

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
70010		MYELOGRAPHY, POSTERIOR FOSSA, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$216.96	7/1/2022	12/31/2382
70010	26	MYELOGRAPHY, POSTERIOR FOSSA, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$70.75	7/1/2022	12/31/2382
70010	TC	MYELOGRAPHY, POSTERIOR FOSSA, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$163.05	7/1/2022	12/31/2382
70015		CISTERNOGRAPHY, POSITIVE CONTRAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$216.96	7/1/2022	12/31/2382
70015	26	CISTERNOGRAPHY, POSITIVE CONTRAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$70.75	7/1/2022	12/31/2382
70015	TC	CISTERNOGRAPHY, POSITIVE CONTRAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$51.11	7/1/2022	12/31/2382
70030		RADIOLOGIC EXAMINATION, EYE, FOR DETECTION OF FOREIGN BODY	\$54.27	7/1/2022	12/31/2382
70030	26	RADIOLOGIC EXAMINATION, EYE, FOR DETECTION OF FOREIGN BODY	\$10.26	7/1/2022	12/31/2382
70030	50	RADIOLOGIC EXAMINATION, EYE, FOR DETECTION OF FOREIGN BODY	\$54.27	7/1/2022	12/31/2382
70030	TC	RADIOLOGIC EXAMINATION, EYE, FOR DETECTION OF FOREIGN BODY	\$15.94	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
70100		RADIOLOGIC EXAMINATION, MANDIBLE; PARTIAL, LESS THAN FOUR VIEWS	\$54.27	7/1/2022	12/31/2382
70100	26	RADIOLOGIC EXAMINATION, MANDIBLE; PARTIAL, LESS THAN FOUR VIEWS	\$10.85	7/1/2022	12/31/2382
70100	TC	RADIOLOGIC EXAMINATION, MANDIBLE; PARTIAL, LESS THAN FOUR VIEWS	\$20.00	7/1/2022	12/31/2382
70110		RADIOLOGIC EXAMINATION, MANDIBLE; COMPLETE, MINIMUM OF FOUR VIEWS	\$54.27	7/1/2022	12/31/2382
70110	26	RADIOLOGIC EXAMINATION, MANDIBLE; COMPLETE, MINIMUM OF FOUR VIEWS	\$14.75	7/1/2022	12/31/2382
70110	TC	RADIOLOGIC EXAMINATION, MANDIBLE; COMPLETE, MINIMUM OF FOUR VIEWS	\$23.59	7/1/2022	12/31/2382
70120		RADIOLOGIC EXAMINATION, MASTOIDS; LESS THAN THREE VIEWS PER SIDE	\$54.27	7/1/2022	12/31/2382
70120	26	RADIOLOGIC EXAMINATION, MASTOIDS; LESS THAN THREE VIEWS PER SIDE	\$10.85	7/1/2022	12/31/2382
70120	TC	RADIOLOGIC EXAMINATION, MASTOIDS; LESS THAN THREE VIEWS PER SIDE	\$23.59	7/1/2022	12/31/2382
70130		RADIOLOGIC EXAMINATION, MASTOIDS; COMPLETE, MINIMUM OF THREE VIEWS PER SIDE	\$54.27	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
70130	26	RADIOLOGIC EXAMINATION, MASTOIDS; COMPLETE, MINIMUM OF THREE VIEWS PER SIDE	\$19.77	7/1/2022	12/31/2382
70130	TC	RADIOLOGIC EXAMINATION, MASTOIDS; COMPLETE, MINIMUM OF THREE VIEWS PER SIDE	\$29.75	7/1/2022	12/31/2382
70134		RADIOLOGIC EXAMINATION, INTERNAL AUDITORY MEATI, COMPLETE	\$92.38	7/1/2022	12/31/2382
70134	26	RADIOLOGIC EXAMINATION, INTERNAL AUDITORY MEATI, COMPLETE	\$19.77	7/1/2022	12/31/2382
70134	TC	RADIOLOGIC EXAMINATION, INTERNAL AUDITORY MEATI, COMPLETE	\$27.91	7/1/2022	12/31/2382
70140		RADIOLOGIC EXAMINATION, FACIAL BONES; LESS THAN THREE VIEWS	\$54.27	7/1/2022	12/31/2382
70140	26	RADIOLOGIC EXAMINATION, FACIAL BONES; LESS THAN THREE VIEWS	\$11.18	7/1/2022	12/31/2382
70140	TC	RADIOLOGIC EXAMINATION, FACIAL BONES; LESS THAN THREE VIEWS	\$23.59	7/1/2022	12/31/2382
70150		RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE, MINIMUM OF THREE VIEWS	\$54.27	7/1/2022	12/31/2382
70150	26	RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE, MINIMUM OF THREE VIEWS	\$15.44	7/1/2022	12/31/2382

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70150	LT	RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE, MINIMUM OF THREE VIEWS	\$54.27	7/1/2022	12/31/2382
70150	RT	RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE, MINIMUM OF THREE VIEWS	\$54.27	7/1/2022	12/31/2382
70150	TC	RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE, MINIMUM OF THREE VIEWS	\$29.75	7/1/2022	12/31/2382
70160		RADIOLOGIC EXAMINATION, NASAL BONES, COMPLETE, MINIMUM OF THREE VIEWS	\$54.27	7/1/2022	12/31/2382
70160	26	RADIOLOGIC EXAMINATION, NASAL BONES, COMPLETE, MINIMUM OF THREE VIEWS	\$10.10	7/1/2022	12/31/2382
70160	LT	RADIOLOGIC EXAMINATION, NASAL BONES, COMPLETE, MINIMUM OF THREE VIEWS	\$54.27	7/1/2022	12/31/2382
70160	PO	RADIOLOGIC EXAMINATION, NASAL BONES, COMPLETE, MINIMUM OF THREE VIEWS	\$54.27	7/1/2022	12/31/2382
70160	RT	RADIOLOGIC EXAMINATION, NASAL BONES, COMPLETE, MINIMUM OF THREE VIEWS	\$54.27	7/1/2022	12/31/2382
70160	TC	RADIOLOGIC EXAMINATION, NASAL BONES, COMPLETE, MINIMUM OF THREE VIEWS	\$20.00	7/1/2022	12/31/2382
70170		DACRYOCYSTOGRAPHY, NASOLACRIMAL DUCT, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$257.02	7/1/2022	12/31/2382

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70170	26	DACRYOCYSTOGRAPHY, NASOLACRIMAL DUCT, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$16.89	7/1/2022	12/31/2382
70170	TC	DACRYOCYSTOGRAPHY, NASOLACRIMAL DUCT, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$35.56	7/1/2022	12/31/2382
70190		RADIOLOGIC EXAMINATION; OPTIC FORAMINA	\$54.27	7/1/2022	12/31/2382
70190	26	RADIOLOGIC EXAMINATION; OPTIC FORAMINA	\$12.62	7/1/2022	12/31/2382
70190	TC	RADIOLOGIC EXAMINATION; OPTIC FORAMINA	\$23.59	7/1/2022	12/31/2382
70200		RADIOLOGIC EXAMINATION; ORBITS, COMPLETE, MINIMUM OF FOUR VIEWS	\$54.27	7/1/2022	12/31/2382
70200	26	RADIOLOGIC EXAMINATION; ORBITS, COMPLETE, MINIMUM OF FOUR VIEWS	\$16.53	7/1/2022	12/31/2382
70200	TC	RADIOLOGIC EXAMINATION; ORBITS, COMPLETE, MINIMUM OF FOUR VIEWS	\$29.75	7/1/2022	12/31/2382
70210		RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, LESS THAN THREE VIEWS	\$54.27	7/1/2022	12/31/2382
70210	26	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, LESS THAN THREE VIEWS	\$10.10	7/1/2022	12/31/2382

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70210	TC	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, LESS THAN THREE VIEWS	\$23.59	7/1/2022	12/31/2382
70220		RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, COMPLETE, MINIMUM OF THREE VIEWS	\$54.27	7/1/2022	12/31/2382
70220	26	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, COMPLETE, MINIMUM OF THREE VIEWS	\$14.76	7/1/2022	12/31/2382
70220	TC	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, COMPLETE, MINIMUM OF THREE VIEWS	\$29.75	7/1/2022	12/31/2382
70240		RADIOLOGIC EXAMINATION, SELLA TURCICA	\$54.27	7/1/2022	12/31/2382
70240	26	RADIOLOGIC EXAMINATION, SELLA TURCICA	\$11.47	7/1/2022	12/31/2382
70240	TC	RADIOLOGIC EXAMINATION, SELLA TURCICA	\$15.94	7/1/2022	12/31/2382
70250		RADIOLOGIC EXAMINATION, SKULL; LESS THAN FOUR VIEWS, WITH OR WITHOUT STEREO	\$54.27	7/1/2022	12/31/2382
70250	26	RADIOLOGIC EXAMINATION, SKULL; LESS THAN FOUR VIEWS, WITH OR WITHOUT STEREO	\$14.35	7/1/2022	12/31/2382
70250	PO	RADIOLOGIC EXAMINATION, SKULL; LESS THAN FOUR VIEWS, WITH OR WITHOUT STEREO	\$54.27	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
70250	TC	RADIOLOGIC EXAMINATION, SKULL; LESS THAN FOUR VIEWS, WITH OR WITHOUT STEREO	\$23.59	7/1/2022	12/31/2382
70260		RADIOLOGIC EXAMINATION, SKULL; COMPLETE, MINIMUM OF FOUR VIEWS, WITH OR WITHOUT STEREO	\$92.38	7/1/2022	12/31/2382
70260	26	RADIOLOGIC EXAMINATION, SKULL; COMPLETE, MINIMUM OF FOUR VIEWS, WITH OR WITHOUT STEREO	\$19.77	7/1/2022	12/31/2382
70260	TC	RADIOLOGIC EXAMINATION, SKULL; COMPLETE, MINIMUM OF FOUR VIEWS, WITH OR WITHOUT STEREO	\$33.71	7/1/2022	12/31/2382
70300		RADIOLOGIC EXAMINATION, TEETH; SINGLE VIEW	\$59.66	7/1/2022	12/31/2382
70300	26	RADIOLOGIC EXAMINATION, TEETH; SINGLE VIEW	\$5.92	7/1/2022	12/31/2382
70300	TC	RADIOLOGIC EXAMINATION, TEETH; SINGLE VIEW	\$9.77	7/1/2022	12/31/2382
70310		RADIOLOGIC EXAMINATION, TEETH; PARTIAL EXAMINATION, LESS THAN FULL MOUTH	\$59.66	7/1/2022	12/31/2382
70310	26	RADIOLOGIC EXAMINATION, TEETH; PARTIAL EXAMINATION, LESS THAN FULL MOUTH	\$9.20	7/1/2022	12/31/2382
70310	TC	RADIOLOGIC EXAMINATION, TEETH; PARTIAL EXAMINATION, LESS THAN FULL MOUTH	\$15.94	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
70320		RADIOLOGIC EXAMINATION, TEETH; COMPLETE, FULL MOUTH	\$59.66	7/1/2022	12/31/2382
70320	26	RADIOLOGIC EXAMINATION, TEETH; COMPLETE, FULL MOUTH	\$13.17	7/1/2022	12/31/2382
70320	TC	RADIOLOGIC EXAMINATION, TEETH; COMPLETE, FULL MOUTH	\$29.75	7/1/2022	12/31/2382
70328		RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; UNILATERAL	\$54.27	7/1/2022	12/31/2382
70328	26	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; UNILATERAL	\$10.85	7/1/2022	12/31/2382
70328	TC	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; UNILATERAL	\$18.89	7/1/2022	12/31/2382
70330		RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; BILATERAL	\$54.27	7/1/2022	12/31/2382
70330	26	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; BILATERAL	\$14.35	7/1/2022	12/31/2382
70330	TC	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; BILATERAL	\$31.59	7/1/2022	12/31/2382
70332		TEMPOROMANDIBULAR JOINT ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$259.86	7/1/2022	12/31/2382

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70332	26	TEMPOROMANDIBULAR JOINT ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$31.20	7/1/2022	12/31/2382
70332	TC	TEMPOROMANDIBULAR JOINT ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$79.13	7/1/2022	12/31/2382
70336		MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JOINT	\$379.44	7/1/2022	12/31/2382
70336	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JOINT	\$54.02	7/1/2022	12/31/2382
70336	TC	MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JOINT	\$422.18	7/1/2022	12/31/2382
70350		CEPHALOGRAM, ORTHODONTIC	\$54.27	7/1/2022	12/31/2382
70350	26	CEPHALOGRAM, ORTHODONTIC	\$9.79	7/1/2022	12/31/2382
70350	TC	CEPHALOGRAM, ORTHODONTIC	\$13.83	7/1/2022	12/31/2382
70355		ORTHOPANTOGRAM	\$54.27	7/1/2022	12/31/2382
70355	26	ORTHOPANTOGRAM	\$11.79	7/1/2022	12/31/2382

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70355	TC	ORTHOPANTOGRAM	\$21.74	7/1/2022	12/31/2382
70360		RADIOLOGIC EXAMINATION; NECK, SOFT TISSUE	\$54.27	7/1/2022	12/31/2382
70360	26	RADIOLOGIC EXAMINATION; NECK, SOFT TISSUE	\$10.01	7/1/2022	12/31/2382
70360	TC	RADIOLOGIC EXAMINATION; NECK, SOFT TISSUE	\$15.94	7/1/2022	12/31/2382
70370		RADIOLOGIC EXAMINATION; PHARYNX OR LARYNX, INCLUDING FLUOROSCOPY AND/OR MAGNIFICATION TECHNIQUE	\$98.89	7/1/2022	12/31/2382
70370	26	RADIOLOGIC EXAMINATION; PHARYNX OR LARYNX, INCLUDING FLUOROSCOPY AND/OR MAGNIFICATION TECHNIQUE	\$18.87	7/1/2022	12/31/2382
70370	TC	RADIOLOGIC EXAMINATION; PHARYNX OR LARYNX, INCLUDING FLUOROSCOPY AND/OR MAGNIFICATION TECHNIQUE	\$48.99	7/1/2022	12/31/2382
70371		COMPLEX DYNAMIC PHARYNGEAL AND SPEECH EVALUATION BY CINE OR VIDEO RECORDING	\$98.89	7/1/2022	12/31/2382
70371	26	COMPLEX DYNAMIC PHARYNGEAL AND SPEECH EVALUATION BY CINE OR VIDEO RECORDING	\$50.14	7/1/2022	12/31/2382
70371	TC	COMPLEX DYNAMIC PHARYNGEAL AND SPEECH EVALUATION BY CINE OR VIDEO RECORDING	\$79.13	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
70373		LARYNGOGRAPHY, CONTRAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$126.34	7/1/2022	12/31/2382
70373	26	LARYNGOGRAPHY, CONTRAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$24.97	7/1/2022	12/31/2382
70373	TC	LARYNGOGRAPHY, CONTRAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$67.16	7/1/2022	12/31/2382
70380		RADIOLOGIC EXAMINATION, SALIVARY GLAND FOR CALCULUS	\$54.27	7/1/2022	12/31/2382
70380	26	RADIOLOGIC EXAMINATION, SALIVARY GLAND FOR CALCULUS	\$10.10	7/1/2022	12/31/2382
70380	TC	RADIOLOGIC EXAMINATION, SALIVARY GLAND FOR CALCULUS	\$25.43	7/1/2022	12/31/2382
70390		SIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$126.34	7/1/2022	12/31/2382
70390	26	SIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$21.24	7/1/2022	12/31/2382
70390	TC	SIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$67.16	7/1/2022	12/31/2382
70450		COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	\$235.18	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
70450	26	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	\$50.89	7/1/2022	12/31/2382
70450	59	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	\$235.18	7/1/2022	12/31/2382
70450	76	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	\$235.18	7/1/2022	12/31/2382
70450	ET	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	\$235.18	7/1/2022	12/31/2382
70450	GA	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	\$235.18	7/1/2022	12/31/2382
70450	ME	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	\$235.18	7/1/2022	12/31/2382
70450	MG	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	\$235.18	7/1/2022	12/31/2382
70450	MH	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	\$235.18	7/1/2022	12/31/2382
70450	PO	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	\$235.18	7/1/2022	12/31/2382
70450	QQ	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	\$235.18	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
70450	TC	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	\$177.88	7/1/2022	12/31/2382
70460		COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITH CONTRAST MATERIAL(S)	\$319.36	7/1/2022	12/31/2382
70460	26	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITH CONTRAST MATERIAL(S)	\$67.22	7/1/2022	12/31/2382
70460	TC	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITH CONTRAST MATERIAL(S)	\$213.08	7/1/2022	12/31/2382
70470		COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND	\$379.86	7/1/2022	12/31/2382
70470	26	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND	\$75.90	7/1/2022	12/31/2382
70470	TC	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND	\$266.42	7/1/2022	12/31/2382
70480		COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRA	\$235.18	7/1/2022	12/31/2382
70480	26	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRA	\$76.57	7/1/2022	12/31/2382
70480	59	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRA	\$234.82	7/1/2022	12/31/2382

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70480	TC	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRA	\$177.88	7/1/2022	12/31/2382
70481		COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITH CONTRAST	\$319.36	7/1/2022	12/31/2382
70481	26	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITH CONTRAST	\$82.44	7/1/2022	12/31/2382
70481	TC	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITH CONTRAST	\$213.08	7/1/2022	12/31/2382
70482		COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRA	\$379.86	7/1/2022	12/31/2382
70482	26	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRA	\$86.60	7/1/2022	12/31/2382
70482	TC	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRA	\$266.42	7/1/2022	12/31/2382
70486		COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	\$235.18	7/1/2022	12/31/2382
70486	26	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	\$67.82	7/1/2022	12/31/2382
70486	MG	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	\$235.18	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
70486	PO	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	\$235.18	7/1/2022	12/31/2382
70486	QQ	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	\$235.18	7/1/2022	12/31/2382
70486	TC	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	\$177.88	7/1/2022	12/31/2382
70487		COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S)	\$319.36	7/1/2022	12/31/2382
70487	26	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S)	\$77.42	7/1/2022	12/31/2382
70487	QQ	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S)	\$319.36	7/1/2022	12/31/2382
70487	TC	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S)	\$213.08	7/1/2022	12/31/2382
70488		COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S)	\$379.86	7/1/2022	12/31/2382
70488	26	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S)	\$85.10	7/1/2022	12/31/2382
70488	TC	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S)	\$266.42	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
70490		COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL	\$235.18	7/1/2022	12/31/2382
70490	26	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL	\$76.57	7/1/2022	12/31/2382
70490	MG	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL	\$235.18	7/1/2022	12/31/2382
70490	TC	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL	\$177.88	7/1/2022	12/31/2382
70491		COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITH CONTRAST MATERIAL(S)	\$319.36	7/1/2022	12/31/2382
70491	26	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITH CONTRAST MATERIAL(S)	\$82.44	7/1/2022	12/31/2382
70491	QQ	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITH CONTRAST MATERIAL(S)	\$319.36	7/1/2022	12/31/2382
70491	TC	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITH CONTRAST MATERIAL(S)	\$213.08	7/1/2022	12/31/2382
70492		COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AN	\$379.86	7/1/2022	12/31/2382
70492	26	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AN	\$86.60	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
70492	TC	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AN	\$266.42	7/1/2022	12/31/2382
70496		COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND	\$371.60	7/1/2022	12/31/2382
70496	MG	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND	\$371.60	7/1/2022	12/31/2382
70496	QQ	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND	\$371.60	7/1/2022	12/31/2382
70498		COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FUR	\$371.60	7/1/2022	12/31/2382
70498	MG	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FUR	\$371.60	7/1/2022	12/31/2382
70498	QQ	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FUR	\$371.60	7/1/2022	12/31/2382
70540		MAGNETIC RESONANCE (EG, PROTON) IMAGING; ORBIT, FACE, AND NECK	\$436.59	7/1/2022	12/31/2382
70540	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING; ORBIT, FACE, AND NECK	\$88.35	7/1/2022	12/31/2382
70540	TC	MAGNETIC RESONANCE (EG, PROTON) IMAGING; ORBIT, FACE, AND NECK	\$422.18	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
70542		MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND NECK WITH CONTRAST MATERIAL(S)	\$463.85	7/1/2022	12/31/2382
70543		MAGNETIC RESONANCE INAMGING, ORBIT, FACE AND NECK WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S)	\$632.96	7/1/2022	12/31/2382
70544		MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL(S)	\$436.59	7/1/2022	12/31/2382
70544	ME	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL(S)	\$436.59	7/1/2022	12/31/2382
70545		MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITH CONTRAST MATERIAL(S)	\$463.85	7/1/2022	12/31/2382
70546		MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTH	\$632.96	7/1/2022	12/31/2382
70546	XS	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTH	\$632.96	7/1/2022	12/31/2382
70547		MAGNETIC RESONANCE ANGIOGRAPHY, NECK, WITHOUT CONTRAST MATERIAL(S)	\$436.59	7/1/2022	12/31/2382
70548		MAGNETIC RESONANCE ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S)	\$463.85	7/1/2022	12/31/2382
70549		MAGNETIC RESONANCE ANGIOGRAPHY, NECK, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTH	\$632.96	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
70551		MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL	\$436.59	7/1/2022	12/31/2382
70551	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL	\$88.35	7/1/2022	12/31/2382
70551	ME	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL	\$436.59	7/1/2022	12/31/2382
70551	MG	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL	\$436.59	7/1/2022	12/31/2382
70551	PO	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL	\$436.59	7/1/2022	12/31/2382
70551	QQ	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL	\$436.59	7/1/2022	12/31/2382
70551	TC	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL	\$422.18	7/1/2022	12/31/2382
70552		MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITH CONTRAST MATERIAL(S)	\$463.85	7/1/2022	12/31/2382
70552	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITH CONTRAST MATERIAL(S)	\$101.36	7/1/2022	12/31/2382
70552	TC	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITH CONTRAST MATERIAL(S)	\$506.37	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
70553		MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY	\$632.96	7/1/2022	12/31/2382
70553	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY	\$134.79	7/1/2022	12/31/2382
70553	52	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY	\$632.96	7/1/2022	12/31/2382
70553	MG	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY	\$632.96	7/1/2022	12/31/2382
70553	TC	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY	\$937.70	7/1/2022	12/31/2382
70554		MAGNETIC RESONANCE IMAGING, BRAIN FUNCATIONAL MRI; INCLUDING TEST SELECTION AND ADMINISTRATION OF REPETITIVE	\$422.21	7/1/2022	12/31/2382
70555		MAGNETIC RESONANCE IMAGING, BRAIN FUNCATIONAL MRI; REQUIRING PHYSICIAN OR PSYCHOLOGIST ADMINISTRATION OF ENTIR	\$422.21	7/1/2022	12/31/2382
70557		MAGNETIC RESONANCE IMAGIN, BRAIN, DURING INTRACRANIAL PROCEDURE; WITHOUT CONTRAST MATERIAL	\$436.59	7/1/2022	12/31/2382
70558		MAGNETIC RESONANCE IMAGIN, BRAIN, DURING INTRACRANIAL PROCEDURE; WITH CONTRAST MATERIAL	\$463.85	7/1/2022	12/31/2382
70559		MAGNETIC RESONANCE IMAGIN, BRAIN, DURING INTRACRANIAL PROCEDURE; WITHOUT CONTRAST MATERIAL FOLLOWED	\$632.96	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
71010		RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL	\$54.27	7/1/2022	12/31/2382
71010	26	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL	\$10.61	7/1/2022	12/31/2382
71010	59	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL	\$54.27	7/1/2022	12/31/2382
71010	76	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL	\$54.27	7/1/2022	12/31/2382
71010	RT	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL	\$54.27	7/1/2022	12/31/2382
71010	TC	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL	\$18.17	7/1/2022	12/31/2382
71010	XU	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL	\$54.27	7/1/2022	12/31/2382
71015		RADIOLOGIC EXAMINATION, CHEST; STEREO, FRONTAL	\$54.27	7/1/2022	12/31/2382
71015	26	RADIOLOGIC EXAMINATION, CHEST; STEREO, FRONTAL	\$12.35	7/1/2022	12/31/2382
71015	TC	RADIOLOGIC EXAMINATION, CHEST; STEREO, FRONTAL	\$20.00	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
71020		RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL;	\$54.27	7/1/2022	12/31/2382
71020	26	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL;	\$12.96	7/1/2022	12/31/2382
71020	59	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL;	\$54.27	7/1/2022	12/31/2382
71020	GA	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL;	\$54.27	7/1/2022	12/31/2382
71020	TC	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL;	\$23.59	7/1/2022	12/31/2382
71021		RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH APICAL LORDOTIC PROCEDURE	\$54.27	7/1/2022	12/31/2382
71021	26	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH APICAL LORDOTIC PROCEDURE	\$15.68	7/1/2022	12/31/2382
71021	TC	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH APICAL LORDOTIC PROCEDURE	\$27.91	7/1/2022	12/31/2382
71022		RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH OBLIQUE PROJECTIONS	\$54.27	7/1/2022	12/31/2382
71022	26	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH OBLIQUE PROJECTIONS	\$18.21	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
71022	TC	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH OBLIQUE PROJECTIONS	\$27.91	7/1/2022	12/31/2382
71023		RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH FLUOROSCOPY	\$98.89	7/1/2022	12/31/2382
71023	26	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH FLUOROSCOPY	\$22.41	7/1/2022	12/31/2382
71023	TC	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH FLUOROSCOPY	\$29.75	7/1/2022	12/31/2382
71030		RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF FOUR VIEWS;	\$54.27	7/1/2022	12/31/2382
71030	26	RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF FOUR VIEWS;	\$18.21	7/1/2022	12/31/2382
71030	TC	RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF FOUR VIEWS;	\$29.75	7/1/2022	12/31/2382
71034		RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF FOUR VIEWS; WITH FLUOROSCOPY	\$98.89	7/1/2022	12/31/2382
71034	26	RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF FOUR VIEWS; WITH FLUOROSCOPY	\$27.71	7/1/2022	12/31/2382
71034	TC	RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF FOUR VIEWS; WITH FLUOROSCOPY	\$54.44	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
71035		RADIOLOGIC EXAMINATION, CHEST, SPECIAL VIEWS (EG, LATERAL DECUBITUS, BUCKY STUDIES)	\$54.27	7/1/2022	12/31/2382
71035	26	RADIOLOGIC EXAMINATION, CHEST, SPECIAL VIEWS (EG, LATERAL DECUBITUS, BUCKY STUDIES)	\$10.61	7/1/2022	12/31/2382
71035	TC	RADIOLOGIC EXAMINATION, CHEST, SPECIAL VIEWS (EG, LATERAL DECUBITUS, BUCKY STUDIES)	\$20.00	7/1/2022	12/31/2382
71036		NEEDLE BIOPSY OF INTRATHORACIC LESION, INCLUDING FOLLOW-UP FILMS; FLUOROSCOPIC LOCALIZATION ONLY, RADIOLOGICAL	\$90.69	7/1/2022	12/31/2382
71036	26	NEEDLE BIOPSY OF INTRATHORACIC LESION, INCLUDING FOLLOW-UP FILMS; FLUOROSCOPIC LOCALIZATION ONLY, RADIOLOGICAL	\$32.96	7/1/2022	12/31/2382
71036	TC	NEEDLE BIOPSY OF INTRATHORACIC LESION, INCLUDING FOLLOW-UP FILMS; FLUOROSCOPIC LOCALIZATION ONLY, RADIOLOGICAL	\$59.50	7/1/2022	12/31/2382
71038		FLUOROSCOPIC LOCALIZATION FOR TRANSBRONCHIAL BIOPSY OR BRUSHING	\$94.65	7/1/2022	12/31/2382
71038	26	FLUOROSCOPIC LOCALIZATION FOR TRANSBRONCHIAL BIOPSY OR BRUSHING	\$32.96	7/1/2022	12/31/2382
71038	TC	FLUOROSCOPIC LOCALIZATION FOR TRANSBRONCHIAL BIOPSY OR BRUSHING	\$63.47	7/1/2022	12/31/2382
71040		BRONCHOGRAPHY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$126.34	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
71040	26	BRONCHOGRAPHY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$33.42	7/1/2022	12/31/2382
71040	TC	BRONCHOGRAPHY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$55.18	7/1/2022	12/31/2382
71045		RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	\$58.78	7/1/2022	12/31/2382
71045	26	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	\$6.35	7/1/2022	12/31/2382
71045	77	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	\$58.78	7/1/2022	12/31/2382
71045	FY	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	\$58.78	7/1/2022	12/31/2382
71045	TC	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	\$7.32	7/1/2022	12/31/2382
71045	UD	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	\$58.78	7/1/2022	12/31/2382
71046		RADIOLOGIC EXAMINATION, CHEST; 2 VIEWS	\$58.78	7/1/2022	12/31/2382
71046	26	RADIOLOGIC EXAMINATION, CHEST; 2 VIEWS	\$7.57	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
71046	FY	RADIOLOGIC EXAMINATION, CHEST; 2 VIEWS	\$58.78	7/1/2022	12/31/2382
71046	PN	RADIOLOGIC EXAMINATION, CHEST; 2 VIEWS	\$58.78	7/1/2022	12/31/2382
71046	PO	RADIOLOGIC EXAMINATION, CHEST; 2 VIEWS	\$58.78	7/1/2022	12/31/2382
71046	TC	RADIOLOGIC EXAMINATION, CHEST; 2 VIEWS	\$13.43	7/1/2022	12/31/2382
71047		RADIOLOGIC EXAMINATION, CHEST; 3 VIEWS	\$58.78	7/1/2022	12/31/2382
71047	26	RADIOLOGIC EXAMINATION, CHEST; 3 VIEWS	\$9.77	7/1/2022	12/31/2382
71047	TC	RADIOLOGIC EXAMINATION, CHEST; 3 VIEWS	\$17.08	7/1/2022	12/31/2382
71048		RADIOLOGIC EXAMINATION, CHEST; 4 OR MORE VIEWS	\$108.30	7/1/2022	12/31/2382
71048	26	RADIOLOGIC EXAMINATION, CHEST; 4 OR MORE VIEWS	\$11.21	7/1/2022	12/31/2382
71048	TC	RADIOLOGIC EXAMINATION, CHEST; 4 OR MORE VIEWS	\$17.57	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
71060		BRONCHOGRAPHY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$126.34	7/1/2022	12/31/2382
71060	26	BRONCHOGRAPHY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$42.23	7/1/2022	12/31/2382
71060	TC	BRONCHOGRAPHY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$83.09	7/1/2022	12/31/2382
71090		INSERTION PACEMAKER, FLUOROSCOPY AND RADIOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$98.89	7/1/2022	12/31/2382
71090	26	INSERTION PACEMAKER, FLUOROSCOPY AND RADIOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$31.20	7/1/2022	12/31/2382
71090	TC	INSERTION PACEMAKER, FLUOROSCOPY AND RADIOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$63.47	7/1/2022	12/31/2382
71100		RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; TWO VIEWS	\$54.27	7/1/2022	12/31/2382
71100	26	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; TWO VIEWS	\$13.17	7/1/2022	12/31/2382
71100	59	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; TWO VIEWS	\$54.27	7/1/2022	12/31/2382
71100	LT	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; TWO VIEWS	\$54.27	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
71100	RT	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; TWO VIEWS	\$54.27	7/1/2022	12/31/2382
71100	TC	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; TWO VIEWS	\$21.74	7/1/2022	12/31/2382
71101		RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF THREE VIEWS	\$54.27	7/1/2022	12/31/2382
71101	26	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF THREE VIEWS	\$15.95	7/1/2022	12/31/2382
71101	59	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF THREE VIEWS	\$54.27	7/1/2022	12/31/2382
71101	LT	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF THREE VIEWS	\$54.27	7/1/2022	12/31/2382
71101	RT	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF THREE VIEWS	\$54.27	7/1/2022	12/31/2382
71101	TC	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF THREE VIEWS	\$25.43	7/1/2022	12/31/2382
71110		RADIOLOGIC EXAMINATION, RIBS, BILATERAL; THREE VIEWS	\$54.27	7/1/2022	12/31/2382
71110	26	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; THREE VIEWS	\$15.95	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
71110	TC	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; THREE VIEWS	\$29.75	7/1/2022	12/31/2382
71111		RADIOLOGIC EXAMINATION, RIBS, BILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF FOUR VIEWS	\$92.38	7/1/2022	12/31/2382
71111	26	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF FOUR VIEWS	\$18.62	7/1/2022	12/31/2382
71111	59	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF FOUR VIEWS	\$92.38	7/1/2022	12/31/2382
71111	TC	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF FOUR VIEWS	\$33.71	7/1/2022	12/31/2382
71120		RADIOLOGIC EXAMINATION; STERNUM, MINIMUM OF TWO VIEWS	\$54.27	7/1/2022	12/31/2382
71120	26	RADIOLOGIC EXAMINATION; STERNUM, MINIMUM OF TWO VIEWS	\$11.79	7/1/2022	12/31/2382
71120	TC	RADIOLOGIC EXAMINATION; STERNUM, MINIMUM OF TWO VIEWS	\$24.69	7/1/2022	12/31/2382
71130		RADIOLOGIC EXAMINATION; STERNOCLAVICULAR JOINT OR JOINTS, MINIMUM OF THREE VIEWS	\$54.27	7/1/2022	12/31/2382
71130	26	RADIOLOGIC EXAMINATION; STERNOCLAVICULAR JOINT OR JOINTS, MINIMUM OF THREE VIEWS	\$12.96	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
71130	TC	RADIOLOGIC EXAMINATION; STERNOCLAVICULAR JOINT OR JOINTS, MINIMUM OF THREE VIEWS	\$26.54	7/1/2022	12/31/2382
71250		COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	\$235.18	7/1/2022	12/31/2382
71250	26	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	\$69.25	7/1/2022	12/31/2382
71250	59	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	\$235.18	7/1/2022	12/31/2382
71250	MC	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	\$235.18	7/1/2022	12/31/2382
71250	ME	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	\$235.18	7/1/2022	12/31/2382
71250	MG	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	\$235.18	7/1/2022	12/31/2382
71250	MH	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	\$235.18	7/1/2022	12/31/2382
71250	QQ	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	\$235.18	7/1/2022	12/31/2382
71250	TC	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	\$222.20	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
71260		COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	\$319.36	7/1/2022	12/31/2382
71260	26	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	\$74.18	7/1/2022	12/31/2382
71260	59	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	\$319.36	7/1/2022	12/31/2382
71260	MG	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	\$319.36	7/1/2022	12/31/2382
71260	MH	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	\$319.36	7/1/2022	12/31/2382
71260	QQ	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	\$319.36	7/1/2022	12/31/2382
71260	TC	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	\$266.42	7/1/2022	12/31/2382
71270		COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER	\$379.86	7/1/2022	12/31/2382
71270	26	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER	\$82.44	7/1/2022	12/31/2382
71270	TC	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER	\$332.93	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
71271		COMPUTED TOMOGRAPHY, THORAX, LOW DOSE FOR LUNG CANCER SCREENING, WITHOUT CONTRAST MATERIAL(S)	\$66.11	7/1/2022	12/31/2382
71271	MG	COMPUTED TOMOGRAPHY, THORAX, LOW DOSE FOR LUNG CANCER SCREENING, WITHOUT CONTRAST MATERIAL(S)	\$66.11	7/1/2022	12/31/2382
71275		COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S), FOLLO	\$371.60	7/1/2022	12/31/2382
71275	QQ	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S), FOLLO	\$371.60	7/1/2022	12/31/2382
71550		MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY)	\$436.59	7/1/2022	12/31/2382
71550	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY)	\$95.77	7/1/2022	12/31/2382
71550	TC	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY)	\$422.18	7/1/2022	12/31/2382
71551		MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPH WITH CONTRAS	\$463.85	7/1/2022	12/31/2382
71552		MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPH WITHOUT	\$632.96	7/1/2022	12/31/2382
71555		MAGNETIC RESONANCE IMAGING, CHEST	\$553.53	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
72010		RADIOLOGIC EXAMINATION, SPINE, ENTIRE, SURVEY STUDY, ANTEROPOSTERIOR AND LATERAL	\$54.27	7/1/2022	12/31/2382
72010	26	RADIOLOGIC EXAMINATION, SPINE, ENTIRE, SURVEY STUDY, ANTEROPOSTERIOR AND LATERAL	\$26.44	7/1/2022	12/31/2382
72010	TC	RADIOLOGIC EXAMINATION, SPINE, ENTIRE, SURVEY STUDY, ANTEROPOSTERIOR AND LATERAL	\$38.50	7/1/2022	12/31/2382
72020		RADIOLOGIC EXAMINATION, SPINE, SINGLE VIEW, SPECIFY LEVEL	\$54.27	7/1/2022	12/31/2382
72020	26	RADIOLOGIC EXAMINATION, SPINE, SINGLE VIEW, SPECIFY LEVEL	\$8.78	7/1/2022	12/31/2382
72020	59	RADIOLOGIC EXAMINATION, SPINE, SINGLE VIEW, SPECIFY LEVEL	\$54.27	7/1/2022	12/31/2382
72020	76	RADIOLOGIC EXAMINATION, SPINE, SINGLE VIEW, SPECIFY LEVEL	\$54.27	7/1/2022	12/31/2382
72020	TC	RADIOLOGIC EXAMINATION, SPINE, SINGLE VIEW, SPECIFY LEVEL	\$15.94	7/1/2022	12/31/2382
72040		RADIOLOGIC EXAMINATION, SPINE, CERVICAL; ANTEROPOSTERIOR AND LATERAL	\$54.27	7/1/2022	12/31/2382
72040	26	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; ANTEROPOSTERIOR AND LATERAL	\$12.96	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
72040	PN	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; ANTEROPOSTERIOR AND LATERAL	\$54.27	7/1/2022	12/31/2382
72040	TC	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; ANTEROPOSTERIOR AND LATERAL	\$22.85	7/1/2022	12/31/2382
72050		RADIOLOGIC EXAMINATION, SPINE, CERVICAL; MINIMUM OF FOUR VIEWS	\$92.38	7/1/2022	12/31/2382
72050	26	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; MINIMUM OF FOUR VIEWS	\$18.21	7/1/2022	12/31/2382
72050	PO	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; MINIMUM OF FOUR VIEWS	\$92.38	7/1/2022	12/31/2382
72050	TC	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; MINIMUM OF FOUR VIEWS	\$33.71	7/1/2022	12/31/2382
72052		RADIOLOGIC EXAMINATION, SPINE, CERVICAL; COMPLETE, INCLUDING OBLIQUE AND FLEXION AND/OR EXTENSION STUDIES	\$92.38	7/1/2022	12/31/2382
72052	26	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; COMPLETE, INCLUDING OBLIQUE AND FLEXION AND/OR EXTENSION STUDIES	\$20.95	7/1/2022	12/31/2382
72052	TC	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; COMPLETE, INCLUDING OBLIQUE AND FLEXION AND/OR EXTENSION STUDIES	\$42.47	7/1/2022	12/31/2382
72069		RADIOLOGIC EXAMINATION, SPINE, THORACOLUMBAR, STANDING (SCOLIOSIS)	\$54.27	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
72069	26	RADIOLOGIC EXAMINATION, SPINE, THORACOLUMBAR, STANDING (SCOLIOSIS)	\$12.16	7/1/2022	12/31/2382
72069	TC	RADIOLOGIC EXAMINATION, SPINE, THORACOLUMBAR, STANDING (SCOLIOSIS)	\$18.89	7/1/2022	12/31/2382
72070		RADIOLOGIC EXAMINATION, SPINE; THORACIC, ANTEROPOSTERIOR AND LATERAL	\$54.27	7/1/2022	12/31/2382
72070	26	RADIOLOGIC EXAMINATION, SPINE; THORACIC, ANTEROPOSTERIOR AND LATERAL	\$12.97	7/1/2022	12/31/2382
72070	TC	RADIOLOGIC EXAMINATION, SPINE; THORACIC, ANTEROPOSTERIOR AND LATERAL	\$24.69	7/1/2022	12/31/2382
72072		RADIOLOGIC EXAMINATION, SPINE; THORACIC, ANTEROPOSTERIOR AND LATERAL, INCLUDING SWIMMER'S VIEW OF THE CERVICOT	\$54.27	7/1/2022	12/31/2382
72072	26	RADIOLOGIC EXAMINATION, SPINE; THORACIC, ANTEROPOSTERIOR AND LATERAL, INCLUDING SWIMMER'S VIEW OF THE CERVICOT	\$12.96	7/1/2022	12/31/2382
72072	TC	RADIOLOGIC EXAMINATION, SPINE; THORACIC, ANTEROPOSTERIOR AND LATERAL, INCLUDING SWIMMER'S VIEW OF THE CERVICOT	\$27.91	7/1/2022	12/31/2382
72074		RADIOLOGIC EXAMINATION, SPINE; THORACIC, COMPLETE, INCLUDING OBLIQUES, MINIMUM OF FOUR VIEWS	\$54.27	7/1/2022	12/31/2382
72074	26	RADIOLOGIC EXAMINATION, SPINE; THORACIC, COMPLETE, INCLUDING OBLIQUES, MINIMUM OF FOUR VIEWS	\$12.96	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
72074	TC	RADIOLOGIC EXAMINATION, SPINE; THORACIC, COMPLETE, INCLUDING OBLIQUES, MINIMUM OF FOUR VIEWS	\$34.45	7/1/2022	12/31/2382
72080		RADIOLOGIC EXAMINATION, SPINE; THORACOLUMBAR, ANTEROPOSTERIOR AND LATERAL	\$54.27	7/1/2022	12/31/2382
72080	26	RADIOLOGIC EXAMINATION, SPINE; THORACOLUMBAR, ANTEROPOSTERIOR AND LATERAL	\$12.96	7/1/2022	12/31/2382
72080	TC	RADIOLOGIC EXAMINATION, SPINE; THORACOLUMBAR, ANTEROPOSTERIOR AND LATERAL	\$25.43	7/1/2022	12/31/2382
72081		X-RAY OF SPINE, 1 VIEW	\$61.37	7/1/2022	12/31/2382
72082		X-RAY OF SPINE, 2 OR 3 VIEWS	\$101.63	7/1/2022	12/31/2382
72083		X-RAY OF SPINE, 4 OR 5 VIEWS	\$193.75	7/1/2022	12/31/2382
72084		X-RAY OF SPINE, MINIMUM OF 6 VIEWS	\$193.75	7/1/2022	12/31/2382
72090		RADIOLOGIC EXAMINATION, SPINE; SCOLIOSIS STUDY, INCLUDING SUPINE AND ERECT STUDIES	\$92.38	7/1/2022	12/31/2382
72090	26	RADIOLOGIC EXAMINATION, SPINE; SCOLIOSIS STUDY, INCLUDING SUPINE AND ERECT STUDIES	\$16.25	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
72090	TC	RADIOLOGIC EXAMINATION, SPINE; SCOLIOSIS STUDY, INCLUDING SUPINE AND ERECT STUDIES	\$25.43	7/1/2022	12/31/2382
72100		RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; ANTEROPOSTERIOR AND LATERAL	\$54.27	7/1/2022	12/31/2382
72100	26	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; ANTEROPOSTERIOR AND LATERAL	\$12.97	7/1/2022	12/31/2382
72100	59	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; ANTEROPOSTERIOR AND LATERAL	\$54.27	7/1/2022	12/31/2382
72100	FY	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; ANTEROPOSTERIOR AND LATERAL	\$54.27	7/1/2022	12/31/2382
72100	PN	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; ANTEROPOSTERIOR AND LATERAL	\$54.27	7/1/2022	12/31/2382
72100	TC	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; ANTEROPOSTERIOR AND LATERAL	\$25.43	7/1/2022	12/31/2382
72110		RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLETE, WITH OBLIQUE VIEWS	\$92.38	7/1/2022	12/31/2382
72110	26	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLETE, WITH OBLIQUE VIEWS	\$18.21	7/1/2022	12/31/2382
72110	TC	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLETE, WITH OBLIQUE VIEWS	\$34.45	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
72114		RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLETE, INCLUDING BENDING VIEWS	\$92.38	7/1/2022	12/31/2382
72114	26	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLETE, INCLUDING BENDING VIEWS	\$20.95	7/1/2022	12/31/2382
72114	TC	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLETE, INCLUDING BENDING VIEWS	\$44.31	7/1/2022	12/31/2382
72120		RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL, BENDING VIEWS ONLY, MINIMUM OF FOUR VIEWS	\$92.38	7/1/2022	12/31/2382
72120	26	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL, BENDING VIEWS ONLY, MINIMUM OF FOUR VIEWS	\$12.96	7/1/2022	12/31/2382
72120	TC	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL, BENDING VIEWS ONLY, MINIMUM OF FOUR VIEWS	\$33.71	7/1/2022	12/31/2382
72125		COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	\$235.18	7/1/2022	12/31/2382
72125	26	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	\$69.25	7/1/2022	12/31/2382
72125	59	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	\$235.18	7/1/2022	12/31/2382
72125	ME	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	\$235.18	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
72125	MG	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	\$235.18	7/1/2022	12/31/2382
72125	QQ	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	\$235.18	7/1/2022	12/31/2382
72125	TC	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	\$222.20	7/1/2022	12/31/2382
72126		COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITH CONTRAST MATERIAL	\$319.36	7/1/2022	12/31/2382
72126	26	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITH CONTRAST MATERIAL	\$72.66	7/1/2022	12/31/2382
72126	TC	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITH CONTRAST MATERIAL	\$266.42	7/1/2022	12/31/2382
72127		COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND	\$379.86	7/1/2022	12/31/2382
72127	26	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND	\$75.90	7/1/2022	12/31/2382
72127	TC	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND	\$332.93	7/1/2022	12/31/2382
72128		COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL	\$235.18	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
72128	26	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL	\$69.25	7/1/2022	12/31/2382
72128	MG	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL	\$235.18	7/1/2022	12/31/2382
72128	QQ	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL	\$235.18	7/1/2022	12/31/2382
72128	TC	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL	\$222.20	7/1/2022	12/31/2382
72129		COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITH CONTRAST MATERIAL	\$319.36	7/1/2022	12/31/2382
72129	26	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITH CONTRAST MATERIAL	\$72.66	7/1/2022	12/31/2382
72129	TC	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITH CONTRAST MATERIAL	\$266.42	7/1/2022	12/31/2382
72130		COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND	\$379.86	7/1/2022	12/31/2382
72130	26	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND	\$75.90	7/1/2022	12/31/2382
72130	TC	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND	\$332.93	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
72131		COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	\$235.18	7/1/2022	12/31/2382
72131	26	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	\$69.25	7/1/2022	12/31/2382
72131	ME	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	\$235.18	7/1/2022	12/31/2382
72131	MG	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	\$235.18	7/1/2022	12/31/2382
72131	QQ	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	\$235.18	7/1/2022	12/31/2382
72131	TC	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	\$222.20	7/1/2022	12/31/2382
72132		COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL	\$319.36	7/1/2022	12/31/2382
72132	26	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL	\$72.66	7/1/2022	12/31/2382
72132	TC	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL	\$266.42	7/1/2022	12/31/2382
72133		COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND F	\$379.86	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
72133	26	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND F	\$75.90	7/1/2022	12/31/2382
72133	TC	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND F	\$332.93	7/1/2022	12/31/2382
72141		MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITHOUT CONTRAST MATERIAL	\$436.59	7/1/2022	12/31/2382
72141	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITHOUT CONTRAST MATERIAL	\$95.77	7/1/2022	12/31/2382
72141	ME	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITHOUT CONTRAST MATERIAL	\$436.59	7/1/2022	12/31/2382
72141	MF	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITHOUT CONTRAST MATERIAL	\$436.59	7/1/2022	12/31/2382
72141	MG	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITHOUT CONTRAST MATERIAL	\$436.59	7/1/2022	12/31/2382
72141	MH	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITHOUT CONTRAST MATERIAL	\$436.59	7/1/2022	12/31/2382
72141	QQ	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITHOUT CONTRAST MATERIAL	\$436.59	7/1/2022	12/31/2382
72141	TC	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITHOUT CONTRAST MATERIAL	\$422.18	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
72142		MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITH CONTRAST MATERIAL(S)	\$463.85	7/1/2022	12/31/2382
72142	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITH CONTRAST MATERIAL(S)	\$109.43	7/1/2022	12/31/2382
72142	TC	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITH CONTRAST MATERIAL(S)	\$506.37	7/1/2022	12/31/2382
72146		MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	\$436.59	7/1/2022	12/31/2382
72146	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	\$95.77	7/1/2022	12/31/2382
72146	ME	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	\$436.59	7/1/2022	12/31/2382
72146	MG	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	\$436.59	7/1/2022	12/31/2382
72146	TC	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	\$468.72	7/1/2022	12/31/2382
72147		MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITH CONTRAST MATERIAL(S)	\$463.85	7/1/2022	12/31/2382
72147	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITH CONTRAST MATERIAL(S)	\$109.43	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
72147	TC	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITH CONTRAST MATERIAL(S)	\$506.37	7/1/2022	12/31/2382
72148		MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	\$436.59	7/1/2022	12/31/2382
72148	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	\$84.47	7/1/2022	12/31/2382
72148	MF	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	\$436.59	7/1/2022	12/31/2382
72148	MH	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	\$436.59	7/1/2022	12/31/2382
72148	TC	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	\$468.72	7/1/2022	12/31/2382
72149		MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITH CONTRAST MATERIAL(S)	\$463.85	7/1/2022	12/31/2382
72149	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITH CONTRAST MATERIAL(S)	\$101.36	7/1/2022	12/31/2382
72149	TC	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITH CONTRAST MATERIAL(S)	\$506.37	7/1/2022	12/31/2382
72156		MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CON	\$632.96	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
72156	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CON	\$146.19	7/1/2022	12/31/2382
72156	TC	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CON	\$937.70	7/1/2022	12/31/2382
72157		MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CON	\$632.96	7/1/2022	12/31/2382
72157	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CON	\$146.19	7/1/2022	12/31/2382
72157	TC	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CON	\$937.70	7/1/2022	12/31/2382
72158		MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CON	\$632.96	7/1/2022	12/31/2382
72158	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CON	\$134.79	7/1/2022	12/31/2382
72158	TC	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CON	\$937.70	7/1/2022	12/31/2382
72159		MAGNETIC RESONANCE IMAGING, SPINAL CANAL AND CONTENTS, WITH OR WITHOUT CONTRAST MATERIAL(S)	\$632.96	7/1/2022	12/31/2382
72170		RADIOLOGIC EXAMINATION, PELVIS; ANTEROPOSTERIOR ONLY	\$54.27	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
72170	26	RADIOLOGIC EXAMINATION, PELVIS; ANTEROPOSTERIOR ONLY	\$13.28	7/1/2022	12/31/2382
72170	59	RADIOLOGIC EXAMINATION, PELVIS; ANTEROPOSTERIOR ONLY	\$54.27	7/1/2022	12/31/2382
72170	FY	RADIOLOGIC EXAMINATION, PELVIS; ANTEROPOSTERIOR ONLY	\$54.27	7/1/2022	12/31/2382
72170	LT	RADIOLOGIC EXAMINATION, PELVIS; ANTEROPOSTERIOR ONLY	\$54.27	7/1/2022	12/31/2382
72170	RT	RADIOLOGIC EXAMINATION, PELVIS; ANTEROPOSTERIOR ONLY	\$54.27	7/1/2022	12/31/2382
72170	TC	RADIOLOGIC EXAMINATION, PELVIS; ANTEROPOSTERIOR ONLY	\$20.00	7/1/2022	12/31/2382
72190		RADIOLOGIC EXAMINATION, PELVIS; COMPLETE, MINIMUM OF THREE VIEWS	\$54.27	7/1/2022	12/31/2382
72190	26	RADIOLOGIC EXAMINATION, PELVIS; COMPLETE, MINIMUM OF THREE VIEWS	\$11.79	7/1/2022	12/31/2382
72190	TC	RADIOLOGIC EXAMINATION, PELVIS; COMPLETE, MINIMUM OF THREE VIEWS	\$25.43	7/1/2022	12/31/2382
72191		COMPUTED TOMOGRAPHIC ANGIOGRAPHY, PELVIS, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND	\$371.60	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
72192		COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	\$235.18	7/1/2022	12/31/2382
72192	26	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	\$61.73	7/1/2022	12/31/2382
72192	MG	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	\$235.18	7/1/2022	12/31/2382
72192	TC	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	\$222.20	7/1/2022	12/31/2382
72193		COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	\$319.36	7/1/2022	12/31/2382
72193	26	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	\$66.09	7/1/2022	12/31/2382
72193	59	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	\$319.36	7/1/2022	12/31/2382
72193	GZ	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	\$319.36	7/1/2022	12/31/2382
72193	TC	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	\$257.74	7/1/2022	12/31/2382
72194		COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER	\$379.86	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
72194	26	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER	\$69.06	7/1/2022	12/31/2382
72194	TC	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER	\$319.84	7/1/2022	12/31/2382
72195		MAGNETIC RESONANCE (EG, PROTON)IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL(S)	\$436.59	7/1/2022	12/31/2382
72196		MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS	\$463.85	7/1/2022	12/31/2382
72196	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS	\$91.42	7/1/2022	12/31/2382
72196	TC	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS	\$422.18	7/1/2022	12/31/2382
72197		MAGNETIC RESONANCE (EG, PROTON)IMAGING, PELVIS; WITHOUTCONTRAST MATERIAL(S) AND FURTHER SEQUENCES	\$632.96	7/1/2022	12/31/2382
72198		MAGNETIC RESONANCE ANGIOGRAPHY, PELVIS, WITH OR WITHOUT CONTRAST MATERIAL(S)	\$549.53	7/1/2022	12/31/2382
72200		RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; LESS THAN THREE VIEWS	\$54.27	7/1/2022	12/31/2382
72200	26	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; LESS THAN THREE VIEWS	\$9.56	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
72200	TC	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; LESS THAN THREE VIEWS	\$20.00	7/1/2022	12/31/2382
72202		RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; THREE OR MORE VIEWS	\$54.27	7/1/2022	12/31/2382
72202	26	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; THREE OR MORE VIEWS	\$10.68	7/1/2022	12/31/2382
72202	PN	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; THREE OR MORE VIEWS	\$54.27	7/1/2022	12/31/2382
72202	TC	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; THREE OR MORE VIEWS	\$23.59	7/1/2022	12/31/2382
72220		RADIOLOGIC EXAMINATION, SACRUM AND COCCYX, MINIMUM OF TWO VIEWS	\$54.27	7/1/2022	12/31/2382
72220	26	RADIOLOGIC EXAMINATION, SACRUM AND COCCYX, MINIMUM OF TWO VIEWS	\$10.26	7/1/2022	12/31/2382
72220	TC	RADIOLOGIC EXAMINATION, SACRUM AND COCCYX, MINIMUM OF TWO VIEWS	\$21.74	7/1/2022	12/31/2382
72240		MYELOGRAPHY, CERVICAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$216.96	7/1/2022	12/31/2382
72240	26	MYELOGRAPHY, CERVICAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$54.23	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
72240	TC	MYELOGRAPHY, CERVICAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$178.64	7/1/2022	12/31/2382
72255		MYELOGRAPHY, THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$216.96	7/1/2022	12/31/2382
72255	26	MYELOGRAPHY, THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$54.23	7/1/2022	12/31/2382
72255	TC	MYELOGRAPHY, THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$163.05	7/1/2022	12/31/2382
72265		MYELOGRAPHY, LUMBOSACRAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$216.96	7/1/2022	12/31/2382
72265	26	MYELOGRAPHY, LUMBOSACRAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$49.30	7/1/2022	12/31/2382
72265	TC	MYELOGRAPHY, LUMBOSACRAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$153.20	7/1/2022	12/31/2382
72270		MYELOGRAPHY, ENTIRE SPINAL CANAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$216.96	7/1/2022	12/31/2382
72270	26	MYELOGRAPHY, ENTIRE SPINAL CANAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$79.24	7/1/2022	12/31/2382
72270	TC	MYELOGRAPHY, ENTIRE SPINAL CANAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$229.48	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
72275		EPIDUROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$216.96	7/1/2022	12/31/2382
72285		DISKOGRAPHY, CERVICAL OR THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$905.59	7/1/2022	12/31/2382
72285	26	DISKOGRAPHY, CERVICAL OR THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$47.34	7/1/2022	12/31/2382
72285	TC	DISKOGRAPHY, CERVICAL OR THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$316.16	7/1/2022	12/31/2382
72291		RADIOLOGICAL SUPERVISION AND INTERPRETATION, PERCUTANEOUS VERTEBROPLASTY OR VERTEBRAL AUGMENTATION INCLUDING	\$190.04	7/1/2022	12/31/2382
72291	76	RADIOLOGICAL SUPERVISION AND INTERPRETATION, PERCUTANEOUS VERTEBROPLASTY OR VERTEBRAL AUGMENTATION INCLUDING	\$190.04	7/1/2022	12/31/2382
72292		RADIOLOGICAL SUPERVISION AND INTERPRETATION, PERCUTANEOUS VERTEBROPLASTY OR VERTEBRAL AUGMENTATION INCLUDING	\$190.04	7/1/2022	12/31/2382
72295		DISKOGRAPHY, LUMBAR, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$905.59	7/1/2022	12/31/2382
72295	26	DISKOGRAPHY, LUMBAR, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$47.34	7/1/2022	12/31/2382
72295	59	DISKOGRAPHY, LUMBAR, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$905.59	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
72295	TC	DISKOGRAPHY, LUMBAR, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$295.89	7/1/2022	12/31/2382
73000		RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE	\$54.27	7/1/2022	12/31/2382
73000	26	RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE	\$9.09	7/1/2022	12/31/2382
73000	50	RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE	\$54.27	7/1/2022	12/31/2382
73000	LT	RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE	\$54.27	7/1/2022	12/31/2382
73000	RT	RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE	\$54.27	7/1/2022	12/31/2382
73000	TC	RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE	\$20.00	7/1/2022	12/31/2382
73010		RADIOLOGIC EXAMINATION; SCAPULA, COMPLETE	\$54.27	7/1/2022	12/31/2382
73010	26	RADIOLOGIC EXAMINATION; SCAPULA, COMPLETE	\$10.01	7/1/2022	12/31/2382
73010	LT	RADIOLOGIC EXAMINATION; SCAPULA, COMPLETE	\$54.27	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
73010	RT	RADIOLOGIC EXAMINATION; SCAPULA, COMPLETE	\$54.27	7/1/2022	12/31/2382
73010	TC	RADIOLOGIC EXAMINATION; SCAPULA, COMPLETE	\$20.00	7/1/2022	12/31/2382
73020		RADIOLOGIC EXAMINATION, SHOULDER; ONE VIEW	\$54.27	7/1/2022	12/31/2382
73020	26	RADIOLOGIC EXAMINATION, SHOULDER; ONE VIEW	\$8.65	7/1/2022	12/31/2382
73020	51	RADIOLOGIC EXAMINATION, SHOULDER; ONE VIEW	\$54.27	7/1/2022	12/31/2382
73020	59	RADIOLOGIC EXAMINATION, SHOULDER; ONE VIEW	\$54.27	7/1/2022	12/31/2382
73020	76	RADIOLOGIC EXAMINATION, SHOULDER; ONE VIEW	\$54.27	7/1/2022	12/31/2382
73020	LT	RADIOLOGIC EXAMINATION, SHOULDER; ONE VIEW	\$54.27	7/1/2022	12/31/2382
73020	RT	RADIOLOGIC EXAMINATION, SHOULDER; ONE VIEW	\$54.27	7/1/2022	12/31/2382
73020	TC	RADIOLOGIC EXAMINATION, SHOULDER; ONE VIEW	\$18.17	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
73030		RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO VIEWS	\$54.27	7/1/2022	12/31/2382
73030	26	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO VIEWS	\$10.52	7/1/2022	12/31/2382
73030	50	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO VIEWS	\$54.27	7/1/2022	12/31/2382
73030	59	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO VIEWS	\$54.27	7/1/2022	12/31/2382
73030	76	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO VIEWS	\$54.27	7/1/2022	12/31/2382
73030	FY	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO VIEWS	\$54.27	7/1/2022	12/31/2382
73030	LT	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO VIEWS	\$54.27	7/1/2022	12/31/2382
73030	RT	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO VIEWS	\$54.27	7/1/2022	12/31/2382
73030	TC	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO VIEWS	\$21.74	7/1/2022	12/31/2382
73040		RADIOLOGIC EXAMINATION, SHOULDER, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$259.86	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
73040	26	RADIOLOGIC EXAMINATION, SHOULDER, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$31.20	7/1/2022	12/31/2382
73040	LT	RADIOLOGIC EXAMINATION, SHOULDER, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$259.86	7/1/2022	12/31/2382
73040	RT	RADIOLOGIC EXAMINATION, SHOULDER, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$259.86	7/1/2022	12/31/2382
73040	TC	RADIOLOGIC EXAMINATION, SHOULDER, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$79.13	7/1/2022	12/31/2382
73050		RADIOLOGIC EXAMINATION; ACROMIOCLAVICULAR JOINTS, BILATERAL, WITH OR WITHOUT WEIGHTED DISTRACTION	\$54.27	7/1/2022	12/31/2382
73050	26	RADIOLOGIC EXAMINATION; ACROMIOCLAVICULAR JOINTS, BILATERAL, WITH OR WITHOUT WEIGHTED DISTRACTION	\$11.61	7/1/2022	12/31/2382
73050	50	RADIOLOGIC EXAMINATION; ACROMIOCLAVICULAR JOINTS, BILATERAL, WITH OR WITHOUT WEIGHTED DISTRACTION	\$54.27	7/1/2022	12/31/2382
73050	RT	RADIOLOGIC EXAMINATION; ACROMIOCLAVICULAR JOINTS, BILATERAL, WITH OR WITHOUT WEIGHTED DISTRACTION	\$54.27	7/1/2022	12/31/2382
73050	TC	RADIOLOGIC EXAMINATION; ACROMIOCLAVICULAR JOINTS, BILATERAL, WITH OR WITHOUT WEIGHTED DISTRACTION	\$25.43	7/1/2022	12/31/2382
73060		RADIOLOGIC EXAMINATION; HUMERUS, MINIMUM OF TWO VIEWS	\$54.27	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
73060	26	RADIOLOGIC EXAMINATION; HUMERUS, MINIMUM OF TWO VIEWS	\$9.70	7/1/2022	12/31/2382
73060	59	RADIOLOGIC EXAMINATION; HUMERUS, MINIMUM OF TWO VIEWS	\$54.27	7/1/2022	12/31/2382
73060	76	RADIOLOGIC EXAMINATION; HUMERUS, MINIMUM OF TWO VIEWS	\$54.27	7/1/2022	12/31/2382
73060	LT	RADIOLOGIC EXAMINATION; HUMERUS, MINIMUM OF TWO VIEWS	\$54.27	7/1/2022	12/31/2382
73060	RT	RADIOLOGIC EXAMINATION; HUMERUS, MINIMUM OF TWO VIEWS	\$54.27	7/1/2022	12/31/2382
73060	TC	RADIOLOGIC EXAMINATION; HUMERUS, MINIMUM OF TWO VIEWS	\$21.74	7/1/2022	12/31/2382
73070		RADIOLOGIC EXAMINATION, ELBOW; ANTEROPOSTERIOR AND LATERAL VIEWS	\$54.27	7/1/2022	12/31/2382
73070	26	RADIOLOGIC EXAMINATION, ELBOW; ANTEROPOSTERIOR AND LATERAL VIEWS	\$8.78	7/1/2022	12/31/2382
73070	50	RADIOLOGIC EXAMINATION, ELBOW; ANTEROPOSTERIOR AND LATERAL VIEWS	\$54.27	7/1/2022	12/31/2382
73070	59	RADIOLOGIC EXAMINATION, ELBOW; ANTEROPOSTERIOR AND LATERAL VIEWS	\$54.27	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
73070	LT	RADIOLOGIC EXAMINATION, ELBOW; ANTEROPOSTERIOR AND LATERAL VIEWS	\$54.27	7/1/2022	12/31/2382
73070	RT	RADIOLOGIC EXAMINATION, ELBOW; ANTEROPOSTERIOR AND LATERAL VIEWS	\$54.27	7/1/2022	12/31/2382
73070	TC	RADIOLOGIC EXAMINATION, ELBOW; ANTEROPOSTERIOR AND LATERAL VIEWS	\$20.00	7/1/2022	12/31/2382
73080		RADIOLOGIC EXAMINATION, ELBOW; COMPLETE, MINIMUM OF THREE VIEWS	\$54.27	7/1/2022	12/31/2382
73080	26	RADIOLOGIC EXAMINATION, ELBOW; COMPLETE, MINIMUM OF THREE VIEWS	\$10.26	7/1/2022	12/31/2382
73080	50	RADIOLOGIC EXAMINATION, ELBOW; COMPLETE, MINIMUM OF THREE VIEWS	\$54.27	7/1/2022	12/31/2382
73080	FY	RADIOLOGIC EXAMINATION, ELBOW; COMPLETE, MINIMUM OF THREE VIEWS	\$54.27	7/1/2022	12/31/2382
73080	LT	RADIOLOGIC EXAMINATION, ELBOW; COMPLETE, MINIMUM OF THREE VIEWS	\$54.27	7/1/2022	12/31/2382
73080	RT	RADIOLOGIC EXAMINATION, ELBOW; COMPLETE, MINIMUM OF THREE VIEWS	\$54.27	7/1/2022	12/31/2382
73080	TC	RADIOLOGIC EXAMINATION, ELBOW; COMPLETE, MINIMUM OF THREE VIEWS	\$21.74	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
73085		RADIOLOGIC EXAMINATION, ELBOW, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$259.86	7/1/2022	12/31/2382
73085	26	RADIOLOGIC EXAMINATION, ELBOW, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$31.20	7/1/2022	12/31/2382
73085	TC	RADIOLOGIC EXAMINATION, ELBOW, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$79.13	7/1/2022	12/31/2382
73090		RADIOLOGIC EXAMINATION; FOREARM, ANTEROPOSTERIOR AND LATERAL VIEWS	\$54.27	7/1/2022	12/31/2382
73090	26	RADIOLOGIC EXAMINATION; FOREARM, ANTEROPOSTERIOR AND LATERAL VIEWS	\$9.30	7/1/2022	12/31/2382
73090	50	RADIOLOGIC EXAMINATION; FOREARM, ANTEROPOSTERIOR AND LATERAL VIEWS	\$54.27	7/1/2022	12/31/2382
73090	LT	RADIOLOGIC EXAMINATION; FOREARM, ANTEROPOSTERIOR AND LATERAL VIEWS	\$54.27	7/1/2022	12/31/2382
73090	RT	RADIOLOGIC EXAMINATION; FOREARM, ANTEROPOSTERIOR AND LATERAL VIEWS	\$54.27	7/1/2022	12/31/2382
73090	TC	RADIOLOGIC EXAMINATION; FOREARM, ANTEROPOSTERIOR AND LATERAL VIEWS	\$20.00	7/1/2022	12/31/2382
73090	XU	RADIOLOGIC EXAMINATION; FOREARM, ANTEROPOSTERIOR AND LATERAL VIEWS	\$54.27	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
73092		RADIOLOGIC EXAMINATION; UPPER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS	\$54.27	7/1/2022	12/31/2382
73092	26	RADIOLOGIC EXAMINATION; UPPER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS	\$8.94	7/1/2022	12/31/2382
73092	TC	RADIOLOGIC EXAMINATION; UPPER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS	\$18.89	7/1/2022	12/31/2382
73100		RADIOLOGIC EXAMINATION, WRIST; ANTEROPOSTERIOR AND LATERAL VIEWS	\$54.27	7/1/2022	12/31/2382
73100	26	RADIOLOGIC EXAMINATION, WRIST; ANTEROPOSTERIOR AND LATERAL VIEWS	\$8.94	7/1/2022	12/31/2382
73100	50	RADIOLOGIC EXAMINATION, WRIST; ANTEROPOSTERIOR AND LATERAL VIEWS	\$54.27	7/1/2022	12/31/2382
73100	59	RADIOLOGIC EXAMINATION, WRIST; ANTEROPOSTERIOR AND LATERAL VIEWS	\$54.27	7/1/2022	12/31/2382
73100	LT	RADIOLOGIC EXAMINATION, WRIST; ANTEROPOSTERIOR AND LATERAL VIEWS	\$54.27	7/1/2022	12/31/2382
73100	PO	RADIOLOGIC EXAMINATION, WRIST; ANTEROPOSTERIOR AND LATERAL VIEWS	\$54.27	7/1/2022	12/31/2382
73100	RT	RADIOLOGIC EXAMINATION, WRIST; ANTEROPOSTERIOR AND LATERAL VIEWS	\$54.27	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
73100	TC	RADIOLOGIC EXAMINATION, WRIST; ANTEROPOSTERIOR AND LATERAL VIEWS	\$18.89	7/1/2022	12/31/2382
73110		RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF THREE VIEWS	\$54.27	7/1/2022	12/31/2382
73110	26	RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF THREE VIEWS	\$10.26	7/1/2022	12/31/2382
73110	50	RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF THREE VIEWS	\$54.27	7/1/2022	12/31/2382
73110	76	RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF THREE VIEWS	\$54.27	7/1/2022	12/31/2382
73110	FY	RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF THREE VIEWS	\$54.27	7/1/2022	12/31/2382
73110	LT	RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF THREE VIEWS	\$54.27	7/1/2022	12/31/2382
73110	RT	RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF THREE VIEWS	\$54.27	7/1/2022	12/31/2382
73110	TC	RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF THREE VIEWS	\$20.36	7/1/2022	12/31/2382
73115		RADIOLOGIC EXAMINATION, WRIST, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$259.86	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
73115	26	RADIOLOGIC EXAMINATION, WRIST, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$31.20	7/1/2022	12/31/2382
73115	RT	RADIOLOGIC EXAMINATION, WRIST, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$259.86	7/1/2022	12/31/2382
73115	TC	RADIOLOGIC EXAMINATION, WRIST, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$59.50	7/1/2022	12/31/2382
73120		RADIOLOGIC EXAMINATION, HAND; TWO VIEWS	\$54.27	7/1/2022	12/31/2382
73120	26	RADIOLOGIC EXAMINATION, HAND; TWO VIEWS	\$8.94	7/1/2022	12/31/2382
73120	LT	RADIOLOGIC EXAMINATION, HAND; TWO VIEWS	\$54.27	7/1/2022	12/31/2382
73120	RT	RADIOLOGIC EXAMINATION, HAND; TWO VIEWS	\$54.27	7/1/2022	12/31/2382
73120	TC	RADIOLOGIC EXAMINATION, HAND; TWO VIEWS	\$18.89	7/1/2022	12/31/2382
73130		RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEWS	\$54.27	7/1/2022	12/31/2382
73130	26	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEWS	\$10.26	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
73130	50	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEWS	\$54.27	7/1/2022	12/31/2382
73130	59	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEWS	\$54.27	7/1/2022	12/31/2382
73130	76	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEWS	\$54.27	7/1/2022	12/31/2382
73130	LT	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEWS	\$54.27	7/1/2022	12/31/2382
73130	RT	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEWS	\$54.27	7/1/2022	12/31/2382
73130	TC	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEWS	\$20.36	7/1/2022	12/31/2382
73140		RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO VIEWS	\$54.27	7/1/2022	12/31/2382
73140	26	RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO VIEWS	\$7.42	7/1/2022	12/31/2382
73140	59	RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO VIEWS	\$54.27	7/1/2022	12/31/2382
73140	76	RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO VIEWS	\$54.27	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
73140	F1	RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO VIEWS	\$54.27	7/1/2022	12/31/2382
73140	F3	RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO VIEWS	\$54.27	7/1/2022	12/31/2382
73140	F4	RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO VIEWS	\$54.27	7/1/2022	12/31/2382
73140	F5	RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO VIEWS	\$54.27	7/1/2022	12/31/2382
73140	F6	RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO VIEWS	\$54.27	7/1/2022	12/31/2382
73140	F7	RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO VIEWS	\$54.27	7/1/2022	12/31/2382
73140	F8	RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO VIEWS	\$54.27	7/1/2022	12/31/2382
73140	LT	RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO VIEWS	\$54.27	7/1/2022	12/31/2382
73140	RT	RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO VIEWS	\$54.27	7/1/2022	12/31/2382
73140	TC	RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO VIEWS	\$15.94	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
73200		COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	\$235.18	7/1/2022	12/31/2382
73200	26	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	\$64.51	7/1/2022	12/31/2382
73200	LT	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	\$235.18	7/1/2022	12/31/2382
73200	RT	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	\$235.18	7/1/2022	12/31/2382
73200	TC	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	\$186.64	7/1/2022	12/31/2382
73201		COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITH CONTRAST MATERIAL(S)	\$319.36	7/1/2022	12/31/2382
73201	26	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITH CONTRAST MATERIAL(S)	\$69.25	7/1/2022	12/31/2382
73201	TC	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITH CONTRAST MATERIAL(S)	\$222.20	7/1/2022	12/31/2382
73202		COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AN	\$379.86	7/1/2022	12/31/2382
73202	26	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AN	\$72.66	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
73202	TC	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AN	\$279.87	7/1/2022	12/31/2382
73206		COMPUTED TOMOGRAPHIC ANGIOGRAPHY, UPPER EXTREMITY, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL	\$371.60	7/1/2022	12/31/2382
73218		MAGNETIC RESONANCE (EG, PROTON)IMAGING, UPPER EXTREMITY OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S)	\$436.59	7/1/2022	12/31/2382
73218	LT	MAGNETIC RESONANCE (EG, PROTON)IMAGING, UPPER EXTREMITY OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S)	\$436.59	7/1/2022	12/31/2382
73218	RT	MAGNETIC RESONANCE (EG, PROTON)IMAGING, UPPER EXTREMITY OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S)	\$436.59	7/1/2022	12/31/2382
73219		MAGNETIC RESONANCE (EG, PROTON)IMAGING, UPPER EXTREMITY OTHER THAN JOINT; WITH CONTRAST MATERIEL(S)	\$463.85	7/1/2022	12/31/2382
73220		MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT	\$632.96	7/1/2022	12/31/2382
73220	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT	\$88.35	7/1/2022	12/31/2382
73220	LT	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT	\$632.96	7/1/2022	12/31/2382
73220	RT	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT	\$632.96	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
73220	TC	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT	\$422.18	7/1/2022	12/31/2382
73221		MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY	\$436.59	7/1/2022	12/31/2382
73221	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY	\$54.02	7/1/2022	12/31/2382
73221	50	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY	\$436.59	7/1/2022	12/31/2382
73221	LT	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY	\$436.59	7/1/2022	12/31/2382
73221	RT	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY	\$436.59	7/1/2022	12/31/2382
73221	TC	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY	\$422.18	7/1/2022	12/31/2382
73222		MAGNETIC RESONANCE (EG, PROTON)IMAGING, ANY JOINT OF UPPER EXTREMITY WITH; CONTRAST MATERIAL(S)	\$463.85	7/1/2022	12/31/2382
73223		MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED	\$632.96	7/1/2022	12/31/2382
73223	LT	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED	\$632.96	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
73223	RT	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED	\$632.96	7/1/2022	12/31/2382
73225		MAGNETIC RSONANCE ANGIOGRAPHY, UPPER EXTREMITY, WITH OR WITHOUT CONTRAST MATERIAL(S)	\$450.22	7/1/2022	12/31/2382
73500		RADIOLOGIC EXAMINATION, HIP; UNILATERAL, ONE VIEW	\$54.27	7/1/2022	12/31/2382
73500	26	RADIOLOGIC EXAMINATION, HIP; UNILATERAL, ONE VIEW	\$9.79	7/1/2022	12/31/2382
73500	LT	RADIOLOGIC EXAMINATION, HIP; UNILATERAL, ONE VIEW	\$54.27	7/1/2022	12/31/2382
73500	RT	RADIOLOGIC EXAMINATION, HIP; UNILATERAL, ONE VIEW	\$54.27	7/1/2022	12/31/2382
73500	TC	RADIOLOGIC EXAMINATION, HIP; UNILATERAL, ONE VIEW	\$18.17	7/1/2022	12/31/2382
73501		X-RAY OF HIP WITH PELVIS, 1 VIEW	\$61.37	7/1/2022	12/31/2382
73501	LT	X-RAY OF HIP WITH PELVIS, 1 VIEW	\$61.37	7/1/2022	12/31/2382
73501	RT	X-RAY OF HIP WITH PELVIS, 1 VIEW	\$61.37	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
73502		X-RAY OF HIP WITH PELVIS, 2-3 VIEWS	\$61.37	7/1/2022	12/31/2382
73502	LT	X-RAY OF HIP WITH PELVIS, 2-3 VIEWS	\$61.37	7/1/2022	12/31/2382
73502	PN	X-RAY OF HIP WITH PELVIS, 2-3 VIEWS	\$61.37	7/1/2022	12/31/2382
73502	RT	X-RAY OF HIP WITH PELVIS, 2-3 VIEWS	\$61.37	7/1/2022	12/31/2382
73502	TC	X-RAY OF HIP WITH PELVIS, 2-3 VIEWS	\$18.21	7/1/2022	12/31/2382
73503		X-RAY OF HIP WITH PELVIS, MINIMUM OF 4 VIEWS	\$101.63	7/1/2022	12/31/2382
73510		RADIOLOGIC EXAMINATION, HIP; COMPLETE, MINIMUM OF TWO VIEWS	\$54.27	7/1/2022	12/31/2382
73510	26	RADIOLOGIC EXAMINATION, HIP; COMPLETE, MINIMUM OF TWO VIEWS	\$12.35	7/1/2022	12/31/2382
73510	50	RADIOLOGIC EXAMINATION, HIP; COMPLETE, MINIMUM OF TWO VIEWS	\$54.27	7/1/2022	12/31/2382
73510	59	RADIOLOGIC EXAMINATION, HIP; COMPLETE, MINIMUM OF TWO VIEWS	\$54.27	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
73510	76	RADIOLOGIC EXAMINATION, HIP; COMPLETE, MINIMUM OF TWO VIEWS	\$54.27	7/1/2022	12/31/2382
73510	LT	RADIOLOGIC EXAMINATION, HIP; COMPLETE, MINIMUM OF TWO VIEWS	\$54.27	7/1/2022	12/31/2382
73510	RT	RADIOLOGIC EXAMINATION, HIP; COMPLETE, MINIMUM OF TWO VIEWS	\$54.27	7/1/2022	12/31/2382
73510	TC	RADIOLOGIC EXAMINATION, HIP; COMPLETE, MINIMUM OF TWO VIEWS	\$21.74	7/1/2022	12/31/2382
73520		RADIOLOGIC EXAMINATION, HIPS, BILATERAL, MINIMUM OF TWO VIEWS OF EACH HIP, INCLUDING ANTEROPOSTERIOR VIEW OF P	\$92.38	7/1/2022	12/31/2382
73520	26	RADIOLOGIC EXAMINATION, HIPS, BILATERAL, MINIMUM OF TWO VIEWS OF EACH HIP, INCLUDING ANTEROPOSTERIOR VIEW OF P	\$15.38	7/1/2022	12/31/2382
73520	TC	RADIOLOGIC EXAMINATION, HIPS, BILATERAL, MINIMUM OF TWO VIEWS OF EACH HIP, INCLUDING ANTEROPOSTERIOR VIEW OF P	\$25.43	7/1/2022	12/31/2382
73521		X-RAY OF BOTH HIPS WITH PELVIS, 2 VIEWS	\$101.63	7/1/2022	12/31/2382
73521	TC	X-RAY OF BOTH HIPS WITH PELVIS, 2 VIEWS	\$18.78	7/1/2022	12/31/2382
73522		X-RAY OF BOTH HIPS WITH PELVIS, 3-4 VIEWS	\$101.63	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
73522	PN	X-RAY OF BOTH HIPS WITH PELVIS, 3-4 VIEWS	\$101.63	7/1/2022	12/31/2382
73523		X-RAY OF BOTH HIPS WITH PELVIS, MINIMUM OF 5 VIEWS	\$193.75	7/1/2022	12/31/2382
73523	PO	X-RAY OF BOTH HIPS WITH PELVIS, MINIMUM OF 5 VIEWS	\$193.75	7/1/2022	12/31/2382
73525		RADIOLOGIC EXAMINATION, HIP, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$259.86	7/1/2022	12/31/2382
73525	26	RADIOLOGIC EXAMINATION, HIP, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$31.20	7/1/2022	12/31/2382
73525	59	RADIOLOGIC EXAMINATION, HIP, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$259.86	7/1/2022	12/31/2382
73525	LT	RADIOLOGIC EXAMINATION, HIP, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$259.86	7/1/2022	12/31/2382
73525	RT	RADIOLOGIC EXAMINATION, HIP, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$259.86	7/1/2022	12/31/2382
73525	TC	RADIOLOGIC EXAMINATION, HIP, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$79.13	7/1/2022	12/31/2382
73530		RADIOLOGIC EXAMINATION, HIP, DURING OPERATIVE PROCEDURE	\$92.38	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
73530	26	RADIOLOGIC EXAMINATION, HIP, DURING OPERATIVE PROCEDURE	\$17.03	7/1/2022	12/31/2382
73530	RT	RADIOLOGIC EXAMINATION, HIP, DURING OPERATIVE PROCEDURE	\$92.38	7/1/2022	12/31/2382
73530	TC	RADIOLOGIC EXAMINATION, HIP, DURING OPERATIVE PROCEDURE	\$20.00	7/1/2022	12/31/2382
73540		RADIOLOGIC EXAMINATION, PELVIS AND HIPS, INFANT OR CHILD, MINIMUM OF TWO VIEWS	\$54.27	7/1/2022	12/31/2382
73540	26	RADIOLOGIC EXAMINATION, PELVIS AND HIPS, INFANT OR CHILD, MINIMUM OF TWO VIEWS	\$12.01	7/1/2022	12/31/2382
73540	TC	RADIOLOGIC EXAMINATION, PELVIS AND HIPS, INFANT OR CHILD, MINIMUM OF TWO VIEWS	\$21.74	7/1/2022	12/31/2382
73542		RADIOLOGICAL JOINT ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$259.86	7/1/2022	12/31/2382
73550		RADIOLOGIC EXAMINATION, FEMUR, ANTEROPOSTERIOR AND LATERAL VIEWS	\$54.27	7/1/2022	12/31/2382
73550	26	RADIOLOGIC EXAMINATION, FEMUR, ANTEROPOSTERIOR AND LATERAL VIEWS	\$10.10	7/1/2022	12/31/2382
73550	50	RADIOLOGIC EXAMINATION, FEMUR, ANTEROPOSTERIOR AND LATERAL VIEWS	\$54.27	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
73550	LT	RADIOLOGIC EXAMINATION, FEMUR, ANTEROPOSTERIOR AND LATERAL VIEWS	\$54.27	7/1/2022	12/31/2382
73550	RT	RADIOLOGIC EXAMINATION, FEMUR, ANTEROPOSTERIOR AND LATERAL VIEWS	\$54.27	7/1/2022	12/31/2382
73550	TC	RADIOLOGIC EXAMINATION, FEMUR, ANTEROPOSTERIOR AND LATERAL VIEWS	\$21.74	7/1/2022	12/31/2382
73551		X-RAY OF FEMUR, 1 VIEW	\$61.37	7/1/2022	12/31/2382
73551	LT	X-RAY OF FEMUR, 1 VIEW	\$61.37	7/1/2022	12/31/2382
73551	RT	X-RAY OF FEMUR, 1 VIEW	\$61.37	7/1/2022	12/31/2382
73552		X-RAY OF FEMUR, MINIMUM 2 VIEWS	\$61.37	7/1/2022	12/31/2382
73552	LT	X-RAY OF FEMUR, MINIMUM 2 VIEWS	\$61.37	7/1/2022	12/31/2382
73552	PN	X-RAY OF FEMUR, MINIMUM 2 VIEWS	\$61.37	7/1/2022	12/31/2382
73552	RT	X-RAY OF FEMUR, MINIMUM 2 VIEWS	\$61.37	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
73552	TC	X-RAY OF FEMUR, MINIMUM 2 VIEWS	\$17.13	7/1/2022	12/31/2382
73560		RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL VIEWS	\$54.27	7/1/2022	12/31/2382
73560	26	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL VIEWS	\$9.43	7/1/2022	12/31/2382
73560	50	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL VIEWS	\$54.27	7/1/2022	12/31/2382
73560	59	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL VIEWS	\$92.38	7/1/2022	12/31/2382
73560	LT	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL VIEWS	\$54.27	7/1/2022	12/31/2382
73560	RT	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL VIEWS	\$54.27	7/1/2022	12/31/2382
73560	TC	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL VIEWS	\$20.00	7/1/2022	12/31/2382
73562		RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL, WITH OBLIQUE(S), MINIMUM OF THREE VIEWS	\$54.27	7/1/2022	12/31/2382
73562	26	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL, WITH OBLIQUE(S), MINIMUM OF THREE VIEWS	\$10.85	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
73562	50	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL, WITH OBLIQUE(S), MINIMUM OF THREE VIEWS	\$54.27	7/1/2022	12/31/2382
73562	59	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL, WITH OBLIQUE(S), MINIMUM OF THREE VIEWS	\$54.27	7/1/2022	12/31/2382
73562	76	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL, WITH OBLIQUE(S), MINIMUM OF THREE VIEWS	\$54.27	7/1/2022	12/31/2382
73562	LT	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL, WITH OBLIQUE(S), MINIMUM OF THREE VIEWS	\$54.27	7/1/2022	12/31/2382
73562	PN	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL, WITH OBLIQUE(S), MINIMUM OF THREE VIEWS	\$54.27	7/1/2022	12/31/2382
73562	RT	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL, WITH OBLIQUE(S), MINIMUM OF THREE VIEWS	\$54.27	7/1/2022	12/31/2382
73562	TC	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL, WITH OBLIQUE(S), MINIMUM OF THREE VIEWS	\$21.74	7/1/2022	12/31/2382
73564		RADIOLOGIC EXAMINATION, KNEE; COMPLETE, INCLUDING OBLIQUE(S), AND TUNNEL, AND/OR PATELLAR AND/OR STANDING VIEW	\$54.27	7/1/2022	12/31/2382
73564	26	RADIOLOGIC EXAMINATION, KNEE; COMPLETE, INCLUDING OBLIQUE(S), AND TUNNEL, AND/OR PATELLAR AND/OR STANDING VIEW	\$13.17	7/1/2022	12/31/2382
73564	50	RADIOLOGIC EXAMINATION, KNEE; COMPLETE, INCLUDING OBLIQUE(S), AND TUNNEL, AND/OR PATELLAR AND/OR STANDING VIEW	\$54.27	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
73564	76	RADIOLOGIC EXAMINATION, KNEE; COMPLETE, INCLUDING OBLIQUE(S), AND TUNNEL, AND/OR PATELLAR AND/OR STANDING VIEW	\$54.27	7/1/2022	12/31/2382
73564	LT	RADIOLOGIC EXAMINATION, KNEE; COMPLETE, INCLUDING OBLIQUE(S), AND TUNNEL, AND/OR PATELLAR AND/OR STANDING VIEW	\$54.27	7/1/2022	12/31/2382
73564	RT	RADIOLOGIC EXAMINATION, KNEE; COMPLETE, INCLUDING OBLIQUE(S), AND TUNNEL, AND/OR PATELLAR AND/OR STANDING VIEW	\$54.27	7/1/2022	12/31/2382
73564	TC	RADIOLOGIC EXAMINATION, KNEE; COMPLETE, INCLUDING OBLIQUE(S), AND TUNNEL, AND/OR PATELLAR AND/OR STANDING VIEW	\$23.59	7/1/2022	12/31/2382
73565		RADIOLOGIC EXAMINATION, KNEE; BOTH KNEES, STANDING, ANTEROPOSTERIOR	\$54.27	7/1/2022	12/31/2382
73565	26	RADIOLOGIC EXAMINATION, KNEE; BOTH KNEES, STANDING, ANTEROPOSTERIOR	\$12.61	7/1/2022	12/31/2382
73565	59	RADIOLOGIC EXAMINATION, KNEE; BOTH KNEES, STANDING, ANTEROPOSTERIOR	\$54.27	7/1/2022	12/31/2382
73565	TC	RADIOLOGIC EXAMINATION, KNEE; BOTH KNEES, STANDING, ANTEROPOSTERIOR	\$18.89	7/1/2022	12/31/2382
73580		RADIOLOGIC EXAMINATION, KNEE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$259.86	7/1/2022	12/31/2382
73580	26	RADIOLOGIC EXAMINATION, KNEE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$31.20	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
73580	TC	RADIOLOGIC EXAMINATION, KNEE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$99.03	7/1/2022	12/31/2382
73590		RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, ANTEROPOSTERIOR AND LATERAL VIEWS	\$54.27	7/1/2022	12/31/2382
73590	26	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, ANTEROPOSTERIOR AND LATERAL VIEWS	\$9.43	7/1/2022	12/31/2382
73590	50	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, ANTEROPOSTERIOR AND LATERAL VIEWS	\$54.27	7/1/2022	12/31/2382
73590	LT	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, ANTEROPOSTERIOR AND LATERAL VIEWS	\$54.27	7/1/2022	12/31/2382
73590	RT	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, ANTEROPOSTERIOR AND LATERAL VIEWS	\$54.27	7/1/2022	12/31/2382
73590	TC	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, ANTEROPOSTERIOR AND LATERAL VIEWS	\$20.00	7/1/2022	12/31/2382
73592		RADIOLOGIC EXAMINATION; LOWER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS	\$54.27	7/1/2022	12/31/2382
73592	26	RADIOLOGIC EXAMINATION; LOWER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS	\$8.94	7/1/2022	12/31/2382
73592	TC	RADIOLOGIC EXAMINATION; LOWER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS	\$18.89	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
73600		RADIOLOGIC EXAMINATION, ANKLE; ANTEROPOSTERIOR AND LATERAL VIEWS	\$54.27	7/1/2022	12/31/2382
73600	26	RADIOLOGIC EXAMINATION, ANKLE; ANTEROPOSTERIOR AND LATERAL VIEWS	\$8.96	7/1/2022	12/31/2382
73600	LT	RADIOLOGIC EXAMINATION, ANKLE; ANTEROPOSTERIOR AND LATERAL VIEWS	\$54.27	7/1/2022	12/31/2382
73600	RT	RADIOLOGIC EXAMINATION, ANKLE; ANTEROPOSTERIOR AND LATERAL VIEWS	\$54.27	7/1/2022	12/31/2382
73600	TC	RADIOLOGIC EXAMINATION, ANKLE; ANTEROPOSTERIOR AND LATERAL VIEWS	\$18.89	7/1/2022	12/31/2382
73610		RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF THREE VIEWS	\$54.27	7/1/2022	12/31/2382
73610	26	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF THREE VIEWS	\$10.26	7/1/2022	12/31/2382
73610	50	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF THREE VIEWS	\$54.27	7/1/2022	12/31/2382
73610	59	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF THREE VIEWS	\$54.27	7/1/2022	12/31/2382
73610	76	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF THREE VIEWS	\$54.27	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
73610	FY	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF THREE VIEWS	\$54.27	7/1/2022	12/31/2382
73610	LT	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF THREE VIEWS	\$54.27	7/1/2022	12/31/2382
73610	RT	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF THREE VIEWS	\$54.27	7/1/2022	12/31/2382
73610	TC	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF THREE VIEWS	\$20.36	7/1/2022	12/31/2382
73615		RADIOLOGIC EXAMINATION, ANKLE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$259.86	7/1/2022	12/31/2382
73615	26	RADIOLOGIC EXAMINATION, ANKLE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$31.20	7/1/2022	12/31/2382
73615	TC	RADIOLOGIC EXAMINATION, ANKLE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$79.13	7/1/2022	12/31/2382
73620		RADIOLOGIC EXAMINATION, FOOT; ANTEROPOSTERIOR AND LATERAL VIEWS	\$54.27	7/1/2022	12/31/2382
73620	26	RADIOLOGIC EXAMINATION, FOOT; ANTEROPOSTERIOR AND LATERAL VIEWS	\$8.94	7/1/2022	12/31/2382
73620	59	RADIOLOGIC EXAMINATION, FOOT; ANTEROPOSTERIOR AND LATERAL VIEWS	\$54.27	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
73620	76	RADIOLOGIC EXAMINATION, FOOT; ANTEROPOSTERIOR AND LATERAL VIEWS	\$54.27	7/1/2022	12/31/2382
73620	LT	RADIOLOGIC EXAMINATION, FOOT; ANTEROPOSTERIOR AND LATERAL VIEWS	\$54.27	7/1/2022	12/31/2382
73620	RT	RADIOLOGIC EXAMINATION, FOOT; ANTEROPOSTERIOR AND LATERAL VIEWS	\$54.27	7/1/2022	12/31/2382
73620	TC	RADIOLOGIC EXAMINATION, FOOT; ANTEROPOSTERIOR AND LATERAL VIEWS	\$18.89	7/1/2022	12/31/2382
73630		RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF THREE VIEWS	\$54.27	7/1/2022	12/31/2382
73630	26	RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF THREE VIEWS	\$10.26	7/1/2022	12/31/2382
73630	50	RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF THREE VIEWS	\$54.27	7/1/2022	12/31/2382
73630	59	RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF THREE VIEWS	\$54.27	7/1/2022	12/31/2382
73630	FY	RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF THREE VIEWS	\$54.27	7/1/2022	12/31/2382
73630	LT	RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF THREE VIEWS	\$54.27	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
73630	RT	RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF THREE VIEWS	\$54.27	7/1/2022	12/31/2382
73630	TC	RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF THREE VIEWS	\$20.36	7/1/2022	12/31/2382
73650		RADIOLOGIC EXAMINATION; CALCANEUS, MINIMUM OF TWO VIEWS	\$54.27	7/1/2022	12/31/2382
73650	26	RADIOLOGIC EXAMINATION; CALCANEUS, MINIMUM OF TWO VIEWS	\$8.94	7/1/2022	12/31/2382
73650	50	RADIOLOGIC EXAMINATION; CALCANEUS, MINIMUM OF TWO VIEWS	\$54.27	7/1/2022	12/31/2382
73650	LT	RADIOLOGIC EXAMINATION; CALCANEUS, MINIMUM OF TWO VIEWS	\$54.27	7/1/2022	12/31/2382
73650	RT	RADIOLOGIC EXAMINATION; CALCANEUS, MINIMUM OF TWO VIEWS	\$54.27	7/1/2022	12/31/2382
73650	TC	RADIOLOGIC EXAMINATION; CALCANEUS, MINIMUM OF TWO VIEWS	\$18.17	7/1/2022	12/31/2382
73660		RADIOLOGIC EXAMINATION; TOE OR TOES, MINIMUM OF TWO VIEWS	\$54.27	7/1/2022	12/31/2382
73660	26	RADIOLOGIC EXAMINATION; TOE OR TOES, MINIMUM OF TWO VIEWS	\$7.42	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
73660	50	RADIOLOGIC EXAMINATION; TOE OR TOES, MINIMUM OF TWO VIEWS	\$54.27	7/1/2022	12/31/2382
73660	59	RADIOLOGIC EXAMINATION; TOE OR TOES, MINIMUM OF TWO VIEWS	\$54.27	7/1/2022	12/31/2382
73660	76	RADIOLOGIC EXAMINATION; TOE OR TOES, MINIMUM OF TWO VIEWS	\$54.27	7/1/2022	12/31/2382
73660	LT	RADIOLOGIC EXAMINATION; TOE OR TOES, MINIMUM OF TWO VIEWS	\$54.27	7/1/2022	12/31/2382
73660	RT	RADIOLOGIC EXAMINATION; TOE OR TOES, MINIMUM OF TWO VIEWS	\$54.27	7/1/2022	12/31/2382
73660	T5	RADIOLOGIC EXAMINATION; TOE OR TOES, MINIMUM OF TWO VIEWS	\$54.27	7/1/2022	12/31/2382
73660	T6	RADIOLOGIC EXAMINATION; TOE OR TOES, MINIMUM OF TWO VIEWS	\$54.27	7/1/2022	12/31/2382
73660	TC	RADIOLOGIC EXAMINATION; TOE OR TOES, MINIMUM OF TWO VIEWS	\$15.94	7/1/2022	12/31/2382
73700		COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	\$235.18	7/1/2022	12/31/2382
73700	26	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	\$64.51	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
73700	50	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	\$235.18	7/1/2022	12/31/2382
73700	59	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	\$235.18	7/1/2022	12/31/2382
73700	LT	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	\$54.27	7/1/2022	12/31/2382
73700	RT	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	\$54.27	7/1/2022	12/31/2382
73700	TC	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	\$186.64	7/1/2022	12/31/2382
73701		COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)	\$319.36	7/1/2022	12/31/2382
73701	26	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)	\$69.25	7/1/2022	12/31/2382
73701	59	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)	\$319.36	7/1/2022	12/31/2382
73701	LT	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)	\$319.36	7/1/2022	12/31/2382
73701	RT	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)	\$319.36	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
73701	TC	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)	\$222.20	7/1/2022	12/31/2382
73702		COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AN	\$379.86	7/1/2022	12/31/2382
73702	26	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AN	\$72.66	7/1/2022	12/31/2382
73702	TC	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AN	\$279.87	7/1/2022	12/31/2382
73706		COMPUTED TOMOGRAPHIC ANGIOGRAPHY, LOWER EXTREMITY, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL	\$371.60	7/1/2022	12/31/2382
73706	59	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, LOWER EXTREMITY, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL	\$371.60	7/1/2022	12/31/2382
73706	LT	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, LOWER EXTREMITY, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL	\$371.60	7/1/2022	12/31/2382
73718		MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S)	\$436.59	7/1/2022	12/31/2382
73718	LT	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S)	\$436.59	7/1/2022	12/31/2382
73718	RT	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S)	\$436.59	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
73719		MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT; WITH CONTRAST MATERIAL(S)	\$463.85	7/1/2022	12/31/2382
73720		MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT	\$632.96	7/1/2022	12/31/2382
73720	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT	\$88.35	7/1/2022	12/31/2382
73720	LT	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT	\$632.96	7/1/2022	12/31/2382
73720	RT	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT	\$632.96	7/1/2022	12/31/2382
73720	TC	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT	\$422.18	7/1/2022	12/31/2382
73721		MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY	\$436.59	7/1/2022	12/31/2382
73721	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY	\$161.75	7/1/2022	12/31/2382
73721	50	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY	\$436.59	7/1/2022	12/31/2382
73721	LT	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY	\$436.59	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
73721	RT	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY	\$436.59	7/1/2022	12/31/2382
73721	TC	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY	\$422.18	7/1/2022	12/31/2382
73722		MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)	\$463.85	7/1/2022	12/31/2382
73723		MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S)	\$632.96	7/1/2022	12/31/2382
73723	LT	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S)	\$632.96	7/1/2022	12/31/2382
73725		MAGNETIC RESONANCE ANGIOGRAPHY, LOWER EXTREMITY, WITH OR WITHOUT CONTRAST MATERIAL(S)	\$550.41	7/1/2022	12/31/2382
74000		RADIOLOGIC EXAMINATION, ABDOMEN; SINGLE ANTEROPOSTERIOR VIEW	\$54.27	7/1/2022	12/31/2382
74000	26	RADIOLOGIC EXAMINATION, ABDOMEN; SINGLE ANTEROPOSTERIOR VIEW	\$13.80	7/1/2022	12/31/2382
74000	59	RADIOLOGIC EXAMINATION, ABDOMEN; SINGLE ANTEROPOSTERIOR VIEW	\$54.27	7/1/2022	12/31/2382
74000	76	RADIOLOGIC EXAMINATION, ABDOMEN; SINGLE ANTEROPOSTERIOR VIEW	\$54.27	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
74000	TC	RADIOLOGIC EXAMINATION, ABDOMEN; SINGLE ANTEROPOSTERIOR VIEW	\$20.00	7/1/2022	12/31/2382
74010		RADIOLOGIC EXAMINATION, ABDOMEN; ANTEROPOSTERIOR AND ADDITIONAL OBLIQUE AND CONE VIEWS	\$54.27	7/1/2022	12/31/2382
74010	26	RADIOLOGIC EXAMINATION, ABDOMEN; ANTEROPOSTERIOR AND ADDITIONAL OBLIQUE AND CONE VIEWS	\$13.49	7/1/2022	12/31/2382
74010	TC	RADIOLOGIC EXAMINATION, ABDOMEN; ANTEROPOSTERIOR AND ADDITIONAL OBLIQUE AND CONE VIEWS	\$21.74	7/1/2022	12/31/2382
74018		RADIOLOGIC EXAMINATION, ABDOMEN; 1 VIEW	\$58.78	7/1/2022	12/31/2382
74018	26	RADIOLOGIC EXAMINATION, ABDOMEN; 1 VIEW	\$6.35	7/1/2022	12/31/2382
74018	TC	RADIOLOGIC EXAMINATION, ABDOMEN; 1 VIEW	\$12.45	7/1/2022	12/31/2382
74019		RADIOLOGIC EXAMINATION, ABDOMEN; 2 VIEWS	\$108.30	7/1/2022	12/31/2382
74019	26	RADIOLOGIC EXAMINATION, ABDOMEN; 2 VIEWS	\$8.05	7/1/2022	12/31/2382
74019	TC	RADIOLOGIC EXAMINATION, ABDOMEN; 2 VIEWS	\$14.89	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
74020		RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE, INCLUDING DECUBITUS AND/OR ERECT VIEWS	\$54.27	7/1/2022	12/31/2382
74020	26	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE, INCLUDING DECUBITUS AND/OR ERECT VIEWS	\$15.95	7/1/2022	12/31/2382
74020	59	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE, INCLUDING DECUBITUS AND/OR ERECT VIEWS	\$54.27	7/1/2022	12/31/2382
74020	TC	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE, INCLUDING DECUBITUS AND/OR ERECT VIEWS	\$23.59	7/1/2022	12/31/2382
74021		RADIOLOGIC EXAMINATION, ABDOMEN; 3 OR MORE VIEWS	\$108.30	7/1/2022	12/31/2382
74021	26	RADIOLOGIC EXAMINATION, ABDOMEN; 3 OR MORE VIEWS	\$9.51	7/1/2022	12/31/2382
74021	TC	RADIOLOGIC EXAMINATION, ABDOMEN; 3 OR MORE VIEWS	\$17.33	7/1/2022	12/31/2382
74022		RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE ACUTE ABDOMEN SERIES, INCLUDING SUPINE, ERECT, AND/ OR DECUBITUS VIE	\$92.38	7/1/2022	12/31/2382
74022	26	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE ACUTE ABDOMEN SERIES, INCLUDING SUPINE, ERECT, AND/ OR DECUBITUS VIE	\$18.62	7/1/2022	12/31/2382
74022	TC	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE ACUTE ABDOMEN SERIES, INCLUDING SUPINE, ERECT, AND/ OR DECUBITUS VIE	\$27.91	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
74150		COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	\$235.18	7/1/2022	12/31/2382
74150	26	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	\$70.75	7/1/2022	12/31/2382
74150	TC	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	\$213.08	7/1/2022	12/31/2382
74160		COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	\$319.36	7/1/2022	12/31/2382
74160	26	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	\$75.90	7/1/2022	12/31/2382
74160	59	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	\$319.36	7/1/2022	12/31/2382
74160	GZ	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	\$319.36	7/1/2022	12/31/2382
74160	TC	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	\$257.74	7/1/2022	12/31/2382
74170		COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER	\$379.86	7/1/2022	12/31/2382
74170	26	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER	\$83.66	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
74170	TC	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER	\$319.84	7/1/2022	12/31/2382
74174		COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES	\$403.22	7/1/2022	12/31/2382
74174	QQ	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES	\$403.22	7/1/2022	12/31/2382
74175		COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND	\$371.60	7/1/2022	12/31/2382
74176		COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	\$209.41	7/1/2022	12/31/2382
74176	26	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	\$90.13	7/1/2022	12/31/2382
74176	ME	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	\$209.41	7/1/2022	12/31/2382
74176	MG	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	\$209.41	7/1/2022	12/31/2382
74176	MH	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	\$209.41	7/1/2022	12/31/2382
74176	PO	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	\$209.41	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
74176	QQ	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	\$209.41	7/1/2022	12/31/2382
74176	TC	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	\$120.54	7/1/2022	12/31/2382
74177		COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL	\$323.87	7/1/2022	12/31/2382
74177	MG	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL	\$323.87	7/1/2022	12/31/2382
74177	MH	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL	\$323.87	7/1/2022	12/31/2382
74177	PO	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL	\$323.87	7/1/2022	12/31/2382
74177	QQ	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL	\$323.87	7/1/2022	12/31/2382
74177	TC	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL	\$150.85	7/1/2022	12/31/2382
74177	XP	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL	\$323.87	7/1/2022	12/31/2382
74178		COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL IN ONE OR BOTH BODY REGIONS, FOLLOWED BY	\$361.06	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
74178	QQ	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL IN ONE OR BOTH BODY REGIONS, FOLLOWED BY	\$361.06	7/1/2022	12/31/2382
74181		MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN	\$436.59	7/1/2022	12/31/2382
74181	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN	\$95.77	7/1/2022	12/31/2382
74181	52	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN	\$436.59	7/1/2022	12/31/2382
74181	59	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN	\$436.59	7/1/2022	12/31/2382
74181	TC	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN	\$422.18	7/1/2022	12/31/2382
74182		MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITH CONTRAST MATERIAL(S)	\$463.85	7/1/2022	12/31/2382
74183		MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY WITH CONTRAST MATE	\$632.96	7/1/2022	12/31/2382
74183	59	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY WITH CONTRAST MATE	\$632.96	7/1/2022	12/31/2382
74183	MC	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY WITH CONTRAST MATE	\$632.96	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
74185		MAGNETIC RESONANCE ANGIOGRAPHY, ABDOMEN, WITH OR WITHOUT CONTRAST MATERIAL(S)	\$549.97	7/1/2022	12/31/2382
74190		PERITONEOGRAM, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$257.02	7/1/2022	12/31/2382
74210		RADIOLOGIC EXAMINATION; PHARYNX AND/OR CERVICAL ESOPHAGUS	\$109.33	7/1/2022	12/31/2382
74210	26	RADIOLOGIC EXAMINATION; PHARYNX AND/OR CERVICAL ESOPHAGUS	\$20.71	7/1/2022	12/31/2382
74210	TC	RADIOLOGIC EXAMINATION; PHARYNX AND/OR CERVICAL ESOPHAGUS	\$44.31	7/1/2022	12/31/2382
74220		RADIOLOGIC EXAMINATION; ESOPHAGUS	\$106.37	7/1/2022	12/31/2382
74220	26	RADIOLOGIC EXAMINATION; ESOPHAGUS	\$27.95	7/1/2022	12/31/2382
74220	FY	RADIOLOGIC EXAMINATION; ESOPHAGUS	\$106.37	7/1/2022	12/31/2382
74220	TC	RADIOLOGIC EXAMINATION; ESOPHAGUS	\$44.31	7/1/2022	12/31/2382
74221		RADIOLOGIC EXAMINATION, ESOPHAGUS, INCLUDING SCOUT CHEST RADIOGRAPH(S) AND DELAYED IMAGE(S), WHEN PERFORMED; DOUBLE-CONTRAST (EG, HIGH-DENSITY BARIUM AND EFFERVESCENT AGENT) STUDY	\$156.53	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
74221	FY	RADIOLOGIC EXAMINATION, ESOPHAGUS, INCLUDING SCOUT CHEST RADIOGRAPH(S) AND DELAYED IMAGE(S), WHEN PERFORMED; DOUBLE-CONTRAST (EG, HIGH-DENSITY BARIUM AND EFFERVESCENT AGENT) STUDY	\$156.53	7/1/2022	12/31/2382
74230		SWALLOWING FUNCTION, PHARYNX AND/OR ESOPHAGUS, WITH CINERADIOGRAPHY AND/OR VIDEO	\$106.37	7/1/2022	12/31/2382
74230	26	SWALLOWING FUNCTION, PHARYNX AND/OR ESOPHAGUS, WITH CINERADIOGRAPHY AND/OR VIDEO	\$32.35	7/1/2022	12/31/2382
74230	FY	SWALLOWING FUNCTION, PHARYNX AND/OR ESOPHAGUS, WITH CINERADIOGRAPHY AND/OR VIDEO	\$106.37	7/1/2022	12/31/2382
74230	TC	SWALLOWING FUNCTION, PHARYNX AND/OR ESOPHAGUS, WITH CINERADIOGRAPHY AND/OR VIDEO	\$48.99	7/1/2022	12/31/2382
74235		REMOVAL OF FOREIGN BODY(S), ESOPHAGEAL, WITH USE OF BALLOON CATHETER, RADIOLOGICAL SUPERVISION AND INTERPRETAT	\$168.79	7/1/2022	12/31/2382
74235	26	REMOVAL OF FOREIGN BODY(S), ESOPHAGEAL, WITH USE OF BALLOON CATHETER, RADIOLOGICAL SUPERVISION AND INTERPRETAT	\$70.75	7/1/2022	12/31/2382
74235	TC	REMOVAL OF FOREIGN BODY(S), ESOPHAGEAL, WITH USE OF BALLOON CATHETER, RADIOLOGICAL SUPERVISION AND INTERPRETAT	\$99.03	7/1/2022	12/31/2382
74240		RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR WITHOUT DELAYED FILMS, WITHOUT KUB	\$109.33	7/1/2022	12/31/2382
74240	26	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR WITHOUT DELAYED FILMS, WITHOUT KUB	\$41.27	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
74240	TC	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR WITHOUT DELAYED FILMS, WITHOUT KUB	\$55.18	7/1/2022	12/31/2382
74241		RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR WITHOUT DELAYED FILMS, WITH KUB	\$109.33	7/1/2022	12/31/2382
74241	26	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR WITHOUT DELAYED FILMS, WITH KUB	\$41.27	7/1/2022	12/31/2382
74241	TC	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR WITHOUT DELAYED FILMS, WITH KUB	\$56.30	7/1/2022	12/31/2382
74245		RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH SMALL BOWEL, INCLUDES MULTIPLE SERIAL FILMS	\$170.76	7/1/2022	12/31/2382
74245	26	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH SMALL BOWEL, INCLUDES MULTIPLE SERIAL FILMS	\$54.40	7/1/2022	12/31/2382
74245	TC	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH SMALL BOWEL, INCLUDES MULTIPLE SERIAL FILMS	\$90.01	7/1/2022	12/31/2382
74246		RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY BARIUM, EFFE	\$109.33	7/1/2022	12/31/2382
74246	26	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY BARIUM, EFFE	\$41.27	7/1/2022	12/31/2382
74246	FY	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY BARIUM, EFFE	\$109.33	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
74246	TC	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY BARIUM, EFFE	\$62.09	7/1/2022	12/31/2382
74247		RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY BARIUM, EFFE	\$109.33	7/1/2022	12/31/2382
74247	26	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY BARIUM, EFFE	\$41.27	7/1/2022	12/31/2382
74247	TC	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY BARIUM, EFFE	\$63.47	7/1/2022	12/31/2382
74249		RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY BARIUM, EFFE	\$170.76	7/1/2022	12/31/2382
74249	26	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY BARIUM, EFFE	\$54.40	7/1/2022	12/31/2382
74249	TC	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY BARIUM, EFFE	\$96.90	7/1/2022	12/31/2382
74250		RADIOLOGIC EXAMINATION, SMALL BOWEL, INCLUDES MULTIPLE SERIAL FILMS	\$109.33	7/1/2022	12/31/2382
74250	26	RADIOLOGIC EXAMINATION, SMALL BOWEL, INCLUDES MULTIPLE SERIAL FILMS	\$28.12	7/1/2022	12/31/2382
74250	TC	RADIOLOGIC EXAMINATION, SMALL BOWEL, INCLUDES MULTIPLE SERIAL FILMS	\$48.99	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
74251		RADIOLOGIC EXAMINATION, SMALL BOWEL, INCLUDES MULTIPLE SERIAL FILMS; VIA ENTEROCLYSIS TUBE	\$170.76	7/1/2022	12/31/2382
74260		DUODENOGRAPHY, HYPOTONIC	\$170.76	7/1/2022	12/31/2382
74260	26	DUODENOGRAPHY, HYPOTONIC	\$30.29	7/1/2022	12/31/2382
74260	TC	DUODENOGRAPHY, HYPOTONIC	\$56.30	7/1/2022	12/31/2382
74261		COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE POSTPROCESSING; WITHOUT CONTRAST MATERIAL	\$209.41	7/1/2022	12/31/2382
74270		RADIOLOGIC EXAMINATION, COLON; BARIUM ENEMA	\$109.33	7/1/2022	12/31/2382
74270	26	RADIOLOGIC EXAMINATION, COLON; BARIUM ENEMA	\$41.27	7/1/2022	12/31/2382
74270	TC	RADIOLOGIC EXAMINATION, COLON; BARIUM ENEMA	\$64.20	7/1/2022	12/31/2382
74280		RADIOLOGIC EXAMINATION, COLON; AIR CONTRAST WITH SPECIFIC HIGH DENSITY BARIUM, WITH OR WITHOUT GLUCAGON	\$170.76	7/1/2022	12/31/2382
74280	26	RADIOLOGIC EXAMINATION, COLON; AIR CONTRAST WITH SPECIFIC HIGH DENSITY BARIUM, WITH OR WITHOUT GLUCAGON	\$58.98	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
74280	TC	RADIOLOGIC EXAMINATION, COLON; AIR CONTRAST WITH SPECIFIC HIGH DENSITY BARIUM, WITH OR WITHOUT GLUCAGON	\$84.20	7/1/2022	12/31/2382
74283		THERAPEUTIC ENEMA, CONTRAST OR AIR, FOR REDUCTION OF INTUSSUSCEPTION OR OTHER INTRALUNIMAL OBSTRUCTION	\$109.33	7/1/2022	12/31/2382
74283	26	THERAPEUTIC ENEMA, CONTRAST OR AIR, FOR REDUCTION OF INTUSSUSCEPTION OR OTHER INTRALUNIMAL OBSTRUCTION	\$114.92	7/1/2022	12/31/2382
74283	TC	THERAPEUTIC ENEMA, CONTRAST OR AIR, FOR REDUCTION OF INTUSSUSCEPTION OR OTHER INTRALUNIMAL OBSTRUCTION	\$96.56	7/1/2022	12/31/2382
74290		CHOLECYSTOGRAPHY, ORAL CONTRAST;	\$109.33	7/1/2022	12/31/2382
74290	26	CHOLECYSTOGRAPHY, ORAL CONTRAST;	\$18.62	7/1/2022	12/31/2382
74290	TC	CHOLECYSTOGRAPHY, ORAL CONTRAST;	\$27.91	7/1/2022	12/31/2382
74291		CHOLECYSTOGRAPHY, ORAL CONTRAST; ADDITIONAL OR REPEAT EXAMINATION OR MULTIPLE DAY EXAMINATION	\$109.33	7/1/2022	12/31/2382
74291	26	CHOLECYSTOGRAPHY, ORAL CONTRAST; ADDITIONAL OR REPEAT EXAMINATION OR MULTIPLE DAY EXAMINATION	\$11.79	7/1/2022	12/31/2382
74291	TC	CHOLECYSTOGRAPHY, ORAL CONTRAST; ADDITIONAL OR REPEAT EXAMINATION OR MULTIPLE DAY EXAMINATION	\$15.94	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
74300		CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; DURING SURGERY	\$126.34	7/1/2022	12/31/2382
74300	26	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; DURING SURGERY	\$21.22	7/1/2022	12/31/2382
74301		CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; ADDITIONAL SET DURING SURGERY	\$126.34	7/1/2022	12/31/2382
74301	26	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; ADDITIONAL SET DURING SURGERY	\$12.35	7/1/2022	12/31/2382
74305		CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; POSTOPERATIVE	\$126.34	7/1/2022	12/31/2382
74305	26	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; POSTOPERATIVE	\$25.01	7/1/2022	12/31/2382
74305	TC	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; POSTOPERATIVE	\$29.75	7/1/2022	12/31/2382
74320		CHOLANGIOGRAPHY, PERCUTANEOUS, TRANSHEPATIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$257.02	7/1/2022	12/31/2382
74320	26	CHOLANGIOGRAPHY, PERCUTANEOUS, TRANSHEPATIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$31.20	7/1/2022	12/31/2382
74320	TC	CHOLANGIOGRAPHY, PERCUTANEOUS, TRANSHEPATIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$118.38	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
74327		POSTOPERATIVE BILIARY DUCT STONE REMOVAL, PERCUTANEOUS VIA T-TUBE TRACT, BASKET OR SNARE (EG, BURHENNE TECHNIQ	\$168.79	7/1/2022	12/31/2382
74327	26	POSTOPERATIVE BILIARY DUCT STONE REMOVAL, PERCUTANEOUS VIA T-TUBE TRACT, BASKET OR SNARE (EG, BURHENNE TECHNIQ	\$41.90	7/1/2022	12/31/2382
74327	TC	POSTOPERATIVE BILIARY DUCT STONE REMOVAL, PERCUTANEOUS VIA T-TUBE TRACT, BASKET OR SNARE (EG, BURHENNE TECHNIQ	\$66.41	7/1/2022	12/31/2382
74328		ENDOSCOPIC CATHETERIZATION OF THE BILIARY DUCTAL SYSTEM, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$158.38	7/1/2022	12/31/2382
74328	26	ENDOSCOPIC CATHETERIZATION OF THE BILIARY DUCTAL SYSTEM, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$41.90	7/1/2022	12/31/2382
74328	TC	ENDOSCOPIC CATHETERIZATION OF THE BILIARY DUCTAL SYSTEM, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$118.38	7/1/2022	12/31/2382
74329		ENDOSCOPIC CATHETERIZATION OF THE PANCREATIC DUCTAL SYSTEM, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$158.38	7/1/2022	12/31/2382
74329	26	ENDOSCOPIC CATHETERIZATION OF THE PANCREATIC DUCTAL SYSTEM, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$41.90	7/1/2022	12/31/2382
74329	TC	ENDOSCOPIC CATHETERIZATION OF THE PANCREATIC DUCTAL SYSTEM, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$118.38	7/1/2022	12/31/2382
74330		COMBINED ENDOSCOPIC CATHETERIZATION OF THE BILIARY AND PANCREATIC DUCTAL SYSTEMS, RADIOLOGICAL SUPERVISION AND	\$158.38	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
74330	26	COMBINED ENDOSCOPIC CATHETERIZATION OF THE BILIARY AND PANCREATIC DUCTAL SYSTEMS, RADIOLOGICAL SUPERVISION AND	\$41.90	7/1/2022	12/31/2382
74330	TC	COMBINED ENDOSCOPIC CATHETERIZATION OF THE BILIARY AND PANCREATIC DUCTAL SYSTEMS, RADIOLOGICAL SUPERVISION AND	\$118.38	7/1/2022	12/31/2382
74340		INTRODUCTION OF LONG GASTROINTESTINAL TUBE (EG, MILLER-ABBOTT), WITH MULTIPLE FLUOROSCOPIES AND FILMS	\$98.89	7/1/2022	12/31/2382
74340	26	INTRODUCTION OF LONG GASTROINTESTINAL TUBE (EG, MILLER-ABBOTT), WITH MULTIPLE FLUOROSCOPIES AND FILMS	\$32.96	7/1/2022	12/31/2382
74340	TC	INTRODUCTION OF LONG GASTROINTESTINAL TUBE (EG, MILLER-ABBOTT), WITH MULTIPLE FLUOROSCOPIES AND FILMS	\$99.03	7/1/2022	12/31/2382
74350		PERCUTANEOUS PLACEMENT OF GASTROSTOMY TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$126.34	7/1/2022	12/31/2382
74350	26	PERCUTANEOUS PLACEMENT OF GASTROSTOMY TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$45.39	7/1/2022	12/31/2382
74350	TC	PERCUTANEOUS PLACEMENT OF GASTROSTOMY TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$118.38	7/1/2022	12/31/2382
74355		PERCUTANEOUS PLACEMENT OF ENTEROCLYSIS TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$126.34	7/1/2022	12/31/2382
74355	26	PERCUTANEOUS PLACEMENT OF ENTEROCLYSIS TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$45.39	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
74355	TC	PERCUTANEOUS PLACEMENT OF ENTEROCLYSIS TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$99.03	7/1/2022	12/31/2382
74360		INTRALUMINAL DILATION OF STRICTURES AND/OR OBSTRUCTIONS (EG, ESOPHAGUS), RADIOLOGICAL SUPERVISION AND INTERPRE	\$168.79	7/1/2022	12/31/2382
74360	26	INTRALUMINAL DILATION OF STRICTURES AND/OR OBSTRUCTIONS (EG, ESOPHAGUS), RADIOLOGICAL SUPERVISION AND INTERPRE	\$32.96	7/1/2022	12/31/2382
74360	TC	INTRALUMINAL DILATION OF STRICTURES AND/OR OBSTRUCTIONS (EG, ESOPHAGUS), RADIOLOGICAL SUPERVISION AND INTERPRE	\$118.38	7/1/2022	12/31/2382
74363		PERCUTANEOUS TRANSHEPATIC DILATATION OF BILIARY DUCT STRICTURE WITH OR WITHOUT PLACEMENT OF STENT, RADIOLOGICA	\$379.29	7/1/2022	12/31/2382
74363	26	PERCUTANEOUS TRANSHEPATIC DILATATION OF BILIARY DUCT STRICTURE WITH OR WITHOUT PLACEMENT OF STENT, RADIOLOGICA	\$50.31	7/1/2022	12/31/2382
74400		UROGRAPHY (PYELOGRAPHY), INTRAVENOUS, WITH OR WITHOUT KUB, WITH OR WITHOUT TOMOGRAPHY;	\$190.17	7/1/2022	12/31/2382
74400	26	UROGRAPHY (PYELOGRAPHY), INTRAVENOUS, WITH OR WITHOUT KUB, WITH OR WITHOUT TOMOGRAPHY;	\$29.39	7/1/2022	12/31/2382
74400	TC	UROGRAPHY (PYELOGRAPHY), INTRAVENOUS, WITH OR WITHOUT KUB, WITH OR WITHOUT TOMOGRAPHY;	\$63.47	7/1/2022	12/31/2382
74405		UROGRAPHY (PYELOGRAPHY), INTRAVENOUS, WITH OR WITHOUT KUB, WITH OR WITHOUT TOMOGRAPHY; WITH SPECIAL HYPERTENSI	\$103.02	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
74405	26	UROGRAPHY (PYELOGRAPHY), INTRAVENOUS, WITH OR WITHOUT KUB, WITH OR WITHOUT TOMOGRAPHY; WITH SPECIAL HYPERTENSI	\$29.39	7/1/2022	12/31/2382
74405	TC	UROGRAPHY (PYELOGRAPHY), INTRAVENOUS, WITH OR WITHOUT KUB, WITH OR WITHOUT TOMOGRAPHY; WITH SPECIAL HYPERTENSI	\$75.08	7/1/2022	12/31/2382
74410		UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE;	\$190.17	7/1/2022	12/31/2382
74410	26	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE;	\$29.39	7/1/2022	12/31/2382
74410	TC	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE;	\$73.33	7/1/2022	12/31/2382
74415		UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE; WITH NEPHROTOMOGRAPHY	\$190.17	7/1/2022	12/31/2382
74415	26	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE; WITH NEPHROTOMOGRAPHY	\$29.39	7/1/2022	12/31/2382
74415	TC	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE; WITH NEPHROTOMOGRAPHY	\$79.86	7/1/2022	12/31/2382
74420		UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB	\$190.17	7/1/2022	12/31/2382
74420	26	UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB	\$20.71	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
74420	76	UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB	\$190.17	7/1/2022	12/31/2382
74420	TC	UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB	\$99.03	7/1/2022	12/31/2382
74425		UROGRAPHY, ANTEGRADE, (PYELOSTOGRAM, NEPHROSTOGRAM, LOOPOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$190.17	7/1/2022	12/31/2382
74425	26	UROGRAPHY, ANTEGRADE, (PYELOSTOGRAM, NEPHROSTOGRAM, LOOPOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$19.87	7/1/2022	12/31/2382
74425	59	UROGRAPHY, ANTEGRADE, (PYELOSTOGRAM, NEPHROSTOGRAM, LOOPOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$190.17	7/1/2022	12/31/2382
74425	LT	UROGRAPHY, ANTEGRADE, (PYELOSTOGRAM, NEPHROSTOGRAM, LOOPOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$190.17	7/1/2022	12/31/2382
74425	RT	UROGRAPHY, ANTEGRADE, (PYELOSTOGRAM, NEPHROSTOGRAM, LOOPOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$190.17	7/1/2022	12/31/2382
74425	TC	UROGRAPHY, ANTEGRADE, (PYELOSTOGRAM, NEPHROSTOGRAM, LOOPOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$48.99	7/1/2022	12/31/2382
74430		CYSTOGRAPHY, MINIMUM OF THREE VIEWS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$190.17	7/1/2022	12/31/2382
74430	26	CYSTOGRAPHY, MINIMUM OF THREE VIEWS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$18.01	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
74430	TC	CYSTOGRAPHY, MINIMUM OF THREE VIEWS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$39.52	7/1/2022	12/31/2382
74440		VASOGRAPHY, VESICULOGRAPHY, OR EPIDIDYMOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$190.17	7/1/2022	12/31/2382
74440	26	VASOGRAPHY, VESICULOGRAPHY, OR EPIDIDYMOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$21.24	7/1/2022	12/31/2382
74440	TC	VASOGRAPHY, VESICULOGRAPHY, OR EPIDIDYMOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$42.47	7/1/2022	12/31/2382
74445		CORPORA CAVERNOSOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$190.17	7/1/2022	12/31/2382
74445	26	CORPORA CAVERNOSOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$64.97	7/1/2022	12/31/2382
74445	TC	CORPORA CAVERNOSOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$42.47	7/1/2022	12/31/2382
74450		URETHROCYSTOGRAPHY, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$190.17	7/1/2022	12/31/2382
74450	26	URETHROCYSTOGRAPHY, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$18.38	7/1/2022	12/31/2382
74450	TC	URETHROCYSTOGRAPHY, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$55.18	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
74455		URETHROCYSTOGRAPHY, VOIDING, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$190.17	7/1/2022	12/31/2382
74455	26	URETHROCYSTOGRAPHY, VOIDING, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$18.38	7/1/2022	12/31/2382
74455	TC	URETHROCYSTOGRAPHY, VOIDING, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$59.50	7/1/2022	12/31/2382
74470		RADIOLOGIC EXAMINATION, RENAL CYST STUDY, TRANSLUMBAR, CONTRAST VISUALIZATION, RADIOLOGICAL SUPERVISION AND IN	\$126.34	7/1/2022	12/31/2382
74470	26	RADIOLOGIC EXAMINATION, RENAL CYST STUDY, TRANSLUMBAR, CONTRAST VISUALIZATION, RADIOLOGICAL SUPERVISION AND IN	\$31.20	7/1/2022	12/31/2382
74470	TC	RADIOLOGIC EXAMINATION, RENAL CYST STUDY, TRANSLUMBAR, CONTRAST VISUALIZATION, RADIOLOGICAL SUPERVISION AND IN	\$47.16	7/1/2022	12/31/2382
74475		INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS, RADIO	\$379.29	7/1/2022	12/31/2382
74475	26	INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS, RADIO	\$32.96	7/1/2022	12/31/2382
74475	LT	INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS, RADIO	\$379.29	7/1/2022	12/31/2382
74475	RT	INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS, RADIO	\$379.29	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
74475	TC	INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS, RADIO	\$153.20	7/1/2022	12/31/2382
74480		INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER THROUGH RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PER	\$168.79	7/1/2022	12/31/2382
74480	26	INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER THROUGH RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PER	\$32.96	7/1/2022	12/31/2382
74480	TC	INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER THROUGH RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PER	\$153.20	7/1/2022	12/31/2382
74485		DILATION OF NEPHROSTOMY, URETERS, OR URETHRA, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$168.79	7/1/2022	12/31/2382
74485	26	DILATION OF NEPHROSTOMY, URETERS, OR URETHRA, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$31.20	7/1/2022	12/31/2382
74485	LT	DILATION OF NEPHROSTOMY, URETERS, OR URETHRA, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$168.79	7/1/2022	12/31/2382
74485	RT	DILATION OF NEPHROSTOMY, URETERS, OR URETHRA, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$168.79	7/1/2022	12/31/2382
74485	TC	DILATION OF NEPHROSTOMY, URETERS, OR URETHRA, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$118.38	7/1/2022	12/31/2382
74710		PELVIMETRY, WITH OR WITHOUT PLACENTAL LOCALIZATION	\$92.38	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
74710	26	PELVIMETRY, WITH OR WITHOUT PLACENTAL LOCALIZATION	\$20.04	7/1/2022	12/31/2382
74710	TC	PELVIMETRY, WITH OR WITHOUT PLACENTAL LOCALIZATION	\$39.52	7/1/2022	12/31/2382
74712		MAGNETIC RESONANCE IMAGING OF FETUS, SINGLE OR FIRST PREGNANCY	\$276.07	7/1/2022	12/31/2382
74740		HYSTEOSALPINGOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$257.02	7/1/2022	12/31/2382
74740	26	HYSTEOSALPINGOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$22.11	7/1/2022	12/31/2382
74740	TC	HYSTEOSALPINGOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$48.99	7/1/2022	12/31/2382
74742		TRANSCERVICAL CATHETERIZATION OF FALLOPIAN TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$257.02	7/1/2022	12/31/2382
74742	26	TRANSCERVICAL CATHETERIZATION OF FALLOPIAN TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$33.80	7/1/2022	12/31/2382
74742	TC	TRANSCERVICAL CATHETERIZATION OF FALLOPIAN TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$118.38	7/1/2022	12/31/2382
74775		PERINEOGRAM (EG, VAGINOGRAM, FOR SEX DETERMINATION OR EXTENT OF ANOMALIES)	\$190.17	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
74775	26	PERINEOGRAM (EG, VAGINOGRAM, FOR SEX DETERMINATION OR EXTENT OF ANOMALIES)	\$37.38	7/1/2022	12/31/2382
74775	TC	PERINEOGRAM (EG, VAGINOGRAM, FOR SEX DETERMINATION OR EXTENT OF ANOMALIES)	\$55.18	7/1/2022	12/31/2382
75500		ANGIOCARDIOGRAPHY BY CINERADIOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$499.87	7/1/2022	12/31/2382
75500	26	ANGIOCARDIOGRAPHY BY CINERADIOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$68.06	7/1/2022	12/31/2382
75500	TC	ANGIOCARDIOGRAPHY BY CINERADIOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$434.91	7/1/2022	12/31/2382
75505		ANGIOCARDIOGRAPHY BY SERIALOGRAPHY, SINGLE PLANE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$499.87	7/1/2022	12/31/2382
75505	26	ANGIOCARDIOGRAPHY BY SERIALOGRAPHY, SINGLE PLANE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$68.06	7/1/2022	12/31/2382
75505	TC	ANGIOCARDIOGRAPHY BY SERIALOGRAPHY, SINGLE PLANE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$434.91	7/1/2022	12/31/2382
75507		ANGIOCARDIOGRAPHY BY SERIALOGRAPHY, MULTI-PLANE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$509.44	7/1/2022	12/31/2382
75507	26	ANGIOCARDIOGRAPHY BY SERIALOGRAPHY, MULTI-PLANE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$78.25	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
75507	TC	ANGIOCARDIOGRAPHY BY SERIALOGRAPHY, MULTI-PLANE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$434.91	7/1/2022	12/31/2382
75519		CARDIAC RADIOGRAPHY, SELECTIVE CARDIAC CATHETERIZATION, RIGHT SIDE, RADIOLOGICAL SUPERVISION AND INTERPRETATIO	\$482.98	7/1/2022	12/31/2382
75519	26	CARDIAC RADIOGRAPHY, SELECTIVE CARDIAC CATHETERIZATION, RIGHT SIDE, RADIOLOGICAL SUPERVISION AND INTERPRETATIO	\$50.14	7/1/2022	12/31/2382
75519	TC	CARDIAC RADIOGRAPHY, SELECTIVE CARDIAC CATHETERIZATION, RIGHT SIDE, RADIOLOGICAL SUPERVISION AND INTERPRETATIO	\$434.91	7/1/2022	12/31/2382
75523		CARDIAC RADIOGRAPHY, SELECTIVE CARDIAC CATHETERIZATION, LEFT SIDE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$482.98	7/1/2022	12/31/2382
75523	26	CARDIAC RADIOGRAPHY, SELECTIVE CARDIAC CATHETERIZATION, LEFT SIDE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$50.14	7/1/2022	12/31/2382
75523	TC	CARDIAC RADIOGRAPHY, SELECTIVE CARDIAC CATHETERIZATION, LEFT SIDE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$434.91	7/1/2022	12/31/2382
75527		CARDIAC RADIOGRAPHY, SELECTIVE CARDIAC CATHETERIZATION, RIGHT AND LEFT SIDE, RADIOLOGICAL SUPERVISION AND INTE	\$520.50	7/1/2022	12/31/2382
75527	26	CARDIAC RADIOGRAPHY, SELECTIVE CARDIAC CATHETERIZATION, RIGHT AND LEFT SIDE, RADIOLOGICAL SUPERVISION AND INTE	\$89.36	7/1/2022	12/31/2382
75527	TC	CARDIAC RADIOGRAPHY, SELECTIVE CARDIAC CATHETERIZATION, RIGHT AND LEFT SIDE, RADIOLOGICAL SUPERVISION AND INTE	\$434.91	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
75552		MAGNETIC RESONANCE (EG, PROTON) IMAGING, MYOCARDIUM	\$436.59	7/1/2022	12/31/2382
75552	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING, MYOCARDIUM	\$95.77	7/1/2022	12/31/2382
75552	TC	MAGNETIC RESONANCE (EG, PROTON) IMAGING, MYOCARDIUM	\$422.18	7/1/2022	12/31/2382
75553		CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY; WITHOUT CONTRAST MATERIAL	\$463.85	7/1/2022	12/31/2382
75554		CARDIAC MAGNETIC RESONANCE IMAGING FOR FUNCTION, WITH OR WITHOUT MORPHOLOGY; COMPLETE STUDY	\$436.59	7/1/2022	12/31/2382
75555		CARDIAC MAGNETIC RESONANCE IMAGING FOR FUNCTION, WITH OR WITHOUT MORPHOLOGY; LIMITED STUDY	\$436.59	7/1/2022	12/31/2382
75556		CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING	\$436.59	7/1/2022	12/31/2382
75557		CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL;	\$353.16	7/1/2022	12/31/2382
75561		CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTR	\$642.44	7/1/2022	12/31/2382
75600		AORTOGRAPHY, THORACIC, WITHOUT SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$1,519.25	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
75600	26	AORTOGRAPHY, THORACIC, WITHOUT SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$29.39	7/1/2022	12/31/2382
75600	TC	AORTOGRAPHY, THORACIC, WITHOUT SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$474.52	7/1/2022	12/31/2382
75605		AORTOGRAPHY, THORACIC, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$1,519.25	7/1/2022	12/31/2382
75605	26	AORTOGRAPHY, THORACIC, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$68.06	7/1/2022	12/31/2382
75605	TC	AORTOGRAPHY, THORACIC, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$474.52	7/1/2022	12/31/2382
75625		AORTOGRAPHY, ABDOMINAL, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$1,519.25	7/1/2022	12/31/2382
75625	26	AORTOGRAPHY, ABDOMINAL, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$68.06	7/1/2022	12/31/2382
75625	59	AORTOGRAPHY, ABDOMINAL, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$1,519.25	7/1/2022	12/31/2382
75625	TC	AORTOGRAPHY, ABDOMINAL, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$474.52	7/1/2022	12/31/2382
75630		AORTOGRAPHY, ABDOMINAL PLUS BILATERAL ILIOFEMORAL LOWER EXTREMITY, CATHETER, BY SERIALOGRAPHY, RADIOLOGICAL SU	\$1,519.25	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
75630	26	AORTOGRAPHY, ABDOMINAL PLUS BILATERAL ILIOFEMORAL LOWER EXTREMITY, CATHETER, BY SERIALOGRAPHY, RADIOLOGICAL SU	\$78.25	7/1/2022	12/31/2382
75630	59	AORTOGRAPHY, ABDOMINAL PLUS BILATERAL ILIOFEMORAL LOWER EXTREMITY, CATHETER, BY SERIALOGRAPHY, RADIOLOGICAL SU	\$1,519.25	7/1/2022	12/31/2382
75630	TC	AORTOGRAPHY, ABDOMINAL PLUS BILATERAL ILIOFEMORAL LOWER EXTREMITY, CATHETER, BY SERIALOGRAPHY, RADIOLOGICAL SU	\$494.77	7/1/2022	12/31/2382
75635		COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMINAL AORTA AND BILATERAL ILIOFEMORAL LOWER EXTREMITY RUNOFF, RADIOLOGIC	\$371.60	7/1/2022	12/31/2382
75650		ANGIOGRAPHY, CERVICOCEREBRAL, CATHETER, INCLUDING VESSEL ORIGIN, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$1,519.25	7/1/2022	12/31/2382
75650	26	ANGIOGRAPHY, CERVICOCEREBRAL, CATHETER, INCLUDING VESSEL ORIGIN, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$88.69	7/1/2022	12/31/2382
75650	TC	ANGIOGRAPHY, CERVICOCEREBRAL, CATHETER, INCLUDING VESSEL ORIGIN, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$474.52	7/1/2022	12/31/2382
75658		ANGIOGRAPHY, BRACHIAL, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$647.23	7/1/2022	12/31/2382
75658	26	ANGIOGRAPHY, BRACHIAL, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$78.25	7/1/2022	12/31/2382
75658	TC	ANGIOGRAPHY, BRACHIAL, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$474.52	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
75660		ANGIOGRAPHY, EXTERNAL CAROTID, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$469.53	7/1/2022	12/31/2382
75660	26	ANGIOGRAPHY, EXTERNAL CAROTID, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$78.25	7/1/2022	12/31/2382
75660	TC	ANGIOGRAPHY, EXTERNAL CAROTID, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$474.52	7/1/2022	12/31/2382
75662		ANGIOGRAPHY, EXTERNAL CAROTID, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$1,519.25	7/1/2022	12/31/2382
75662	26	ANGIOGRAPHY, EXTERNAL CAROTID, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$98.95	7/1/2022	12/31/2382
75662	TC	ANGIOGRAPHY, EXTERNAL CAROTID, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$474.52	7/1/2022	12/31/2382
75665		ANGIOGRAPHY, CAROTID, CEREBRAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$1,519.25	7/1/2022	12/31/2382
75665	26	ANGIOGRAPHY, CAROTID, CEREBRAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$78.25	7/1/2022	12/31/2382
75665	RT	ANGIOGRAPHY, CAROTID, CEREBRAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$1,519.25	7/1/2022	12/31/2382
75665	TC	ANGIOGRAPHY, CAROTID, CEREBRAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$474.52	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
75671		ANGIOGRAPHY, CAROTID, CEREBRAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$1,519.25	7/1/2022	12/31/2382
75671	26	ANGIOGRAPHY, CAROTID, CEREBRAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$98.95	7/1/2022	12/31/2382
75671	TC	ANGIOGRAPHY, CAROTID, CEREBRAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$474.52	7/1/2022	12/31/2382
75676		ANGIOGRAPHY, CAROTID, CERVICAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$1,519.25	7/1/2022	12/31/2382
75676	26	ANGIOGRAPHY, CAROTID, CERVICAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$78.25	7/1/2022	12/31/2382
75676	TC	ANGIOGRAPHY, CAROTID, CERVICAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$474.52	7/1/2022	12/31/2382
75680		ANGIOGRAPHY, CAROTID, CERVICAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$1,519.25	7/1/2022	12/31/2382
75680	26	ANGIOGRAPHY, CAROTID, CERVICAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$98.95	7/1/2022	12/31/2382
75680	TC	ANGIOGRAPHY, CAROTID, CERVICAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$474.52	7/1/2022	12/31/2382
75685		ANGIOGRAPHY, VERTEBRAL, CERVICAL, AND/OR INTRACRANIAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$1,519.25	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
75685	26	ANGIOGRAPHY, VERTEBRAL, CERVICAL, AND/OR INTRACRANIAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$78.25	7/1/2022	12/31/2382
75685	TC	ANGIOGRAPHY, VERTEBRAL, CERVICAL, AND/OR INTRACRANIAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$474.52	7/1/2022	12/31/2382
75705		ANGIOGRAPHY, SPINAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$469.53	7/1/2022	12/31/2382
75705	26	ANGIOGRAPHY, SPINAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$129.91	7/1/2022	12/31/2382
75705	TC	ANGIOGRAPHY, SPINAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$474.52	7/1/2022	12/31/2382
75710		ANGIOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$1,519.25	7/1/2022	12/31/2382
75710	26	ANGIOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$68.06	7/1/2022	12/31/2382
75710	59	ANGIOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$1,519.25	7/1/2022	12/31/2382
75710	LT	ANGIOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$1,519.25	7/1/2022	12/31/2382
75710	TC	ANGIOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$474.52	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
75716		ANGIOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$1,519.25	7/1/2022	12/31/2382
75716	26	ANGIOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$78.25	7/1/2022	12/31/2382
75716	59	ANGIOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$1,519.25	7/1/2022	12/31/2382
75716	TC	ANGIOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$474.52	7/1/2022	12/31/2382
75722		ANGIOGRAPHY, RENAL, UNILATERAL, SELECTIVE (INCLUDING FLUSH AORTOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETA	\$1,519.25	7/1/2022	12/31/2382
75722	26	ANGIOGRAPHY, RENAL, UNILATERAL, SELECTIVE (INCLUDING FLUSH AORTOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETA	\$68.06	7/1/2022	12/31/2382
75722	TC	ANGIOGRAPHY, RENAL, UNILATERAL, SELECTIVE (INCLUDING FLUSH AORTOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETA	\$474.52	7/1/2022	12/31/2382
75724		ANGIOGRAPHY, RENAL, BILATERAL, SELECTIVE (INCLUDING FLUSH AORTOGRAM),	\$1,519.25	7/1/2022	12/31/2382
75724	26	ANGIOGRAPHY, RENAL, BILATERAL, SELECTIVE (INCLUDING FLUSH AORTOGRAM),	\$88.69	7/1/2022	12/31/2382
75724	TC	ANGIOGRAPHY, RENAL, BILATERAL, SELECTIVE (INCLUDING FLUSH AORTOGRAM),	\$474.52	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
75726		ANGIOGRAPHY, VISCERAL, SELECTIVE OR SUPRASELECTIVE, (WITH OR WITHOUT FLUSH AORTOGRAM) RADIOLOGICAL SUPERVISION	\$1,519.25	7/1/2022	12/31/2382
75726	26	ANGIOGRAPHY, VISCERAL, SELECTIVE OR SUPRASELECTIVE, (WITH OR WITHOUT FLUSH AORTOGRAM) RADIOLOGICAL SUPERVISION	\$68.06	7/1/2022	12/31/2382
75726	59	ANGIOGRAPHY, VISCERAL, SELECTIVE OR SUPRASELECTIVE, (WITH OR WITHOUT FLUSH AORTOGRAM) RADIOLOGICAL SUPERVISION	\$1,519.25	7/1/2022	12/31/2382
75726	TC	ANGIOGRAPHY, VISCERAL, SELECTIVE OR SUPRASELECTIVE, (WITH OR WITHOUT FLUSH AORTOGRAM) RADIOLOGICAL SUPERVISION	\$474.52	7/1/2022	12/31/2382
75731		ANGIOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$1,519.25	7/1/2022	12/31/2382
75731	26	ANGIOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$68.06	7/1/2022	12/31/2382
75731	TC	ANGIOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$474.52	7/1/2022	12/31/2382
75733		ANGIOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$469.53	7/1/2022	12/31/2382
75733	26	ANGIOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$78.25	7/1/2022	12/31/2382
75733	TC	ANGIOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$474.52	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
75736		ANGIOGRAPHY, PELVIC, SELECTIVE OR SUPRASELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$1,519.25	7/1/2022	12/31/2382
75736	26	ANGIOGRAPHY, PELVIC, SELECTIVE OR SUPRASELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$68.06	7/1/2022	12/31/2382
75736	TC	ANGIOGRAPHY, PELVIC, SELECTIVE OR SUPRASELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$474.52	7/1/2022	12/31/2382
75741		ANGIOGRAPHY, PULMONARY, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$647.23	7/1/2022	12/31/2382
75741	26	ANGIOGRAPHY, PULMONARY, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$78.25	7/1/2022	12/31/2382
75741	TC	ANGIOGRAPHY, PULMONARY, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$474.52	7/1/2022	12/31/2382
75743		ANGIOGRAPHY, PULMONARY, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$1,519.25	7/1/2022	12/31/2382
75743	26	ANGIOGRAPHY, PULMONARY, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$98.95	7/1/2022	12/31/2382
75743	TC	ANGIOGRAPHY, PULMONARY, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$474.52	7/1/2022	12/31/2382
75746		ANGIOGRAPHY, PULMONARY, BY NONSELECTIVE CATHETER OR VENOUS INJECTION, RADIOLOGICAL SUPERVISION AND INTERPRETAT	\$647.23	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
75746	26	ANGIOGRAPHY, PULMONARY, BY NONSELECTIVE CATHETER OR VENOUS INJECTION, RADIOLOGICAL SUPERVISION AND INTERPRETAT	\$68.06	7/1/2022	12/31/2382
75746	TC	ANGIOGRAPHY, PULMONARY, BY NONSELECTIVE CATHETER OR VENOUS INJECTION, RADIOLOGICAL SUPERVISION AND INTERPRETAT	\$474.52	7/1/2022	12/31/2382
75750		ANGIOGRAPHY, CORONARY, ROOT INJECTION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$539.50	7/1/2022	12/31/2382
75750	26	ANGIOGRAPHY, CORONARY, ROOT INJECTION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$68.06	7/1/2022	12/31/2382
75750	TC	ANGIOGRAPHY, CORONARY, ROOT INJECTION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$474.52	7/1/2022	12/31/2382
75752		ANGIOGRAPHY, CORONARY, UNILATERAL SELECTIVE INJECTION, INCLUDING LEFT VENTRICULAR AND SUPRAVALVULAR ANGIOGRAM	\$539.50	7/1/2022	12/31/2382
75752	26	ANGIOGRAPHY, CORONARY, UNILATERAL SELECTIVE INJECTION, INCLUDING LEFT VENTRICULAR AND SUPRAVALVULAR ANGIOGRAM	\$68.06	7/1/2022	12/31/2382
75752	TC	ANGIOGRAPHY, CORONARY, UNILATERAL SELECTIVE INJECTION, INCLUDING LEFT VENTRICULAR AND SUPRAVALVULAR ANGIOGRAM	\$474.52	7/1/2022	12/31/2382
75754		ANGIOGRAPHY, CORONARY, BILATERAL SELECTIVE INJECTION, INCLUDING LEFT VENTRICULAR AND SUPRAVALVULAR ANGIOGRAM A	\$549.42	7/1/2022	12/31/2382
75754	26	ANGIOGRAPHY, CORONARY, BILATERAL SELECTIVE INJECTION, INCLUDING LEFT VENTRICULAR AND SUPRAVALVULAR ANGIOGRAM A	\$78.59	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
75754	TC	ANGIOGRAPHY, CORONARY, BILATERAL SELECTIVE INJECTION, INCLUDING LEFT VENTRICULAR AND SUPRAVALVULAR ANGIOGRAM A	\$474.52	7/1/2022	12/31/2382
75756		ANGIOGRAPHY, INTERNAL MAMMARY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$647.23	7/1/2022	12/31/2382
75756	26	ANGIOGRAPHY, INTERNAL MAMMARY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$68.06	7/1/2022	12/31/2382
75756	TC	ANGIOGRAPHY, INTERNAL MAMMARY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$474.52	7/1/2022	12/31/2382
75762		ANGIOGRAPHY, CORONARY BYPASS, UNILATERAL SELECTIVE INJECTION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$539.50	7/1/2022	12/31/2382
75762	26	ANGIOGRAPHY, CORONARY BYPASS, UNILATERAL SELECTIVE INJECTION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$68.06	7/1/2022	12/31/2382
75762	TC	ANGIOGRAPHY, CORONARY BYPASS, UNILATERAL SELECTIVE INJECTION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$474.52	7/1/2022	12/31/2382
75766		ANGIOGRAPHY, CORONARY BYPASS, MULTIPLE SELECTIVE INJECTION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$549.06	7/1/2022	12/31/2382
75766	26	ANGIOGRAPHY, CORONARY BYPASS, MULTIPLE SELECTIVE INJECTION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$78.25	7/1/2022	12/31/2382
75766	TC	ANGIOGRAPHY, CORONARY BYPASS, MULTIPLE SELECTIVE INJECTION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$474.52	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
75774		ANGIOGRAPHY, SELECTIVE, EACH ADDITIONAL VESSEL STUDIED AFTER BASIC EXAMINATION, RADIOLOGICAL SUPERVISION AND I	\$647.23	7/1/2022	12/31/2382
75774	26	ANGIOGRAPHY, SELECTIVE, EACH ADDITIONAL VESSEL STUDIED AFTER BASIC EXAMINATION, RADIOLOGICAL SUPERVISION AND I	\$19.87	7/1/2022	12/31/2382
75774	TC	ANGIOGRAPHY, SELECTIVE, EACH ADDITIONAL VESSEL STUDIED AFTER BASIC EXAMINATION, RADIOLOGICAL SUPERVISION AND I	\$474.52	7/1/2022	12/31/2382
75790		ANGIOGRAPHY, ARTERIOVENOUS SHUNT (EG, DIALYSIS PATIENT), RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$647.23	7/1/2022	12/31/2382
75790	26	ANGIOGRAPHY, ARTERIOVENOUS SHUNT (EG, DIALYSIS PATIENT), RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$109.58	7/1/2022	12/31/2382
75790	LT	ANGIOGRAPHY, ARTERIOVENOUS SHUNT (EG, DIALYSIS PATIENT), RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$647.23	7/1/2022	12/31/2382
75790	RT	ANGIOGRAPHY, ARTERIOVENOUS SHUNT (EG, DIALYSIS PATIENT), RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$647.23	7/1/2022	12/31/2382
75790	TC	ANGIOGRAPHY, ARTERIOVENOUS SHUNT (EG, DIALYSIS PATIENT), RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$51.11	7/1/2022	12/31/2382
75801		LYMPHANGIOGRAPHY, EXTREMITY ONLY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$257.02	7/1/2022	11/30/2382
75801	26	LYMPHANGIOGRAPHY, EXTREMITY ONLY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$48.27	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
75801	TC	LYMPHANGIOGRAPHY, EXTREMITY ONLY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$204.05	7/1/2022	12/31/2382
75803		LYMPHANGIOGRAPHY, EXTREMITY ONLY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$257.02	7/1/2022	12/31/2382
75803	26	LYMPHANGIOGRAPHY, EXTREMITY ONLY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$69.49	7/1/2022	12/31/2382
75803	TC	LYMPHANGIOGRAPHY, EXTREMITY ONLY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$204.05	7/1/2022	12/31/2382
75805		LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$257.02	7/1/2022	12/31/2382
75805	26	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$48.27	7/1/2022	12/31/2382
75805	TC	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$229.48	7/1/2022	12/31/2382
75807		LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$257.02	7/1/2022	12/31/2382
75807	26	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$69.49	7/1/2022	12/31/2382
75807	TC	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$229.48	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
75809		SHUNTOGRAM FOR INVESTIGATION OF PREVIOUSLY PLACED INDWELLING NONVASCULAR SHUNT (EG, LEVEEN SHUNT, VENTRICULOPE	\$126.34	7/1/2022	12/31/2382
75809	26	SHUNTOGRAM FOR INVESTIGATION OF PREVIOUSLY PLACED INDWELLING NONVASCULAR SHUNT (EG, LEVEEN SHUNT, VENTRICULOPE	\$26.08	7/1/2022	12/31/2382
75809	TC	SHUNTOGRAM FOR INVESTIGATION OF PREVIOUSLY PLACED INDWELLING NONVASCULAR SHUNT (EG, LEVEEN SHUNT, VENTRICULOPE	\$29.75	7/1/2022	12/31/2382
75810		SPLENOPORTOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$647.23	7/1/2022	12/31/2382
75810	26	SPLENOPORTOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$68.06	7/1/2022	12/31/2382
75810	TC	SPLENOPORTOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$474.52	7/1/2022	12/31/2382
75820		VENOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$469.53	7/1/2022	12/31/2382
75820	26	VENOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$41.90	7/1/2022	12/31/2382
75820	59	VENOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$469.53	7/1/2022	12/31/2382
75820	LT	VENOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$469.53	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
75820	RT	VENOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$469.53	7/1/2022	12/31/2382
75820	TC	VENOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$35.56	7/1/2022	12/31/2382
75822		VENOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$469.53	7/1/2022	12/31/2382
75822	26	VENOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$62.83	7/1/2022	12/31/2382
75822	TC	VENOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$55.91	7/1/2022	12/31/2382
75825		VENOGRAPHY, CAVAL, INFERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$647.23	7/1/2022	12/31/2382
75825	26	VENOGRAPHY, CAVAL, INFERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$68.06	7/1/2022	12/31/2382
75825	59	VENOGRAPHY, CAVAL, INFERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$647.23	7/1/2022	12/31/2382
75825	TC	VENOGRAPHY, CAVAL, INFERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$474.52	7/1/2022	12/31/2382
75827		VENOGRAPHY, CAVAL, SUPERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$647.23	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
75827	26	VENOGRAPHY, CAVAL, SUPERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$68.06	7/1/2022	12/31/2382
75827	59	VENOGRAPHY, CAVAL, SUPERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$647.23	7/1/2022	12/31/2382
75827	TC	VENOGRAPHY, CAVAL, SUPERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$474.52	7/1/2022	12/31/2382
75831		VENOGRAPHY, RENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$647.23	7/1/2022	12/31/2382
75831	26	VENOGRAPHY, RENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$68.06	7/1/2022	12/31/2382
75831	TC	VENOGRAPHY, RENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$474.52	7/1/2022	12/31/2382
75833		VENOGRAPHY, RENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$647.23	7/1/2022	12/31/2382
75833	26	VENOGRAPHY, RENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$88.69	7/1/2022	12/31/2382
75833	TC	VENOGRAPHY, RENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$474.52	7/1/2022	12/31/2382
75840		VENOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$1,519.25	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
75840	26	VENOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$68.06	7/1/2022	12/31/2382
75840	TC	VENOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$474.52	7/1/2022	12/31/2382
75842		VENOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$1,519.25	7/1/2022	12/31/2382
75842	26	VENOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$88.69	7/1/2022	12/31/2382
75842	TC	VENOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$474.52	7/1/2022	12/31/2382
75860		VENOGRAPHY, SINUS OR JUGULAR, CATHETER, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$469.53	7/1/2022	12/31/2382
75860	26	VENOGRAPHY, SINUS OR JUGULAR, CATHETER, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$68.06	7/1/2022	12/31/2382
75860	59	VENOGRAPHY, SINUS OR JUGULAR, CATHETER, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$469.53	7/1/2022	12/31/2382
75860	TC	VENOGRAPHY, SINUS OR JUGULAR, CATHETER, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$474.52	7/1/2022	12/31/2382
75870		VENOGRAPHY, SUPERIOR SAGITTAL SINUS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$469.53	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
75870	26	VENOGRAPHY, SUPERIOR SAGITTAL SINUS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$68.06	7/1/2022	12/31/2382
75870	TC	VENOGRAPHY, SUPERIOR SAGITTAL SINUS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$474.52	7/1/2022	12/31/2382
75872		VENOGRAPHY, EPIDURAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$647.23	7/1/2022	12/31/2382
75872	26	VENOGRAPHY, EPIDURAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$68.06	7/1/2022	12/31/2382
75872	TC	VENOGRAPHY, EPIDURAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$474.52	7/1/2022	12/31/2382
75880		VENOGRAPHY, ORBITAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$469.53	7/1/2022	12/31/2382
75880	26	VENOGRAPHY, ORBITAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$41.90	7/1/2022	12/31/2382
75880	TC	VENOGRAPHY, ORBITAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$35.56	7/1/2022	12/31/2382
75885		PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITH HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$1,519.25	7/1/2022	12/31/2382
75885	26	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITH HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$86.02	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
75885	TC	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITH HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$474.52	7/1/2022	12/31/2382
75887		PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITHOUT HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETAT	\$647.23	7/1/2022	12/31/2382
75887	26	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITHOUT HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETAT	\$86.02	7/1/2022	12/31/2382
75887	TC	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITHOUT HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETAT	\$474.52	7/1/2022	12/31/2382
75889		HEPATIC VENOGRAPHY, WEDGED OR FREE, WITH HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$1,519.25	7/1/2022	12/31/2382
75889	26	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITH HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$68.06	7/1/2022	12/31/2382
75889	TC	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITH HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$474.52	7/1/2022	12/31/2382
75891		HEPATIC VENOGRAPHY, WEDGED OR FREE, WITHOUT HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETATIO	\$647.23	7/1/2022	12/31/2382
75891	26	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITHOUT HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETATIO	\$68.06	7/1/2022	12/31/2382
75891	TC	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITHOUT HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETATIO	\$474.52	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
75893		VENOUS SAMPLING THROUGH CATHETER, WITH OR WITHOUT ANGIOGRAPHY (EG, FOR PARATHYROID HORMONE, RENIN), RADIOLOGIC	\$505.71	7/1/2022	12/31/2382
75893	26	VENOUS SAMPLING THROUGH CATHETER, WITH OR WITHOUT ANGIOGRAPHY (EG, FOR PARATHYROID HORMONE, RENIN), RADIOLOGIC	\$32.96	7/1/2022	12/31/2382
75893	59	VENOUS SAMPLING THROUGH CATHETER, WITH OR WITHOUT ANGIOGRAPHY (EG, FOR PARATHYROID HORMONE, RENIN), RADIOLOGIC	\$505.71	7/1/2022	12/31/2382
75893	TC	VENOUS SAMPLING THROUGH CATHETER, WITH OR WITHOUT ANGIOGRAPHY (EG, FOR PARATHYROID HORMONE, RENIN), RADIOLOGIC	\$474.52	7/1/2022	12/31/2382
75894		TRANSCATHETER THERAPY, EMBOLIZATION, ANY METHOD, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$379.29	7/1/2022	12/31/2382
75894	26	TRANSCATHETER THERAPY, EMBOLIZATION, ANY METHOD, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$78.25	7/1/2022	12/31/2382
75894	TC	TRANSCATHETER THERAPY, EMBOLIZATION, ANY METHOD, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$909.42	7/1/2022	12/31/2382
75896		TRANSCATHETER THERAPY, INFUSION, ANY METHOD (EG, THROMBOLYSIS OTHER THAN CORONARY), RADIOLOGICAL SUPERVISION A	\$379.29	7/1/2022	12/31/2382
75896	26	TRANSCATHETER THERAPY, INFUSION, ANY METHOD (EG, THROMBOLYSIS OTHER THAN CORONARY), RADIOLOGICAL SUPERVISION A	\$78.25	7/1/2022	12/31/2382
75896	TC	TRANSCATHETER THERAPY, INFUSION, ANY METHOD (EG, THROMBOLYSIS OTHER THAN CORONARY), RADIOLOGICAL SUPERVISION A	\$790.40	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
75898		ANGIOGRAM THROUGH EXISTING CATHETER FOR FOLLOW-UP STUDY FOR TRANSCATHETER THERAPY, EMBOLIZATION OR INFUSION	\$126.34	7/1/2022	12/31/2382
75898	26	ANGIOGRAM THROUGH EXISTING CATHETER FOR FOLLOW-UP STUDY FOR TRANSCATHETER THERAPY, EMBOLIZATION OR INFUSION	\$98.62	7/1/2022	12/31/2382
75898	TC	ANGIOGRAM THROUGH EXISTING CATHETER FOR FOLLOW-UP STUDY FOR TRANSCATHETER THERAPY, EMBOLIZATION OR INFUSION	\$39.52	7/1/2022	12/31/2382
75901		MECHANICAL REMOVAL OF PERICATHETER OBSTRUCTIVE MATERIAL FROM CENTRAL VENOUS DEVICE VIA SEPERATE VENOUS ACCESS	\$126.34	7/1/2022	12/31/2382
75902		MECHANICAL REMOVAL OF INTRALUMINAL OBSTRUCTIVE MATERIAL FROM CENTRAL VENOUS DEVICE THROUGH DEVICE LUMEN, RADIO	\$126.34	7/1/2022	12/31/2382
75940		PERCUTANEOUS PLACEMENT OF IVC FILTER, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$379.29	7/1/2022	12/31/2382
75940	26	PERCUTANEOUS PLACEMENT OF IVC FILTER, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$31.20	7/1/2022	12/31/2382
75940	TC	PERCUTANEOUS PLACEMENT OF IVC FILTER, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$474.52	7/1/2022	12/31/2382
75945		INTRAVASCULAR ULTRASOUND (NON-CORONARY VESSEL), RADIOLOGICAL SUPERVISION AND INTERPRETATION; INTIAL VESSEL	\$190.05	7/1/2022	12/31/2382
75946		INTRAVASCULAR ULTRASOUND (NON-CORONARY VESSEL), RADIOLOGICAL SUPERVISION AND INTERPRETATION; EACH ADDITIONAL	\$118.18	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
75960		TRANSCATHETER INTRODUCTION OF INTRAVASCULAR STENT(S), (NON-CORONARY VESSEL), PERCUTANEOUS AND/OR OPEN, RADIOLO	\$469.53	7/1/2022	12/31/2382
75960	26	TRANSCATHETER INTRODUCTION OF INTRAVASCULAR STENT(S), (NON-CORONARY VESSEL), PERCUTANEOUS AND/OR OPEN, RADIOLO	\$46.60	7/1/2022	12/31/2382
75960	TC	TRANSCATHETER INTRODUCTION OF INTRAVASCULAR STENT(S), (NON-CORONARY VESSEL), PERCUTANEOUS AND/OR OPEN, RADIOLO	\$561.03	7/1/2022	12/31/2382
75961		TRANSCATHETER RETRIEVAL, PERCUTANEOUS, OF INTRAVASCULAR FOREIGN BODY (EG, FRACTURED VENOUS OR ARTERIAL CATHETE	\$469.53	7/1/2022	12/31/2382
75961	26	TRANSCATHETER RETRIEVAL, PERCUTANEOUS, OF INTRAVASCULAR FOREIGN BODY (EG, FRACTURED VENOUS OR ARTERIAL CATHETE	\$253.81	7/1/2022	12/31/2382
75961	TC	TRANSCATHETER RETRIEVAL, PERCUTANEOUS, OF INTRAVASCULAR FOREIGN BODY (EG, FRACTURED VENOUS OR ARTERIAL CATHETE	\$395.39	7/1/2022	12/31/2382
75962		TRANSLUMINAL BALLOON ANGIOPLASTY, PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$469.53	7/1/2022	12/31/2382
75962	26	TRANSLUMINAL BALLOON ANGIOPLASTY, PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$31.20	7/1/2022	12/31/2382
75962	TC	TRANSLUMINAL BALLOON ANGIOPLASTY, PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$592.89	7/1/2022	12/31/2382
75964		TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATI	\$469.53	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
75964	26	TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATI	\$19.87	7/1/2022	12/31/2382
75964	TC	TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATI	\$316.53	7/1/2022	12/31/2382
75966		TRANSLUMINAL BALLOON ANGIOPLASTY, RENAL OR OTHER VISCERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$469.53	7/1/2022	12/31/2382
75966	26	TRANSLUMINAL BALLOON ANGIOPLASTY, RENAL OR OTHER VISCERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$74.54	7/1/2022	12/31/2382
75966	TC	TRANSLUMINAL BALLOON ANGIOPLASTY, RENAL OR OTHER VISCERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$592.89	7/1/2022	12/31/2382
75968		TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL VISCERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$469.53	7/1/2022	12/31/2382
75968	26	TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL VISCERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$19.87	7/1/2022	12/31/2382
75968	TC	TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL VISCERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$316.53	7/1/2022	12/31/2382
75970		TRANSCATHETER BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$469.53	7/1/2022	12/31/2382
75970	26	TRANSCATHETER BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$49.30	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
75970	TC	TRANSCATHETER BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$434.91	7/1/2022	12/31/2382
75978		TRANSLUMINAL BALLOON ANGIOPLASTY, VENOUS (EG, SUBCLAVIAN STENOSIS), RADIOLOGICAL SUPERVISION AND INTERPRETATIO	\$469.53	7/1/2022	12/31/2382
75978	26	TRANSLUMINAL BALLOON ANGIOPLASTY, VENOUS (EG, SUBCLAVIAN STENOSIS), RADIOLOGICAL SUPERVISION AND INTERPRETATIO	\$40.40	7/1/2022	12/31/2382
75978	59	TRANSLUMINAL BALLOON ANGIOPLASTY, VENOUS (EG, SUBCLAVIAN STENOSIS), RADIOLOGICAL SUPERVISION AND INTERPRETATIO	\$469.53	7/1/2022	12/31/2382
75978	LT	TRANSLUMINAL BALLOON ANGIOPLASTY, VENOUS (EG, SUBCLAVIAN STENOSIS), RADIOLOGICAL SUPERVISION AND INTERPRETATIO	\$469.53	7/1/2022	12/31/2382
75978	RT	TRANSLUMINAL BALLOON ANGIOPLASTY, VENOUS (EG, SUBCLAVIAN STENOSIS), RADIOLOGICAL SUPERVISION AND INTERPRETATIO	\$469.53	7/1/2022	12/31/2382
75980		PERCUTANEOUS TRANSHEPATIC BILIARY DRAINAGE WITH CONTRAST MONITORING, RADIOLOGICAL SUPERVISION AND INTERPRETATI	\$379.29	7/1/2022	12/31/2382
75980	26	PERCUTANEOUS TRANSHEPATIC BILIARY DRAINAGE WITH CONTRAST MONITORING, RADIOLOGICAL SUPERVISION AND INTERPRETATI	\$86.02	7/1/2022	12/31/2382
75980	TC	PERCUTANEOUS TRANSHEPATIC BILIARY DRAINAGE WITH CONTRAST MONITORING, RADIOLOGICAL SUPERVISION AND INTERPRETATI	\$204.05	7/1/2022	12/31/2382
75982		PERCUTANEOUS PLACEMENT OF DRAINAGE CATHETER FOR COMBINED INTERNAL AND EXTERNAL BILIARY DRAINAGE OR OF A DRAINA	\$379.29	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
75982	26	PERCUTANEOUS PLACEMENT OF DRAINAGE CATHETER FOR COMBINED INTERNAL AND EXTERNAL BILIARY DRAINAGE OR OF A DRAIN A	\$86.02	7/1/2022	12/31/2382
75982	52	PERCUTANEOUS PLACEMENT OF DRAINAGE CATHETER FOR COMBINED INTERNAL AND EXTERNAL BILIARY DRAINAGE OR OF A DRAIN A	\$379.29	7/1/2022	12/31/2382
75982	TC	PERCUTANEOUS PLACEMENT OF DRAINAGE CATHETER FOR COMBINED INTERNAL AND EXTERNAL BILIARY DRAINAGE OR OF A DRAIN A	\$229.48	7/1/2022	12/31/2382
75984		CHANGE OF PERCUTANEOUS DRAINAGE CATHETER WITH CONTRAST MONITORING (IE, BILIARY TRACT, URINARY TRACT), RADIOLOG	\$126.34	7/1/2022	12/31/2382
75984	26	CHANGE OF PERCUTANEOUS DRAINAGE CATHETER WITH CONTRAST MONITORING (IE, BILIARY TRACT, URINARY TRACT), RADIOLOG	\$41.12	7/1/2022	12/31/2382
75984	50	CHANGE OF PERCUTANEOUS DRAINAGE CATHETER WITH CONTRAST MONITORING (IE, BILIARY TRACT, URINARY TRACT), RADIOLOG	\$126.34	7/1/2022	12/31/2382
75984	59	CHANGE OF PERCUTANEOUS DRAINAGE CATHETER WITH CONTRAST MONITORING (IE, BILIARY TRACT, URINARY TRACT), RADIOLOG	\$126.34	7/1/2022	12/31/2382
75984	LT	CHANGE OF PERCUTANEOUS DRAINAGE CATHETER WITH CONTRAST MONITORING (IE, BILIARY TRACT, URINARY TRACT), RADIOLOG	\$126.34	7/1/2022	12/31/2382
75984	RT	CHANGE OF PERCUTANEOUS DRAINAGE CATHETER WITH CONTRAST MONITORING (IE, BILIARY TRACT, URINARY TRACT), RADIOLOG	\$126.34	7/1/2022	12/31/2382
75984	TC	CHANGE OF PERCUTANEOUS DRAINAGE CATHETER WITH CONTRAST MONITORING (IE, BILIARY TRACT, URINARY TRACT), RADIOLOG	\$73.33	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
75989		RADIOLOGICAL GUIDANCE FOR PERCUTANEOUS DRAINAGE OF ABSCESS, OR SPECIMEN COLLECTION (IE, FLUOROSCOPY, ULTRASOUN	\$139.28	7/1/2022	12/31/2382
75989	26	RADIOLOGICAL GUIDANCE FOR PERCUTANEOUS DRAINAGE OF ABSCESS, OR SPECIMEN COLLECTION (IE, FLUOROSCOPY, ULTRASOUN	\$57.90	7/1/2022	12/31/2382
75989	TC	RADIOLOGICAL GUIDANCE FOR PERCUTANEOUS DRAINAGE OF ABSCESS, OR SPECIMEN COLLECTION (IE, FLUOROSCOPY, ULTRASOUN	\$118.38	7/1/2022	12/31/2382
75992		TRANSLUMINAL ATHERECTOMY, PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$647.23	7/1/2022	12/31/2382
75992	26	TRANSLUMINAL ATHERECTOMY, PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$31.20	7/1/2022	12/31/2382
75992	TC	TRANSLUMINAL ATHERECTOMY, PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$592.89	7/1/2022	12/31/2382
75993		TRANSLUMINAL ATHERECTOMY, EACH ADDITIONAL PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$647.23	7/1/2022	12/31/2382
75993	26	TRANSLUMINAL ATHERECTOMY, EACH ADDITIONAL PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$19.87	7/1/2022	12/31/2382
75993	TC	TRANSLUMINAL ATHERECTOMY, EACH ADDITIONAL PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$316.53	7/1/2022	12/31/2382
75994		TRANSLUMINAL ATHERECTOMY, RENAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$647.23	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
75994	26	TRANSLUMINAL ATHERECTOMY, RENAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$74.54	7/1/2022	12/31/2382
75994	TC	TRANSLUMINAL ATHERECTOMY, RENAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$592.89	7/1/2022	12/31/2382
75995		TRANSLUMINAL ATHERECTOMY, VISCERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$647.23	7/1/2022	12/31/2382
75995	26	TRANSLUMINAL ATHERECTOMY, VISCERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$74.54	7/1/2022	12/31/2382
75995	TC	TRANSLUMINAL ATHERECTOMY, VISCERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$592.89	7/1/2022	12/31/2382
75996		TRANSLUMINAL ATHERECTOMY, EACH ADDITIONAL RENAL OR VISCERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATIO	\$647.23	7/1/2022	12/31/2382
75996	26	TRANSLUMINAL ATHERECTOMY, EACH ADDITIONAL RENAL OR VISCERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATIO	\$19.87	7/1/2022	12/31/2382
75996	TC	TRANSLUMINAL ATHERECTOMY, EACH ADDITIONAL RENAL OR VISCERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATIO	\$316.53	7/1/2022	12/31/2382
76000		FLUOROSCOPY (SEPARATE PROCEDURE), UP TO ONE HOUR PHYSICIAN TIME, OTHER THAN 71023 OR 71034	\$98.89	7/1/2022	12/31/2382
76000	26	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO ONE HOUR PHYSICIAN TIME, OTHER THAN 71023 OR 71034	\$9.43	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
76000	59	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO ONE HOUR PHYSICIAN TIME, OTHER THAN 71023 OR 71034	\$98.89	7/1/2022	12/31/2382
76000	TC	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO ONE HOUR PHYSICIAN TIME, OTHER THAN 71023 OR 71034	\$48.99	7/1/2022	12/31/2382
76000	XU	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO ONE HOUR PHYSICIAN TIME, OTHER THAN 71023 OR 71034	\$98.89	7/1/2022	12/31/2382
76001		FLUOROSCOPY, PHYSICIAN TIME MORE THAN ONE HOUR, ASSISTING A NON-RADIOLOGIC PHYSICIAN (EG, NEPHROSTOLITHOTOMY,	\$137.54	7/1/2022	12/31/2382
76001	26	FLUOROSCOPY, PHYSICIAN TIME MORE THAN ONE HOUR, ASSISTING A NON-RADIOLOGIC PHYSICIAN (EG, NEPHROSTOLITHOTOMY,	\$40.37	7/1/2022	12/31/2382
76001	59	FLUOROSCOPY, PHYSICIAN TIME MORE THAN ONE HOUR, ASSISTING A NON-RADIOLOGIC PHYSICIAN (EG, NEPHROSTOLITHOTOMY,	\$137.54	7/1/2022	12/31/2382
76001	76	FLUOROSCOPY, PHYSICIAN TIME MORE THAN ONE HOUR, ASSISTING A NON-RADIOLOGIC PHYSICIAN (EG, NEPHROSTOLITHOTOMY,	\$137.54	7/1/2022	12/31/2382
76001	TC	FLUOROSCOPY, PHYSICIAN TIME MORE THAN ONE HOUR, ASSISTING A NON-RADIOLOGIC PHYSICIAN (EG, NEPHROSTOLITHOTOMY,	\$99.03	7/1/2022	12/31/2382
76003		FLUOROSCOPIC LOCALIZATION FOR NEEDLE BIOPSY OR FINE NEEDLE ASPIRATION	\$80.19	7/1/2022	12/31/2382
76003	26	FLUOROSCOPIC LOCALIZATION FOR NEEDLE BIOPSY OR FINE NEEDLE ASPIRATION	\$32.96	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
76003	TC	FLUOROSCOPIC LOCALIZATION FOR NEEDLE BIOPSY OR FINE NEEDLE ASPIRATION	\$48.99	7/1/2022	12/31/2382
76006		MANUAL APPLICATION OF STRESS PERFORMED BY PHYSICIAN FOR JOINT RADIOLOGY, INCLUDING CONTRALATERAL JOINT IF IND	\$54.27	7/1/2022	12/31/2382
76010		RADIOLOGIC EXAMINATION FROM NOSE TO RECTUM FOR FOREIGN BODY, SINGLE FILM, CHILD	\$54.27	7/1/2022	12/31/2382
76010	26	RADIOLOGIC EXAMINATION FROM NOSE TO RECTUM FOR FOREIGN BODY, SINGLE FILM, CHILD	\$10.61	7/1/2022	12/31/2382
76010	TC	RADIOLOGIC EXAMINATION FROM NOSE TO RECTUM FOR FOREIGN BODY, SINGLE FILM, CHILD	\$20.00	7/1/2022	12/31/2382
76012		RADIOLOGICAL SUPERVISION AND INTERPRETATION, PERCUTANEOUS VERTEBROPLASTY, PER VERTEBRAL BODY; UNDER FLUOROSCOPI	\$216.96	7/1/2022	12/31/2382
76013		RADIOLOGICAL SUPERVISION AND INTERPRETATION, PERCUTANEOUS VERTEBROPLASTY; UNDER CT GUIDANCE	\$216.96	7/1/2022	12/31/2382
76020		BONE AGE STUDIES	\$54.27	7/1/2022	12/31/2382
76020	26	BONE AGE STUDIES	\$11.47	7/1/2022	12/31/2382
76020	TC	BONE AGE STUDIES	\$20.00	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
76040		BONE LENGTH STUDIES (ORTHOENTGENOGRAM, SCANOGRAM)	\$92.38	7/1/2022	12/31/2382
76040	26	BONE LENGTH STUDIES (ORTHOENTGENOGRAM, SCANOGRAM)	\$15.95	7/1/2022	12/31/2382
76040	TC	BONE LENGTH STUDIES (ORTHOENTGENOGRAM, SCANOGRAM)	\$29.75	7/1/2022	12/31/2382
76061		RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; LIMITED (EG, FOR METASTASES)	\$92.38	7/1/2022	12/31/2382
76061	26	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; LIMITED (EG, FOR METASTASES)	\$26.80	7/1/2022	12/31/2382
76061	TC	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; LIMITED (EG, FOR METASTASES)	\$37.40	7/1/2022	12/31/2382
76062		RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; COMPLETE (AXIAL AND APPENDICULAR SKELETON)	\$92.38	7/1/2022	12/31/2382
76062	26	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; COMPLETE (AXIAL AND APPENDICULAR SKELETON)	\$32.96	7/1/2022	12/31/2382
76062	TC	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; COMPLETE (AXIAL AND APPENDICULAR SKELETON)	\$54.44	7/1/2022	12/31/2382
76065		RADIOLOGIC EXAMINATION OSSEOUS SURVEY; INFANT	\$92.38	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
76065	26	RADIOLOGIC EXAMINATION OSSEOUS SURVEY; INFANT	\$16.25	7/1/2022	12/31/2382
76065	TC	RADIOLOGIC EXAMINATION OSSEOUS SURVEY; INFANT	\$27.91	7/1/2022	12/31/2382
76066		JOINT SURVEY, SINGLE VIEW, ONE OR MORE JOINTS (SPECIFY)	\$54.27	7/1/2022	12/31/2382
76066	26	JOINT SURVEY, SINGLE VIEW, ONE OR MORE JOINTS (SPECIFY)	\$18.21	7/1/2022	12/31/2382
76066	TC	JOINT SURVEY, SINGLE VIEW, ONE OR MORE JOINTS (SPECIFY)	\$41.73	7/1/2022	12/31/2382
76070		COMPUTERIZED TOMOGRAPHY BONE MINERAL DENSITY STUDY, ONE OR MORE SITES	\$90.89	7/1/2022	12/31/2382
76070	26	COMPUTERIZED TOMOGRAPHY BONE MINERAL DENSITY STUDY, ONE OR MORE SITES	\$14.75	7/1/2022	12/31/2382
76070	TC	COMPUTERIZED TOMOGRAPHY BONE MINERAL DENSITY STUDY, ONE OR MORE SITES	\$111.10	7/1/2022	12/31/2382
76071		COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, ONE OR MORE SITES;APPENDICULAR SKELETON	\$118.56	7/1/2022	12/31/2382
76075		DUAL ENERGY X-RAY ABSORPTIOMETRY (DEXA), BONE DENSITY STUDY, ONE OR MORE SITES; AXIAL SKELETON (EG, HIPS, PEL	\$90.89	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
76076		DUAL ENERGY X-RAY ABSORPTIOMETRY (DEXA), BONE DENSITY STUDY, ONE OR MORE SITES; APPENDICULAR SKELETON	\$47.48	7/1/2022	12/31/2382
76077		DUAL ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, ONE OR MORE SITES; VERTEBRAL FRACTURE ASSESSMENT	\$54.27	7/1/2022	12/31/2382
76078		RADIOGRAPHIC ABSORPTIOMETRY (PHOTODENSITOMETRY), ONE OR MORE SITES	\$54.27	7/1/2022	12/31/2382
76080		RADIOLOGIC EXAMINATION, ABSCESS, FISTULA OR SINUS TRACT STUDY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$126.34	7/1/2022	12/31/2382
76080	26	RADIOLOGIC EXAMINATION, ABSCESS, FISTULA OR SINUS TRACT STUDY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$31.20	7/1/2022	12/31/2382
76080	59	RADIOLOGIC EXAMINATION, ABSCESS, FISTULA OR SINUS TRACT STUDY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$126.34	7/1/2022	12/31/2382
76080	FY	RADIOLOGIC EXAMINATION, ABSCESS, FISTULA OR SINUS TRACT STUDY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$126.34	7/1/2022	12/31/2382
76080	TC	RADIOLOGIC EXAMINATION, ABSCESS, FISTULA OR SINUS TRACT STUDY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$39.52	7/1/2022	12/31/2382
76082		COMPUTER AIDED DETECTION WITH FURTHER PHYSICIAN REVIEW FOR INTERPRETATION, WITH OR WITHOUT DIGITIZATION	\$19.03	7/1/2022	12/31/2382
76082	LT	COMPUTER AIDED DETECTION WITH FURTHER PHYSICIAN REVIEW FOR INTERPRETATION, WITH OR WITHOUT DIGITIZATION	\$19.03	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
76082	RT	COMPUTER AIDED DETECTION WITH FURTHER PHYSICIAN REVIEW FOR INTERPRETATION, WITH OR WITHOUT DIGITIZATION	\$19.03	7/1/2022	12/31/2382
76083		COMPUTER AIDED DETECTION WITH FURTHER PHYSICIAN REVIEW FOR INTERPRETATION, WITH OR WITHOUT DIGITIZATION	\$19.03	7/1/2022	12/31/2382
76086		MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE DUCT, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$126.34	7/1/2022	12/31/2382
76086	26	MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE DUCT, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$20.23	7/1/2022	12/31/2382
76086	TC	MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE DUCT, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$99.03	7/1/2022	12/31/2382
76088		MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIPLE DUCTS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$126.34	7/1/2022	12/31/2382
76088	26	MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIPLE DUCTS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$25.35	7/1/2022	12/31/2382
76088	TC	MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIPLE DUCTS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$137.99	7/1/2022	12/31/2382
76090		MAMMOGRAPHY; UNILATERAL	\$48.97	7/1/2022	12/31/2382
76090	26	MAMMOGRAPHY; UNILATERAL	\$14.75	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
76090	LT	MAMMOGRAPHY; UNILATERAL	\$48.97	7/1/2022	12/31/2382
76090	RT	MAMMOGRAPHY; UNILATERAL	\$48.97	7/1/2022	12/31/2382
76090	TC	MAMMOGRAPHY; UNILATERAL	\$39.52	7/1/2022	12/31/2382
76091		MAMMOGRAPHY; BILATERAL	\$60.92	7/1/2022	12/31/2382
76091	26	MAMMOGRAPHY; BILATERAL	\$24.19	7/1/2022	12/31/2382
76091	TC	MAMMOGRAPHY; BILATERAL	\$48.99	7/1/2022	12/31/2382
76092		SCREENING MAMMOGRAPHY, BILATERAL (TWO VIEW FILM STUDY OF EACH BREAST)	\$57.36	7/1/2022	12/31/2382
76095		STEREOTACTIC LOCALIZATION FOR BREAST BIOPSY, EACH LESION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$257.02	7/1/2022	12/31/2382
76095	LT	STEREOTACTIC LOCALIZATION FOR BREAST BIOPSY, EACH LESION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$257.02	7/1/2022	12/31/2382
76095	RT	STEREOTACTIC LOCALIZATION FOR BREAST BIOPSY, EACH LESION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$257.02	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
76096		PREOPERATIVE PLACEMENT OF NEEDLE LOCALIZATION WIRE, BREAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$126.34	7/1/2022	12/31/2382
76096	26	PREOPERATIVE PLACEMENT OF NEEDLE LOCALIZATION WIRE, BREAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$32.30	7/1/2022	12/31/2382
76096	LT	PREOPERATIVE PLACEMENT OF NEEDLE LOCALIZATION WIRE, BREAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$126.34	7/1/2022	12/31/2382
76096	RT	PREOPERATIVE PLACEMENT OF NEEDLE LOCALIZATION WIRE, BREAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$126.34	7/1/2022	12/31/2382
76096	TC	PREOPERATIVE PLACEMENT OF NEEDLE LOCALIZATION WIRE, BREAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$48.99	7/1/2022	12/31/2382
76098		RADIOLOGICAL EXAMINATION, BREAST SURGICAL SPECIMEN	\$54.27	7/1/2022	12/31/2382
76098	26	RADIOLOGICAL EXAMINATION, BREAST SURGICAL SPECIMEN	\$8.94	7/1/2022	12/31/2382
76098	LT	RADIOLOGICAL EXAMINATION, BREAST SURGICAL SPECIMEN	\$54.27	7/1/2022	12/31/2382
76098	RT	RADIOLOGICAL EXAMINATION, BREAST SURGICAL SPECIMEN	\$54.27	7/1/2022	12/31/2382
76098	TC	RADIOLOGICAL EXAMINATION, BREAST SURGICAL SPECIMEN	\$15.94	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
76100		RADIOLOGIC EXAMINATION, SINGLE PLANE BODY SECTION (EG, TOMOGRAPHY), OTHER THAN WITH UROGRAPHY	\$92.38	7/1/2022	12/31/2382
76100	26	RADIOLOGIC EXAMINATION, SINGLE PLANE BODY SECTION (EG, TOMOGRAPHY), OTHER THAN WITH UROGRAPHY	\$35.30	7/1/2022	12/31/2382
76100	TC	RADIOLOGIC EXAMINATION, SINGLE PLANE BODY SECTION (EG, TOMOGRAPHY), OTHER THAN WITH UROGRAPHY	\$47.16	7/1/2022	12/31/2382
76101		RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTION (EG, MASTOID POLYTOMOGRAPHY), OTHER T	\$126.34	7/1/2022	12/31/2382
76101	26	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTION (EG, MASTOID POLYTOMOGRAPHY), OTHER T	\$35.30	7/1/2022	12/31/2382
76101	TC	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTION (EG, MASTOID POLYTOMOGRAPHY), OTHER T	\$53.34	7/1/2022	12/31/2382
76102		RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTION (EG, MASTOID POLYTOMOGRAPHY), OTHER T	\$257.02	7/1/2022	12/31/2382
76102	26	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTION (EG, MASTOID POLYTOMOGRAPHY), OTHER T	\$35.30	7/1/2022	12/31/2382
76102	TC	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTION (EG, MASTOID POLYTOMOGRAPHY), OTHER T	\$65.32	7/1/2022	12/31/2382
76120		CINERADIOGRAPHY, EXCEPT WHERE SPECIFICALLY INCLUDED	\$98.89	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
76120	26	CINERADIOGRAPHY, EXCEPT WHERE SPECIFICALLY INCLUDED	\$22.41	7/1/2022	12/31/2382
76120	TC	CINERADIOGRAPHY, EXCEPT WHERE SPECIFICALLY INCLUDED	\$39.52	7/1/2022	12/31/2382
76125		CINERADIOGRAPHY TO COMPLEMENT ROUTINE EXAMINATION	\$54.27	7/1/2022	12/31/2382
76125	26	CINERADIOGRAPHY TO COMPLEMENT ROUTINE EXAMINATION	\$15.68	7/1/2022	12/31/2382
76125	TC	CINERADIOGRAPHY TO COMPLEMENT ROUTINE EXAMINATION	\$29.75	7/1/2022	12/31/2382
76150		XERORADIOGRAPHY	\$54.27	7/1/2022	12/31/2382
76355		COMPUTERIZED TOMOGRAPHY GUIDANCE FOR STEREOTACTIC LOCALIZATION	\$319.36	7/1/2022	12/31/2382
76355	26	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR STEREOTACTIC LOCALIZATION	\$72.31	7/1/2022	12/31/2382
76355	TC	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR STEREOTACTIC LOCALIZATION	\$311.08	7/1/2022	12/31/2382
76360		COMPUTERIZED TOMOGRAPHY GUIDANCE FOR NEEDLE BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$319.36	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
76360	26	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR NEEDLE BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$65.72	7/1/2022	12/31/2382
76360	TC	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR NEEDLE BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$311.08	7/1/2022	12/31/2382
76362		COMPUTERIZED AXIAL TOMOGRAPHIC GUIDANCE FOR, AND MONITORING OF, TISSUE ABLATION	\$379.86	7/1/2022	12/31/2382
76365		COMPUTERIZED TOMOGRAPHY GUIDANCE FOR CYST ASPIRATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$376.80	7/1/2022	12/31/2382
76365	26	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR CYST ASPIRATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$65.72	7/1/2022	12/31/2382
76365	TC	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR CYST ASPIRATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$311.08	7/1/2022	12/31/2382
76370		COMPUTERIZED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS	\$118.56	7/1/2022	12/31/2382
76370	26	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS	\$50.89	7/1/2022	12/31/2382
76370	TC	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS	\$111.10	7/1/2022	12/31/2382
76375		CORONAL, SAGITTAL, MULTIPLANAR, OBLIQUE, 3-DIMENSIONAL AND/OR HOLOGRAPHIC RECONSTRUCTION OF COMPUTERIZED TOMO	\$141.75	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
76375	26	CORONAL, SAGITTAL, MULTIPLANAR, OBLIQUE, 3-DIMENSIONAL AND/OR HOLOGRAPHIC RECONSTRUCTION OF COMPUTERIZED TOMO	\$8.94	7/1/2022	12/31/2382
76375	TC	CORONAL, SAGITTAL, MULTIPLANAR, OBLIQUE, 3-DIMENSIONAL AND/OR HOLOGRAPHIC RECONSTRUCTION OF COMPUTERIZED TOMO	\$132.93	7/1/2022	12/31/2382
76376		3D REDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND,	\$45.66	7/1/2022	12/31/2382
76376	59	3D REDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND,	\$45.66	7/1/2022	12/31/2382
76376	LT	3D REDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND,	\$45.66	7/1/2022	12/31/2382
76376	RT	3D REDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND,	\$45.66	7/1/2022	12/31/2382
76376	TC	3D REDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND,	\$8.26	1/1/2022	12/31/2382
76377		3D REDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND,	\$118.56	7/1/2022	12/31/2382
76377	59	3D REDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND,	\$118.56	7/1/2022	12/31/2382
76377	ET	3D REDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND,	\$118.56	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
76380		COMPUTERIZED TOMOGRAPHY, LIMITED OR LOCALIZED FOLLOW-UP STUDY	\$118.56	7/1/2022	12/31/2382
76380	26	COMPUTERIZED TOMOGRAPHY, LIMITED OR LOCALIZED FOLLOW-UP STUDY	\$55.79	7/1/2022	12/31/2382
76380	59	COMPUTERIZED TOMOGRAPHY, LIMITED OR LOCALIZED FOLLOW-UP STUDY	\$118.56	7/1/2022	12/31/2382
76380	TC	COMPUTERIZED TOMOGRAPHY, LIMITED OR LOCALIZED FOLLOW-UP STUDY	\$131.83	7/1/2022	12/31/2382
76393		MAGNETIC RESONANCE GUIDANCE FOR NEEDLE PLACEMENT (EG, FOR BIOPSY)RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$379.44	7/1/2022	12/31/2382
76394		MAGNETIC RESONANCE GUIDANCE FOR, AND MONITORING OF, TISSUE ABLATION	\$379.44	7/1/2022	12/31/2382
76400		MAGNETIC RESONANCE (EG, PROTON) IMAGING, BONE MARROW BLOOD SUPPLY	\$379.44	7/1/2022	12/31/2382
76400	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BONE MARROW BLOOD SUPPLY	\$91.42	7/1/2022	12/31/2382
76400	TC	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BONE MARROW BLOOD SUPPLY	\$422.18	7/1/2022	12/31/2382
76496		UNLISTED FLUOROSCOPIC PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)	\$98.89	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
76497		UNLISTED COMPUTED TOMOGRAPHY PROCEDURE (EG, DIAGNOSTIC INTERVENTIONAL)	\$118.56	7/1/2022	12/31/2382
76498		UNLISTED MAGNETIC RESONANCE PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)	\$379.44	7/1/2022	12/31/2382
76499		UNLISTED DIAGNOSTIC RADIOLOGIC PROCEDURE	\$54.27	7/1/2022	12/31/2382
76506		ECHOENCEPHALOGRAPHY, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION (GRAY SCALE) (FOR DETERMINATION OF VENTR	\$73.89	7/1/2022	12/31/2382
76506	26	ECHOENCEPHALOGRAPHY, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION (GRAY SCALE) (FOR DETERMINATION OF VENTR	\$37.99	7/1/2022	12/31/2382
76506	TC	ECHOENCEPHALOGRAPHY, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION (GRAY SCALE) (FOR DETERMINATION OF VENTR	\$53.34	7/1/2022	12/31/2382
76510		OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN AND QUANTITATIVE A-SCAN PERFORMED DURING THE SAME PATIENT ENCOUNTER	\$118.18	7/1/2022	12/31/2382
76511		OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; A-SCAN ONLY, WITH AMPLITUDE QUANTIFICATION	\$118.18	7/1/2022	12/31/2382
76511	26	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; A-SCAN ONLY, WITH AMPLITUDE QUANTIFICATION	\$36.68	7/1/2022	12/31/2382
76511	50	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; A-SCAN ONLY, WITH AMPLITUDE QUANTIFICATION	\$118.18	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
76511	LT	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; A-SCAN ONLY, WITH AMPLITUDE QUANTIFICATION	\$118.18	7/1/2022	12/31/2382
76511	RT	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; A-SCAN ONLY, WITH AMPLITUDE QUANTIFICATION	\$118.18	7/1/2022	12/31/2382
76511	TC	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; A-SCAN ONLY, WITH AMPLITUDE QUANTIFICATION	\$47.16	7/1/2022	12/31/2382
76512		OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CONTACT B-SCAN (WITH OR WITHOUT SIMULTANEOUS A-SCAN)	\$118.18	7/1/2022	12/31/2382
76512	26	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CONTACT B-SCAN (WITH OR WITHOUT SIMULTANEOUS A-SCAN)	\$39.72	7/1/2022	12/31/2382
76512	50	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CONTACT B-SCAN (WITH OR WITHOUT SIMULTANEOUS A-SCAN)	\$118.18	7/1/2022	12/31/2382
76512	LT	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CONTACT B-SCAN (WITH OR WITHOUT SIMULTANEOUS A-SCAN)	\$118.18	7/1/2022	12/31/2382
76512	RT	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CONTACT B-SCAN (WITH OR WITHOUT SIMULTANEOUS A-SCAN)	\$118.18	7/1/2022	12/31/2382
76512	TC	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CONTACT B-SCAN (WITH OR WITHOUT SIMULTANEOUS A-SCAN)	\$57.67	7/1/2022	12/31/2382
76513		OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; ANTERIOR SEGMENT ULTRASOUND,	\$118.18	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
76513	26	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; ANTERIOR SEGMENT ULTRASOUND,	\$39.72	7/1/2022	12/31/2382
76513	TC	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; ANTERIOR SEGMENT ULTRASOUND,	\$57.67	7/1/2022	12/31/2382
76514		OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CORNEAL PACHYMETRY, UNILATERAL OR BILATERAL	\$45.66	7/1/2022	12/31/2382
76514	50	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CORNEAL PACHYMETRY, UNILATERAL OR BILATERAL	\$45.66	7/1/2022	12/31/2382
76514	PO	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CORNEAL PACHYMETRY, UNILATERAL OR BILATERAL	\$0.01	7/1/2022	12/31/2382
76516		OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN;	\$73.89	7/1/2022	12/31/2382
76516	26	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN;	\$32.69	7/1/2022	12/31/2382
76516	TC	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN;	\$47.16	7/1/2022	12/31/2382
76519		OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN; WITH INTRAOCULAR LENS POWER CALCULATION	\$118.18	7/1/2022	12/31/2382
76519	26	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN; WITH INTRAOCULAR LENS POWER CALCULATION	\$32.69	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
76519	TC	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN; WITH INTRAOCULAR LENS POWER CALCULATION	\$47.16	7/1/2022	12/31/2382
76529		OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	\$73.89	7/1/2022	12/31/2382
76529	26	OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	\$34.64	7/1/2022	12/31/2382
76529	TC	OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	\$51.48	7/1/2022	12/31/2382
76536		ECHOGRAPHY, SOFT TISSUES OF HEAD AND NECK (EG, THYROID, PARATHYROID, PAROTID), B-SCAN AND/OR REAL TIME WITH IM	\$118.18	7/1/2022	12/31/2382
76536	26	ECHOGRAPHY, SOFT TISSUES OF HEAD AND NECK (EG, THYROID, PARATHYROID, PAROTID), B-SCAN AND/OR REAL TIME WITH IM	\$33.86	7/1/2022	12/31/2382
76536	59	ECHOGRAPHY, SOFT TISSUES OF HEAD AND NECK (EG, THYROID, PARATHYROID, PAROTID), B-SCAN AND/OR REAL TIME WITH IM	\$118.18	7/1/2022	12/31/2382
76536	PN	ECHOGRAPHY, SOFT TISSUES OF HEAD AND NECK (EG, THYROID, PARATHYROID, PAROTID), B-SCAN AND/OR REAL TIME WITH IM	\$118.18	7/1/2022	12/31/2382
76536	PO	ECHOGRAPHY, SOFT TISSUES OF HEAD AND NECK (EG, THYROID, PARATHYROID, PAROTID), B-SCAN AND/OR REAL TIME WITH IM	\$118.18	7/1/2022	12/31/2382
76536	TC	ECHOGRAPHY, SOFT TISSUES OF HEAD AND NECK (EG, THYROID, PARATHYROID, PAROTID), B-SCAN AND/OR REAL TIME WITH IM	\$53.34	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
76604		ECHOGRAPHY, CHEST, B-SCAN (INCLUDES MEDIASTINUM) AND/OR REAL TIME WITH IMAGE DOCUMENTATION	\$118.18	7/1/2022	12/31/2382
76604	26	ECHOGRAPHY, CHEST, B-SCAN (INCLUDES MEDIASTINUM) AND/OR REAL TIME WITH IMAGE DOCUMENTATION	\$33.54	7/1/2022	12/31/2382
76604	TC	ECHOGRAPHY, CHEST, B-SCAN (INCLUDES MEDIASTINUM) AND/OR REAL TIME WITH IMAGE DOCUMENTATION	\$48.99	7/1/2022	12/31/2382
76641		ULTRASOUND, BREAST, UNILATERAL, REALTIME WITH IMAGE DOCUMENTATION, INCLUDING AXILLA WHEN PERFORMED; COMPLETE	\$105.30	7/1/2022	12/31/2382
76641	26	ULTRASOUND, BREAST, UNILATERAL, REALTIME WITH IMAGE DOCUMENTATION, INCLUDING AXILLA WHEN PERFORMED; COMPLETE	\$24.91	7/1/2022	12/31/2382
76641	50	ULTRASOUND, BREAST, UNILATERAL, REALTIME WITH IMAGE DOCUMENTATION, INCLUDING AXILLA WHEN PERFORMED; COMPLETE	\$105.30	7/1/2022	12/31/2382
76641	TC	ULTRASOUND, BREAST, UNILATERAL, REALTIME WITH IMAGE DOCUMENTATION, INCLUDING AXILLA WHEN PERFORMED; COMPLETE	\$48.81	7/1/2022	12/31/2382
76642		ULTRASOUND, BREAST, UNILATERAL, REALTIME WITH IMAGE DOCUMENTATION, INCLUDING AXILLA WHEN PERFORMED; LIMITED	\$91.98	7/1/2022	12/31/2382
76642	26	ULTRASOUND, BREAST, UNILATERAL, REALTIME WITH IMAGE DOCUMENTATION, INCLUDING AXILLA WHEN PERFORMED; LIMITED	\$35.54	7/1/2022	12/31/2382
76642	LT	ULTRASOUND, BREAST, UNILATERAL, REALTIME WITH IMAGE DOCUMENTATION, INCLUDING AXILLA WHEN PERFORMED; LIMITED	\$91.98	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
76642	RT	ULTRASOUND, BREAST, UNILATERAL, REALTIME WITH IMAGE DOCUMENTATION, INCLUDING AXILLA WHEN PERFORMED; LIMITED	\$91.98	7/1/2022	12/31/2382
76642	TC	ULTRASOUND, BREAST, UNILATERAL, REALTIME WITH IMAGE DOCUMENTATION, INCLUDING AXILLA WHEN PERFORMED; LIMITED	\$58.62	7/1/2022	12/31/2382
76642	XS	ULTRASOUND, BREAST, UNILATERAL, REALTIME WITH IMAGE DOCUMENTATION, INCLUDING AXILLA WHEN PERFORMED; LIMITED	\$91.98	7/1/2022	12/31/2382
76645		ECHOGRAPHY, BREAST(S) (UNILATERAL OR BILATERAL), B-SCAN AND/ OR REAL TIME WITH IMAGE DOCUMENTATION	\$73.89	7/1/2022	12/31/2382
76645	26	ECHOGRAPHY, BREAST(S) (UNILATERAL OR BILATERAL), B-SCAN AND/ OR REAL TIME WITH IMAGE DOCUMENTATION	\$32.69	7/1/2022	12/31/2382
76645	50	ECHOGRAPHY, BREAST(S) (UNILATERAL OR BILATERAL), B-SCAN AND/ OR REAL TIME WITH IMAGE DOCUMENTATION	\$73.89	7/1/2022	12/31/2382
76645	LT	ECHOGRAPHY, BREAST(S) (UNILATERAL OR BILATERAL), B-SCAN AND/ OR REAL TIME WITH IMAGE DOCUMENTATION	\$73.89	7/1/2022	12/31/2382
76645	RT	ECHOGRAPHY, BREAST(S) (UNILATERAL OR BILATERAL), B-SCAN AND/ OR REAL TIME WITH IMAGE DOCUMENTATION	\$73.89	7/1/2022	12/31/2382
76645	TC	ECHOGRAPHY, BREAST(S) (UNILATERAL OR BILATERAL), B-SCAN AND/ OR REAL TIME WITH IMAGE DOCUMENTATION	\$39.52	7/1/2022	12/31/2382
76700		ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	\$118.18	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
76700	26	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	\$48.08	7/1/2022	12/31/2382
76700	59	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	\$118.18	7/1/2022	12/31/2382
76700	TC	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	\$74.07	7/1/2022	12/31/2382
76705		ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (EG, SINGLE ORGAN, QUADRANT,	\$118.18	7/1/2022	12/31/2382
76705	26	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (EG, SINGLE ORGAN, QUADRANT,	\$35.63	7/1/2022	12/31/2382
76705	59	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (EG, SINGLE ORGAN, QUADRANT,	\$118.18	7/1/2022	12/31/2382
76705	GA	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (EG, SINGLE ORGAN, QUADRANT,	\$118.18	7/1/2022	12/31/2382
76705	TC	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (EG, SINGLE ORGAN, QUADRANT,	\$53.34	7/1/2022	12/31/2382
76705	XS	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (EG, SINGLE ORGAN, QUADRANT,	\$118.18	7/1/2022	12/31/2382
76705	XU	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (EG, SINGLE ORGAN, QUADRANT,	\$118.18	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
76706		ULTRASOUND, ABDOMINAL AORTA, REAL TIME WITH IMAGE DOCUMENTATION, SCREENING STUDY FOR ABDOMINAL AORTIC ANEURYSM (AAA)	\$82.81	1/1/2021	12/31/2382
76706	PO	ULTRASOUND, ABDOMINAL AORTA, REAL TIME WITH IMAGE DOCUMENTATION, SCREENING STUDY FOR ABDOMINAL AORTIC ANEURYSM (AAA)	\$82.81	1/1/2021	12/31/2382
76770		ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPL	\$118.18	7/1/2022	12/31/2382
76770	26	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPL	\$44.23	7/1/2022	12/31/2382
76770	59	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPL	\$118.18	7/1/2022	12/31/2382
76770	GA	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPL	\$118.18	7/1/2022	12/31/2382
76770	PN	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPL	\$118.18	7/1/2022	12/31/2382
76770	PO	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPL	\$118.18	7/1/2022	12/31/2382
76770	TC	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPL	\$74.07	7/1/2022	12/31/2382
76770	XU	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPL	\$118.18	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
76775		ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMIT	\$118.18	7/1/2022	12/31/2382
76775	26	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMIT	\$35.30	7/1/2022	12/31/2382
76775	59	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMIT	\$118.18	7/1/2022	12/31/2382
76775	PN	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMIT	\$118.18	7/1/2022	12/31/2382
76775	TC	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMIT	\$53.34	7/1/2022	12/31/2382
76776		ULTRASOUND, TRANSPLANTED KIDNEY, REAL TIME AND DUPLEX DOPPLER WITH IMAGE DOCUMENTATION	\$116.12	7/1/2022	12/31/2382
76778		ECHOGRAPHY OF TRANSPLANTED KIDNEY, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION, WITH OR WITHOUT DUPLEX DO	\$118.18	7/1/2022	12/31/2382
76778	26	ECHOGRAPHY OF TRANSPLANTED KIDNEY, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION, WITH OR WITHOUT DUPLEX DO	\$42.23	7/1/2022	12/31/2382
76778	TC	ECHOGRAPHY OF TRANSPLANTED KIDNEY, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION, WITH OR WITHOUT DUPLEX DO	\$74.07	7/1/2022	12/31/2382
76800		ECHOGRAPHY, SPINAL CANAL AND CONTENTS	\$118.18	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
76800	26	ECHOGRAPHY, SPINAL CANAL AND CONTENTS	\$64.60	7/1/2022	12/31/2382
76800	TC	ECHOGRAPHY, SPINAL CANAL AND CONTENTS	\$53.34	7/1/2022	12/31/2382
76801		ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION, FIR	\$118.18	7/1/2022	12/31/2382
76802		ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION, EACH ADDITIONA	\$73.89	7/1/2022	12/31/2382
76805		ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE (COMPLETE FETAL AND MA	\$118.18	7/1/2022	12/31/2382
76805	26	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE (COMPLETE FETAL AND MA	\$58.98	7/1/2022	12/31/2382
76805	TC	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE (COMPLETE FETAL AND MA	\$79.13	7/1/2022	12/31/2382
76810		ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE (COMPLETE FETAL AND MA	\$118.18	7/1/2022	12/31/2382
76810	26	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE (COMPLETE FETAL AND MA	\$112.04	7/1/2022	12/31/2382
76810	TC	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE (COMPLETE FETAL AND MA	\$157.64	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
76811		ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION, SINGLE OR FIRS	\$190.05	7/1/2022	12/31/2382
76811	TC	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION, SINGLE OR FIRS	\$190.05	7/1/2022	12/31/2382
76812		ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION, EACH ADDITIONA	\$118.18	7/1/2022	12/31/2382
76813		ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FIRST TRIMESTER FETAL NUCHAL TRANSLUCENCY	\$116.12	7/1/2022	12/31/2382
76813	55	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FIRST TRIMESTER FETAL NUCHAL TRANSLUCENCY	\$116.12	7/1/2022	12/31/2382
76813	PO	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FIRST TRIMESTER FETAL NUCHAL TRANSLUCENCY	\$116.12	7/1/2022	12/31/2382
76814		ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FIRST TRIMESTER FETAL NUCHAL TRANSLUCENCY	\$116.12	7/1/2022	12/31/2382
76815		ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (FETAL SIZE, HEART	\$73.89	7/1/2022	12/31/2382
76815	22	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (FETAL SIZE, HEART	\$73.89	7/1/2022	12/31/2382
76815	25	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (FETAL SIZE, HEART	\$73.89	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
76815	26	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (FETAL SIZE, HEART	\$38.90	7/1/2022	12/31/2382
76815	52	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (FETAL SIZE, HEART	\$73.89	7/1/2022	12/31/2382
76815	59	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (FETAL SIZE, HEART	\$73.89	7/1/2022	12/31/2382
76815	TC	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (FETAL SIZE, HEART	\$53.34	7/1/2022	12/31/2382
76816		ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; FOLLOW-UP OR REPEAT	\$73.89	7/1/2022	12/31/2382
76816	26	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; FOLLOW-UP OR REPEAT	\$34.64	7/1/2022	12/31/2382
76816	PO	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; FOLLOW-UP OR REPEAT	\$73.89	7/1/2022	12/31/2382
76816	TC	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; FOLLOW-UP OR REPEAT	\$41.73	7/1/2022	12/31/2382
76817		ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, TRANSVAGINAL	\$118.18	7/1/2022	12/31/2382
76817	25	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, TRANSVAGINAL	\$118.18	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
76818		FETAL BIOPHYSICAL PROFILE	\$118.18	7/1/2022	12/31/2382
76818	26	FETAL BIOPHYSICAL PROFILE	\$45.73	7/1/2022	12/31/2382
76818	59	FETAL BIOPHYSICAL PROFILE	\$118.18	7/1/2022	12/31/2382
76818	TC	FETAL BIOPHYSICAL PROFILE	\$60.98	7/1/2022	12/31/2382
76819		FETAL BIOPHYSICAL PROFILE; WITHOUT STRESS OR NON-STRESS TESTING	\$118.18	7/1/2022	12/31/2382
76819	59	FETAL BIOPHYSICAL PROFILE; WITHOUT STRESS OR NON-STRESS TESTING	\$118.18	7/1/2022	12/31/2382
76820		DOPPLER VELOCIMETRY, FETAL; UMBILICAL ARTERY	\$119.20	7/1/2022	12/31/2382
76820	51	DOPPLER VELOCIMETRY, FETAL; UMBILICAL ARTERY	\$119.20	7/1/2022	12/31/2382
76820	59	DOPPLER VELOCIMETRY, FETAL; UMBILICAL ARTERY	\$119.20	7/1/2022	12/31/2382
76821		DOPPLER VELOCIMETRY, FETAL; MIDDLE CEREBRAL ARTERY	\$119.20	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
76825		ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE DOCUMENTATION (2D) WITH OR WITHOUT M-MODE	\$124.72	7/1/2022	12/31/2382
76825	26	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE DOCUMENTATION (2D) WITH OR WITHOUT M-MODE	\$45.39	7/1/2022	12/31/2382
76825	TC	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE DOCUMENTATION (2D) WITH OR WITHOUT M-MODE	\$74.07	7/1/2022	12/31/2382
76826		ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE DOCUMENTATION (2D) WITH OR WITHOUT M-MODE	\$112.51	7/1/2022	12/31/2382
76826	26	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE DOCUMENTATION (2D) WITH OR WITHOUT M-MODE	\$58.58	7/1/2022	12/31/2382
76826	TC	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE DOCUMENTATION (2D) WITH OR WITHOUT M-MODE	\$26.81	7/1/2022	12/31/2382
76827		DOPPLER ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPL	\$124.72	7/1/2022	12/31/2382
76827	26	DOPPLER ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPL	\$42.48	7/1/2022	12/31/2382
76827	TC	DOPPLER ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPL	\$65.49	7/1/2022	12/31/2382
76828		DOPPLER ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPL	\$112.51	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
76828	26	DOPPLER ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPL	\$29.14	7/1/2022	12/31/2382
76828	TC	DOPPLER ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPL	\$6.18	7/1/2022	12/31/2382
76830		ECHOGRAPHY, TRANSVAGINAL	\$118.18	7/1/2022	12/31/2382
76830	25	ECHOGRAPHY, TRANSVAGINAL	\$118.18	7/1/2022	12/31/2382
76830	26	ECHOGRAPHY, TRANSVAGINAL	\$41.55	7/1/2022	12/31/2382
76830	59	ECHOGRAPHY, TRANSVAGINAL	\$118.18	7/1/2022	12/31/2382
76830	PO	ECHOGRAPHY, TRANSVAGINAL	\$118.18	7/1/2022	12/31/2382
76830	TC	ECHOGRAPHY, TRANSVAGINAL	\$57.67	7/1/2022	12/31/2382
76830	XU	ECHOGRAPHY, TRANSVAGINAL	\$118.18	7/1/2022	12/31/2382
76831		HYSTEROSONOGRAPHY, WITH OR WITHOUT COLOR FLOW DOPPLER	\$190.05	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
76856		ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	\$118.18	7/1/2022	12/31/2382
76856	26	ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	\$41.55	7/1/2022	12/31/2382
76856	59	ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	\$118.18	7/1/2022	12/31/2382
76856	PO	ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	\$118.18	7/1/2022	12/31/2382
76856	TC	ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	\$57.67	7/1/2022	12/31/2382
76856	XU	ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	\$118.18	7/1/2022	12/31/2382
76857		ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED OR FOLLOW-UP (EG,	\$73.89	7/1/2022	12/31/2382
76857	26	ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED OR FOLLOW-UP (EG,	\$22.11	7/1/2022	12/31/2382
76857	LT	ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED OR FOLLOW-UP (EG,	\$73.89	7/1/2022	12/31/2382
76857	RT	ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED OR FOLLOW-UP (EG,	\$73.89	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
76857	TC	ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED OR FOLLOW-UP (EG,	\$39.52	7/1/2022	12/31/2382
76870		ECHOGRAPHY, SCROTUM AND CONTENTS	\$118.18	7/1/2022	12/31/2382
76870	26	ECHOGRAPHY, SCROTUM AND CONTENTS	\$38.21	7/1/2022	12/31/2382
76870	59	ECHOGRAPHY, SCROTUM AND CONTENTS	\$118.18	7/1/2022	12/31/2382
76870	PN	ECHOGRAPHY, SCROTUM AND CONTENTS	\$118.18	7/1/2022	12/31/2382
76870	TC	ECHOGRAPHY, SCROTUM AND CONTENTS	\$57.67	7/1/2022	12/31/2382
76872		ECHOGRAPHY, TRANSRECTAL	\$118.18	7/1/2022	12/31/2382
76872	26	ECHOGRAPHY, TRANSRECTAL	\$41.55	7/1/2022	12/31/2382
76872	TC	ECHOGRAPHY, TRANSRECTAL	\$57.67	7/1/2022	12/31/2382
76873		ECHOGRAPHY, TRANSRECTAL; PROSTATE VOLUME STUDY FOR BRACHYTHERAPY TREATMENT PLANNING	\$118.18	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
76880		ECHOGRAPHY, EXTREMITY, NON-VASCULAR, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION	\$118.18	7/1/2022	12/31/2382
76880	26	ECHOGRAPHY, EXTREMITY, NON-VASCULAR, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION	\$35.63	7/1/2022	12/31/2382
76880	LT	ECHOGRAPHY, EXTREMITY, NON-VASCULAR, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION	\$118.18	7/1/2022	12/31/2382
76880	RT	ECHOGRAPHY, EXTREMITY, NON-VASCULAR, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION	\$118.18	7/1/2022	12/31/2382
76880	TC	ECHOGRAPHY, EXTREMITY, NON-VASCULAR, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION	\$53.34	7/1/2022	12/31/2382
76881		ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUMENTATION; COMPLETE	\$104.00	7/1/2022	12/31/2382
76881	LT	ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUMENTATION; COMPLETE	\$104.00	7/1/2022	12/31/2382
76881	RT	ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUMENTATION; COMPLETE	\$104.00	7/1/2022	12/31/2382
76882		ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUMENTATION; LIMITED, ANATOMIC SPECIFIC	\$67.23	7/1/2022	12/31/2382
76882	26	ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUMENTATION; LIMITED, ANATOMIC SPECIFIC	\$24.92	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
76882	LT	ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUMENTATION; LIMITED, ANATOMIC SPECIFIC	\$67.23	7/1/2022	12/31/2382
76882	RT	ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUMENTATION; LIMITED, ANATOMIC SPECIFIC	\$67.23	7/1/2022	12/31/2382
76882	TC	ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUMENTATION; LIMITED, ANATOMIC SPECIFIC	\$35.54	7/1/2022	12/31/2382
76885		ECHOGRAPHY OF INFANT HIPS, REAL TIME WITH IMAGING DOCUMENTATION; DYNAMIC (EG, REQUIRING MANIPULATION)	\$73.89	7/1/2022	12/31/2382
76886		ECHOGRAPHY OF INFANT HIPS, REAL TIME WITH IMAGING DOCUMENTATION; LIMITED, STATIC (EG, NOT REQUIRING MANIPULATO	\$118.18	7/1/2022	12/31/2382
76930		ULTRASONIC GUIDANCE FOR PERICARDIOCENTESIS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$77.83	7/1/2022	12/31/2382
76930	26	ULTRASONIC GUIDANCE FOR PERICARDIOCENTESIS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$38.52	7/1/2022	12/31/2382
76930	TC	ULTRASONIC GUIDANCE FOR PERICARDIOCENTESIS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$57.67	7/1/2022	12/31/2382
76932		ULTRASONIC GUIDANCE FOR ENDOMYOCARDIAL BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$77.83	7/1/2022	12/31/2382
76932	26	ULTRASONIC GUIDANCE FOR ENDOMYOCARDIAL BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$38.52	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
76932	TC	ULTRASONIC GUIDANCE FOR ENDOMYOCARDIAL BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$57.67	7/1/2022	12/31/2382
76934		ULTRASONIC GUIDANCE FOR THORACENTESIS OR ABDOMINAL PARACENTESIS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$96.19	7/1/2022	12/31/2382
76934	26	ULTRASONIC GUIDANCE FOR THORACENTESIS OR ABDOMINAL PARACENTESIS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$38.52	7/1/2022	12/31/2382
76934	TC	ULTRASONIC GUIDANCE FOR THORACENTESIS OR ABDOMINAL PARACENTESIS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$57.67	7/1/2022	12/31/2382
76936		ULTRASOUND GUIDED COMPRESSION REPAIR OF ARTERIAL PSEUDO-ANEURYSM OR ARTERIOVENOUS FISTULAE (INCLUDES DIAGNOSTI	\$77.83	7/1/2022	12/31/2382
76937		ULTRASOUND GUIDANCE FOR VASCULAR ACCESS REQUIRING ULTRASOUND EVALUATION OF POTENTIAL ACCESS SITES,	\$22.22	7/1/2022	12/31/2382
76938		ULTRASONIC GUIDANCE FOR CYST (ANY LOCATION), OR RENAL PELVIS ASPIRATION, RADIOLOGICAL SUPERVISION AND INTERPRE	\$96.19	7/1/2022	12/31/2382
76938	26	ULTRASONIC GUIDANCE FOR CYST (ANY LOCATION), OR RENAL PELVIS ASPIRATION, RADIOLOGICAL SUPERVISION AND INTERPRE	\$38.52	7/1/2022	12/31/2382
76938	TC	ULTRASONIC GUIDANCE FOR CYST (ANY LOCATION), OR RENAL PELVIS ASPIRATION, RADIOLOGICAL SUPERVISION AND INTERPRE	\$57.67	7/1/2022	12/31/2382
76940		ULTRASOUND GUIDANCE FOR, AND MONITORING OF VISCERAL TISSUE ABLATION	\$77.83	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
76941		ULTRASONIC GUIDANCE FOR INTRAUTERINE FETAL TRANSFUSION OR CORDOCENTESIS, RADIOLOGICAL SUPERVISION AND INTERPRET	\$77.83	7/1/2022	12/31/2382
76942		ULTRASONIC GUIDANCE FOR NEEDLE BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$77.83	7/1/2022	12/31/2382
76942	26	ULTRASONIC GUIDANCE FOR NEEDLE BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$38.52	7/1/2022	12/31/2382
76942	59	ULTRASONIC GUIDANCE FOR NEEDLE BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$77.83	7/1/2022	12/31/2382
76942	LT	ULTRASONIC GUIDANCE FOR NEEDLE BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$77.83	7/1/2022	12/31/2382
76942	RT	ULTRASONIC GUIDANCE FOR NEEDLE BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$77.83	7/1/2022	12/31/2382
76942	TC	ULTRASONIC GUIDANCE FOR NEEDLE BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$57.67	7/1/2022	12/31/2382
76945		ULTRASONIC GUIDANCE FOR CHORIONIC VILLUS SAMPLING, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$77.83	7/1/2022	12/31/2382
76946		ULTRASONIC GUIDANCE FOR AMNIOCENTESIS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$77.83	7/1/2022	12/31/2382
76946	26	ULTRASONIC GUIDANCE FOR AMNIOCENTESIS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$21.24	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
76946	TC	ULTRASONIC GUIDANCE FOR AMNIOCENTESIS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$57.67	7/1/2022	12/31/2382
76948		ULTRASONIC GUIDANCE FOR ASPIRATION OF OVA, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$77.83	7/1/2022	12/31/2382
76948	26	ULTRASONIC GUIDANCE FOR ASPIRATION OF OVA, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$22.11	7/1/2022	12/31/2382
76948	TC	ULTRASONIC GUIDANCE FOR ASPIRATION OF OVA, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$57.67	7/1/2022	12/31/2382
76950		ECHOGRAPHY FOR PLACEMENT OF RADIATION THERAPY FIELDS, B-SCAN	\$77.83	7/1/2022	12/31/2382
76950	26	ECHOGRAPHY FOR PLACEMENT OF RADIATION THERAPY FIELDS, B-SCAN	\$35.30	7/1/2022	12/31/2382
76950	TC	ECHOGRAPHY FOR PLACEMENT OF RADIATION THERAPY FIELDS, B-SCAN	\$48.99	7/1/2022	12/31/2382
76960		ULTRASONIC GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS, EXCEPT FOR B-SCAN ECHOGRAPHY	\$82.43	7/1/2022	12/31/2382
76960	26	ULTRASONIC GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS, EXCEPT FOR B-SCAN ECHOGRAPHY	\$35.30	7/1/2022	12/31/2382
76960	TC	ULTRASONIC GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS, EXCEPT FOR B-SCAN ECHOGRAPHY	\$48.99	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
76965		ULTRASONIC GUIDANCE FOR INTERSTITIAL RADIOELEMENT APPLICATION	\$77.83	7/1/2022	12/31/2382
76970		ULTRASOUND STUDY FOLLOW-UP (SPECIFY)	\$73.89	7/1/2022	12/31/2382
76970	26	ULTRASOUND STUDY FOLLOW-UP (SPECIFY)	\$22.74	7/1/2022	12/31/2382
76970	TC	ULTRASOUND STUDY FOLLOW-UP (SPECIFY)	\$39.52	7/1/2022	12/31/2382
76975		GASTROINTESTINAL ENDOSCOPIC ULTRASOUND, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$118.18	7/1/2022	12/31/2382
76977		ULTRASOUND BONE DENSITY MEASUREMENT AND INTERPRETATION, PERIPHERAL SITE(S), ANY METHOD	\$45.66	7/1/2022	12/31/2382
76978		ULTRASOUND USING TARGETED MICROBUBBLE CONTRAST OF FIRST LESION	\$188.84	7/1/2022	12/31/2382
76978	XS	ULTRASOUND USING TARGETED MICROBUBBLE CONTRAST OF FIRST LESION	\$188.84	7/1/2022	12/31/2382
76986		ECHOGRAPHY, INTRAOPERATIVE	\$118.18	7/1/2022	12/31/2382
76986	26	ECHOGRAPHY, INTRAOPERATIVE	\$72.01	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
76986	TC	ECHOGRAPHY, INTRAOPERATIVE	\$99.03	7/1/2022	12/31/2382
76998		ULTRASONIC GUIDANCE, INTRAOPERATIVE	\$116.12	7/1/2022	12/31/2382
76999		UNLISTED ULTRASOUND PROCEDURE	\$73.89	7/1/2022	12/31/2382
77001		FLUOROSCOPIC GUIDANCE FOR CENTRAL VENOUS ACCESS DEVICE PLACEMENT, REPLACEMENT, OR REMOVAL	\$75.08	7/1/2022	12/31/2382
77001	59	FLUOROSCOPIC GUIDANCE FOR CENTRAL VENOUS ACCESS DEVICE PLACEMENT, REPLACEMENT, OR REMOVAL	\$75.08	7/1/2022	12/31/2382
77002		FLUOROSCOPIC GUIDANCE FOE NEEDLE PLACEMENT	\$57.87	7/1/2022	12/31/2382
77002	59	FLUOROSCOPIC GUIDANCE FOE NEEDLE PLACEMENT	\$57.87	7/1/2022	12/31/2382
77002	LT	FLUOROSCOPIC GUIDANCE FOE NEEDLE PLACEMENT	\$57.87	7/1/2022	12/31/2382
77003		FLUOROSCOPIC GUIDANCE AND LOCALIZATION OF NEEDLE OR CATHETER TIP FOR SPINE PARASPINOUS DIAGNOSTIC OR THERAPEUT	\$52.99	7/1/2022	12/31/2382
77003	50	FLUOROSCOPIC GUIDANCE AND LOCALIZATION OF NEEDLE OR CATHETER TIP FOR SPINE PARASPINOUS DIAGNOSTIC OR THERAPEUT	\$52.99	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
77003	59	FLUOROSCOPIC GUIDANCE AND LOCALIZATION OF NEEDLE OR CATHETER TIP FOR SPINE PARASPINOUS DIAGNOSTIC OR THERAPEUT	\$52.99	7/1/2022	12/31/2382
77011		COMPUTED TOMOGRAPHY GUIDANCE FOR STEROTACTIC	\$303.75	7/1/2022	12/31/2382
77012		COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$303.77	7/1/2022	12/31/2382
77012	59	COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$303.77	7/1/2022	12/31/2382
77013		COMPUTERIZED TOMOGRAPHY GUIDANCE FOR, AND MONITORING OF PARENCHYMAL TISSUE ABLATION	\$360.16	7/1/2022	12/31/2382
77014		COMPUTED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS	\$114.43	7/1/2022	12/31/2382
77014	59	COMPUTED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS	\$114.43	7/1/2022	12/31/2382
77021		MAGNETIC RESONANCE GUIDANCE FOR NEEDLE PLACEMENT RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$338.71	7/1/2022	12/31/2382
77022		MAGNETIC RESONANCE GUIDANCE FOR, AND MONITORING OF PARENCHYMAL TISSUE ABLATION	\$338.71	7/1/2022	12/31/2382
77031		STEREOTACTIC LOCALIZATION GUIDANCE FOR BREAST BIOPSY OR NEEDLE PLACEMENT, EACH LESION, RADIOLOGICAL SUPERVISION	\$220.13	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
77031	50	STEREOTACTIC LOCALIZATION GUIDANCE FOR BREAST BIOPSY OR NEEDLE PLACEMENT, EACH LESION, RADIOLOGICAL SUPERVISION	\$220.13	7/1/2022	12/31/2382
77031	59	STEREOTACTIC LOCALIZATION GUIDANCE FOR BREAST BIOPSY OR NEEDLE PLACEMENT, EACH LESION, RADIOLOGICAL SUPERVISION	\$220.13	7/1/2022	12/31/2382
77031	LT	STEREOTACTIC LOCALIZATION GUIDANCE FOR BREAST BIOPSY OR NEEDLE PLACEMENT, EACH LESION, RADIOLOGICAL SUPERVISION	\$220.13	7/1/2022	12/31/2338
77031	RT	STEREOTACTIC LOCALIZATION GUIDANCE FOR BREAST BIOPSY OR NEEDLE PLACEMENT, EACH LESION, RADIOLOGICAL SUPERVISION	\$220.13	7/1/2022	12/31/2382
77032		MAMMOGRAPHIC GUIDANCE FOR NEEDLE PLACEMENT, BREAST, EACH LESION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$126.16	7/1/2022	12/31/2382
77032	59	MAMMOGRAPHIC GUIDANCE FOR NEEDLE PLACEMENT, BREAST, EACH LESION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$126.16	7/1/2022	12/31/2382
77032	LT	MAMMOGRAPHIC GUIDANCE FOR NEEDLE PLACEMENT, BREAST, EACH LESION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$126.16	7/1/2022	12/31/2382
77032	RT	MAMMOGRAPHIC GUIDANCE FOR NEEDLE PLACEMENT, BREAST, EACH LESION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$126.16	7/1/2022	12/31/2382
77051		COMPUTER AIDED DETECTION WITH FURTHER PHYSICIAN REVIEWFOR INTERPRETATION; DIAGNOSTIC MAMMOGRAPHY	\$16.40	7/1/2022	12/31/2382
77051	LT	COMPUTER AIDED DETECTION WITH FURTHER PHYSICIAN REVIEWFOR INTERPRETATION; DIAGNOSTIC MAMMOGRAPHY	\$16.40	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
77051	RT	COMPUTER AIDED DETECTION WITH FURTHER PHYSICIAN REVIEWFOR INTERPRETATION; DIAGNOSTIC MAMMOGRAPHY	\$16.40	7/1/2022	12/31/2382
77052		COMPUTER AIDED DETECTION WITH FURTHER PHYSICIAN REVIEWFOR INTERPRETATION; SCREENING MAMMOGRAPHY	\$16.40	7/1/2022	12/31/2382
77053		MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE DUCT, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$126.16	7/1/2022	12/31/2382
77054		MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIPLE DUCTS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$126.16	7/1/2022	12/31/2382
77055		MAMMOGRAPHY, UNILATERAL	\$40.47	7/1/2022	12/31/2382
77055	59	MAMMOGRAPHY, UNILATERAL	\$40.47	7/1/2022	12/31/2382
77055	LT	MAMMOGRAPHY, UNILATERAL	\$40.47	7/1/2022	12/31/2382
77055	RT	MAMMOGRAPHY, UNILATERAL	\$40.47	7/1/2022	12/31/2382
77056		MAMMOGRAPHY; BILATERAL	\$65.43	7/1/2022	12/31/2382
77057		SCREENING MAMMOGRAPHY, BILATERAL, 2 VIEW FILM STUDY OF EACH BREAST	\$56.54	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
77058		MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND/OR WITH CONTRAST MATERIALS, UNILATERAL	\$847.46	7/1/2022	12/31/2382
77059		MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND/OR WITH CONTRAST MATERIALS, BILATERAL	\$1,069.04	7/1/2022	12/31/2382
77063		SCREENING DIGITAL BREAST TOMOSYNTHESIS, BILATERAL (LIST SEPERATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	\$109.66	7/1/2022	12/31/2382
77063	26	SCREENING DIGITAL BREAST TOMOSYNTHESIS, BILATERAL (LIST SEPERATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	\$18.64	7/1/2022	12/31/2382
77063	PO	SCREENING DIGITAL BREAST TOMOSYNTHESIS, BILATERAL (LIST SEPERATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	\$109.66	7/1/2022	12/31/2382
77063	TC	SCREENING DIGITAL BREAST TOMOSYNTHESIS, BILATERAL (LIST SEPERATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	\$15.82	7/1/2022	12/31/2382
77065		DIAGNOSTIC MAMMORGRAPHY, INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PREFORMED; UNILATERAL	\$119.33	7/1/2022	12/31/2382
77065	26	DIAGNOSTIC MAMMORGRAPHY, INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PREFORMED; UNILATERAL	\$1.32	7/1/2022	12/31/2382
77065	LT	DIAGNOSTIC MAMMORGRAPHY, INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PREFORMED; UNILATERAL	\$119.33	7/1/2022	12/31/2382
77065	RT	DIAGNOSTIC MAMMORGRAPHY, INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PREFORMED; UNILATERAL	\$119.33	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
77065	TC	DIAGNOSTIC MAMMORGRAPHY, INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PREFORMED; UNILATERAL	\$3.15	7/1/2022	12/31/2382
77066		DIAGNOSTIC MAMMORGRAPHY, INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PREFORMED; BILATERAL	\$152.41	7/1/2022	12/31/2382
77066	26	DIAGNOSTIC MAMMORGRAPHY, INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PREFORMED; BILATERAL	\$1.65	7/1/2022	12/31/2382
77066	LT	DIAGNOSTIC MAMMORGRAPHY, INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PREFORMED; BILATERAL	\$152.41	7/1/2022	12/31/2382
77066	RT	DIAGNOSTIC MAMMORGRAPHY, INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PREFORMED; BILATERAL	\$152.41	7/1/2022	12/31/2382
77066	TC	DIAGNOSTIC MAMMORGRAPHY, INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PREFORMED; BILATERAL	\$4.04	7/1/2022	12/31/2382
77067		SCREENING MAMMOGRAPHY, BILATERAL (2-VIEW STUDY OF EACH BREAST), INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PERFORMED	\$126.03	7/1/2022	12/31/2382
77067	26	SCREENING MAMMOGRAPHY, BILATERAL (2-VIEW STUDY OF EACH BREAST), INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PERFORMED	\$1.26	7/1/2022	12/31/2382
77067	LT	SCREENING MAMMOGRAPHY, BILATERAL (2-VIEW STUDY OF EACH BREAST), INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PERFORMED	\$126.03	7/1/2022	12/31/2382
77067	PN	SCREENING MAMMOGRAPHY, BILATERAL (2-VIEW STUDY OF EACH BREAST), INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PERFORMED	\$126.03	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
77067	PO	SCREENING MAMMOGRAPHY, BILATERAL (2-VIEW STUDY OF EACH BREAST), INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PERFORMED	\$126.03	7/1/2022	12/31/2382
77067	RT	SCREENING MAMMOGRAPHY, BILATERAL (2-VIEW STUDY OF EACH BREAST), INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PERFORMED	\$126.03	7/1/2022	12/31/2382
77067	TC	SCREENING MAMMOGRAPHY, BILATERAL (2-VIEW STUDY OF EACH BREAST), INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PERFORMED	\$3.33	7/1/2022	12/31/2382
77071		MANUAL APPLICATION OF STRESS PERFORMED BY PHYSICIAN FOR JOINT RADIOLOGY, INCLUDING CONTRALATERAL JOINT IF	\$52.77	7/1/2022	12/31/2382
77072		BONE AGE STUDIES	\$52.77	7/1/2022	12/31/2382
77073		BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM)	\$52.77	7/1/2022	12/31/2382
77074		RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; LIMITED	\$90.95	7/1/2022	12/31/2382
77075		RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; COMPLETE (AXIAL AND APPENDICULAR SKELETON)	\$90.95	7/1/2022	12/31/2382
77076		RADIOLOGIC EXAMINATION , OSSEOUS SURVEY, INFANT	\$52.77	7/1/2022	12/31/2382
77077		JOINT SURVEY, SINGLE VIEW, 2 OR MORE JOINTS (SPECIFY)	\$52.77	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
77078		COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON (EG, HIPS, PELVIS, SPINE)	\$87.47	7/1/2022	12/31/2382
77079		COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, 1 OR MORE SITES; APPENDICULAR SKELETON	\$114.43	7/1/2022	12/31/2382
77080		DUAL ENERGY X-RAY ABSORPTIOMETRY, DXA, BONE DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON	\$87.47	7/1/2022	12/31/2382
77080	59	DUAL ENERGY X-RAY ABSORPTIOMETRY, DXA, BONE DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON	\$87.47	7/1/2022	12/31/2382
77080	GA	DUAL ENERGY X-RAY ABSORPTIOMETRY, DXA, BONE DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON	\$87.47	7/1/2022	12/31/2382
77080	TC	DUAL ENERGY X-RAY ABSORPTIOMETRY, DXA, BONE DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON	\$60.21	7/1/2022	12/31/2382
77081		DUAL- ENERGY X-RAY ABSORPTIOMETRY, BONE DENSITY STUDY, 1 OR MORE SITE; APPENDICULAR SKELETON	\$40.90	7/1/2022	12/31/2382
77081	59	DUAL- ENERGY X-RAY ABSORPTIOMETRY, BONE DENSITY STUDY, 1 OR MORE SITE; APPENDICULAR SKELETON	\$40.90	7/1/2022	12/31/2382
77082		DUAL- ENERGY X-RAY ABSORPTIOMETRY, BONE DENSITY STUDY, 1 OR MORE SITE; VERTEBRAL FRACTURE ASSESSMENT	\$52.77	7/1/2022	12/31/2382
77083		RADIOGRAPHIC ABSORPTIOMETRY, 1 OR MORE SITES	\$90.95	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
77084		MAGNETIC RESONANCE IMAGING, BONE MARROW BLOOD SUPPLY	\$338.71	7/1/2022	12/31/2382
77090		TRABECULAR BONE SCORE (TBS), STRUCTURAL CONDITION OF THE BONE MICROARCHITECTURE; TECHNICAL PREPARATION AND TRANSMISSION OF DATA FOR ANALYSIS TO BE PERFORMED ELSEWHERE	\$64.84	7/1/2022	12/31/2382
77091		TRABECULAR BONE SCORE (TBS), STRUCTURAL CONDITION OF THE BONE MICROARCHITECTURE; TECHNICAL CALCULATION ONLY	\$64.84	7/1/2022	12/31/2382
77261		THERAPEUTIC RADIOLOGY TREATMENT PLANNING; SIMPLE	\$83.29	7/1/2022	12/31/2382
77262		THERAPEUTIC RADIOLOGY TREATMENT PLANNING; INTERMEDIATE	\$125.51	7/1/2022	12/31/2382
77263		THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	\$187.01	7/1/2022	12/31/2382
77280		THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	\$303.94	7/1/2022	12/31/2382
77280	26	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	\$41.71	7/1/2022	12/31/2382
77280	TC	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	\$130.73	7/1/2022	12/31/2382
77285		THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; INTERMEDIATE	\$292.67	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
77285	26	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; INTERMEDIATE	\$62.15	7/1/2022	12/31/2382
77285	TC	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; INTERMEDIATE	\$209.85	7/1/2022	12/31/2382
77290		THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	\$303.94	7/1/2022	12/31/2382
77290	26	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	\$93.26	7/1/2022	12/31/2382
77290	TC	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	\$245.05	7/1/2022	12/31/2382
77295		THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; BY THREE DIMENSIONAL RECONSTRUCTION OF TUMOR VOLUME	\$1,032.85	7/1/2022	12/31/2382
77299		UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY CLINICAL TREATMENT PLANNING	\$128.90	7/1/2022	12/31/2382
77300		BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TI	\$128.90	7/1/2022	12/31/2382
77300	26	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TI	\$37.22	7/1/2022	12/31/2382
77300	TC	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TI	\$50.48	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
77301		INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE- VOLUME HISTOGRAMS FOR TARGET AND CRITICAL STRUCTURE PAR	\$1,032.85	7/1/2022	12/31/2382
77301	59	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE- VOLUME HISTOGRAMS FOR TARGET AND CRITICAL STRUCTURE PAR	\$1,032.85	7/1/2022	12/31/2382
77305		TELEOTHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); SIMPLE (ONE OR TWO PARALLEL OPPOSED UNMODIFIE	\$128.90	7/1/2022	12/31/2382
77305	26	TELEOTHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); SIMPLE (ONE OR TWO PARALLEL OPPOSED UNMODIFIE	\$41.71	7/1/2022	12/31/2382
77305	TC	TELEOTHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); SIMPLE (ONE OR TWO PARALLEL OPPOSED UNMODIFIE	\$70.00	7/1/2022	12/31/2382
77310		TELEOTHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); INTERMEDIATE (THREE OR MORE TREATMENT PORTS D	\$292.67	7/1/2022	12/31/2382
77310	26	TELEOTHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); INTERMEDIATE (THREE OR MORE TREATMENT PORTS D	\$62.15	7/1/2022	12/31/2382
77310	59	TELEOTHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); INTERMEDIATE (THREE OR MORE TREATMENT PORTS D	\$292.67	7/1/2022	12/31/2382
77310	TC	TELEOTHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); INTERMEDIATE (THREE OR MORE TREATMENT PORTS D	\$87.78	7/1/2022	12/31/2382
77315		TELEOTHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); COMPLEX (MANTLE OR INVERTED Y, TANGENTIAL POR	\$292.67	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
77315	26	TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); COMPLEX (MANTLE OR INVERTED Y, TANGENTIAL POR	\$93.26	7/1/2022	12/31/2382
77315	59	TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); COMPLEX (MANTLE OR INVERTED Y, TANGENTIAL POR	\$292.67	7/1/2022	12/31/2382
77315	TC	TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); COMPLEX (MANTLE OR INVERTED Y, TANGENTIAL POR	\$100.14	7/1/2022	12/31/2382
77321		SPECIAL TELETHERAPY PORT PLAN, PARTICLES, HEMI-BODY, TOTAL BODY	\$292.67	7/1/2022	12/31/2382
77321	26	SPECIAL TELETHERAPY PORT PLAN, PARTICLES, HEMI-BODY, TOTAL BODY	\$56.56	7/1/2022	12/31/2382
77321	TC	SPECIAL TELETHERAPY PORT PLAN, PARTICLES, HEMI-BODY, TOTAL BODY	\$151.82	7/1/2022	12/31/2382
77326		BRACHYTHERAPY ISODOSE CALCULATION; SIMPLE (CALCULATION MADE FROM SINGLE PLANE, ONE TO FOUR SOURCES/ RIBBON APP	\$128.90	7/1/2022	11/30/2382
77326	26	BRACHYTHERAPY ISODOSE CALCULATION; SIMPLE (CALCULATION MADE FROM SINGLE PLANE, ONE TO FOUR SOURCES/ RIBBON APP	\$55.31	7/1/2022	12/31/2382
77326	TC	BRACHYTHERAPY ISODOSE CALCULATION; SIMPLE (CALCULATION MADE FROM SINGLE PLANE, ONE TO FOUR SOURCES/ RIBBON APP	\$89.25	7/1/2022	12/31/2382
77327		BRACHYTHERAPY ISODOSE CALCULATION; INTERMEDIATE (MULTIPLANE DOSAGE CALCULATIONS, APPLICATION INVOLVING FIVE TO	\$292.67	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
77327	26	BRACHYTHERAPY ISODOSE CALCULATION; INTERMEDIATE (MULTIPLANE DOSAGE CALCULATIONS, APPLICATION INVOLVING FIVE TO	\$83.29	7/1/2022	12/31/2382
77327	TC	BRACHYTHERAPY ISODOSE CALCULATION; INTERMEDIATE (MULTIPLANE DOSAGE CALCULATIONS, APPLICATION INVOLVING FIVE TO	\$130.73	7/1/2022	12/31/2382
77328		BRACHYTHERAPY ISODOSE CALCULATION; COMPLEX (MULTIPLANE ISODOSE PLAN, VOLUME IMPLANT CALCULATIONS, OVER TEN SOU	\$292.67	7/1/2022	12/31/2382
77328	26	BRACHYTHERAPY ISODOSE CALCULATION; COMPLEX (MULTIPLANE ISODOSE PLAN, VOLUME IMPLANT CALCULATIONS, OVER TEN SOU	\$124.31	7/1/2022	12/31/2382
77328	TC	BRACHYTHERAPY ISODOSE CALCULATION; COMPLEX (MULTIPLANE ISODOSE PLAN, VOLUME IMPLANT CALCULATIONS, OVER TEN SOU	\$186.64	7/1/2022	12/31/2382
77331		SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY), ONLY WHEN PRESCRIBED BY THE TREATING PHYSICIAN	\$128.90	7/1/2022	12/31/2382
77331	26	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY), ONLY WHEN PRESCRIBED BY THE TREATING PHYSICIAN	\$52.15	7/1/2022	12/31/2382
77331	TC	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY), ONLY WHEN PRESCRIBED BY THE TREATING PHYSICIAN	\$19.25	7/1/2022	12/31/2382
77332		TREATMENT DEVICES, DESIGN AND CONSTRUCTION; SIMPLE (SIMPLE BLOCK, SIMPLE BOLUS)	\$210.12	7/1/2022	12/31/2382
77332	26	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; SIMPLE (SIMPLE BLOCK, SIMPLE BOLUS)	\$32.84	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
77332	59	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; SIMPLE (SIMPLE BLOCK, SIMPLE BOLUS)	\$210.12	7/1/2022	12/31/2382
77332	TC	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; SIMPLE (SIMPLE BLOCK, SIMPLE BOLUS)	\$50.48	7/1/2022	12/31/2382
77333		TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERMEDIATE (MULTIPLE BLOCKS, STENTS, BITE BLOCKS, SPECIAL BOLUS)	\$210.12	7/1/2022	12/31/2382
77333	26	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERMEDIATE (MULTIPLE BLOCKS, STENTS, BITE BLOCKS, SPECIAL BOLUS)	\$49.80	7/1/2022	12/31/2382
77333	59	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERMEDIATE (MULTIPLE BLOCKS, STENTS, BITE BLOCKS, SPECIAL BOLUS)	\$210.12	7/1/2022	12/31/2382
77333	TC	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERMEDIATE (MULTIPLE BLOCKS, STENTS, BITE BLOCKS, SPECIAL BOLUS)	\$71.48	7/1/2022	12/31/2382
77334		TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES,	\$210.12	7/1/2022	12/31/2382
77334	26	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES,	\$73.85	7/1/2022	12/31/2382
77334	59	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES,	\$210.12	7/1/2022	12/31/2382
77334	LT	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES,	\$210.12	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
77334	RT	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES,	\$210.12	7/1/2022	12/31/2382
77334	TC	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES,	\$122.06	7/1/2022	12/31/2382
77336		CONTINUING MEDICAL RADIATION PHYSICS CONSULTATION IN SUPPORT OF THERAPEUTIC RADIOLOGIST INCLUDING CONTINUING Q	\$128.90	7/1/2022	12/31/2382
77336	59	CONTINUING MEDICAL RADIATION PHYSICS CONSULTATION IN SUPPORT OF THERAPEUTIC RADIOLOGIST INCLUDING CONTINUING Q	\$128.90	7/1/2022	12/31/2382
77336	LT	CONTINUING MEDICAL RADIATION PHYSICS CONSULTATION IN SUPPORT OF THERAPEUTIC RADIOLOGIST INCLUDING CONTINUING Q	\$128.90	7/1/2022	12/31/2382
77336	RT	CONTINUING MEDICAL RADIATION PHYSICS CONSULTATION IN SUPPORT OF THERAPEUTIC RADIOLOGIST INCLUDING CONTINUING Q	\$128.90	7/1/2022	12/31/2382
77338		MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RADIATION THERAPY (IMRT), DESIGN AND	\$315.54	7/1/2022	12/31/2382
77370		SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION	\$128.90	7/1/2022	12/31/2382
77371		RADIATION TREATMENT DELIVERY, STEREOTACTIC RADIOSURGERY, COMPLETE COURSE OF TREATMENT OF CEREBRAL LESION	\$10,301.21	7/1/2022	12/31/2382
77373		STEREOTACTIC BODY RADIATION THERAPY, TREATMENT DELIVERY, PER FRACTION TO 1 OR MORE LESIONS, INCLUDING	\$1,323.92	1/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
77385		INTENSITY MODULATED RADIATION TREATMENT DELIVERY, INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; SIMPLE	\$578.58	7/1/2022	12/31/2382
77386		INTENSITY MODULATED RADIATION TREATMENT DELIVERY, INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; COMPLEX	\$509.33	7/1/2022	12/31/2382
77399		UNLISTED PROCEDURE, MEDICAL RADIATION PHYSICS, DOSIMETRY AND TREATMENT DEVICES	\$128.90	7/1/2022	12/31/2382
77401		RADIATION TREATMENT DELIVERY, SUPERFICIAL AND/OR ORTHO VOLTAGE	\$109.07	7/1/2022	12/31/2382
77402		RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS OR N	\$109.07	7/1/2022	12/31/2382
77403		RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS OR N	\$109.07	7/1/2022	12/31/2382
77404		RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS OR N	\$109.07	7/1/2022	12/31/2382
77406		RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS OR N	\$109.07	7/1/2022	12/31/2382
77407		RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS ON A SINGLE TREATMENT AREA, US	\$109.07	7/1/2022	12/31/2382
77408		RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS ON A SINGLE TREATMENT AREA, US	\$109.07	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
77409		RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS ON A SINGLE TREATMENT AREA, US	\$109.07	7/1/2022	12/31/2382
77411		RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS ON A SINGLE TREATMENT AREA, US	\$164.10	7/1/2022	12/31/2382
77412		RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGE	\$164.10	7/1/2022	12/31/2382
77413		RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGE	\$164.10	7/1/2022	12/31/2382
77413	76	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGE	\$164.10	7/1/2022	12/31/2382
77414		RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGE	\$164.10	7/1/2022	12/31/2382
77416		RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGE	\$164.10	7/1/2022	12/31/2382
77417		THERAPEUTIC RADIOLOGY PORT FILM(S)	\$54.27	7/1/2022	12/31/2382
77418		INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS, VIA NARROW SPATIALLY AND TEPORALLY MOD	\$398.61	7/1/2022	12/31/2382
77420		WEEKLY RADIOLOGY THERAPY MANAGEMENT; SIMPLE	\$96.01	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
77421		STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	\$93.77	7/1/2022	11/30/2382
77422		HIGH ENERGY NEUTRON RADIATION TREATMENT DELIVERY; SINGLE TREATMENT AREA USING A SINGLE PORT OR PARALLEL	\$164.10	7/1/2022	12/31/2382
77423		HIGH ENERGY NEUTRON RADIATION TREATMENT DELIVERY; 1 OR MORE ISOCENTER(S) WITH COPLANAR OR NON-COPLANAR GEOMETR	\$164.10	7/1/2022	12/31/2382
77425		INTRAOPERATIVE RADIATION TREATMENT DELIVERY, ELECTRONS, SINGLE TREATMENT SESSION	\$145.56	7/1/2022	12/31/2382
77430		WEEKLY RADIOLOGY THERAPY MANAGEMENT; COMPLEX	\$214.85	7/1/2022	12/31/2382
77431		RADIATION THERAPY MANAGEMENT WITH COMPLETE COURSE OF THERAPY CONSISTING OF ONE OR TWO FRACTIONS ONLY	\$102.85	7/1/2022	12/31/2382
77470		SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY IRRADIATION, PER ORAL, VAGINAL CONE IRRADIAT	\$429.15	7/1/2022	12/31/2382
77470	26	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY IRRADIATION, PER ORAL, VAGINAL CONE IRRADIAT	\$118.63	7/1/2022	12/31/2382
77470	TC	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY IRRADIATION, PER ORAL, VAGINAL CONE IRRADIAT	\$419.71	7/1/2022	12/31/2382
77520		PROTON BEAM DELIVERY TO A SINGLE TREATMENT AREA, SINGLEPORT, CUSTOM BLOCK, W/ OR W/OUT COMPENSATIN, W/TREATMEN	\$1,185.16	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
77522		PROTON TREATMENT DELIVERY; SIMPLE, WITH COMPENSATION	\$1,185.16	7/1/2022	12/31/2382
77523		PROTON BEAM DELIVERY TO ONE OR TWO TREATMENT AREAS, TWO OR MORE PORTS, TWO OR MORE CUSTOM BLOCKS AND TWO OR MO	\$1,417.90	7/1/2022	12/31/2382
77525		PROTON TREATMENT DELIVERY; COMPLEX	\$1,417.90	7/1/2022	12/31/2382
77600		HYPERTHERMIA, EXTERNALLY GENERATED; SUPERFICIAL (IE, HEATING TO A DEPTH OF 4 CM OR LESS)	\$415.47	7/1/2022	12/31/2382
77600	26	HYPERTHERMIA, EXTERNALLY GENERATED; SUPERFICIAL (IE, HEATING TO A DEPTH OF 4 CM OR LESS)	\$93.26	7/1/2022	12/31/2382
77600	TC	HYPERTHERMIA, EXTERNALLY GENERATED; SUPERFICIAL (IE, HEATING TO A DEPTH OF 4 CM OR LESS)	\$114.42	7/1/2022	12/31/2382
77605		HYPERTHERMIA, EXTERNALLY GENERATED; DEEP (IE, HEATING TO DEPTHS GREATER THAN 4 CM)	\$415.47	7/1/2022	12/31/2382
77605	26	HYPERTHERMIA, EXTERNALLY GENERATED; DEEP (IE, HEATING TO DEPTHS GREATER THAN 4 CM)	\$124.31	7/1/2022	12/31/2382
77605	TC	HYPERTHERMIA, EXTERNALLY GENERATED; DEEP (IE, HEATING TO DEPTHS GREATER THAN 4 CM)	\$152.82	7/1/2022	12/31/2382
77610		HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); 5 OR FEWER INTERSTITIAL APPLICATORS	\$415.47	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
77610	26	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); 5 OR FEWER INTERSTITIAL APPLICATORS	\$93.26	7/1/2022	12/31/2382
77610	TC	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); 5 OR FEWER INTERSTITIAL APPLICATORS	\$114.42	7/1/2022	12/31/2382
77615		HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); MORE THAN 5 INTERSTITIAL APPLICATORS	\$415.47	7/1/2022	12/31/2382
77615	26	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); MORE THAN 5 INTERSTITIAL APPLICATORS	\$124.31	7/1/2022	12/31/2382
77615	TC	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); MORE THAN 5 INTERSTITIAL APPLICATORS	\$152.82	7/1/2022	12/31/2382
77620		HYPERTHERMIA GENERATED BY INTRACAVITARY PROBE(S)	\$415.47	7/1/2022	12/31/2382
77620	26	HYPERTHERMIA GENERATED BY INTRACAVITARY PROBE(S)	\$93.26	7/1/2022	12/31/2382
77620	TC	HYPERTHERMIA GENERATED BY INTRACAVITARY PROBE(S)	\$114.42	7/1/2022	12/31/2382
77750		INFUSION OR INSTILLATION OF RADIOELEMENT SOLUTION	\$164.10	7/1/2022	12/31/2382
77750	26	INFUSION OR INSTILLATION OF RADIOELEMENT SOLUTION	\$260.83	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
77750	TC	INFUSION OR INSTILLATION OF RADIOELEMENT SOLUTION	\$50.12	7/1/2022	12/31/2382
77761		INTRACAVITARY RADIOELEMENT APPLICATION; SIMPLE	\$414.24	7/1/2022	12/31/2382
77761	26	INTRACAVITARY RADIOELEMENT APPLICATION; SIMPLE	\$202.45	7/1/2022	12/31/2382
77761	TC	INTRACAVITARY RADIOELEMENT APPLICATION; SIMPLE	\$94.70	7/1/2022	12/31/2382
77762		INTRACAVITARY RADIOELEMENT APPLICATION; INTERMEDIATE	\$414.24	7/1/2022	12/31/2382
77762	26	INTRACAVITARY RADIOELEMENT APPLICATION; INTERMEDIATE	\$319.24	7/1/2022	12/31/2382
77762	TC	INTRACAVITARY RADIOELEMENT APPLICATION; INTERMEDIATE	\$136.15	7/1/2022	12/31/2382
77763		INTRACAVITARY RADIOELEMENT APPLICATION; COMPLEX	\$414.24	7/1/2022	12/31/2382
77763	26	INTRACAVITARY RADIOELEMENT APPLICATION; COMPLEX	\$455.58	7/1/2022	12/31/2382
77763	TC	INTRACAVITARY RADIOELEMENT APPLICATION; COMPLEX	\$169.23	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
77767		HIGH DOSE BRACHYTHERAPY THROUGH SKIN SURFACE, 1 CHANNEL OR UP TO 2.0 CM	\$196.14	7/1/2022	12/31/2382
77768		HIGH DOSE BRACHYTHERAPY THROUGH SKIN SURFACE, 2 CHANNELS OR MORE THAN 2.0 CM	\$196.14	7/1/2022	12/31/2382
77770		HIGH DOSE BRACHYTHERAPY, 1 CHANNEL	\$702.62	7/1/2022	12/31/2382
77771		HIGH DOSE BRACHYTHERAPY, 2-12 CHANNELS	\$702.62	7/1/2022	12/31/2382
77772		HIGH DOSE BRACHYTHERAPY, MORE THAN 12 CHANNELS	\$702.62	7/1/2022	12/31/2382
77776		INTERSTITIAL RADIOELEMENT APPLICATION; SIMPLE	\$414.24	7/1/2022	12/31/2382
77776	26	INTERSTITIAL RADIOELEMENT APPLICATION; SIMPLE	\$265.20	7/1/2022	12/31/2382
77776	TC	INTERSTITIAL RADIOELEMENT APPLICATION; SIMPLE	\$81.98	7/1/2022	12/31/2382
77777		INTERSTITIAL RADIOELEMENT APPLICATION; INTERMEDIATE	\$414.24	7/1/2022	12/31/2382
77777	26	INTERSTITIAL RADIOELEMENT APPLICATION; INTERMEDIATE	\$397.47	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
77777	TC	INTERSTITIAL RADIOELEMENT APPLICATION; INTERMEDIATE	\$159.37	7/1/2022	12/31/2382
77778		INTERSTITIAL RADIOELEMENT APPLICATION; COMPLEX	\$832.93	7/1/2022	12/31/2382
77778	26	INTERSTITIAL RADIOELEMENT APPLICATION; COMPLEX	\$595.46	7/1/2022	12/31/2382
77778	TC	INTERSTITIAL RADIOELEMENT APPLICATION; COMPLEX	\$192.80	7/1/2022	12/31/2382
77781		REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 1-4 SOURCE POSITIONS OR CATHETERS	\$968.75	7/1/2022	12/31/2382
77781	26	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 1-4 SOURCE POSITIONS OR CATHETERS	\$88.45	7/1/2022	12/31/2382
77781	TC	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 1-4 SOURCE POSITIONS OR CATHETERS	\$764.98	7/1/2022	12/31/2382
77782		REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 5-8 SOURCE POSITIONS OR CATHETERS	\$968.75	7/1/2022	12/31/2382
77782	26	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 5-8 SOURCE POSITIONS OR CATHETERS	\$132.92	7/1/2022	12/31/2382
77782	76	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 5-8 SOURCE POSITIONS OR CATHETERS	\$968.75	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
77782	TC	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 5-8 SOURCE POSITIONS OR CATHETERS	\$764.98	7/1/2022	12/31/2382
77783		REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 9-12 SOURCE POSITIONS OR CATHETERS	\$968.75	7/1/2022	12/31/2382
77783	26	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 9-12 SOURCE POSITIONS OR CATHETERS	\$198.38	7/1/2022	12/31/2382
77783	TC	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 9-12 SOURCE POSITIONS OR CATHETERS	\$764.98	7/1/2022	12/31/2382
77784		REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; OVER 12 SOURCE POSITIONS OR CATHETERS	\$968.75	7/1/2022	12/31/2382
77784	26	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; OVER 12 SOURCE POSITIONS OR CATHETERS	\$298.24	7/1/2022	12/31/2382
77784	TC	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; OVER 12 SOURCE POSITIONS OR CATHETERS	\$764.98	7/1/2022	12/31/2382
77785		REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE BRACHYTHERAPY; 1 CHANNEL	\$825.90	7/1/2022	12/31/2382
77786		REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE BRACHYTHERAPY; 2-12 CHANNELS	\$825.90	7/1/2022	12/31/2382
77787		REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE BRACHYTHERAPY; OVER 12 CHANNELS	\$825.90	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
77789		SURFACE APPLICATION OF RADIOELEMENT	\$109.07	7/1/2022	12/31/2382
77789	26	SURFACE APPLICATION OF RADIOELEMENT	\$59.49	7/1/2022	12/31/2382
77789	TC	SURFACE APPLICATION OF RADIOELEMENT	\$17.04	7/1/2022	12/31/2382
77790		SUPERVISION, HANDLING, LOADING OF RADIOELEMENT	\$78.75	7/1/2022	12/31/2382
77790	26	SUPERVISION, HANDLING, LOADING OF RADIOELEMENT	\$59.49	7/1/2022	12/31/2382
77790	TC	SUPERVISION, HANDLING, LOADING OF RADIOELEMENT	\$19.25	7/1/2022	12/31/2382
77799		UNLISTED PROCEDURE, CLINICAL BRACHYTHERAPY	\$968.75	7/1/2022	12/31/2382
78000		THYROID UPTAKE; SINGLE DETERMINATION	\$106.22	7/1/2022	12/31/2382
78000	26	THYROID UPTAKE; SINGLE DETERMINATION	\$13.47	7/1/2022	12/31/2382
78000	TC	THYROID UPTAKE; SINGLE DETERMINATION	\$36.30	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
78001		THYROID UPTAKE; MULTIPLE DETERMINATIONS	\$106.22	7/1/2022	12/31/2382
78001	26	THYROID UPTAKE; MULTIPLE DETERMINATIONS	\$15.02	7/1/2022	12/31/2382
78001	TC	THYROID UPTAKE; MULTIPLE DETERMINATIONS	\$48.99	7/1/2022	12/31/2382
78003		THYROID UPTAKE; STIMULATION, SUPPRESSION OR DISCHARGE (NOT INCLUDING INITIAL UPTAKE STUDIES)	\$262.13	7/1/2022	12/31/2382
78003	26	THYROID UPTAKE; STIMULATION, SUPPRESSION OR DISCHARGE (NOT INCLUDING INITIAL UPTAKE STUDIES)	\$18.38	7/1/2022	12/31/2382
78003	TC	THYROID UPTAKE; STIMULATION, SUPPRESSION OR DISCHARGE (NOT INCLUDING INITIAL UPTAKE STUDIES)	\$36.30	7/1/2022	12/31/2382
78006		THYROID IMAGING, WITH UPTAKE; SINGLE DETERMINATION	\$183.50	7/1/2022	12/31/2382
78006	26	THYROID IMAGING, WITH UPTAKE; SINGLE DETERMINATION	\$33.53	7/1/2022	12/31/2382
78006	TC	THYROID IMAGING, WITH UPTAKE; SINGLE DETERMINATION	\$90.01	7/1/2022	12/31/2382
78007		THYROID IMAGING, WITH UPTAKE; MULTIPLE DETERMINATIONS	\$206.87	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
78007	26	THYROID IMAGING, WITH UPTAKE; MULTIPLE DETERMINATIONS	\$28.70	7/1/2022	12/31/2382
78007	TC	THYROID IMAGING, WITH UPTAKE; MULTIPLE DETERMINATIONS	\$96.90	7/1/2022	12/31/2382
78010		THYROID IMAGING; ONLY	\$183.50	7/1/2022	12/31/2382
78010	26	THYROID IMAGING; ONLY	\$27.87	7/1/2022	12/31/2382
78010	TC	THYROID IMAGING; ONLY	\$68.26	7/1/2022	12/31/2382
78011		THYROID IMAGING; WITH VASCULAR FLOW	\$183.50	7/1/2022	12/31/2382
78011	26	THYROID IMAGING; WITH VASCULAR FLOW	\$33.30	7/1/2022	12/31/2382
78011	TC	THYROID IMAGING; WITH VASCULAR FLOW	\$90.74	7/1/2022	12/31/2382
78012		THYROID UPTAKE, SINGLE OR MULTIPLE, QUANTITATIVE MEASUREMENT(S) (INCLUDING STIMULATION, SUPPRESSION, OR	\$143.73	7/1/2022	12/31/2382
78014		THYROID IMAGING (INCLUDING VASCULAR FLOW, WHEN PERFORMED); WITH SINGLE OR MULTIPLE UPTAKE(S)	\$243.03	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
78014	MH	THYROID IMAGING (INCLUDING VASCULAR FLOW, WHEN PERFORMED); WITH SINGLE OR MULTIPLE UPTAKE(S)	\$243.03	7/1/2022	12/31/2382
78015		THYROID CARCINOMA METASTASES IMAGING; LIMITED AREA (EG, NECK AND CHEST ONLY)	\$308.02	7/1/2022	11/30/2382
78015	26	THYROID CARCINOMA METASTASES IMAGING; LIMITED AREA (EG, NECK AND CHEST ONLY)	\$38.52	7/1/2022	12/31/2382
78015	TC	THYROID CARCINOMA METASTASES IMAGING; LIMITED AREA (EG, NECK AND CHEST ONLY)	\$96.90	7/1/2022	12/31/2382
78016		THYROID CARCINOMA METASTASES IMAGING; WITH ADDITIONAL STUDIES (EG, URINARY RECOVERY)	\$308.02	7/1/2022	12/31/2382
78016	26	THYROID CARCINOMA METASTASES IMAGING; WITH ADDITIONAL STUDIES (EG, URINARY RECOVERY)	\$46.97	7/1/2022	12/31/2382
78016	TC	THYROID CARCINOMA METASTASES IMAGING; WITH ADDITIONAL STUDIES (EG, URINARY RECOVERY)	\$131.09	7/1/2022	12/31/2382
78017		THYROID CARCINOMA METASTASES IMAGING; MULTIPLE AREAS	\$214.06	7/1/2022	12/31/2382
78017	26	THYROID CARCINOMA METASTASES IMAGING; MULTIPLE AREAS	\$49.57	7/1/2022	12/31/2382
78017	TC	THYROID CARCINOMA METASTASES IMAGING; MULTIPLE AREAS	\$140.21	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
78018		THYROID CARCINOMA METASTASES IMAGING; WHOLE BODY	\$308.02	7/1/2022	12/31/2382
78018	26	THYROID CARCINOMA METASTASES IMAGING; WHOLE BODY	\$54.50	7/1/2022	12/31/2382
78018	TC	THYROID CARCINOMA METASTASES IMAGING; WHOLE BODY	\$204.42	7/1/2022	12/31/2382
78070		PARATHYROID IMAGING	\$206.87	7/1/2022	12/31/2382
78070	26	PARATHYROID IMAGING	\$29.33	7/1/2022	12/31/2382
78070	TC	PARATHYROID IMAGING	\$68.26	7/1/2022	12/31/2382
78071		PARATHYROID PLANAR IMAGING; WITH TOMOGRAPHIC (SPECT)	\$336.01	7/1/2022	12/31/2382
78071	MD	PARATHYROID PLANAR IMAGING; WITH TOMOGRAPHIC (SPECT)	\$336.01	7/1/2022	12/31/2382
78072		PARATHYROID PLANAR IMAGING; WITH TOMOGRAPHIC (SPECT), AND CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY	\$336.01	7/1/2022	12/31/2382
78072	MG	PARATHYROID PLANAR IMAGING; WITH TOMOGRAPHIC (SPECT), AND CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY	\$336.01	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
78075		ADRENAL IMAGING, CORTEX AND/OR MEDULLA	\$206.87	7/1/2022	12/31/2382
78075	26	ADRENAL IMAGING, CORTEX AND/OR MEDULLA	\$44.21	7/1/2022	12/31/2382
78075	TC	ADRENAL IMAGING, CORTEX AND/OR MEDULLA	\$204.42	7/1/2022	12/31/2382
78099		UNLISTED ENDOCRINE PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	\$183.50	7/1/2022	12/31/2382
78102		BONE MARROW IMAGING; LIMITED AREA	\$291.36	7/1/2022	12/31/2382
78102	26	BONE MARROW IMAGING; LIMITED AREA	\$34.22	7/1/2022	12/31/2382
78102	TC	BONE MARROW IMAGING; LIMITED AREA	\$76.91	7/1/2022	12/31/2382
78103		BONE MARROW IMAGING; MULTIPLE AREAS	\$291.36	7/1/2022	12/31/2382
78103	26	BONE MARROW IMAGING; MULTIPLE AREAS	\$55.19	7/1/2022	12/31/2382
78103	TC	BONE MARROW IMAGING; MULTIPLE AREAS	\$119.11	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
78104		BONE MARROW IMAGING; WHOLE BODY	\$291.36	7/1/2022	12/31/2382
78104	26	BONE MARROW IMAGING; WHOLE BODY	\$56.54	7/1/2022	12/31/2382
78104	TC	BONE MARROW IMAGING; WHOLE BODY	\$153.20	7/1/2022	12/31/2382
78110		PLASMA VOLUME, RADIONUCLIDE VOLUME-DILUTION TECHNIQUE (SEPARATE PROCEDURE); SINGLE SAMPLING	\$256.44	7/1/2022	12/31/2382
78110	26	PLASMA VOLUME, RADIONUCLIDE VOLUME-DILUTION TECHNIQUE (SEPARATE PROCEDURE); SINGLE SAMPLING	\$11.81	7/1/2022	12/31/2382
78110	TC	PLASMA VOLUME, RADIONUCLIDE VOLUME-DILUTION TECHNIQUE (SEPARATE PROCEDURE); SINGLE SAMPLING	\$35.56	7/1/2022	12/31/2382
78111		PLASMA VOLUME, RADIONUCLIDE VOLUME-DILUTION TECHNIQUE (SEPARATE PROCEDURE); MULTIPLE SAMPLINGS	\$256.44	7/1/2022	12/31/2382
78111	26	PLASMA VOLUME, RADIONUCLIDE VOLUME-DILUTION TECHNIQUE (SEPARATE PROCEDURE); MULTIPLE SAMPLINGS	\$15.98	7/1/2022	12/31/2382
78111	TC	PLASMA VOLUME, RADIONUCLIDE VOLUME-DILUTION TECHNIQUE (SEPARATE PROCEDURE); MULTIPLE SAMPLINGS	\$96.90	7/1/2022	12/31/2382
78120		RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); SINGLE SAMPLING	\$256.44	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
78120	26	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); SINGLE SAMPLING	\$19.22	7/1/2022	12/31/2382
78120	TC	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); SINGLE SAMPLING	\$65.32	7/1/2022	12/31/2382
78121		RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); MULTIPLE SAMPLINGS	\$256.44	7/1/2022	12/31/2382
78121	26	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); MULTIPLE SAMPLINGS	\$21.55	7/1/2022	12/31/2382
78121	TC	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); MULTIPLE SAMPLINGS	\$109.36	7/1/2022	12/31/2382
78122		WHOLE BLOOD VOLUME DETERMINATION, INCLUDING SEPARATE MEASUREMENT OF PLASMA VOLUME AND RED CELL VOLUME (RADIONU	\$256.44	7/1/2022	12/31/2382
78122	26	WHOLE BLOOD VOLUME DETERMINATION, INCLUDING SEPARATE MEASUREMENT OF PLASMA VOLUME AND RED CELL VOLUME (RADIONU	\$33.29	7/1/2022	12/31/2382
78122	TC	WHOLE BLOOD VOLUME DETERMINATION, INCLUDING SEPARATE MEASUREMENT OF PLASMA VOLUME AND RED CELL VOLUME (RADIONU	\$173.55	7/1/2022	12/31/2382
78130		RED CELL SURVIVAL STUDY;	\$256.44	7/1/2022	12/31/2382
78130	26	RED CELL SURVIVAL STUDY;	\$36.62	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
78130	TC	RED CELL SURVIVAL STUDY;	\$107.51	7/1/2022	12/31/2382
78135		RED CELL SURVIVAL STUDY; DIFFERENTIAL ORGAN/TISSUE KINETICS, (EG, SPLENIC AND/OR HEPATIC SEQUESTRATION)	\$256.44	7/1/2022	12/31/2382
78135	26	RED CELL SURVIVAL STUDY; DIFFERENTIAL ORGAN/TISSUE KINETICS, (EG, SPLENIC AND/OR HEPATIC SEQUESTRATION)	\$37.28	7/1/2022	12/31/2382
78135	TC	RED CELL SURVIVAL STUDY; DIFFERENTIAL ORGAN/TISSUE KINETICS, (EG, SPLENIC AND/OR HEPATIC SEQUESTRATION)	\$183.32	7/1/2022	12/31/2382
78140		LABELED RED CELL SEQUESTRATION, DIFFERENTIAL ORGAN/TISSUE, (EG, SPLENIC AND/OR HEPATIC)	\$256.44	7/1/2022	12/31/2382
78140	26	LABELED RED CELL SEQUESTRATION, DIFFERENTIAL ORGAN/TISSUE, (EG, SPLENIC AND/OR HEPATIC)	\$36.62	7/1/2022	12/31/2382
78140	TC	LABELED RED CELL SEQUESTRATION, DIFFERENTIAL ORGAN/TISSUE, (EG, SPLENIC AND/OR HEPATIC)	\$148.13	7/1/2022	12/31/2382
78160		PLASMA RADIOIRON DISAPPEARANCE (TURNOVER) RATE	\$170.88	7/1/2022	12/31/2382
78160	26	PLASMA RADIOIRON DISAPPEARANCE (TURNOVER) RATE	\$24.10	7/1/2022	12/31/2382
78160	TC	PLASMA RADIOIRON DISAPPEARANCE (TURNOVER) RATE	\$137.99	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
78162		RADIOIRON ORAL ABSORPTION	\$161.26	7/1/2022	12/31/2382
78162	26	RADIOIRON ORAL ABSORPTION	\$33.29	7/1/2022	12/31/2382
78162	TC	RADIOIRON ORAL ABSORPTION	\$120.21	7/1/2022	12/31/2382
78170		RADIOIRON RED CELL UTILIZATION	\$170.55	7/1/2022	12/31/2382
78170	26	RADIOIRON RED CELL UTILIZATION	\$26.01	7/1/2022	12/31/2382
78170	TC	RADIOIRON RED CELL UTILIZATION	\$200.10	7/1/2022	12/31/2382
78172	26	CHELATABLE IRON FOR ESTIMATION OF TOTAL BODY IRON	\$40.61	7/1/2022	12/31/2382
78185		SPLEEN IMAGING ONLY, WITH OR WITHOUT VASCULAR FLOW	\$291.36	7/1/2022	12/31/2382
78185	26	SPLEEN IMAGING ONLY, WITH OR WITHOUT VASCULAR FLOW	\$30.75	7/1/2022	12/31/2382
78185	TC	SPLEEN IMAGING ONLY, WITH OR WITHOUT VASCULAR FLOW	\$88.89	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
78190		KINETICS, STUDY OF PLATELET SURVIVAL, WITH OR WITHOUT DIFFERENTIAL ORGAN/TISSUE LOCALIZATION	\$262.13	7/1/2022	12/31/2382
78190	26	KINETICS, STUDY OF PLATELET SURVIVAL, WITH OR WITHOUT DIFFERENTIAL ORGAN/TISSUE LOCALIZATION	\$61.73	7/1/2022	12/31/2382
78190	TC	KINETICS, STUDY OF PLATELET SURVIVAL, WITH OR WITHOUT DIFFERENTIAL ORGAN/TISSUE LOCALIZATION	\$215.29	7/1/2022	12/31/2382
78191		PLATELET SURVIVAL STUDY	\$262.13	7/1/2022	12/31/2382
78191	26	PLATELET SURVIVAL STUDY	\$46.20	7/1/2022	12/31/2382
78191	TC	PLATELET SURVIVAL STUDY	\$276.28	7/1/2022	12/31/2382
78192		WHITE BLOOD CELL LOCALIZATION; LIMITED AREA SCANNING	\$195.81	7/1/2022	12/31/2382
78192	26	WHITE BLOOD CELL LOCALIZATION; LIMITED AREA SCANNING	\$59.49	7/1/2022	12/31/2382
78192	TC	WHITE BLOOD CELL LOCALIZATION; LIMITED AREA SCANNING	\$127.87	7/1/2022	12/31/2382
78193		WHITE BLOOD CELL LOCALIZATION; WHOLE BODY	\$456.05	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
78193	26	WHITE BLOOD CELL LOCALIZATION; WHOLE BODY	\$65.75	7/1/2022	12/31/2382
78193	TC	WHITE BLOOD CELL LOCALIZATION; WHOLE BODY	\$367.10	7/1/2022	12/31/2382
78195		LYMPHATICS AND LYMPH GLANDS IMAGING	\$291.36	7/1/2022	12/31/2382
78195	26	LYMPHATICS AND LYMPH GLANDS IMAGING	\$69.68	7/1/2022	12/31/2382
78195	LT	LYMPHATICS AND LYMPH GLANDS IMAGING	\$291.36	7/1/2022	12/31/2382
78195	MB	LYMPHATICS AND LYMPH GLANDS IMAGING	\$291.36	7/1/2022	12/31/2382
78195	MG	LYMPHATICS AND LYMPH GLANDS IMAGING	\$291.36	7/1/2022	12/31/2382
78195	RT	LYMPHATICS AND LYMPH GLANDS IMAGING	\$291.36	7/1/2022	12/31/2382
78195	TC	LYMPHATICS AND LYMPH GLANDS IMAGING	\$153.20	7/1/2022	12/31/2382
78199		UNLISTED HEMATOPOIETIC, RETICULOENDOTHELIAL AND LYMPHATIC PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	\$291.36	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
78201		LIVER IMAGING; STATIC ONLY	\$320.74	7/1/2022	12/31/2382
78201	26	LIVER IMAGING; STATIC ONLY	\$31.75	7/1/2022	12/31/2382
78201	TC	LIVER IMAGING; STATIC ONLY	\$88.89	7/1/2022	12/31/2382
78202		LIVER IMAGING; WITH VASCULAR FLOW	\$320.74	7/1/2022	12/31/2382
78202	26	LIVER IMAGING; WITH VASCULAR FLOW	\$58.80	7/1/2022	12/31/2382
78202	TC	LIVER IMAGING; WITH VASCULAR FLOW	\$108.61	7/1/2022	12/31/2382
78205		LIVER IMAGING (SPECT)	\$320.74	7/1/2022	12/31/2382
78205	26	LIVER IMAGING (SPECT)	\$53.60	7/1/2022	12/31/2382
78205	TC	LIVER IMAGING (SPECT)	\$222.20	7/1/2022	12/31/2382
78206		LIVER IMAGING (SPECT); WITH VASCULAR FLOW	\$325.70	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
78215		LIVER AND SPLEEN IMAGING; STATIC ONLY	\$320.74	7/1/2022	12/31/2382
78215	26	LIVER AND SPLEEN IMAGING; STATIC ONLY	\$35.53	7/1/2022	12/31/2382
78215	TC	LIVER AND SPLEEN IMAGING; STATIC ONLY	\$110.45	7/1/2022	12/31/2382
78216		LIVER AND SPLEEN IMAGING; WITH VASCULAR FLOW	\$320.74	7/1/2022	12/31/2382
78216	26	LIVER AND SPLEEN IMAGING; WITH VASCULAR FLOW	\$37.29	7/1/2022	12/31/2382
78216	TC	LIVER AND SPLEEN IMAGING; WITH VASCULAR FLOW	\$131.09	7/1/2022	12/31/2382
78220		LIVER FUNCTION STUDY WITH HEPATOBILIARY AGENTS, WITH SERIAL IMAGES	\$320.74	7/1/2022	12/31/2382
78220	26	LIVER FUNCTION STUDY WITH HEPATOBILIARY AGENTS, WITH SERIAL IMAGES	\$40.33	7/1/2022	12/31/2382
78220	TC	LIVER FUNCTION STUDY WITH HEPATOBILIARY AGENTS, WITH SERIAL IMAGES	\$140.21	7/1/2022	12/31/2382
78223		HEPATOBILIARY DUCTAL SYSTEM IMAGING, INCLUDING GALLBLADDER, WITH OR WITHOUT PHARMACOLOGIC INTERVENTION, WITH O	\$320.74	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
78223	26	HEPATOBIILIARY DUCTAL SYSTEM IMAGING, INCLUDING GALLBLADDER, WITH OR WITHOUT PHARMACOLOGIC INTERVENTION, WITH O	\$43.39	7/1/2022	12/31/2382
78223	TC	HEPATOBIILIARY DUCTAL SYSTEM IMAGING, INCLUDING GALLBLADDER, WITH OR WITHOUT PHARMACOLOGIC INTERVENTION, WITH O	\$137.99	7/1/2022	12/31/2382
78226		HEPATOBIILIARY SYSTEM IMAGING, INCLUDING GALLBLADDER WHEN PRESENT	\$374.21	7/1/2022	12/31/2382
78226	MH	HEPATOBIILIARY SYSTEM IMAGING, INCLUDING GALLBLADDER WHEN PRESENT	\$374.21	7/1/2022	12/31/2382
78227		HEPATOBIILIARY SYSTEM IMAGING, INCLUDING GALLBLADDER WHEN PRESENT; WITH PHARMACOLOGIC INTERVENTION, INCLUDING	\$328.02	7/1/2022	12/31/2382
78230		SALIVARY GLAND IMAGING;	\$280.48	7/1/2022	12/31/2382
78230	26	SALIVARY GLAND IMAGING;	\$51.19	7/1/2022	12/31/2382
78230	TC	SALIVARY GLAND IMAGING;	\$81.98	7/1/2022	12/31/2382
78231		SALIVARY GLAND IMAGING; WITH SERIAL IMAGES	\$280.48	7/1/2022	12/31/2382
78231	26	SALIVARY GLAND IMAGING; WITH SERIAL IMAGES	\$65.21	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
78231	TC	SALIVARY GLAND IMAGING; WITH SERIAL IMAGES	\$119.11	7/1/2022	12/31/2382
78232		SALIVARY GLAND FUNCTION STUDY	\$280.48	7/1/2022	12/31/2382
78232	26	SALIVARY GLAND FUNCTION STUDY	\$36.27	7/1/2022	12/31/2382
78232	TC	SALIVARY GLAND FUNCTION STUDY	\$132.93	7/1/2022	12/31/2382
78258		ESOPHAGEAL MOTILITY	\$280.48	7/1/2022	12/31/2382
78258	26	ESOPHAGEAL MOTILITY	\$55.49	7/1/2022	12/31/2382
78258	TC	ESOPHAGEAL MOTILITY	\$108.61	7/1/2022	12/31/2382
78261		GASTRIC MUCOSA IMAGING	\$280.48	7/1/2022	12/31/2382
78261	26	GASTRIC MUCOSA IMAGING	\$51.79	7/1/2022	12/31/2382
78261	TC	GASTRIC MUCOSA IMAGING	\$154.30	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
78262		GASTROESOPHAGEAL REFLUX STUDY	\$280.48	7/1/2022	12/31/2382
78262	26	GASTROESOPHAGEAL REFLUX STUDY	\$51.07	7/1/2022	12/31/2382
78262	TC	GASTROESOPHAGEAL REFLUX STUDY	\$159.76	7/1/2022	12/31/2382
78264		GASTRIC EMPTYING STUDY	\$280.48	7/1/2022	12/31/2382
78264	26	GASTRIC EMPTYING STUDY	\$44.85	7/1/2022	12/31/2382
78264	MG	GASTRIC EMPTYING STUDY	\$280.48	7/1/2022	12/31/2382
78264	MH	GASTRIC EMPTYING STUDY	\$280.48	7/1/2022	12/31/2382
78264	TC	GASTRIC EMPTYING STUDY	\$155.03	7/1/2022	12/31/2382
78265		STOMACH EMPTYING AND SMALL BOWEL TRANSIT STUDY	\$335.71	7/1/2022	12/31/2382
78266		STOMACH EMPTYING AND SMALL BOWEL WITH COLON TRANSIT STUDY	\$445.43	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
78267		UREA BREATH TEST, C-14; ACQUISITION FOR ANALYSIS	\$12.99	7/1/2022	12/31/2382
78268		UREA BREATH TEST, C-14; ANALYSIS	\$111.29	7/1/2022	12/31/2382
78270		VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITHOUT INTRINSIC FACTOR	\$262.13	7/1/2022	12/31/2382
78270	26	VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITHOUT INTRINSIC FACTOR	\$16.40	7/1/2022	12/31/2382
78270	TC	VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITHOUT INTRINSIC FACTOR	\$58.41	7/1/2022	12/31/2382
78271		VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITH INTRINSIC FACTOR	\$262.13	7/1/2022	12/31/2382
78271	26	VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITH INTRINSIC FACTOR	\$16.40	7/1/2022	12/31/2382
78271	TC	VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITH INTRINSIC FACTOR	\$62.09	7/1/2022	12/31/2382
78272		VITAMIN B-12 ABSORPTION STUDIES COMBINED, WITH AND WITHOUT INTRINSIC FACTOR	\$262.13	7/1/2022	12/31/2382
78272	26	VITAMIN B-12 ABSORPTION STUDIES COMBINED, WITH AND WITHOUT INTRINSIC FACTOR	\$18.20	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
78272	TC	VITAMIN B-12 ABSORPTION STUDIES COMBINED, WITH AND WITHOUT INTRINSIC FACTOR	\$87.41	7/1/2022	12/31/2382
78276		GASTROINTESTINAL ASPIRATE BLOOD LOSS LOCALIZATION	\$123.53	7/1/2022	12/31/2382
78276	26	GASTROINTESTINAL ASPIRATE BLOOD LOSS LOCALIZATION	\$37.15	7/1/2022	12/31/2382
78276	TC	GASTROINTESTINAL ASPIRATE BLOOD LOSS LOCALIZATION	\$120.21	7/1/2022	12/31/2382
78278		ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	\$280.48	7/1/2022	11/30/2382
78278	26	ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	\$47.08	7/1/2022	12/31/2382
78278	TC	ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	\$183.32	7/1/2022	12/31/2382
78280		GASTROINTESTINAL BLOOD LOSS STUDY (EG, STOOL COUNTING)	\$112.05	7/1/2022	12/31/2382
78280	26	GASTROINTESTINAL BLOOD LOSS STUDY (EG, STOOL COUNTING)	\$21.63	7/1/2022	12/31/2382
78280	TC	GASTROINTESTINAL BLOOD LOSS STUDY (EG, STOOL COUNTING)	\$122.06	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
78282		GASTROINTESTINAL PROTEIN LOSS	\$280.48	7/1/2022	12/31/2382
78282	26	GASTROINTESTINAL PROTEIN LOSS	\$28.10	7/1/2022	12/31/2382
78290		BOWEL IMAGING (EG, ECTOPIC GASTRIC MUCOSA, MECKEL'S LOCALIZATION, VOLVULUS)	\$280.48	7/1/2022	12/31/2382
78290	26	BOWEL IMAGING (EG, ECTOPIC GASTRIC MUCOSA, MECKEL'S LOCALIZATION, VOLVULUS)	\$57.68	7/1/2022	12/31/2382
78290	TC	BOWEL IMAGING (EG, ECTOPIC GASTRIC MUCOSA, MECKEL'S LOCALIZATION, VOLVULUS)	\$114.42	7/1/2022	12/31/2382
78291		PERITONEAL-VEIN SHUNT PATENCY TEST (EG, FOR LEVEEN, DENVER SHUNT)	\$280.48	7/1/2022	12/31/2382
78291	26	PERITONEAL-VEIN SHUNT PATENCY TEST (EG, FOR LEVEEN, DENVER SHUNT)	\$65.75	7/1/2022	12/31/2382
78291	TC	PERITONEAL-VEIN SHUNT PATENCY TEST (EG, FOR LEVEEN, DENVER SHUNT)	\$115.15	7/1/2022	12/31/2382
78299		UNLISTED GASTROINTESTINAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	\$280.48	7/1/2022	12/31/2382
78300		BONE AND/OR JOINT IMAGING; LIMITED AREA	\$297.02	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
78300	26	BONE AND/OR JOINT IMAGING; LIMITED AREA	\$40.17	7/1/2022	12/31/2382
78300	TC	BONE AND/OR JOINT IMAGING; LIMITED AREA	\$93.95	7/1/2022	12/31/2382
78305		BONE AND/OR JOINT IMAGING; MULTIPLE AREAS	\$297.02	7/1/2022	12/31/2382
78305	26	BONE AND/OR JOINT IMAGING; MULTIPLE AREAS	\$61.64	7/1/2022	12/31/2382
78305	TC	BONE AND/OR JOINT IMAGING; MULTIPLE AREAS	\$137.99	7/1/2022	12/31/2382
78306		BONE AND/OR JOINT IMAGING; WHOLE BODY	\$297.02	7/1/2022	12/31/2382
78306	26	BONE AND/OR JOINT IMAGING; WHOLE BODY	\$61.93	7/1/2022	12/31/2382
78306	QQ	BONE AND/OR JOINT IMAGING; WHOLE BODY	\$297.02	7/1/2022	12/31/2382
78306	TC	BONE AND/OR JOINT IMAGING; WHOLE BODY	\$160.84	7/1/2022	12/31/2382
78310		BONE AND/OR JOINT IMAGING; VASCULAR FLOW ONLY	\$130.73	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
78310	26	BONE AND/OR JOINT IMAGING; VASCULAR FLOW ONLY	\$53.40	7/1/2022	12/31/2382
78310	TC	BONE AND/OR JOINT IMAGING; VASCULAR FLOW ONLY	\$44.31	7/1/2022	12/31/2382
78315		BONE AND/OR JOINT IMAGING; THREE PHASE STUDY	\$297.02	7/1/2022	12/31/2382
78315	26	BONE AND/OR JOINT IMAGING; THREE PHASE STUDY	\$67.91	7/1/2022	12/31/2382
78315	59	BONE AND/OR JOINT IMAGING; THREE PHASE STUDY	\$297.02	7/1/2022	12/31/2382
78315	MB	BONE AND/OR JOINT IMAGING; THREE PHASE STUDY	\$297.02	7/1/2022	12/31/2382
78315	TC	BONE AND/OR JOINT IMAGING; THREE PHASE STUDY	\$179.73	7/1/2022	12/31/2382
78320		BONE AND/OR JOINT IMAGING; TOMOGRAPHIC (SPECT)	\$297.02	7/1/2022	12/31/2382
78320	26	BONE AND/OR JOINT IMAGING; TOMOGRAPHIC (SPECT)	\$77.67	7/1/2022	12/31/2382
78320	TC	BONE AND/OR JOINT IMAGING; TOMOGRAPHIC (SPECT)	\$222.20	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
78350		BONE DENSITY (BONE MINERAL CONTENT) STUDY, ONE OR MORE SITES; SINGLE PHOTON ABSORPTIOMETRY	\$54.27	7/1/2022	12/31/2382
78350	26	BONE DENSITY (BONE MINERAL CONTENT) STUDY, ONE OR MORE SITES; SINGLE PHOTON ABSORPTIOMETRY	\$16.55	7/1/2022	12/31/2382
78350	TC	BONE DENSITY (BONE MINERAL CONTENT) STUDY, ONE OR MORE SITES; SINGLE PHOTON ABSORPTIOMETRY	\$28.63	7/1/2022	12/31/2382
78399		UNLISTED MUSCULOSKELETAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	\$297.02	7/1/2022	12/31/2382
78414		DETERMINATION OF CENTRAL C-V HEMODYNAMICS (NON-IMAGING) (EG, EJECTION FRACTION WITH PROBE TECHNIQUE) WITH OR W	\$312.77	7/1/2022	12/31/2382
78414	26	DETERMINATION OF CENTRAL C-V HEMODYNAMICS (NON-IMAGING) (EG, EJECTION FRACTION WITH PROBE TECHNIQUE) WITH OR W	\$47.04	7/1/2022	12/31/2382
78428		CARDIAC SHUNT DETECTION	\$312.77	7/1/2022	12/31/2382
78428	26	CARDIAC SHUNT DETECTION	\$33.88	7/1/2022	12/31/2382
78428	TC	CARDIAC SHUNT DETECTION	\$84.93	7/1/2022	12/31/2382
78429	26	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), METABOLIC EVALUATION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED), SINGLE STUDY; WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY	\$1,239.78	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
78430	26	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED); SINGLE STUDY, AT REST OR STRESS (EXERCISE OR PHARMACOLOGIC), WITH	\$1,239.78	7/1/2022	12/31/2382
78445		NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY, VENOGRAPHY)	\$154.98	7/1/2022	12/31/2382
78445	26	NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY, VENOGRAPHY)	\$46.06	7/1/2022	12/31/2382
78445	TC	NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY, VENOGRAPHY)	\$71.13	7/1/2022	12/31/2382
78451		MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT); SINGLE STUDY, AT REST OR STRESS	\$820.89	7/1/2022	12/31/2382
78452		MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT); MULTIPLE STUDIES, AT REST OR STRESS AND/OR REDISTRUBUTION	\$820.89	7/1/2022	12/31/2382
78452	26	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT); MULTIPLE STUDIES, AT REST OR STRESS AND/OR REDISTRUBUTION	\$51.00	7/1/2022	12/31/2382
78452	QQ	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT); MULTIPLE STUDIES, AT REST OR STRESS AND/OR REDISTRUBUTION	\$820.89	7/1/2022	12/31/2382
78452	TC	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT); MULTIPLE STUDIES, AT REST OR STRESS AND/OR REDISTRUBUTION	\$254.78	7/1/2022	12/31/2382
78454		MYOCARDIAL PERFUSION IMAGING, PLANAR; MULITPLE STUDIES, AT REST AND/OR STRESS AND/OR REDISTRIBUTION AND/OR	\$855.57	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
78455		VENOUS THROMBOSIS STUDY (EG, RADIOACTIVE FIBRINOGEN)	\$214.16	7/1/2022	12/31/2382
78455	26	VENOUS THROMBOSIS STUDY (EG, RADIOACTIVE FIBRINOGEN)	\$48.21	7/1/2022	12/31/2382
78455	TC	VENOUS THROMBOSIS STUDY (EG, RADIOACTIVE FIBRINOGEN)	\$149.97	7/1/2022	12/31/2382
78456		ACUTE VENOUS THROMBOSIS IMAGING, PEPTIDE	\$154.98	7/1/2022	12/31/2382
78457		VENOUS THROMBOSIS IMAGING, VENOGRAM; UNILATERAL	\$154.98	7/1/2022	12/31/2382
78457	26	VENOUS THROMBOSIS IMAGING, VENOGRAM; UNILATERAL	\$49.20	7/1/2022	12/31/2382
78457	TC	VENOUS THROMBOSIS IMAGING, VENOGRAM; UNILATERAL	\$100.14	7/1/2022	12/31/2382
78458		VENOUS THROMBOSIS IMAGING (EG, VENOGRAM); BILATERAL	\$154.98	7/1/2022	12/31/2382
78458	26	VENOUS THROMBOSIS IMAGING (EG, VENOGRAM); BILATERAL	\$52.69	7/1/2022	12/31/2382
78458	TC	VENOUS THROMBOSIS IMAGING (EG, VENOGRAM); BILATERAL	\$151.08	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
78459		MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), METABOLIC EVALUATION	\$1,000.90	7/1/2022	12/31/2382
78459	ME	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), METABOLIC EVALUATION	\$1,000.90	7/1/2022	12/31/2382
78460		MYOCARDIAL PERFUSION IMAGING; (PLANAR) SINGLE STUDY, AT REST OR STRESS (EXERCISE AND/OR PHARMACOLOGIC), WITH	\$312.77	7/1/2022	12/31/2382
78460	26	MYOCARDIAL PERFUSION IMAGING; (PLANAR) SINGLE STUDY, AT REST OR STRESS (EXERCISE AND/OR PHARMACOLOGIC), WITH	\$64.68	7/1/2022	12/31/2382
78460	TC	MYOCARDIAL PERFUSION IMAGING; (PLANAR) SINGLE STUDY, AT REST OR STRESS (EXERCISE AND/OR PHARMACOLOGIC), WITH	\$88.89	7/1/2022	12/31/2382
78461		MYOCARDIAL PERFUSION IMAGING; MULTIPLE STUDIES,(PLANAR)AT REST AND/OR STRESS (EXERCISE AND/OR PHARMACOLOGIC)	\$496.49	7/1/2022	12/31/2382
78461	26	MYOCARDIAL PERFUSION IMAGING; MULTIPLE STUDIES,(PLANAR)AT REST AND/OR STRESS (EXERCISE AND/OR PHARMACOLOGIC)	\$76.62	7/1/2022	12/31/2382
78461	TC	MYOCARDIAL PERFUSION IMAGING; MULTIPLE STUDIES,(PLANAR)AT REST AND/OR STRESS (EXERCISE AND/OR PHARMACOLOGIC)	\$177.88	7/1/2022	12/31/2382
78464		MYOCARDIAL PERFUSION IMAGING; TOMOGRAPHIC (SPECT), SINGLE STUDY AT REST OR STRESS (EXERCISE AND/OR PHARMACOLOG)	\$312.77	7/1/2022	12/31/2382
78464	26	MYOCARDIAL PERFUSION IMAGING; TOMOGRAPHIC (SPECT), SINGLE STUDY AT REST OR STRESS (EXERCISE AND/OR PHARMACOLOG)	\$81.29	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
78464	TC	MYOCARDIAL PERFUSION IMAGING; TOMOGRAPHIC (SPECT), SINGLE STUDY AT REST OR STRESS (EXERCISE AND/OR PHARMACOLOG	\$266.77	7/1/2022	12/31/2382
78465		MYOCARDIAL PERFUSION IMAGING; TOMOGRAPHIC (SPECT), MULTIPLE STUDIES, AT REST AND/OR STRESS (EXERCISE AND	\$496.49	7/1/2022	12/31/2382
78465	26	MYOCARDIAL PERFUSION IMAGING; TOMOGRAPHIC (SPECT), MULTIPLE STUDIES, AT REST AND/OR STRESS (EXERCISE AND	\$109.17	7/1/2022	12/31/2382
78465	TC	MYOCARDIAL PERFUSION IMAGING; TOMOGRAPHIC (SPECT), MULTIPLE STUDIES, AT REST AND/OR STRESS (EXERCISE AND	\$444.02	7/1/2022	12/31/2382
78466		MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; QUALITATIVE OR QUANTITATIVE	\$312.77	7/1/2022	12/31/2382
78466	26	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; QUALITATIVE OR QUANTITATIVE	\$52.13	7/1/2022	12/31/2382
78466	TC	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; QUALITATIVE OR QUANTITATIVE	\$99.03	7/1/2022	12/31/2382
78468		MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; WITH EJECTION FRACTION BY FIRST PASS TECHNIQUE	\$312.77	7/1/2022	12/31/2382
78468	26	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; WITH EJECTION FRACTION BY FIRST PASS TECHNIQUE	\$59.49	7/1/2022	12/31/2382
78468	TC	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; WITH EJECTION FRACTION BY FIRST PASS TECHNIQUE	\$137.99	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
78469		MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; TOMOGRAPHIC SPECT WITH OR WITHOUT QUANTIFICATION	\$312.77	7/1/2022	12/31/2382
78469	26	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; TOMOGRAPHIC SPECT WITH OR WITHOUT QUANTIFICATION	\$87.56	7/1/2022	12/31/2382
78469	TC	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; TOMOGRAPHIC SPECT WITH OR WITHOUT QUANTIFICATION	\$197.14	7/1/2022	12/31/2382
78472		CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; SINGLE STUDY AT REST, WALL MOTION STUDY PLUS EJECTION FRACTION,	\$312.77	7/1/2022	12/31/2382
78472	26	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; SINGLE STUDY AT REST, WALL MOTION STUDY PLUS EJECTION FRACTION,	\$82.17	7/1/2022	12/31/2382
78472	TC	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; SINGLE STUDY AT REST, WALL MOTION STUDY PLUS EJECTION FRACTION,	\$207.63	7/1/2022	12/31/2382
78473		CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; MULTIPLE STUDIES, WALL MOTION STUDY PLUS EJECTION FRACTION, RES	\$374.37	7/1/2022	12/31/2382
78473	26	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; MULTIPLE STUDIES, WALL MOTION STUDY PLUS EJECTION FRACTION, RES	\$83.73	7/1/2022	12/31/2382
78473	TC	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; MULTIPLE STUDIES, WALL MOTION STUDY PLUS EJECTION FRACTION, RES	\$311.08	7/1/2022	12/31/2382
78478		MYOCARDIAL PERFUSION STUDY WITH WALL MOTION, QUALITATIVE OR QUANTITATIVE STUDY (LIST SEPARATELY IN ADDITION TO	\$111.90	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
78478	26	MYOCARDIAL PERFUSION STUDY WITH WALL MOTION, QUALITATIVE OR QUANTITATIVE STUDY (LIST SEPARATELY IN ADDITION TO	\$35.28	7/1/2022	12/31/2382
78478	TC	MYOCARDIAL PERFUSION STUDY WITH WALL MOTION, QUALITATIVE OR QUANTITATIVE STUDY (LIST SEPARATELY IN ADDITION TO	\$58.78	7/1/2022	12/31/2382
78480		MYOCARDIAL PERFUSION STUDY WITH EJECTION FRACTION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	\$111.90	7/1/2022	12/31/2382
78480	26	MYOCARDIAL PERFUSION STUDY WITH EJECTION FRACTION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	\$35.28	7/1/2022	12/31/2382
78480	TC	MYOCARDIAL PERFUSION STUDY WITH EJECTION FRACTION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	\$58.78	7/1/2022	12/31/2382
78481		CARDIAC BLOOD POOL IMAGING,(PLANAR), FIRST PASS TECHNIQUE; SINGLE STUDY, AT REST OR WITH STRESS	\$312.77	7/1/2022	12/31/2382
78481	26	CARDIAC BLOOD POOL IMAGING,(PLANAR), FIRST PASS TECHNIQUE; SINGLE STUDY, AT REST OR WITH STRESS	\$73.49	7/1/2022	12/31/2382
78481	TC	CARDIAC BLOOD POOL IMAGING,(PLANAR), FIRST PASS TECHNIQUE; SINGLE STUDY, AT REST OR WITH STRESS	\$197.14	7/1/2022	12/31/2382
78483		CARDIAC BLOOD POOL IMAGING, (PLANAR) FIRST PASS TECHNIQUE; MULTIPLE STUDIES, AT REST AND WITH STRESS (EXERCISE	\$374.37	7/1/2022	12/31/2382
78483	26	CARDIAC BLOOD POOL IMAGING, (PLANAR) FIRST PASS TECHNIQUE; MULTIPLE STUDIES, AT REST AND WITH STRESS (EXERCISE	\$83.73	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
78483	TC	CARDIAC BLOOD POOL IMAGING, (PLANAR) FIRST PASS TECHNIQUE; MULTIPLE STUDIES, AT REST AND WITH STRESS (EXERCISE	\$296.53	7/1/2022	12/31/2382
78491		MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION; SINGLE STUDY AT REST OR STRESS	\$1,000.90	7/1/2022	12/31/2382
78492		MYCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION; MULTIPLE STUDIES AT REST AND/OR STRESS	\$3,106.75	7/1/2022	12/31/2382
78494		CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SPECT, AT REST, WALL MOTION STUDY PLUS EJECTION FRACTION, WITH	\$307.03	7/1/2022	12/31/2382
78496		CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SINGLE STUDY, AT REST, WITH RIGHT VENTRICULAR EJECTION FRACTION	\$111.90	7/1/2022	12/31/2382
78499		UNLISTED CARDIOVASCULAR PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	\$312.77	7/1/2022	12/31/2382
78580		PULMONARY PERFUSION IMAGING; PARTICULATE	\$246.77	7/1/2022	12/31/2382
78580	26	PULMONARY PERFUSION IMAGING; PARTICULATE	\$53.33	7/1/2022	12/31/2382
78580	TC	PULMONARY PERFUSION IMAGING; PARTICULATE	\$129.26	7/1/2022	12/31/2382
78581		PULMONARY PERFUSION IMAGING; GASEOUS	\$105.66	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
78581	26	PULMONARY PERFUSION IMAGING; GASEOUS	\$36.65	7/1/2022	12/31/2382
78581	TC	PULMONARY PERFUSION IMAGING; GASEOUS	\$90.01	7/1/2022	12/31/2382
78582		PULMONARY VENTILATION (EG, AEROSOL OR GAS) AND PERFUSION IMAGING	\$193.77	7/1/2022	12/31/2382
78582	26	PULMONARY VENTILATION (EG, AEROSOL OR GAS) AND PERFUSION IMAGING	\$54.89	7/1/2022	12/31/2382
78582	TC	PULMONARY VENTILATION (EG, AEROSOL OR GAS) AND PERFUSION IMAGING	\$141.96	7/1/2022	12/31/2382
78584		PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION; SINGLE BREATH	\$402.26	7/1/2022	12/31/2382
78584	26	PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION; SINGLE BREATH	\$56.52	7/1/2022	12/31/2382
78584	TC	PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION; SINGLE BREATH	\$120.21	7/1/2022	12/31/2382
78585		PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION; REBREATHING AND WASHOUT, WITH OR WITHOUT SINGLE BR	\$402.26	7/1/2022	12/31/2382
78585	26	PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION; REBREATHING AND WASHOUT, WITH OR WITHOUT SINGLE BR	\$61.73	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
78585	TC	PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION; REBREATHING AND WASHOUT, WITH OR WITHOUT SINGLE BR	\$212.06	7/1/2022	12/31/2382
78586		PULMONARY VENTILATION IMAGING, AEROSOL; SINGLE PROJECTION	\$246.77	7/1/2022	12/31/2382
78586	26	PULMONARY VENTILATION IMAGING, AEROSOL; SINGLE PROJECTION	\$34.20	7/1/2022	12/31/2382
78586	TC	PULMONARY VENTILATION IMAGING, AEROSOL; SINGLE PROJECTION	\$97.65	7/1/2022	12/31/2382
78587		PULMONARY VENTILATION IMAGING, AEROSOL; MULTIPLE PROJECTIONS (EG, ANTERIOR, POSTERIOR, LATERAL VIEWS)	\$246.77	7/1/2022	12/31/2382
78587	26	PULMONARY VENTILATION IMAGING, AEROSOL; MULTIPLE PROJECTIONS (EG, ANTERIOR, POSTERIOR, LATERAL VIEWS)	\$36.89	7/1/2022	12/31/2382
78587	TC	PULMONARY VENTILATION IMAGING, AEROSOL; MULTIPLE PROJECTIONS (EG, ANTERIOR, POSTERIOR, LATERAL VIEWS)	\$105.66	7/1/2022	12/31/2382
78588		PULMONY PERFUSION IMAGING PARTICULATE WITH VENTILATION IMAGING	\$402.26	7/1/2022	12/31/2382
78591		PULMONARY VENTILATION IMAGING, GASEOUS, SINGLE BREATH, SINGLE PROJECTION	\$246.77	7/1/2022	12/31/2382
78591	26	PULMONARY VENTILATION IMAGING, GASEOUS, SINGLE BREATH, SINGLE PROJECTION	\$34.20	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
78591	TC	PULMONARY VENTILATION IMAGING, GASEOUS, SINGLE BREATH, SINGLE PROJECTION	\$107.51	7/1/2022	12/31/2382
78593		PULMONARY VENTILATION IMAGING, GASEOUS, WITH REBREATHING AND WASHOUT WITH OR WITHOUT SINGLE BREATH; SINGLE PRO	\$246.77	7/1/2022	12/31/2382
78593	26	PULMONARY VENTILATION IMAGING, GASEOUS, WITH REBREATHING AND WASHOUT WITH OR WITHOUT SINGLE BREATH; SINGLE PRO	\$36.78	7/1/2022	12/31/2382
78593	TC	PULMONARY VENTILATION IMAGING, GASEOUS, WITH REBREATHING AND WASHOUT WITH OR WITHOUT SINGLE BREATH; SINGLE PRO	\$129.98	7/1/2022	12/31/2382
78594		PULMONARY VENTILATION IMAGING, GASEOUS, WITH REBREATHING AND WASHOUT WITH OR WITHOUT SINGLE BREATH; MULTIPLE P	\$246.77	7/1/2022	12/31/2382
78594	26	PULMONARY VENTILATION IMAGING, GASEOUS, WITH REBREATHING AND WASHOUT WITH OR WITHOUT SINGLE BREATH; MULTIPLE P	\$63.12	7/1/2022	12/31/2382
78594	TC	PULMONARY VENTILATION IMAGING, GASEOUS, WITH REBREATHING AND WASHOUT WITH OR WITHOUT SINGLE BREATH; MULTIPLE P	\$187.38	7/1/2022	12/31/2382
78596		PULMONARY QUANTITATIVE DIFFERENTIAL FUNCTION (VENTILATION/PERFUSION) STUDY	\$402.26	7/1/2022	12/31/2382
78596	26	PULMONARY QUANTITATIVE DIFFERENTIAL FUNCTION (VENTILATION/PERFUSION) STUDY	\$72.29	7/1/2022	12/31/2382
78596	TC	PULMONARY QUANTITATIVE DIFFERENTIAL FUNCTION (VENTILATION/PERFUSION) STUDY	\$266.77	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
78597		QUANTITATIVE DIFFERENTIAL PULMONARY PERFUSION, INCLUDING IMAGING WHEN PERFORMED	\$316.87	7/1/2022	12/31/2382
78599		UNLISTED RESPIRATORY PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	\$246.77	7/1/2022	12/31/2382
78600		BRAIN IMAGING, LIMITED PROCEDURE; STATIC	\$384.74	7/1/2022	12/31/2382
78600	26	BRAIN IMAGING, LIMITED PROCEDURE; STATIC	\$45.32	7/1/2022	12/31/2382
78600	TC	BRAIN IMAGING, LIMITED PROCEDURE; STATIC	\$108.61	7/1/2022	12/31/2382
78601		BRAIN IMAGING, LIMITED PROCEDURE; WITH VASCULAR FLOW	\$384.74	7/1/2022	12/31/2382
78601	26	BRAIN IMAGING, LIMITED PROCEDURE; WITH VASCULAR FLOW	\$47.53	7/1/2022	12/31/2382
78601	TC	BRAIN IMAGING, LIMITED PROCEDURE; WITH VASCULAR FLOW	\$127.87	7/1/2022	12/31/2382
78605		BRAIN IMAGING, COMPLETE STUDY; STATIC	\$384.74	7/1/2022	12/31/2382
78605	26	BRAIN IMAGING, COMPLETE STUDY; STATIC	\$48.06	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
78605	TC	BRAIN IMAGING, COMPLETE STUDY; STATIC	\$127.87	7/1/2022	12/31/2382
78606		BRAIN IMAGING, COMPLETE STUDY; WITH VASCULAR FLOW	\$384.74	7/1/2022	12/31/2382
78606	26	BRAIN IMAGING, COMPLETE STUDY; WITH VASCULAR FLOW	\$50.68	7/1/2022	12/31/2382
78606	TC	BRAIN IMAGING, COMPLETE STUDY; WITH VASCULAR FLOW	\$145.65	7/1/2022	12/31/2382
78607		BRAIN IMAGING, COMPLETE STUDY; TOMOGRAPHIC (SPECT)	\$384.74	7/1/2022	12/31/2382
78607	26	BRAIN IMAGING, COMPLETE STUDY; TOMOGRAPHIC (SPECT)	\$92.27	7/1/2022	12/31/2382
78607	TC	BRAIN IMAGING, COMPLETE STUDY; TOMOGRAPHIC (SPECT)	\$246.89	7/1/2022	12/31/2382
78608		BRAIN IMAGING POSITRON EMISSION TOMOGRAPHY (PET); METABOLIC EVALUATION	\$1,437.81	7/1/2022	12/31/2382
78608	PI	BRAIN IMAGING POSITRON EMISSION TOMOGRAPHY (PET); METABOLIC EVALUATION	\$1,437.81	7/1/2022	12/31/2382
78610		BRAIN IMAGING, VASCULAR FLOW ONLY	\$384.74	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
78610	26	BRAIN IMAGING, VASCULAR FLOW ONLY	\$50.16	7/1/2022	12/31/2382
78610	TC	BRAIN IMAGING, VASCULAR FLOW ONLY	\$59.50	7/1/2022	12/31/2382
78615		CEREBRAL BLOOD FLOW	\$384.74	7/1/2022	12/31/2382
78615	26	CEREBRAL BLOOD FLOW	\$41.27	7/1/2022	12/31/2382
78615	52	CEREBRAL BLOOD FLOW	\$73.89	7/1/2022	12/31/2382
78615	TC	CEREBRAL BLOOD FLOW	\$144.91	7/1/2022	12/31/2382
78630		CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); CISTERNOGRAPHY	\$260.53	7/1/2022	12/31/2382
78630	26	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); CISTERNOGRAPHY	\$78.12	7/1/2022	12/31/2382
78630	TC	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); CISTERNOGRAPHY	\$189.50	7/1/2022	12/31/2382
78635		CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); VENTRICULOGRAPHY	\$260.53	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
78635	26	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); VENTRICULOGRAPHY	\$46.20	7/1/2022	12/31/2382
78635	TC	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); VENTRICULOGRAPHY	\$95.80	7/1/2022	12/31/2382
78645		CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); SHUNT EVALUATION	\$260.53	7/1/2022	12/31/2382
78645	26	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); SHUNT EVALUATION	\$43.50	7/1/2022	12/31/2382
78645	TC	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); SHUNT EVALUATION	\$129.26	7/1/2022	12/31/2382
78647		CEREBROSPINAL FLUID FLOW, IMAGING; TOMOGRAPHIC (SPECT)	\$260.53	7/1/2022	12/31/2382
78650		CSF LEAKAGE DETECTION AND LOCALIZATION	\$260.53	7/1/2022	12/31/2382
78650	26	CSF LEAKAGE DETECTION AND LOCALIZATION	\$47.60	7/1/2022	12/31/2382
78650	TC	CSF LEAKAGE DETECTION AND LOCALIZATION	\$174.67	7/1/2022	12/31/2382
78652		CSF LEAKAGE DETECTION AND LOCALIZATION TOMOGRAPHIC (ECT)	\$303.68	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
78652	26	CSF LEAKAGE DETECTION AND LOCALIZATION TOMOGRAPHIC (ECT)	\$67.63	7/1/2022	12/31/2382
78652	TC	CSF LEAKAGE DETECTION AND LOCALIZATION TOMOGRAPHIC (ECT)	\$222.20	7/1/2022	12/31/2382
78655		RADIONUCLIDE IDENTIFICATION OF EYE TUMOR	\$241.80	7/1/2022	12/31/2382
78655	26	RADIONUCLIDE IDENTIFICATION OF EYE TUMOR	\$31.36	7/1/2022	12/31/2382
78655	TC	RADIONUCLIDE IDENTIFICATION OF EYE TUMOR	\$187.38	7/1/2022	12/31/2382
78660		RADIONUCLIDE DACRYOCYSTOGRAPHY	\$260.53	7/1/2022	12/31/2382
78660	26	RADIONUCLIDE DACRYOCYSTOGRAPHY	\$47.18	7/1/2022	12/31/2382
78660	TC	RADIONUCLIDE DACRYOCYSTOGRAPHY	\$79.86	7/1/2022	12/31/2382
78699		UNLISTED NERVOUS SYSTEM PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	\$384.74	7/1/2022	12/31/2382
78700		KIDNEY IMAGING; STATIC ONLY	\$272.00	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
78700	26	KIDNEY IMAGING; STATIC ONLY	\$41.83	7/1/2022	12/31/2382
78700	TC	KIDNEY IMAGING; STATIC ONLY	\$114.42	7/1/2022	12/31/2382
78701		KIDNEY IMAGING; WITH VASCULAR FLOW	\$272.00	7/1/2022	12/31/2382
78701	26	KIDNEY IMAGING; WITH VASCULAR FLOW	\$43.70	7/1/2022	12/31/2382
78701	TC	KIDNEY IMAGING; WITH VASCULAR FLOW	\$134.04	7/1/2022	12/31/2382
78704		KIDNEY IMAGING; WITH FUNCTION STUDY (IE, IMAGING RENOGRAM)	\$272.00	7/1/2022	12/31/2382
78704	26	KIDNEY IMAGING; WITH FUNCTION STUDY (IE, IMAGING RENOGRAM)	\$43.19	7/1/2022	12/31/2382
78704	TC	KIDNEY IMAGING; WITH FUNCTION STUDY (IE, IMAGING RENOGRAM)	\$148.86	7/1/2022	12/31/2382
78707		KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; SINGLE STUDY WITHOUT PHARMACOLOGICAL INTERVENTION	\$272.00	7/1/2022	12/31/2382
78707	26	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; SINGLE STUDY WITHOUT PHARMACOLOGICAL INTERVENTION	\$53.29	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
78707	TC	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; SINGLE STUDY WITHOUT PHARMACOLOGICAL INTERVENTION	\$168.49	7/1/2022	12/31/2382
78708		KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; SINGLE STUDY, WITH PHARMACOLOGICAL INTERVENTION (EG, ANGIOTEN	\$308.73	7/1/2022	12/31/2382
78709		KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; MULTIPLE STUDIES, WITH AND WITHOUT PHARMACOLOGICAL	\$308.73	7/1/2022	12/31/2382
78709	MG	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; MULTIPLE STUDIES, WITH AND WITHOUT PHARMACOLOGICAL	\$308.73	7/1/2022	12/31/2382
78710		KIDNEY IMAGING, TOMOGRAPHIC (SPECT)	\$272.00	7/1/2022	12/31/2382
78710	26	KIDNEY IMAGING, TOMOGRAPHIC (SPECT)	\$49.82	7/1/2022	12/31/2382
78710	TC	KIDNEY IMAGING, TOMOGRAPHIC (SPECT)	\$222.20	7/1/2022	12/31/2382
78715		KIDNEY VASCULAR FLOW ONLY	\$272.00	7/1/2022	12/31/2382
78715	26	KIDNEY VASCULAR FLOW ONLY	\$18.87	7/1/2022	12/31/2382
78715	TC	KIDNEY VASCULAR FLOW ONLY	\$59.50	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
78725		KIDNEY FUNCTION STUDY WITHOUT PHARMACOLOGIC INTERVENTION	\$106.22	7/1/2022	12/31/2382
78725	26	KIDNEY FUNCTION STUDY WITHOUT PHARMACOLOGIC INTERVENTION	\$29.58	7/1/2022	12/31/2382
78725	TC	KIDNEY FUNCTION STUDY WITHOUT PHARMACOLOGIC INTERVENTION	\$67.16	7/1/2022	12/31/2382
78726		KIDNEY FUNCTION STUDY INCLUDING PHARMACOLOGIC INTERVENTION	\$183.92	7/1/2022	12/31/2382
78726	26	KIDNEY FUNCTION STUDY INCLUDING PHARMACOLOGIC INTERVENTION	\$65.34	7/1/2022	12/31/2382
78726	TC	KIDNEY FUNCTION STUDY INCLUDING PHARMACOLOGIC INTERVENTION	\$111.48	7/1/2022	12/31/2382
78727		KIDNEY TRANSPLANT EVALUATION	\$233.40	7/1/2022	12/31/2382
78727	26	KIDNEY TRANSPLANT EVALUATION	\$73.99	7/1/2022	12/31/2382
78727	TC	KIDNEY TRANSPLANT EVALUATION	\$149.97	7/1/2022	12/31/2382
78730		URINARY BLADDER RESIDUAL STUDY	\$45.66	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
78730	26	URINARY BLADDER RESIDUAL STUDY	\$25.98	7/1/2022	12/31/2382
78730	TC	URINARY BLADDER RESIDUAL STUDY	\$55.18	7/1/2022	12/31/2382
78740		URETERAL REFLUX STUDY (RADIONUCLIDE VOIDING CYSTOGRAM)	\$272.00	7/1/2022	12/31/2382
78740	26	URETERAL REFLUX STUDY (RADIONUCLIDE VOIDING CYSTOGRAM)	\$43.43	7/1/2022	12/31/2382
78740	TC	URETERAL REFLUX STUDY (RADIONUCLIDE VOIDING CYSTOGRAM)	\$79.86	7/1/2022	12/31/2382
78760		TESTICULAR IMAGING;	\$272.00	7/1/2022	12/31/2382
78760	26	TESTICULAR IMAGING;	\$37.50	7/1/2022	12/31/2382
78760	TC	TESTICULAR IMAGING;	\$100.87	7/1/2022	12/31/2382
78761		TESTICULAR IMAGING; WITH VASCULAR FLOW	\$272.00	7/1/2022	12/31/2382
78761	26	TESTICULAR IMAGING; WITH VASCULAR FLOW	\$40.01	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
78761	TC	TESTICULAR IMAGING; WITH VASCULAR FLOW	\$120.21	7/1/2022	12/31/2382
78799		UNLISTED GENITOURINARY PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	\$272.00	7/1/2022	12/31/2382
78800		RADIONUCLIDE LOCALIZATION OF TUMOR; LIMITED AREA	\$308.02	7/1/2022	12/31/2382
78800	26	RADIONUCLIDE LOCALIZATION OF TUMOR; LIMITED AREA	\$38.94	7/1/2022	12/31/2382
78800	TC	RADIONUCLIDE LOCALIZATION OF TUMOR; LIMITED AREA	\$127.87	7/1/2022	12/31/2382
78801		RADIONUCLIDE LOCALIZATION OF TUMOR; MULTIPLE AREAS	\$308.02	7/1/2022	12/31/2382
78801	26	RADIONUCLIDE LOCALIZATION OF TUMOR; MULTIPLE AREAS	\$64.95	7/1/2022	12/31/2382
78801	TC	RADIONUCLIDE LOCALIZATION OF TUMOR; MULTIPLE AREAS	\$159.00	7/1/2022	12/31/2382
78802		RADIONUCLIDE LOCALIZATION OF TUMOR; WHOLE BODY	\$308.02	7/1/2022	12/31/2382
78802	26	RADIONUCLIDE LOCALIZATION OF TUMOR; WHOLE BODY	\$67.02	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
78802	TC	RADIONUCLIDE LOCALIZATION OF TUMOR; WHOLE BODY	\$208.38	7/1/2022	12/31/2382
78803		TUMOR LOCALIZATION (SPECT)	\$308.02	7/1/2022	12/31/2382
78803	26	TUMOR LOCALIZATION (SPECT)	\$81.29	7/1/2022	12/31/2382
78803	MB	TUMOR LOCALIZATION (SPECT)	\$308.02	7/1/2022	12/31/2382
78803	MG	TUMOR LOCALIZATION (SPECT)	\$308.02	7/1/2022	12/31/2382
78803	TC	TUMOR LOCALIZATION (SPECT)	\$246.89	7/1/2022	12/31/2382
78804		RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRUBUTION OF RADIOPHARMACEUTICAL AGENT, WHOLE BODY	\$812.67	7/1/2022	12/31/2382
78805		RADIONUCLIDE LOCALIZATION OF ABSCESS; LIMITED AREA	\$308.02	7/1/2022	12/31/2382
78805	26	RADIONUCLIDE LOCALIZATION OF ABSCESS; LIMITED AREA	\$42.17	7/1/2022	12/31/2382
78805	TC	RADIONUCLIDE LOCALIZATION OF ABSCESS; LIMITED AREA	\$127.87	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
78806		RADIONUCLIDE LOCALIZATION OF ABSCESS; WHOLE BODY	\$308.02	7/1/2022	12/31/2382
78806	26	RADIONUCLIDE LOCALIZATION OF ABSCESS; WHOLE BODY	\$48.45	7/1/2022	12/31/2382
78806	TC	RADIONUCLIDE LOCALIZATION OF ABSCESS; WHOLE BODY	\$208.38	7/1/2022	12/31/2382
78807		RADIONUCLIDE LOCALIZATION OF ABSCESS, SPECT	\$308.02	7/1/2022	12/31/2382
78811		TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); LIMITED AREA, (EG, CHEST, HEAD/NECK)	\$1,437.81	7/1/2022	12/31/2382
78812		TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); SKULL BASE TO MID THIGH	\$1,437.81	7/1/2022	12/31/2382
78813		TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET) ; WHOLE BODY	\$1,437.81	7/1/2022	12/31/2382
78814		TUMOR IMAGING, (PET); WITH CONCURRENTLY ACQUIRED CT FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION; LI	\$1,562.82	7/1/2022	12/31/2382
78814	MG	TUMOR IMAGING, (PET); WITH CONCURRENTLY ACQUIRED CT FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION; LI	\$1,562.82	7/1/2022	12/31/2382
78814	PI	TUMOR IMAGING, (PET); WITH CONCURRENTLY ACQUIRED CT FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION; LI	\$1,562.82	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
78814	PS	TUMOR IMAGING, (PET); WITH CONCURRENTLY ACQUIRED CT FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION; LI	\$1,562.82	7/1/2022	12/31/2382
78815		TUMOR IMAGING, (PET) WITH CONCURRENTLY ACQUIRED CT FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION; SKULL	\$1,562.82	7/1/2022	12/31/2382
78815	ME	TUMOR IMAGING, (PET) WITH CONCURRENTLY ACQUIRED CT FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION; SKULL	\$1,562.82	7/1/2022	12/31/2382
78815	MG	TUMOR IMAGING, (PET) WITH CONCURRENTLY ACQUIRED CT FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION; SKULL	\$1,562.82	7/1/2022	12/31/2382
78815	PI	TUMOR IMAGING, (PET) WITH CONCURRENTLY ACQUIRED CT FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION; SKULL	\$1,562.82	7/1/2022	12/31/2382
78815	PS	TUMOR IMAGING, (PET) WITH CONCURRENTLY ACQUIRED CT FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION; SKULL	\$1,562.82	7/1/2022	12/31/2382
78815	QR	TUMOR IMAGING, (PET) WITH CONCURRENTLY ACQUIRED CT FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION; SKULL	\$1,562.82	7/1/2022	12/31/2382
78815	TC	TUMOR IMAGING, (PET) WITH CONCURRENTLY ACQUIRED CT FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION; SKULL	\$1,562.82	7/1/2022	12/31/2382
78816		TUMOR IMAGING, (PET) WITH CONCURRENTLY ACQUIRED CT FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION; WHO	\$1,562.82	7/1/2022	12/31/2382
78816	PI	TUMOR IMAGING, (PET) WITH CONCURRENTLY ACQUIRED CT FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION; WHO	\$1,562.82	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
78816	PS	TUMOR IMAGING, (PET) WITH CONCURRENTLY ACQUIRED CT FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION; WHO	\$1,562.82	7/1/2022	12/31/2382
78816	QR	TUMOR IMAGING, (PET) WITH CONCURRENTLY ACQUIRED CT FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION; WHO	\$1,562.82	7/1/2022	12/31/2382
78830		RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR, INFLAMMATORY PROCESS OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S) (INCLUDES VASCULAR FLOW AND BLOOD POOL IMAGING, WHEN PERFORMED); TOMOGRAPHIC (SPECT) WITH CONCURRENTLY	\$46.45	7/1/2022	12/31/2382
78830	ME	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR, INFLAMMATORY PROCESS OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S) (INCLUDES VASCULAR FLOW AND BLOOD POOL IMAGING, WHEN PERFORMED); TOMOGRAPHIC (SPECT) WITH CONCURRENTLY	\$46.45	7/1/2022	12/31/2382
78831		RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR, INFLAMMATORY PROCESS OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S) (INCLUDES VASCULAR FLOW AND BLOOD POOL IMAGING, WHEN PERFORMED); TOMOGRAPHIC (SPECT), MINIMUM 2 AREAS	\$56.70	7/1/2022	12/31/2382
78832		RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR, INFLAMMATORY PROCESS OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S) (INCLUDES VASCULAR FLOW AND BLOOD POOL IMAGING, WHEN PERFORMED); TOMOGRAPHIC (SPECT) WITH CONCURRENTLY ACQUIRED	\$66.03	7/1/2022	12/31/2382
78890		GENERATION OF AUTOMATED DATA: INTERACTIVE PROCESS INVOLVING NUCLEAR PHYSICIAN AND/OR ALLIED HEALTH PROFESSIONA	\$56.05	7/1/2022	12/31/2382
78890	26	GENERATION OF AUTOMATED DATA: INTERACTIVE PROCESS INVOLVING NUCLEAR PHYSICIAN AND/OR ALLIED HEALTH PROFESSIONA	\$3.71	7/1/2022	12/31/2382
78890	TC	GENERATION OF AUTOMATED DATA: INTERACTIVE PROCESS INVOLVING NUCLEAR PHYSICIAN AND/OR ALLIED HEALTH PROFESSIONA	\$48.99	7/1/2022	12/31/2382
78891		GENERATION OF AUTOMATED DATA: INTERACTIVE PROCESS INVOLVING NUCLEAR PHYSICIAN AND/OR ALLIED HEALTH PROFESSIONA	\$112.41	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
78891	26	GENERATION OF AUTOMATED DATA: INTERACTIVE PROCESS INVOLVING NUCLEAR PHYSICIAN AND/OR ALLIED HEALTH PROFESSIONA	\$7.41	7/1/2022	12/31/2382
78891	TC	GENERATION OF AUTOMATED DATA: INTERACTIVE PROCESS INVOLVING NUCLEAR PHYSICIAN AND/OR ALLIED HEALTH PROFESSIONA	\$99.03	7/1/2022	12/31/2382
78999		UNLISTED MISCELLANEOUS PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	\$106.22	7/1/2022	12/31/2382
79000		RADIONUCLIDE THERAPY, HYPERTHYROIDISM; INITIAL, INCLUDING EVALUATION OF PATIENT	\$231.70	7/1/2022	12/31/2382
79000	26	RADIONUCLIDE THERAPY, HYPERTHYROIDISM; INITIAL, INCLUDING EVALUATION OF PATIENT	\$105.58	7/1/2022	12/31/2382
79000	TC	RADIONUCLIDE THERAPY, HYPERTHYROIDISM; INITIAL, INCLUDING EVALUATION OF PATIENT	\$99.03	7/1/2022	12/31/2382
79001		RADIONUCLIDE THERAPY, HYPERTHYROIDISM; SUBSEQUENT, EACH THERAPY	\$191.56	7/1/2022	12/31/2382
79001	26	RADIONUCLIDE THERAPY, HYPERTHYROIDISM; SUBSEQUENT, EACH THERAPY	\$84.55	7/1/2022	12/31/2382
79001	TC	RADIONUCLIDE THERAPY, HYPERTHYROIDISM; SUBSEQUENT, EACH THERAPY	\$48.99	7/1/2022	12/31/2382
79005		RADIOPHARMACEUTICAL THERAPY, BY ORAL ADMINISTRATION	\$288.38	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
79020		RADIONUCLIDE THERAPY, THYROID SUPPRESSION (EUTHYROID CARDIAC DISEASE), INCLUDING EVALUATION OF PATIENT	\$239.98	7/1/2022	12/31/2382
79020	26	RADIONUCLIDE THERAPY, THYROID SUPPRESSION (EUTHYROID CARDIAC DISEASE), INCLUDING EVALUATION OF PATIENT	\$102.85	7/1/2022	12/31/2382
79020	TC	RADIONUCLIDE THERAPY, THYROID SUPPRESSION (EUTHYROID CARDIAC DISEASE), INCLUDING EVALUATION OF PATIENT	\$99.03	7/1/2022	12/31/2382
79030		RADIONUCLIDE ABLATION OF GLAND FOR THYROID CARCINOMA	\$323.07	7/1/2022	12/31/2382
79030	26	RADIONUCLIDE ABLATION OF GLAND FOR THYROID CARCINOMA	\$146.97	7/1/2022	12/31/2382
79030	TC	RADIONUCLIDE ABLATION OF GLAND FOR THYROID CARCINOMA	\$99.03	7/1/2022	12/31/2382
79035		RADIONUCLIDE THERAPY FOR METASTASES OF THYROID CARCINOMA	\$356.43	7/1/2022	12/31/2382
79035	26	RADIONUCLIDE THERAPY FOR METASTASES OF THYROID CARCINOMA	\$117.43	7/1/2022	12/31/2382
79035	TC	RADIONUCLIDE THERAPY FOR METASTASES OF THYROID CARCINOMA	\$99.03	7/1/2022	12/31/2382
79100		RADIONUCLIDE THERAPY, POLYCYTHEMIA VERA, CHRONIC LEUKEMIA, EACH TREATMENT	\$203.65	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
79100	26	RADIONUCLIDE THERAPY, POLYCYTHEMIA VERA, CHRONIC LEUKEMIA, EACH TREATMENT	\$86.08	7/1/2022	12/31/2382
79100	TC	RADIONUCLIDE THERAPY, POLYCYTHEMIA VERA, CHRONIC LEUKEMIA, EACH TREATMENT	\$99.03	7/1/2022	12/31/2382
79101		RADIOPHARMACEUTICAL THERAPY, BY INTRAVENOUS ADMINISTRATION	\$288.38	7/1/2022	12/31/2382
79200		INTRACAVITARY RADIOACTIVE COLLOID THERAPY	\$288.38	7/1/2022	12/31/2382
79200	26	INTRACAVITARY RADIOACTIVE COLLOID THERAPY	\$148.93	7/1/2022	12/31/2382
79200	TC	INTRACAVITARY RADIOACTIVE COLLOID THERAPY	\$99.03	7/1/2022	12/31/2382
79300		INTERSTITIAL RADIOACTIVE COLLOID THERAPY	\$288.38	7/1/2022	12/31/2382
79300	26	INTERSTITIAL RADIOACTIVE COLLOID THERAPY	\$119.76	7/1/2022	12/31/2382
79400		RADIONUCLIDE THERAPY, NONTHYROID, NONHEMATOLOGIC	\$213.06	7/1/2022	12/31/2382
79400	26	RADIONUCLIDE THERAPY, NONTHYROID, NONHEMATOLOGIC	\$106.29	7/1/2022	12/31/2382

Procedure Code	Modifier	Procedure Description	Allowed Amount	Effective Date	End Date
79400	TC	RADIONUCLIDE THERAPY, NONTHYROID, NONHEMATOLOGIC	\$99.03	7/1/2022	12/31/2382
79403		RADIOPHARMACEUTICAL THERAPY, RADIOLABELED MONOCLONAL ANTIBODY BY INTRAVENOUS INFUSION	\$687.66	7/1/2022	12/31/2382
79420	26	INTRAVASCULAR RADIONUCLIDE THERAPY, PARTICULATE	\$112.75	7/1/2022	12/31/2382
79440		INTRA-ARTICULAR RADIONUCLIDE THERAPY	\$288.38	7/1/2022	12/31/2382
79440	26	INTRA-ARTICULAR RADIONUCLIDE THERAPY	\$144.25	7/1/2022	12/31/2382
79440	TC	INTRA-ARTICULAR RADIONUCLIDE THERAPY	\$99.03	7/1/2022	12/31/2382
79445		RADIOPHARMACEUTICAL THERAPY, BY INTRA-ARTERIAL PARTICULATE ADMINISTRATION	\$288.38	7/1/2022	12/31/2382
79999		UNLISTED RADIONUCLIDE THERAPEUTIC PROCEDURE	\$288.38	7/1/2022	12/31/2382

