



Commonwealth of Massachusetts

Division of Industrial Accidents

*State Office Building, Government Center
100 Cambridge Street, Boston 02202*

WHEN REPLYING
PLEASE QUOTE I.A.B.
FILE NO.
ATTENTION OF:

July 1, 1970

CIRCULAR LETTER NO. 172

TO: ALL INSURANCE COMPANIES, ALL SELF-INSURERS, AND WORKMEN'S COMPENSATION AGENTS OF DEPARTMENTS OF THE COMMONWEALTH AND COUNTIES, CITIES, TOWNS, AND DISTRICTS SUBJECT TO THE WORKMEN'S COMPENSATION LAW (GENERAL LAWS, CHAPTER 152, AS AMENDED).

The Industrial Accident Board has voted to establish the fees, set forth in the enclosed list, for physicians specializing exclusively in Roentgenology.

These fees are effective June 1, 1970, subject to later revision, updating or other action by the Rate Setting Commission.

Very truly yours,

John J. Maloney
John J. Maloney
Secretary

Enclosure
JJM/ec

Finger, minimum 3 views	\$10.00
Fingers, 2 or more, minimum 3 views	15.00
Hand, minimum 3 views	15.00
Wrist, minimum 3 views	15.00
Elbow	15.00
Forearm	15.00
Humerus	15.00
Shoulder Girdle	15.00
Toe, minimum 3 views	10.00
Toes, 2 or more, minimum 3 views	15.00
Foot, minimum 3 views	15.00
Ankle, minimum, 3 views	15.00
Lower leg	15.00
Knee, minimum 3 views	15.00
Femur	15.00
Pelvis & hips, minimum 3 views	22.50
Cervical spine, minimum 3 views	20.00
Dorsal spine	20.00
Lumbar spine, minimum 3 views	20.00
Oblique view of specific area of spine	Add 1/3
Any two special areas of spine	35.00
Any three special areas of spine	45.00
Lumbar spine & plain pelvis	25.00
Skull, complete, minimum of 5 views (including base view)	30.00
Sinuses, minimum of 4 views	20.00
Mastoids, including base views	20.00
Temporo mandibular joints	20.00
Mandible, unilateral	15.00
Mandible, bilateral	20.00

Teeth:- less than full mouth	\$10.00
- full mouth	20.00
Nose, 3 views	15.00
Ribs, 3 views unilateral	20.00
Chest, (lungs & heart), minimum 2 views	20.00
Abdomen, flat films	15.00
Oesophagus	20.00
Upper G. I. exam, with flat and 3 hour film	40.00
Colon examination:	
(Barium Enema) flat only, full & empty films	32.00
(Contrast Enema) flat only, full & spot films	32.00
Cholecystogram, with dye:	
Oral	25.00
Intravenous	45.00
Urinary survey films (K U B), 3 views	20.00
Pyelogram:	
Intravenous Urogram (I.V. pyelogram)	35.00
Retrograde Urogram	30.00
Bronchogram: without injection	35.00
(additional charge for injection)	
Myelogram:	40.00
(additional charge for injection)	
Portables, minimum one part	50.00
Foreign body: same as part involved	
Foreign body, eye: precise localization	35.00
rough localization	20.00
X-ray treatments, (ortho voltage)	15.00
Non listed studies,	individual consideration

IF SEPARATE BILLING FOR PROFESSIONAL COMPONENT OF READING AND INTER-
PRETATION OF X-RAY, MAXIMUM FEE SHALL BE 40% OF ABOVE SCHEDULED ITEM