.66	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)
72148	378.13	54.68	323.45	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material
72149	465.28	65.75	399.53	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)
72156	586.22	94.72	491.49	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical
72157	550.83	94.72	456.10	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic
72158	577.51	87.13	490.38	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar
72159	497.35	66.61	430.74	Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)
72170	21.58	6.90	14.68	Radiologic examination, pelvis; 1 or 2 views
72190	33.69	8.43	25.27	Radiologic examination, pelvis; complete, minimum of 3 views

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Code	Global Fee	PC Fee	TC Fee	Description
72191	367.26	66.94	300.32	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing
72192	195.54	39.86	155.69	Computed tomography, pelvis; without contrast material
72193	237.46	42.76	194.70	Computed tomography, pelvis; with contrast material(s)
72194	305.24	44.77	260.47	Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections
72195	417.22	53.92	363.30	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)
72196	461.66	63.80	397.86	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)
72197	601.66	82.86	518.80	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences
72198	447.19	66.05	381.14	Magnetic resonance angiography, pelvis, with or without contrast material(s)
72200	23.71	6.25	17.46	Radiologic examination, sacroiliac joints; less than 3 views
72202	27.82	7.01	20.81	Radiologic examination, sacroiliac joints; 3 or more views
72220	23.44	6.25	17.18	Radiologic examination, sacrum and coccyx, minimum of 2 views
72240	115.39	33.55	81.84	Myelography, cervical, radiological supervision and interpretation
72255	108.23	33.08	75.15	Myelography, thoracic, radiological supervision and interpretation
72265	110.20	30.59	79.61	Myelography, lumbosacral, radiological supervision and interpretation
72270	171.35	48.82	122.52	Myelography, 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical), radiological supervision and interpretation
72275	88.72	28.06	60.66	Epidurography, radiological supervision and interpretation
72285	116.70	43.22	73.48	Discography, cervical or thoracic, radiological supervision and interpretation
72291		52.79		Radiological supervision and interpretation, percutaneous vertebroplasty, vertebral augmentation, or sacral augmentation (sacroplasty), including cavity creation, per vertebral body or sacrum; under fluoroscopic guidance
72292		54.39		Radiological supervision and interpretation, percutaneous vertebroplasty, vertebral augmentation, or sacral augmentation (sacroplasty), including cavity creation, per vertebral body or sacrum; under CT guidance
72295	103.51	31.15	72.36	Discography, lumbar, radiological supervision and interpretation

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Code	Global Fee	PC Fee	TC Fee	Description
73000	22.92	6.01	16.91	Radiologic examination; clavicle, complete
73010	24.36	6.90	17.46	Radiologic examination; scapula, complete
73020	18.77	5.49	13.28	Radiologic examination, shoulder; 1 view
73030	24.61	7.42	17.18	Radiologic examination, shoulder; complete, minimum of 2 views
73040	86.46	20.22	66.23	Radiologic examination, shoulder, arthrography, radiological supervision and interpretation
73050	30.66	8.18	22.48	Radiologic examination; acromioclavicular joints, bilateral, with or without weighted distraction
73060	23.44	6.53	16.91	Radiologic examination; humerus, minimum of 2 views
73070	22.67	5.77	16.91	Radiologic examination, elbow; 2 views
73080	27.34	6.25	21.09	Radiologic examination, elbow; complete, minimum of 3 views
73085	78.19	20.32	57.87	Radiologic examination, elbow, arthrography, radiological supervision and interpretation
73090	22.36	6.01	16.35	Radiologic examination; forearm, 2 views
73092	24.59	6.01	18.58	Radiologic examination; upper extremity, infant, minimum of 2 views
73100	24.68	6.66	18.02	Radiologic examination, wrist; 2 views
73110	29.29	6.53	22.76	Radiologic examination, wrist; complete, minimum of 3 views
73115	87.57	20.78	66.79	Radiologic examination, wrist, arthrography, radiological supervision and interpretation
73120	22.08	6.01	16.07	Radiologic examination, hand; 2 views
73130	25.67	6.25	19.41	Radiologic examination, hand; minimum of 3 views
73140	25.25	5.00	20.25	Radiologic examination, finger(s), minimum of 2 views
73200	197.64	37.49	160.15	Computed tomography, upper extremity; without contrast material
73201	241.64	42.76	198.88	Computed tomography, upper extremity; with contrast material(s)
73202	310.25	44.77	265.49	Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections
73206	350.08	66.48	283.60	Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing
73218	420.41	49.59	370.83	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)
73219	454.26	59.74	394.51	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s)

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114.3 CMR 18.00: RADIOLOGY

Code	Global Fee	PC Fee	TC Fee	Description
73220	600.11	79.08	521.03	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences
73221	395.61	50.42	345.19	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)
73222	430.57	59.74	370.83	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)
73223	569.18	78.80	490.38	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences
73225	489.53	64.08	425.45	Magnetic resonance angiography, upper extremity, with or without contrast material(s)
73500	21.30	6.90	14.40	Radiologic examination, hip, unilateral; 1 view
73510	30.91	8.43	22.48	Radiologic examination, hip, unilateral; complete, minimum of 2 views
73520	32.39	9.92	22.48	Radiologic examination, hips, bilateral, minimum of 2 views of each hip, including anteroposterior view of pelvis
73525	80.32	20.78	59.54	Radiologic examination, hip, arthrography, radiological supervision and interpretation
73530	29.65	10.92	17.91	Radiologic examination, hip, during operative procedure
73540	32.61	7.91	24.71	Radiologic examination, pelvis and hips, infant or child, minimum of 2 views
73550	22.69	6.62	16.07	Radiologic examination, femur, 2 views
73560	24.36	6.90	17.46	Radiologic examination, knee; 1 or 2 views
73562	29.34	7.42	21.92	Radiologic examination, knee; 3 views
73564	33.66	8.67	24.99	Radiologic examination, knee; complete, 4 or more views
73565	27.15	7.18	19.97	Radiologic examination, knee; both knees, standing, anteroposterior
73580	106.15	21.52	84.62	Radiologic examination, knee, arthrography, radiological supervision and interpretation
73590	22.04	6.25	15.79	Radiologic examination; tibia and fibula, 2 views
73592	24.87	6.01	18.86	Radiologic examination; lower extremity, infant, minimum of 2 views
73600	22.64	6.01	16.63	Radiologic examination, ankle; 2 views
73610	25.94	6.25	19.69	Radiologic examination, ankle; complete, minimum of 3 views
73615	83.39	20.78	62.61	Radiologic examination, ankle, arthrography, radiological supervision and interpretation
73620	21.80	5.73	16.07	Radiologic examination, foot; 2 views

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Code	Global Fee	PC Fee	TC Fee	Description
73630	25.39	6.25	19.13	Radiologic examination, foot; complete, minimum of 3 views
73650	22.36	6.01	16.35	Radiologic examination; calcaneus, minimum of 2 views
73660	23.58	4.73	18.86	Radiologic examination; toe(s), minimum of 2 views
73700	197.91	37.49	160.42	Computed tomography, lower extremity; without contrast material
73701	243.87	42.76	201.11	Computed tomography, lower extremity; with contrast material(s)
73702	311.93	45.05	266.88	Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections
73706	385.42	70.33	315.09	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing
73718	411.68	49.49	362.19	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)
73719	452.86	59.47	393.40	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)
73720	600.67	78.80	521.87	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences
73721	403.13	50.14	352.99	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material
73722	437.72	60.21	377.51	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)
73723	568.06	78.80	489.26	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences
73725	448.23	66.82	381.42	Magnetic resonance angiography, lower extremity, with or without contrast material(s)
74000	19.78	6.49	13.28	Radiologic examination, abdomen; single anteroposterior view
74010	30.46	8.26	22.20	Radiologic examination, abdomen; anteroposterior and additional oblique and cone views
74020	31.99	9.79	22.20	Radiologic examination, abdomen; complete, including decubitus and/or erect views
74022	38.49	11.56	26.94	Radiologic examination, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest
74150	198.33	43.76	154.57	Computed tomography, abdomen; without contrast material

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Code	Global Fee	PC Fee	TC Fee	Description
74160	269.66	46.81	222.85	Computed tomography, abdomen; with contrast material(s)
74170	357.43	51.54	305.89	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections
74174	429.49	75.83	353.66	Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing
74175	390.07	70.24	319.83	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing
74176	170.13	62.09	108.03	Computed tomography, abdomen and pelvis; without contrast material
74177	271.27	65.14	206.13	Computed tomography, abdomen and pelvis; with contrast material(s)
74178	344.52	72.07	272.45	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions
74181	372.82	53.55	319.27	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)
74182	505.41	63.52	441.89	Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)
74183	602.50	82.58	519.92	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences
74185	446.35	66.05	380.30	Magnetic resonance angiography, abdomen, with or without contrast material(s)
74190	64.92	17.94	45.58	Peritoneogram (eg, after injection of air or contrast), radiological supervision and interpretation
74210	63.15	13.08	50.07	Radiologic examination; pharynx and/or cervical esophagus
74220	72.35	16.99	55.36	Radiologic examination; esophagus
74230	73.21	19.52	53.69	Swallowing function, with cineradiography/videoradiography
74235	137.89	48.22	90.00	Removal of foreign body(s), esophageal, with use of balloon catheter, radiological supervision and interpretation
74240	89.25	25.53	63.72	Radiologic examination, gastrointestinal tract, upper; with or without delayed films, without KUB
74241	94.92	25.06	69.85	Radiologic examination, gastrointestinal tract, upper; with or without delayed films, with KUB
74245	142.14	33.55	108.59	Radiologic examination, gastrointestinal tract, upper; with small intestine, includes multiple serial films

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Code	Global Fee	PC Fee	TC Fee	Description
74246	101.79	25.53	76.26	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed films, without KUB
74247	113.50	25.53	87.97	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
74249	153.56	33.55	120.02	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with small intestine follow-through
74250	85.69	17.23	68.46	Radiologic examination, small intestine, includes multiple serial films;
74251	191.16	25.53	165.63	Radiologic examination, small intestine, includes multiple serial films; via enteroclysis tube
74260	119.51	18.23	101.28	Duodenography, hypotonic
74261	311.81	85.41	226.40	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material
74262	439.90	89.32	350.58	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed
74263	617.47	85.29	532.18	Computed tomographic (CT) colonography, screening, including image postprocessing
74270	123.25	25.53	97.72	Radiologic examination, colon; contrast (eg, barium) enema, with or without KUB
74280	170.83	36.32	134.51	Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon
74283	160.93	73.24	87.69	Therapeutic enema, contrast or air, for reduction of intussusception or other intraluminal obstruction (eg, meconium ileus)
74290	54.94	11.56	43.38	Cholecystography, oral contrast;
74291	51.75	7.26	44.49	Cholecystography, oral contrast; additional or repeat examination or multiple day examination
74300		13.45		Cholangiography and/or pancreatography; intraoperative, radiological supervision and interpretation
74301		8.15		Cholangiography and/or pancreatography; additional set intraoperative, radiological supervision and interpretation (List separately in addition to code for primary procedure)

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Code	Global Fee	PC Fee	TC Fee	Description
74305	44.30	15.65	27.32	Cholangiography and/or pancreatography; through existing catheter, radiological supervision and interpretation
74320	86.83	20.04	66.79	Cholangiography, percutaneous, transhepatic, radiological supervision and interpretation
74327	109.92	27.25	82.67	Postoperative biliary duct calculus removal, percutaneous via T-tube tract, basket, or snare (eg, Burhenne technique), radiological supervision and interpretation
74328	138.04	26.51	109.96	Endoscopic catheterization of the biliary ductal system, radiological supervision and interpretation
74329	136.29	26.51	108.23	Endoscopic catheterization of the pancreatic ductal system, radiological supervision and interpretation
74330	145.91	33.95	109.96	Combined endoscopic catheterization of the biliary and pancreatic ductal systems, radiological supervision and interpretation
74340	113.17	20.22	91.47	Introduction of long gastrointestinal tube (eg, Miller-Abbott), including multiple fluoroscopies and films, radiological supervision and interpretation
74355	121.93	28.89	91.48	Percutaneous placement of enteroclysis tube, radiological supervision and interpretation
74360	132.02	21.62	109.99	Intraluminal dilation of strictures and/or obstructions (eg, esophagus), radiological supervision and interpretation
74363	245.01	33.10	209.65	Percutaneous transhepatic dilation of biliary duct stricture with or without placement of stent, radiological supervision and interpretation
74400	90.08	17.99	72.08	Urography (pyelography), intravenous, with or without KUB, with or without tomography
74410	92.86	18.27	74.59	Urography, infusion, drip technique and/or bolus technique;
74415	110.14	17.99	92.15	Urography, infusion, drip technique and/or bolus technique; with nephrotomography
74420	106.09	13.45	91.48	Urography, retrograde, with or without KUB
74425	60.18	13.45	45.57	Urography, antegrade (pyelostogram, nephrostogram, loopogram), radiological supervision and interpretation
74430	48.80	11.56	37.25	Cystography, minimum of 3 views, radiological supervision and interpretation
74440	69.58	14.21	55.36	Vasography, vesiculography, or epididymography, radiological supervision and interpretation
74445	85.39	43.39	39.31	Corpora cavernosography, radiological supervision and interpretation
74450	64.29	12.45	50.85	Urethrocytography, retrograde, radiological supervision and interpretation

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Code	Global Fee	PC Fee	TC Fee	Description
74455	72.46	12.08	60.38	Urethrocytography, voiding, radiological supervision and interpretation
74470	65.24	20.22	43.56	Radiologic examination, renal cyst study, translumbar, contrast visualization, radiological supervision and interpretation
74475	89.89	20.04	69.85	Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation
74480	90.17	20.04	70.13	Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation
74485	88.78	20.04	68.74	Dilation of nephrostomy, ureters, or urethra, radiological supervision and interpretation
74710	31.17	12.32	18.86	Pelvimetry, with or without placental localization
74740	63.63	13.84	49.79	Hysterosalpingography, radiological supervision and interpretation
74742	132.80	22.66	108.25	Transcervical catheterization of fallopian tube, radiological supervision and interpretation
74775	76.01	23.18	50.84	Perineogram (eg, vaginogram, for sex determination or extent of anomalies)
75557	358.79	88.01	270.78	Cardiac magnetic resonance imaging for morphology and function without contrast material;
75559	513.13	112.10	401.03	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging
75561	488.20	97.59	390.61	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;
75563	595.15	115.36	479.79	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging
75565	59.93	9.30	50.63	Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)
75571	74.64	20.36	54.28	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium
75572	233.54	61.97	171.57	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)

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Code	Global Fee	PC Fee	TC Fee	Description
75573	317.00	90.81	226.19	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)
75574	356.01	85.23	270.78	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)
75600	220.22	18.83	201.39	Aortography, thoracic, without serialography, radiological supervision and interpretation
75605	172.04	42.83	129.21	Aortography, thoracic, by serialography, radiological supervision and interpretation
75625	172.04	42.55	129.49	Aortography, abdominal, by serialography, radiological supervision and interpretation
75630	198.93	66.37	132.56	Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography, radiological supervision and interpretation
75635	435.98	89.03	346.95	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing
75650	185.81	55.48	130.33	Angiography, cervicocerebral, catheter, including vessel origin, radiological supervision and interpretation
75658	191.39	47.41	143.98	Angiography, brachial, retrograde, radiological supervision and interpretation
75660	194.55	48.34	146.21	Angiography, external carotid, unilateral, selective, radiological supervision and interpretation
75662	230.71	62.67	168.04	Angiography, external carotid, bilateral, selective, radiological supervision and interpretation
75665	202.54	49.64	152.90	Angiography, carotid, cerebral, unilateral, radiological supervision and interpretation
75671	235.72	62.11	173.61	Angiography, carotid, cerebral, bilateral, radiological supervision and interpretation
75676	194.18	49.36	144.82	Angiography, carotid, cervical, unilateral, radiological supervision and interpretation
75680	219.47	62.11	157.36	Angiography, carotid, cervical, bilateral, radiological supervision and interpretation

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Code	Global Fee	PC Fee	TC Fee	Description
75685	195.29	49.08	146.21	Angiography, vertebral, cervical, and/or intracranial, radiological supervision and interpretation
75705	225.37	80.27	145.10	Angiography, spinal, selective, radiological supervision and interpretation
75710	187.28	41.62	145.65	Angiography, extremity, unilateral, radiological supervision and interpretation
75716	216.10	48.62	167.48	Angiography, extremity, bilateral, radiological supervision and interpretation
75726	185.60	42.18	143.42	Angiography, visceral, selective or supraseductive (with or without flush aortogram), radiological supervision and interpretation
75731	188.77	43.11	145.65	Angiography, adrenal, unilateral, selective, radiological supervision and interpretation
75733	217.22	50.29	166.92	Angiography, adrenal, bilateral, selective, radiological supervision and interpretation
75736	185.05	41.90	143.15	Angiography, pelvic, selective or supraseductive, radiological supervision and interpretation
75741	174.67	48.52	126.15	Angiography, pulmonary, unilateral, selective, radiological supervision and interpretation
75743	194.66	61.55	133.11	Angiography, pulmonary, bilateral, selective, radiological supervision and interpretation
75746	179.57	42.27	137.29	Angiography, pulmonary, by nonselective catheter or venous injection, radiological supervision and interpretation
75756	192.65	46.72	145.93	Angiography, internal mammary, radiological supervision and interpretation
75774	129.29	13.45	115.84	Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation (List separately in addition to code for primary procedure)
75791	249.46	60.53	188.93	Angiography, arteriovenous shunt (eg, 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
75801	222.57	32.14	188.91	Lymphangiography, extremity only, unilateral, radiological supervision and interpretation
75803	235.72	43.83	188.91	Lymphangiography, extremity only, bilateral, radiological supervision and interpretation

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Code	Global Fee	PC Fee	TC Fee	Description
75805	245.96	30.38	212.97	Lymphangiography, pelvic/abdominal, unilateral, radiological supervision and interpretation
75807	256.38	44.11	209.63	Lymphangiography, pelvic/abdominal, bilateral, radiological supervision and interpretation
75809	78.44	17.51	60.94	Shuntogram for investigation of previously placed indwelling nonvascular shunt (eg, LeVeen shunt, ventriculoperitoneal shunt, indwelling infusion pump), radiological supervision and interpretation
75810	484.88	43.11	439.25	Splenoportography, radiological supervision and interpretation
75820	100.36	26.05	74.31	Venography, extremity, unilateral, radiological supervision and interpretation
75822	122.17	38.94	83.23	Venography, extremity, bilateral, radiological supervision and interpretation
75825	164.70	41.62	123.08	Venography, caval, inferior, with serialography, radiological supervision and interpretation
75827	166.75	41.16	125.59	Venography, caval, superior, with serialography, radiological supervision and interpretation
75831	170.73	44.86	125.87	Venography, renal, unilateral, selective, radiological supervision and interpretation
75833	192.69	53.44	139.24	Venography, renal, bilateral, selective, radiological supervision and interpretation
75840	167.38	44.02	123.36	Venography, adrenal, unilateral, selective, radiological supervision and interpretation
75842	193.24	54.83	138.41	Venography, adrenal, bilateral, selective, radiological supervision and interpretation
75860	170.28	43.02	127.26	Venography, venous sinus (eg, petrosal and inferior sagittal) or jugular, catheter, radiological supervision and interpretation
75870	168.14	41.99	126.15	Venography, superior sagittal sinus, radiological supervision and interpretation
75872	228.61	45.34	183.28	Venography, epidural, radiological supervision and interpretation
75880	138.26	26.61	111.66	Venography, orbital, radiological supervision and interpretation
75885	178.93	53.07	125.87	Percutaneous transhepatic portography with hemodynamic evaluation, radiological supervision and interpretation
75887	180.61	52.79	127.82	Percutaneous transhepatic portography without hemodynamic evaluation, radiological supervision and interpretation

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114.3 CMR 18.00: RADIOLOGY

Code	Global Fee	PC Fee	TC Fee	Description
75889	167.86	41.99	125.87	Hepatic venography, wedged or free, with hemodynamic evaluation, radiological supervision and interpretation
75891	168.14	41.99	126.15	Hepatic venography, wedged or free, without hemodynamic evaluation, radiological supervision and interpretation
75893	144.42	19.39	125.03	Venous sampling through catheter, with or without angiography (eg, for parathyroid hormone, renin), radiological supervision and interpretation
75894	894.64	49.73	841.53	Transcatheter therapy, embolization, any method, radiological supervision and interpretation
75896	784.86	50.28	731.78	Transcatheter therapy, infusion, any method (eg, thrombolysis other than coronary), radiological supervision and interpretation
75898	103.08	63.43	36.62	Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion
75900	739.78	18.36	719.97	Exchange of a previously placed intravascular catheter during thrombolytic therapy with contrast monitoring, radiological supervision and interpretation
75901	135.50	17.99	117.51	Mechanical removal of pericatheter obstructive material (eg, fibrin sheath) from central venous device via separate venous access, radiologic supervision and interpretation
75902	61.64	14.36	47.28	Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen, radiologic supervision and interpretation
75945	140.43	15.07	125.36	Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; initial vessel
75946	95.87	15.16	78.84	Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; each additional non-coronary vessel (List separately in addition to code for primary procedure)
75952		170.32		Endovascular repair of infrarenal abdominal aortic aneurysm or dissection, radiological supervision and interpretation
75953		51.86		Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal aortic or iliac artery aneurysm, pseudoaneurysm, or dissection, radiological supervision and interpretation
75954		85.19		Endovascular repair of iliac artery aneurysm, pseudoaneurysm, arteriovenous malformation, or trauma, using ilio-iliac tube endoprosthesis, radiological supervision and interpretation

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114.3 CMR 18.00: RADIOLOGY

Code	Global Fee	PC Fee	TC Fee	Description
75956		266.90		Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin, radiological supervision and interpretation
75957		228.40		Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin, radiological supervision and interpretation
75958		151.58		Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption), radiological supervision and interpretation
75959		133.25		Placement of distal extension prosthesis(s) (delayed) after endovascular repair of descending thoracic aorta, as needed, to level of celiac origin, radiological supervision and interpretation
75960	155.84	30.25	125.59	Transcatheter introduction of intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity artery), percutaneous and/or open, radiological supervision and interpretation, each vessel
75961	285.63	155.86	129.77	Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter), radiological supervision and interpretation
75962	172.38	19.76	152.62	Transluminal balloon angioplasty, peripheral artery other than cervical carotid, renal or other visceral artery, iliac or lower extremity, radiological supervision and interpretation
75964	107.18	13.36	93.82	Transluminal balloon angioplasty, each additional peripheral artery other than cervical carotid, renal or other visceral artery, iliac and lower extremity, radiological supervision and interpretation (List separately in addition to code for primary procedure)
75966	204.58	49.18	155.41	Transluminal balloon angioplasty, renal or other visceral artery, radiological supervision and interpretation
75968	105.23	13.36	91.87	Transluminal balloon angioplasty, each additional visceral artery, radiological supervision and interpretation (List separately in addition to code for primary procedure)

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114.3 CMR 18.00: RADIOLOGY

Code	Global Fee	PC Fee	TC Fee	Description
75970	435.73	31.14	402.08	Transcatheter biopsy, radiological supervision and interpretation
75978	172.66	19.48	153.18	Transluminal balloon angioplasty, venous (eg, subclavian stenosis), radiological supervision and interpretation
75980	246.58	53.81	188.93	Percutaneous transhepatic biliary drainage with contrast monitoring, radiological supervision and interpretation
75982	267.25	53.81	209.65	Percutaneous placement of drainage catheter for combined internal and external biliary drainage or of a drainage stent for internal biliary drainage in patients with an inoperable mechanical biliary obstruction, radiological supervision and interpretation
75984	91.65	26.53	65.12	Change of percutaneous tube or drainage catheter with contrast monitoring (eg, genitourinary system, abscess), radiological supervision and interpretation
75989	106.84	43.39	63.44	Radiological guidance (ie, fluoroscopy, ultrasound, or computed tomography), for percutaneous drainage (eg, abscess, specimen collection), with placement of catheter, radiological supervision and interpretation
76000	63.01	6.25	56.76	Fluoroscopy (separate procedure), up to 1 hour physician time, other than 71023 or 71034 (eg, cardiac fluoroscopy)
76001	118.86	26.06	90.78	Fluoroscopy, physician time more than 1 hour, assisting a nonradiologic physician (eg, nephrostolithotomy, ERCP, bronchoscopy, transbronchial biopsy)
76010	22.01	6.77	15.23	Radiologic examination from nose to rectum for foreign body, single view, child
76080	49.21	20.04	29.17	Radiologic examination, abscess, fistula or sinus tract study, radiological supervision and interpretation
76098	15.11	6.01	9.10	Radiological examination, surgical specimen
76100	98.48	22.77	75.71	Radiologic examination, single plane body section (eg, tomography), other than with urography
76101	142.51	24.72	117.79	Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; unilateral
76102	192.20	25.09	167.11	Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; bilateral
76120	61.50	13.94	47.56	Cineradiography/videoradiography, except where specifically included
76125	38.15	10.71	27.31	Cineradiography/videoradiography to complement routine examination (List separately in addition to code for primary procedure)
76140	I.C.			Consultation on X-ray examination made elsewhere, written report

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114.3 CMR 18.00: RADIOLOGY

Code	Global Fee	PC Fee	TC Fee	Description
76376	58.16	7.54	50.63	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
76377	73.56	29.06	44.49	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation
76380	152.01	35.89	116.11	Computed tomography, limited or localized follow-up study
76390	383.35	51.26	332.09	Magnetic resonance spectroscopy
76496	I.C.			Unlisted fluoroscopic procedure (eg, diagnostic, interventional)
76497	I.C.			Unlisted computed tomography procedure (eg, diagnostic, interventional)
76498	I.C.			Unlisted magnetic resonance procedure (eg, diagnostic, interventional)
76499	I.C.			Unlisted diagnostic radiographic procedure
76506	96.19	23.24	72.95	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
76510	129.19	68.25	60.94	Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter
76511	78.03	38.27	39.76	Ophthalmic ultrasound, diagnostic; quantitative A-scan only
76512	71.90	38.83	33.07	Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)
76513	69.58	25.36	44.22	Ophthalmic ultrasound, diagnostic; anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy
76514	10.62	7.09	3.53	Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness)
76516	56.92	21.90	35.02	Ophthalmic biometry by ultrasound echography, A-scan;
76519	61.75	22.55	39.20	Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation
76529	58.01	23.83	34.18	Ophthalmic ultrasonic foreign body localization
76536	95.12	20.52	74.59	Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation
76604	70.07	20.00	50.07	Ultrasound, chest (includes mediastinum), real time with image documentation

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114.3 CMR 18.00: RADIOLOGY

Code	Global Fee	PC Fee	TC Fee	Description
76645	76.70	19.95	56.76	Ultrasound, breast(s) (unilateral or bilateral), real time with image documentation
76700	112.50	29.55	82.95	Ultrasound, abdominal, real time with image documentation; complete
76705	85.53	21.53	64.00	Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)
76770	106.90	27.02	79.89	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete
76775	89.47	21.56	67.90	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; limited
76776	121.60	27.78	93.82	Ultrasound, transplanted kidney, real time and duplex Doppler with image documentation
76800	105.20	40.64	64.56	Ultrasound, spinal canal and contents
76801	103.30	36.23	67.07	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; single or first gestation
76802	54.28	30.40	23.87	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)
76805	118.90	36.23	82.67	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
76810	76.58	35.71	40.87	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)
76811	151.62	69.50	82.12	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; single or first gestation
76812	137.87	64.92	72.95	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)

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114.3 CMR 18.00: RADIOLOGY

Code	Global Fee	PC Fee	TC Fee	Description
76813	99.72	42.97	56.76	Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; single or first gestation
76814	62.61	35.95	26.66	Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; each additional gestation (List separately in addition to code for primary procedure)
76815	72.68	23.45	49.23	Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), 1 or more fetuses
76816	92.94	31.17	61.77	Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, 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
76817	82.16	27.35	54.81	Ultrasound, pregnant uterus, real time with image documentation, transvaginal
76818	96.67	38.52	58.15	Fetal biophysical profile; with non-stress testing
76819	72.61	28.39	44.22	Fetal biophysical profile; without non-stress testing
76820	36.44	18.14	18.30	Doppler velocimetry, fetal; umbilical artery
76821	77.33	25.86	51.46	Doppler velocimetry, fetal; middle cerebral artery
76825	172.34	60.68	111.66	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording;
76826	99.70	30.13	69.58	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording; follow-up or repeat study
76827	52.31	20.92	31.40	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; complete
76828	37.90	20.43	17.46	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; follow-up or repeat study
76830	100.21	25.34	74.87	Ultrasound, transvaginal
76831	100.38	26.35	74.03	Saline infusion sonohysterography (SIS), including color flow Doppler, when performed
76856	99.93	25.34	74.59	Ultrasound, pelvic (nonobstetric), real time with image documentation; complete

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Code	Global Fee	PC Fee	TC Fee	Description
76857	81.84	14.49	67.35	Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)
76870	99.47	23.76	75.71	Ultrasound, scrotum and contents
76872	112.94	26.09	86.85	Ultrasound, transrectal;
76873	140.35	57.68	82.67	Ultrasound, transrectal; prostate volume study for brachytherapy treatment planning (separate procedure)
76881	91.85	21.16	70.69	Ultrasound, extremity, nonvascular, real-time with image documentation; complete
76882	22.93	14.66	8.27	Ultrasound, extremity, nonvascular, real-time with image documentation; limited, anatomic specific
76885	100.25	27.30	72.95	Ultrasound, infant hips, real time with imaging documentation; dynamic (requiring physician manipulation)
76886	92.58	23.00	69.58	Ultrasound, infant hips, real time with imaging documentation; limited, static (not requiring physician manipulation)
76930	72.05	25.33	46.72	Ultrasonic guidance for pericardiocentesis, imaging supervision and interpretation
76932	81.01	26.16	53.31	Ultrasonic guidance for endomyocardial biopsy, imaging supervision and interpretation
76936	199.31	74.73	124.58	Ultrasound guided compression repair of arterial pseudoaneurysm or arteriovenous fistulae (includes diagnostic ultrasound evaluation, compression of lesion and imaging)
76937	27.23	11.16	16.07	Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure)
76940	142.99	76.64	57.72	Ultrasound guidance for, and monitoring of, parenchymal tissue ablation
76941	108.25	50.64	53.19	Ultrasonic guidance for intrauterine fetal transfusion or cordocentesis, imaging supervision and interpretation
76942	159.55	24.77	134.79	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation
76945	80.09	25.04	53.18	Ultrasonic guidance for chorionic villus sampling, imaging supervision and interpretation
76946	29.64	13.84	15.79	Ultrasonic guidance for amniocentesis, imaging supervision and interpretation

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Code	Global Fee	PC Fee	TC Fee	Description
76948	30.01	14.21	15.79	Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation
76950	54.36	21.56	32.79	Ultrasonic guidance for placement of radiation therapy fields
76965	91.52	50.37	41.15	Ultrasonic guidance for interstitial radioelement application
76970	77.21	14.88	62.33	Ultrasound study follow-up (specify)
76975	86.40	31.96	53.31	Gastrointestinal endoscopic ultrasound, supervision and interpretation
76977	8.27	1.95	6.32	Ultrasound bone density measurement and interpretation, peripheral site(s), any method
76998	141.62	46.96	91.49	Ultrasonic guidance, intraoperative
76999	I.C.			Unlisted ultrasound procedure (eg, diagnostic, interventional)
77001	92.43	14.21	78.21	Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position) (List separately in addition to code for primary procedure)
77002	59.80	20.32	39.48	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device)
77003	48.71	21.77	26.94	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural, subarachnoid, or sacroiliac joint), including neurolytic agent destruction
77011	391.94	45.09	346.86	Computed tomography guidance for stereotactic localization
77012	129.61	42.20	87.41	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation
77013	471.17	149.43	311.21	Computed tomography guidance for, and monitoring of, parenchymal tissue ablation
77014	153.88	31.35	122.52	Computed tomography guidance for placement of radiation therapy fields
77021	349.73	55.82	293.91	Magnetic resonance guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation
77022	583.81	157.90	412.77	Magnetic resonance guidance for, and monitoring of, parenchymal tissue ablation

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Code	Global Fee	PC Fee	TC Fee	Description
77031	125.62	58.83	66.79	Stereotactic localization guidance for breast biopsy or needle placement (eg, for wire localization or for injection), each lesion, radiological supervision and interpretation
77032	43.56	20.52	23.04	Mammographic guidance for needle placement, breast (eg, for wire localization or for injection), each lesion, radiological supervision and interpretation
77051	9.07	2.20	6.87	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)
77052	9.07	2.20	6.87	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)
77053	54.23	13.08	41.15	Mammary ductogram or galactogram, single duct, radiological supervision and interpretation
77054	73.50	16.75	56.76	Mammary ductogram or galactogram, multiple ducts, radiological supervision and interpretation
77055	68.04	25.77	42.27	Mammography; unilateral
77056	87.11	32.02	55.08	Mammography; bilateral
77057	96.76	38.36	58.39	Screening mammography, bilateral (2-view film study of each breast)
77058	615.30	59.99	555.31	Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral
77059	638.71	59.99	578.72	Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral
77071	36.30			Manual application of stress performed by physician for joint radiography, including contralateral joint if indicated
77072	18.63	7.01	11.61	Bone age studies
77073	30.87	10.90	19.97	Bone length studies (orthoroentgenogram, scanogram)
77074	55.67	16.75	38.92	Radiologic examination, osseous survey; limited (eg, for metastases)
77075	82.37	19.76	62.61	Radiologic examination, osseous survey; complete (axial and appendicular skeleton)
77076	79.74	25.21	54.53	Radiologic examination, osseous survey, infant
77077	33.23	12.15	21.09	Joint survey, single view, 2 or more joints (specify)
77078	91.24	9.02	82.22	Computed tomography, bone mineral density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)

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Code	Global Fee	PC Fee	TC Fee	Description
77080	77.83	7.98	69.84	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)
77081	22.70	7.18	15.51	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)
77082	21.91	4.73	17.18	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; vertebral fracture assessment
77084	427.58	59.26	368.32	Magnetic resonance (eg, proton) imaging, bone marrow blood supply
77261	53.34			Therapeutic radiology treatment planning; simple
77262	80.06			Therapeutic radiology treatment planning; intermediate
77263	118.74			Therapeutic radiology treatment planning; complex
77280	152.01	25.86	126.15	Therapeutic radiology simulation-aided field setting; simple
77285	267.31	38.89	228.42	Therapeutic radiology simulation-aided field setting; intermediate
77290	428.28	57.74	370.55	Therapeutic radiology simulation-aided field setting; complex
77295	443.87	169.19	274.68	Therapeutic radiology simulation-aided field setting; 3-dimensional
77299	I.C.			Unlisted procedure, therapeutic radiology clinical treatment planning
77300	54.77	23.09	31.68	Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician
77301	1,677.64	296.35	1,381.29	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications
77305	51.69	25.86	25.82	Teletherapy, isodose plan (whether hand or computer calculated); simple (1 or 2 parallel opposed unmodified ports directed to a single area of interest)
77310	72.79	38.89	33.90	Teletherapy, isodose plan (whether hand or computer calculated); intermediate (3 or more treatment ports directed to a single area of interest)
77315	110.59	57.74	52.85	Teletherapy, isodose plan (whether hand or computer calculated); complex (mantle or inverted Y, tangential ports, the use of wedges, compensators, complex blocking, rotational beam, or special beam considerations)
77321	83.84	34.89	48.95	Special teletherapy port plan, particles, hemibody, total body
77326	114.94	34.13	80.81	Brachytherapy isodose plan; simple (calculation made from single plane, 1 to 4 sources/ribbon application, remote afterloading brachytherapy, 1 to 8 sources)

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Code	Global Fee	PC Fee	TC Fee	Description
77327	162.58	51.39	111.19	Brachytherapy isodose plan; intermediate (multiplane dosage calculations, application involving 5 to 10 sources/ribbons, remote afterloading brachytherapy, 9 to 12 sources)
77328	218.73	77.26	141.47	Brachytherapy isodose plan; complex (multiplane isodose plan, volume implant calculations, over 10 sources/ribbons used, special spatial reconstruction, remote afterloading brachytherapy, over 12 sources)
77331	48.19	32.39	15.79	Special dosimetry (eg, TLD, microdosimetry) (specify), only when prescribed by the treating physician
77332	62.30	20.04	42.27	Treatment devices, design and construction; simple (simple block, simple bolus)
77333	45.51	31.11	14.40	Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)
77334	120.87	45.72	75.15	Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)
77336	42.82			Continuing medical physics consultation, including assessment of treatment parameters, quality assurance of dose delivery, and review of patient treatment documentation in support of the radiation oncologist, reported per week of therapy
77338	375.00	160.79	214.21	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan
77370	95.21			Special medical radiation physics consultation
77371	982.04			Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based
77372	698.17			Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based
77373	1,303.83			Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions
77399	I.C.			Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services
77401	20.81			Radiation treatment delivery, superficial and/or ortho voltage
77402	144.54			Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; up to 5 MeV

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Code	Global Fee	PC Fee	TC Fee	Description
77403	107.48			Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 6-10 MeV
77404	119.46			Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 11-19 MeV
77406	120.57			Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 20 MeV or greater
77407	209.47			Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; up to 5 MeV
77408	146.21			Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 6-10 MeV
77409	162.65			Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 11-19 MeV
77411	161.82			Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 20 MeV or greater
77412	190.80			Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5 MeV
77413	192.19			Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 MeV
77414	215.04			Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 MeV
77416	216.16			Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 MeV or greater
77417	12.17			Therapeutic radiology port film(s)
77418	426.28			Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session
77421	88.68	14.37	74.31	Stereoscopic X-ray guidance for localization of target volume for the delivery of radiation therapy

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Code	Global Fee	PC Fee	TC Fee	Description
77422	163.21			High energy neutron radiation treatment delivery; single treatment area using a single port or parallel-opposed ports with no blocks or simple blocking
77423	207.52			High energy neutron radiation treatment delivery; 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s)
77424	I.C.			Intraoperative radiation treatment delivery, x-ray, single treatment session
77425	I.C.			Intraoperative radiation treatment delivery, electrons, single treatment session
77427	133.13			Radiation treatment management, 5 treatments
77431	73.17			Radiation therapy management with complete course of therapy consisting of 1 or 2 fractions only
77432	300.20			Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)
77435	498.32			Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions
77469	214.22			Intraoperative radiation treatment management
77470	157.14	77.53	79.61	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral, endocavitary or intraoperative cone irradiation)
77499	I.C.			Unlisted procedure, therapeutic radiology treatment management
77520	I.C.			Proton treatment delivery; simple, without compensation
77522	I.C.			Proton treatment delivery; simple, with compensation
77523	I.C.			Proton treatment delivery; intermediate
77525	I.C.			Proton treatment delivery; complex
77600	327.77	57.74	270.04	Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less)
77605	752.65	80.48	672.17	Hyperthermia, externally generated; deep (ie, heating to depths greater than 4 cm)
77610	689.22	56.62	632.59	Hyperthermia generated by interstitial probe(s); 5 or fewer interstitial applicators
77615	788.62	77.26	711.36	Hyperthermia generated by interstitial probe(s); more than 5 interstitial applicators
77620	388.15	55.79	332.37	Hyperthermia generated by intracavitary probe(s)

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Code	Global Fee	PC Fee	TC Fee	Description
77750	268.27	185.23	83.04	Infusion or instillation of radioelement solution (includes 3-month follow-up care)
77761	285.76	141.78	143.98	Intracavitary radiation source application; simple
77762	381.70	213.29	168.41	Intracavitary radiation source application; intermediate
77763	538.20	320.37	217.83	Intracavitary radiation source application; complex
77776	325.56	175.27	150.30	Interstitial radiation source application; simple
77777	447.05	282.82	164.23	Interstitial radiation source application; intermediate
77778	642.81	419.22	223.58	Interstitial radiation source application; complex
77785	174.18	52.68	121.50	Remote afterloading high dose rate radionuclide brachytherapy; 1 channel
77786	454.61	119.27	335.34	Remote afterloading high dose rate radionuclide brachytherapy; 2-12 channels
77787	726.07	182.57	543.51	Remote afterloading high dose rate radionuclide brachytherapy; over 12 channels
77789	86.40	42.46	43.94	Surface application of radiation source
77790	70.38	38.70	31.68	Supervision, handling, loading of radiation source
77799	I.C.			Unlisted procedure, clinical brachytherapy
78000	58.20	7.01	51.18	Thyroid uptake; single determination
78001	74.47	9.55	64.93	Thyroid uptake; multiple determinations
78003	64.37	12.08	52.30	Thyroid uptake; stimulation, suppression or discharge (not including initial uptake studies)
78006	191.05	17.99	173.06	Thyroid imaging, with uptake; single determination
78007	157.85	18.23	139.61	Thyroid imaging, with uptake; multiple determinations
78010	131.69	13.81	117.88	Thyroid imaging; only
78011	145.21	16.75	128.47	Thyroid imaging; with vascular flow
78015	173.58	24.21	149.37	Thyroid carcinoma metastases imaging; limited area (eg, neck and chest only)
78016	246.41	27.65	218.76	Thyroid carcinoma metastases imaging; with additional studies (eg, urinary recovery)
78018	257.60	30.76	226.84	Thyroid carcinoma metastases imaging; whole body
78020	68.22	21.21	47.00	Thyroid carcinoma metastases uptake (List separately in addition to code for primary procedure)
78070	132.34	29.79	102.55	Parathyroid imaging
78075	346.01	26.46	319.55	Adrenal imaging, cortex and/or medulla
78099	I.C.			Unlisted endocrine procedure, diagnostic nuclear medicine
78102	133.98	19.72	114.25	Bone marrow imaging; limited area
78103	176.63	26.70	149.93	Bone marrow imaging; multiple areas

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Code	Global Fee	PC Fee	TC Fee	Description
78104	200.97	28.75	172.22	Bone marrow imaging; whole body
78110	66.93	7.01	59.91	Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); single sampling
78111	70.72	7.74	62.98	Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); multiple samplings
78120	70.96	8.54	62.42	Red cell volume determination (separate procedure); single sampling
78121	81.22	11.56	69.67	Red cell volume determination (separate procedure); multiple samplings
78122	90.22	15.82	74.40	Whole blood volume determination, including separate measurement of plasma volume and red cell volume (radiopharmaceutical volume-dilution technique)
78130	124.38	22.75	101.62	Red cell survival study;
78135	278.75	23.76	254.99	Red cell survival study; differential organ/tissue kinetics (eg, splenic and/or hepatic sequestration)
78140	111.37	22.48	88.90	Labeled red cell sequestration, differential organ/tissue (eg, splenic and/or hepatic)
78185	163.14	14.61	148.53	Spleen imaging only, with or without vascular flow
78190	242.48	39.39	203.09	Kinetics, study of platelet survival, with or without differential organ/tissue localization
78191	142.49	22.48	120.01	Platelet survival study
78195	283.94	43.73	240.22	Lymphatics and lymph nodes imaging
78199	I.C.			Unlisted hematopoietic, reticuloendothelial and lymphatic procedure, diagnostic nuclear medicine
78201	150.17	15.85	134.32	Liver imaging; static only
78202	163.85	17.55	146.30	Liver imaging; with vascular flow
78205	183.46	25.73	157.73	Liver imaging (SPECT);
78206	281.20	34.57	246.63	Liver imaging (SPECT); with vascular flow
78215	155.38	17.99	137.39	Liver and spleen imaging; static only
78216	104.64	20.49	84.16	Liver and spleen imaging; with vascular flow
78226	252.21	25.23	226.98	Hepatobiliary system imaging, including gallbladder, when present;
78227	345.62	30.41	315.21	Hepatobiliary system imaging, including gallbladder, when present; with pharmacologic intervention, including quantitative measurement(s) when performed
78230	134.07	16.47	117.60	Salivary gland imaging;
78231	103.34	18.63	84.72	Salivary gland imaging; with serial images
78232	94.14	16.11	78.03	Salivary gland function study

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Code	Global Fee	PC Fee	TC Fee	Description
78258	184.00	27.11	156.89	Esophageal motility
78261	201.93	25.53	176.40	Gastric mucosa imaging
78262	198.07	24.17	173.89	Gastroesophageal reflux study
78264	230.86	28.26	202.60	Gastric emptying study
78267	I.C.			Urea breath test, C-14 (isotopic); acquisition for analysis
78268	I.C.			Urea breath test, C-14 (isotopic); analysis
78270	65.69	7.26	58.43	Vitamin B-12 absorption study (eg, Schilling test); without intrinsic factor
78271	69.31	7.26	62.05	Vitamin B-12 absorption study (eg, Schilling test); with intrinsic factor
78272	73.32	9.51	63.81	Vitamin B-12 absorption studies combined, with and without intrinsic factor
78278	279.05	36.04	243.00	Acute gastrointestinal blood loss imaging
78282		14.21		Gastrointestinal protein loss
78290	260.49	25.01	235.48	Intestine imaging (eg, ectopic gastric mucosa, Meckel's localization, volvulus)
78291	203.37	31.99	171.38	Peritoneal-venous shunt patency test (eg, for LeVein, Denver shunt)
78299	I.C.			Unlisted gastrointestinal procedure, diagnostic nuclear medicine
78300	141.80	22.81	118.99	Bone and/or joint imaging; limited area
78305	187.20	30.03	157.17	Bone and/or joint imaging; multiple areas
78306	204.09	31.32	172.78	Bone and/or joint imaging; whole body
78315	278.66	37.05	241.61	Bone and/or joint imaging; 3 phase study
78320	195.82	37.53	158.29	Bone and/or joint imaging; tomographic (SPECT)
78350	26.04	8.02	18.02	Bone density (bone mineral content) study, 1 or more sites; single photon absorptiometry
78351	11.07			Bone density (bone mineral content) study, 1 or more sites; dual photon absorptiometry, 1 or more sites
78399	I.C.			Unlisted musculoskeletal procedure, diagnostic nuclear medicine
78414		16.47		Determination of central c-v hemodynamics (non-imaging) (eg, ejection fraction with probe technique) with or without pharmacologic intervention or exercise, single or multiple determinations
78428	155.71	29.19	126.52	Cardiac shunt detection
78445	138.29	17.34	120.94	Non-cardiac vascular flow imaging (ie, angiography, venography)

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Code	Global Fee	PC Fee	TC Fee	Description
78451	274.00	48.55	225.45	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 (exercise or pharmacologic)
78452	385.05	57.43	327.63	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 (exercise or pharmacologic) and/or redistribution and/or rest reinjection
78453	236.09	35.45	200.64	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)
78454	341.49	47.30	294.19	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) and/or redistribution and/or rest reinjection
78456	271.95	37.87	234.08	Acute venous thrombosis imaging, peptide
78457	156.77	28.02	128.75	Venous thrombosis imaging, venogram; unilateral
78458	157.04	31.35	125.68	Venous thrombosis imaging, venogram; bilateral
78459	963.74	55.45	908.29	Myocardial imaging, positron emission tomography (PET), metabolic evaluation
78466	145.17	25.90	119.27	Myocardial imaging, infarct avid, planar; qualitative or quantitative
78468	176.26	30.51	145.75	Myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique
78469	207.59	35.37	172.22	Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification
78472	202.54	36.45	166.09	Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing
78473	266.98	55.19	211.79	Cardiac blood pool imaging, gated equilibrium; multiple studies, wall motion study plus ejection fraction, at rest and stress (exercise and/or pharmacologic), with or without additional quantification
78481	168.54	37.66	130.88	Cardiac blood pool imaging (planar), first pass technique; single study, at rest or with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification

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Code	Global Fee	PC Fee	TC Fee	Description
78483	233.26	56.86	176.40	Cardiac blood pool imaging (planar), first pass technique; multiple studies, at rest and with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification
78491	964.49	56.28	908.21	Myocardial imaging, positron emission tomography (PET), perfusion; single study at rest or stress
78492	979.78	71.46	908.14	Myocardial imaging, positron emission tomography (PET), perfusion; multiple studies at rest and/or stress
78494	215.15	44.88	170.27	Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing
78496	64.31	18.70	45.61	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)
78499	I.C.			Unlisted cardiovascular procedure, diagnostic nuclear medicine
78579	133.77	16.62	117.15	Pulmonary ventilation imaging (eg, aerosol or gas)
78580	171.18	26.83	144.35	Pulmonary perfusion imaging, particulate
78582	246.40	36.02	210.38	Pulmonary ventilation imaging (eg, aerosol or gas) and perfusion imaging
78597	150.41	24.83	125.58	Quantitative differential pulmonary perfusion, including imaging when performed
78598	231.75	28.22	203.53	Quantitative differential pulmonary perfusion and ventilation (eg, aerosol or gas), including imaging when performed
78599	I.C.			Unlisted respiratory procedure, diagnostic nuclear medicine
78600	145.44	16.13	129.30	Brain imaging, less than 4 static views;
78601	172.58	18.48	154.11	Brain imaging, less than 4 static views; with vascular flow
78605	159.41	19.80	139.61	Brain imaging, minimum 4 static views;
78606	262.86	22.93	239.94	Brain imaging, minimum 4 static views; with vascular flow
78607	292.38	43.80	248.58	Brain imaging, tomographic (SPECT)
78608	909.29	54.52	854.77	Brain imaging, positron emission tomography (PET); metabolic evaluation
78609		55.72		Brain imaging, positron emission tomography (PET); perfusion evaluation
78610	144.00	11.07	132.93	Brain imaging, vascular flow only
78630	272.84	24.82	248.02	Cerebrospinal fluid flow, imaging (not including introduction of material); cisternography
78635	260.47	22.20	238.27	Cerebrospinal fluid flow, imaging (not including introduction of material); ventriculography

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Code	Global Fee	PC Fee	TC Fee	Description
78645	256.80	20.77	236.04	Cerebrospinal fluid flow, imaging (not including introduction of material); shunt evaluation
78647	281.05	32.19	248.86	Cerebrospinal fluid flow, imaging (not including introduction of material); tomographic (SPECT)
78650	267.43	22.20	245.23	Cerebrospinal fluid leakage detection and localization
78660	142.69	19.80	122.89	Radiopharmaceutical dacryocystography
78699	I.C.			Unlisted nervous system procedure, diagnostic nuclear medicine
78700	142.43	16.75	125.68	Kidney imaging morphology;
78701	172.38	17.99	154.38	Kidney imaging morphology; with vascular flow
78707	190.91	34.57	156.34	Kidney imaging morphology; with vascular flow and function, single study without pharmacological intervention
78708	143.08	43.88	99.21	Kidney imaging morphology; with vascular flow and function, single study, with pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)
78709	294.60	51.04	243.56	Kidney imaging morphology; with vascular flow and function, multiple studies, with and without pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)
78710	179.75	23.13	156.61	Kidney imaging morphology; tomographic (SPECT)
78725	82.40	13.57	68.83	Kidney function study, non-imaging radioisotopic study
78730	60.57	6.05	54.53	Urinary bladder residual study (List separately in addition to code for primary procedure)
78740	179.05	21.32	157.73	Ureteral reflux study (radiopharmaceutical voiding cystogram)
78761	171.20	26.29	144.91	Testicular imaging with vascular flow
78799	I.C.			Unlisted genitourinary procedure, diagnostic nuclear medicine
78800	150.48	23.97	126.52	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); limited area
78801	203.79	28.79	175.01	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); multiple areas
78802	264.29	31.04	233.25	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); whole body, single day imaging
78803	283.42	39.02	244.40	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); tomographic (SPECT)
78804	471.41	38.54	432.87	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); whole body, requiring 2 or more days imaging

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Code	Global Fee	PC Fee	TC Fee	Description
78805	148.00	26.50	121.50	Radiopharmaceutical localization of inflammatory process; limited area
78806	273.76	31.04	242.73	Radiopharmaceutical localization of inflammatory process; whole body
78807	282.95	38.56	244.40	Radiopharmaceutical localization of inflammatory process; tomographic (SPECT)
78808	34.45			Injection procedure for radiopharmaceutical localization by non-imaging probe study, intravenous (eg, parathyroid adenoma)
78811	912.80	58.17	854.63	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)
78812	926.17	71.43	854.74	Positron emission tomography (PET) imaging; skull base to mid-thigh
78813	929.24	74.60	854.64	Positron emission tomography (PET) imaging; whole body
78814	935.89	81.21	854.68	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)
78815	945.15	90.46	854.69	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh
78816	946.58	91.91	854.67	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body
78999	I.C.			Unlisted miscellaneous procedure, diagnostic nuclear medicine
79005	109.71	64.94	44.77	Radiopharmaceutical therapy, by oral administration
79101	124.46	75.78	48.67	Radiopharmaceutical therapy, by intravenous administration
79200	128.99	73.63	55.36	Radiopharmaceutical therapy, by intracavitary administration
79300		59.72		Radiopharmaceutical therapy, by interstitial radioactive colloid administration
79403	157.67	82.43	75.24	Radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous infusion
79440	121.19	74.75	46.45	Radiopharmaceutical therapy, by intra-articular administration
79445	188.11	88.00	90.45	Radiopharmaceutical therapy, by intra-arterial particulate administration
79999	I.C.			Radiopharmaceutical therapy, unlisted procedure
A4641	I.C.			Radiopharmaceutical, diagnostic, not otherwise classified
A9500	I.C.			Technetium tc-99m sestamibi, diagnostic, per study dose

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Code	Global Fee	PC Fee	TC Fee	Description
A9502	I.C.			Technetium Tc-99m tetrofosmin, diagnostic, per study dose
A9503	I.C.			Technetium Tc-99m medronate, diagnostic, per study dose, up to 30 millicuries
A9505	I.C.			Thallium Tl-201 thallos chloride, diagnostic, per millicurie
A9512	I.C.			Technetium Tc-99m pertechnetate, diagnostic, per millicurie
A9537	I.C.			Technetium Tc-99m mebrofenin, diagnostic, per study dose, up to 15 millicuries
G0202	96.76	38.36	58.39	Screening mammography, producing direct digital image, bilateral, all views
G0204	87.11	32.02	55.08	Diagnostic mammography, producing direct digital image, bilateral, all views
G0206	68.04	25.77	42.27	Diagnostic mammography, producing direct digital image, unilateral, all views
R0070	32.00			Transportation of portable x-ray equipment and personnel to home or nursing home, per trip to facility or location, one patient seen

18.05: Severability

The provisions of 114.3 CMR 18.00 are hereby declared to be severable and if any such provisions or the application of such provisions to any person or circumstances shall be held to be invalid or unconstitutional, such invalidity shall not be construed to affect the validity or constitutionality of any remaining provisions to eligible providers or circumstances other than those held invalid.

REGULATORY AUTHORITY

114.3 CMR 18.00: M.G.L. c. 118G.