

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
70010	MYELOGRAPHY, POSTERIOR FOSSA, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$73.65
70010	MYELOGRAPHY, POSTERIOR FOSSA, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$195.03
70010	MYELOGRAPHY, POSTERIOR FOSSA, RADIOLOGICAL SUPERVISION AND INTERPRETATION		12/1/2006	12/31/2382	\$135.90
70010	MYELOGRAPHY, POSTERIOR FOSSA, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$225.86
70010	MYELOGRAPHY, POSTERIOR FOSSA, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$169.74
70015	CISTERNOGRAPHY, POSITIVE CONTRAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$73.65
70015	CISTERNOGRAPHY, POSITIVE CONTRAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$141.88
70015	CISTERNOGRAPHY, POSITIVE CONTRAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$225.86
70015	CISTERNOGRAPHY, POSITIVE CONTRAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$53.21
70030	RADIOLOGIC EXAMINATION, EYE, FOR DETECTION OF FOREIGN BODY	26	7/1/2023	12/31/2382	\$10.68
70030	RADIOLOGIC EXAMINATION, EYE, FOR DETECTION OF FOREIGN BODY	50	7/1/2023	12/31/2382	\$56.50
70030	RADIOLOGIC EXAMINATION, EYE, FOR DETECTION OF FOREIGN BODY		1/1/1993	12/31/2382	\$21.56
70030	RADIOLOGIC EXAMINATION, EYE, FOR DETECTION OF FOREIGN BODY		7/1/2023	12/31/2382	\$56.50
70030	RADIOLOGIC EXAMINATION, EYE, FOR DETECTION OF FOREIGN BODY	TC	7/1/2023	12/31/2382	\$16.59
70100	RADIOLOGIC EXAMINATION, MANDIBLE; PARTIAL, LESS THAN FOUR VIEWS	26	7/1/2023	12/31/2382	\$11.29
70100	RADIOLOGIC EXAMINATION, MANDIBLE; PARTIAL, LESS THAN FOUR VIEWS		1/1/1993	12/31/2382	\$25.62
70100	RADIOLOGIC EXAMINATION, MANDIBLE; PARTIAL, LESS THAN FOUR VIEWS		7/1/2023	12/31/2382	\$56.50
70100	RADIOLOGIC EXAMINATION, MANDIBLE; PARTIAL, LESS THAN FOUR VIEWS	TC	7/1/2023	12/31/2382	\$20.82
70110	RADIOLOGIC EXAMINATION, MANDIBLE; COMPLETE, MINIMUM OF FOUR VIEWS	26	7/1/2023	12/31/2382	\$15.35
70110	RADIOLOGIC EXAMINATION, MANDIBLE; COMPLETE, MINIMUM OF FOUR VIEWS		1/1/1993	12/31/2382	\$32.02
70110	RADIOLOGIC EXAMINATION, MANDIBLE; COMPLETE, MINIMUM OF FOUR VIEWS		7/1/2023	12/31/2382	\$56.50
70110	RADIOLOGIC EXAMINATION, MANDIBLE; COMPLETE, MINIMUM OF FOUR VIEWS	TC	7/1/2023	12/31/2382	\$24.56
70120	RADIOLOGIC EXAMINATION, MASTOIDS; LESS THAN THREE VIEWS PER SIDE	26	7/1/2023	12/31/2382	\$11.29
70120	RADIOLOGIC EXAMINATION, MASTOIDS; LESS THAN THREE VIEWS PER SIDE		1/1/1993	12/31/2382	\$28.65
70120	RADIOLOGIC EXAMINATION, MASTOIDS; LESS THAN THREE VIEWS PER SIDE		7/1/2023	12/31/2382	\$56.50
70120	RADIOLOGIC EXAMINATION, MASTOIDS; LESS THAN THREE VIEWS PER SIDE	TC	7/1/2023	12/31/2382	\$24.56
70130	RADIOLOGIC EXAMINATION, MASTOIDS; COMPLETE, MINIMUM OF THREE VIEWS PER SIDE	26	7/1/2023	12/31/2382	\$20.58
70130	RADIOLOGIC EXAMINATION, MASTOIDS; COMPLETE, MINIMUM OF THREE VIEWS PER SIDE		1/1/1993	12/31/2382	\$41.33
70130	RADIOLOGIC EXAMINATION, MASTOIDS; COMPLETE, MINIMUM OF THREE VIEWS PER SIDE		7/1/2023	12/31/2382	\$56.50

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
70130	RADIOLOGIC EXAMINATION, MASTOIDS; COMPLETE, MINIMUM OF THREE VIEWS PER SIDE	TC	7/1/2023	12/31/2382	\$30.97
70134	RADIOLOGIC EXAMINATION, INTERNAL AUDITORY MEATI, COMPLETE	26	7/1/2023	12/31/2382	\$20.58
70134	RADIOLOGIC EXAMINATION, INTERNAL AUDITORY MEATI, COMPLETE		1/1/1993	12/31/2382	\$39.77
70134	RADIOLOGIC EXAMINATION, INTERNAL AUDITORY MEATI, COMPLETE		7/1/2023	12/31/2382	\$96.17
70134	RADIOLOGIC EXAMINATION, INTERNAL AUDITORY MEATI, COMPLETE	TC	7/1/2023	12/31/2382	\$29.05
70140	RADIOLOGIC EXAMINATION, FACIAL BONES; LESS THAN THREE VIEWS	26	7/1/2023	12/31/2382	\$11.64
70140	RADIOLOGIC EXAMINATION, FACIAL BONES; LESS THAN THREE VIEWS		1/1/1993	12/31/2382	\$28.97
70140	RADIOLOGIC EXAMINATION, FACIAL BONES; LESS THAN THREE VIEWS		7/1/2023	12/31/2382	\$56.50
70140	RADIOLOGIC EXAMINATION, FACIAL BONES; LESS THAN THREE VIEWS	PN	7/1/2023	12/31/2382	\$56.50
70140	RADIOLOGIC EXAMINATION, FACIAL BONES; LESS THAN THREE VIEWS	TC	7/1/2023	12/31/2382	\$24.56
70150	RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE, MINIMUM OF THREE VIEWS	26	7/1/2023	12/31/2382	\$16.07
70150	RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE, MINIMUM OF THREE VIEWS		1/1/1993	12/31/2382	\$37.56
70150	RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE, MINIMUM OF THREE VIEWS		7/1/2023	12/31/2382	\$56.50
70150	RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE, MINIMUM OF THREE VIEWS	LT	7/1/2023	12/31/2382	\$56.50
70150	RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE, MINIMUM OF THREE VIEWS	RT	7/1/2023	12/31/2382	\$56.50
70150	RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE, MINIMUM OF THREE VIEWS	TC	7/1/2023	12/31/2382	\$30.97
70160	RADIOLOGIC EXAMINATION, NASAL BONES, COMPLETE, MINIMUM OF THREE VIEWS	26	7/1/2023	12/31/2382	\$10.51
70160	RADIOLOGIC EXAMINATION, NASAL BONES, COMPLETE, MINIMUM OF THREE VIEWS		1/1/1993	12/31/2382	\$24.99
70160	RADIOLOGIC EXAMINATION, NASAL BONES, COMPLETE, MINIMUM OF THREE VIEWS		7/1/2023	12/31/2382	\$56.50
70160	RADIOLOGIC EXAMINATION, NASAL BONES, COMPLETE, MINIMUM OF THREE VIEWS	LT	7/1/2023	12/31/2382	\$56.50
70160	RADIOLOGIC EXAMINATION, NASAL BONES, COMPLETE, MINIMUM OF THREE VIEWS	PO	7/1/2023	12/31/2382	\$56.50
70160	RADIOLOGIC EXAMINATION, NASAL BONES, COMPLETE, MINIMUM OF THREE VIEWS	RT	7/1/2023	12/31/2382	\$56.50

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
70160	RADIOLOGIC EXAMINATION, NASAL BONES, COMPLETE, MINIMUM OF THREE VIEWS	TC	7/1/2023	12/31/2382	\$20.82
70170	DACRYOCYSTOGRAPHY, NASOLACRIMAL DUCT, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$17.58
70170	DACRYOCYSTOGRAPHY, NASOLACRIMAL DUCT, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$44.35
70170	DACRYOCYSTOGRAPHY, NASOLACRIMAL DUCT, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$267.56
70170	DACRYOCYSTOGRAPHY, NASOLACRIMAL DUCT, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$37.02
70190	RADIOLOGIC EXAMINATION; OPTIC FORAMINA	26	7/1/2023	12/31/2382	\$13.14
70190	RADIOLOGIC EXAMINATION; OPTIC FORAMINA		1/1/1993	12/31/2382	\$29.91
70190	RADIOLOGIC EXAMINATION; OPTIC FORAMINA		7/1/2023	12/31/2382	\$56.50
70190	RADIOLOGIC EXAMINATION; OPTIC FORAMINA	TC	7/1/2023	12/31/2382	\$24.56
70200	RADIOLOGIC EXAMINATION; ORBITS, COMPLETE, MINIMUM OF FOUR VIEWS	26	7/1/2023	12/31/2382	\$17.21
70200	RADIOLOGIC EXAMINATION; ORBITS, COMPLETE, MINIMUM OF FOUR VIEWS		1/1/1993	12/31/2382	\$38.50
70200	RADIOLOGIC EXAMINATION; ORBITS, COMPLETE, MINIMUM OF FOUR VIEWS		7/1/2023	12/31/2382	\$56.50
70200	RADIOLOGIC EXAMINATION; ORBITS, COMPLETE, MINIMUM OF FOUR VIEWS	TC	7/1/2023	12/31/2382	\$30.97
70210	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, LESS THAN THREE VIEWS	26	7/1/2023	12/31/2382	\$10.51
70210	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, LESS THAN THREE VIEWS		1/1/1993	12/31/2382	\$28.03
70210	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, LESS THAN THREE VIEWS		7/1/2023	12/31/2382	\$56.50
70210	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, LESS THAN THREE VIEWS	TC	7/1/2023	12/31/2382	\$24.56
70220	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, COMPLETE, MINIMUM OF THREE VIEWS	26	7/1/2023	12/31/2382	\$15.37
70220	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, COMPLETE, MINIMUM OF THREE VIEWS		1/1/1993	12/31/2382	\$37.24
70220	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, COMPLETE, MINIMUM OF THREE VIEWS		7/1/2023	12/31/2382	\$56.50
70220	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, COMPLETE, MINIMUM OF THREE VIEWS	TC	7/1/2023	12/31/2382	\$30.97
70240	RADIOLOGIC EXAMINATION, SELLA TURCICA	26	7/1/2023	12/31/2382	\$11.94
70240	RADIOLOGIC EXAMINATION, SELLA TURCICA		1/1/1993	12/31/2382	\$22.50
70240	RADIOLOGIC EXAMINATION, SELLA TURCICA		7/1/2023	12/31/2382	\$56.50
70240	RADIOLOGIC EXAMINATION, SELLA TURCICA	TC	7/1/2023	12/31/2382	\$16.59
70250	RADIOLOGIC EXAMINATION, SKULL; LESS THAN FOUR VIEWS, WITH OR WITHOUT STEREO	26	7/1/2023	12/31/2382	\$14.94

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
70250	RADIOLOGIC EXAMINATION, SKULL; LESS THAN FOUR VIEWS, WITH OR WITHOUT STEREO		1/1/1993	12/31/2382	\$38.26
70250	RADIOLOGIC EXAMINATION, SKULL; LESS THAN FOUR VIEWS, WITH OR WITHOUT STEREO		7/1/2023	12/31/2382	\$56.50
70250	RADIOLOGIC EXAMINATION, SKULL; LESS THAN FOUR VIEWS, WITH OR WITHOUT STEREO	PO	7/1/2023	12/31/2382	\$56.50
70250	RADIOLOGIC EXAMINATION, SKULL; LESS THAN FOUR VIEWS, WITH OR WITHOUT STEREO	TC	7/1/2023	12/31/2382	\$24.56
70260	RADIOLOGIC EXAMINATION, SKULL; COMPLETE, MINIMUM OF FOUR VIEWS, WITH OR WITHOUT STEREO	26	7/1/2023	12/31/2382	\$20.58
70260	RADIOLOGIC EXAMINATION, SKULL; COMPLETE, MINIMUM OF FOUR VIEWS, WITH OR WITHOUT STEREO		1/1/1993	12/31/2382	\$44.68
70260	RADIOLOGIC EXAMINATION, SKULL; COMPLETE, MINIMUM OF FOUR VIEWS, WITH OR WITHOUT STEREO		7/1/2023	12/31/2382	\$96.17
70260	RADIOLOGIC EXAMINATION, SKULL; COMPLETE, MINIMUM OF FOUR VIEWS, WITH OR WITHOUT STEREO	TC	7/1/2023	12/31/2382	\$35.09
70300	RADIOLOGIC EXAMINATION, TEETH; SINGLE VIEW	26	7/1/2023	12/31/2382	\$6.16
70300	RADIOLOGIC EXAMINATION, TEETH; SINGLE VIEW		1/1/1993	12/31/2382	\$13.20
70300	RADIOLOGIC EXAMINATION, TEETH; SINGLE VIEW		7/1/2023	12/31/2382	\$62.11
70300	RADIOLOGIC EXAMINATION, TEETH; SINGLE VIEW	TC	7/1/2023	12/31/2382	\$10.17
70310	RADIOLOGIC EXAMINATION, TEETH; PARTIAL EXAMINATION, LESS THAN FULL MOUTH	26	7/1/2023	12/31/2382	\$9.58
70310	RADIOLOGIC EXAMINATION, TEETH; PARTIAL EXAMINATION, LESS THAN FULL MOUTH		1/1/1993	12/31/2382	\$20.93
70310	RADIOLOGIC EXAMINATION, TEETH; PARTIAL EXAMINATION, LESS THAN FULL MOUTH		7/1/2023	12/31/2382	\$62.11
70310	RADIOLOGIC EXAMINATION, TEETH; PARTIAL EXAMINATION, LESS THAN FULL MOUTH	TC	7/1/2023	12/31/2382	\$16.59
70320	RADIOLOGIC EXAMINATION, TEETH; COMPLETE, FULL MOUTH	26	7/1/2023	12/31/2382	\$13.71
70320	RADIOLOGIC EXAMINATION, TEETH; COMPLETE, FULL MOUTH		1/1/1993	12/31/2382	\$35.67
70320	RADIOLOGIC EXAMINATION, TEETH; COMPLETE, FULL MOUTH		7/1/2023	12/31/2382	\$62.11
70320	RADIOLOGIC EXAMINATION, TEETH; COMPLETE, FULL MOUTH	TC	7/1/2023	12/31/2382	\$30.97
70328	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; UNILATERAL	26	7/1/2023	12/31/2382	\$11.29
70328	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; UNILATERAL		1/1/1993	12/31/2382	\$24.68

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
70328	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; UNILATERAL		7/1/2023	12/31/2382	\$56.50
70328	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; UNILATERAL	TC	7/1/2023	12/31/2382	\$19.66
70330	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; BILATERAL	26	7/1/2023	12/31/2382	\$14.94
70330	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; BILATERAL		1/1/1993	12/31/2382	\$38.18
70330	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; BILATERAL		7/1/2023	12/31/2382	\$56.50
70330	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; BILATERAL	TC	7/1/2023	12/31/2382	\$32.89
70332	TEMPOROMANDIBULAR JOINT ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$32.48
70332	TEMPOROMANDIBULAR JOINT ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$93.29
70332	TEMPOROMANDIBULAR JOINT ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$270.51
70332	TEMPOROMANDIBULAR JOINT ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$82.37
70336	MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JOINT	26	7/1/2023	12/31/2382	\$56.23
70336	MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JOINT		1/1/1993	12/31/2382	\$402.69
70336	MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JOINT		7/1/2023	12/31/2382	\$395.00
70336	MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JOINT	TC	7/1/2023	12/31/2382	\$439.49
70350	CEPHALOGRAM, ORTHODONTIC	26	7/1/2023	12/31/2382	\$10.19
70350	CEPHALOGRAM, ORTHODONTIC		1/1/1993	12/31/2382	\$19.77
70350	CEPHALOGRAM, ORTHODONTIC		7/1/2023	12/31/2382	\$56.50
70350	CEPHALOGRAM, ORTHODONTIC	TC	7/1/2023	12/31/2382	\$14.40
70355	ORTHOPANTOGRAM	26	7/1/2023	12/31/2382	\$12.27
70355	ORTHOPANTOGRAM		1/1/1993	12/31/2382	\$27.72
70355	ORTHOPANTOGRAM		7/1/2023	12/31/2382	\$56.50
70355	ORTHOPANTOGRAM	TC	7/1/2023	12/31/2382	\$22.63
70360	RADIOLOGIC EXAMINATION; NECK, SOFT TISSUE	26	7/1/2023	12/31/2382	\$10.42
70360	RADIOLOGIC EXAMINATION; NECK, SOFT TISSUE		1/1/1993	12/31/2382	\$21.56
70360	RADIOLOGIC EXAMINATION; NECK, SOFT TISSUE		7/1/2023	12/31/2382	\$56.50
70360	RADIOLOGIC EXAMINATION; NECK, SOFT TISSUE	TC	7/1/2023	12/31/2382	\$16.59

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
70370	RADIOLOGIC EXAMINATION; PHARYNX OR LARYNX, INCLUDING FLUOROSCOPY AND/OR MAGNIFICATION TECHNIQUE	26	7/1/2023	12/31/2382	\$19.64
70370	RADIOLOGIC EXAMINATION; PHARYNX OR LARYNX, INCLUDING FLUOROSCOPY AND/OR MAGNIFICATION TECHNIQUE		1/1/1993	12/31/2382	\$56.67
70370	RADIOLOGIC EXAMINATION; PHARYNX OR LARYNX, INCLUDING FLUOROSCOPY AND/OR MAGNIFICATION TECHNIQUE		7/1/2023	12/31/2382	\$102.94
70370	RADIOLOGIC EXAMINATION; PHARYNX OR LARYNX, INCLUDING FLUOROSCOPY AND/OR MAGNIFICATION TECHNIQUE	TC	7/1/2023	12/31/2382	\$51.00
70371	COMPLEX DYNAMIC PHARYNGEAL AND SPEECH EVALUATION BY CINE OR VIDEO RECORDING	26	7/1/2023	12/31/2382	\$52.20
70371	COMPLEX DYNAMIC PHARYNGEAL AND SPEECH EVALUATION BY CINE OR VIDEO RECORDING		1/1/1993	12/31/2382	\$107.57
70371	COMPLEX DYNAMIC PHARYNGEAL AND SPEECH EVALUATION BY CINE OR VIDEO RECORDING		7/1/2023	12/31/2382	\$102.94
70371	COMPLEX DYNAMIC PHARYNGEAL AND SPEECH EVALUATION BY CINE OR VIDEO RECORDING	TC	7/1/2023	12/31/2382	\$82.37
70373	LARYNGOGRAPHY, CONTRAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$25.99
70373	LARYNGOGRAPHY, CONTRAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$77.90
70373	LARYNGOGRAPHY, CONTRAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$131.52
70373	LARYNGOGRAPHY, CONTRAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$69.91
70380	RADIOLOGIC EXAMINATION, SALIVARY GLAND FOR CALCULUS	26	7/1/2023	12/31/2382	\$10.51
70380	RADIOLOGIC EXAMINATION, SALIVARY GLAND FOR CALCULUS		1/1/1993	12/31/2382	\$29.58
70380	RADIOLOGIC EXAMINATION, SALIVARY GLAND FOR CALCULUS		7/1/2023	12/31/2382	\$56.50
70380	RADIOLOGIC EXAMINATION, SALIVARY GLAND FOR CALCULUS	TC	7/1/2023	12/31/2382	\$26.47
70390	SIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$22.11
70390	SIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$74.76
70390	SIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$131.52
70390	SIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$69.91
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	26	7/1/2023	12/31/2382	\$52.98
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	59	7/1/2023	12/31/2382	\$244.82

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	76	1/1/2005	12/31/2382	\$198.87
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	76	7/1/2023	12/31/2382	\$244.82
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL		1/1/1993	12/31/2382	\$191.39
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL		7/1/2023	12/31/2382	\$244.82
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	ET	7/1/2023	12/31/2382	\$244.82
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	GA	7/1/2023	12/31/2382	\$244.82
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	MC	7/1/2023	12/31/2382	\$244.82
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	ME	7/1/2023	12/31/2382	\$244.82
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	MG	7/1/2023	12/31/2382	\$244.82
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	MH	7/1/2023	12/31/2382	\$244.82
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	PO	7/1/2023	12/31/2382	\$244.82
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	QQ	7/1/2023	12/31/2382	\$244.82
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	TC	7/1/2023	12/31/2382	\$185.17
70460	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITH CONTRAST MATERIAL(S)	26	7/1/2023	12/31/2382	\$69.98
70460	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITH CONTRAST MATERIAL(S)		1/1/1993	12/31/2382	\$234.80
70460	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITH CONTRAST MATERIAL(S)		7/1/2023	12/31/2382	\$332.45
70460	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITH CONTRAST MATERIAL(S)	TC	7/1/2023	12/31/2382	\$221.82
70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND	26	7/1/2023	12/31/2382	\$79.01

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND		1/1/1993	12/31/2382	\$286.42
70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND		7/1/2023	12/31/2382	\$395.43
70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND	TC	7/1/2023	12/31/2382	\$277.34
70480	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRA	26	7/1/2023	12/31/2382	\$79.71
70480	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRA	59	7/1/2023	12/31/2382	\$244.45
70480	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRA		1/1/1993	12/31/2382	\$212.19
70480	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRA		7/1/2023	12/31/2382	\$244.82
70480	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRA	ME	7/1/2023	12/31/2382	\$244.82
70480	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRA	TC	7/1/2023	12/31/2382	\$185.17
70481	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITH CONTRAST	26	7/1/2023	12/31/2382	\$85.82
70481	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITH CONTRAST		1/1/1993	12/31/2382	\$246.66
70481	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITH CONTRAST		7/1/2023	12/31/2382	\$332.45
70481	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITH CONTRAST	TC	7/1/2023	12/31/2382	\$221.82
70482	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRA	26	7/1/2023	12/31/2382	\$90.15
70482	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRA		1/1/1993	12/31/2382	\$295.14
70482	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRA		7/1/2023	12/31/2382	\$395.43
70482	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRA	TC	7/1/2023	12/31/2382	\$277.34
70486	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	26	7/1/2023	12/31/2382	\$70.60

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
70486	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL		1/1/1993	12/31/2382	\$205.36
70486	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL		7/1/2023	12/31/2382	\$244.82
70486	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	MG	7/1/2023	12/31/2382	\$244.82
70486	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	MH	7/1/2023	12/31/2382	\$244.82
70486	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	PO	7/1/2023	12/31/2382	\$244.82
70486	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	QQ	7/1/2023	12/31/2382	\$244.82
70486	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	TC	7/1/2023	12/31/2382	\$185.17
70487	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S)	26	7/1/2023	12/31/2382	\$80.59
70487	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S)		1/1/1993	12/31/2382	\$242.58
70487	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S)		7/1/2023	12/31/2382	\$332.45
70487	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S)	QQ	7/1/2023	12/31/2382	\$332.45
70487	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S)	TC	7/1/2023	12/31/2382	\$221.82
70488	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S)	26	7/1/2023	12/31/2382	\$88.59
70488	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S)		1/1/1993	12/31/2382	\$293.88
70488	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S)		7/1/2023	12/31/2382	\$395.43
70488	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S)	TC	7/1/2023	12/31/2382	\$277.34
70490	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL	26	7/1/2023	12/31/2382	\$79.71
70490	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL		1/1/1993	12/31/2382	\$212.19

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
70490	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL		7/1/2023	12/31/2382	\$244.82
70490	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL	MG	7/1/2023	12/31/2382	\$244.82
70490	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL	TC	7/1/2023	12/31/2382	\$185.17
70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITH CONTRAST MATERIAL(S)	26	7/1/2023	12/31/2382	\$85.82
70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITH CONTRAST MATERIAL(S)		1/1/1993	12/31/2382	\$246.66
70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITH CONTRAST MATERIAL(S)		7/1/2023	12/31/2382	\$332.45
70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITH CONTRAST MATERIAL(S)	QQ	7/1/2023	12/31/2382	\$332.45
70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITH CONTRAST MATERIAL(S)	TC	7/1/2023	12/31/2382	\$221.82
70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AN	26	7/1/2023	12/31/2382	\$90.15
70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AN		1/1/1993	12/31/2382	\$295.14
70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AN		7/1/2023	12/31/2382	\$395.43
70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AN	TC	7/1/2023	12/31/2382	\$277.34
70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND		7/1/2023	12/31/2382	\$386.84
70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND	MG	7/1/2023	12/31/2382	\$386.84
70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND	QQ	7/1/2023	12/31/2382	\$386.84
70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND	TC	1/1/2022	12/31/2382	\$50.77
70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND	TC	1/1/2022	12/31/2382	\$126.32
70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FUR		7/1/2023	12/31/2382	\$386.84

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FUR	MG	7/1/2023	12/31/2382	\$386.84
70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FUR	QQ	7/1/2023	12/31/2382	\$386.84
70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FUR	TC	1/1/2022	12/31/2382	\$50.77
70540	MAGNETIC RESONANCE (EG, PROTON) IMAGING; ORBIT, FACE, AND NECK	26	7/1/2023	12/31/2382	\$91.97
70540	MAGNETIC RESONANCE (EG, PROTON) IMAGING; ORBIT, FACE, AND NECK		1/1/1993	12/31/2382	\$428.43
70540	MAGNETIC RESONANCE (EG, PROTON) IMAGING; ORBIT, FACE, AND NECK		7/1/2023	12/31/2382	\$454.49
70540	MAGNETIC RESONANCE (EG, PROTON) IMAGING; ORBIT, FACE, AND NECK	TC	7/1/2023	12/31/2382	\$439.49
70542	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND NECK WITH CONTRAST MATERIAL(S)		7/1/2023	12/31/2382	\$482.87
70543	MAGNETIC RESONANCE INAMGING, ORBIT, FACE AND NECK WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S)		7/1/2023	12/31/2382	\$658.91
70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL(S)		7/1/2023	12/31/2382	\$454.49
70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL(S)	ME	7/1/2023	12/31/2382	\$454.49
70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL(S)	TC	7/1/2023	12/31/2382	\$250.32
70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL(S)	XS	7/1/2023	12/31/2382	\$454.49
70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL(S)	XU	7/1/2023	12/31/2382	\$454.49
70545	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITH CONTRAST MATERIAL(S)		7/1/2023	12/31/2382	\$482.87
70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTH		7/1/2023	12/31/2382	\$658.91
70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTH	XS	7/1/2023	12/31/2382	\$658.91
70547	MAGNETIC RESONANCE ANGIOGRAPHY, NECK, WITHOUT CONTRAST MATERIAL(S)		7/1/2023	12/31/2382	\$454.49
70548	MAGNETIC RESONANCE ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S)		7/1/2023	12/31/2382	\$482.87
70549	MAGNETIC RESONANCE ANGIOGRAPHY, NECK, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTH		7/1/2023	12/31/2382	\$658.91
70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL	26	7/1/2023	12/31/2382	\$91.97
70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL		1/1/1993	12/31/2382	\$428.43
70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL		7/1/2023	12/31/2382	\$454.49
70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL	ME	7/1/2023	12/31/2382	\$454.49

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL	MG	7/1/2023	12/31/2382	\$454.49
70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL	PO	7/1/2023	12/31/2382	\$454.49
70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL	QQ	7/1/2023	12/31/2382	\$454.49
70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL	TC	7/1/2023	12/31/2382	\$439.49
70552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITH CONTRAST MATERIAL(S)	26	7/1/2023	12/31/2382	\$105.52
70552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITH CONTRAST MATERIAL(S)		1/1/1993	12/31/2382	\$513.91
70552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITH CONTRAST MATERIAL(S)		7/1/2023	12/31/2382	\$482.87
70552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITH CONTRAST MATERIAL(S)	TC	7/1/2023	12/31/2382	\$527.13
70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY	26	7/1/2023	12/31/2382	\$140.32
70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY	52	7/1/2023	12/31/2382	\$658.91
70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY		1/1/1993	12/31/2382	\$906.89
70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY		7/1/2023	12/31/2382	\$658.91
70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY	ME	7/1/2023	12/31/2382	\$658.91
70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY	MF	7/1/2023	12/31/2382	\$658.91
70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY	MG	7/1/2023	12/31/2382	\$658.91
70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY	PO	7/1/2023	12/31/2382	\$658.91
70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY	TC	7/1/2023	12/31/2382	\$976.15
70554	MAGNETIC RESONANCE IMAGING, BRAIN FUNCATIONAL MRI; INCLUDING TEST SELECTION AND ADMINISTRATION OF REPETITIVE		7/1/2023	12/31/2382	\$439.52

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
70555	MAGNETIC RESONANCE IMAGING, BRAIN FUNCATIONAL MRI; REQUIRING PHYSICIAN OR PSYCHOLOGIST ADMINISTRATION OF ENTIR		7/1/2023	12/31/2382	\$439.52
70557	MAGNETIC RESONANCE IMAGIN, BRAIN, DURING INTRACRANIAL PROCEDURE; WITHOUT CONTRAST MATERIAL		7/1/2023	12/31/2382	\$454.49
70558	MAGNETIC RESONANCE IMAGIN, BRAIN, DURING INTRACRANIAL PROCEDURE; WITH CONTRAST MATERIAL		7/1/2023	12/31/2382	\$482.87
70559	MAGNETIC RESONANCE IMAGIN, BRAIN, DURING INTRACRANIAL PROCEDURE; WITHOUT CONTRAST MATERIAL FOLLOWED		7/1/2023	12/31/2382	\$658.91
71010	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL	26	7/1/2023	12/31/2382	\$11.05
71010	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL	59	7/1/2023	12/31/2382	\$56.50
71010	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL	76	7/1/2023	12/31/2382	\$56.50
71010	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL		1/1/1993	12/31/2382	\$25.59
71010	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL		7/1/2023	12/31/2382	\$56.50
71010	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL	RT	7/1/2023	12/31/2382	\$56.50
71010	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL	TC	7/1/2023	12/31/2382	\$18.91
71010	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL	XU	7/1/2023	12/31/2382	\$56.50
71015	RADIOLOGIC EXAMINATION, CHEST; STEREO, FRONTAL	26	7/1/2023	12/31/2382	\$12.86
71015	RADIOLOGIC EXAMINATION, CHEST; STEREO, FRONTAL		1/1/1993	12/31/2382	\$26.87
71015	RADIOLOGIC EXAMINATION, CHEST; STEREO, FRONTAL		7/1/2023	12/31/2382	\$56.50
71015	RADIOLOGIC EXAMINATION, CHEST; STEREO, FRONTAL	TC	7/1/2023	12/31/2382	\$20.82
71020	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL;	26	7/1/2023	12/31/2382	\$13.49
71020	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL;	59	7/1/2023	12/31/2382	\$56.50
71020	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL;		1/1/1993	12/31/2382	\$30.23
71020	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL;		7/1/2023	12/31/2382	\$56.50
71020	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL;	GA	7/1/2023	12/31/2382	\$56.50
71020	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL;	TC	7/1/2023	12/31/2382	\$24.56
71021	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH APICAL LORDOTIC PROCEDURE	26	7/1/2023	12/31/2382	\$16.32
71021	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH APICAL LORDOTIC PROCEDURE		1/1/1993	12/31/2382	\$36.32
71021	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH APICAL LORDOTIC PROCEDURE		7/1/2023	12/31/2382	\$56.50
71021	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH APICAL LORDOTIC PROCEDURE	TC	7/1/2023	12/31/2382	\$29.05
71022	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH OBLIQUE PROJECTIONS	26	7/1/2023	12/31/2382	\$18.96

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
71022	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH OBLIQUE PROJECTIONS		1/1/1993	12/31/2382	\$38.20
71022	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH OBLIQUE PROJECTIONS		7/1/2023	12/31/2382	\$56.50
71022	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH OBLIQUE PROJECTIONS	TC	7/1/2023	12/31/2382	\$29.05
71023	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH FLUOROSCOPY	26	7/1/2023	12/31/2382	\$23.33
71023	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH FLUOROSCOPY		1/1/1993	12/31/2382	\$43.45
71023	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH FLUOROSCOPY		7/1/2023	12/31/2382	\$102.94
71023	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH FLUOROSCOPY	TC	7/1/2023	12/31/2382	\$30.97
71030	RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF FOUR VIEWS;	26	7/1/2023	12/31/2382	\$18.96
71030	RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF FOUR VIEWS;		1/1/1993	12/31/2382	\$39.76
71030	RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF FOUR VIEWS;		7/1/2023	12/31/2382	\$56.50
71030	RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF FOUR VIEWS;	TC	7/1/2023	12/31/2382	\$30.97
71034	RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF FOUR VIEWS; WITH FLUOROSCOPY	26	7/1/2023	12/31/2382	\$28.85
71034	RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF FOUR VIEWS; WITH FLUOROSCOPY		1/1/1993	12/31/2382	\$68.41
71034	RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF FOUR VIEWS; WITH FLUOROSCOPY		7/1/2023	12/31/2382	\$102.94
71034	RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF FOUR VIEWS; WITH FLUOROSCOPY	TC	7/1/2023	12/31/2382	\$56.67
71035	RADIOLOGIC EXAMINATION, CHEST, SPECIAL VIEWS (EG, LATERAL DECUBITUS, BUCKY STUDIES)	26	7/1/2023	12/31/2382	\$11.05
71035	RADIOLOGIC EXAMINATION, CHEST, SPECIAL VIEWS (EG, LATERAL DECUBITUS, BUCKY STUDIES)		1/1/1993	12/31/2382	\$25.30
71035	RADIOLOGIC EXAMINATION, CHEST, SPECIAL VIEWS (EG, LATERAL DECUBITUS, BUCKY STUDIES)		7/1/2023	12/31/2382	\$56.50
71035	RADIOLOGIC EXAMINATION, CHEST, SPECIAL VIEWS (EG, LATERAL DECUBITUS, BUCKY STUDIES)	TC	7/1/2023	12/31/2382	\$20.82
71036	NEEDLE BIOPSY OF INTRATHORACIC LESION, INCLUDING FOLLOW-UP FILMS; FLUOROSCOPIC LOCALIZATION ONLY, RADIOLOGICAL	26	7/1/2023	12/31/2382	\$34.31

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
71036	NEEDLE BIOPSY OF INTRATHORACIC LESION, INCLUDING FOLLOW-UP FILMS; FLUOROSCOPIC LOCALIZATION ONLY, RADIOLOGICAL		7/1/2023	12/31/2382	\$94.41
71036	NEEDLE BIOPSY OF INTRATHORACIC LESION, INCLUDING FOLLOW-UP FILMS; FLUOROSCOPIC LOCALIZATION ONLY, RADIOLOGICAL	TC	7/1/2023	12/31/2382	\$61.94
71038	FLUOROSCOPIC LOCALIZATION FOR TRANSBRONCHIAL BIOPSY OR BRUSHING	26	7/1/2023	12/31/2382	\$34.31
71038	FLUOROSCOPIC LOCALIZATION FOR TRANSBRONCHIAL BIOPSY OR BRUSHING		7/1/2023	12/31/2382	\$98.53
71038	FLUOROSCOPIC LOCALIZATION FOR TRANSBRONCHIAL BIOPSY OR BRUSHING	TC	7/1/2023	12/31/2382	\$66.07
71040	BRONCHOGRAPHY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$34.79
71040	BRONCHOGRAPHY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$74.92
71040	BRONCHOGRAPHY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$131.52
71040	BRONCHOGRAPHY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$57.44
71045	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	26	7/1/2023	12/31/2382	\$6.61
71045	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	77	7/1/2023	12/31/2382	\$61.19
71045	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW		7/1/2023	12/31/2382	\$61.19
71045	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	FY	7/1/2023	12/31/2382	\$61.19
71045	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	TC	7/1/2023	12/31/2382	\$7.62
71045	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	UD	7/1/2023	12/31/2382	\$61.19
71046	RADIOLOGIC EXAMINATION, CHEST; 2 VIEWS	26	7/1/2023	12/31/2382	\$7.88
71046	RADIOLOGIC EXAMINATION, CHEST; 2 VIEWS		7/1/2023	12/31/2382	\$61.19
71046	RADIOLOGIC EXAMINATION, CHEST; 2 VIEWS	FY	7/1/2023	12/31/2382	\$61.19
71046	RADIOLOGIC EXAMINATION, CHEST; 2 VIEWS	PN	7/1/2023	12/31/2382	\$61.19
71046	RADIOLOGIC EXAMINATION, CHEST; 2 VIEWS	PO	7/1/2023	12/31/2382	\$61.19
71046	RADIOLOGIC EXAMINATION, CHEST; 2 VIEWS	TC	7/1/2023	12/31/2382	\$13.98
71047	RADIOLOGIC EXAMINATION, CHEST; 3 VIEWS	26	7/1/2023	12/31/2382	\$10.17
71047	RADIOLOGIC EXAMINATION, CHEST; 3 VIEWS		7/1/2023	12/31/2382	\$61.19
71047	RADIOLOGIC EXAMINATION, CHEST; 3 VIEWS	TC	7/1/2023	12/31/2382	\$17.78
71048	RADIOLOGIC EXAMINATION, CHEST; 4 OR MORE VIEWS	26	1/1/2018	12/31/2382	\$8.26
71048	RADIOLOGIC EXAMINATION, CHEST; 4 OR MORE VIEWS	26	7/1/2023	12/31/2382	\$11.67
71048	RADIOLOGIC EXAMINATION, CHEST; 4 OR MORE VIEWS		7/1/2023	12/31/2382	\$112.74
71048	RADIOLOGIC EXAMINATION, CHEST; 4 OR MORE VIEWS	TC	1/1/2018	12/31/2382	\$14.45
71048	RADIOLOGIC EXAMINATION, CHEST; 4 OR MORE VIEWS	TC	7/1/2023	12/31/2382	\$18.29

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
71060	BRONCHOGRAPHY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$43.96
71060	BRONCHOGRAPHY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$105.98
71060	BRONCHOGRAPHY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$131.52
71060	BRONCHOGRAPHY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$86.50
71090	INSERTION PACEMAKER, FLUOROSCOPY AND RADIOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$32.48
71090	INSERTION PACEMAKER, FLUOROSCOPY AND RADIOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$80.04
71090	INSERTION PACEMAKER, FLUOROSCOPY AND RADIOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$102.94
71090	INSERTION PACEMAKER, FLUOROSCOPY AND RADIOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$66.07
71100	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; TWO VIEWS	26	7/1/2023	12/31/2382	\$13.71
71100	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; TWO VIEWS	59	7/1/2023	12/31/2382	\$56.50
71100	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; TWO VIEWS		1/1/1993	12/31/2382	\$28.90
71100	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; TWO VIEWS		7/1/2023	12/31/2382	\$56.50
71100	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; TWO VIEWS	LT	7/1/2023	12/31/2382	\$56.50
71100	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; TWO VIEWS	RT	7/1/2023	12/31/2382	\$56.50
71100	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; TWO VIEWS	TC	7/1/2023	12/31/2382	\$22.63
71101	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF THREE VIEWS	26	7/1/2023	12/31/2382	\$16.60
71101	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF THREE VIEWS	59	7/1/2023	12/31/2382	\$56.50
71101	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF THREE VIEWS		1/1/1993	12/31/2382	\$34.53
71101	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF THREE VIEWS		7/1/2023	12/31/2382	\$56.50
71101	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF THREE VIEWS	LT	7/1/2023	12/31/2382	\$56.50
71101	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF THREE VIEWS	RT	7/1/2023	12/31/2382	\$56.50

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
71101	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF THREE VIEWS	TC	7/1/2023	12/31/2382	\$26.47
71110	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; THREE VIEWS	26	7/1/2023	12/31/2382	\$16.60
71110	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; THREE VIEWS		1/1/1993	12/31/2382	\$38.19
71110	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; THREE VIEWS		7/1/2023	12/31/2382	\$56.50
71110	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; THREE VIEWS	TC	7/1/2023	12/31/2382	\$30.97
71111	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF FOUR VIEWS	26	7/1/2023	12/31/2382	\$19.38
71111	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF FOUR VIEWS	59	7/1/2023	12/31/2382	\$96.17
71111	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF FOUR VIEWS		1/1/1993	12/31/2382	\$43.73
71111	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF FOUR VIEWS		7/1/2023	12/31/2382	\$96.17
71111	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF FOUR VIEWS	TC	7/1/2023	12/31/2382	\$35.09
71120	RADIOLOGIC EXAMINATION; STERNUM, MINIMUM OF TWO VIEWS	26	7/1/2023	12/31/2382	\$12.27
71120	RADIOLOGIC EXAMINATION; STERNUM, MINIMUM OF TWO VIEWS		1/1/1993	12/31/2382	\$30.22
71120	RADIOLOGIC EXAMINATION; STERNUM, MINIMUM OF TWO VIEWS		7/1/2023	12/31/2382	\$56.50
71120	RADIOLOGIC EXAMINATION; STERNUM, MINIMUM OF TWO VIEWS	TC	7/1/2023	12/31/2382	\$25.70
71130	RADIOLOGIC EXAMINATION; STERNOCLAVICULAR JOINT OR JOINTS, MINIMUM OF THREE VIEWS	26	7/1/2023	12/31/2382	\$13.49
71130	RADIOLOGIC EXAMINATION; STERNOCLAVICULAR JOINT OR JOINTS, MINIMUM OF THREE VIEWS		1/1/1993	12/31/2382	\$32.72
71130	RADIOLOGIC EXAMINATION; STERNOCLAVICULAR JOINT OR JOINTS, MINIMUM OF THREE VIEWS		7/1/2023	12/31/2382	\$56.50
71130	RADIOLOGIC EXAMINATION; STERNOCLAVICULAR JOINT OR JOINTS, MINIMUM OF THREE VIEWS	TC	7/1/2023	12/31/2382	\$27.63
71250	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	26	7/1/2023	12/31/2382	\$72.09
71250	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	59	7/1/2023	12/31/2382	\$244.82
71250	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL		1/1/1993	12/31/2382	\$243.78
71250	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL		7/1/2023	12/31/2382	\$244.82
71250	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	MC	7/1/2023	12/31/2382	\$244.82
71250	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	ME	7/1/2023	12/31/2382	\$244.82
71250	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	MF	7/1/2023	12/31/2382	\$244.82
71250	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	MG	7/1/2023	12/31/2382	\$244.82

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
71250	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	MH	7/1/2023	12/31/2382	\$244.82
71250	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	PO	7/1/2023	12/31/2382	\$244.82
71250	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	QQ	7/1/2023	12/31/2382	\$244.82
71250	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	TC	7/1/2023	12/31/2382	\$231.31
71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	26	7/1/2023	12/31/2382	\$77.22
71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	59	7/1/2023	12/31/2382	\$332.45
71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)		1/1/1993	12/31/2382	\$284.93
71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)		7/1/2023	12/31/2382	\$332.45
71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	MG	7/1/2023	12/31/2382	\$332.45
71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	MH	7/1/2023	12/31/2382	\$332.45
71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Q1	7/1/2023	12/31/2382	\$332.45
71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	QQ	7/1/2023	12/31/2382	\$332.45
71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	TC	7/1/2023	12/31/2382	\$277.34
71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER	26	7/1/2023	12/31/2382	\$85.82
71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER		1/1/1993	12/31/2382	\$348.01
71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER		7/1/2023	12/31/2382	\$395.43
71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER	TC	7/1/2023	12/31/2382	\$346.58
71271	COMPUTED TOMOGRAPHY, THORAX, LOW DOSE FOR LUNG CANCER SCREENING, WITHOUT CONTRAST MATERIAL(S)		7/1/2023	12/31/2382	\$68.82
71271	COMPUTED TOMOGRAPHY, THORAX, LOW DOSE FOR LUNG CANCER SCREENING, WITHOUT CONTRAST MATERIAL(S)	ME	7/1/2023	12/31/2382	\$68.82
71271	COMPUTED TOMOGRAPHY, THORAX, LOW DOSE FOR LUNG CANCER SCREENING, WITHOUT CONTRAST MATERIAL(S)	MF	7/1/2023	12/31/2382	\$68.82
71271	COMPUTED TOMOGRAPHY, THORAX, LOW DOSE FOR LUNG CANCER SCREENING, WITHOUT CONTRAST MATERIAL(S)	MG	7/1/2023	12/31/2382	\$68.82
71271	COMPUTED TOMOGRAPHY, THORAX, LOW DOSE FOR LUNG CANCER SCREENING, WITHOUT CONTRAST MATERIAL(S)	MH	7/1/2023	12/31/2382	\$68.82
71271	COMPUTED TOMOGRAPHY, THORAX, LOW DOSE FOR LUNG CANCER SCREENING, WITHOUT CONTRAST MATERIAL(S)	TC	7/1/2023	12/31/2382	\$61.67
71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S), FOLLO		7/1/2023	12/31/2382	\$386.84

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S), FOLLO	QQ	7/1/2023	12/31/2382	\$386.84
71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S), FOLLO	TC	7/1/2023	12/31/2382	\$271.81
71550	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY)	26	7/1/2023	12/31/2382	\$99.70
71550	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY)		1/1/1993	12/31/2382	\$434.32
71550	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY)		7/1/2023	12/31/2382	\$454.49
71550	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY)	TC	7/1/2023	12/31/2382	\$439.49
71551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPH WITH CONTRAS		7/1/2023	12/31/2382	\$482.87
71552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPH WITHOUT		7/1/2023	12/31/2382	\$658.91
71555	MAGNETIC RESONANCE IMAGING, CHEST		12/1/2006	12/31/2382	\$380.71
71555	MAGNETIC RESONANCE IMAGING, CHEST		7/1/2023	12/31/2382	\$576.22
72010	RADIOLOGIC EXAMINATION, SPINE, ENTIRE, SURVEY STUDY, ANTEROPOSTERIOR AND LATERAL	26	7/1/2023	12/31/2382	\$27.52
72010	RADIOLOGIC EXAMINATION, SPINE, ENTIRE, SURVEY STUDY, ANTEROPOSTERIOR AND LATERAL		1/1/1993	12/31/2382	\$53.99
72010	RADIOLOGIC EXAMINATION, SPINE, ENTIRE, SURVEY STUDY, ANTEROPOSTERIOR AND LATERAL		7/1/2023	12/31/2382	\$56.50
72010	RADIOLOGIC EXAMINATION, SPINE, ENTIRE, SURVEY STUDY, ANTEROPOSTERIOR AND LATERAL	TC	7/1/2023	12/31/2382	\$40.08
72020	RADIOLOGIC EXAMINATION, SPINE, SINGLE VIEW, SPECIFY LEVEL	26	7/1/2023	12/31/2382	\$9.14
72020	RADIOLOGIC EXAMINATION, SPINE, SINGLE VIEW, SPECIFY LEVEL	59	7/1/2023	12/31/2382	\$56.50
72020	RADIOLOGIC EXAMINATION, SPINE, SINGLE VIEW, SPECIFY LEVEL	76	7/1/2023	12/31/2382	\$56.50
72020	RADIOLOGIC EXAMINATION, SPINE, SINGLE VIEW, SPECIFY LEVEL		1/1/1993	12/31/2382	\$20.62
72020	RADIOLOGIC EXAMINATION, SPINE, SINGLE VIEW, SPECIFY LEVEL		7/1/2023	12/31/2382	\$56.50
72020	RADIOLOGIC EXAMINATION, SPINE, SINGLE VIEW, SPECIFY LEVEL	TC	7/1/2023	12/31/2382	\$16.59
72040	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; ANTEROPOSTERIOR AND LATERAL	26	7/1/2023	12/31/2382	\$13.49
72040	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; ANTEROPOSTERIOR AND LATERAL		1/1/1993	12/31/2382	\$29.60
72040	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; ANTEROPOSTERIOR AND LATERAL		7/1/2023	12/31/2382	\$56.50
72040	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; ANTEROPOSTERIOR AND LATERAL	PN	7/1/2023	12/31/2382	\$56.50

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
72040	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; ANTEROPOSTERIOR AND LATERAL	TC	7/1/2023	12/31/2382	\$23.79
72050	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; MINIMUM OF FOUR VIEWS	26	7/1/2023	12/31/2382	\$18.96
72050	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; MINIMUM OF FOUR VIEWS		1/1/1993	12/31/2382	\$43.11
72050	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; MINIMUM OF FOUR VIEWS		7/1/2023	12/31/2382	\$96.17
72050	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; MINIMUM OF FOUR VIEWS	PN	7/1/2023	12/31/2382	\$96.17
72050	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; MINIMUM OF FOUR VIEWS	PO	7/1/2023	12/31/2382	\$96.17
72050	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; MINIMUM OF FOUR VIEWS	TC	7/1/2023	12/31/2382	\$35.09
72052	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; COMPLETE, INCLUDING OBLIQUE AND FLEXION AND/OR EXTENSION STUDIES	26	7/1/2023	12/31/2382	\$21.81
72052	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; COMPLETE, INCLUDING OBLIQUE AND FLEXION AND/OR EXTENSION STUDIES		1/1/1993	12/31/2382	\$53.02
72052	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; COMPLETE, INCLUDING OBLIQUE AND FLEXION AND/OR EXTENSION STUDIES		7/1/2023	12/31/2382	\$96.17
72052	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; COMPLETE, INCLUDING OBLIQUE AND FLEXION AND/OR EXTENSION STUDIES	TC	7/1/2023	12/31/2382	\$44.21
72069	RADIOLOGIC EXAMINATION, SPINE, THORACOLUMBAR, STANDING (SCOLIOSIS)	26	7/1/2023	12/31/2382	\$12.66
72069	RADIOLOGIC EXAMINATION, SPINE, THORACOLUMBAR, STANDING (SCOLIOSIS)		1/1/1993	12/31/2382	\$26.25
72069	RADIOLOGIC EXAMINATION, SPINE, THORACOLUMBAR, STANDING (SCOLIOSIS)		7/1/2023	12/31/2382	\$56.50
72069	RADIOLOGIC EXAMINATION, SPINE, THORACOLUMBAR, STANDING (SCOLIOSIS)	TC	7/1/2023	12/31/2382	\$19.66
72070	RADIOLOGIC EXAMINATION, SPINE; THORACIC, ANTEROPOSTERIOR AND LATERAL	26	7/1/2023	12/31/2382	\$13.50
72070	RADIOLOGIC EXAMINATION, SPINE; THORACIC, ANTEROPOSTERIOR AND LATERAL		1/1/1993	12/31/2382	\$31.16
72070	RADIOLOGIC EXAMINATION, SPINE; THORACIC, ANTEROPOSTERIOR AND LATERAL		7/1/2023	12/31/2382	\$56.50
72070	RADIOLOGIC EXAMINATION, SPINE; THORACIC, ANTEROPOSTERIOR AND LATERAL	TC	7/1/2023	12/31/2382	\$25.70
72072	RADIOLOGIC EXAMINATION, SPINE; THORACIC, ANTEROPOSTERIOR AND LATERAL, INCLUDING SWIMMER'S VIEW OF THE CERVICOT	26	7/1/2023	12/31/2382	\$13.49
72072	RADIOLOGIC EXAMINATION, SPINE; THORACIC, ANTEROPOSTERIOR AND LATERAL, INCLUDING SWIMMER'S VIEW OF THE CERVICOT		1/1/1993	12/31/2382	\$33.89
72072	RADIOLOGIC EXAMINATION, SPINE; THORACIC, ANTEROPOSTERIOR AND LATERAL, INCLUDING SWIMMER'S VIEW OF THE CERVICOT		7/1/2023	12/31/2382	\$56.50
72072	RADIOLOGIC EXAMINATION, SPINE; THORACIC, ANTEROPOSTERIOR AND LATERAL, INCLUDING SWIMMER'S VIEW OF THE CERVICOT	TC	7/1/2023	12/31/2382	\$29.05
72074	RADIOLOGIC EXAMINATION, SPINE; THORACIC, COMPLETE, INCLUDING OBLIQUES, MINIMUM OF FOUR VIEWS	26	7/1/2023	12/31/2382	\$13.49
72074	RADIOLOGIC EXAMINATION, SPINE; THORACIC, COMPLETE, INCLUDING OBLIQUES, MINIMUM OF FOUR VIEWS		1/1/1993	12/31/2382	\$39.42

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
72074	RADIOLOGIC EXAMINATION, SPINE; THORACIC, COMPLETE, INCLUDING OBLIQUES, MINIMUM OF FOUR VIEWS		7/1/2023	12/31/2382	\$56.50
72074	RADIOLOGIC EXAMINATION, SPINE; THORACIC, COMPLETE, INCLUDING OBLIQUES, MINIMUM OF FOUR VIEWS	TC	7/1/2023	12/31/2382	\$35.86
72080	RADIOLOGIC EXAMINATION, SPINE; THORACOLUMBAR, ANTEROPOSTERIOR AND LATERAL	26	7/1/2023	12/31/2382	\$13.49
72080	RADIOLOGIC EXAMINATION, SPINE; THORACOLUMBAR, ANTEROPOSTERIOR AND LATERAL		1/1/1993	12/31/2382	\$31.79
72080	RADIOLOGIC EXAMINATION, SPINE; THORACOLUMBAR, ANTEROPOSTERIOR AND LATERAL		7/1/2023	12/31/2382	\$56.50
72080	RADIOLOGIC EXAMINATION, SPINE; THORACOLUMBAR, ANTEROPOSTERIOR AND LATERAL	TC	7/1/2023	12/31/2382	\$26.47
72081	X-RAY OF SPINE, 1 VIEW		7/1/2023	12/31/2382	\$63.89
72082	X-RAY OF SPINE, 2 OR 3 VIEWS		7/1/2023	12/31/2382	\$105.80
72083	X-RAY OF SPINE, 4 OR 5 VIEWS		7/1/2023	12/31/2382	\$201.69
72084	X-RAY OF SPINE, MINIMUM OF 6 VIEWS		7/1/2023	12/31/2382	\$201.69
72084	X-RAY OF SPINE, MINIMUM OF 6 VIEWS		1/1/2060	12/31/2382	\$163.83
72090	RADIOLOGIC EXAMINATION, SPINE; SCOLIOSIS STUDY, INCLUDING SUPINE AND ERECT STUDIES	26	7/1/2023	12/31/2382	\$16.92
72090	RADIOLOGIC EXAMINATION, SPINE; SCOLIOSIS STUDY, INCLUDING SUPINE AND ERECT STUDIES		1/1/1993	12/31/2382	\$34.84
72090	RADIOLOGIC EXAMINATION, SPINE; SCOLIOSIS STUDY, INCLUDING SUPINE AND ERECT STUDIES		7/1/2023	12/31/2382	\$96.17
72090	RADIOLOGIC EXAMINATION, SPINE; SCOLIOSIS STUDY, INCLUDING SUPINE AND ERECT STUDIES	TC	7/1/2023	12/31/2382	\$26.47
72100	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; ANTEROPOSTERIOR AND LATERAL	26	7/1/2023	12/31/2382	\$13.50
72100	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; ANTEROPOSTERIOR AND LATERAL	59	7/1/2023	12/31/2382	\$56.50
72100	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; ANTEROPOSTERIOR AND LATERAL		1/1/1993	12/31/2382	\$31.79
72100	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; ANTEROPOSTERIOR AND LATERAL		7/1/2023	12/31/2382	\$56.50
72100	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; ANTEROPOSTERIOR AND LATERAL	FY	7/1/2023	12/31/2382	\$56.50

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
72100	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; ANTEROPOSTERIOR AND LATERAL	PN	7/1/2023	12/31/2382	\$56.50
72100	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; ANTEROPOSTERIOR AND LATERAL	TC	7/1/2023	12/31/2382	\$26.47
72110	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLETE, WITH OBLIQUE VIEWS	26	7/1/2023	12/31/2382	\$18.96
72110	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLETE, WITH OBLIQUE VIEWS		1/1/1993	12/31/2382	\$43.73
72110	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLETE, WITH OBLIQUE VIEWS		7/1/2023	12/31/2382	\$96.17
72110	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLETE, WITH OBLIQUE VIEWS	TC	7/1/2023	12/31/2382	\$35.86
72114	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLETE, INCLUDING BENDING VIEWS	26	7/1/2023	12/31/2382	\$21.81
72114	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLETE, INCLUDING BENDING VIEWS		1/1/1993	12/31/2382	\$54.58
72114	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLETE, INCLUDING BENDING VIEWS		7/1/2023	12/31/2382	\$96.17
72114	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLETE, INCLUDING BENDING VIEWS	TC	7/1/2023	12/31/2382	\$46.13
72120	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL, BENDING VIEWS ONLY, MINIMUM OF FOUR VIEWS	26	7/1/2023	12/31/2382	\$13.49
72120	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL, BENDING VIEWS ONLY, MINIMUM OF FOUR VIEWS		1/1/1993	12/31/2382	\$38.79
72120	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL, BENDING VIEWS ONLY, MINIMUM OF FOUR VIEWS		7/1/2023	12/31/2382	\$96.17
72120	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL, BENDING VIEWS ONLY, MINIMUM OF FOUR VIEWS	TC	7/1/2023	12/31/2382	\$35.09
72125	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	26	7/1/2023	12/31/2382	\$72.09
72125	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	59	7/1/2023	12/31/2382	\$244.82
72125	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL		1/1/1993	12/31/2382	\$243.78
72125	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL		7/1/2023	12/31/2382	\$244.82

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
72125	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	ME	7/1/2023	12/31/2382	\$244.82
72125	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	MG	7/1/2023	12/31/2382	\$244.82
72125	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	MH	7/1/2023	12/31/2382	\$244.82
72125	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	QQ	7/1/2023	12/31/2382	\$244.82
72125	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	TC	7/1/2023	12/31/2382	\$231.31
72126	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITH CONTRAST MATERIAL	26	7/1/2023	12/31/2382	\$75.64
72126	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITH CONTRAST MATERIAL		1/1/1993	12/31/2382	\$283.68
72126	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITH CONTRAST MATERIAL		7/1/2023	12/31/2382	\$332.45
72126	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITH CONTRAST MATERIAL	TC	7/1/2023	12/31/2382	\$277.34
72127	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND	26	7/1/2023	12/31/2382	\$79.01
72127	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND		1/1/1993	12/31/2382	\$342.67
72127	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND		7/1/2023	12/31/2382	\$395.43
72127	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND	TC	7/1/2023	12/31/2382	\$346.58
72128	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL	26	7/1/2023	12/31/2382	\$72.09
72128	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL		1/1/1993	12/31/2382	\$243.78
72128	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL		7/1/2023	12/31/2382	\$244.82
72128	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL	ME	7/1/2023	12/31/2382	\$244.82
72128	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL	MG	7/1/2023	12/31/2382	\$244.82
72128	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL	QQ	7/1/2023	12/31/2382	\$244.82
72128	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL	TC	7/1/2023	12/31/2382	\$231.31

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
72129	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITH CONTRAST MATERIAL	26	7/1/2023	12/31/2382	\$75.64
72129	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITH CONTRAST MATERIAL		1/1/1993	12/31/2382	\$283.68
72129	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITH CONTRAST MATERIAL		7/1/2023	12/31/2382	\$332.45
72129	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITH CONTRAST MATERIAL	TC	7/1/2023	12/31/2382	\$277.34
72130	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND	26	7/1/2023	12/31/2382	\$79.01
72130	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND		1/1/1993	12/31/2382	\$342.67
72130	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND		7/1/2023	12/31/2382	\$395.43
72130	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND	TC	7/1/2023	12/31/2382	\$346.58
72131	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	26	7/1/2023	12/31/2382	\$72.09
72131	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL		1/1/1993	12/31/2382	\$243.78
72131	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL		7/1/2023	12/31/2382	\$244.82
72131	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	ME	7/1/2023	12/31/2382	\$244.82
72131	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	MG	7/1/2023	12/31/2382	\$244.82
72131	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	QQ	7/1/2023	12/31/2382	\$244.82
72131	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	TC	7/1/2023	12/31/2382	\$231.31
72132	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL	26	7/1/2023	12/31/2382	\$75.64
72132	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL		1/1/1993	12/31/2382	\$283.68
72132	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL		7/1/2023	12/31/2382	\$332.45
72132	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL	TC	7/1/2023	12/31/2382	\$277.34
72133	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND F	26	7/1/2023	12/31/2382	\$79.01

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
72133	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND F		1/1/1993	12/31/2382	\$342.67
72133	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND F		7/1/2023	12/31/2382	\$395.43
72133	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND F	TC	7/1/2023	12/31/2382	\$346.58
72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITHOUT CONTRAST MATERIAL	26	7/1/2023	12/31/2382	\$99.70
72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITHOUT CONTRAST MATERIAL		1/1/1993	12/31/2382	\$434.32
72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITHOUT CONTRAST MATERIAL		7/1/2023	12/31/2382	\$454.49
72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITHOUT CONTRAST MATERIAL	ME	7/1/2023	12/31/2382	\$454.49
72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITHOUT CONTRAST MATERIAL	MF	7/1/2023	12/31/2382	\$454.49
72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITHOUT CONTRAST MATERIAL	MG	7/1/2023	12/31/2382	\$454.49
72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITHOUT CONTRAST MATERIAL	MH	7/1/2023	12/31/2382	\$454.49
72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITHOUT CONTRAST MATERIAL	QQ	7/1/2023	12/31/2382	\$454.49
72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITHOUT CONTRAST MATERIAL	TC	7/1/2023	12/31/2382	\$439.49
72142	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITH CONTRAST MATERIAL(S)	26	7/1/2023	12/31/2382	\$113.92
72142	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITH CONTRAST MATERIAL(S)		1/1/1993	12/31/2382	\$509.41
72142	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITH CONTRAST MATERIAL(S)		7/1/2023	12/31/2382	\$482.87
72142	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITH CONTRAST MATERIAL(S)	TC	7/1/2023	12/31/2382	\$527.13
72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	26	7/1/2023	12/31/2382	\$99.70
72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL		1/1/1993	12/31/2382	\$477.61

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL		7/1/2023	12/31/2382	\$454.49
72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	ME	7/1/2023	12/31/2382	\$454.49
72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	MG	7/1/2023	12/31/2382	\$454.49
72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	TC	7/1/2023	12/31/2382	\$487.94
72147	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITH CONTRAST MATERIAL(S)	26	7/1/2023	12/31/2382	\$113.92
72147	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITH CONTRAST MATERIAL(S)		1/1/1993	12/31/2382	\$520.74
72147	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITH CONTRAST MATERIAL(S)		7/1/2023	12/31/2382	\$482.87
72147	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITH CONTRAST MATERIAL(S)	TC	7/1/2023	12/31/2382	\$527.13
72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	26	7/1/2023	12/31/2382	\$87.93
72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL		1/1/1993	12/31/2382	\$467.77
72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL		7/1/2023	12/31/2382	\$454.49
72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	ME	7/1/2023	12/31/2382	\$454.49
72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	MF	7/1/2023	12/31/2382	\$454.49
72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	MG	7/1/2023	12/31/2382	\$454.49
72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	MH	7/1/2023	12/31/2382	\$454.49
72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	TC	7/1/2023	12/31/2382	\$487.94
72149	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITH CONTRAST MATERIAL(S)	26	7/1/2023	12/31/2382	\$105.52
72149	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITH CONTRAST MATERIAL(S)		1/1/1993	12/31/2382	\$513.91

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
72149	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITH CONTRAST MATERIAL(S)		7/1/2023	12/31/2382	\$482.87
72149	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITH CONTRAST MATERIAL(S)	TC	7/1/2023	12/31/2382	\$527.13
72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CON	26	7/1/2023	12/31/2382	\$152.18
72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CON		1/1/1993	12/31/2382	\$916.55
72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CON		7/1/2023	12/31/2382	\$658.91
72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CON	TC	7/1/2023	12/31/2382	\$976.15
72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CON	26	7/1/2023	12/31/2382	\$152.18
72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CON		1/1/1993	12/31/2382	\$916.55
72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CON		7/1/2023	12/31/2382	\$658.91
72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CON	ME	7/1/2023	12/31/2382	\$658.91
72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CON	TC	7/1/2023	12/31/2382	\$976.15
72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CON	26	7/1/2023	12/31/2382	\$140.32
72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CON		1/1/1993	12/31/2382	\$906.89
72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CON		7/1/2023	12/31/2382	\$658.91
72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CON	ME	7/1/2023	12/31/2382	\$658.91
72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CON	MG	7/1/2023	12/31/2382	\$658.91
72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CON	TC	7/1/2023	12/31/2382	\$976.15
72159	MAGNETIC RESONANCE IMAGING, SPINAL CANAL AND CONTENTS, WITH OR WITHOUT CONTRAST MATERIAL(S)		12/1/2006	12/31/2382	\$535.23

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
72159	MAGNETIC RESONANCE IMAGING, SPINAL CANAL AND CONTENTS, WITH OR WITHOUT CONTRAST MATERIAL(S)		7/1/2023	12/31/2382	\$658.91
72170	RADIOLOGIC EXAMINATION, PELVIS; ANTEROPOSTERIOR ONLY	26	7/1/2023	12/31/2382	\$13.82
72170	RADIOLOGIC EXAMINATION, PELVIS; ANTEROPOSTERIOR ONLY	59	7/1/2023	12/31/2382	\$56.50
72170	RADIOLOGIC EXAMINATION, PELVIS; ANTEROPOSTERIOR ONLY		1/1/1993	12/31/2382	\$31.03
72170	RADIOLOGIC EXAMINATION, PELVIS; ANTEROPOSTERIOR ONLY		7/1/2023	12/31/2382	\$56.50
72170	RADIOLOGIC EXAMINATION, PELVIS; ANTEROPOSTERIOR ONLY	FY	7/1/2023	12/31/2382	\$56.50
72170	RADIOLOGIC EXAMINATION, PELVIS; ANTEROPOSTERIOR ONLY	LT	7/1/2023	12/31/2382	\$56.50
72170	RADIOLOGIC EXAMINATION, PELVIS; ANTEROPOSTERIOR ONLY	RT	7/1/2023	12/31/2382	\$56.50
72170	RADIOLOGIC EXAMINATION, PELVIS; ANTEROPOSTERIOR ONLY	TC	7/1/2023	12/31/2382	\$20.82
72190	RADIOLOGIC EXAMINATION, PELVIS; COMPLETE, MINIMUM OF THREE VIEWS	26	7/1/2023	12/31/2382	\$12.27
72190	RADIOLOGIC EXAMINATION, PELVIS; COMPLETE, MINIMUM OF THREE VIEWS		1/1/1993	12/31/2382	\$31.47
72190	RADIOLOGIC EXAMINATION, PELVIS; COMPLETE, MINIMUM OF THREE VIEWS		7/1/2023	12/31/2382	\$56.50
72190	RADIOLOGIC EXAMINATION, PELVIS; COMPLETE, MINIMUM OF THREE VIEWS	TC	7/1/2023	12/31/2382	\$26.47
72191	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, PELVIS, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND		7/1/2023	12/31/2382	\$386.84
72192	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	26	7/1/2023	12/31/2382	\$64.26
72192	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL		1/1/1993	12/31/2382	\$240.09
72192	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL		7/1/2023	12/31/2382	\$244.82
72192	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	MG	7/1/2023	12/31/2382	\$244.82
72192	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	TC	7/1/2023	12/31/2382	\$231.31
72193	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	26	7/1/2023	12/31/2382	\$68.80
72193	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	59	7/1/2023	12/31/2382	\$332.45
72193	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)		1/1/1993	12/31/2382	\$273.84
72193	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)		7/1/2023	12/31/2382	\$332.45
72193	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	GZ	7/1/2023	12/31/2382	\$332.45
72193	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	TC	7/1/2023	12/31/2382	\$268.31
72194	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER	26	7/1/2023	12/31/2382	\$71.89
72194	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER		1/1/1993	12/31/2382	\$328.86
72194	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER		7/1/2023	12/31/2382	\$395.43
72194	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER	TC	7/1/2023	12/31/2382	\$332.95

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
72195	MAGNETIC RESONANCE (EG, PROTON)IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL(S)		7/1/2023	12/31/2382	\$454.49
72195	MAGNETIC RESONANCE (EG, PROTON)IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL(S)	TC	1/1/2023	12/31/2382	\$164.05
72196	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS	26	7/1/2023	12/31/2382	\$95.17
72196	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS		1/1/1993	12/31/2382	\$434.32
72196	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS		7/1/2023	12/31/2382	\$482.87
72196	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS	TC	7/1/2023	12/31/2382	\$439.49
72197	MAGNETIC RESONANCE (EG, PROTON)IMAGING, PELVIS; WITHOUTCONTRAST MATERIAL(S) AND FURTHER SEQUENCES		7/1/2023	12/31/2382	\$658.91
72198	MAGNETIC RESONANCE ANGIOGRAPHY, PELVIS, WITH OR WITHOUT CONTRAST MATERIAL(S)		12/1/2006	12/31/2382	\$380.71
72198	MAGNETIC RESONANCE ANGIOGRAPHY, PELVIS, WITH OR WITHOUT CONTRAST MATERIAL(S)		7/1/2023	12/31/2382	\$572.06
72200	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; LESS THAN THREE VIEWS	26	7/1/2023	12/31/2382	\$9.95
72200	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; LESS THAN THREE VIEWS		1/1/1993	12/31/2382	\$32.05
72200	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; LESS THAN THREE VIEWS		7/1/2023	12/31/2382	\$56.50
72200	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; LESS THAN THREE VIEWS	TC	7/1/2023	12/31/2382	\$20.82
72202	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; THREE OR MORE VIEWS	26	7/1/2023	12/31/2382	\$11.12
72202	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; THREE OR MORE VIEWS		1/1/1993	12/31/2382	\$28.97
72202	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; THREE OR MORE VIEWS		7/1/2023	12/31/2382	\$56.50
72202	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; THREE OR MORE VIEWS	PN	7/1/2023	12/31/2382	\$56.50
72202	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; THREE OR MORE VIEWS	TC	7/1/2023	12/31/2382	\$24.56
72220	RADIOLOGIC EXAMINATION, SACRUM AND COCCYX, MINIMUM OF TWO VIEWS	26	7/1/2023	12/31/2382	\$10.68
72220	RADIOLOGIC EXAMINATION, SACRUM AND COCCYX, MINIMUM OF TWO VIEWS		1/1/1993	12/31/2382	\$33.85
72220	RADIOLOGIC EXAMINATION, SACRUM AND COCCYX, MINIMUM OF TWO VIEWS		7/1/2023	12/31/2382	\$56.50
72220	RADIOLOGIC EXAMINATION, SACRUM AND COCCYX, MINIMUM OF TWO VIEWS	TC	7/1/2023	12/31/2382	\$22.63
72240	MYELOGRAPHY, CERVICAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$56.45
72240	MYELOGRAPHY, CERVICAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$166.12
72240	MYELOGRAPHY, CERVICAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$225.86
72240	MYELOGRAPHY, CERVICAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$185.96
72255	MYELOGRAPHY, THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$56.45
72255	MYELOGRAPHY, THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$181.68
72255	MYELOGRAPHY, THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$225.86
72255	MYELOGRAPHY, THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$169.74

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
72265	MYELOGRAPHY, LUMBOSACRAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$51.32
72265	MYELOGRAPHY, LUMBOSACRAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$148.09
72265	MYELOGRAPHY, LUMBOSACRAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$225.86
72265	MYELOGRAPHY, LUMBOSACRAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$159.48
72270	MYELOGRAPHY, ENTIRE SPINAL CANAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$82.49
72270	MYELOGRAPHY, ENTIRE SPINAL CANAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$258.02
72270	MYELOGRAPHY, ENTIRE SPINAL CANAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$225.86
72270	MYELOGRAPHY, ENTIRE SPINAL CANAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$238.89
72275	EPIDUROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$225.86
72285	DISKOGRAPHY, CERVICAL OR THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$49.28
72285	DISKOGRAPHY, CERVICAL OR THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$307.37
72285	DISKOGRAPHY, CERVICAL OR THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$942.72
72285	DISKOGRAPHY, CERVICAL OR THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$329.12
72291	RADIOLOGICAL SUPERVISION AND INTERPRETATION, PERCUTANEOUS VERTEBROPLASTY OR VERTEBRAL AUGMENTATION INCLUDING	76	7/1/2023	12/31/2382	\$197.83
72291	RADIOLOGICAL SUPERVISION AND INTERPRETATION, PERCUTANEOUS VERTEBROPLASTY OR VERTEBRAL AUGMENTATION INCLUDING		7/1/2023	12/31/2382	\$197.83
72292	RADIOLOGICAL SUPERVISION AND INTERPRETATION, PERCUTANEOUS VERTEBROPLASTY OR VERTEBRAL AUGMENTATION INCLUDING		7/1/2023	12/31/2382	\$197.83
72295	DISKOGRAPHY, LUMBAR, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$49.28
72295	DISKOGRAPHY, LUMBAR, RADIOLOGICAL SUPERVISION AND INTERPRETATION	59	7/1/2023	12/31/2382	\$942.72
72295	DISKOGRAPHY, LUMBAR, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$290.24
72295	DISKOGRAPHY, LUMBAR, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$942.72
72295	DISKOGRAPHY, LUMBAR, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$308.02

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
73000	RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE	26	7/1/2023	12/31/2382	\$9.46
73000	RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE	50	7/1/2023	12/31/2382	\$56.50
73000	RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE		1/1/1993	12/31/2382	\$24.36
73000	RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE		7/1/2023	12/31/2382	\$56.50
73000	RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE	LT	7/1/2023	12/31/2382	\$56.50
73000	RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE	RT	7/1/2023	12/31/2382	\$56.50
73000	RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE	TC	7/1/2023	12/31/2382	\$20.82
73010	RADIOLOGIC EXAMINATION; SCAPULA, COMPLETE	26	7/1/2023	12/31/2382	\$10.42
73010	RADIOLOGIC EXAMINATION; SCAPULA, COMPLETE		1/1/1993	12/31/2382	\$24.99
73010	RADIOLOGIC EXAMINATION; SCAPULA, COMPLETE		7/1/2023	12/31/2382	\$56.50
73010	RADIOLOGIC EXAMINATION; SCAPULA, COMPLETE	LT	7/1/2023	12/31/2382	\$56.50
73010	RADIOLOGIC EXAMINATION; SCAPULA, COMPLETE	RT	7/1/2023	12/31/2382	\$56.50
73010	RADIOLOGIC EXAMINATION; SCAPULA, COMPLETE	TC	7/1/2023	12/31/2382	\$20.82
73020	RADIOLOGIC EXAMINATION, SHOULDER; ONE VIEW	26	7/1/2023	12/31/2382	\$9.00
73020	RADIOLOGIC EXAMINATION, SHOULDER; ONE VIEW	51	7/1/2023	12/31/2382	\$56.50
73020	RADIOLOGIC EXAMINATION, SHOULDER; ONE VIEW	59	7/1/2023	12/31/2382	\$56.50
73020	RADIOLOGIC EXAMINATION, SHOULDER; ONE VIEW	76	7/1/2023	12/31/2382	\$56.50
73020	RADIOLOGIC EXAMINATION, SHOULDER; ONE VIEW		1/1/1993	12/31/2382	\$22.49
73020	RADIOLOGIC EXAMINATION, SHOULDER; ONE VIEW		7/1/2023	12/31/2382	\$56.50
73020	RADIOLOGIC EXAMINATION, SHOULDER; ONE VIEW	LT	7/1/2023	12/31/2382	\$56.50
73020	RADIOLOGIC EXAMINATION, SHOULDER; ONE VIEW	RT	7/1/2023	12/31/2382	\$56.50
73020	RADIOLOGIC EXAMINATION, SHOULDER; ONE VIEW	TC	7/1/2023	12/31/2382	\$18.91
73030	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO VIEWS	26	7/1/2023	12/31/2382	\$10.95
73030	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO VIEWS	50	7/1/2023	12/31/2382	\$56.50
73030	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO VIEWS	59	7/1/2023	12/31/2382	\$56.50
73030	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO VIEWS	76	7/1/2023	12/31/2382	\$56.50
73030	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO VIEWS		1/1/1993	12/31/2382	\$26.78
73030	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO VIEWS		7/1/2023	12/31/2382	\$56.50
73030	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO VIEWS	FY	7/1/2023	12/31/2382	\$56.50
73030	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO VIEWS	LT	7/1/2023	12/31/2382	\$56.50
73030	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO VIEWS	PN	7/1/2023	12/31/2382	\$56.50
73030	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO VIEWS	RT	7/1/2023	12/31/2382	\$56.50
73030	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO VIEWS	TC	7/1/2023	12/31/2382	\$22.63
73040	RADIOLOGIC EXAMINATION, SHOULDER, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$32.48

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
73040	RADIOLOGIC EXAMINATION, SHOULDER, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$93.29
73040	RADIOLOGIC EXAMINATION, SHOULDER, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$270.51
73040	RADIOLOGIC EXAMINATION, SHOULDER, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	LT	7/1/2023	12/31/2382	\$270.51
73040	RADIOLOGIC EXAMINATION, SHOULDER, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	RT	7/1/2023	12/31/2382	\$270.51
73040	RADIOLOGIC EXAMINATION, SHOULDER, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$82.37
73050	RADIOLOGIC EXAMINATION; ACROMIOCLAVICULAR JOINTS, BILATERAL, WITH OR WITHOUT WEIGHTED DISTRACTION	26	7/1/2023	12/31/2382	\$12.09
73050	RADIOLOGIC EXAMINATION; ACROMIOCLAVICULAR JOINTS, BILATERAL, WITH OR WITHOUT WEIGHTED DISTRACTION	50	7/1/2023	12/31/2382	\$56.50
73050	RADIOLOGIC EXAMINATION; ACROMIOCLAVICULAR JOINTS, BILATERAL, WITH OR WITHOUT WEIGHTED DISTRACTION		1/1/1993	12/31/2382	\$30.84
73050	RADIOLOGIC EXAMINATION; ACROMIOCLAVICULAR JOINTS, BILATERAL, WITH OR WITHOUT WEIGHTED DISTRACTION		7/1/2023	12/31/2382	\$56.50
73050	RADIOLOGIC EXAMINATION; ACROMIOCLAVICULAR JOINTS, BILATERAL, WITH OR WITHOUT WEIGHTED DISTRACTION	RT	7/1/2023	12/31/2382	\$56.50
73050	RADIOLOGIC EXAMINATION; ACROMIOCLAVICULAR JOINTS, BILATERAL, WITH OR WITHOUT WEIGHTED DISTRACTION	TC	7/1/2023	12/31/2382	\$26.47
73060	RADIOLOGIC EXAMINATION; HUMERUS, MINIMUM OF TWO VIEWS	26	7/1/2023	12/31/2382	\$10.10
73060	RADIOLOGIC EXAMINATION; HUMERUS, MINIMUM OF TWO VIEWS	59	7/1/2023	12/31/2382	\$56.50
73060	RADIOLOGIC EXAMINATION; HUMERUS, MINIMUM OF TWO VIEWS	76	7/1/2023	12/31/2382	\$56.50
73060	RADIOLOGIC EXAMINATION; HUMERUS, MINIMUM OF TWO VIEWS		1/1/1993	12/31/2382	\$26.47
73060	RADIOLOGIC EXAMINATION; HUMERUS, MINIMUM OF TWO VIEWS		7/1/2023	12/31/2382	\$56.50
73060	RADIOLOGIC EXAMINATION; HUMERUS, MINIMUM OF TWO VIEWS	LT	7/1/2023	12/31/2382	\$56.50
73060	RADIOLOGIC EXAMINATION; HUMERUS, MINIMUM OF TWO VIEWS	RT	7/1/2023	12/31/2382	\$56.50
73060	RADIOLOGIC EXAMINATION; HUMERUS, MINIMUM OF TWO VIEWS	TC	7/1/2023	12/31/2382	\$22.63
73070	RADIOLOGIC EXAMINATION, ELBOW; ANTEROPOSTERIOR AND LATERAL VIEWS	26	7/1/2023	12/31/2382	\$9.14
73070	RADIOLOGIC EXAMINATION, ELBOW; ANTEROPOSTERIOR AND LATERAL VIEWS	50	7/1/2023	12/31/2382	\$56.50
73070	RADIOLOGIC EXAMINATION, ELBOW; ANTEROPOSTERIOR AND LATERAL VIEWS	59	7/1/2023	12/31/2382	\$56.50
73070	RADIOLOGIC EXAMINATION, ELBOW; ANTEROPOSTERIOR AND LATERAL VIEWS		1/1/1993	12/31/2382	\$24.05
73070	RADIOLOGIC EXAMINATION, ELBOW; ANTEROPOSTERIOR AND LATERAL VIEWS		7/1/2023	12/31/2382	\$56.50
73070	RADIOLOGIC EXAMINATION, ELBOW; ANTEROPOSTERIOR AND LATERAL VIEWS	LT	7/1/2023	12/31/2382	\$56.50

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
73070	RADIOLOGIC EXAMINATION, ELBOW; ANTEROPOSTERIOR AND LATERAL VIEWS	RT	7/1/2023	12/31/2382	\$56.50
73070	RADIOLOGIC EXAMINATION, ELBOW; ANTEROPOSTERIOR AND LATERAL VIEWS	TC	7/1/2023	12/31/2382	\$20.82
73080	RADIOLOGIC EXAMINATION, ELBOW; COMPLETE, MINIMUM OF THREE VIEWS	26	7/1/2023	12/31/2382	\$10.68
73080	RADIOLOGIC EXAMINATION, ELBOW; COMPLETE, MINIMUM OF THREE VIEWS	50	7/1/2023	12/31/2382	\$56.50
73080	RADIOLOGIC EXAMINATION, ELBOW; COMPLETE, MINIMUM OF THREE VIEWS		1/1/1993	12/31/2382	\$26.47
73080	RADIOLOGIC EXAMINATION, ELBOW; COMPLETE, MINIMUM OF THREE VIEWS		7/1/2023	12/31/2382	\$56.50
73080	RADIOLOGIC EXAMINATION, ELBOW; COMPLETE, MINIMUM OF THREE VIEWS	FY	7/1/2023	12/31/2382	\$56.50
73080	RADIOLOGIC EXAMINATION, ELBOW; COMPLETE, MINIMUM OF THREE VIEWS	LT	7/1/2023	12/31/2382	\$56.50
73080	RADIOLOGIC EXAMINATION, ELBOW; COMPLETE, MINIMUM OF THREE VIEWS	RT	7/1/2023	12/31/2382	\$56.50
73080	RADIOLOGIC EXAMINATION, ELBOW; COMPLETE, MINIMUM OF THREE VIEWS	TC	7/1/2023	12/31/2382	\$22.63
73085	RADIOLOGIC EXAMINATION, ELBOW, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$32.48
73085	RADIOLOGIC EXAMINATION, ELBOW, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$93.29
73085	RADIOLOGIC EXAMINATION, ELBOW, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$270.51
73085	RADIOLOGIC EXAMINATION, ELBOW, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$82.37
73090	RADIOLOGIC EXAMINATION; FOREARM, ANTEROPOSTERIOR AND LATERAL VIEWS	26	7/1/2023	12/31/2382	\$9.68
73090	RADIOLOGIC EXAMINATION; FOREARM, ANTEROPOSTERIOR AND LATERAL VIEWS	50	7/1/2023	12/31/2382	\$56.50
73090	RADIOLOGIC EXAMINATION; FOREARM, ANTEROPOSTERIOR AND LATERAL VIEWS		1/1/1993	12/31/2382	\$24.36
73090	RADIOLOGIC EXAMINATION; FOREARM, ANTEROPOSTERIOR AND LATERAL VIEWS		7/1/2023	12/31/2382	\$56.50
73090	RADIOLOGIC EXAMINATION; FOREARM, ANTEROPOSTERIOR AND LATERAL VIEWS	LT	7/1/2023	12/31/2382	\$56.50
73090	RADIOLOGIC EXAMINATION; FOREARM, ANTEROPOSTERIOR AND LATERAL VIEWS	RT	7/1/2023	12/31/2382	\$56.50
73090	RADIOLOGIC EXAMINATION; FOREARM, ANTEROPOSTERIOR AND LATERAL VIEWS	TC	7/1/2023	12/31/2382	\$20.82
73090	RADIOLOGIC EXAMINATION; FOREARM, ANTEROPOSTERIOR AND LATERAL VIEWS	XU	7/1/2023	12/31/2382	\$56.50
73092	RADIOLOGIC EXAMINATION; UPPER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS	26	7/1/2023	12/31/2382	\$9.31
73092	RADIOLOGIC EXAMINATION; UPPER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS		1/1/1993	12/31/2382	\$23.43
73092	RADIOLOGIC EXAMINATION; UPPER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS		7/1/2023	12/31/2382	\$56.50
73092	RADIOLOGIC EXAMINATION; UPPER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS	TC	7/1/2023	12/31/2382	\$19.66
73100	RADIOLOGIC EXAMINATION, WRIST; ANTEROPOSTERIOR AND LATERAL VIEWS	26	7/1/2023	12/31/2382	\$9.31
73100	RADIOLOGIC EXAMINATION, WRIST; ANTEROPOSTERIOR AND LATERAL VIEWS	50	7/1/2023	12/31/2382	\$56.50

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
73100	RADIOLOGIC EXAMINATION, WRIST; ANTEROPOSTERIOR AND LATERAL VIEWS	59	7/1/2023	12/31/2382	\$56.50
73100	RADIOLOGIC EXAMINATION, WRIST; ANTEROPOSTERIOR AND LATERAL VIEWS		1/1/1993	12/31/2382	\$23.43
73100	RADIOLOGIC EXAMINATION, WRIST; ANTEROPOSTERIOR AND LATERAL VIEWS		7/1/2023	12/31/2382	\$56.50
73100	RADIOLOGIC EXAMINATION, WRIST; ANTEROPOSTERIOR AND LATERAL VIEWS	LT	7/1/2023	12/31/2382	\$56.50
73100	RADIOLOGIC EXAMINATION, WRIST; ANTEROPOSTERIOR AND LATERAL VIEWS	PO	7/1/2023	12/31/2382	\$56.50
73100	RADIOLOGIC EXAMINATION, WRIST; ANTEROPOSTERIOR AND LATERAL VIEWS	RT	7/1/2023	12/31/2382	\$56.50
73100	RADIOLOGIC EXAMINATION, WRIST; ANTEROPOSTERIOR AND LATERAL VIEWS	TC	7/1/2023	12/31/2382	\$19.66
73110	RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF THREE VIEWS	26	7/1/2023	12/31/2382	\$10.68
73110	RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF THREE VIEWS	50	7/1/2023	12/31/2382	\$56.50
73110	RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF THREE VIEWS	76	7/1/2023	12/31/2382	\$56.50
73110	RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF THREE VIEWS		1/1/1993	12/31/2382	\$25.30
73110	RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF THREE VIEWS		7/1/2023	12/31/2382	\$56.50
73110	RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF THREE VIEWS	FY	7/1/2023	12/31/2382	\$56.50
73110	RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF THREE VIEWS	LT	7/1/2023	12/31/2382	\$56.50
73110	RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF THREE VIEWS	RT	7/1/2023	12/31/2382	\$56.50
73110	RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF THREE VIEWS	TC	7/1/2023	12/31/2382	\$21.19
73115	RADIOLOGIC EXAMINATION, WRIST, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$32.48
73115	RADIOLOGIC EXAMINATION, WRIST, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$76.69
73115	RADIOLOGIC EXAMINATION, WRIST, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$270.51
73115	RADIOLOGIC EXAMINATION, WRIST, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	RT	7/1/2023	12/31/2382	\$270.51
73115	RADIOLOGIC EXAMINATION, WRIST, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$61.94
73120	RADIOLOGIC EXAMINATION, HAND; TWO VIEWS	26	7/1/2023	12/31/2382	\$9.31
73120	RADIOLOGIC EXAMINATION, HAND; TWO VIEWS		1/1/1993	12/31/2382	\$23.43
73120	RADIOLOGIC EXAMINATION, HAND; TWO VIEWS		7/1/2023	12/31/2382	\$56.50
73120	RADIOLOGIC EXAMINATION, HAND; TWO VIEWS	LT	7/1/2023	12/31/2382	\$56.50
73120	RADIOLOGIC EXAMINATION, HAND; TWO VIEWS	RT	7/1/2023	12/31/2382	\$56.50
73120	RADIOLOGIC EXAMINATION, HAND; TWO VIEWS	TC	7/1/2023	12/31/2382	\$19.66
73130	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEWS	26	7/1/2023	12/31/2382	\$10.68
73130	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEWS	50	7/1/2023	12/31/2382	\$56.50
73130	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEWS	59	7/1/2023	12/31/2382	\$56.50
73130	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEWS	76	7/1/2023	12/31/2382	\$56.50

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
73130	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEWS		1/1/1993	12/31/2382	\$25.30
73130	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEWS		7/1/2023	12/31/2382	\$56.50
73130	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEWS	FY	7/1/2023	12/31/2382	\$56.50
73130	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEWS	LT	7/1/2023	12/31/2382	\$56.50
73130	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEWS	RT	7/1/2023	12/31/2382	\$56.50
73130	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEWS	TC	7/1/2023	12/31/2382	\$21.19
73140	RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO VIEWS	26	7/1/2023	12/31/2382	\$7.72
73140	RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO VIEWS	59	7/1/2023	12/31/2382	\$56.50
73140	RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO VIEWS	76	7/1/2023	12/31/2382	\$56.50
73140	RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO VIEWS		1/1/1993	12/31/2382	\$19.67
73140	RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO VIEWS		7/1/2023	12/31/2382	\$56.50
73140	RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO VIEWS	F1	7/1/2023	12/31/2382	\$56.50
73140	RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO VIEWS	F3	7/1/2023	12/31/2382	\$56.50
73140	RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO VIEWS	F4	7/1/2023	12/31/2382	\$56.50
73140	RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO VIEWS	F5	7/1/2023	12/31/2382	\$56.50
73140	RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO VIEWS	F6	7/1/2023	12/31/2382	\$56.50
73140	RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO VIEWS	F7	7/1/2023	12/31/2382	\$56.50
73140	RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO VIEWS	F8	7/1/2023	12/31/2382	\$56.50
73140	RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO VIEWS	LT	7/1/2023	12/31/2382	\$56.50
73140	RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO VIEWS	RT	7/1/2023	12/31/2382	\$56.50
73140	RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO VIEWS	TC	7/1/2023	12/31/2382	\$16.59
73200	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	26	7/1/2023	12/31/2382	\$67.15
73200	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL		1/1/1993	12/31/2382	\$210.02
73200	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL		7/1/2023	12/31/2382	\$244.82
73200	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	LT	7/1/2023	12/31/2382	\$244.82
73200	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	RT	7/1/2023	12/31/2382	\$244.82
73200	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	TC	7/1/2023	12/31/2382	\$194.29
73201	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITH CONTRAST MATERIAL(S)	26	7/1/2023	12/31/2382	\$72.09

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
73201	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITH CONTRAST MATERIAL(S)		1/1/1993	12/31/2382	\$243.78
73201	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITH CONTRAST MATERIAL(S)		7/1/2023	12/31/2382	\$332.45
73201	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITH CONTRAST MATERIAL(S)	TC	7/1/2023	12/31/2382	\$231.31
73202	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AN	26	7/1/2023	12/31/2382	\$75.64
73202	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AN		1/1/1993	12/31/2382	\$295.05
73202	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AN		7/1/2023	12/31/2382	\$395.43
73202	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AN	TC	7/1/2023	12/31/2382	\$291.34
73206	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, UPPER EXTREMITY, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL		7/1/2023	12/31/2382	\$386.84
73218	MAGNETIC RESONANCE (EG, PROTON)IMAGING, UPPER EXTREMITY OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S)		7/1/2023	12/31/2382	\$454.49
73218	MAGNETIC RESONANCE (EG, PROTON)IMAGING, UPPER EXTREMITY OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S)	LT	7/1/2023	12/31/2382	\$454.49
73218	MAGNETIC RESONANCE (EG, PROTON)IMAGING, UPPER EXTREMITY OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S)	RT	7/1/2023	12/31/2382	\$454.49
73219	MAGNETIC RESONANCE (EG, PROTON)IMAGING, UPPER EXTREMITYOTHER THAN JOINT; WITH CONTRAST MATERIEL(S)		7/1/2023	12/31/2382	\$482.87
73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT	26	7/1/2023	12/31/2382	\$91.97
73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT		1/1/1993	12/31/2382	\$428.43
73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT		7/1/2023	12/31/2382	\$658.91
73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT	LT	7/1/2023	12/31/2382	\$658.91
73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT	RT	7/1/2023	12/31/2382	\$658.91
73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT	TC	7/1/2023	12/31/2382	\$439.49

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY	26	7/1/2023	12/31/2382	\$56.23
73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY	50	7/1/2023	12/31/2382	\$454.49
73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY		1/1/1993	12/31/2382	\$402.69
73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY		7/1/2023	12/31/2382	\$454.49
73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY	LT	7/1/2023	12/31/2382	\$454.49
73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY	RT	7/1/2023	12/31/2382	\$454.49
73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY	TC	7/1/2023	12/31/2382	\$439.49
73222	MAGNETIC RESONANCE (EG, PROTON)IMAGING, ANY JOINT OF UPPER EXTREMITY WITH; CONTRAST MATERIAL(S)		7/1/2023	12/31/2382	\$482.87
73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED		7/1/2023	12/31/2382	\$658.91
73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED	LT	7/1/2023	12/31/2382	\$658.91
73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED	RT	7/1/2023	12/31/2382	\$658.91
73225	MAGNETIC RSONANCE ANGIOGRAPHY, UPPER EXTREMITY, WITH OR WITHOUT CONTRAST MATERIAL(S)		12/1/2006	12/31/2382	\$380.71
73225	MAGNETIC RSONANCE ANGIOGRAPHY, UPPER EXTREMITY, WITH OR WITHOUT CONTRAST MATERIAL(S)		7/1/2023	12/31/2382	\$468.68
73500	RADIOLOGIC EXAMINATION, HIP; UNILATERAL, ONE VIEW	26	7/1/2023	12/31/2382	\$10.19
73500	RADIOLOGIC EXAMINATION, HIP; UNILATERAL, ONE VIEW		1/1/1993	12/31/2382	\$23.43
73500	RADIOLOGIC EXAMINATION, HIP; UNILATERAL, ONE VIEW		7/1/2023	12/31/2382	\$56.50
73500	RADIOLOGIC EXAMINATION, HIP; UNILATERAL, ONE VIEW	LT	7/1/2023	12/31/2382	\$56.50
73500	RADIOLOGIC EXAMINATION, HIP; UNILATERAL, ONE VIEW	RT	7/1/2023	12/31/2382	\$56.50
73500	RADIOLOGIC EXAMINATION, HIP; UNILATERAL, ONE VIEW	TC	7/1/2023	12/31/2382	\$18.91
73501	X-RAY OF HIP WITH PELVIS, 1 VIEW		7/1/2023	12/31/2382	\$63.89
73501	X-RAY OF HIP WITH PELVIS, 1 VIEW	LT	7/1/2023	12/31/2382	\$63.89
73501	X-RAY OF HIP WITH PELVIS, 1 VIEW	RT	7/1/2023	12/31/2382	\$63.89
73502	X-RAY OF HIP WITH PELVIS, 2-3 VIEWS		7/1/2023	12/31/2382	\$63.89
73502	X-RAY OF HIP WITH PELVIS, 2-3 VIEWS	LT	7/1/2023	12/31/2382	\$63.89
73502	X-RAY OF HIP WITH PELVIS, 2-3 VIEWS	PN	7/1/2023	12/31/2382	\$63.89
73502	X-RAY OF HIP WITH PELVIS, 2-3 VIEWS	RT	7/1/2023	12/31/2382	\$63.89
73502	X-RAY OF HIP WITH PELVIS, 2-3 VIEWS	TC	7/1/2023	12/31/2382	\$18.96
73503	X-RAY OF HIP WITH PELVIS, MINIMUM OF 4 VIEWS		7/1/2023	12/31/2382	\$105.80
73510	RADIOLOGIC EXAMINATION, HIP; COMPLETE, MINIMUM OF TWO VIEWS	26	7/1/2023	12/31/2382	\$12.86
73510	RADIOLOGIC EXAMINATION, HIP; COMPLETE, MINIMUM OF TWO VIEWS	50	7/1/2023	12/31/2382	\$56.50

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
73510	RADIOLOGIC EXAMINATION, HIP; COMPLETE, MINIMUM OF TWO VIEWS	59	7/1/2023	12/31/2382	\$56.50
73510	RADIOLOGIC EXAMINATION, HIP; COMPLETE, MINIMUM OF TWO VIEWS	76	7/1/2023	12/31/2382	\$56.50
73510	RADIOLOGIC EXAMINATION, HIP; COMPLETE, MINIMUM OF TWO VIEWS		1/1/1993	12/31/2382	\$28.35
73510	RADIOLOGIC EXAMINATION, HIP; COMPLETE, MINIMUM OF TWO VIEWS		7/1/2023	12/31/2382	\$56.50
73510	RADIOLOGIC EXAMINATION, HIP; COMPLETE, MINIMUM OF TWO VIEWS	LT	7/1/2023	12/31/2382	\$56.50
73510	RADIOLOGIC EXAMINATION, HIP; COMPLETE, MINIMUM OF TWO VIEWS	RT	7/1/2023	12/31/2382	\$56.50
73510	RADIOLOGIC EXAMINATION, HIP; COMPLETE, MINIMUM OF TWO VIEWS	TC	7/1/2023	12/31/2382	\$22.63
73520	RADIOLOGIC EXAMINATION, HIPS, BILATERAL, MINIMUM OF TWO VIEWS OF EACH HIP, INCLUDING ANTEROPOSTERIOR VIEW OF P	26	7/1/2023	12/31/2382	\$16.01
73520	RADIOLOGIC EXAMINATION, HIPS, BILATERAL, MINIMUM OF TWO VIEWS OF EACH HIP, INCLUDING ANTEROPOSTERIOR VIEW OF P		1/1/1993	12/31/2382	\$33.90
73520	RADIOLOGIC EXAMINATION, HIPS, BILATERAL, MINIMUM OF TWO VIEWS OF EACH HIP, INCLUDING ANTEROPOSTERIOR VIEW OF P		7/1/2023	12/31/2382	\$96.17
73520	RADIOLOGIC EXAMINATION, HIPS, BILATERAL, MINIMUM OF TWO VIEWS OF EACH HIP, INCLUDING ANTEROPOSTERIOR VIEW OF P	TC	7/1/2023	12/31/2382	\$26.47
73521	X-RAY OF BOTH HIPS WITH PELVIS, 2 VIEWS		7/1/2023	12/31/2382	\$105.80
73521	X-RAY OF BOTH HIPS WITH PELVIS, 2 VIEWS	TC	7/1/2023	12/31/2382	\$19.55
73522	X-RAY OF BOTH HIPS WITH PELVIS, 3-4 VIEWS		7/1/2023	12/31/2382	\$105.80
73522	X-RAY OF BOTH HIPS WITH PELVIS, 3-4 VIEWS	PN	7/1/2023	12/31/2382	\$105.80
73523	X-RAY OF BOTH HIPS WITH PELVIS, MINIMUM OF 5 VIEWS		7/1/2023	12/31/2382	\$201.69
73523	X-RAY OF BOTH HIPS WITH PELVIS, MINIMUM OF 5 VIEWS	PO	7/1/2023	12/31/2382	\$201.69
73525	RADIOLOGIC EXAMINATION, HIP, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$32.48
73525	RADIOLOGIC EXAMINATION, HIP, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	59	7/1/2023	12/31/2382	\$270.51
73525	RADIOLOGIC EXAMINATION, HIP, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$93.29
73525	RADIOLOGIC EXAMINATION, HIP, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$270.51
73525	RADIOLOGIC EXAMINATION, HIP, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	LT	7/1/2023	12/31/2382	\$270.51
73525	RADIOLOGIC EXAMINATION, HIP, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	RT	7/1/2023	12/31/2382	\$270.51
73525	RADIOLOGIC EXAMINATION, HIP, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$82.37
73530	RADIOLOGIC EXAMINATION, HIP, DURING OPERATIVE PROCEDURE	26	7/1/2023	12/31/2382	\$17.73

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
73530	RADIOLOGIC EXAMINATION, HIP, DURING OPERATIVE PROCEDURE		1/1/1993	12/31/2382	\$30.56
73530	RADIOLOGIC EXAMINATION, HIP, DURING OPERATIVE PROCEDURE		7/1/2023	12/31/2382	\$96.17
73530	RADIOLOGIC EXAMINATION, HIP, DURING OPERATIVE PROCEDURE	RT	7/1/2023	12/31/2382	\$96.17
73530	RADIOLOGIC EXAMINATION, HIP, DURING OPERATIVE PROCEDURE	TC	7/1/2023	12/31/2382	\$20.82
73540	RADIOLOGIC EXAMINATION, PELVIS AND HIPS, INFANT OR CHILD, MINIMUM OF TWO VIEWS	26	7/1/2023	12/31/2382	\$12.50
73540	RADIOLOGIC EXAMINATION, PELVIS AND HIPS, INFANT OR CHILD, MINIMUM OF TWO VIEWS		1/1/1993	12/31/2382	\$28.04
73540	RADIOLOGIC EXAMINATION, PELVIS AND HIPS, INFANT OR CHILD, MINIMUM OF TWO VIEWS		7/1/2023	12/31/2382	\$56.50
73540	RADIOLOGIC EXAMINATION, PELVIS AND HIPS, INFANT OR CHILD, MINIMUM OF TWO VIEWS	TC	7/1/2023	12/31/2382	\$22.63
73542	RADIOLOGICAL JOINT ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$270.51
73550	RADIOLOGIC EXAMINATION, FEMUR, ANTEROPOSTERIOR AND LATERAL VIEWS	26	7/1/2023	12/31/2382	\$10.51
73550	RADIOLOGIC EXAMINATION, FEMUR, ANTEROPOSTERIOR AND LATERAL VIEWS	50	7/1/2023	12/31/2382	\$56.50
73550	RADIOLOGIC EXAMINATION, FEMUR, ANTEROPOSTERIOR AND LATERAL VIEWS		1/1/1993	12/31/2382	\$26.47
73550	RADIOLOGIC EXAMINATION, FEMUR, ANTEROPOSTERIOR AND LATERAL VIEWS		7/1/2023	12/31/2382	\$56.50
73550	RADIOLOGIC EXAMINATION, FEMUR, ANTEROPOSTERIOR AND LATERAL VIEWS	LT	7/1/2023	12/31/2382	\$56.50
73550	RADIOLOGIC EXAMINATION, FEMUR, ANTEROPOSTERIOR AND LATERAL VIEWS	RT	7/1/2023	12/31/2382	\$56.50
73550	RADIOLOGIC EXAMINATION, FEMUR, ANTEROPOSTERIOR AND LATERAL VIEWS	TC	7/1/2023	12/31/2382	\$22.63
73551	X-RAY OF FEMUR, 1 VIEW		7/1/2023	12/31/2382	\$63.89
73551	X-RAY OF FEMUR, 1 VIEW	LT	7/1/2023	12/31/2382	\$63.89
73551	X-RAY OF FEMUR, 1 VIEW	RT	7/1/2023	12/31/2382	\$63.89
73552	X-RAY OF FEMUR, MINIMUM 2 VIEWS		7/1/2023	12/31/2382	\$63.89
73552	X-RAY OF FEMUR, MINIMUM 2 VIEWS	LT	7/1/2023	12/31/2382	\$63.89
73552	X-RAY OF FEMUR, MINIMUM 2 VIEWS	PN	7/1/2023	12/31/2382	\$63.89
73552	X-RAY OF FEMUR, MINIMUM 2 VIEWS	RT	7/1/2023	12/31/2382	\$63.89
73552	X-RAY OF FEMUR, MINIMUM 2 VIEWS	TC	7/1/2023	12/31/2382	\$17.83
73560	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL VIEWS	26	7/1/2023	12/31/2382	\$9.82
73560	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL VIEWS	50	7/1/2023	12/31/2382	\$56.50
73560	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL VIEWS	59	7/1/2023	12/31/2382	\$96.17
73560	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL VIEWS		1/1/1993	12/31/2382	\$24.68
73560	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL VIEWS		7/1/2023	12/31/2382	\$56.50
73560	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL VIEWS	LT	7/1/2023	12/31/2382	\$56.50
73560	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL VIEWS	PN	7/1/2023	12/31/2382	\$56.50

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
73560	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL VIEWS	RT	7/1/2023	12/31/2382	\$56.50
73560	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL VIEWS	TC	7/1/2023	12/31/2382	\$20.82
73562	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL, WITH OBLIQUE(S), MINIMUM OF THREE VIEWS	26	7/1/2023	12/31/2382	\$11.29
73562	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL, WITH OBLIQUE(S), MINIMUM OF THREE VIEWS	50	7/1/2023	12/31/2382	\$56.50
73562	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL, WITH OBLIQUE(S), MINIMUM OF THREE VIEWS	59	7/1/2023	12/31/2382	\$56.50
73562	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL, WITH OBLIQUE(S), MINIMUM OF THREE VIEWS	76	7/1/2023	12/31/2382	\$56.50
73562	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL, WITH OBLIQUE(S), MINIMUM OF THREE VIEWS		1/1/1993	12/31/2382	\$27.09
73562	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL, WITH OBLIQUE(S), MINIMUM OF THREE VIEWS		7/1/2023	12/31/2382	\$56.50
73562	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL, WITH OBLIQUE(S), MINIMUM OF THREE VIEWS	FY	7/1/2023	12/31/2382	\$56.50
73562	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL, WITH OBLIQUE(S), MINIMUM OF THREE VIEWS	LT	7/1/2023	12/31/2382	\$56.50
73562	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL, WITH OBLIQUE(S), MINIMUM OF THREE VIEWS	PN	7/1/2023	12/31/2382	\$56.50
73562	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL, WITH OBLIQUE(S), MINIMUM OF THREE VIEWS	RT	7/1/2023	12/31/2382	\$56.50
73562	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL, WITH OBLIQUE(S), MINIMUM OF THREE VIEWS	TC	7/1/2023	12/31/2382	\$22.63
73564	RADIOLOGIC EXAMINATION, KNEE; COMPLETE, INCLUDING OBLIQUE(S), AND TUNNEL, AND/OR PATELLAR AND/OR STANDING VIEW	26	7/1/2023	12/31/2382	\$13.71
73564	RADIOLOGIC EXAMINATION, KNEE; COMPLETE, INCLUDING OBLIQUE(S), AND TUNNEL, AND/OR PATELLAR AND/OR STANDING VIEW	50	7/1/2023	12/31/2382	\$56.50
73564	RADIOLOGIC EXAMINATION, KNEE; COMPLETE, INCLUDING OBLIQUE(S), AND TUNNEL, AND/OR PATELLAR AND/OR STANDING VIEW	76	7/1/2023	12/31/2382	\$56.50
73564	RADIOLOGIC EXAMINATION, KNEE; COMPLETE, INCLUDING OBLIQUE(S), AND TUNNEL, AND/OR PATELLAR AND/OR STANDING VIEW		1/1/1993	12/31/2382	\$30.46
73564	RADIOLOGIC EXAMINATION, KNEE; COMPLETE, INCLUDING OBLIQUE(S), AND TUNNEL, AND/OR PATELLAR AND/OR STANDING VIEW		7/1/2023	12/31/2382	\$56.50
73564	RADIOLOGIC EXAMINATION, KNEE; COMPLETE, INCLUDING OBLIQUE(S), AND TUNNEL, AND/OR PATELLAR AND/OR STANDING VIEW	LT	7/1/2023	12/31/2382	\$56.50

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
73564	RADIOLOGIC EXAMINATION, KNEE; COMPLETE, INCLUDING OBLIQUE(S), AND TUNNEL, AND/OR PATELLAR AND/OR STANDING VIEW	PO	7/1/2023	12/31/2382	\$56.50
73564	RADIOLOGIC EXAMINATION, KNEE; COMPLETE, INCLUDING OBLIQUE(S), AND TUNNEL, AND/OR PATELLAR AND/OR STANDING VIEW	RT	7/1/2023	12/31/2382	\$56.50
73564	RADIOLOGIC EXAMINATION, KNEE; COMPLETE, INCLUDING OBLIQUE(S), AND TUNNEL, AND/OR PATELLAR AND/OR STANDING VIEW	TC	7/1/2023	12/31/2382	\$24.56
73565	RADIOLOGIC EXAMINATION, KNEE; BOTH KNEES, STANDING, ANTEROPOSTERIOR	26	7/1/2023	12/31/2382	\$13.13
73565	RADIOLOGIC EXAMINATION, KNEE; BOTH KNEES, STANDING, ANTEROPOSTERIOR	59	7/1/2023	12/31/2382	\$56.50
73565	RADIOLOGIC EXAMINATION, KNEE; BOTH KNEES, STANDING, ANTEROPOSTERIOR		1/1/1993	12/31/2382	\$26.87
73565	RADIOLOGIC EXAMINATION, KNEE; BOTH KNEES, STANDING, ANTEROPOSTERIOR		7/1/2023	12/31/2382	\$56.50
73565	RADIOLOGIC EXAMINATION, KNEE; BOTH KNEES, STANDING, ANTEROPOSTERIOR	PN	7/1/2023	12/31/2382	\$56.50
73565	RADIOLOGIC EXAMINATION, KNEE; BOTH KNEES, STANDING, ANTEROPOSTERIOR	TC	7/1/2023	12/31/2382	\$19.66
73580	RADIOLOGIC EXAMINATION, KNEE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$32.48
73580	RADIOLOGIC EXAMINATION, KNEE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$110.11
73580	RADIOLOGIC EXAMINATION, KNEE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$270.51
73580	RADIOLOGIC EXAMINATION, KNEE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$103.09
73590	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, ANTEROPOSTERIOR AND LATERAL VIEWS	26	7/1/2023	12/31/2382	\$9.82
73590	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, ANTEROPOSTERIOR AND LATERAL VIEWS	50	7/1/2023	12/31/2382	\$56.50
73590	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, ANTEROPOSTERIOR AND LATERAL VIEWS		1/1/1993	12/31/2382	\$24.68
73590	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, ANTEROPOSTERIOR AND LATERAL VIEWS		7/1/2023	12/31/2382	\$56.50
73590	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, ANTEROPOSTERIOR AND LATERAL VIEWS	LT	7/1/2023	12/31/2382	\$56.50
73590	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, ANTEROPOSTERIOR AND LATERAL VIEWS	PN	7/1/2023	12/31/2382	\$56.50
73590	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, ANTEROPOSTERIOR AND LATERAL VIEWS	RT	7/1/2023	12/31/2382	\$56.50
73590	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, ANTEROPOSTERIOR AND LATERAL VIEWS	TC	7/1/2023	12/31/2382	\$20.82

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
73592	RADIOLOGIC EXAMINATION; LOWER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS	26	7/1/2023	12/31/2382	\$9.31
73592	RADIOLOGIC EXAMINATION; LOWER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS		1/1/1993	12/31/2382	\$23.43
73592	RADIOLOGIC EXAMINATION; LOWER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS		7/1/2023	12/31/2382	\$56.50
73592	RADIOLOGIC EXAMINATION; LOWER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS	TC	7/1/2023	12/31/2382	\$19.66
73600	RADIOLOGIC EXAMINATION, ANKLE; ANTEROPOSTERIOR AND LATERAL VIEWS	26	7/1/2023	12/31/2382	\$9.33
73600	RADIOLOGIC EXAMINATION, ANKLE; ANTEROPOSTERIOR AND LATERAL VIEWS		1/1/1993	12/31/2382	\$23.43
73600	RADIOLOGIC EXAMINATION, ANKLE; ANTEROPOSTERIOR AND LATERAL VIEWS		7/1/2023	12/31/2382	\$56.50
73600	RADIOLOGIC EXAMINATION, ANKLE; ANTEROPOSTERIOR AND LATERAL VIEWS	LT	7/1/2023	12/31/2382	\$56.50
73600	RADIOLOGIC EXAMINATION, ANKLE; ANTEROPOSTERIOR AND LATERAL VIEWS	RT	7/1/2023	12/31/2382	\$56.50
73600	RADIOLOGIC EXAMINATION, ANKLE; ANTEROPOSTERIOR AND LATERAL VIEWS	TC	7/1/2023	12/31/2382	\$19.66
73610	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF THREE VIEWS	26	7/1/2023	12/31/2382	\$10.68
73610	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF THREE VIEWS	50	7/1/2023	12/31/2382	\$56.50
73610	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF THREE VIEWS	59	7/1/2023	12/31/2382	\$56.50
73610	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF THREE VIEWS	76	7/1/2023	12/31/2382	\$56.50
73610	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF THREE VIEWS		1/1/1993	12/31/2382	\$25.30
73610	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF THREE VIEWS		7/1/2023	12/31/2382	\$56.50
73610	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF THREE VIEWS	FY	7/1/2023	12/31/2382	\$56.50
73610	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF THREE VIEWS	LT	7/1/2023	12/31/2382	\$56.50
73610	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF THREE VIEWS	RT	7/1/2023	12/31/2382	\$56.50
73610	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF THREE VIEWS	TC	7/1/2023	12/31/2382	\$21.19
73615	RADIOLOGIC EXAMINATION, ANKLE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$32.48
73615	RADIOLOGIC EXAMINATION, ANKLE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$93.29
73615	RADIOLOGIC EXAMINATION, ANKLE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$270.51
73615	RADIOLOGIC EXAMINATION, ANKLE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$82.37
73620	RADIOLOGIC EXAMINATION, FOOT; ANTEROPOSTERIOR AND LATERAL VIEWS	26	7/1/2023	12/31/2382	\$9.31
73620	RADIOLOGIC EXAMINATION, FOOT; ANTEROPOSTERIOR AND LATERAL VIEWS	59	7/1/2023	12/31/2382	\$56.50
73620	RADIOLOGIC EXAMINATION, FOOT; ANTEROPOSTERIOR AND LATERAL VIEWS	76	7/1/2023	12/31/2382	\$56.50
73620	RADIOLOGIC EXAMINATION, FOOT; ANTEROPOSTERIOR AND LATERAL VIEWS		1/1/1993	12/31/2382	\$23.43

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
73620	RADIOLOGIC EXAMINATION, FOOT; ANTEROPOSTERIOR AND LATERAL VIEWS		7/1/2023	12/31/2382	\$56.50
73620	RADIOLOGIC EXAMINATION, FOOT; ANTEROPOSTERIOR AND LATERAL VIEWS	LT	7/1/2023	12/31/2382	\$56.50
73620	RADIOLOGIC EXAMINATION, FOOT; ANTEROPOSTERIOR AND LATERAL VIEWS	RT	7/1/2023	12/31/2382	\$56.50
73620	RADIOLOGIC EXAMINATION, FOOT; ANTEROPOSTERIOR AND LATERAL VIEWS	TC	7/1/2023	12/31/2382	\$19.66
73630	RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF THREE VIEWS	26	7/1/2023	12/31/2382	\$10.68
73630	RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF THREE VIEWS	50	7/1/2023	12/31/2382	\$56.50
73630	RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF THREE VIEWS	59	7/1/2023	12/31/2382	\$56.50
73630	RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF THREE VIEWS		1/1/1993	12/31/2382	\$25.30
73630	RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF THREE VIEWS		7/1/2023	12/31/2382	\$56.50
73630	RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF THREE VIEWS	FY	7/1/2023	12/31/2382	\$56.50
73630	RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF THREE VIEWS	LT	7/1/2023	12/31/2382	\$56.50
73630	RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF THREE VIEWS	PN	7/1/2023	12/31/2382	\$56.50
73630	RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF THREE VIEWS	RT	7/1/2023	12/31/2382	\$56.50
73630	RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF THREE VIEWS	TC	7/1/2023	12/31/2382	\$21.19
73650	RADIOLOGIC EXAMINATION; CALCANEUS, MINIMUM OF TWO VIEWS	26	7/1/2023	12/31/2382	\$9.31
73650	RADIOLOGIC EXAMINATION; CALCANEUS, MINIMUM OF TWO VIEWS	50	7/1/2023	12/31/2382	\$56.50
73650	RADIOLOGIC EXAMINATION; CALCANEUS, MINIMUM OF TWO VIEWS		1/1/1993	12/31/2382	\$22.80
73650	RADIOLOGIC EXAMINATION; CALCANEUS, MINIMUM OF TWO VIEWS		7/1/2023	12/31/2382	\$56.50
73650	RADIOLOGIC EXAMINATION; CALCANEUS, MINIMUM OF TWO VIEWS	LT	7/1/2023	12/31/2382	\$56.50
73650	RADIOLOGIC EXAMINATION; CALCANEUS, MINIMUM OF TWO VIEWS	RT	7/1/2023	12/31/2382	\$56.50
73650	RADIOLOGIC EXAMINATION; CALCANEUS, MINIMUM OF TWO VIEWS	TC	7/1/2023	12/31/2382	\$18.91
73660	RADIOLOGIC EXAMINATION; TOE OR TOES, MINIMUM OF TWO VIEWS	26	7/1/2023	12/31/2382	\$7.72
73660	RADIOLOGIC EXAMINATION; TOE OR TOES, MINIMUM OF TWO VIEWS	50	7/1/2023	12/31/2382	\$56.50
73660	RADIOLOGIC EXAMINATION; TOE OR TOES, MINIMUM OF TWO VIEWS	59	7/1/2023	12/31/2382	\$56.50
73660	RADIOLOGIC EXAMINATION; TOE OR TOES, MINIMUM OF TWO VIEWS	76	7/1/2023	12/31/2382	\$56.50
73660	RADIOLOGIC EXAMINATION; TOE OR TOES, MINIMUM OF TWO VIEWS		1/1/1993	12/31/2382	\$19.67
73660	RADIOLOGIC EXAMINATION; TOE OR TOES, MINIMUM OF TWO VIEWS		7/1/2023	12/31/2382	\$56.50
73660	RADIOLOGIC EXAMINATION; TOE OR TOES, MINIMUM OF TWO VIEWS	LT	7/1/2023	12/31/2382	\$56.50
73660	RADIOLOGIC EXAMINATION; TOE OR TOES, MINIMUM OF TWO VIEWS	RT	7/1/2023	12/31/2382	\$56.50
73660	RADIOLOGIC EXAMINATION; TOE OR TOES, MINIMUM OF TWO VIEWS	T5	7/1/2023	12/31/2382	\$56.50
73660	RADIOLOGIC EXAMINATION; TOE OR TOES, MINIMUM OF TWO VIEWS	T6	7/1/2023	12/31/2382	\$56.50
73660	RADIOLOGIC EXAMINATION; TOE OR TOES, MINIMUM OF TWO VIEWS	TC	7/1/2023	12/31/2382	\$16.59
73700	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	26	7/1/2023	12/31/2382	\$67.15
73700	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	50	7/1/2023	12/31/2382	\$244.82

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
73700	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	59	7/1/2023	12/31/2382	\$244.82
73700	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL		1/1/1993	12/31/2382	\$210.02
73700	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL		7/1/2023	12/31/2382	\$244.82
73700	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	LT	7/1/2023	12/31/2382	\$56.50
73700	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	RT	7/1/2023	12/31/2382	\$56.50
73700	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	TC	7/1/2023	12/31/2382	\$194.29
73701	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)	26	7/1/2023	12/31/2382	\$72.09
73701	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)	59	7/1/2023	12/31/2382	\$332.45
73701	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)		1/1/1993	12/31/2382	\$243.78
73701	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)		7/1/2023	12/31/2382	\$332.45
73701	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)	LT	7/1/2023	12/31/2382	\$332.45
73701	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)	RT	7/1/2023	12/31/2382	\$332.45
73701	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)	TC	7/1/2023	12/31/2382	\$231.31
73702	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AN	26	7/1/2023	12/31/2382	\$75.64
73702	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AN		1/1/1993	12/31/2382	\$295.05
73702	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AN		7/1/2023	12/31/2382	\$395.43
73702	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AN	TC	7/1/2023	12/31/2382	\$291.34
73706	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, LOWER EXTREMITY, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL	59	7/1/2023	12/31/2382	\$386.84

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
73706	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, LOWER EXTREMITY, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL		7/1/2023	12/31/2382	\$386.84
73706	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, LOWER EXTREMITY, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL	LT	7/1/2023	12/31/2382	\$386.84
73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S)		7/1/2023	12/31/2382	\$454.49
73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S)	LT	7/1/2023	12/31/2382	\$454.49
73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S)	RT	7/1/2023	12/31/2382	\$454.49
73719	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT; WITH CONTRAST MATERIAL(S)		7/1/2023	12/31/2382	\$482.87
73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT	26	7/1/2023	12/31/2382	\$91.97
73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT		1/1/1993	12/31/2382	\$428.43
73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT		7/1/2023	12/31/2382	\$658.91
73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT	LT	7/1/2023	12/31/2382	\$658.91
73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT	RT	7/1/2023	12/31/2382	\$658.91
73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT	TC	7/1/2023	12/31/2382	\$439.49
73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY	26	7/1/2023	12/31/2382	\$168.38
73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY	50	7/1/2023	12/31/2382	\$454.49
73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY		1/1/1993	12/31/2382	\$402.69
73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY		7/1/2023	12/31/2382	\$454.49
73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY	LT	7/1/2023	12/31/2382	\$454.49
73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY	RT	7/1/2023	12/31/2382	\$454.49
73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY	TC	7/1/2023	12/31/2382	\$439.49
73722	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)		7/1/2023	12/31/2382	\$482.87
73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S)		7/1/2023	12/31/2382	\$658.91

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S)	LT	7/1/2023	12/31/2382	\$658.91
73725	MAGNETIC RESONANCE ANGIOGRAPHY, LOWER EXTREMITY, WITH OR WITHOUT CONTRAST MATERIAL(S)		12/1/2006	12/31/2382	\$380.71
73725	MAGNETIC RESONANCE ANGIOGRAPHY, LOWER EXTREMITY, WITH OR WITHOUT CONTRAST MATERIAL(S)		7/1/2023	12/31/2382	\$572.98
74000	RADIOLOGIC EXAMINATION, ABDOMEN; SINGLE ANTEROPOSTERIOR VIEW	26	7/1/2023	12/31/2382	\$14.37
74000	RADIOLOGIC EXAMINATION, ABDOMEN; SINGLE ANTEROPOSTERIOR VIEW	59	7/1/2023	12/31/2382	\$56.50
74000	RADIOLOGIC EXAMINATION, ABDOMEN; SINGLE ANTEROPOSTERIOR VIEW	76	7/1/2023	12/31/2382	\$56.50
74000	RADIOLOGIC EXAMINATION, ABDOMEN; SINGLE ANTEROPOSTERIOR VIEW		1/1/1993	12/31/2382	\$29.48
74000	RADIOLOGIC EXAMINATION, ABDOMEN; SINGLE ANTEROPOSTERIOR VIEW		7/1/2023	12/31/2382	\$56.50
74000	RADIOLOGIC EXAMINATION, ABDOMEN; SINGLE ANTEROPOSTERIOR VIEW	TC	7/1/2023	12/31/2382	\$20.82
74010	RADIOLOGIC EXAMINATION, ABDOMEN; ANTEROPOSTERIOR AND ADDITIONAL OBLIQUE AND CONE VIEWS	26	7/1/2023	12/31/2382	\$14.04
74010	RADIOLOGIC EXAMINATION, ABDOMEN; ANTEROPOSTERIOR AND ADDITIONAL OBLIQUE AND CONE VIEWS		1/1/1993	12/31/2382	\$29.52
74010	RADIOLOGIC EXAMINATION, ABDOMEN; ANTEROPOSTERIOR AND ADDITIONAL OBLIQUE AND CONE VIEWS		7/1/2023	12/31/2382	\$56.50
74010	RADIOLOGIC EXAMINATION, ABDOMEN; ANTEROPOSTERIOR AND ADDITIONAL OBLIQUE AND CONE VIEWS	TC	7/1/2023	12/31/2382	\$22.63
74018	RADIOLOGIC EXAMINATION, ABDOMEN; 1 VIEW	26	1/1/2018	12/31/2382	\$9.49
74018	RADIOLOGIC EXAMINATION, ABDOMEN; 1 VIEW	26	7/1/2023	12/31/2382	\$6.61
74018	RADIOLOGIC EXAMINATION, ABDOMEN; 1 VIEW		7/1/2023	12/31/2382	\$61.19
74018	RADIOLOGIC EXAMINATION, ABDOMEN; 1 VIEW	PN	7/1/2023	12/31/2382	\$61.19
74018	RADIOLOGIC EXAMINATION, ABDOMEN; 1 VIEW	TC	1/1/2018	12/31/2382	\$14.86
74018	RADIOLOGIC EXAMINATION, ABDOMEN; 1 VIEW	TC	7/1/2023	12/31/2382	\$12.96
74019	RADIOLOGIC EXAMINATION, ABDOMEN; 2 VIEWS	26	7/1/2023	12/31/2382	\$8.38
74019	RADIOLOGIC EXAMINATION, ABDOMEN; 2 VIEWS		7/1/2023	12/31/2382	\$112.74
74019	RADIOLOGIC EXAMINATION, ABDOMEN; 2 VIEWS	TC	7/1/2023	12/31/2382	\$15.50
74020	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE, INCLUDING DECUBITUS AND/OR ERECT VIEWS	26	7/1/2023	12/31/2382	\$16.60
74020	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE, INCLUDING DECUBITUS AND/OR ERECT VIEWS	59	7/1/2023	12/31/2382	\$56.50
74020	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE, INCLUDING DECUBITUS AND/OR ERECT VIEWS		1/1/1993	12/31/2382	\$32.97

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
74020	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE, INCLUDING DECUBITUS AND/OR ERECT VIEWS		7/1/2023	12/31/2382	\$56.50
74020	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE, INCLUDING DECUBITUS AND/OR ERECT VIEWS	TC	7/1/2023	12/31/2382	\$24.56
74021	RADIOLOGIC EXAMINATION, ABDOMEN; 3 OR MORE VIEWS	26	7/1/2023	12/31/2382	\$9.90
74021	RADIOLOGIC EXAMINATION, ABDOMEN; 3 OR MORE VIEWS		7/1/2023	12/31/2382	\$112.74
74021	RADIOLOGIC EXAMINATION, ABDOMEN; 3 OR MORE VIEWS	TC	7/1/2023	12/31/2382	\$18.04
74022	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE ACUTE ABDOMEN SERIES, INCLUDING SUPINE, ERECT, AND/ OR DECUBITUS VIE	26	7/1/2023	12/31/2382	\$19.38
74022	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE ACUTE ABDOMEN SERIES, INCLUDING SUPINE, ERECT, AND/ OR DECUBITUS VIE		1/1/1993	12/31/2382	\$42.03
74022	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE ACUTE ABDOMEN SERIES, INCLUDING SUPINE, ERECT, AND/ OR DECUBITUS VIE		7/1/2023	12/31/2382	\$96.17
74022	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE ACUTE ABDOMEN SERIES, INCLUDING SUPINE, ERECT, AND/ OR DECUBITUS VIE	TC	7/1/2023	12/31/2382	\$29.05
74150	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	26	7/1/2023	12/31/2382	\$73.65
74150	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL		1/1/1993	12/31/2382	\$237.32
74150	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL		7/1/2023	12/31/2382	\$244.82
74150	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	TC	7/1/2023	12/31/2382	\$221.82
74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	26	7/1/2023	12/31/2382	\$79.01
74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	59	7/1/2023	12/31/2382	\$332.45
74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)		1/1/1993	12/31/2382	\$279.10
74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)		7/1/2023	12/31/2382	\$332.45
74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	GZ	7/1/2023	12/31/2382	\$332.45
74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	TC	7/1/2023	12/31/2382	\$268.31
74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER	26	7/1/2023	12/31/2382	\$87.09
74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER		1/1/1993	12/31/2382	\$338.12
74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER		7/1/2023	12/31/2382	\$395.43
74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER	TC	7/1/2023	12/31/2382	\$332.95
74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES		7/1/2023	12/31/2382	\$419.75

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES	QQ	7/1/2023	12/31/2382	\$419.75
74175	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN, WITHOUT CONTRAST MATERIAL(S),FOLLOWED BY CONTRAST MATERIAL(S) AND		7/1/2023	12/31/2382	\$386.84
74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	26	7/1/2023	12/31/2382	\$93.83
74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL		7/1/2023	12/31/2382	\$218.00
74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	ME	7/1/2023	12/31/2382	\$218.00
74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	MG	7/1/2023	12/31/2382	\$218.00
74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	MH	7/1/2023	12/31/2382	\$218.00
74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	PO	7/1/2023	12/31/2382	\$218.00
74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	QQ	7/1/2023	12/31/2382	\$218.00
74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	TC	7/1/2023	12/31/2382	\$125.48
74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL		7/1/2023	12/31/2382	\$337.15
74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL	MG	7/1/2023	12/31/2382	\$337.15
74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL	MH	7/1/2023	12/31/2382	\$337.15
74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL	PO	7/1/2023	12/31/2382	\$337.15
74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL	Q1	7/1/2023	12/31/2382	\$337.15
74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL	QQ	7/1/2023	12/31/2382	\$337.15
74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL	TC	7/1/2023	12/31/2382	\$157.03
74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL	XP	7/1/2023	12/31/2382	\$337.15
74178	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL IN ONE OR BOTH BODY REGIONS, FOLLOWED BY		7/1/2023	12/31/2382	\$375.86
74178	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL IN ONE OR BOTH BODY REGIONS, FOLLOWED BY	QQ	7/1/2023	12/31/2382	\$375.86
74178	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL IN ONE OR BOTH BODY REGIONS, FOLLOWED BY	TC	7/1/2023	12/31/2382	\$210.14
74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN	26	7/1/2023	12/31/2382	\$99.70
74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN	52	7/1/2023	12/31/2382	\$454.49

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN	59	7/1/2023	12/31/2382	\$454.49
74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN		1/1/1993	12/31/2382	\$434.32
74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN		7/1/2023	12/31/2382	\$454.49
74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN	MG	7/1/2023	12/31/2382	\$454.49
74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN	TC	7/1/2023	12/31/2382	\$439.49
74182	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITH CONTRAST MATERIAL(S)		7/1/2023	12/31/2382	\$482.87
74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY WITH CONTRAST MATE	59	7/1/2023	12/31/2382	\$658.91
74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY WITH CONTRAST MATE		7/1/2023	12/31/2382	\$658.91
74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY WITH CONTRAST MATE	MC	7/1/2023	12/31/2382	\$658.91
74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY WITH CONTRAST MATE	MG	7/1/2023	12/31/2382	\$658.91
74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY WITH CONTRAST MATE	MH	7/1/2023	12/31/2382	\$658.91
74185	MAGNETIC RESONANCE ANGIOGRAPHY, ABDOMEN, WITH OR WITHOUT CONTRAST MATERIAL(S)		12/1/2006	12/31/2382	\$380.71
74185	MAGNETIC RESONANCE ANGIOGRAPHY, ABDOMEN, WITH OR WITHOUT CONTRAST MATERIAL(S)		7/1/2023	12/31/2382	\$572.52
74190	PERITONEOGRAM, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$267.56
74210	RADIOLOGIC EXAMINATION; PHARYNX AND/OR CERVICAL ESOPHAGUS	26	7/1/2023	12/31/2382	\$21.56
74210	RADIOLOGIC EXAMINATION; PHARYNX AND/OR CERVICAL ESOPHAGUS		1/1/1993	12/31/2382	\$54.27
74210	RADIOLOGIC EXAMINATION; PHARYNX AND/OR CERVICAL ESOPHAGUS		7/1/2023	12/31/2382	\$113.81
74210	RADIOLOGIC EXAMINATION; PHARYNX AND/OR CERVICAL ESOPHAGUS	TC	7/1/2023	12/31/2382	\$46.13
74220	RADIOLOGIC EXAMINATION; ESOPHAGUS	26	7/1/2023	12/31/2382	\$29.10
74220	RADIOLOGIC EXAMINATION; ESOPHAGUS		1/1/1993	12/31/2382	\$59.84
74220	RADIOLOGIC EXAMINATION; ESOPHAGUS		12/1/2006	12/31/2382	\$92.44
74220	RADIOLOGIC EXAMINATION; ESOPHAGUS		7/1/2023	12/31/2382	\$110.73
74220	RADIOLOGIC EXAMINATION; ESOPHAGUS	FY	7/1/2023	12/31/2382	\$110.73
74220	RADIOLOGIC EXAMINATION; ESOPHAGUS	TC	7/1/2023	12/31/2382	\$46.13
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	26	7/1/2023	12/31/2382	\$21.27

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
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		7/1/2023	12/31/2382	\$162.95
74221	RADIOLOGIC EXAMINATION, ESOPHAGUS, INCLUDING SCOUT CHEST RADIOGRAPH(S) AND DELAYED IMAGE(S), WHEN PERFORMED; DOUBLE-CONTRAST (EG, HIGH-DENSITY BARIUM AND EFFERVESCENT AGENT) STUDY	FY	7/1/2023	12/31/2382	\$162.95
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	TC	7/1/2023	12/31/2382	\$44.47
74230	SWALLOWING FUNCTION, PHARYNX AND/OR ESOPHAGUS, WITH CINERADIOGRAPHY AND/OR VIDEO	26	7/1/2023	12/31/2382	\$33.68
74230	SWALLOWING FUNCTION, PHARYNX AND/OR ESOPHAGUS, WITH CINERADIOGRAPHY AND/OR VIDEO		1/1/1993	12/31/2382	\$67.50
74230	SWALLOWING FUNCTION, PHARYNX AND/OR ESOPHAGUS, WITH CINERADIOGRAPHY AND/OR VIDEO		12/1/2006	12/31/2382	\$92.44
74230	SWALLOWING FUNCTION, PHARYNX AND/OR ESOPHAGUS, WITH CINERADIOGRAPHY AND/OR VIDEO		7/1/2023	12/31/2382	\$110.73
74230	SWALLOWING FUNCTION, PHARYNX AND/OR ESOPHAGUS, WITH CINERADIOGRAPHY AND/OR VIDEO	FY	7/1/2023	12/31/2382	\$110.73
74230	SWALLOWING FUNCTION, PHARYNX AND/OR ESOPHAGUS, WITH CINERADIOGRAPHY AND/OR VIDEO	TC	7/1/2023	12/31/2382	\$51.00
74235	REMOVAL OF FOREIGN BODY(S), ESOPHAGEAL, WITH USE OF BALLOON CATHETER, RADIOLOGICAL SUPERVISION AND INTERPRETAT	26	7/1/2023	12/31/2382	\$73.65
74235	REMOVAL OF FOREIGN BODY(S), ESOPHAGEAL, WITH USE OF BALLOON CATHETER, RADIOLOGICAL SUPERVISION AND INTERPRETAT		1/1/1993	12/31/2382	\$140.88
74235	REMOVAL OF FOREIGN BODY(S), ESOPHAGEAL, WITH USE OF BALLOON CATHETER, RADIOLOGICAL SUPERVISION AND INTERPRETAT		7/1/2023	12/31/2382	\$175.71
74235	REMOVAL OF FOREIGN BODY(S), ESOPHAGEAL, WITH USE OF BALLOON CATHETER, RADIOLOGICAL SUPERVISION AND INTERPRETAT	TC	7/1/2023	12/31/2382	\$103.09
74240	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR WITHOUT DELAYED FILMS, WITHOUT KUB	26	7/1/2023	12/31/2382	\$42.96
74240	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR WITHOUT DELAYED FILMS, WITHOUT KUB		1/1/1993	12/31/2382	\$80.17
74240	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR WITHOUT DELAYED FILMS, WITHOUT KUB		7/1/2023	12/31/2382	\$113.81

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
74240	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR WITHOUT DELAYED FILMS, WITHOUT KUB	TC	7/1/2023	12/31/2382	\$57.44
74241	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR WITHOUT DELAYED FILMS, WITH KUB	26	7/1/2023	12/31/2382	\$42.96
74241	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR WITHOUT DELAYED FILMS, WITH KUB		1/1/1993	12/31/2382	\$81.11
74241	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR WITHOUT DELAYED FILMS, WITH KUB		7/1/2023	12/31/2382	\$113.81
74241	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR WITHOUT DELAYED FILMS, WITH KUB	TC	7/1/2023	12/31/2382	\$58.61
74245	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH SMALL BOWEL, INCLUDES MULTIPLE SERIAL FILMS	26	7/1/2023	12/31/2382	\$56.63
74245	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH SMALL BOWEL, INCLUDES MULTIPLE SERIAL FILMS		1/1/1993	12/31/2382	\$119.90
74245	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH SMALL BOWEL, INCLUDES MULTIPLE SERIAL FILMS		7/1/2023	12/31/2382	\$177.76
74245	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH SMALL BOWEL, INCLUDES MULTIPLE SERIAL FILMS	TC	7/1/2023	12/31/2382	\$93.70
74246	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY BARIUM, EFFE	26	7/1/2023	12/31/2382	\$42.96
74246	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY BARIUM, EFFE		1/1/1993	12/31/2382	\$86.02
74246	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY BARIUM, EFFE		7/1/2023	12/31/2382	\$113.81
74246	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY BARIUM, EFFE	FY	7/1/2023	12/31/2382	\$113.81
74246	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY BARIUM, EFFE	TC	7/1/2023	12/31/2382	\$64.64
74247	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY BARIUM, EFFE	26	7/1/2023	12/31/2382	\$42.96
74247	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY BARIUM, EFFE		1/1/1993	12/31/2382	\$87.18
74247	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY BARIUM, EFFE		7/1/2023	12/31/2382	\$113.81
74247	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY BARIUM, EFFE	TC	7/1/2023	12/31/2382	\$66.07

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
74249	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY BARIUM, EFFE	26	7/1/2023	12/31/2382	\$56.63
74249	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY BARIUM, EFFE		1/1/1993	12/31/2382	\$125.75
74249	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY BARIUM, EFFE		7/1/2023	12/31/2382	\$177.76
74249	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY BARIUM, EFFE	TC	7/1/2023	12/31/2382	\$100.87
74250	RADIOLOGIC EXAMINATION, SMALL BOWEL, INCLUDES MULTIPLE SERIAL FILMS	26	7/1/2023	12/31/2382	\$29.27
74250	RADIOLOGIC EXAMINATION, SMALL BOWEL, INCLUDES MULTIPLE SERIAL FILMS		1/1/1993	12/31/2382	\$64.13
74250	RADIOLOGIC EXAMINATION, SMALL BOWEL, INCLUDES MULTIPLE SERIAL FILMS		7/1/2023	12/31/2382	\$113.81
74250	RADIOLOGIC EXAMINATION, SMALL BOWEL, INCLUDES MULTIPLE SERIAL FILMS	TC	7/1/2023	12/31/2382	\$51.00
74251	RADIOLOGIC EXAMINATION, SMALL BOWEL, INCLUDES MULTIPLE SERIAL FILMS; VIA ENTEROCLYSIS TUBE		7/1/2023	12/31/2382	\$177.76
74260	DUODENOGRAPHY, HYPOTONIC	26	7/1/2023	12/31/2382	\$31.53
74260	DUODENOGRAPHY, HYPOTONIC		1/1/1993	12/31/2382	\$71.85
74260	DUODENOGRAPHY, HYPOTONIC		7/1/2023	12/31/2382	\$177.76
74260	DUODENOGRAPHY, HYPOTONIC	TC	7/1/2023	12/31/2382	\$58.61
74261	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE POSTPROCESSING; WITHOUT CONTRAST MATERIAL		7/1/2023	12/31/2382	\$218.00
74270	RADIOLOGIC EXAMINATION, COLON; BARIUM ENEMA	26	7/1/2023	12/31/2382	\$42.96
74270	RADIOLOGIC EXAMINATION, COLON; BARIUM ENEMA		1/1/1993	12/31/2382	\$87.81
74270	RADIOLOGIC EXAMINATION, COLON; BARIUM ENEMA		7/1/2023	12/31/2382	\$113.81
74270	RADIOLOGIC EXAMINATION, COLON; BARIUM ENEMA	TC	7/1/2023	12/31/2382	\$66.83
74280	RADIOLOGIC EXAMINATION, COLON; AIR CONTRAST WITH SPECIFIC HIGH DENSITY BARIUM, WITH OR WITHOUT GLUCAGON	26	7/1/2023	12/31/2382	\$61.40
74280	RADIOLOGIC EXAMINATION, COLON; AIR CONTRAST WITH SPECIFIC HIGH DENSITY BARIUM, WITH OR WITHOUT GLUCAGON		1/1/1993	12/31/2382	\$118.99
74280	RADIOLOGIC EXAMINATION, COLON; AIR CONTRAST WITH SPECIFIC HIGH DENSITY BARIUM, WITH OR WITHOUT GLUCAGON		7/1/2023	12/31/2382	\$177.76
74280	RADIOLOGIC EXAMINATION, COLON; AIR CONTRAST WITH SPECIFIC HIGH DENSITY BARIUM, WITH OR WITHOUT GLUCAGON	TC	7/1/2023	12/31/2382	\$87.65
74283	THERAPEUTIC ENEMA, CONTRAST OR AIR, FOR REDUCTION OF INTUSSUSCEPTION OR OTHER INTRALUNIMAL OBSTRUCTION	26	7/1/2023	12/31/2382	\$119.63
74283	THERAPEUTIC ENEMA, CONTRAST OR AIR, FOR REDUCTION OF INTUSSUSCEPTION OR OTHER INTRALUNIMAL OBSTRUCTION		1/1/1993	12/31/2382	\$178.81

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
74283	THERAPEUTIC ENEMA, CONTRAST OR AIR, FOR REDUCTION OF INTUSSUSCEPTION OR OTHER INTRALUNIMAL OBSTRUCTION		7/1/2023	12/31/2382	\$113.81
74283	THERAPEUTIC ENEMA, CONTRAST OR AIR, FOR REDUCTION OF INTUSSUSCEPTION OR OTHER INTRALUNIMAL OBSTRUCTION	TC	7/1/2023	12/31/2382	\$100.52
74290	CHOLECYSTOGRAPHY, ORAL CONTRAST;	26	7/1/2023	12/31/2382	\$19.38
74290	CHOLECYSTOGRAPHY, ORAL CONTRAST;		1/1/1993	12/31/2382	\$38.83
74290	CHOLECYSTOGRAPHY, ORAL CONTRAST;		7/1/2023	12/31/2382	\$113.81
74290	CHOLECYSTOGRAPHY, ORAL CONTRAST;	TC	7/1/2023	12/31/2382	\$29.05
74291	CHOLECYSTOGRAPHY, ORAL CONTRAST; ADDITIONAL OR REPEAT EXAMINATION OR MULTIPLE DAY EXAMINATION	26	7/1/2023	12/31/2382	\$12.27
74291	CHOLECYSTOGRAPHY, ORAL CONTRAST; ADDITIONAL OR REPEAT EXAMINATION OR MULTIPLE DAY EXAMINATION		1/1/1993	12/31/2382	\$22.82
74291	CHOLECYSTOGRAPHY, ORAL CONTRAST; ADDITIONAL OR REPEAT EXAMINATION OR MULTIPLE DAY EXAMINATION		7/1/2023	12/31/2382	\$113.81
74291	CHOLECYSTOGRAPHY, ORAL CONTRAST; ADDITIONAL OR REPEAT EXAMINATION OR MULTIPLE DAY EXAMINATION	TC	7/1/2023	12/31/2382	\$16.59
74300	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; DURING SURGERY	26	7/1/2023	12/31/2382	\$22.09
74300	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; DURING SURGERY		1/1/1993	12/31/2382	\$0.00
74300	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; DURING SURGERY		7/1/2023	12/31/2382	\$131.52
74300	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; DURING SURGERY	TC	1/1/1993	12/31/2382	\$0.00
74301	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; ADDITIONAL SET DURING SURGERY	26	7/1/2023	12/31/2382	\$12.86
74301	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; ADDITIONAL SET DURING SURGERY		1/1/1993	12/31/2382	\$0.00
74301	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; ADDITIONAL SET DURING SURGERY		7/1/2023	12/31/2382	\$131.52
74301	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; ADDITIONAL SET DURING SURGERY	TC	1/1/1993	12/31/2382	\$0.00
74305	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; POSTOPERATIVE	26	7/1/2023	12/31/2382	\$26.04
74305	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; POSTOPERATIVE		1/1/1993	12/31/2382	\$45.33
74305	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; POSTOPERATIVE		7/1/2023	12/31/2382	\$131.52
74305	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; POSTOPERATIVE	TC	7/1/2023	12/31/2382	\$30.97
74320	CHOLANGIOGRAPHY, PERCUTANEOUS, TRANSHEPATIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$32.48
74320	CHOLANGIOGRAPHY, PERCUTANEOUS, TRANSHEPATIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$126.47

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
74320	CHOLANGIOGRAPHY, PERCUTANEOUS, TRANSHEPATIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$267.56
74320	CHOLANGIOGRAPHY, PERCUTANEOUS, TRANSHEPATIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$123.23
74327	POSTOPERATIVE BILIARY DUCT STONE REMOVAL, PERCUTANEOUS VIA T-TUBE TRACT, BASKET OR SNARE (EG, BURHENNE TECHNIQ	26	7/1/2023	12/31/2382	\$43.62
74327	POSTOPERATIVE BILIARY DUCT STONE REMOVAL, PERCUTANEOUS VIA T-TUBE TRACT, BASKET OR SNARE (EG, BURHENNE TECHNIQ		1/1/1993	12/31/2382	\$89.99
74327	POSTOPERATIVE BILIARY DUCT STONE REMOVAL, PERCUTANEOUS VIA T-TUBE TRACT, BASKET OR SNARE (EG, BURHENNE TECHNIQ		7/1/2023	12/31/2382	\$175.71
74327	POSTOPERATIVE BILIARY DUCT STONE REMOVAL, PERCUTANEOUS VIA T-TUBE TRACT, BASKET OR SNARE (EG, BURHENNE TECHNIQ	TC	7/1/2023	12/31/2382	\$69.13
74328	ENDOSCOPIC CATHETERIZATION OF THE BILIARY DUCTAL SYSTEM, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$43.62
74328	ENDOSCOPIC CATHETERIZATION OF THE BILIARY DUCTAL SYSTEM, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$164.87
74328	ENDOSCOPIC CATHETERIZATION OF THE BILIARY DUCTAL SYSTEM, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$123.23
74329	ENDOSCOPIC CATHETERIZATION OF THE PANCREATIC DUCTAL SYSTEM, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$43.62
74329	ENDOSCOPIC CATHETERIZATION OF THE PANCREATIC DUCTAL SYSTEM, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$164.87
74329	ENDOSCOPIC CATHETERIZATION OF THE PANCREATIC DUCTAL SYSTEM, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$123.23
74330	COMBINED ENDOSCOPIC CATHETERIZATION OF THE BILIARY AND PANCREATIC DUCTAL SYSTEMS, RADIOLOGICAL SUPERVISION AND	26	7/1/2023	12/31/2382	\$43.62
74330	COMBINED ENDOSCOPIC CATHETERIZATION OF THE BILIARY AND PANCREATIC DUCTAL SYSTEMS, RADIOLOGICAL SUPERVISION AND		7/1/2023	12/31/2382	\$164.87
74330	COMBINED ENDOSCOPIC CATHETERIZATION OF THE BILIARY AND PANCREATIC DUCTAL SYSTEMS, RADIOLOGICAL SUPERVISION AND	TC	7/1/2023	12/31/2382	\$123.23
74340	INTRODUCTION OF LONG GASTROINTESTINAL TUBE (EG, MILLER-ABBOTT), WITH MULTIPLE FLUOROSCOPIES AND FILMS	26	7/1/2023	12/31/2382	\$34.31
74340	INTRODUCTION OF LONG GASTROINTESTINAL TUBE (EG, MILLER-ABBOTT), WITH MULTIPLE FLUOROSCOPIES AND FILMS		1/1/1993	12/31/2382	\$110.11
74340	INTRODUCTION OF LONG GASTROINTESTINAL TUBE (EG, MILLER-ABBOTT), WITH MULTIPLE FLUOROSCOPIES AND FILMS		7/1/2023	12/31/2382	\$102.94

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
74340	INTRODUCTION OF LONG GASTROINTESTINAL TUBE (EG, MILLER-ABBOTT), WITH MULTIPLE FLUOROSCOPES AND FILMS	TC	7/1/2023	12/31/2382	\$103.09
74350	PERCUTANEOUS PLACEMENT OF GASTROSTOMY TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$47.25
74350	PERCUTANEOUS PLACEMENT OF GASTROSTOMY TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$136.76
74350	PERCUTANEOUS PLACEMENT OF GASTROSTOMY TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$131.52
74350	PERCUTANEOUS PLACEMENT OF GASTROSTOMY TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$123.23
74355	PERCUTANEOUS PLACEMENT OF ENTEROCLYSIS TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$47.25
74355	PERCUTANEOUS PLACEMENT OF ENTEROCLYSIS TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$120.39
74355	PERCUTANEOUS PLACEMENT OF ENTEROCLYSIS TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$131.52
74355	PERCUTANEOUS PLACEMENT OF ENTEROCLYSIS TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$103.09
74360	INTRALUMINAL DILATION OF STRICTURES AND/OR OBSTRUCTIONS (EG, ESOPHAGUS), RADIOLOGICAL SUPERVISION AND INTERPRE	26	7/1/2023	12/31/2382	\$34.31
74360	INTRALUMINAL DILATION OF STRICTURES AND/OR OBSTRUCTIONS (EG, ESOPHAGUS), RADIOLOGICAL SUPERVISION AND INTERPRE		1/1/1993	12/31/2382	\$126.47
74360	INTRALUMINAL DILATION OF STRICTURES AND/OR OBSTRUCTIONS (EG, ESOPHAGUS), RADIOLOGICAL SUPERVISION AND INTERPRE		7/1/2023	12/31/2382	\$175.71
74360	INTRALUMINAL DILATION OF STRICTURES AND/OR OBSTRUCTIONS (EG, ESOPHAGUS), RADIOLOGICAL SUPERVISION AND INTERPRE	TC	7/1/2023	12/31/2382	\$123.23
74363	PERCUTANEOUS TRANSHEPATIC DILATATION OF BILIARY DUCT STRICTURE WITH OR WITHOUT PLACEMENT OF STENT, RADIOLOGICA	26	7/1/2023	12/31/2382	\$52.37
74363	PERCUTANEOUS TRANSHEPATIC DILATATION OF BILIARY DUCT STRICTURE WITH OR WITHOUT PLACEMENT OF STENT, RADIOLOGICA		1/1/1993	12/31/2382	\$0.00
74363	PERCUTANEOUS TRANSHEPATIC DILATATION OF BILIARY DUCT STRICTURE WITH OR WITHOUT PLACEMENT OF STENT, RADIOLOGICA		7/1/2023	12/31/2382	\$394.84
74363	PERCUTANEOUS TRANSHEPATIC DILATATION OF BILIARY DUCT STRICTURE WITH OR WITHOUT PLACEMENT OF STENT, RADIOLOGICA	TC	1/1/1993	12/31/2382	\$0.00
74400	UROGRAPHY (PYELOGRAPHY), INTRAVENOUS, WITH OR WITHOUT KUB, WITH OR WITHOUT TOMOGRAPHY;	26	7/1/2023	12/31/2382	\$30.59

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
74400	UROGRAPHY (PYELOGRAPHY), INTRAVENOUS, WITH OR WITHOUT KUB, WITH OR WITHOUT TOMOGRAPHY;		1/1/1993	12/31/2382	\$77.30
74400	UROGRAPHY (PYELOGRAPHY), INTRAVENOUS, WITH OR WITHOUT KUB, WITH OR WITHOUT TOMOGRAPHY;		7/1/2023	12/31/2382	\$197.97
74400	UROGRAPHY (PYELOGRAPHY), INTRAVENOUS, WITH OR WITHOUT KUB, WITH OR WITHOUT TOMOGRAPHY;	TC	7/1/2023	12/31/2382	\$66.07
74405	UROGRAPHY (PYELOGRAPHY), INTRAVENOUS, WITH OR WITHOUT KUB, WITH OR WITHOUT TOMOGRAPHY; WITH SPECIAL HYPERTENSI	26	7/1/2023	12/31/2382	\$30.59
74405	UROGRAPHY (PYELOGRAPHY), INTRAVENOUS, WITH OR WITHOUT KUB, WITH OR WITHOUT TOMOGRAPHY; WITH SPECIAL HYPERTENSI		7/1/2023	12/31/2382	\$107.24
74405	UROGRAPHY (PYELOGRAPHY), INTRAVENOUS, WITH OR WITHOUT KUB, WITH OR WITHOUT TOMOGRAPHY; WITH SPECIAL HYPERTENSI	TC	7/1/2023	12/31/2382	\$78.16
74410	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE;	26	7/1/2023	12/31/2382	\$30.59
74410	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE;		1/1/1993	12/31/2382	\$85.64
74410	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE;		7/1/2023	12/31/2382	\$197.97
74410	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE;	TC	7/1/2023	12/31/2382	\$76.34
74415	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE; WITH NEPHROTOMOGRAPHY	26	7/1/2023	12/31/2382	\$30.59
74415	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE; WITH NEPHROTOMOGRAPHY		1/1/1993	12/31/2382	\$91.17
74415	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE; WITH NEPHROTOMOGRAPHY		7/1/2023	12/31/2382	\$197.97
74415	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE; WITH NEPHROTOMOGRAPHY	TC	7/1/2023	12/31/2382	\$83.13
74420	UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB	26	7/1/2023	12/31/2382	\$21.56
74420	UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB	76	7/1/2023	12/31/2382	\$197.97
74420	UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB		1/1/1993	12/31/2382	\$100.54
74420	UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB		7/1/2023	12/31/2382	\$197.97
74420	UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB	TC	7/1/2023	12/31/2382	\$103.09
74425	UROGRAPHY, ANTEGRADE, (PYELOGRAPHY, NEPHROSTOGRAM, LOOPOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$20.68
74425	UROGRAPHY, ANTEGRADE, (PYELOGRAPHY, NEPHROSTOGRAM, LOOPOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETATION	59	7/1/2023	12/31/2382	\$197.97
74425	UROGRAPHY, ANTEGRADE, (PYELOGRAPHY, NEPHROSTOGRAM, LOOPOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$58.24

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
74425	UROGRAPHY, ANTEGRADE, (PYELOSTOGRAM, NEPHROSTOGRAM, LOOPOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$197.97
74425	UROGRAPHY, ANTEGRADE, (PYELOSTOGRAM, NEPHROSTOGRAM, LOOPOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETATION	LT	7/1/2023	12/31/2382	\$197.97
74425	UROGRAPHY, ANTEGRADE, (PYELOSTOGRAM, NEPHROSTOGRAM, LOOPOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETATION	RT	7/1/2023	12/31/2382	\$197.97
74425	UROGRAPHY, ANTEGRADE, (PYELOSTOGRAM, NEPHROSTOGRAM, LOOPOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$51.00
74430	CYSTOGRAPHY, MINIMUM OF THREE VIEWS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$18.75
74430	CYSTOGRAPHY, MINIMUM OF THREE VIEWS, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$48.64
74430	CYSTOGRAPHY, MINIMUM OF THREE VIEWS, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$197.97
74430	CYSTOGRAPHY, MINIMUM OF THREE VIEWS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$41.14
74440	VASOGRAPHY, VESICULOGRAPHY, OR EPIDIDYMOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$22.11
74440	VASOGRAPHY, VESICULOGRAPHY, OR EPIDIDYMOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$53.88
74440	VASOGRAPHY, VESICULOGRAPHY, OR EPIDIDYMOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$197.97
74440	VASOGRAPHY, VESICULOGRAPHY, OR EPIDIDYMOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$44.21
74445	CORPORA CAVERNOSOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$67.63
74445	CORPORA CAVERNOSOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$90.85
74445	CORPORA CAVERNOSOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$197.97
74445	CORPORA CAVERNOSOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$44.21
74450	URETHROCYSTOGRAPHY, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$19.13
74450	URETHROCYSTOGRAPHY, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$62.20

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
74450	URETHROCYSTOGRAPHY, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$197.97
74450	URETHROCYSTOGRAPHY, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$57.44
74455	URETHROCYSTOGRAPHY, VOIDING, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$19.13
74455	URETHROCYSTOGRAPHY, VOIDING, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$65.86
74455	URETHROCYSTOGRAPHY, VOIDING, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$197.97
74455	URETHROCYSTOGRAPHY, VOIDING, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$61.94
74470	RADIOLOGIC EXAMINATION, RENAL CYST STUDY, TRANSLUMBAR, CONTRAST VISUALIZATION, RADIOLOGICAL SUPERVISION AND IN	26	7/1/2023	12/31/2382	\$32.48
74470	RADIOLOGIC EXAMINATION, RENAL CYST STUDY, TRANSLUMBAR, CONTRAST VISUALIZATION, RADIOLOGICAL SUPERVISION AND IN		1/1/1993	12/31/2382	\$66.25
74470	RADIOLOGIC EXAMINATION, RENAL CYST STUDY, TRANSLUMBAR, CONTRAST VISUALIZATION, RADIOLOGICAL SUPERVISION AND IN		7/1/2023	12/31/2382	\$131.52
74470	RADIOLOGIC EXAMINATION, RENAL CYST STUDY, TRANSLUMBAR, CONTRAST VISUALIZATION, RADIOLOGICAL SUPERVISION AND IN	TC	7/1/2023	12/31/2382	\$49.09
74475	INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS, RADIO	26	7/1/2023	12/31/2382	\$34.31
74475	INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS, RADIO		1/1/1993	12/31/2382	\$114.81
74475	INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS, RADIO		7/1/2023	12/31/2382	\$394.84
74475	INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS, RADIO	LT	7/1/2023	12/31/2382	\$394.84
74475	INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS, RADIO	RT	7/1/2023	12/31/2382	\$394.84
74475	INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS, RADIO	TC	7/1/2023	12/31/2382	\$159.48
74480	INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER THROUGH RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PER	26	7/1/2023	12/31/2382	\$34.31
74480	INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER THROUGH RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PER		1/1/1993	12/31/2382	\$155.92

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
74480	INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER THROUGH RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PER		7/1/2023	12/31/2382	\$175.71
74480	INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER THROUGH RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PER	TC	7/1/2023	12/31/2382	\$159.48
74485	DILATION OF NEPHROSTOMY, URETERS, OR URETHRA, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$32.48
74485	DILATION OF NEPHROSTOMY, URETERS, OR URETHRA, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$126.47
74485	DILATION OF NEPHROSTOMY, URETERS, OR URETHRA, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$175.71
74485	DILATION OF NEPHROSTOMY, URETERS, OR URETHRA, RADIOLOGICAL SUPERVISION AND INTERPRETATION	LT	7/1/2023	12/31/2382	\$175.71
74485	DILATION OF NEPHROSTOMY, URETERS, OR URETHRA, RADIOLOGICAL SUPERVISION AND INTERPRETATION	RT	7/1/2023	12/31/2382	\$175.71
74485	DILATION OF NEPHROSTOMY, URETERS, OR URETHRA, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$123.23
74710	PELVIMETRY, WITH OR WITHOUT PLACENTAL LOCALIZATION	26	7/1/2023	12/31/2382	\$20.86
74710	PELVIMETRY, WITH OR WITHOUT PLACENTAL LOCALIZATION		1/1/1993	12/31/2382	\$49.58
74710	PELVIMETRY, WITH OR WITHOUT PLACENTAL LOCALIZATION		7/1/2023	12/31/2382	\$96.17
74710	PELVIMETRY, WITH OR WITHOUT PLACENTAL LOCALIZATION	TC	7/1/2023	12/31/2382	\$41.14
74712	MAGNETIC RESONANCE IMAGING OF FETUS, SINGLE OR FIRST PREGNANCY		7/1/2023	12/31/2382	\$287.39
74740	HYSTEROSALPINGOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$23.02
74740	HYSTEROSALPINGOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$59.41
74740	HYSTEROSALPINGOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$267.56
74740	HYSTEROSALPINGOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$51.00
74742	TRANSCERVICAL CATHETERIZATION OF FALLOPIAN TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$35.19
74742	TRANSCERVICAL CATHETERIZATION OF FALLOPIAN TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$128.68
74742	TRANSCERVICAL CATHETERIZATION OF FALLOPIAN TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$267.56
74742	TRANSCERVICAL CATHETERIZATION OF FALLOPIAN TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$123.23
74775	PERINEOGRAM (EG, VAGINOGRAM, FOR SEX DETERMINATION OR EXTENT OF ANOMALIES)	26	7/1/2023	12/31/2382	\$38.91

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
74775	PERINEOGRAM (EG, VAGINOGRAM, FOR SEX DETERMINATION OR EXTENT OF ANOMALIES)		1/1/1993	12/31/2382	\$76.80
74775	PERINEOGRAM (EG, VAGINOGRAM, FOR SEX DETERMINATION OR EXTENT OF ANOMALIES)		7/1/2023	12/31/2382	\$197.97
74775	PERINEOGRAM (EG, VAGINOGRAM, FOR SEX DETERMINATION OR EXTENT OF ANOMALIES)	TC	7/1/2023	12/31/2382	\$57.44
75500	ANGIOCARDIOGRAPHY BY CINERADIOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$70.85
75500	ANGIOCARDIOGRAPHY BY CINERADIOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$520.36
75500	ANGIOCARDIOGRAPHY BY CINERADIOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$452.74
75505	ANGIOCARDIOGRAPHY BY SERIALOGRAPHY, SINGLE PLANE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$70.85
75505	ANGIOCARDIOGRAPHY BY SERIALOGRAPHY, SINGLE PLANE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$520.36
75505	ANGIOCARDIOGRAPHY BY SERIALOGRAPHY, SINGLE PLANE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$452.74
75507	ANGIOCARDIOGRAPHY BY SERIALOGRAPHY, MULTI-PLANE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$81.46
75507	ANGIOCARDIOGRAPHY BY SERIALOGRAPHY, MULTI-PLANE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$530.33
75507	ANGIOCARDIOGRAPHY BY SERIALOGRAPHY, MULTI-PLANE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$452.74
75519	CARDIAC RADIOGRAPHY, SELECTIVE CARDIAC CATHETERIZATION, RIGHT SIDE, RADIOLOGICAL SUPERVISION AND INTERPRETATIO	26	7/1/2023	12/31/2382	\$52.20
75519	CARDIAC RADIOGRAPHY, SELECTIVE CARDIAC CATHETERIZATION, RIGHT SIDE, RADIOLOGICAL SUPERVISION AND INTERPRETATIO		7/1/2023	12/31/2382	\$502.78
75519	CARDIAC RADIOGRAPHY, SELECTIVE CARDIAC CATHETERIZATION, RIGHT SIDE, RADIOLOGICAL SUPERVISION AND INTERPRETATIO	TC	7/1/2023	12/31/2382	\$452.74
75523	CARDIAC RADIOGRAPHY, SELECTIVE CARDIAC CATHETERIZATION, LEFT SIDE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$52.20
75523	CARDIAC RADIOGRAPHY, SELECTIVE CARDIAC CATHETERIZATION, LEFT SIDE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$502.78
75523	CARDIAC RADIOGRAPHY, SELECTIVE CARDIAC CATHETERIZATION, LEFT SIDE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$452.74

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
75527	CARDIAC RADIOGRAPHY, SELECTIVE CARDIAC CATHETERIZATION, RIGHT AND LEFT SIDE, RADIOLOGICAL SUPERVISION AND INTE	26	7/1/2023	12/31/2382	\$93.02
75527	CARDIAC RADIOGRAPHY, SELECTIVE CARDIAC CATHETERIZATION, RIGHT AND LEFT SIDE, RADIOLOGICAL SUPERVISION AND INTE		7/1/2023	12/31/2382	\$541.84
75527	CARDIAC RADIOGRAPHY, SELECTIVE CARDIAC CATHETERIZATION, RIGHT AND LEFT SIDE, RADIOLOGICAL SUPERVISION AND INTE	TC	7/1/2023	12/31/2382	\$452.74
75552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, MYOCARDIUM	26	7/1/2023	12/31/2382	\$99.70
75552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, MYOCARDIUM		1/1/1993	12/31/2382	\$434.32
75552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, MYOCARDIUM		7/1/2023	12/31/2382	\$454.49
75552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, MYOCARDIUM	TC	7/1/2023	12/31/2382	\$439.49
75553	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY; WITHOUT CONTRAST MATERIAL		7/1/2023	12/31/2382	\$482.87
75554	CARDIAC MAGNETIC RESONANCE IMAGING FOR FUNCTION, WITH OR WITHOUT MORPHOLOGY; COMPLETE STUDY		7/1/2023	12/31/2382	\$454.49
75555	CARDIAC MAGNETIC RESONANCE IMAGING FOR FUNCTION, WITH OR WITHOUT MORPHOLOGY; LIMITED STUDY		7/1/2023	12/31/2382	\$454.49
75556	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING		12/1/2006	12/31/2382	\$369.18
75556	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING		7/1/2023	12/31/2382	\$454.49
75557	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL;		7/1/2023	12/31/2382	\$367.64
75561	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTR		7/1/2023	12/31/2382	\$668.78
75561	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTR	MH	7/1/2023	12/31/2382	\$668.78
75600	AORTOGRAPHY, THORACIC, WITHOUT SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$30.59
75600	AORTOGRAPHY, THORACIC, WITHOUT SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$424.88
75600	AORTOGRAPHY, THORACIC, WITHOUT SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$1,581.54
75600	AORTOGRAPHY, THORACIC, WITHOUT SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$493.98
75605	AORTOGRAPHY, THORACIC, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$70.85
75605	AORTOGRAPHY, THORACIC, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$285.91

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
75605	AORTOGRAPHY, THORACIC, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$1,581.54
75605	AORTOGRAPHY, THORACIC, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$493.98
75625	AORTOGRAPHY, ABDOMINAL, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$70.85
75625	AORTOGRAPHY, ABDOMINAL, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	59	7/1/2023	12/31/2382	\$1,581.54
75625	AORTOGRAPHY, ABDOMINAL, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$214.46
75625	AORTOGRAPHY, ABDOMINAL, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$1,581.54
75625	AORTOGRAPHY, ABDOMINAL, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$493.98
75630	AORTOGRAPHY, ABDOMINAL PLUS BILATERAL ILIOFEMORAL LOWER EXTREMITY, CATHETER, BY SERIALOGRAPHY, RADIOLOGICAL SU	26	7/1/2023	12/31/2382	\$81.46
75630	AORTOGRAPHY, ABDOMINAL PLUS BILATERAL ILIOFEMORAL LOWER EXTREMITY, CATHETER, BY SERIALOGRAPHY, RADIOLOGICAL SU	59	7/1/2023	12/31/2382	\$1,581.54
75630	AORTOGRAPHY, ABDOMINAL PLUS BILATERAL ILIOFEMORAL LOWER EXTREMITY, CATHETER, BY SERIALOGRAPHY, RADIOLOGICAL SU		1/1/1993	12/31/2382	\$481.42
75630	AORTOGRAPHY, ABDOMINAL PLUS BILATERAL ILIOFEMORAL LOWER EXTREMITY, CATHETER, BY SERIALOGRAPHY, RADIOLOGICAL SU		7/1/2023	12/31/2382	\$1,581.54
75630	AORTOGRAPHY, ABDOMINAL PLUS BILATERAL ILIOFEMORAL LOWER EXTREMITY, CATHETER, BY SERIALOGRAPHY, RADIOLOGICAL SU	TC	7/1/2023	12/31/2382	\$515.06
75635	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMINAL AORTA AND BILATERAL ILIOFEMORAL LOWER EXTREMITY RUNOFF, RADIOLOGIC		7/1/2023	12/31/2382	\$386.84
75635	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMINAL AORTA AND BILATERAL ILIOFEMORAL LOWER EXTREMITY RUNOFF, RADIOLOGIC	TC	1/1/2022	12/31/2382	\$263.16
75650	ANGIOGRAPHY, CERVICOCEREBRAL, CATHETER, INCLUDING VESSEL ORIGIN, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$92.33
75650	ANGIOGRAPHY, CERVICOCEREBRAL, CATHETER, INCLUDING VESSEL ORIGIN, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$318.56
75650	ANGIOGRAPHY, CERVICOCEREBRAL, CATHETER, INCLUDING VESSEL ORIGIN, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$1,581.54
75650	ANGIOGRAPHY, CERVICOCEREBRAL, CATHETER, INCLUDING VESSEL ORIGIN, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$493.98

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
75658	ANGIOGRAPHY, BRACHIAL, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$81.46
75658	ANGIOGRAPHY, BRACHIAL, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$464.28
75658	ANGIOGRAPHY, BRACHIAL, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$673.77
75658	ANGIOGRAPHY, BRACHIAL, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$493.98
75660	ANGIOGRAPHY, EXTERNAL CAROTID, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$81.46
75660	ANGIOGRAPHY, EXTERNAL CAROTID, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$464.28
75660	ANGIOGRAPHY, EXTERNAL CAROTID, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$488.78
75660	ANGIOGRAPHY, EXTERNAL CAROTID, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$493.98
75662	ANGIOGRAPHY, EXTERNAL CAROTID, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$103.01
75662	ANGIOGRAPHY, EXTERNAL CAROTID, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$481.08
75662	ANGIOGRAPHY, EXTERNAL CAROTID, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$1,581.54
75662	ANGIOGRAPHY, EXTERNAL CAROTID, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$493.98
75665	ANGIOGRAPHY, CAROTID, CEREBRAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$81.46
75665	ANGIOGRAPHY, CAROTID, CEREBRAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$464.28
75665	ANGIOGRAPHY, CAROTID, CEREBRAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$1,581.54
75665	ANGIOGRAPHY, CAROTID, CEREBRAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	RT	7/1/2023	12/31/2382	\$1,581.54
75665	ANGIOGRAPHY, CAROTID, CEREBRAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$493.98
75671	ANGIOGRAPHY, CAROTID, CEREBRAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$103.01

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
75671	ANGIOGRAPHY, CAROTID, CEREBRAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$349.06
75671	ANGIOGRAPHY, CAROTID, CEREBRAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$1,581.54
75671	ANGIOGRAPHY, CAROTID, CEREBRAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$493.98
75676	ANGIOGRAPHY, CAROTID, CERVICAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$81.46
75676	ANGIOGRAPHY, CAROTID, CERVICAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$464.28
75676	ANGIOGRAPHY, CAROTID, CERVICAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$1,581.54
75676	ANGIOGRAPHY, CAROTID, CERVICAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$493.98
75680	ANGIOGRAPHY, CAROTID, CERVICAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$103.01
75680	ANGIOGRAPHY, CAROTID, CERVICAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$481.08
75680	ANGIOGRAPHY, CAROTID, CERVICAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$1,581.54
75680	ANGIOGRAPHY, CAROTID, CERVICAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$493.98
75685	ANGIOGRAPHY, VERTEBRAL, CERVICAL, AND/OR INTRACRANIAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$81.46
75685	ANGIOGRAPHY, VERTEBRAL, CERVICAL, AND/OR INTRACRANIAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$464.28
75685	ANGIOGRAPHY, VERTEBRAL, CERVICAL, AND/OR INTRACRANIAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$1,581.54
75685	ANGIOGRAPHY, VERTEBRAL, CERVICAL, AND/OR INTRACRANIAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$493.98
75705	ANGIOGRAPHY, SPINAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$135.24
75705	ANGIOGRAPHY, SPINAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$506.19
75705	ANGIOGRAPHY, SPINAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$488.78

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
75705	ANGIOGRAPHY, SPINAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$493.98
75710	ANGIOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$70.85
75710	ANGIOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	59	7/1/2023	12/31/2382	\$1,581.54
75710	ANGIOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$456.20
75710	ANGIOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$1,581.54
75710	ANGIOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	LT	7/1/2023	12/31/2382	\$1,581.54
75710	ANGIOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$493.98
75716	ANGIOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$81.46
75716	ANGIOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	59	7/1/2023	12/31/2382	\$1,581.54
75716	ANGIOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$292.21
75716	ANGIOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$1,581.54
75716	ANGIOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$493.98
75722	ANGIOGRAPHY, RENAL, UNILATERAL, SELECTIVE (INCLUDING FLUSH AORTOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETA	26	7/1/2023	12/31/2382	\$70.85
75722	ANGIOGRAPHY, RENAL, UNILATERAL, SELECTIVE (INCLUDING FLUSH AORTOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETA		1/1/1993	12/31/2382	\$214.46
75722	ANGIOGRAPHY, RENAL, UNILATERAL, SELECTIVE (INCLUDING FLUSH AORTOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETA		7/1/2023	12/31/2382	\$1,581.54
75722	ANGIOGRAPHY, RENAL, UNILATERAL, SELECTIVE (INCLUDING FLUSH AORTOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETA	TC	7/1/2023	12/31/2382	\$493.98
75724	ANGIOGRAPHY, RENAL, BILATERAL, SELECTIVE (INCLUDING FLUSH AORTOGRAM),	26	7/1/2023	12/31/2382	\$92.33
75724	ANGIOGRAPHY, RENAL, BILATERAL, SELECTIVE (INCLUDING FLUSH AORTOGRAM),		1/1/1993	12/31/2382	\$473.00
75724	ANGIOGRAPHY, RENAL, BILATERAL, SELECTIVE (INCLUDING FLUSH AORTOGRAM),		7/1/2023	12/31/2382	\$1,581.54
75724	ANGIOGRAPHY, RENAL, BILATERAL, SELECTIVE (INCLUDING FLUSH AORTOGRAM),	TC	7/1/2023	12/31/2382	\$493.98

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
75726	ANGIOGRAPHY, VISCERAL, SELECTIVE OR SUPRASELECTIVE, (WITH OR WITHOUT FLUSH AORTOGRAM) RADIOLOGICAL SUPERVISION	26	7/1/2023	12/31/2382	\$70.85
75726	ANGIOGRAPHY, VISCERAL, SELECTIVE OR SUPRASELECTIVE, (WITH OR WITHOUT FLUSH AORTOGRAM) RADIOLOGICAL SUPERVISION	59	7/1/2023	12/31/2382	\$1,581.54
75726	ANGIOGRAPHY, VISCERAL, SELECTIVE OR SUPRASELECTIVE, (WITH OR WITHOUT FLUSH AORTOGRAM) RADIOLOGICAL SUPERVISION		1/1/1993	12/31/2382	\$285.91
75726	ANGIOGRAPHY, VISCERAL, SELECTIVE OR SUPRASELECTIVE, (WITH OR WITHOUT FLUSH AORTOGRAM) RADIOLOGICAL SUPERVISION		7/1/2023	12/31/2382	\$1,581.54
75726	ANGIOGRAPHY, VISCERAL, SELECTIVE OR SUPRASELECTIVE, (WITH OR WITHOUT FLUSH AORTOGRAM) RADIOLOGICAL SUPERVISION	TC	7/1/2023	12/31/2382	\$493.98
75731	ANGIOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$70.85
75731	ANGIOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$456.20
75731	ANGIOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$1,581.54
75731	ANGIOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$493.98
75733	ANGIOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$81.46
75733	ANGIOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$464.28
75733	ANGIOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$488.78
75733	ANGIOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$493.98
75736	ANGIOGRAPHY, PELVIC, SELECTIVE OR SUPRASELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$70.85
75736	ANGIOGRAPHY, PELVIC, SELECTIVE OR SUPRASELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$456.20
75736	ANGIOGRAPHY, PELVIC, SELECTIVE OR SUPRASELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$1,581.54
75736	ANGIOGRAPHY, PELVIC, SELECTIVE OR SUPRASELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$493.98
75741	ANGIOGRAPHY, PULMONARY, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$81.46

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
75741	ANGIOGRAPHY, PULMONARY, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$464.28
75741	ANGIOGRAPHY, PULMONARY, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$673.77
75741	ANGIOGRAPHY, PULMONARY, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$493.98
75743	ANGIOGRAPHY, PULMONARY, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$103.01
75743	ANGIOGRAPHY, PULMONARY, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$481.08
75743	ANGIOGRAPHY, PULMONARY, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$1,581.54
75743	ANGIOGRAPHY, PULMONARY, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$493.98
75746	ANGIOGRAPHY, PULMONARY, BY NONSELECTIVE CATHETER OR VENOUS INJECTION, RADIOLOGICAL SUPERVISION AND INTERPRETAT	26	7/1/2023	12/31/2382	\$70.85
75746	ANGIOGRAPHY, PULMONARY, BY NONSELECTIVE CATHETER OR VENOUS INJECTION, RADIOLOGICAL SUPERVISION AND INTERPRETAT		1/1/1993	12/31/2382	\$456.20
75746	ANGIOGRAPHY, PULMONARY, BY NONSELECTIVE CATHETER OR VENOUS INJECTION, RADIOLOGICAL SUPERVISION AND INTERPRETAT		7/1/2023	12/31/2382	\$673.77
75746	ANGIOGRAPHY, PULMONARY, BY NONSELECTIVE CATHETER OR VENOUS INJECTION, RADIOLOGICAL SUPERVISION AND INTERPRETAT	TC	7/1/2023	12/31/2382	\$493.98
75750	ANGIOGRAPHY, CORONARY, ROOT INJECTION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$70.85
75750	ANGIOGRAPHY, CORONARY, ROOT INJECTION, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$561.62
75750	ANGIOGRAPHY, CORONARY, ROOT INJECTION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$493.98
75752	ANGIOGRAPHY, CORONARY, UNILATERAL SELECTIVE INJECTION, INCLUDING LEFT VENTRICULAR AND SUPRAVALVULAR ANGIOGRAM	26	7/1/2023	12/31/2382	\$70.85
75752	ANGIOGRAPHY, CORONARY, UNILATERAL SELECTIVE INJECTION, INCLUDING LEFT VENTRICULAR AND SUPRAVALVULAR ANGIOGRAM		7/1/2023	12/31/2382	\$561.62
75752	ANGIOGRAPHY, CORONARY, UNILATERAL SELECTIVE INJECTION, INCLUDING LEFT VENTRICULAR AND SUPRAVALVULAR ANGIOGRAM	TC	7/1/2023	12/31/2382	\$493.98
75754	ANGIOGRAPHY, CORONARY, BILATERAL SELECTIVE INJECTION, INCLUDING LEFT VENTRICULAR AND SUPRAVALVULAR ANGIOGRAM A	26	7/1/2023	12/31/2382	\$81.81

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
75754	ANGIOGRAPHY, CORONARY, BILATERAL SELECTIVE INJECTION, INCLUDING LEFT VENTRICULAR AND SUPRAVALVULAR ANGIOGRAM A		7/1/2023	12/31/2382	\$571.95
75754	ANGIOGRAPHY, CORONARY, BILATERAL SELECTIVE INJECTION, INCLUDING LEFT VENTRICULAR AND SUPRAVALVULAR ANGIOGRAM A	TC	7/1/2023	12/31/2382	\$493.98
75756	ANGIOGRAPHY, INTERNAL MAMMARY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$70.85
75756	ANGIOGRAPHY, INTERNAL MAMMARY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$456.20
75756	ANGIOGRAPHY, INTERNAL MAMMARY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$673.77
75756	ANGIOGRAPHY, INTERNAL MAMMARY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$493.98
75762	ANGIOGRAPHY, CORONARY BYPASS, UNILATERAL SELECTIVE INJECTION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$70.85
75762	ANGIOGRAPHY, CORONARY BYPASS, UNILATERAL SELECTIVE INJECTION, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$561.62
75762	ANGIOGRAPHY, CORONARY BYPASS, UNILATERAL SELECTIVE INJECTION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$493.98
75766	ANGIOGRAPHY, CORONARY BYPASS, MULTIPLE SELECTIVE INJECTION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$81.46
75766	ANGIOGRAPHY, CORONARY BYPASS, MULTIPLE SELECTIVE INJECTION, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$571.57
75766	ANGIOGRAPHY, CORONARY BYPASS, MULTIPLE SELECTIVE INJECTION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$493.98
75774	ANGIOGRAPHY, SELECTIVE, EACH ADDITIONAL VESSEL STUDIED AFTER BASIC EXAMINATION, RADIOLOGICAL SUPERVISION AND I	26	7/1/2023	12/31/2382	\$20.68
75774	ANGIOGRAPHY, SELECTIVE, EACH ADDITIONAL VESSEL STUDIED AFTER BASIC EXAMINATION, RADIOLOGICAL SUPERVISION AND I		1/1/1993	12/31/2382	\$167.33
75774	ANGIOGRAPHY, SELECTIVE, EACH ADDITIONAL VESSEL STUDIED AFTER BASIC EXAMINATION, RADIOLOGICAL SUPERVISION AND I		7/1/2023	12/31/2382	\$673.77
75774	ANGIOGRAPHY, SELECTIVE, EACH ADDITIONAL VESSEL STUDIED AFTER BASIC EXAMINATION, RADIOLOGICAL SUPERVISION AND I	TC	7/1/2023	12/31/2382	\$493.98
75790	ANGIOGRAPHY, ARTERIOVENOUS SHUNT (EG, DIALYSIS PATIENT), RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$114.07
75790	ANGIOGRAPHY, ARTERIOVENOUS SHUNT (EG, DIALYSIS PATIENT), RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$131.77

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
75790	ANGIOGRAPHY, ARTERIOVENOUS SHUNT (EG, DIALYSIS PATIENT), RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$673.77
75790	ANGIOGRAPHY, ARTERIOVENOUS SHUNT (EG, DIALYSIS PATIENT), RADIOLOGICAL SUPERVISION AND INTERPRETATION	LT	7/1/2023	12/31/2382	\$673.77
75790	ANGIOGRAPHY, ARTERIOVENOUS SHUNT (EG, DIALYSIS PATIENT), RADIOLOGICAL SUPERVISION AND INTERPRETATION	RT	7/1/2023	12/31/2382	\$673.77
75790	ANGIOGRAPHY, ARTERIOVENOUS SHUNT (EG, DIALYSIS PATIENT), RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$53.21
75801	LYMPHANGIOGRAPHY, EXTREMITY ONLY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$50.25
75801	LYMPHANGIOGRAPHY, EXTREMITY ONLY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$211.40
75801	LYMPHANGIOGRAPHY, EXTREMITY ONLY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	11/30/2382	\$267.56
75801	LYMPHANGIOGRAPHY, EXTREMITY ONLY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$212.42
75803	LYMPHANGIOGRAPHY, EXTREMITY ONLY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$72.34
75803	LYMPHANGIOGRAPHY, EXTREMITY ONLY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$228.75
75803	LYMPHANGIOGRAPHY, EXTREMITY ONLY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$267.56
75803	LYMPHANGIOGRAPHY, EXTREMITY ONLY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$212.42
75805	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$50.25
75805	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$232.90
75805	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$267.56
75805	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$238.89
75807	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$72.34
75807	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$250.25

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
75807	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$267.56
75807	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$238.89
75809	SHUNTOGRAM FOR INVESTIGATION OF PREVIOUSLY PLACED INDWELLING NONVASCULAR SHUNT (EG, LEVEEN SHUNT, VENTRICULOPE	26	7/1/2023	12/31/2382	\$27.15
75809	SHUNTOGRAM FOR INVESTIGATION OF PREVIOUSLY PLACED INDWELLING NONVASCULAR SHUNT (EG, LEVEEN SHUNT, VENTRICULOPE		1/1/1993	12/31/2382	\$47.22
75809	SHUNTOGRAM FOR INVESTIGATION OF PREVIOUSLY PLACED INDWELLING NONVASCULAR SHUNT (EG, LEVEEN SHUNT, VENTRICULOPE		7/1/2023	12/31/2382	\$131.52
75809	SHUNTOGRAM FOR INVESTIGATION OF PREVIOUSLY PLACED INDWELLING NONVASCULAR SHUNT (EG, LEVEEN SHUNT, VENTRICULOPE	TC	7/1/2023	12/31/2382	\$30.97
75810	SPLENOPORTOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$70.85
75810	SPLENOPORTOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$456.20
75810	SPLENOPORTOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$673.77
75810	SPLENOPORTOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$493.98
75820	VENOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$43.62
75820	VENOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	59	7/1/2023	12/31/2382	\$488.78
75820	VENOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$63.90
75820	VENOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$488.78
75820	VENOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	LT	7/1/2023	12/31/2382	\$488.78
75820	VENOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	RT	7/1/2023	12/31/2382	\$488.78
75820	VENOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$37.02
75822	VENOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$65.41
75822	VENOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$98.22
75822	VENOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$488.78

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
75822	VENOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$58.20
75825	VENOGRAPHY, CAVAL, INFERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$70.85
75825	VENOGRAPHY, CAVAL, INFERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	59	7/1/2023	12/31/2382	\$673.77
75825	VENOGRAPHY, CAVAL, INFERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$456.20
75825	VENOGRAPHY, CAVAL, INFERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$673.77
75825	VENOGRAPHY, CAVAL, INFERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$493.98
75827	VENOGRAPHY, CAVAL, SUPERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$70.85
75827	VENOGRAPHY, CAVAL, SUPERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	59	7/1/2023	12/31/2382	\$673.77
75827	VENOGRAPHY, CAVAL, SUPERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$285.91
75827	VENOGRAPHY, CAVAL, SUPERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$673.77
75827	VENOGRAPHY, CAVAL, SUPERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$493.98
75831	VENOGRAPHY, RENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$70.85
75831	VENOGRAPHY, RENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$456.20
75831	VENOGRAPHY, RENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$673.77
75831	VENOGRAPHY, RENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$493.98
75833	VENOGRAPHY, RENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$92.33
75833	VENOGRAPHY, RENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$473.00
75833	VENOGRAPHY, RENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$673.77

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
75833	VENOGRAPHY, RENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$493.98
75840	VENOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$70.85
75840	VENOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$456.20
75840	VENOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$1,581.54
75840	VENOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$493.98
75842	VENOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$92.33
75842	VENOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$473.00
75842	VENOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$1,581.54
75842	VENOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$493.98
75860	VENOGRAPHY, SINUS OR JUGULAR, CATHETER, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$70.85
75860	VENOGRAPHY, SINUS OR JUGULAR, CATHETER, RADIOLOGICAL SUPERVISION AND INTERPRETATION	59	7/1/2023	12/31/2382	\$488.78
75860	VENOGRAPHY, SINUS OR JUGULAR, CATHETER, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$456.20
75860	VENOGRAPHY, SINUS OR JUGULAR, CATHETER, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$488.78
75860	VENOGRAPHY, SINUS OR JUGULAR, CATHETER, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$493.98
75870	VENOGRAPHY, SUPERIOR SAGITTAL SINUS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$70.85
75870	VENOGRAPHY, SUPERIOR SAGITTAL SINUS, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$456.20
75870	VENOGRAPHY, SUPERIOR SAGITTAL SINUS, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$488.78
75870	VENOGRAPHY, SUPERIOR SAGITTAL SINUS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$493.98

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
75872	VENOGRAPHY, EPIDURAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$70.85
75872	VENOGRAPHY, EPIDURAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$456.20
75872	VENOGRAPHY, EPIDURAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$673.77
75872	VENOGRAPHY, EPIDURAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$493.98
75880	VENOGRAPHY, ORBITAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$43.62
75880	VENOGRAPHY, ORBITAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$63.90
75880	VENOGRAPHY, ORBITAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$488.78
75880	VENOGRAPHY, ORBITAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$37.02
75885	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITH HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$89.55
75885	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITH HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$470.80
75885	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITH HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$1,581.54
75885	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITH HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$493.98
75887	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITHOUT HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETAT	26	7/1/2023	12/31/2382	\$89.55
75887	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITHOUT HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETAT		1/1/1993	12/31/2382	\$470.80
75887	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITHOUT HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETAT		7/1/2023	12/31/2382	\$673.77
75887	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITHOUT HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETAT	TC	7/1/2023	12/31/2382	\$493.98
75889	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITH HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$70.85
75889	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITH HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$456.20
75889	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITH HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$1,581.54
75889	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITH HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$493.98
75891	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITHOUT HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETATIO	26	7/1/2023	12/31/2382	\$70.85
75891	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITHOUT HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETATIO		1/1/1993	12/31/2382	\$456.20

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
75891	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITHOUT HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETATIO		7/1/2023	12/31/2382	\$673.77
75891	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITHOUT HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETATIO	TC	7/1/2023	12/31/2382	\$493.98
75893	VENOUS SAMPLING THROUGH CATHETER, WITH OR WITHOUT ANGIOGRAPHY (EG, FOR PARATHYROID HORMONE, RENIN), RADIOLOGIC	26	7/1/2023	12/31/2382	\$34.31
75893	VENOUS SAMPLING THROUGH CATHETER, WITH OR WITHOUT ANGIOGRAPHY (EG, FOR PARATHYROID HORMONE, RENIN), RADIOLOGIC	59	7/1/2023	12/31/2382	\$526.44
75893	VENOUS SAMPLING THROUGH CATHETER, WITH OR WITHOUT ANGIOGRAPHY (EG, FOR PARATHYROID HORMONE, RENIN), RADIOLOGIC		7/1/2023	12/31/2382	\$526.44
75893	VENOUS SAMPLING THROUGH CATHETER, WITH OR WITHOUT ANGIOGRAPHY (EG, FOR PARATHYROID HORMONE, RENIN), RADIOLOGIC	TC	7/1/2023	12/31/2382	\$493.98
75894	TRANSCATHETER THERAPY, EMBOLIZATION, ANY METHOD, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$81.46
75894	TRANSCATHETER THERAPY, EMBOLIZATION, ANY METHOD, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$832.04
75894	TRANSCATHETER THERAPY, EMBOLIZATION, ANY METHOD, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$394.84
75894	TRANSCATHETER THERAPY, EMBOLIZATION, ANY METHOD, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$946.71
75896	TRANSCATHETER THERAPY, INFUSION, ANY METHOD (EG, THROMBOLYSIS OTHER THAN CORONARY), RADIOLOGICAL SUPERVISION A	26	7/1/2023	12/31/2382	\$81.46
75896	TRANSCATHETER THERAPY, INFUSION, ANY METHOD (EG, THROMBOLYSIS OTHER THAN CORONARY), RADIOLOGICAL SUPERVISION A		1/1/1993	12/31/2382	\$731.40
75896	TRANSCATHETER THERAPY, INFUSION, ANY METHOD (EG, THROMBOLYSIS OTHER THAN CORONARY), RADIOLOGICAL SUPERVISION A		7/1/2023	12/31/2382	\$394.84
75896	TRANSCATHETER THERAPY, INFUSION, ANY METHOD (EG, THROMBOLYSIS OTHER THAN CORONARY), RADIOLOGICAL SUPERVISION A	TC	7/1/2023	12/31/2382	\$822.81
75898	ANGIOGRAM THROUGH EXISTING CATHETER FOR FOLLOW-UP STUDY FOR TRANSCATHETER THERAPY, EMBOLIZATION OR INFUSION	26	7/1/2023	12/31/2382	\$102.66
75898	ANGIOGRAM THROUGH EXISTING CATHETER FOR FOLLOW-UP STUDY FOR TRANSCATHETER THERAPY, EMBOLIZATION OR INFUSION		1/1/1993	12/31/2382	\$112.93
75898	ANGIOGRAM THROUGH EXISTING CATHETER FOR FOLLOW-UP STUDY FOR TRANSCATHETER THERAPY, EMBOLIZATION OR INFUSION		7/1/2023	12/31/2382	\$131.52
75898	ANGIOGRAM THROUGH EXISTING CATHETER FOR FOLLOW-UP STUDY FOR TRANSCATHETER THERAPY, EMBOLIZATION OR INFUSION	TC	7/1/2023	12/31/2382	\$41.14

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
75901	MECHANICAL REMOVAL OF PERICATHETER OBSTRUCTIVE MATERIAL FROM CENTRAL VENOUS DEVICE VIA SEPERATE VENOUS ACCESS		7/1/2023	12/31/2382	\$131.52
75902	MECHANICAL REMOVAL OF INTRALUMINAL OBSTRUCTIVE MATERIAL FROM CENTRAL VENOUS DEVICE THROUGH DEVICE LUMEN, RADIO		7/1/2023	12/31/2382	\$131.52
75940	PERCUTANEOUS PLACEMENT OF IVC FILTER, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$32.48
75940	PERCUTANEOUS PLACEMENT OF IVC FILTER, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$179.52
75940	PERCUTANEOUS PLACEMENT OF IVC FILTER, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$394.84
75940	PERCUTANEOUS PLACEMENT OF IVC FILTER, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$493.98
75945	INTRAVASCULAR ULTRASOUND (NON-CORONARY VESSEL), RADIOLOGICAL SUPERVISION AND INTERPRETATION; INTIAL VESSEL		7/1/2023	12/31/2382	\$197.84
75946	INTRAVASCULAR ULTRASOUND (NON-CORONARY VESSEL), RADIOLOGICAL SUPERVISION AND INTERPRETATION; EACH ADDITIONAL		7/1/2023	12/31/2382	\$123.03
75960	TRANSCATHETER INTRODUCTION OF INTRAVASCULAR STENT(S), (NON-CORONARY VESSEL), PERCUTANEOUS AND/OR OPEN, RADIOLO	26	7/1/2023	12/31/2382	\$48.51
75960	TRANSCATHETER INTRODUCTION OF INTRAVASCULAR STENT(S), (NON-CORONARY VESSEL), PERCUTANEOUS AND/OR OPEN, RADIOLO		1/1/1993	12/31/2382	\$513.81
75960	TRANSCATHETER INTRODUCTION OF INTRAVASCULAR STENT(S), (NON-CORONARY VESSEL), PERCUTANEOUS AND/OR OPEN, RADIOLO		7/1/2023	12/31/2382	\$488.78
75960	TRANSCATHETER INTRODUCTION OF INTRAVASCULAR STENT(S), (NON-CORONARY VESSEL), PERCUTANEOUS AND/OR OPEN, RADIOLO	TC	7/1/2023	12/31/2382	\$584.03
75961	TRANSCATHETER RETRIEVAL, PERCUTANEOUS, OF INTRAVASCULAR FOREIGN BODY (EG, FRACTURED VENOUS OR ARTERIAL CATHETE	26	7/1/2023	12/31/2382	\$264.22
75961	TRANSCATHETER RETRIEVAL, PERCUTANEOUS, OF INTRAVASCULAR FOREIGN BODY (EG, FRACTURED VENOUS OR ARTERIAL CATHETE		1/1/1993	12/31/2382	\$539.05
75961	TRANSCATHETER RETRIEVAL, PERCUTANEOUS, OF INTRAVASCULAR FOREIGN BODY (EG, FRACTURED VENOUS OR ARTERIAL CATHETE		7/1/2023	12/31/2382	\$488.78
75961	TRANSCATHETER RETRIEVAL, PERCUTANEOUS, OF INTRAVASCULAR FOREIGN BODY (EG, FRACTURED VENOUS OR ARTERIAL CATHETE	TC	7/1/2023	12/31/2382	\$411.60
75962	TRANSLUMINAL BALLOON ANGIOPLASTY, PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$32.48
75962	TRANSLUMINAL BALLOON ANGIOPLASTY, PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$216.14

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
75962	TRANSLUMINAL BALLOON ANGIOPLASTY, PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$488.78
75962	TRANSLUMINAL BALLOON ANGIOPLASTY, PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$617.20
75964	TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATI	26	7/1/2023	12/31/2382	\$20.68
75964	TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATI		1/1/1993	12/31/2382	\$118.46
75964	TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATI		7/1/2023	12/31/2382	\$488.78
75964	TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATI	TC	7/1/2023	12/31/2382	\$329.51
75966	TRANSLUMINAL BALLOON ANGIOPLASTY, RENAL OR OTHER VISCERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$77.60
75966	TRANSLUMINAL BALLOON ANGIOPLASTY, RENAL OR OTHER VISCERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$261.22
75966	TRANSLUMINAL BALLOON ANGIOPLASTY, RENAL OR OTHER VISCERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$488.78
75966	TRANSLUMINAL BALLOON ANGIOPLASTY, RENAL OR OTHER VISCERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$617.20
75968	TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL VISCERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$20.68
75968	TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL VISCERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$118.46
75968	TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL VISCERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$488.78
75968	TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL VISCERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$329.51
75970	TRANSCATHETER BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$51.32
75970	TRANSCATHETER BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$407.78
75970	TRANSCATHETER BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$488.78
75970	TRANSCATHETER BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$452.74
75978	TRANSLUMINAL BALLOON ANGIOPLASTY, VENOUS (EG, SUBCLAVIAN STENOSIS), RADIOLOGICAL SUPERVISION AND INTERPRETATIO	26	7/1/2023	12/31/2382	\$42.06
75978	TRANSLUMINAL BALLOON ANGIOPLASTY, VENOUS (EG, SUBCLAVIAN STENOSIS), RADIOLOGICAL SUPERVISION AND INTERPRETATIO	59	7/1/2023	12/31/2382	\$488.78

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
75978	TRANSLUMINAL BALLOON ANGIOPLASTY, VENOUS (EG, SUBCLAVIAN STENOSIS), RADIOLOGICAL SUPERVISION AND INTERPRETATIO		1/1/1993	12/31/2382	\$0.00
75978	TRANSLUMINAL BALLOON ANGIOPLASTY, VENOUS (EG, SUBCLAVIAN STENOSIS), RADIOLOGICAL SUPERVISION AND INTERPRETATIO		7/1/2023	12/31/2382	\$488.78
75978	TRANSLUMINAL BALLOON ANGIOPLASTY, VENOUS (EG, SUBCLAVIAN STENOSIS), RADIOLOGICAL SUPERVISION AND INTERPRETATIO	LT	7/1/2023	12/31/2382	\$488.78
75978	TRANSLUMINAL BALLOON ANGIOPLASTY, VENOUS (EG, SUBCLAVIAN STENOSIS), RADIOLOGICAL SUPERVISION AND INTERPRETATIO	RT	7/1/2023	12/31/2382	\$488.78
75978	TRANSLUMINAL BALLOON ANGIOPLASTY, VENOUS (EG, SUBCLAVIAN STENOSIS), RADIOLOGICAL SUPERVISION AND INTERPRETATIO	TC	1/1/1993	12/31/2382	\$0.00
75980	PERCUTANEOUS TRANSHEPATIC BILIARY DRAINAGE WITH CONTRAST MONITORING, RADIOLOGICAL SUPERVISION AND INTERPRETATI	26	7/1/2023	12/31/2382	\$89.55
75980	PERCUTANEOUS TRANSHEPATIC BILIARY DRAINAGE WITH CONTRAST MONITORING, RADIOLOGICAL SUPERVISION AND INTERPRETATI		1/1/1993	12/31/2382	\$242.09
75980	PERCUTANEOUS TRANSHEPATIC BILIARY DRAINAGE WITH CONTRAST MONITORING, RADIOLOGICAL SUPERVISION AND INTERPRETATI		7/1/2023	12/31/2382	\$394.84
75980	PERCUTANEOUS TRANSHEPATIC BILIARY DRAINAGE WITH CONTRAST MONITORING, RADIOLOGICAL SUPERVISION AND INTERPRETATI	TC	7/1/2023	12/31/2382	\$212.42
75982	PERCUTANEOUS PLACEMENT OF DRAINAGE CATHETER FOR COMBINED INTERNAL AND EXTERNAL BILIARY DRAINAGE OR OF A DRAINA	26	7/1/2023	12/31/2382	\$89.55
75982	PERCUTANEOUS PLACEMENT OF DRAINAGE CATHETER FOR COMBINED INTERNAL AND EXTERNAL BILIARY DRAINAGE OR OF A DRAINA	52	7/1/2023	12/31/2382	\$394.84
75982	PERCUTANEOUS PLACEMENT OF DRAINAGE CATHETER FOR COMBINED INTERNAL AND EXTERNAL BILIARY DRAINAGE OR OF A DRAINA		1/1/1993	12/31/2382	\$263.59
75982	PERCUTANEOUS PLACEMENT OF DRAINAGE CATHETER FOR COMBINED INTERNAL AND EXTERNAL BILIARY DRAINAGE OR OF A DRAINA		7/1/2023	12/31/2382	\$394.84
75982	PERCUTANEOUS PLACEMENT OF DRAINAGE CATHETER FOR COMBINED INTERNAL AND EXTERNAL BILIARY DRAINAGE OR OF A DRAINA	TC	7/1/2023	12/31/2382	\$238.89
75984	CHANGE OF PERCUTANEOUS DRAINAGE CATHETER WITH CONTRAST MONITORING (IE, BILIARY TRACT, URINARY TRACT), RADIOLOG	26	7/1/2023	12/31/2382	\$42.81
75984	CHANGE OF PERCUTANEOUS DRAINAGE CATHETER WITH CONTRAST MONITORING (IE, BILIARY TRACT, URINARY TRACT), RADIOLOG	50	7/1/2023	12/31/2382	\$131.52
75984	CHANGE OF PERCUTANEOUS DRAINAGE CATHETER WITH CONTRAST MONITORING (IE, BILIARY TRACT, URINARY TRACT), RADIOLOG	59	7/1/2023	12/31/2382	\$131.52
75984	CHANGE OF PERCUTANEOUS DRAINAGE CATHETER WITH CONTRAST MONITORING (IE, BILIARY TRACT, URINARY TRACT), RADIOLOG		1/1/1993	12/31/2382	\$96.78

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
75984	CHANGE OF PERCUTANEOUS DRAINAGE CATHETER WITH CONTRAST MONITORING (IE, BILIARY TRACT, URINARY TRACT), RADIOLOG		7/1/2023	12/31/2382	\$131.52
75984	CHANGE OF PERCUTANEOUS DRAINAGE CATHETER WITH CONTRAST MONITORING (IE, BILIARY TRACT, URINARY TRACT), RADIOLOG	LT	7/1/2023	12/31/2382	\$131.52
75984	CHANGE OF PERCUTANEOUS DRAINAGE CATHETER WITH CONTRAST MONITORING (IE, BILIARY TRACT, URINARY TRACT), RADIOLOG	RT	7/1/2023	12/31/2382	\$131.52
75984	CHANGE OF PERCUTANEOUS DRAINAGE CATHETER WITH CONTRAST MONITORING (IE, BILIARY TRACT, URINARY TRACT), RADIOLOG	TC	7/1/2023	12/31/2382	\$76.34
75989	RADIOLOGICAL GUIDANCE FOR PERCUTANEOUS DRAINAGE OF ABSCESS, OR SPECIMEN COLLECTION (IE, FLUOROSCOPY, ULTRASOUN	26	7/1/2023	12/31/2382	\$60.27
75989	RADIOLOGICAL GUIDANCE FOR PERCUTANEOUS DRAINAGE OF ABSCESS, OR SPECIMEN COLLECTION (IE, FLUOROSCOPY, ULTRASOUN		7/1/2023	12/31/2382	\$144.99
75989	RADIOLOGICAL GUIDANCE FOR PERCUTANEOUS DRAINAGE OF ABSCESS, OR SPECIMEN COLLECTION (IE, FLUOROSCOPY, ULTRASOUN	TC	7/1/2023	12/31/2382	\$123.23
75992	TRANSLUMINAL ATHERECTOMY, PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$32.48
75992	TRANSLUMINAL ATHERECTOMY, PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$216.14
75992	TRANSLUMINAL ATHERECTOMY, PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$673.77
75992	TRANSLUMINAL ATHERECTOMY, PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$617.20
75993	TRANSLUMINAL ATHERECTOMY, EACH ADDITIONAL PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$20.68
75993	TRANSLUMINAL ATHERECTOMY, EACH ADDITIONAL PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$118.46
75993	TRANSLUMINAL ATHERECTOMY, EACH ADDITIONAL PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$673.77
75993	TRANSLUMINAL ATHERECTOMY, EACH ADDITIONAL PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$329.51
75994	TRANSLUMINAL ATHERECTOMY, RENAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$77.60
75994	TRANSLUMINAL ATHERECTOMY, RENAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$261.22
75994	TRANSLUMINAL ATHERECTOMY, RENAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$673.77

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
75994	TRANSLUMINAL ATHERECTOMY, RENAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$617.20
75995	TRANSLUMINAL ATHERECTOMY, VISCERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$77.60
75995	TRANSLUMINAL ATHERECTOMY, VISCERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$261.22
75995	TRANSLUMINAL ATHERECTOMY, VISCERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$673.77
75995	TRANSLUMINAL ATHERECTOMY, VISCERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$617.20
75996	TRANSLUMINAL ATHERECTOMY, EACH ADDITIONAL RENAL OR VISCERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATIO	26	7/1/2023	12/31/2382	\$20.68
75996	TRANSLUMINAL ATHERECTOMY, EACH ADDITIONAL RENAL OR VISCERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATIO		1/1/1993	12/31/2382	\$118.46
75996	TRANSLUMINAL ATHERECTOMY, EACH ADDITIONAL RENAL OR VISCERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATIO		7/1/2023	12/31/2382	\$673.77
75996	TRANSLUMINAL ATHERECTOMY, EACH ADDITIONAL RENAL OR VISCERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATIO	TC	7/1/2023	12/31/2382	\$329.51
76000	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO ONE HOUR PHYSICIAN TIME, OTHER THAN 71023 OR 71034	26	7/1/2023	12/31/2382	\$9.82
76000	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO ONE HOUR PHYSICIAN TIME, OTHER THAN 71023 OR 71034	59	7/1/2023	12/31/2382	\$102.94
76000	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO ONE HOUR PHYSICIAN TIME, OTHER THAN 71023 OR 71034		1/1/1993	12/31/2382	\$49.21
76000	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO ONE HOUR PHYSICIAN TIME, OTHER THAN 71023 OR 71034		7/1/2023	12/31/2382	\$102.94
76000	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO ONE HOUR PHYSICIAN TIME, OTHER THAN 71023 OR 71034	TC	7/1/2023	12/31/2382	\$51.00
76000	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO ONE HOUR PHYSICIAN TIME, OTHER THAN 71023 OR 71034	XU	7/1/2023	12/31/2382	\$102.94
76001	FLUOROSCOPY, PHYSICIAN TIME MORE THAN ONE HOUR, ASSISTING A NON-RADIOLOGIC PHYSICIAN (EG, NEPHROSTOLITHOTOMY,	26	7/1/2023	12/31/2382	\$42.03
76001	FLUOROSCOPY, PHYSICIAN TIME MORE THAN ONE HOUR, ASSISTING A NON-RADIOLOGIC PHYSICIAN (EG, NEPHROSTOLITHOTOMY,	59	7/1/2023	12/31/2382	\$143.18
76001	FLUOROSCOPY, PHYSICIAN TIME MORE THAN ONE HOUR, ASSISTING A NON-RADIOLOGIC PHYSICIAN (EG, NEPHROSTOLITHOTOMY,	76	7/1/2023	12/31/2382	\$143.18

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
76001	FLUOROSCOPY, PHYSICIAN TIME MORE THAN ONE HOUR, ASSISTING A NON-RADIOLOGIC PHYSICIAN (EG, NEPHROSTOLITHOTOMY,		7/1/2023	12/31/2382	\$143.18
76001	FLUOROSCOPY, PHYSICIAN TIME MORE THAN ONE HOUR, ASSISTING A NON-RADIOLOGIC PHYSICIAN (EG, NEPHROSTOLITHOTOMY,	TC	7/1/2023	12/31/2382	\$103.09
76003	FLUOROSCOPIC LOCALIZATION FOR NEEDLE BIOPSY OR FINE NEEDLE ASPIRATION	26	7/1/2023	12/31/2382	\$34.31
76003	FLUOROSCOPIC LOCALIZATION FOR NEEDLE BIOPSY OR FINE NEEDLE ASPIRATION		7/1/2023	12/31/2382	\$83.48
76003	FLUOROSCOPIC LOCALIZATION FOR NEEDLE BIOPSY OR FINE NEEDLE ASPIRATION	TC	7/1/2023	12/31/2382	\$51.00
76006	MANUAL APPLICATION OF STRESS PERFORMED BY PHYSICIAN FOR JOINT RADIOLOGY, INCLUDING CONTRALATERAL JOINT IF IND		7/1/2023	12/31/2382	\$56.50
76010	RADIOLOGIC EXAMINATION FROM NOSE TO RECTUM FOR FOREIGN BODY, SINGLE FILM, CHILD	26	7/1/2023	12/31/2382	\$11.05
76010	RADIOLOGIC EXAMINATION FROM NOSE TO RECTUM FOR FOREIGN BODY, SINGLE FILM, CHILD		1/1/1993	12/31/2382	\$25.30
76010	RADIOLOGIC EXAMINATION FROM NOSE TO RECTUM FOR FOREIGN BODY, SINGLE FILM, CHILD		7/1/2023	12/31/2382	\$56.50
76010	RADIOLOGIC EXAMINATION FROM NOSE TO RECTUM FOR FOREIGN BODY, SINGLE FILM, CHILD	TC	7/1/2023	12/31/2382	\$20.82
76012	RADIOLOGICAL SUPERVISION AND INTERPRETATION, PERCUTANEOUS VERTEBROPLASTY, PER VERTEBRAL BODY; UNDER FLUOROSCOPI		7/1/2023	12/31/2382	\$225.86
76013	RADIOLOGICAL SUPERVISION AND INTERPRETATION, PERCUTANEOUS VERTEBROPLASTY; UNDER CT GUIDANCE		7/1/2023	12/31/2382	\$225.86
76020	BONE AGE STUDIES	26	7/1/2023	12/31/2382	\$11.94
76020	BONE AGE STUDIES		1/1/1993	12/31/2382	\$25.93
76020	BONE AGE STUDIES		7/1/2023	12/31/2382	\$56.50
76020	BONE AGE STUDIES	TC	7/1/2023	12/31/2382	\$20.82
76040	BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM)	26	7/1/2023	12/31/2382	\$16.60
76040	BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM)		1/1/1993	12/31/2382	\$38.19
76040	BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM)		7/1/2023	12/31/2382	\$96.17
76040	BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM)	TC	7/1/2023	12/31/2382	\$30.97
76061	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; LIMITED (EG, FOR METASTASES)	26	7/1/2023	12/31/2382	\$27.90
76061	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; LIMITED (EG, FOR METASTASES)		1/1/1993	12/31/2382	\$53.06
76061	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; LIMITED (EG, FOR METASTASES)		7/1/2023	12/31/2382	\$96.17
76061	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; LIMITED (EG, FOR METASTASES)	TC	7/1/2023	12/31/2382	\$38.93
76062	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; COMPLETE (AXIAL AND APPENDICULAR SKELETON)	26	7/1/2023	12/31/2382	\$34.31

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
76062	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; COMPLETE (AXIAL AND APPENDICULAR SKELETON)		1/1/1993	12/31/2382	\$72.41
76062	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; COMPLETE (AXIAL AND APPENDICULAR SKELETON)		7/1/2023	12/31/2382	\$96.17
76062	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; COMPLETE (AXIAL AND APPENDICULAR SKELETON)	TC	7/1/2023	12/31/2382	\$56.67
76065	RADIOLOGIC EXAMINATION OSSEOUS SURVEY; INFANT	26	7/1/2023	12/31/2382	\$16.92
76065	RADIOLOGIC EXAMINATION OSSEOUS SURVEY; INFANT		1/1/1993	12/31/2382	\$36.94
76065	RADIOLOGIC EXAMINATION OSSEOUS SURVEY; INFANT		7/1/2023	12/31/2382	\$96.17
76065	RADIOLOGIC EXAMINATION OSSEOUS SURVEY; INFANT	TC	7/1/2023	12/31/2382	\$29.05
76066	JOINT SURVEY, SINGLE VIEW, ONE OR MORE JOINTS (SPECIFY)	26	7/1/2023	12/31/2382	\$18.96
76066	JOINT SURVEY, SINGLE VIEW, ONE OR MORE JOINTS (SPECIFY)		1/1/1993	12/31/2382	\$49.89
76066	JOINT SURVEY, SINGLE VIEW, ONE OR MORE JOINTS (SPECIFY)		7/1/2023	12/31/2382	\$56.50
76066	JOINT SURVEY, SINGLE VIEW, ONE OR MORE JOINTS (SPECIFY)	TC	7/1/2023	12/31/2382	\$43.44
76070	COMPUTERIZED TOMOGRAPHY BONE MINERAL DENSITY STUDY, ONE OR MORE SITES	26	7/1/2023	12/31/2382	\$15.35
76070	COMPUTERIZED TOMOGRAPHY BONE MINERAL DENSITY STUDY, ONE OR MORE SITES		1/1/1993	12/31/2382	\$106.03
76070	COMPUTERIZED TOMOGRAPHY BONE MINERAL DENSITY STUDY, ONE OR MORE SITES		7/1/2023	12/31/2382	\$94.62
76070	COMPUTERIZED TOMOGRAPHY BONE MINERAL DENSITY STUDY, ONE OR MORE SITES	TC	7/1/2023	12/31/2382	\$115.66
76071	COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, ONE OR MORE SITES;APPENDICULAR SKELETON		7/1/2023	12/31/2382	\$123.42
76075	DUAL ENERGY X-RAY ABSORPTIOMETRY (DEXA), BONE DENSITY STUDY, ONE OR MORE SITES; AXIAL SKELETON (EG, HIPS, PEL		7/1/2023	12/31/2382	\$94.62
76076	DUAL ENERGY X-RAY ABSORPTIOMETRY (DEXA), BONE DENSITY STUDY, ONE OR MORE SITES; APPENDICULAR SKELETON		7/1/2023	12/31/2382	\$49.43
76077	DUAL ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, ONE OR MORE SITES; VERTEBRAL FRACTURE ASSESSMENT		7/1/2023	12/31/2382	\$56.50
76078	RADIOGRAPHIC ABSORPTIOMETRY (PHOTODENSITOMETRY), ONE OR MORE SITES		7/1/2023	12/31/2382	\$56.50
76080	RADIOLOGIC EXAMINATION, ABSCESS, FISTULA OR SINUS TRACT STUDY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$32.48
76080	RADIOLOGIC EXAMINATION, ABSCESS, FISTULA OR SINUS TRACT STUDY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	59	7/1/2023	12/31/2382	\$131.52

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
76080	RADIOLOGIC EXAMINATION, ABSCESS, FISTULA OR SINUS TRACT STUDY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$59.79
76080	RADIOLOGIC EXAMINATION, ABSCESS, FISTULA OR SINUS TRACT STUDY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$131.52
76080	RADIOLOGIC EXAMINATION, ABSCESS, FISTULA OR SINUS TRACT STUDY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	FY	7/1/2023	12/31/2382	\$131.52
76080	RADIOLOGIC EXAMINATION, ABSCESS, FISTULA OR SINUS TRACT STUDY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$41.14
76082	COMPUTER AIDED DETECTION WITH FURTHER PHYSICIAN REVIEW FOR INTERPRETATION, WITH OR WITHOUT DIGITIZATION		7/1/2023	12/31/2382	\$19.81
76082	COMPUTER AIDED DETECTION WITH FURTHER PHYSICIAN REVIEW FOR INTERPRETATION, WITH OR WITHOUT DIGITIZATION	LT	7/1/2023	12/31/2382	\$19.81
76082	COMPUTER AIDED DETECTION WITH FURTHER PHYSICIAN REVIEW FOR INTERPRETATION, WITH OR WITHOUT DIGITIZATION	RT	7/1/2023	12/31/2382	\$19.81
76083	COMPUTER AIDED DETECTION WITH FURTHER PHYSICIAN REVIEW FOR INTERPRETATION, WITH OR WITHOUT DIGITIZATION		7/1/2023	12/31/2382	\$19.81
76086	MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE DUCT, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$21.06
76086	MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE DUCT, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$100.85
76086	MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE DUCT, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$131.52
76086	MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE DUCT, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$103.09
76088	MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIPLE DUCTS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$26.39
76088	MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIPLE DUCTS, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$138.12
76088	MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIPLE DUCTS, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$131.52
76088	MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIPLE DUCTS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$143.65
76090	MAMMOGRAPHY; UNILATERAL	26	7/1/2023	12/31/2382	\$15.35
76090	MAMMOGRAPHY; UNILATERAL		1/1/1993	12/31/2382	\$45.50
76090	MAMMOGRAPHY; UNILATERAL		7/1/2023	12/31/2382	\$50.98
76090	MAMMOGRAPHY; UNILATERAL	LT	7/1/2023	12/31/2382	\$50.98

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
76090	MAMMOGRAPHY; UNILATERAL	RT	7/1/2023	12/31/2382	\$50.98
76090	MAMMOGRAPHY; UNILATERAL	TC	7/1/2023	12/31/2382	\$41.14
76091	MAMMOGRAPHY; BILATERAL	26	7/1/2023	12/31/2382	\$25.18
76091	MAMMOGRAPHY; BILATERAL		1/1/1993	12/31/2382	\$60.99
76091	MAMMOGRAPHY; BILATERAL		7/1/2023	12/31/2382	\$63.42
76091	MAMMOGRAPHY; BILATERAL	TC	7/1/2023	12/31/2382	\$51.00
76092	SCREENING MAMMOGRAPHY, BILATERAL (TWO VIEW FILM STUDY OF EACH BREAST)		1/1/1993	12/31/2382	\$0.00
76092	SCREENING MAMMOGRAPHY, BILATERAL (TWO VIEW FILM STUDY OF EACH BREAST)		7/1/2023	12/31/2382	\$59.71
76093	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND/OR WITH CONTRAST MATERIAL(S); UNILATERAL		12/1/2006	12/31/2382	\$380.71
76094	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND/OR WITH CONTRAST MATERIAL(S);BILATERAL		12/1/2006	12/31/2382	\$380.71
76095	STEREOTACTIC LOCALIZATION FOR BREAST BIOPSY, EACH LESION, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$267.56
76095	STEREOTACTIC LOCALIZATION FOR BREAST BIOPSY, EACH LESION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	LT	7/1/2023	12/31/2382	\$267.56
76095	STEREOTACTIC LOCALIZATION FOR BREAST BIOPSY, EACH LESION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	RT	7/1/2023	12/31/2382	\$267.56
76096	PREOPERATIVE PLACEMENT OF NEEDLE LOCALIZATION WIRE, BREAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$33.62
76096	PREOPERATIVE PLACEMENT OF NEEDLE LOCALIZATION WIRE, BREAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$68.76
76096	PREOPERATIVE PLACEMENT OF NEEDLE LOCALIZATION WIRE, BREAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$131.52
76096	PREOPERATIVE PLACEMENT OF NEEDLE LOCALIZATION WIRE, BREAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION	LT	7/1/2023	12/31/2382	\$131.52
76096	PREOPERATIVE PLACEMENT OF NEEDLE LOCALIZATION WIRE, BREAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION	RT	7/1/2023	12/31/2382	\$131.52
76096	PREOPERATIVE PLACEMENT OF NEEDLE LOCALIZATION WIRE, BREAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$51.00
76098	RADIOLOGICAL EXAMINATION, BREAST SURGICAL SPECIMEN	26	7/1/2023	12/31/2382	\$9.31
76098	RADIOLOGICAL EXAMINATION, BREAST SURGICAL SPECIMEN		1/1/1993	12/31/2382	\$20.93
76098	RADIOLOGICAL EXAMINATION, BREAST SURGICAL SPECIMEN		7/1/2023	12/31/2382	\$56.50
76098	RADIOLOGICAL EXAMINATION, BREAST SURGICAL SPECIMEN	LT	7/1/2023	12/31/2382	\$56.50

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
76098	RADIOLOGICAL EXAMINATION, BREAST SURGICAL SPECIMEN	RT	7/1/2023	12/31/2382	\$56.50
76098	RADIOLOGICAL EXAMINATION, BREAST SURGICAL SPECIMEN	TC	7/1/2023	12/31/2382	\$16.59
76100	RADIOLOGIC EXAMINATION, SINGLE PLANE BODY SECTION (EG, TOMOGRAPHY), OTHER THAN WITH UROGRAPHY	26	7/1/2023	12/31/2382	\$36.75
76100	RADIOLOGIC EXAMINATION, SINGLE PLANE BODY SECTION (EG, TOMOGRAPHY), OTHER THAN WITH UROGRAPHY		1/1/1993	12/31/2382	\$68.14
76100	RADIOLOGIC EXAMINATION, SINGLE PLANE BODY SECTION (EG, TOMOGRAPHY), OTHER THAN WITH UROGRAPHY		7/1/2023	12/31/2382	\$96.17
76100	RADIOLOGIC EXAMINATION, SINGLE PLANE BODY SECTION (EG, TOMOGRAPHY), OTHER THAN WITH UROGRAPHY	TC	7/1/2023	12/31/2382	\$49.09
76101	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTION (EG, MASTOID POLYTOMOGRAPHY), OTHER T	26	7/1/2023	12/31/2382	\$36.75
76101	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTION (EG, MASTOID POLYTOMOGRAPHY), OTHER T		1/1/1993	12/31/2382	\$73.36
76101	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTION (EG, MASTOID POLYTOMOGRAPHY), OTHER T		7/1/2023	12/31/2382	\$131.52
76101	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTION (EG, MASTOID POLYTOMOGRAPHY), OTHER T	TC	7/1/2023	12/31/2382	\$55.53
76102	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTION (EG, MASTOID POLYTOMOGRAPHY), OTHER T	26	7/1/2023	12/31/2382	\$36.75
76102	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTION (EG, MASTOID POLYTOMOGRAPHY), OTHER T		1/1/1993	12/31/2382	\$83.48
76102	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTION (EG, MASTOID POLYTOMOGRAPHY), OTHER T		7/1/2023	12/31/2382	\$267.56
76102	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTION (EG, MASTOID POLYTOMOGRAPHY), OTHER T	TC	7/1/2023	12/31/2382	\$68.00
76120	CINERADIOGRAPHY, EXCEPT WHERE SPECIFICALLY INCLUDED	26	7/1/2023	12/31/2382	\$23.33
76120	CINERADIOGRAPHY, EXCEPT WHERE SPECIFICALLY INCLUDED		1/1/1993	12/31/2382	\$51.70
76120	CINERADIOGRAPHY, EXCEPT WHERE SPECIFICALLY INCLUDED		7/1/2023	12/31/2382	\$102.94
76120	CINERADIOGRAPHY, EXCEPT WHERE SPECIFICALLY INCLUDED	TC	7/1/2023	12/31/2382	\$41.14
76125	CINERADIOGRAPHY TO COMPLEMENT ROUTINE EXAMINATION	26	7/1/2023	12/31/2382	\$16.32
76125	CINERADIOGRAPHY TO COMPLEMENT ROUTINE EXAMINATION		1/1/1993	12/31/2382	\$37.87
76125	CINERADIOGRAPHY TO COMPLEMENT ROUTINE EXAMINATION		7/1/2023	12/31/2382	\$56.50
76125	CINERADIOGRAPHY TO COMPLEMENT ROUTINE EXAMINATION	TC	7/1/2023	12/31/2382	\$30.97
76140	CONSULTATION ON X-RAY EXAMINATION MADE ELSEWHERE, WRITTEN REPORT		1/1/1993	12/31/2382	\$0.00
76150	XERORADIOGRAPHY		1/1/1993	12/31/2382	\$13.47

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
76150	XERORADIOGRAPHY		7/1/2023	12/31/2382	\$56.50
76350	SUBTRACTION IN CONJUNCTION WITH CONTRAST STUDIES	26	1/1/1993	12/31/2382	\$0.00
76350	SUBTRACTION IN CONJUNCTION WITH CONTRAST STUDIES		1/1/1993	12/31/2382	\$0.00
76350	SUBTRACTION IN CONJUNCTION WITH CONTRAST STUDIES	TC	1/1/1993	12/31/2382	\$0.00
76355	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR STEREOTACTIC LOCALIZATION	26	7/1/2023	12/31/2382	\$75.27
76355	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR STEREOTACTIC LOCALIZATION		1/1/1993	12/31/2382	\$321.15
76355	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR STEREOTACTIC LOCALIZATION		7/1/2023	12/31/2382	\$332.45
76355	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR STEREOTACTIC LOCALIZATION	TC	7/1/2023	12/31/2382	\$323.83
76360	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR NEEDLE BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$68.41
76360	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR NEEDLE BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$318.63
76360	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR NEEDLE BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$332.45
76360	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR NEEDLE BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$323.83
76362	COMPUTERIZED AXIAL TOMOGRAPHIC GUIDANCE FOR, AND MONITORING OF, TISSUE ABLATION		7/1/2023	12/31/2382	\$395.43
76365	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR CYST ASPIRATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$68.41
76365	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR CYST ASPIRATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$392.25
76365	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR CYST ASPIRATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$323.83
76370	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS	26	7/1/2023	12/31/2382	\$52.98
76370	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS		1/1/1993	12/31/2382	\$134.92
76370	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS		7/1/2023	12/31/2382	\$123.42
76370	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS	TC	7/1/2023	12/31/2382	\$115.66
76375	CORONAL, SAGITTAL, MULTIPLANAR, OBLIQUE, 3-DIMENSIONAL AND/OR HOLOGRAPHIC RECONSTRUCTION OF COMPUTERIZED TOMO	26	7/1/2023	12/31/2382	\$9.31
76375	CORONAL, SAGITTAL, MULTIPLANAR, OBLIQUE, 3-DIMENSIONAL AND/OR HOLOGRAPHIC RECONSTRUCTION OF COMPUTERIZED TOMO		7/1/2023	12/31/2382	\$147.56

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
76375	CORONAL, SAGITTAL, MULTIPLANAR, OBLIQUE, 3-DIMENSIONAL AND/OR HOLOGRAPHIC RECONSTRUCTION OF COMPUTERIZED TOMO	TC	7/1/2023	12/31/2382	\$138.38
76376	3D REDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND,	59	7/1/2023	12/31/2382	\$47.53
76376	3D REDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND,		7/1/2023	12/31/2382	\$47.53
76376	3D REDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND,	LT	7/1/2023	12/31/2382	\$47.53
76376	3D REDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND,	RT	7/1/2023	12/31/2382	\$47.53
76376	3D REDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND,	TC	7/1/2023	12/31/2382	\$8.60
76377	3D REDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND,	59	7/1/2023	12/31/2382	\$123.42
76377	3D REDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND,		7/1/2023	12/31/2382	\$123.42
76377	3D REDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND,	ET	7/1/2023	12/31/2382	\$123.42
76380	COMPUTERIZED TOMOGRAPHY, LIMITED OR LOCALIZED FOLLOW-UP STUDY	26	7/1/2023	12/31/2382	\$58.08
76380	COMPUTERIZED TOMOGRAPHY, LIMITED OR LOCALIZED FOLLOW-UP STUDY	59	7/1/2023	12/31/2382	\$123.42
76380	COMPUTERIZED TOMOGRAPHY, LIMITED OR LOCALIZED FOLLOW-UP STUDY		1/1/1993	12/31/2382	\$158.64
76380	COMPUTERIZED TOMOGRAPHY, LIMITED OR LOCALIZED FOLLOW-UP STUDY		7/1/2023	12/31/2382	\$123.42
76380	COMPUTERIZED TOMOGRAPHY, LIMITED OR LOCALIZED FOLLOW-UP STUDY	TC	7/1/2023	12/31/2382	\$137.24
76393	MAGNETIC RESONANCE GUIDANCE FOR NEEDLE PLACEMENT (EG, FOR BIOPSY)RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$395.00
76394	MAGNETIC RESONANCE GUIDANCE FOR, AND MONITORING OF, TISSUE ABLATION		7/1/2023	12/31/2382	\$395.00
76400	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BONE MARROW BLOOD SUPPLY	26	7/1/2023	12/31/2382	\$95.17
76400	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BONE MARROW BLOOD SUPPLY		1/1/1993	12/31/2382	\$434.32
76400	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BONE MARROW BLOOD SUPPLY		7/1/2023	12/31/2382	\$395.00
76400	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BONE MARROW BLOOD SUPPLY	TC	7/1/2023	12/31/2382	\$439.49
76496	UNLISTED FLUOROSCOPIC PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)		7/1/2023	12/31/2382	\$102.94
76497	UNLISTED COMPUTED TOMOGRAPHY PROCEDURE (EG, DIAGNOSTIC INTERVENTIONAL)		7/1/2023	12/31/2382	\$123.42
76498	UNLISTED MAGNETIC RESONANCE PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)		7/1/2023	12/31/2382	\$395.00
76499	UNLISTED DIAGNOSTIC RADIOLOGIC PROCEDURE	26	1/1/1993	12/31/2382	\$0.00

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
76499	UNLISTED DIAGNOSTIC RADIOLOGIC PROCEDURE		1/1/1993	12/31/2382	\$0.00
76499	UNLISTED DIAGNOSTIC RADIOLOGIC PROCEDURE		7/1/2023	12/31/2382	\$56.50
76499	UNLISTED DIAGNOSTIC RADIOLOGIC PROCEDURE	TC	1/1/1993	12/31/2382	\$0.00
76506	ECHOENCEPHALOGRAPHY, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION (GRAY SCALE) (FOR DETERMINATION OF VENTR	26	7/1/2023	12/31/2382	\$39.55
76506	ECHOENCEPHALOGRAPHY, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION (GRAY SCALE) (FOR DETERMINATION OF VENTR		1/1/1993	12/31/2382	\$75.56
76506	ECHOENCEPHALOGRAPHY, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION (GRAY SCALE) (FOR DETERMINATION OF VENTR		7/1/2023	12/31/2382	\$76.92
76506	ECHOENCEPHALOGRAPHY, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION (GRAY SCALE) (FOR DETERMINATION OF VENTR	TC	7/1/2023	12/31/2382	\$55.53
76510	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN AND QUANTITATIVE A-SCAN PERFORMED DURING THE SAME PATIENT ENCOUNTER		7/1/2023	12/31/2382	\$123.03
76511	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; A-SCAN ONLY, WITH AMPLITUDE QUANTIFICATION	26	7/1/2023	12/31/2382	\$38.18
76511	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; A-SCAN ONLY, WITH AMPLITUDE QUANTIFICATION	50	7/1/2023	12/31/2382	\$123.03
76511	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; A-SCAN ONLY, WITH AMPLITUDE QUANTIFICATION		1/1/1993	12/31/2382	\$78.87
76511	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; A-SCAN ONLY, WITH AMPLITUDE QUANTIFICATION		7/1/2023	12/31/2382	\$123.03
76511	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; A-SCAN ONLY, WITH AMPLITUDE QUANTIFICATION	LT	7/1/2023	12/31/2382	\$123.03
76511	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; A-SCAN ONLY, WITH AMPLITUDE QUANTIFICATION	RT	7/1/2023	12/31/2382	\$123.03
76511	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; A-SCAN ONLY, WITH AMPLITUDE QUANTIFICATION	TC	7/1/2023	12/31/2382	\$49.09
76512	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CONTACT B-SCAN (WITH OR WITHOUT SIMULTANEOUS A-SCAN)	26	7/1/2023	12/31/2382	\$41.35
76512	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CONTACT B-SCAN (WITH OR WITHOUT SIMULTANEOUS A-SCAN)	50	7/1/2023	12/31/2382	\$123.03
76512	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CONTACT B-SCAN (WITH OR WITHOUT SIMULTANEOUS A-SCAN)		1/1/1993	12/31/2382	\$80.70
76512	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CONTACT B-SCAN (WITH OR WITHOUT SIMULTANEOUS A-SCAN)		7/1/2023	12/31/2382	\$123.03

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
76512	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CONTACT B-SCAN (WITH OR WITHOUT SIMULTANEOUS A-SCAN)	LT	7/1/2023	12/31/2382	\$123.03
76512	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CONTACT B-SCAN (WITH OR WITHOUT SIMULTANEOUS A-SCAN)	RT	7/1/2023	12/31/2382	\$123.03
76512	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CONTACT B-SCAN (WITH OR WITHOUT SIMULTANEOUS A-SCAN)	TC	7/1/2023	12/31/2382	\$60.03
76513	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; ANTERIOR SEGMENT ULTRASOUND,	26	7/1/2023	12/31/2382	\$41.35
76513	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; ANTERIOR SEGMENT ULTRASOUND,		1/1/1993	12/31/2382	\$80.70
76513	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; ANTERIOR SEGMENT ULTRASOUND,		7/1/2023	12/31/2382	\$123.03
76513	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; ANTERIOR SEGMENT ULTRASOUND,	TC	7/1/2023	12/31/2382	\$60.03
76514	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CORNEAL PACHYMETRY, UNILATERAL OR BILATERAL	50	7/1/2023	12/31/2382	\$47.53
76514	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CORNEAL PACHYMETRY, UNILATERAL OR BILATERAL		7/1/2023	12/31/2382	\$47.53
76514	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CORNEAL PACHYMETRY, UNILATERAL OR BILATERAL	PO	1/1/2016	12/31/2382	\$38.61
76514	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CORNEAL PACHYMETRY, UNILATERAL OR BILATERAL	PO	7/1/2023	12/31/2382	\$0.01
76516	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN;	26	7/1/2023	12/31/2382	\$34.03
76516	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN;		1/1/1993	12/31/2382	\$66.25
76516	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN;		7/1/2023	12/31/2382	\$76.92
76516	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN;	TC	7/1/2023	12/31/2382	\$49.09
76519	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN; WITH INTRAOCULAR LENS POWER CALCULATION	26	7/1/2023	12/31/2382	\$34.03
76519	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN; WITH INTRAOCULAR LENS POWER CALCULATION		1/1/1993	12/31/2382	\$66.25
76519	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN; WITH INTRAOCULAR LENS POWER CALCULATION		7/1/2023	12/31/2382	\$123.03
76519	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN; WITH INTRAOCULAR LENS POWER CALCULATION	TC	7/1/2023	12/31/2382	\$49.09
76529	OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	26	7/1/2023	12/31/2382	\$36.06
76529	OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION		1/1/1993	12/31/2382	\$71.17

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
76529	OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION		7/1/2023	12/31/2382	\$76.92
76529	OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	TC	7/1/2023	12/31/2382	\$53.59
76536	ECHOGRAPHY, SOFT TISSUES OF HEAD AND NECK (EG, THYROID, PARATHYROID, PAROTID), B-SCAN AND/OR REAL TIME WITH IM	26	7/1/2023	12/31/2382	\$35.25
76536	ECHOGRAPHY, SOFT TISSUES OF HEAD AND NECK (EG, THYROID, PARATHYROID, PAROTID), B-SCAN AND/OR REAL TIME WITH IM	59	7/1/2023	12/31/2382	\$123.03
76536	ECHOGRAPHY, SOFT TISSUES OF HEAD AND NECK (EG, THYROID, PARATHYROID, PAROTID), B-SCAN AND/OR REAL TIME WITH IM		1/1/1993	12/31/2382	\$72.42
76536	ECHOGRAPHY, SOFT TISSUES OF HEAD AND NECK (EG, THYROID, PARATHYROID, PAROTID), B-SCAN AND/OR REAL TIME WITH IM		7/1/2023	12/31/2382	\$123.03
76536	ECHOGRAPHY, SOFT TISSUES OF HEAD AND NECK (EG, THYROID, PARATHYROID, PAROTID), B-SCAN AND/OR REAL TIME WITH IM	PN	7/1/2023	12/31/2382	\$123.03
76536	ECHOGRAPHY, SOFT TISSUES OF HEAD AND NECK (EG, THYROID, PARATHYROID, PAROTID), B-SCAN AND/OR REAL TIME WITH IM	PO	7/1/2023	12/31/2382	\$123.03
76536	ECHOGRAPHY, SOFT TISSUES OF HEAD AND NECK (EG, THYROID, PARATHYROID, PAROTID), B-SCAN AND/OR REAL TIME WITH IM	TC	7/1/2023	12/31/2382	\$55.53
76604	ECHOGRAPHY, CHEST, B-SCAN (INCLUDES MEDIASTINUM) AND/OR REAL TIME WITH IMAGE DOCUMENTATION	26	7/1/2023	12/31/2382	\$34.92
76604	ECHOGRAPHY, CHEST, B-SCAN (INCLUDES MEDIASTINUM) AND/OR REAL TIME WITH IMAGE DOCUMENTATION		1/1/1993	12/31/2382	\$68.44
76604	ECHOGRAPHY, CHEST, B-SCAN (INCLUDES MEDIASTINUM) AND/OR REAL TIME WITH IMAGE DOCUMENTATION		7/1/2023	12/31/2382	\$123.03
76604	ECHOGRAPHY, CHEST, B-SCAN (INCLUDES MEDIASTINUM) AND/OR REAL TIME WITH IMAGE DOCUMENTATION	TC	7/1/2023	12/31/2382	\$51.00
76641	ULTRASOUND, BREAST, UNILATERAL, REALTIME WITH IMAGE DOCUMENTATION, INCLUDING AXILLA WHEN PERFORMED; COMPLETE	26	7/1/2023	12/31/2382	\$25.93
76641	ULTRASOUND, BREAST, UNILATERAL, REALTIME WITH IMAGE DOCUMENTATION, INCLUDING AXILLA WHEN PERFORMED; COMPLETE	50	7/1/2023	12/31/2382	\$109.62
76641	ULTRASOUND, BREAST, UNILATERAL, REALTIME WITH IMAGE DOCUMENTATION, INCLUDING AXILLA WHEN PERFORMED; COMPLETE		7/1/2023	12/31/2382	\$109.62
76641	ULTRASOUND, BREAST, UNILATERAL, REALTIME WITH IMAGE DOCUMENTATION, INCLUDING AXILLA WHEN PERFORMED; COMPLETE	TC	7/1/2023	12/31/2382	\$50.81
76642	ULTRASOUND, BREAST, UNILATERAL, REALTIME WITH IMAGE DOCUMENTATION, INCLUDING AXILLA WHEN PERFORMED; LIMITED	26	1/1/2020	12/31/2382	\$55.83
76642	ULTRASOUND, BREAST, UNILATERAL, REALTIME WITH IMAGE DOCUMENTATION, INCLUDING AXILLA WHEN PERFORMED; LIMITED	26	7/1/2023	12/31/2382	\$37.00

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
76642	ULTRASOUND, BREAST, UNILATERAL, REALTIME WITH IMAGE DOCUMENTATION, INCLUDING AXILLA WHEN PERFORMED; LIMITED		7/1/2023	12/31/2382	\$95.75
76642	ULTRASOUND, BREAST, UNILATERAL, REALTIME WITH IMAGE DOCUMENTATION, INCLUDING AXILLA WHEN PERFORMED; LIMITED	LT	7/1/2023	12/31/2382	\$95.75
76642	ULTRASOUND, BREAST, UNILATERAL, REALTIME WITH IMAGE DOCUMENTATION, INCLUDING AXILLA WHEN PERFORMED; LIMITED	RT	7/1/2023	12/31/2382	\$95.75
76642	ULTRASOUND, BREAST, UNILATERAL, REALTIME WITH IMAGE DOCUMENTATION, INCLUDING AXILLA WHEN PERFORMED; LIMITED	TC	7/1/2023	12/31/2382	\$61.02
76642	ULTRASOUND, BREAST, UNILATERAL, REALTIME WITH IMAGE DOCUMENTATION, INCLUDING AXILLA WHEN PERFORMED; LIMITED	XS	7/1/2023	12/31/2382	\$95.75
76645	ECHOGRAPHY, BREAST(S) (UNILATERAL OR BILATERAL), B-SCAN AND/ OR REAL TIME WITH IMAGE DOCUMENTATION	26	7/1/2023	12/31/2382	\$34.03
76645	ECHOGRAPHY, BREAST(S) (UNILATERAL OR BILATERAL), B-SCAN AND/ OR REAL TIME WITH IMAGE DOCUMENTATION	50	7/1/2023	12/31/2382	\$76.92
76645	ECHOGRAPHY, BREAST(S) (UNILATERAL OR BILATERAL), B-SCAN AND/ OR REAL TIME WITH IMAGE DOCUMENTATION		1/1/1993	12/31/2382	\$59.79
76645	ECHOGRAPHY, BREAST(S) (UNILATERAL OR BILATERAL), B-SCAN AND/ OR REAL TIME WITH IMAGE DOCUMENTATION		7/1/2023	12/31/2382	\$76.92
76645	ECHOGRAPHY, BREAST(S) (UNILATERAL OR BILATERAL), B-SCAN AND/ OR REAL TIME WITH IMAGE DOCUMENTATION	LT	7/1/2023	12/31/2382	\$76.92
76645	ECHOGRAPHY, BREAST(S) (UNILATERAL OR BILATERAL), B-SCAN AND/ OR REAL TIME WITH IMAGE DOCUMENTATION	RT	7/1/2023	12/31/2382	\$76.92
76645	ECHOGRAPHY, BREAST(S) (UNILATERAL OR BILATERAL), B-SCAN AND/ OR REAL TIME WITH IMAGE DOCUMENTATION	TC	7/1/2023	12/31/2382	\$41.14
76700	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	26	7/1/2023	12/31/2382	\$50.05
76700	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	59	7/1/2023	12/31/2382	\$123.03
76700	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE		1/1/1993	12/31/2382	\$101.49
76700	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE		7/1/2023	12/31/2382	\$123.03
76700	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	TC	7/1/2023	12/31/2382	\$77.11
76705	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (EG, SINGLE ORGAN, QUADRANT,	26	7/1/2023	12/31/2382	\$37.09

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
76705	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (EG, SINGLE ORGAN, QUADRANT,	59	7/1/2023	12/31/2382	\$123.03
76705	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (EG, SINGLE ORGAN, QUADRANT,		1/1/1993	12/31/2382	\$73.67
76705	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (EG, SINGLE ORGAN, QUADRANT,		7/1/2023	12/31/2382	\$123.03
76705	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (EG, SINGLE ORGAN, QUADRANT,	GA	7/1/2023	12/31/2382	\$123.03
76705	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (EG, SINGLE ORGAN, QUADRANT,	PO	7/1/2023	12/31/2382	\$123.03
76705	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (EG, SINGLE ORGAN, QUADRANT,	TC	7/1/2023	12/31/2382	\$55.53
76705	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (EG, SINGLE ORGAN, QUADRANT,	XS	7/1/2023	12/31/2382	\$123.03
76705	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (EG, SINGLE ORGAN, QUADRANT,	XU	7/1/2023	12/31/2382	\$123.03
76706	ULTRASOUND, ABDOMINAL AORTA, REAL TIME WITH IMAGE DOCUMENTATION, SCREENING STUDY FOR ABDOMINAL AORTIC ANEURYSM (AAA)		7/1/2023	12/31/2382	\$86.21
76706	ULTRASOUND, ABDOMINAL AORTA, REAL TIME WITH IMAGE DOCUMENTATION, SCREENING STUDY FOR ABDOMINAL AORTIC ANEURYSM (AAA)	PO	7/1/2023	12/31/2382	\$86.21
76706	ULTRASOUND, ABDOMINAL AORTA, REAL TIME WITH IMAGE DOCUMENTATION, SCREENING STUDY FOR ABDOMINAL AORTIC ANEURYSM (AAA)	XU	7/1/2023	12/31/2382	\$86.21
76770	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPL	26	7/1/2023	12/31/2382	\$46.04
76770	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPL	59	7/1/2023	12/31/2382	\$123.03
76770	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPL		1/1/1993	12/31/2382	\$98.34
76770	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPL		7/1/2023	12/31/2382	\$123.03
76770	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPL	GA	7/1/2023	12/31/2382	\$123.03
76770	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPL	PN	7/1/2023	12/31/2382	\$123.03
76770	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPL	PO	7/1/2023	12/31/2382	\$123.03

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
76770	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPL	TC	7/1/2023	12/31/2382	\$77.11
76770	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPL	XU	7/1/2023	12/31/2382	\$123.03
76775	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMIT	26	7/1/2023	12/31/2382	\$36.75
76775	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMIT	59	7/1/2023	12/31/2382	\$123.03
76775	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMIT		1/1/1993	12/31/2382	\$73.36
76775	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMIT		7/1/2023	12/31/2382	\$123.03
76775	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMIT	PN	7/1/2023	12/31/2382	\$123.03
76775	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMIT	TC	7/1/2023	12/31/2382	\$55.53
76776	ULTRASOUND, TRANSPLANTED KIDNEY, REAL TIME AND DUPLEX DOPPLER WITH IMAGE DOCUMENTATION		7/1/2023	12/31/2382	\$120.88
76778	ECHOGRAPHY OF TRANSPLANTED KIDNEY, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION, WITH OR WITHOUT DUPLEX DO	26	7/1/2023	12/31/2382	\$43.96
76778	ECHOGRAPHY OF TRANSPLANTED KIDNEY, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION, WITH OR WITHOUT DUPLEX DO		1/1/1993	12/31/2382	\$98.34
76778	ECHOGRAPHY OF TRANSPLANTED KIDNEY, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION, WITH OR WITHOUT DUPLEX DO		7/1/2023	12/31/2382	\$123.03
76778	ECHOGRAPHY OF TRANSPLANTED KIDNEY, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION, WITH OR WITHOUT DUPLEX DO	TC	7/1/2023	12/31/2382	\$77.11
76800	ECHOGRAPHY, SPINAL CANAL AND CONTENTS	26	7/1/2023	12/31/2382	\$67.25
76800	ECHOGRAPHY, SPINAL CANAL AND CONTENTS		1/1/1993	12/31/2382	\$99.73
76800	ECHOGRAPHY, SPINAL CANAL AND CONTENTS		7/1/2023	12/31/2382	\$123.03
76800	ECHOGRAPHY, SPINAL CANAL AND CONTENTS	TC	7/1/2023	12/31/2382	\$55.53
76801	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION, FIR		7/1/2023	12/31/2382	\$123.03
76802	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION, EACH ADDITIONA		7/1/2023	12/31/2382	\$76.92
76805	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE (COMPLETE FETAL AND MA	26	7/1/2023	12/31/2382	\$61.40

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
76805	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE (COMPLETE FETAL AND MA		1/1/1993	12/31/2382	\$114.71
76805	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE (COMPLETE FETAL AND MA		7/1/2023	12/31/2382	\$123.03
76805	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE (COMPLETE FETAL AND MA	TC	7/1/2023	12/31/2382	\$82.37
76810	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE (COMPLETE FETAL AND MA	26	7/1/2023	12/31/2382	\$116.63
76810	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE (COMPLETE FETAL AND MA		1/1/1993	12/31/2382	\$228.03
76810	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE (COMPLETE FETAL AND MA		7/1/2023	12/31/2382	\$123.03
76810	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE (COMPLETE FETAL AND MA	TC	7/1/2023	12/31/2382	\$164.10
76811	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION, SINGLE OR FIRS		7/1/2023	12/31/2382	\$197.84
76811	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION, SINGLE OR FIRS	PO	7/1/2023	12/31/2382	\$197.84
76811	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION, SINGLE OR FIRS	TC	7/1/2023	12/31/2382	\$197.84
76812	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION, EACH ADDITIONA		7/1/2023	12/31/2382	\$123.03
76813	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FIRST TRIMESTER FETAL NUCHAL TRANSLUCENCY	55	7/1/2023	12/31/2382	\$120.88
76813	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FIRST TRIMESTER FETAL NUCHAL TRANSLUCENCY		7/1/2023	12/31/2382	\$120.88
76813	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FIRST TRIMESTER FETAL NUCHAL TRANSLUCENCY	PO	7/1/2023	12/31/2382	\$120.88
76814	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FIRST TRIMESTER FETAL NUCHAL TRANSLUCENCY		7/1/2023	12/31/2382	\$120.88
76815	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (FETAL SIZE, HEART	22	7/1/2023	12/31/2382	\$76.92
76815	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (FETAL SIZE, HEART	25	7/1/2023	12/31/2382	\$76.92
76815	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (FETAL SIZE, HEART	26	7/1/2023	12/31/2382	\$40.49

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
76815	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (FETAL SIZE, HEART	52	7/1/2023	12/31/2382	\$76.92
76815	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (FETAL SIZE, HEART	59	7/1/2023	12/31/2382	\$76.92
76815	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (FETAL SIZE, HEART		1/1/1993	12/31/2382	\$76.50
76815	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (FETAL SIZE, HEART		7/1/2023	12/31/2382	\$76.92
76815	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (FETAL SIZE, HEART	TC	7/1/2023	12/31/2382	\$55.53
76816	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; FOLLOW-UP OR REPEAT	26	7/1/2023	12/31/2382	\$36.06
76816	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; FOLLOW-UP OR REPEAT		1/1/1993	12/31/2382	\$62.92
76816	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; FOLLOW-UP OR REPEAT		7/1/2023	12/31/2382	\$76.92
76816	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; FOLLOW-UP OR REPEAT	PO	7/1/2023	12/31/2382	\$76.92
76816	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; FOLLOW-UP OR REPEAT	TC	7/1/2023	12/31/2382	\$43.44
76817	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, TRANSVAGINAL	25	7/1/2023	12/31/2382	\$123.03
76817	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, TRANSVAGINAL		7/1/2023	12/31/2382	\$123.03
76818	FETAL BIOPHYSICAL PROFILE	26	7/1/2023	12/31/2382	\$47.60
76818	FETAL BIOPHYSICAL PROFILE	59	7/1/2023	12/31/2382	\$123.03
76818	FETAL BIOPHYSICAL PROFILE		1/1/1993	12/31/2382	\$88.54
76818	FETAL BIOPHYSICAL PROFILE		7/1/2023	12/31/2382	\$123.03
76818	FETAL BIOPHYSICAL PROFILE	TC	7/1/2023	12/31/2382	\$63.48
76819	FETAL BIOPHYSICAL PROFILE; WITHOUT STRESS OR NON-STRESS TESTING	59	7/1/2023	12/31/2382	\$123.03
76819	FETAL BIOPHYSICAL PROFILE; WITHOUT STRESS OR NON-STRESS TESTING		7/1/2023	12/31/2382	\$123.03
76820	DOPPLER VELOCIMETRY, FETAL; UMBILICAL ARTERY	51	7/1/2023	12/31/2382	\$124.09
76820	DOPPLER VELOCIMETRY, FETAL; UMBILICAL ARTERY	59	7/1/2023	12/31/2382	\$124.09
76820	DOPPLER VELOCIMETRY, FETAL; UMBILICAL ARTERY		7/1/2023	12/31/2382	\$124.09
76821	DOPPLER VELOCIMETRY, FETAL; MIDDLE CEREBRAL ARTERY		7/1/2023	12/31/2382	\$124.09

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
76825	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE DOCUMENTATION (2D) WITH OR WITHOUT M-MODE	26	7/1/2023	12/31/2382	\$47.25
76825	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE DOCUMENTATION (2D) WITH OR WITHOUT M-MODE		1/1/1993	12/31/2382	\$99.29
76825	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE DOCUMENTATION (2D) WITH OR WITHOUT M-MODE		7/1/2023	12/31/2382	\$129.83
76825	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE DOCUMENTATION (2D) WITH OR WITHOUT M-MODE	TC	7/1/2023	12/31/2382	\$77.11
76826	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE DOCUMENTATION (2D) WITH OR WITHOUT M-MODE	26	7/1/2023	12/31/2382	\$60.98
76826	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE DOCUMENTATION (2D) WITH OR WITHOUT M-MODE		1/1/1993	12/31/2382	\$70.24
76826	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE DOCUMENTATION (2D) WITH OR WITHOUT M-MODE		7/1/2023	12/31/2382	\$117.12
76826	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE DOCUMENTATION (2D) WITH OR WITHOUT M-MODE	TC	7/1/2023	12/31/2382	\$27.91
76827	DOPPLER ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPL	26	7/1/2023	12/31/2382	\$44.22
76827	DOPPLER ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPL		1/1/1993	12/31/2382	\$91.34
76827	DOPPLER ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPL		7/1/2023	12/31/2382	\$129.83
76827	DOPPLER ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPL	TC	7/1/2023	12/31/2382	\$68.18
76828	DOPPLER ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPL	26	7/1/2023	12/31/2382	\$30.33
76828	DOPPLER ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPL		1/1/1993	12/31/2382	\$29.86
76828	DOPPLER ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPL		7/1/2023	12/31/2382	\$117.12
76828	DOPPLER ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPL	TC	7/1/2023	12/31/2382	\$6.43
76830	ECHOGRAPHY, TRANSVAGINAL	25	7/1/2023	12/31/2382	\$123.03
76830	ECHOGRAPHY, TRANSVAGINAL	26	7/1/2023	12/31/2382	\$43.25
76830	ECHOGRAPHY, TRANSVAGINAL	59	7/1/2023	12/31/2382	\$123.03
76830	ECHOGRAPHY, TRANSVAGINAL		1/1/1993	12/31/2382	\$82.27

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
76830	ECHOGRAPHY, TRANSVAGINAL		7/1/2023	12/31/2382	\$123.03
76830	ECHOGRAPHY, TRANSVAGINAL	PO	7/1/2023	12/31/2382	\$123.03
76830	ECHOGRAPHY, TRANSVAGINAL	TC	7/1/2023	12/31/2382	\$60.03
76830	ECHOGRAPHY, TRANSVAGINAL	XU	7/1/2023	12/31/2382	\$123.03
76831	HYSTEROSONOGRAPHY, WITH OR WITHOUT COLOR FLOW DOPPLER		7/1/2023	12/31/2382	\$197.84
76831	HYSTEROSONOGRAPHY, WITH OR WITHOUT COLOR FLOW DOPPLER	TC	7/1/2023	12/31/2382	\$34.17
76856	ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	26	7/1/2023	12/31/2382	\$43.25
76856	ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	59	7/1/2023	12/31/2382	\$123.03
76856	ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE		1/1/1993	12/31/2382	\$82.27
76856	ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE		7/1/2023	12/31/2382	\$123.03
76856	ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	PO	7/1/2023	12/31/2382	\$123.03
76856	ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	TC	7/1/2023	12/31/2382	\$60.03
76856	ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	XU	7/1/2023	12/31/2382	\$123.03
76857	ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED OR FOLLOW-UP (EG,	26	7/1/2023	12/31/2382	\$23.02
76857	ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED OR FOLLOW-UP (EG,		1/1/1993	12/31/2382	\$51.39
76857	ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED OR FOLLOW-UP (EG,		7/1/2023	12/31/2382	\$76.92
76857	ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED OR FOLLOW-UP (EG,	LT	7/1/2023	12/31/2382	\$76.92
76857	ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED OR FOLLOW-UP (EG,	RT	7/1/2023	12/31/2382	\$76.92
76857	ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED OR FOLLOW-UP (EG,	TC	7/1/2023	12/31/2382	\$41.14
76870	ECHOGRAPHY, SCROTUM AND CONTENTS	26	7/1/2023	12/31/2382	\$39.78
76870	ECHOGRAPHY, SCROTUM AND CONTENTS	59	7/1/2023	12/31/2382	\$123.03
76870	ECHOGRAPHY, SCROTUM AND CONTENTS		1/1/1993	12/31/2382	\$79.53
76870	ECHOGRAPHY, SCROTUM AND CONTENTS		7/1/2023	12/31/2382	\$123.03

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
76870	ECHOGRAPHY, SCROTUM AND CONTENTS	PN	7/1/2023	12/31/2382	\$123.03
76870	ECHOGRAPHY, SCROTUM AND CONTENTS	PO	7/1/2023	12/31/2382	\$123.03
76870	ECHOGRAPHY, SCROTUM AND CONTENTS	TC	7/1/2023	12/31/2382	\$60.03
76872	ECHOGRAPHY, TRANSRECTAL	26	7/1/2023	12/31/2382	\$43.25
76872	ECHOGRAPHY, TRANSRECTAL		1/1/1993	12/31/2382	\$82.27
76872	ECHOGRAPHY, TRANSRECTAL		7/1/2023	12/31/2382	\$123.03
76872	ECHOGRAPHY, TRANSRECTAL	TC	7/1/2023	12/31/2382	\$60.03
76873	ECHOGRAPHY, TRANSRECTAL; PROSTATE VOLUME STUDY FOR BRACHYTHERAPY TREATMENT PLANNING		7/1/2023	12/31/2382	\$123.03
76880	ECHOGRAPHY, EXTREMITY, NON-VASCULAR, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION	26	7/1/2023	12/31/2382	\$37.09
76880	ECHOGRAPHY, EXTREMITY, NON-VASCULAR, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION		1/1/1993	12/31/2382	\$73.67
76880	ECHOGRAPHY, EXTREMITY, NON-VASCULAR, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION		7/1/2023	12/31/2382	\$123.03
76880	ECHOGRAPHY, EXTREMITY, NON-VASCULAR, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION	LT	7/1/2023	12/31/2382	\$123.03
76880	ECHOGRAPHY, EXTREMITY, NON-VASCULAR, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION	RT	7/1/2023	12/31/2382	\$123.03
76880	ECHOGRAPHY, EXTREMITY, NON-VASCULAR, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION	TC	7/1/2023	12/31/2382	\$55.53
76881	ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUMENTATION; COMPLETE		7/1/2023	12/31/2382	\$108.26
76881	ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUMENTATION; COMPLETE	LT	7/1/2023	12/31/2382	\$108.26
76881	ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUMENTATION; COMPLETE	RT	7/1/2023	12/31/2382	\$108.26
76882	ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUMENTATION; LIMITED, ANATOMIC SPECIFIC	26	7/1/2023	12/31/2382	\$25.94
76882	ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUMENTATION; LIMITED, ANATOMIC SPECIFIC		7/1/2023	12/31/2382	\$69.99
76882	ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUMENTATION; LIMITED, ANATOMIC SPECIFIC	LT	7/1/2023	12/31/2382	\$69.99
76882	ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUMENTATION; LIMITED, ANATOMIC SPECIFIC	RT	7/1/2023	12/31/2382	\$69.99

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
76882	ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUMENTATION; LIMITED, ANATOMIC SPECIFIC	TC	7/1/2023	12/31/2382	\$37.00
76885	ECHOGRAPHY OF INFANT HIPS, REAL TIME WITH IMAGING DOCUMENTATION; DYNAMIC (EG, REQUIRING MANIPULATION)		7/1/2023	12/31/2382	\$76.92
76886	ECHOGRAPHY OF INFANT HIPS, REAL TIME WITH IMAGING DOCUMENTATION; LIMITED, STATIC (EG, NOT REQUIRING MANIPULATO		7/1/2023	12/31/2382	\$123.03
76930	ULTRASONIC GUIDANCE FOR PERICARDIOCENTESIS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$40.10
76930	ULTRASONIC GUIDANCE FOR PERICARDIOCENTESIS, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$81.33
76930	ULTRASONIC GUIDANCE FOR PERICARDIOCENTESIS, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$81.02
76930	ULTRASONIC GUIDANCE FOR PERICARDIOCENTESIS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$60.03
76932	ULTRASONIC GUIDANCE FOR ENDOMYOCARDIAL BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$40.10
76932	ULTRASONIC GUIDANCE FOR ENDOMYOCARDIAL BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$81.33
76932	ULTRASONIC GUIDANCE FOR ENDOMYOCARDIAL BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$81.02
76932	ULTRASONIC GUIDANCE FOR ENDOMYOCARDIAL BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$60.03
76934	ULTRASONIC GUIDANCE FOR THORACENTESIS OR ABDOMINAL PARACENTESIS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$40.10
76934	ULTRASONIC GUIDANCE FOR THORACENTESIS OR ABDOMINAL PARACENTESIS, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$100.13
76934	ULTRASONIC GUIDANCE FOR THORACENTESIS OR ABDOMINAL PARACENTESIS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$60.03
76936	ULTRASOUND GUIDED COMPRESSION REPAIR OF ARTERIAL PSEUDO-ANEURYSM OR ARTERIOVENOUS FISTULAE (INCLUDES DIAGNOSTI		7/1/2023	12/31/2382	\$81.02
76937	ULTRASOUND GUIDANCE FOR VASCULAR ACCESS REQUIRING ULTRASOUND EVALUATION OF POTENTIAL ACCESS SITES,	58	7/1/2023	12/31/2382	\$23.13
76937	ULTRASOUND GUIDANCE FOR VASCULAR ACCESS REQUIRING ULTRASOUND EVALUATION OF POTENTIAL ACCESS SITES,		7/1/2023	12/31/2382	\$23.13
76937	ULTRASOUND GUIDANCE FOR VASCULAR ACCESS REQUIRING ULTRASOUND EVALUATION OF POTENTIAL ACCESS SITES,	TC	7/1/2023	12/31/2382	\$10.32

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
76938	ULTRASONIC GUIDANCE FOR CYST (ANY LOCATION), OR RENAL PELVIS ASPIRATION, RADIOLOGICAL SUPERVISION AND INTERPRE	26	7/1/2023	12/31/2382	\$40.10
76938	ULTRASONIC GUIDANCE FOR CYST (ANY LOCATION), OR RENAL PELVIS ASPIRATION, RADIOLOGICAL SUPERVISION AND INTERPRE		7/1/2023	12/31/2382	\$100.13
76938	ULTRASONIC GUIDANCE FOR CYST (ANY LOCATION), OR RENAL PELVIS ASPIRATION, RADIOLOGICAL SUPERVISION AND INTERPRE	TC	7/1/2023	12/31/2382	\$60.03
76940	ULTRASOUND GUIDANCE FOR, AND MONITORING OF VISCERAL TISSUE ABLATION		7/1/2023	12/31/2382	\$81.02
76941	ULTRASONIC GUIDANCE FOR INTRAUTERINE FETAL TRANSFUSION OR CORDOCENTESIS, RADIOLOGICAL SUPERVISION AND INTERPRET		7/1/2023	12/31/2382	\$81.02
76942	ULTRASONIC GUIDANCE FOR NEEDLE BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$40.10
76942	ULTRASONIC GUIDANCE FOR NEEDLE BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	59	7/1/2023	12/31/2382	\$81.02
76942	ULTRASONIC GUIDANCE FOR NEEDLE BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$81.33
76942	ULTRASONIC GUIDANCE FOR NEEDLE BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$81.02
76942	ULTRASONIC GUIDANCE FOR NEEDLE BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	LT	7/1/2023	12/31/2382	\$81.02
76942	ULTRASONIC GUIDANCE FOR NEEDLE BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	RT	7/1/2023	12/31/2382	\$81.02
76942	ULTRASONIC GUIDANCE FOR NEEDLE BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$60.03
76945	ULTRASONIC GUIDANCE FOR CHORIONIC VILLUS SAMPLING, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$81.02
76946	ULTRASONIC GUIDANCE FOR AMNIOCENTESIS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$22.11
76946	ULTRASONIC GUIDANCE FOR AMNIOCENTESIS, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$66.73
76946	ULTRASONIC GUIDANCE FOR AMNIOCENTESIS, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$81.02
76946	ULTRASONIC GUIDANCE FOR AMNIOCENTESIS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$60.03
76948	ULTRASONIC GUIDANCE FOR ASPIRATION OF OVA, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	7/1/2023	12/31/2382	\$23.02

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
76948	ULTRASONIC GUIDANCE FOR ASPIRATION OF OVA, RADIOLOGICAL SUPERVISION AND INTERPRETATION		1/1/1993	12/31/2382	\$66.73
76948	ULTRASONIC GUIDANCE FOR ASPIRATION OF OVA, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$81.02
76948	ULTRASONIC GUIDANCE FOR ASPIRATION OF OVA, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	7/1/2023	12/31/2382	\$60.03
76950	ECHOGRAPHY FOR PLACEMENT OF RADIATION THERAPY FIELDS, B-SCAN	26	7/1/2023	12/31/2382	\$36.75
76950	ECHOGRAPHY FOR PLACEMENT OF RADIATION THERAPY FIELDS, B-SCAN		1/1/1993	12/31/2382	\$69.70
76950	ECHOGRAPHY FOR PLACEMENT OF RADIATION THERAPY FIELDS, B-SCAN		7/1/2023	12/31/2382	\$81.02
76950	ECHOGRAPHY FOR PLACEMENT OF RADIATION THERAPY FIELDS, B-SCAN	TC	7/1/2023	12/31/2382	\$51.00
76960	ULTRASONIC GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS, EXCEPT FOR B-SCAN ECHOGRAPHY	26	7/1/2023	12/31/2382	\$36.75
76960	ULTRASONIC GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS, EXCEPT FOR B-SCAN ECHOGRAPHY		7/1/2023	12/31/2382	\$85.81
76960	ULTRASONIC GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS, EXCEPT FOR B-SCAN ECHOGRAPHY	TC	7/1/2023	12/31/2382	\$51.00
76965	ULTRASONIC GUIDANCE FOR INTERSTITIAL RADIOELEMENT APPLICATION		7/1/2023	12/31/2382	\$81.02
76970	ULTRASOUND STUDY FOLLOW-UP (SPECIFY)	26	7/1/2023	12/31/2382	\$23.67
76970	ULTRASOUND STUDY FOLLOW-UP (SPECIFY)		1/1/1993	12/31/2382	\$52.64
76970	ULTRASOUND STUDY FOLLOW-UP (SPECIFY)		7/1/2023	12/31/2382	\$76.92
76970	ULTRASOUND STUDY FOLLOW-UP (SPECIFY)	TC	7/1/2023	12/31/2382	\$41.14
76975	GASTROINTESTINAL ENDOSCOPIC ULTRASOUND, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$123.03
76977	ULTRASOUND BONE DENSITY MEASUREMENT AND INTERPRETATION,PERIPHERAL SITE(S), ANY METHOD		7/1/2023	12/31/2382	\$47.53
76978	ULTRASOUND USING TARGETED MICROBUBBLE CONTRAST OF FIRST LESION		7/1/2023	12/31/2382	\$196.58
76978	ULTRASOUND USING TARGETED MICROBUBBLE CONTRAST OF FIRST LESION	XS	7/1/2023	12/31/2382	\$196.58
76981	ELASTOGRAPHY ULTRASOUND OF ORGAN TISSUE	59	1/1/2022	12/31/2382	\$62.75
76981	ELASTOGRAPHY ULTRASOUND OF ORGAN TISSUE		1/1/2022	12/31/2382	\$62.75
76981	ELASTOGRAPHY ULTRASOUND OF ORGAN TISSUE	XU	1/1/2022	12/31/2382	\$62.75
76986	ECHOGRAPHY, INTRAOPERATIVE	26	7/1/2023	12/31/2382	\$74.96
76986	ECHOGRAPHY, INTRAOPERATIVE		1/1/1993	12/31/2382	\$141.51
76986	ECHOGRAPHY, INTRAOPERATIVE		7/1/2023	12/31/2382	\$123.03
76986	ECHOGRAPHY, INTRAOPERATIVE	TC	7/1/2023	12/31/2382	\$103.09
76998	ULTRASONIC GUIDANCE, INTRAOPERATIVE		7/1/2023	12/31/2382	\$120.88
76999	UNLISTED ULTRASOUND PROCEDURE	26	1/1/1993	12/31/2382	\$0.00

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
76999	UNLISTED ULTRASOUND PROCEDURE		1/1/1993	12/31/2382	\$0.00
76999	UNLISTED ULTRASOUND PROCEDURE		7/1/2023	12/31/2382	\$76.92
76999	UNLISTED ULTRASOUND PROCEDURE	TC	1/1/1993	12/31/2382	\$0.00
77001	FLUOROSCOPIC GUIDANCE FOR CENTRAL VENOUS ACCESS DEVICE PLACEMENT, REPLACEMENT, OR REMOVAL	59	7/1/2023	12/31/2382	\$78.16
77001	FLUOROSCOPIC GUIDANCE FOR CENTRAL VENOUS ACCESS DEVICE PLACEMENT, REPLACEMENT, OR REMOVAL		7/1/2023	12/31/2382	\$78.16
77001	FLUOROSCOPIC GUIDANCE FOR CENTRAL VENOUS ACCESS DEVICE PLACEMENT, REPLACEMENT, OR REMOVAL	TC	7/1/2023	12/31/2382	\$55.21
77002	FLUOROSCOPIC GUIDANCE FOE NEEDLE PLACEMENT	59	7/1/2023	12/31/2382	\$60.24
77002	FLUOROSCOPIC GUIDANCE FOE NEEDLE PLACEMENT		7/1/2023	12/31/2382	\$60.24
77002	FLUOROSCOPIC GUIDANCE FOE NEEDLE PLACEMENT	LT	7/1/2023	12/31/2382	\$60.24
77002	FLUOROSCOPIC GUIDANCE FOE NEEDLE PLACEMENT	XE	7/1/2023	12/31/2382	\$60.24
77003	FLUOROSCOPIC GUIDANCE AND LOCALIZATION OF NEEDLE OR CATHETER TIP FOR SPINE PARASPINOUS DIAGNOSTIC OR THERAPEUT	50	7/1/2023	12/31/2382	\$55.16
77003	FLUOROSCOPIC GUIDANCE AND LOCALIZATION OF NEEDLE OR CATHETER TIP FOR SPINE PARASPINOUS DIAGNOSTIC OR THERAPEUT	59	7/1/2023	12/31/2382	\$55.16
77003	FLUOROSCOPIC GUIDANCE AND LOCALIZATION OF NEEDLE OR CATHETER TIP FOR SPINE PARASPINOUS DIAGNOSTIC OR THERAPEUT		7/1/2023	12/31/2382	\$55.16
77011	COMPUTED TOMOGRAPHY GUIDANCE FOR STEROTACTIC		7/1/2023	12/31/2382	\$316.20
77012	COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT, RADIOLOGICAL SUPERVISION AND INTERPRETATION	59	7/1/2023	12/31/2382	\$316.22
77012	COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$316.22
77012	COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT, RADIOLOGICAL SUPERVISION AND INTERPRETATION	TC	1/1/2007	12/31/2382	\$46.03
77013	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR, AND MONITORING OF PARENCHYMAL TISSUE ABLATION		7/1/2023	12/31/2382	\$374.93
77014	COMPUTED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS	59	7/1/2023	12/31/2382	\$119.12
77014	COMPUTED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS		7/1/2023	12/31/2382	\$119.12
77021	MAGNETIC RESONANCE GUIDANCE FOR NEEDLE PLACEMENT RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$352.60
77022	MAGNETIC RESONANCE GUIDANCE FOR, AND MONITORING OF PARENCHYMAL TISSUE ABLATION		7/1/2023	12/31/2382	\$352.60

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
77031	STEREOTACTIC LOCALIZATION GUIDANCE FOR BREAST BIOPSY OR NEEDLE PLACEMENT, EACH LESION, RADIOLOGICAL SUPERVISION	50	7/1/2023	12/31/2382	\$229.16
77031	STEREOTACTIC LOCALIZATION GUIDANCE FOR BREAST BIOPSY OR NEEDLE PLACEMENT, EACH LESION, RADIOLOGICAL SUPERVISION	59	7/1/2023	12/31/2382	\$229.16
77031	STEREOTACTIC LOCALIZATION GUIDANCE FOR BREAST BIOPSY OR NEEDLE PLACEMENT, EACH LESION, RADIOLOGICAL SUPERVISION		7/1/2023	12/31/2382	\$229.16
77031	STEREOTACTIC LOCALIZATION GUIDANCE FOR BREAST BIOPSY OR NEEDLE PLACEMENT, EACH LESION, RADIOLOGICAL SUPERVISION	LT	7/1/2023	12/31/2338	\$229.16
77031	STEREOTACTIC LOCALIZATION GUIDANCE FOR BREAST BIOPSY OR NEEDLE PLACEMENT, EACH LESION, RADIOLOGICAL SUPERVISION	RT	7/1/2023	12/31/2382	\$229.16
77032	MAMMOGRAPHIC GUIDANCE FOR NEEDLE PLACEMENT, BREAST, EACH LESION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	59	7/1/2023	12/31/2382	\$131.33
77032	MAMMOGRAPHIC GUIDANCE FOR NEEDLE PLACEMENT, BREAST, EACH LESION, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$131.33
77032	MAMMOGRAPHIC GUIDANCE FOR NEEDLE PLACEMENT, BREAST, EACH LESION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	LT	7/1/2023	12/31/2382	\$131.33
77032	MAMMOGRAPHIC GUIDANCE FOR NEEDLE PLACEMENT, BREAST, EACH LESION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	RT	7/1/2023	12/31/2382	\$131.33
77051	COMPUTER AIDED DETECTION WITH FURTHER PHYSICIAN REVIEWFOR INTERPRETATION; DIAGNOSTIC MAMMOGRAPHY		7/1/2023	12/31/2382	\$17.07
77051	COMPUTER AIDED DETECTION WITH FURTHER PHYSICIAN REVIEWFOR INTERPRETATION; DIAGNOSTIC MAMMOGRAPHY	LT	7/1/2023	12/31/2382	\$17.07
77051	COMPUTER AIDED DETECTION WITH FURTHER PHYSICIAN REVIEWFOR INTERPRETATION; DIAGNOSTIC MAMMOGRAPHY	RT	7/1/2023	12/31/2382	\$17.07
77052	COMPUTER AIDED DETECTION WITH FURTHER PHYSICIAN REVIEWFOR INTERPRETATION; SCREENING MAMMOGRAPHY		7/1/2023	12/31/2382	\$17.07
77053	MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE DUCT, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$131.33
77054	MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIPLE DUCTS, RADIOLOGICAL SUPERVISION AND INTERPRETATION		7/1/2023	12/31/2382	\$131.33
77055	MAMMOGRAPHY, UNILATERAL	59	7/1/2023	12/31/2382	\$42.13
77055	MAMMOGRAPHY, UNILATERAL		7/1/2023	12/31/2382	\$42.13
77055	MAMMOGRAPHY, UNILATERAL	LT	7/1/2023	12/31/2382	\$42.13
77055	MAMMOGRAPHY, UNILATERAL	RT	7/1/2023	12/31/2382	\$42.13
77056	MAMMOGRAPHY; BILATERAL		7/1/2023	12/31/2382	\$68.11
77057	SCREENING MAMMOGRAPHY, BILATERAL, 2 VIEW FILM STUDY OF EACH BREAST		7/1/2023	12/31/2382	\$58.86

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
77058	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND/OR WITH CONTRAST MATERIALS, UNILATERAL		7/1/2023	12/31/2382	\$882.21
77059	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND/OR WITH CONTRAST MATERIALS, BILATERAL		7/1/2023	12/31/2382	\$1,112.87
77063	SCREENING DIGITAL BREAST TOMOSYNTHESIS, BILATERAL (LIST SEPERATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	26	7/1/2023	12/31/2382	\$19.40
77063	SCREENING DIGITAL BREAST TOMOSYNTHESIS, BILATERAL (LIST SEPERATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)		7/1/2023	12/31/2382	\$114.16
77063	SCREENING DIGITAL BREAST TOMOSYNTHESIS, BILATERAL (LIST SEPERATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	PO	7/1/2023	12/31/2382	\$114.16
77063	SCREENING DIGITAL BREAST TOMOSYNTHESIS, BILATERAL (LIST SEPERATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	TC	7/1/2023	12/31/2382	\$16.47
77065	DIAGNOSTIC MAMMORGRAPHY, INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PREFORMED; UNILATERAL	26	7/1/2023	12/31/2382	\$1.37
77065	DIAGNOSTIC MAMMORGRAPHY, INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PREFORMED; UNILATERAL		7/1/2023	12/31/2382	\$124.22
77065	DIAGNOSTIC MAMMORGRAPHY, INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PREFORMED; UNILATERAL	LT	7/1/2023	12/31/2382	\$124.22
77065	DIAGNOSTIC MAMMORGRAPHY, INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PREFORMED; UNILATERAL	RT	7/1/2023	12/31/2382	\$124.22
77065	DIAGNOSTIC MAMMORGRAPHY, INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PREFORMED; UNILATERAL	TC	7/1/2023	12/31/2382	\$3.28
77066	DIAGNOSTIC MAMMORGRAPHY, INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PREFORMED; BILATERAL	26	7/1/2023	12/31/2382	\$1.72
77066	DIAGNOSTIC MAMMORGRAPHY, INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PREFORMED; BILATERAL		7/1/2023	12/31/2382	\$158.66
77066	DIAGNOSTIC MAMMORGRAPHY, INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PREFORMED; BILATERAL	LT	7/1/2023	12/31/2382	\$158.66
77066	DIAGNOSTIC MAMMORGRAPHY, INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PREFORMED; BILATERAL	RT	7/1/2023	12/31/2382	\$158.66
77066	DIAGNOSTIC MAMMORGRAPHY, INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PREFORMED; BILATERAL	TC	7/1/2023	12/31/2382	\$4.21
77067	SCREENING MAMMOGRAPHY, BILATERAL (2-VIEW STUDY OF EACH BREAST), INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PERFORMED	26	7/1/2023	12/31/2382	\$1.31
77067	SCREENING MAMMOGRAPHY, BILATERAL (2-VIEW STUDY OF EACH BREAST), INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PERFORMED		7/1/2023	12/31/2382	\$131.20

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
77067	SCREENING MAMMOGRAPHY, BILATERAL (2-VIEW STUDY OF EACH BREAST), INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PERFORMED	LT	7/1/2023	12/31/2382	\$131.20
77067	SCREENING MAMMOGRAPHY, BILATERAL (2-VIEW STUDY OF EACH BREAST), INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PERFORMED	PN	7/1/2023	12/31/2382	\$131.20
77067	SCREENING MAMMOGRAPHY, BILATERAL (2-VIEW STUDY OF EACH BREAST), INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PERFORMED	PO	7/1/2023	12/31/2382	\$131.20
77067	SCREENING MAMMOGRAPHY, BILATERAL (2-VIEW STUDY OF EACH BREAST), INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PERFORMED	RT	7/1/2023	12/31/2382	\$131.20
77067	SCREENING MAMMOGRAPHY, BILATERAL (2-VIEW STUDY OF EACH BREAST), INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PERFORMED	TC	7/1/2023	12/31/2382	\$3.47
77071	MANUAL APPLICATION OF STRESS PERFORMED BY PHYSICIAN FOR JOINT RADIOLOGY, INCLUDING CONTRALATERAL JOINT IF		7/1/2023	12/31/2382	\$54.93
77072	BONE AGE STUDIES		7/1/2023	12/31/2382	\$54.93
77073	BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM)		7/1/2023	12/31/2382	\$54.93
77074	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; LIMITED		7/1/2023	12/31/2382	\$94.68
77075	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; COMPLETE (AXIAL AND APPENDICULAR SKELETON)		7/1/2023	12/31/2382	\$94.68
77076	RADIOLOGIC EXAMINATION , OSSEOUS SURVEY, INFANT		7/1/2023	12/31/2382	\$54.93
77077	JOINT SURVEY, SINGLE VIEW, 2 OR MORE JOINTS (SPECIFY)		7/1/2023	12/31/2382	\$54.93
77078	COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON (EG, HIPS, PELVIS, SPINE)		7/1/2023	12/31/2382	\$91.06
77079	COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, 1 OR MORE SITES; APPENDICULAR SKELETON		7/1/2023	12/31/2382	\$119.12
77080	DUAL ENERGY X-RAY ABSORPTIOMETRY, DXA, BONE DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON	59	7/1/2023	12/31/2382	\$91.06
77080	DUAL ENERGY X-RAY ABSORPTIOMETRY, DXA, BONE DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON		7/1/2023	12/31/2382	\$91.06
77080	DUAL ENERGY X-RAY ABSORPTIOMETRY, DXA, BONE DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON	GA	7/1/2023	12/31/2382	\$91.06
77080	DUAL ENERGY X-RAY ABSORPTIOMETRY, DXA, BONE DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON	PN	7/1/2023	12/31/2382	\$91.06
77080	DUAL ENERGY X-RAY ABSORPTIOMETRY, DXA, BONE DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON	PO	7/1/2023	12/31/2382	\$91.06
77080	DUAL ENERGY X-RAY ABSORPTIOMETRY, DXA, BONE DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON	TC	7/1/2023	12/31/2382	\$62.68

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
77081	DUAL- ENERGY X-RAY ABSORPTIOMETRY, BONE DENSITY STUDY, 1 OR MORE SITE; APPENDICULAR SKELETON	59	7/1/2023	12/31/2382	\$42.58
77081	DUAL- ENERGY X-RAY ABSORPTIOMETRY, BONE DENSITY STUDY, 1 OR MORE SITE; APPENDICULAR SKELETON		7/1/2023	12/31/2382	\$42.58
77082	DUAL- ENERGY X-RAY ABSORPTIOMETRY, BONE DENSITY STUDY, 1 OR MORE SITE; VERTEBRAL FRACTURE ASSESSMENT		7/1/2023	12/31/2382	\$54.93
77083	RADIOGRAPHIC ABSORPTIOMETRY, 1 OR MORE SITES		7/1/2023	12/31/2382	\$94.68
77084	MAGNETIC RESONANCE IMAGING, BONE MARROW BLOOD SUPPLY		7/1/2023	12/31/2382	\$352.60
77090	TRABECULAR BONE SCORE (TBS), STRUCTURAL CONDITION OF THE BONE MICROARCHITECTURE; TECHNICAL PREPARATION AND TRANSMISSION OF DATA FOR ANALYSIS TO BE PERFORMED ELSEWHERE		7/1/2023	12/31/2382	\$67.50
77091	TRABECULAR BONE SCORE (TBS), STRUCTURAL CONDITION OF THE BONE MICROARCHITECTURE; TECHNICAL CALCULATION ONLY		7/1/2023	12/31/2382	\$67.50
77261	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; SIMPLE		7/1/2023	12/31/2382	\$86.70
77262	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; INTERMEDIATE		7/1/2023	12/31/2382	\$130.66
77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX		7/1/2023	12/31/2382	\$194.68
77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	26	7/1/2023	12/31/2382	\$43.42
77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE		1/1/1993	12/31/2382	\$146.50
77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE		12/1/2006	12/31/2382	\$108.99
77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE		7/1/2023	12/31/2382	\$316.40
77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	TC	7/1/2023	12/31/2382	\$136.09
77285	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; INTERMEDIATE	26	7/1/2023	12/31/2382	\$64.70
77285	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; INTERMEDIATE		1/1/1993	12/31/2382	\$230.15
77285	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; INTERMEDIATE		7/1/2023	12/31/2382	\$304.67
77285	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; INTERMEDIATE	TC	7/1/2023	12/31/2382	\$218.45
77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	26	7/1/2023	12/31/2382	\$97.08
77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX		1/1/1993	12/31/2382	\$282.63
77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX		12/1/2006	12/31/2382	\$247.48
77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX		7/1/2023	12/31/2382	\$316.40
77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	TC	7/1/2023	12/31/2382	\$255.10
77293	RESPIRATORY MOTION MANAGMENT SIMULATION	26	1/1/2014	12/31/2382	\$59.86
77295	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; BY THREE DIMENSIONAL RECONSTRUCTION OF TUMOR VOLUME		7/1/2023	12/31/2382	\$1,075.20
77299	UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY CLINICAL TREATMENT PLANNING	26	1/1/1993	12/31/2382	\$0.00
77299	UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY CLINICAL TREATMENT PLANNING		1/1/1993	12/31/2382	\$0.00
77299	UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY CLINICAL TREATMENT PLANNING		7/1/2023	12/31/2382	\$134.18

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
77299	UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY CLINICAL TREATMENT PLANNING	TC	1/1/1993	12/31/2382	\$0.00
77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TI	26	7/1/2023	12/31/2382	\$38.75
77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TI	76	7/1/2023	12/31/2382	\$134.18
77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TI		1/1/1993	12/31/2382	\$72.52
77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TI		7/1/2023	12/31/2382	\$134.18
77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TI	TC	7/1/2023	12/31/2382	\$52.55
77301	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE- VOLUME HISTOGRAMS FOR TARGET AND CRITICAL STRUCTURE PAR	59	7/1/2023	12/31/2382	\$1,075.20
77301	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE- VOLUME HISTOGRAMS FOR TARGET AND CRITICAL STRUCTURE PAR		7/1/2023	12/31/2382	\$1,075.20
77305	TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); SIMPLE (ONE OR TWO PARALLEL OPPOSED UNMODIFIE	26	7/1/2023	12/31/2382	\$43.42
77305	TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); SIMPLE (ONE OR TWO PARALLEL OPPOSED UNMODIFIE		1/1/1993	12/31/2382	\$93.03
77305	TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); SIMPLE (ONE OR TWO PARALLEL OPPOSED UNMODIFIE		7/1/2023	12/31/2382	\$134.18
77305	TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); SIMPLE (ONE OR TWO PARALLEL OPPOSED UNMODIFIE	TC	7/1/2023	12/31/2382	\$72.87
77310	TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); INTERMEDIATE (THREE OR MORE TREATMENT PORTS D	26	7/1/2023	12/31/2382	\$64.70
77310	TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); INTERMEDIATE (THREE OR MORE TREATMENT PORTS D	59	7/1/2023	12/31/2382	\$304.67
77310	TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); INTERMEDIATE (THREE OR MORE TREATMENT PORTS D		1/1/1993	12/31/2382	\$124.55
77310	TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); INTERMEDIATE (THREE OR MORE TREATMENT PORTS D		7/1/2023	12/31/2382	\$304.67
77310	TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); INTERMEDIATE (THREE OR MORE TREATMENT PORTS D	TC	7/1/2023	12/31/2382	\$91.38
77315	TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); COMPLEX (MANTLE OR INVERTED Y, TANGENTIAL POR	26	7/1/2023	12/31/2382	\$97.08

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
77315	TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); COMPLEX (MANTLE OR INVERTED Y, TANGENTIAL POR	59	7/1/2023	12/31/2382	\$304.67
77315	TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); COMPLEX (MANTLE OR INVERTED Y, TANGENTIAL POR		1/1/1993	12/31/2382	\$160.10
77315	TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); COMPLEX (MANTLE OR INVERTED Y, TANGENTIAL POR		7/1/2023	12/31/2382	\$304.67
77315	TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); COMPLEX (MANTLE OR INVERTED Y, TANGENTIAL POR	TC	7/1/2023	12/31/2382	\$104.25
77321	SPECIAL TELETHERAPY PORT PLAN, PARTICLES, HEMI-BODY, TOTAL BODY	26	7/1/2023	12/31/2382	\$58.88
77321	SPECIAL TELETHERAPY PORT PLAN, PARTICLES, HEMI-BODY, TOTAL BODY		1/1/1993	12/31/2382	\$174.06
77321	SPECIAL TELETHERAPY PORT PLAN, PARTICLES, HEMI-BODY, TOTAL BODY		7/1/2023	12/31/2382	\$304.67
77321	SPECIAL TELETHERAPY PORT PLAN, PARTICLES, HEMI-BODY, TOTAL BODY	TC	7/1/2023	12/31/2382	\$158.04
77326	BRACHYTHERAPY ISODOSE CALCULATION; SIMPLE (CALCULATION MADE FROM SINGLE PLANE, ONE TO FOUR SOURCES/ RIBBON APP	26	7/1/2023	12/31/2382	\$57.58
77326	BRACHYTHERAPY ISODOSE CALCULATION; SIMPLE (CALCULATION MADE FROM SINGLE PLANE, ONE TO FOUR SOURCES/ RIBBON APP		1/1/1993	12/31/2382	\$120.22
77326	BRACHYTHERAPY ISODOSE CALCULATION; SIMPLE (CALCULATION MADE FROM SINGLE PLANE, ONE TO FOUR SOURCES/ RIBBON APP		7/1/2023	11/30/2382	\$134.18
77326	BRACHYTHERAPY ISODOSE CALCULATION; SIMPLE (CALCULATION MADE FROM SINGLE PLANE, ONE TO FOUR SOURCES/ RIBBON APP	TC	7/1/2023	12/31/2382	\$92.91
77327	BRACHYTHERAPY ISODOSE CALCULATION; INTERMEDIATE (MULTIPLANE DOSAGE CALCULATIONS, APPLICATION INVOLVING FIVE TO	26	7/1/2023	12/31/2382	\$86.70
77327	BRACHYTHERAPY ISODOSE CALCULATION; INTERMEDIATE (MULTIPLANE DOSAGE CALCULATIONS, APPLICATION INVOLVING FIVE TO		1/1/1993	12/31/2382	\$177.65
77327	BRACHYTHERAPY ISODOSE CALCULATION; INTERMEDIATE (MULTIPLANE DOSAGE CALCULATIONS, APPLICATION INVOLVING FIVE TO		7/1/2023	12/31/2382	\$304.67
77327	BRACHYTHERAPY ISODOSE CALCULATION; INTERMEDIATE (MULTIPLANE DOSAGE CALCULATIONS, APPLICATION INVOLVING FIVE TO	TC	7/1/2023	12/31/2382	\$136.09
77328	BRACHYTHERAPY ISODOSE CALCULATION; COMPLEX (MULTIPLANE ISODOSE PLAN, VOLUME IMPLANT CALCULATIONS, OVER TEN SOU	26	7/1/2023	12/31/2382	\$129.41
77328	BRACHYTHERAPY ISODOSE CALCULATION; COMPLEX (MULTIPLANE ISODOSE PLAN, VOLUME IMPLANT CALCULATIONS, OVER TEN SOU		1/1/1993	12/31/2382	\$258.14
77328	BRACHYTHERAPY ISODOSE CALCULATION; COMPLEX (MULTIPLANE ISODOSE PLAN, VOLUME IMPLANT CALCULATIONS, OVER TEN SOU		7/1/2023	12/31/2382	\$304.67
77328	BRACHYTHERAPY ISODOSE CALCULATION; COMPLEX (MULTIPLANE ISODOSE PLAN, VOLUME IMPLANT CALCULATIONS, OVER TEN SOU	TC	7/1/2023	12/31/2382	\$194.29

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY), ONLY WHEN PRESCRIBED BY THE TREATING PHYSICIAN	26	7/1/2023	12/31/2382	\$54.29
77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY), ONLY WHEN PRESCRIBED BY THE TREATING PHYSICIAN		1/1/1993	12/31/2382	\$58.19
77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY), ONLY WHEN PRESCRIBED BY THE TREATING PHYSICIAN		7/1/2023	12/31/2382	\$134.18
77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY), ONLY WHEN PRESCRIBED BY THE TREATING PHYSICIAN	TC	7/1/2023	12/31/2382	\$20.04
77332	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; SIMPLE (SIMPLE BLOCK, SIMPLE BOLUS)	26	7/1/2023	12/31/2382	\$34.19
77332	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; SIMPLE (SIMPLE BLOCK, SIMPLE BOLUS)	59	7/1/2023	12/31/2382	\$218.73
77332	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; SIMPLE (SIMPLE BLOCK, SIMPLE BOLUS)		1/1/1993	12/31/2382	\$69.06
77332	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; SIMPLE (SIMPLE BLOCK, SIMPLE BOLUS)		7/1/2023	12/31/2382	\$218.73
77332	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; SIMPLE (SIMPLE BLOCK, SIMPLE BOLUS)	TC	7/1/2023	12/31/2382	\$52.55
77333	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERMEDIATE (MULTIPLE BLOCKS, STENTS, BITE BLOCKS, SPECIAL BOLUS)	26	7/1/2023	12/31/2382	\$51.84
77333	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERMEDIATE (MULTIPLE BLOCKS, STENTS, BITE BLOCKS, SPECIAL BOLUS)	59	7/1/2023	12/31/2382	\$218.73
77333	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERMEDIATE (MULTIPLE BLOCKS, STENTS, BITE BLOCKS, SPECIAL BOLUS)		1/1/1993	12/31/2382	\$100.79
77333	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERMEDIATE (MULTIPLE BLOCKS, STENTS, BITE BLOCKS, SPECIAL BOLUS)		7/1/2023	12/31/2382	\$218.73
77333	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERMEDIATE (MULTIPLE BLOCKS, STENTS, BITE BLOCKS, SPECIAL BOLUS)	TC	7/1/2023	12/31/2382	\$74.41
77333	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERMEDIATE (MULTIPLE BLOCKS, STENTS, BITE BLOCKS, SPECIAL BOLUS)	XU	7/1/2023	12/31/2382	\$218.73
77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES,	26	7/1/2023	12/31/2382	\$76.88
77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES,	59	7/1/2023	12/31/2382	\$218.73
77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES,	76	7/1/2023	12/31/2382	\$218.73

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES,		1/1/1993	12/31/2382	\$162.56
77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES,		7/1/2023	12/31/2382	\$218.73
77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES,	LT	7/1/2023	12/31/2382	\$218.73
77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES,	RT	7/1/2023	12/31/2382	\$218.73
77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES,	TC	7/1/2023	12/31/2382	\$127.06
77336	CONTINUING MEDICAL RADIATION PHYSICS CONSULTATION IN SUPPORT OF THERAPEUTIC RADIOLOGIST INCLUDING CONTINUING Q	59	7/1/2023	12/31/2382	\$134.18
77336	CONTINUING MEDICAL RADIATION PHYSICS CONSULTATION IN SUPPORT OF THERAPEUTIC RADIOLOGIST INCLUDING CONTINUING Q		1/1/1993	12/31/2382	\$90.70
77336	CONTINUING MEDICAL RADIATION PHYSICS CONSULTATION IN SUPPORT OF THERAPEUTIC RADIOLOGIST INCLUDING CONTINUING Q		7/1/2023	12/31/2382	\$134.18
77336	CONTINUING MEDICAL RADIATION PHYSICS CONSULTATION IN SUPPORT OF THERAPEUTIC RADIOLOGIST INCLUDING CONTINUING Q	LT	7/1/2023	12/31/2382	\$134.18
77336	CONTINUING MEDICAL RADIATION PHYSICS CONSULTATION IN SUPPORT OF THERAPEUTIC RADIOLOGIST INCLUDING CONTINUING Q	RT	7/1/2023	12/31/2382	\$134.18
77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RADIATION THERAPY (IMRT), DESIGN AND		7/1/2023	12/31/2382	\$328.48
77370	SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION		1/1/1993	12/31/2382	\$106.52
77370	SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION		7/1/2023	12/31/2382	\$134.18
77371	RADIATION TREATMENT DELIVERY, STEREOTACTIC RADIOSURGERY, COMPLETE COURSE OF TREATMENT OF CEREBRAL LESION		7/1/2023	12/31/2382	\$10,723.56
77373	STEREOTACTIC BODY RADIATION THERAPY, TREATMENT DELIVERY, PER FRACTION TO 1 OR MORE LESIONS, INCLUDING		7/1/2023	12/31/2382	\$1,378.20
77385	INTENSITY MODULATED RADIATION TREATMENT DELIVERY, INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; SIMPLE		7/1/2023	12/31/2382	\$602.30
77386	INTENSITY MODULATED RADIATION TREATMENT DELIVERY, INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; COMPLEX	76	7/1/2023	12/31/2382	\$530.21
77386	INTENSITY MODULATED RADIATION TREATMENT DELIVERY, INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; COMPLEX		7/1/2023	12/31/2382	\$530.21
77399	UNLISTED PROCEDURE, MEDICAL RADIATION PHYSICS, DOSIMETRY AND TREATMENT DEVICES	26	1/1/1993	12/31/2382	\$0.00

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
77399	UNLISTED PROCEDURE, MEDICAL RADIATION PHYSICS, DOSIMETRY AND TREATMENT DEVICES		1/1/1993	12/31/2382	\$0.00
77399	UNLISTED PROCEDURE, MEDICAL RADIATION PHYSICS, DOSIMETRY AND TREATMENT DEVICES		7/1/2023	12/31/2382	\$134.18
77399	UNLISTED PROCEDURE, MEDICAL RADIATION PHYSICS, DOSIMETRY AND TREATMENT DEVICES	TC	1/1/1993	12/31/2382	\$0.00
77401	RADIATION TREATMENT DELIVERY, SUPERFICIAL AND/OR ORTHO VOLTAGE		1/1/1993	12/31/2382	\$56.48
77401	RADIATION TREATMENT DELIVERY, SUPERFICIAL AND/OR ORTHO VOLTAGE		7/1/2023	12/31/2382	\$113.54
77402	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS OR N		1/1/1993	12/31/2382	\$56.48
77402	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS OR N		7/1/2023	12/31/2382	\$113.54
77403	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS OR N		1/1/1993	12/31/2382	\$56.48
77403	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS OR N		7/1/2023	12/31/2382	\$113.54
77404	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS OR N		1/1/1993	12/31/2382	\$56.48
77404	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS OR N		7/1/2023	12/31/2382	\$113.54
77406	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS OR N		1/1/1993	12/31/2382	\$56.48
77406	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS OR N		7/1/2023	12/31/2382	\$113.54
77407	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS ON A SINGLE TREATMENT AREA, US		1/1/1993	12/31/2382	\$66.60
77407	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS ON A SINGLE TREATMENT AREA, US		7/1/2023	12/31/2382	\$113.54
77408	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS ON A SINGLE TREATMENT AREA, US		1/1/1993	12/31/2382	\$66.60
77408	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS ON A SINGLE TREATMENT AREA, US		7/1/2023	12/31/2382	\$113.54
77409	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS ON A SINGLE TREATMENT AREA, US		1/1/1993	12/31/2382	\$66.60
77409	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS ON A SINGLE TREATMENT AREA, US		7/1/2023	12/31/2382	\$113.54

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
77411	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS ON A SINGLE TREATMENT AREA, US		1/1/1993	12/31/2382	\$66.60
77411	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS ON A SINGLE TREATMENT AREA, US		7/1/2023	12/31/2382	\$170.83
77412	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGE		1/1/1993	12/31/2382	\$74.23
77412	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGE		7/1/2023	12/31/2382	\$170.83
77413	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGE	76	7/1/2023	12/31/2382	\$170.83
77413	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGE		1/1/1993	12/31/2382	\$74.23
77413	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGE		7/1/2023	12/31/2382	\$170.83
77414	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGE		1/1/1993	12/31/2382	\$74.23
77414	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGE		7/1/2023	12/31/2382	\$170.83
77416	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGE		1/1/1993	12/31/2382	\$74.23
77416	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGE		7/1/2023	12/31/2382	\$170.83
77417	THERAPEUTIC RADIOLOGY PORT FILM(S)		1/1/1993	12/31/2382	\$19.01
77417	THERAPEUTIC RADIOLOGY PORT FILM(S)		7/1/2023	12/31/2382	\$56.50
77418	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS, VIA NARROW SPATIALLY AND TEMPORALLY MOD		7/1/2023	12/31/2382	\$414.95
77420	WEEKLY RADIOLOGY THERAPY MANAGEMENT; SIMPLE		7/1/2023	12/31/2382	\$99.95
77421	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY		7/1/2023	11/30/2382	\$97.61
77422	HIGH ENERGY NEUTRON RADIATION TREATMENT DELIVERY; SINGLE TREATMENT AREA USING A SINGLE PORT OR PARALLEL		7/1/2023	12/31/2382	\$170.83
77423	HIGH ENERGY NEUTRON RADIATION TREATMENT DELIVERY; 1 OR MORE ISOCENTER(S) WITH COPLANAR OR NON-COPLANAR GEOMETR		7/1/2023	12/31/2382	\$170.83
77425	INTRAOPERATIVE RADIATION TREATMENT DELIVERY, ELECTRONS, SINGLE TREATMENT SESSION		7/1/2023	12/31/2382	\$151.53
77430	WEEKLY RADIOLOGY THERAPY MANAGEMENT; COMPLEX		7/1/2023	12/31/2382	\$223.66

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
77431	RADIATION THERAPY MANAGEMENT WITH COMPLETE COURSE OF THERAPY CONSISTING OF ONE OR TWO FRACTIONS ONLY		7/1/2023	12/31/2382	\$107.07
77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY IRRADIATION, PER ORAL, VAGINAL CONE IRRADIAT	26	7/1/2023	12/31/2382	\$123.49
77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY IRRADIATION, PER ORAL, VAGINAL CONE IRRADIAT		1/1/1993	12/31/2382	\$460.18
77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY IRRADIATION, PER ORAL, VAGINAL CONE IRRADIAT		7/1/2023	12/31/2382	\$446.75
77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY IRRADIATION, PER ORAL, VAGINAL CONE IRRADIAT	TC	7/1/2023	12/31/2382	\$436.92
77499	UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY TREATMENT MANAGEMENT	26	1/1/1993	12/31/2382	\$0.00
77499	UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY TREATMENT MANAGEMENT		1/1/1993	12/31/2382	\$0.00
77499	UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY TREATMENT MANAGEMENT	TC	1/1/1993	12/31/2382	\$0.00
77520	PROTON BEAM DELIVERY TO A SINGLE TREATMENT AREA, SINGLEPORT, CUSTOM BLOCK, W/ OR W/OUT COMPENSATIN, W/TREATMEN		7/1/2023	12/31/2382	\$1,233.75
77522	PROTON TREATMENT DELIVERY; SIMPLE, WITH COMPENSATION		7/1/2023	12/31/2382	\$1,233.75
77523	PROTON BEAM DELIVERY TO ONE OR TWO TREATMENT AREAS, TWO OR MORE PORTS, TWO OR MORE CUSTOM BLOCKS AND TWO OR MO		7/1/2023	12/31/2382	\$1,476.03
77525	PROTON TREATMENT DELIVERY; COMPLEX		7/1/2023	12/31/2382	\$1,476.03
77600	HYPERTHERMIA, EXTERNALLY GENERATED; SUPERFICIAL (IE, HEATING TO A DEPTH OF 4 CM OR LESS)	26	7/1/2023	12/31/2382	\$97.08
77600	HYPERTHERMIA, EXTERNALLY GENERATED; SUPERFICIAL (IE, HEATING TO A DEPTH OF 4 CM OR LESS)		1/1/1993	12/31/2382	\$172.18
77600	HYPERTHERMIA, EXTERNALLY GENERATED; SUPERFICIAL (IE, HEATING TO A DEPTH OF 4 CM OR LESS)		7/1/2023	12/31/2382	\$432.50
77600	HYPERTHERMIA, EXTERNALLY GENERATED; SUPERFICIAL (IE, HEATING TO A DEPTH OF 4 CM OR LESS)	TC	7/1/2023	12/31/2382	\$119.11
77605	HYPERTHERMIA, EXTERNALLY GENERATED; DEEP (IE, HEATING TO DEPTHS GREATER THAN 4 CM)	26	7/1/2023	12/31/2382	\$129.41
77605	HYPERTHERMIA, EXTERNALLY GENERATED; DEEP (IE, HEATING TO DEPTHS GREATER THAN 4 CM)		1/1/1993	12/31/2382	\$229.55
77605	HYPERTHERMIA, EXTERNALLY GENERATED; DEEP (IE, HEATING TO DEPTHS GREATER THAN 4 CM)		7/1/2023	12/31/2382	\$432.50
77605	HYPERTHERMIA, EXTERNALLY GENERATED; DEEP (IE, HEATING TO DEPTHS GREATER THAN 4 CM)	TC	7/1/2023	12/31/2382	\$159.09

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
77610	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); 5 OR FEWER INTERSTITIAL APPLICATORS	26	7/1/2023	12/31/2382	\$97.08
77610	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); 5 OR FEWER INTERSTITIAL APPLICATORS		1/1/1993	12/31/2382	\$172.18
77610	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); 5 OR FEWER INTERSTITIAL APPLICATORS		7/1/2023	12/31/2382	\$432.50
77610	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); 5 OR FEWER INTERSTITIAL APPLICATORS	TC	7/1/2023	12/31/2382	\$119.11
77615	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); MORE THAN 5 INTERSTITIAL APPLICATORS	26	7/1/2023	12/31/2382	\$129.41
77615	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); MORE THAN 5 INTERSTITIAL APPLICATORS		1/1/1993	12/31/2382	\$229.55
77615	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); MORE THAN 5 INTERSTITIAL APPLICATORS		7/1/2023	12/31/2382	\$432.50
77615	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); MORE THAN 5 INTERSTITIAL APPLICATORS	TC	7/1/2023	12/31/2382	\$159.09
77620	HYPERTHERMIA GENERATED BY INTRACAVITARY PROBE(S)	26	7/1/2023	12/31/2382	\$97.08
77620	HYPERTHERMIA GENERATED BY INTRACAVITARY PROBE(S)		1/1/1993	12/31/2382	\$172.18
77620	HYPERTHERMIA GENERATED BY INTRACAVITARY PROBE(S)		7/1/2023	12/31/2382	\$432.50
77620	HYPERTHERMIA GENERATED BY INTRACAVITARY PROBE(S)	TC	7/1/2023	12/31/2382	\$119.11
77750	INFUSION OR INSTILLATION OF RADIOELEMENT SOLUTION	26	7/1/2023	12/31/2382	\$271.52
77750	INFUSION OR INSTILLATION OF RADIOELEMENT SOLUTION		1/1/1993	12/31/2382	\$262.94
77750	INFUSION OR INSTILLATION OF RADIOELEMENT SOLUTION		7/1/2023	12/31/2382	\$170.83
77750	INFUSION OR INSTILLATION OF RADIOELEMENT SOLUTION	TC	7/1/2023	12/31/2382	\$52.17
77761	INTRACAVITARY RADIOELEMENT APPLICATION; SIMPLE	26	7/1/2023	12/31/2382	\$210.75
77761	INTRACAVITARY RADIOELEMENT APPLICATION; SIMPLE		1/1/1993	12/31/2382	\$251.27
77761	INTRACAVITARY RADIOELEMENT APPLICATION; SIMPLE		7/1/2023	12/31/2382	\$431.22
77761	INTRACAVITARY RADIOELEMENT APPLICATION; SIMPLE	TC	7/1/2023	12/31/2382	\$98.58
77762	INTRACAVITARY RADIOELEMENT APPLICATION; INTERMEDIATE	26	7/1/2023	12/31/2382	\$332.33
77762	INTRACAVITARY RADIOELEMENT APPLICATION; INTERMEDIATE		1/1/1993	12/31/2382	\$372.35
77762	INTRACAVITARY RADIOELEMENT APPLICATION; INTERMEDIATE		7/1/2023	12/31/2382	\$431.22
77762	INTRACAVITARY RADIOELEMENT APPLICATION; INTERMEDIATE	TC	7/1/2023	12/31/2382	\$141.73
77763	INTRACAVITARY RADIOELEMENT APPLICATION; COMPLEX	26	7/1/2023	12/31/2382	\$474.26
77763	INTRACAVITARY RADIOELEMENT APPLICATION; COMPLEX		1/1/1993	12/31/2382	\$528.35
77763	INTRACAVITARY RADIOELEMENT APPLICATION; COMPLEX		7/1/2023	12/31/2382	\$431.22
77763	INTRACAVITARY RADIOELEMENT APPLICATION; COMPLEX	TC	7/1/2023	12/31/2382	\$176.17

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
77767	HIGH DOSE BRACHYTHERAPY THROUGH SKIN SURFACE, 1 CHANNEL OR UP TO 2.0 CM		7/1/2023	12/31/2382	\$204.18
77768	HIGH DOSE BRACHYTHERAPY THROUGH SKIN SURFACE, 2 CHANNELS OR MORE THAN 2.0 CM		7/1/2023	12/31/2382	\$204.18
77770	HIGH DOSE BRACHYTHERAPY, 1 CHANNEL		7/1/2023	12/31/2382	\$731.43
77771	HIGH DOSE BRACHYTHERAPY, 2-12 CHANNELS		7/1/2023	12/31/2382	\$731.43
77772	HIGH DOSE BRACHYTHERAPY, MORE THAN 12 CHANNELS		7/1/2023	12/31/2382	\$731.43
77776	INTERSTITIAL RADIOELEMENT APPLICATION; SIMPLE	26	7/1/2023	12/31/2382	\$276.07
77776	INTERSTITIAL RADIOELEMENT APPLICATION; SIMPLE		1/1/1993	12/31/2382	\$293.58
77776	INTERSTITIAL RADIOELEMENT APPLICATION; SIMPLE		7/1/2023	12/31/2382	\$431.22
77776	INTERSTITIAL RADIOELEMENT APPLICATION; SIMPLE	TC	7/1/2023	12/31/2382	\$85.34
77777	INTERSTITIAL RADIOELEMENT APPLICATION; INTERMEDIATE	26	7/1/2023	12/31/2382	\$413.77
77777	INTERSTITIAL RADIOELEMENT APPLICATION; INTERMEDIATE		1/1/1993	12/31/2382	\$470.87
77777	INTERSTITIAL RADIOELEMENT APPLICATION; INTERMEDIATE		7/1/2023	12/31/2382	\$431.22
77777	INTERSTITIAL RADIOELEMENT APPLICATION; INTERMEDIATE	TC	7/1/2023	12/31/2382	\$165.90
77778	INTERSTITIAL RADIOELEMENT APPLICATION; COMPLEX	26	7/1/2023	12/31/2382	\$619.87
77778	INTERSTITIAL RADIOELEMENT APPLICATION; COMPLEX		1/1/1993	12/31/2382	\$666.57
77778	INTERSTITIAL RADIOELEMENT APPLICATION; COMPLEX		7/1/2023	12/31/2382	\$867.08
77778	INTERSTITIAL RADIOELEMENT APPLICATION; COMPLEX	TC	7/1/2023	12/31/2382	\$200.70
77781	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 1-4 SOURCE POSITIONS OR CATHETERS	26	7/1/2023	12/31/2382	\$92.08
77781	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 1-4 SOURCE POSITIONS OR CATHETERS		1/1/1993	12/31/2382	\$721.67
77781	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 1-4 SOURCE POSITIONS OR CATHETERS		7/1/2023	12/31/2382	\$1,008.47
77781	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 1-4 SOURCE POSITIONS OR CATHETERS	TC	7/1/2023	12/31/2382	\$796.34
77782	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 5-8 SOURCE POSITIONS OR CATHETERS	26	7/1/2023	12/31/2382	\$138.37
77782	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 5-8 SOURCE POSITIONS OR CATHETERS	76	7/1/2023	12/31/2382	\$1,008.47
77782	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 5-8 SOURCE POSITIONS OR CATHETERS		1/1/1993	12/31/2382	\$759.27
77782	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 5-8 SOURCE POSITIONS OR CATHETERS		7/1/2023	12/31/2382	\$1,008.47

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
77782	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 5-8 SOURCE POSITIONS OR CATHETERS	TC	7/1/2023	12/31/2382	\$796.34
77783	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 9-12 SOURCE POSITIONS OR CATHETERS	26	7/1/2023	12/31/2382	\$206.51
77783	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 9-12 SOURCE POSITIONS OR CATHETERS		1/1/1993	12/31/2382	\$814.61
77783	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 9-12 SOURCE POSITIONS OR CATHETERS		7/1/2023	12/31/2382	\$1,008.47
77783	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 9-12 SOURCE POSITIONS OR CATHETERS	TC	7/1/2023	12/31/2382	\$796.34
77784	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; OVER 12 SOURCE POSITIONS OR CATHETERS	26	7/1/2023	12/31/2382	\$310.47
77784	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; OVER 12 SOURCE POSITIONS OR CATHETERS		1/1/1993	12/31/2382	\$899.06
77784	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; OVER 12 SOURCE POSITIONS OR CATHETERS		7/1/2023	12/31/2382	\$1,008.47
77784	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; OVER 12 SOURCE POSITIONS OR CATHETERS	TC	7/1/2023	12/31/2382	\$796.34
77785	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE BRACHYTHERAPY; 1 CHANNEL		7/1/2023	12/31/2382	\$859.76
77786	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE BRACHYTHERAPY; 2-12 CHANNELS		7/1/2023	12/31/2382	\$859.76
77787	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE BRACHYTHERAPY; OVER 12 CHANNELS		7/1/2023	12/31/2382	\$859.76
77789	SURFACE APPLICATION OF RADIOELEMENT	26	7/1/2023	12/31/2382	\$61.93
77789	SURFACE APPLICATION OF RADIOELEMENT		1/1/1993	12/31/2382	\$64.72
77789	SURFACE APPLICATION OF RADIOELEMENT		7/1/2023	12/31/2382	\$113.54
77789	SURFACE APPLICATION OF RADIOELEMENT	TC	7/1/2023	12/31/2382	\$17.74
77790	SUPERVISION, HANDLING, LOADING OF RADIOELEMENT	26	7/1/2023	12/31/2382	\$61.93
77790	SUPERVISION, HANDLING, LOADING OF RADIOELEMENT		7/1/2023	12/31/2382	\$81.98
77790	SUPERVISION, HANDLING, LOADING OF RADIOELEMENT	TC	7/1/2023	12/31/2382	\$20.04
77799	UNLISTED PROCEDURE, CLINICAL BRACHYTHERAPY	26	1/1/1993	12/31/2382	\$0.00
77799	UNLISTED PROCEDURE, CLINICAL BRACHYTHERAPY		1/1/1993	12/31/2382	\$0.00
77799	UNLISTED PROCEDURE, CLINICAL BRACHYTHERAPY		7/1/2023	12/31/2382	\$1,008.47
77799	UNLISTED PROCEDURE, CLINICAL BRACHYTHERAPY	TC	1/1/1993	12/31/2382	\$0.00
78000	THYROID UPTAKE; SINGLE DETERMINATION	26	7/1/2023	12/31/2382	\$14.02

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
78000	THYROID UPTAKE; SINGLE DETERMINATION		1/1/1993	12/31/2382	\$39.72
78000	THYROID UPTAKE; SINGLE DETERMINATION		7/1/2023	12/31/2382	\$110.58
78000	THYROID UPTAKE; SINGLE DETERMINATION	TC	7/1/2023	12/31/2382	\$37.79
78001	THYROID UPTAKE; MULTIPLE DETERMINATIONS	26	7/1/2023	12/31/2382	\$15.64
78001	THYROID UPTAKE; MULTIPLE DETERMINATIONS		1/1/1993	12/31/2382	\$49.70
78001	THYROID UPTAKE; MULTIPLE DETERMINATIONS		7/1/2023	12/31/2382	\$110.58
78001	THYROID UPTAKE; MULTIPLE DETERMINATIONS	TC	7/1/2023	12/31/2382	\$51.00
78003	THYROID UPTAKE; STIMULATION, SUPPRESSION OR DISCHARGE (NOT INCLUDING INITIAL UPTAKE STUDIES)	26	7/1/2023	12/31/2382	\$19.13
78003	THYROID UPTAKE; STIMULATION, SUPPRESSION OR DISCHARGE (NOT INCLUDING INITIAL UPTAKE STUDIES)		1/1/1993	12/31/2382	\$44.09
78003	THYROID UPTAKE; STIMULATION, SUPPRESSION OR DISCHARGE (NOT INCLUDING INITIAL UPTAKE STUDIES)		7/1/2023	12/31/2382	\$272.88
78003	THYROID UPTAKE; STIMULATION, SUPPRESSION OR DISCHARGE (NOT INCLUDING INITIAL UPTAKE STUDIES)	TC	7/1/2023	12/31/2382	\$37.79
78006	THYROID IMAGING, WITH UPTAKE; SINGLE DETERMINATION	26	7/1/2023	12/31/2382	\$34.90
78006	THYROID IMAGING, WITH UPTAKE; SINGLE DETERMINATION		1/1/1993	12/31/2382	\$99.73
78006	THYROID IMAGING, WITH UPTAKE; SINGLE DETERMINATION		7/1/2023	12/31/2382	\$191.02
78006	THYROID IMAGING, WITH UPTAKE; SINGLE DETERMINATION	TC	7/1/2023	12/31/2382	\$93.70
78007	THYROID IMAGING, WITH UPTAKE; MULTIPLE DETERMINATIONS	26	7/1/2023	12/31/2382	\$29.88
78007	THYROID IMAGING, WITH UPTAKE; MULTIPLE DETERMINATIONS		1/1/1993	12/31/2382	\$89.72
78007	THYROID IMAGING, WITH UPTAKE; MULTIPLE DETERMINATIONS		7/1/2023	12/31/2382	\$215.35
78007	THYROID IMAGING, WITH UPTAKE; MULTIPLE DETERMINATIONS	TC	7/1/2023	12/31/2382	\$100.87
78010	THYROID IMAGING; ONLY	26	7/1/2023	12/31/2382	\$29.01
78010	THYROID IMAGING; ONLY		1/1/1993	12/31/2382	\$76.33
78010	THYROID IMAGING; ONLY		7/1/2023	12/31/2382	\$191.02
78010	THYROID IMAGING; ONLY	TC	7/1/2023	12/31/2382	\$71.06
78011	THYROID IMAGING; WITH VASCULAR FLOW	26	7/1/2023	12/31/2382	\$34.67
78011	THYROID IMAGING; WITH VASCULAR FLOW		1/1/1993	12/31/2382	\$98.79
78011	THYROID IMAGING; WITH VASCULAR FLOW		7/1/2023	12/31/2382	\$191.02
78011	THYROID IMAGING; WITH VASCULAR FLOW	TC	7/1/2023	12/31/2382	\$94.46
78012	THYROID UPTAKE, SINGLE OR MULTIPLE, QUANTITATIVE MEASUREMENT(S) (INCLUDING STIMULATION, SUPPRESSION, OR		7/1/2023	12/31/2382	\$149.62
78014	THYROID IMAGING (INCLUDING VASCULAR FLOW, WHEN PERFORMED); WITH SINGLE OR MULTIPLE UPTAKE(S)		1/1/2013	12/31/2382	\$147.16

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
78014	THYROID IMAGING (INCLUDING VASCULAR FLOW, WHEN PERFORMED); WITH SINGLE OR MULTIPLE UPTAKE(S)		7/1/2023	12/31/2382	\$252.99
78014	THYROID IMAGING (INCLUDING VASCULAR FLOW, WHEN PERFORMED); WITH SINGLE OR MULTIPLE UPTAKE(S)	MH	7/1/2023	12/31/2382	\$252.99
78015	THYROID CARCINOMA METASTASES IMAGING; LIMITED AREA (EG, NECK AND CHEST ONLY)	26	7/1/2023	12/31/2382	\$40.10
78015	THYROID CARCINOMA METASTASES IMAGING; LIMITED AREA (EG, NECK AND CHEST ONLY)		1/1/1993	12/31/2382	\$129.78
78015	THYROID CARCINOMA METASTASES IMAGING; LIMITED AREA (EG, NECK AND CHEST ONLY)		7/1/2023	11/30/2382	\$320.65
78015	THYROID CARCINOMA METASTASES IMAGING; LIMITED AREA (EG, NECK AND CHEST ONLY)	TC	7/1/2023	12/31/2382	\$100.87
78016	THYROID CARCINOMA METASTASES IMAGING; WITH ADDITIONAL STUDIES (EG, URINARY RECOVERY)	26	7/1/2023	12/31/2382	\$48.90
78016	THYROID CARCINOMA METASTASES IMAGING; WITH ADDITIONAL STUDIES (EG, URINARY RECOVERY)		1/1/1993	12/31/2382	\$169.87
78016	THYROID CARCINOMA METASTASES IMAGING; WITH ADDITIONAL STUDIES (EG, URINARY RECOVERY)		7/1/2023	12/31/2382	\$320.65
78016	THYROID CARCINOMA METASTASES IMAGING; WITH ADDITIONAL STUDIES (EG, URINARY RECOVERY)	TC	7/1/2023	12/31/2382	\$136.46
78017	THYROID CARCINOMA METASTASES IMAGING; MULTIPLE AREAS	26	7/1/2023	12/31/2382	\$51.60
78017	THYROID CARCINOMA METASTASES IMAGING; MULTIPLE AREAS		7/1/2023	12/31/2382	\$222.84
78017	THYROID CARCINOMA METASTASES IMAGING; MULTIPLE AREAS	TC	7/1/2023	12/31/2382	\$145.96
78018	THYROID CARCINOMA METASTASES IMAGING; WHOLE BODY	26	7/1/2023	12/31/2382	\$56.73
78018	THYROID CARCINOMA METASTASES IMAGING; WHOLE BODY		1/1/1993	12/31/2382	\$243.72
78018	THYROID CARCINOMA METASTASES IMAGING; WHOLE BODY		7/1/2023	12/31/2382	\$320.65
78018	THYROID CARCINOMA METASTASES IMAGING; WHOLE BODY	TC	7/1/2023	12/31/2382	\$212.80
78070	PARATHYROID IMAGING	26	7/1/2023	12/31/2382	\$30.53
78070	PARATHYROID IMAGING		1/1/1993	12/31/2382	\$82.52
78070	PARATHYROID IMAGING		7/1/2023	12/31/2382	\$215.35
78070	PARATHYROID IMAGING	TC	7/1/2023	12/31/2382	\$71.06
78071	PARATHYROID PLANAR IMAGING; WITH TOMOGRAPHIC (SPECT)		7/1/2023	12/31/2382	\$349.79
78071	PARATHYROID PLANAR IMAGING; WITH TOMOGRAPHIC (SPECT)	MD	7/1/2023	12/31/2382	\$349.79
78072	PARATHYROID PLANAR IMAGING; WITH TOMOGRAPHIC (SPECT), AND CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY		7/1/2023	12/31/2382	\$349.79

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
78072	PARATHYROID PLANAR IMAGING; WITH TOMOGRAPHIC (SPECT), AND CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY	MG	7/1/2023	12/31/2382	\$349.79
78075	ADRENAL IMAGING, CORTEX AND/OR MEDULLA	26	7/1/2023	12/31/2382	\$46.02
78075	ADRENAL IMAGING, CORTEX AND/OR MEDULLA		1/1/1993	12/31/2382	\$176.31
78075	ADRENAL IMAGING, CORTEX AND/OR MEDULLA		7/1/2023	12/31/2382	\$215.35
78075	ADRENAL IMAGING, CORTEX AND/OR MEDULLA	TC	7/1/2023	12/31/2382	\$212.80
78099	UNLISTED ENDOCRINE PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	26	1/1/1993	12/31/2382	\$0.00
78099	UNLISTED ENDOCRINE PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE		1/1/1993	12/31/2382	\$0.00
78099	UNLISTED ENDOCRINE PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE		7/1/2023	12/31/2382	\$191.02
78099	UNLISTED ENDOCRINE PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	TC	1/1/1993	12/31/2382	\$0.00
78102	BONE MARROW IMAGING; LIMITED AREA	26	7/1/2023	12/31/2382	\$35.62
78102	BONE MARROW IMAGING; LIMITED AREA		1/1/1993	12/31/2382	\$104.43
78102	BONE MARROW IMAGING; LIMITED AREA		7/1/2023	12/31/2382	\$303.31
78102	BONE MARROW IMAGING; LIMITED AREA	TC	7/1/2023	12/31/2382	\$80.06
78103	BONE MARROW IMAGING; MULTIPLE AREAS	26	7/1/2023	12/31/2382	\$57.45
78103	BONE MARROW IMAGING; MULTIPLE AREAS		1/1/1993	12/31/2382	\$136.75
78103	BONE MARROW IMAGING; MULTIPLE AREAS		7/1/2023	12/31/2382	\$303.31
78103	BONE MARROW IMAGING; MULTIPLE AREAS	TC	7/1/2023	12/31/2382	\$123.99
78104	BONE MARROW IMAGING; WHOLE BODY	26	7/1/2023	12/31/2382	\$58.86
78104	BONE MARROW IMAGING; WHOLE BODY		1/1/1993	12/31/2382	\$168.09
78104	BONE MARROW IMAGING; WHOLE BODY		7/1/2023	12/31/2382	\$303.31
78104	BONE MARROW IMAGING; WHOLE BODY	TC	7/1/2023	12/31/2382	\$159.48
78110	PLASMA VOLUME, RADIONUCLIDE VOLUME-DILUTION TECHNIQUE (SEPARATE PROCEDURE); SINGLE SAMPLING	26	7/1/2023	12/31/2382	\$12.29
78110	PLASMA VOLUME, RADIONUCLIDE VOLUME-DILUTION TECHNIQUE (SEPARATE PROCEDURE); SINGLE SAMPLING		1/1/1993	12/31/2382	\$37.93
78110	PLASMA VOLUME, RADIONUCLIDE VOLUME-DILUTION TECHNIQUE (SEPARATE PROCEDURE); SINGLE SAMPLING		7/1/2023	12/31/2382	\$266.95
78110	PLASMA VOLUME, RADIONUCLIDE VOLUME-DILUTION TECHNIQUE (SEPARATE PROCEDURE); SINGLE SAMPLING	TC	7/1/2023	12/31/2382	\$37.02
78111	PLASMA VOLUME, RADIONUCLIDE VOLUME-DILUTION TECHNIQUE (SEPARATE PROCEDURE); MULTIPLE SAMPLINGS	26	7/1/2023	12/31/2382	\$16.64
78111	PLASMA VOLUME, RADIONUCLIDE VOLUME-DILUTION TECHNIQUE (SEPARATE PROCEDURE); MULTIPLE SAMPLINGS		1/1/1993	12/31/2382	\$76.33
78111	PLASMA VOLUME, RADIONUCLIDE VOLUME-DILUTION TECHNIQUE (SEPARATE PROCEDURE); MULTIPLE SAMPLINGS		7/1/2023	12/31/2382	\$266.95

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
78111	PLASMA VOLUME, RADIONUCLIDE VOLUME-DILUTION TECHNIQUE (SEPARATE PROCEDURE); MULTIPLE SAMPLINGS	TC	7/1/2023	12/31/2382	\$100.87
78120	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); SINGLE SAMPLING	26	7/1/2023	12/31/2382	\$20.01
78120	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); SINGLE SAMPLING		1/1/1993	12/31/2382	\$67.31
78120	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); SINGLE SAMPLING		7/1/2023	12/31/2382	\$266.95
78120	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); SINGLE SAMPLING	TC	7/1/2023	12/31/2382	\$68.00
78121	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); MULTIPLE SAMPLINGS	26	7/1/2023	12/31/2382	\$22.43
78121	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); MULTIPLE SAMPLINGS		1/1/1993	12/31/2382	\$91.97
78121	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); MULTIPLE SAMPLINGS		7/1/2023	12/31/2382	\$266.95
78121	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); MULTIPLE SAMPLINGS	TC	7/1/2023	12/31/2382	\$113.84
78122	WHOLE BLOOD VOLUME DETERMINATION, INCLUDING SEPARATE MEASUREMENT OF PLASMA VOLUME AND RED CELL VOLUME (RADIONU	26	7/1/2023	12/31/2382	\$34.65
78122	WHOLE BLOOD VOLUME DETERMINATION, INCLUDING SEPARATE MEASUREMENT OF PLASMA VOLUME AND RED CELL VOLUME (RADIONU		1/1/1993	12/31/2382	\$184.24
78122	WHOLE BLOOD VOLUME DETERMINATION, INCLUDING SEPARATE MEASUREMENT OF PLASMA VOLUME AND RED CELL VOLUME (RADIONU		7/1/2023	12/31/2382	\$266.95
78122	WHOLE BLOOD VOLUME DETERMINATION, INCLUDING SEPARATE MEASUREMENT OF PLASMA VOLUME AND RED CELL VOLUME (RADIONU	TC	7/1/2023	12/31/2382	\$180.67
78130	RED CELL SURVIVAL STUDY;	26	7/1/2023	12/31/2382	\$38.12
78130	RED CELL SURVIVAL STUDY;		1/1/1993	12/31/2382	\$115.45
78130	RED CELL SURVIVAL STUDY;		7/1/2023	12/31/2382	\$266.95
78130	RED CELL SURVIVAL STUDY;	TC	7/1/2023	12/31/2382	\$111.92
78135	RED CELL SURVIVAL STUDY; DIFFERENTIAL ORGAN/TISSUE KINETICS, (EG, SPLENIC AND/OR HEPATIC SEQUESTRATION)	26	7/1/2023	12/31/2382	\$38.81
78135	RED CELL SURVIVAL STUDY; DIFFERENTIAL ORGAN/TISSUE KINETICS, (EG, SPLENIC AND/OR HEPATIC SEQUESTRATION)		1/1/1993	12/31/2382	\$153.90
78135	RED CELL SURVIVAL STUDY; DIFFERENTIAL ORGAN/TISSUE KINETICS, (EG, SPLENIC AND/OR HEPATIC SEQUESTRATION)		7/1/2023	12/31/2382	\$266.95
78135	RED CELL SURVIVAL STUDY; DIFFERENTIAL ORGAN/TISSUE KINETICS, (EG, SPLENIC AND/OR HEPATIC SEQUESTRATION)	TC	7/1/2023	12/31/2382	\$190.84
78140	LABELED RED CELL SEQUESTRATION, DIFFERENTIAL ORGAN/TISSUE, (EG, SPLENIC AND/OR HEPATIC)	26	7/1/2023	12/31/2382	\$38.12

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
78140	LABELED RED CELL SEQUESTRATION, DIFFERENTIAL ORGAN/TISSUE, (EG, SPLENIC AND/OR HEPATIC)		1/1/1993	12/31/2382	\$135.58
78140	LABELED RED CELL SEQUESTRATION, DIFFERENTIAL ORGAN/TISSUE, (EG, SPLENIC AND/OR HEPATIC)		7/1/2023	12/31/2382	\$266.95
78140	LABELED RED CELL SEQUESTRATION, DIFFERENTIAL ORGAN/TISSUE, (EG, SPLENIC AND/OR HEPATIC)	TC	7/1/2023	12/31/2382	\$154.20
78160	PLASMA RADIOIRON DISAPPEARANCE (TURNOVER) RATE	26	7/1/2023	12/31/2382	\$25.09
78160	PLASMA RADIOIRON DISAPPEARANCE (TURNOVER) RATE		7/1/2023	12/31/2382	\$177.89
78160	PLASMA RADIOIRON DISAPPEARANCE (TURNOVER) RATE	TC	7/1/2023	12/31/2382	\$143.65
78162	RADIOIRON ORAL ABSORPTION	26	7/1/2023	12/31/2382	\$34.65
78162	RADIOIRON ORAL ABSORPTION		7/1/2023	12/31/2382	\$167.87
78162	RADIOIRON ORAL ABSORPTION	TC	7/1/2023	12/31/2382	\$125.14
78170	RADIOIRON RED CELL UTILIZATION	26	7/1/2023	12/31/2382	\$27.08
78170	RADIOIRON RED CELL UTILIZATION		7/1/2023	12/31/2382	\$177.54
78170	RADIOIRON RED CELL UTILIZATION	TC	7/1/2023	12/31/2382	\$208.30
78172	CHELATABLE IRON FOR ESTIMATION OF TOTAL BODY IRON	26	7/1/2023	12/31/2382	\$42.28
78172	CHELATABLE IRON FOR ESTIMATION OF TOTAL BODY IRON		1/1/1993	12/31/2382	\$0.00
78172	CHELATABLE IRON FOR ESTIMATION OF TOTAL BODY IRON	TC	1/1/1993	12/31/2382	\$0.00
78185	SPLEEN IMAGING ONLY, WITH OR WITHOUT VASCULAR FLOW	26	7/1/2023	12/31/2382	\$32.01
78185	SPLEEN IMAGING ONLY, WITH OR WITHOUT VASCULAR FLOW		1/1/1993	12/31/2382	\$94.40
78185	SPLEEN IMAGING ONLY, WITH OR WITHOUT VASCULAR FLOW		7/1/2023	12/31/2382	\$303.31
78185	SPLEEN IMAGING ONLY, WITH OR WITHOUT VASCULAR FLOW	TC	7/1/2023	12/31/2382	\$92.53
78190	KINETICS, STUDY OF PLATELET SURVIVAL, WITH OR WITHOUT DIFFERENTIAL ORGAN/TISSUE LOCALIZATION	26	7/1/2023	12/31/2382	\$64.26
78190	KINETICS, STUDY OF PLATELET SURVIVAL, WITH OR WITHOUT DIFFERENTIAL ORGAN/TISSUE LOCALIZATION		1/1/1993	12/31/2382	\$234.25
78190	KINETICS, STUDY OF PLATELET SURVIVAL, WITH OR WITHOUT DIFFERENTIAL ORGAN/TISSUE LOCALIZATION		7/1/2023	12/31/2382	\$272.88
78190	KINETICS, STUDY OF PLATELET SURVIVAL, WITH OR WITHOUT DIFFERENTIAL ORGAN/TISSUE LOCALIZATION	TC	7/1/2023	12/31/2382	\$224.12
78191	PLATELET SURVIVAL STUDY	26	7/1/2023	12/31/2382	\$48.09
78191	PLATELET SURVIVAL STUDY		1/1/1993	12/31/2382	\$287.40
78191	PLATELET SURVIVAL STUDY		7/1/2023	12/31/2382	\$272.88
78191	PLATELET SURVIVAL STUDY	TC	7/1/2023	12/31/2382	\$287.61
78192	WHITE BLOOD CELL LOCALIZATION; LIMITED AREA SCANNING	26	7/1/2023	12/31/2382	\$61.93
78192	WHITE BLOOD CELL LOCALIZATION; LIMITED AREA SCANNING		7/1/2023	12/31/2382	\$203.84

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
78192	WHITE BLOOD CELL LOCALIZATION; LIMITED AREA SCANNING	TC	7/1/2023	12/31/2382	\$133.11
78193	WHITE BLOOD CELL LOCALIZATION; WHOLE BODY	26	7/1/2023	12/31/2382	\$68.45
78193	WHITE BLOOD CELL LOCALIZATION; WHOLE BODY		7/1/2023	12/31/2382	\$474.75
78193	WHITE BLOOD CELL LOCALIZATION; WHOLE BODY	TC	7/1/2023	12/31/2382	\$382.15
78195	LYMPHATICS AND LYMPH GLANDS IMAGING	26	7/1/2023	12/31/2382	\$72.54
78195	LYMPHATICS AND LYMPH GLANDS IMAGING		1/1/1993	12/31/2382	\$175.45
78195	LYMPHATICS AND LYMPH GLANDS IMAGING		7/1/2023	12/31/2382	\$303.31
78195	LYMPHATICS AND LYMPH GLANDS IMAGING	LT	7/1/2023	12/31/2382	\$303.31
78195	LYMPHATICS AND LYMPH GLANDS IMAGING	MB	7/1/2023	12/31/2382	\$303.31
78195	LYMPHATICS AND LYMPH GLANDS IMAGING	MG	7/1/2023	12/31/2382	\$303.31
78195	LYMPHATICS AND LYMPH GLANDS IMAGING	RT	7/1/2023	12/31/2382	\$303.31
78195	LYMPHATICS AND LYMPH GLANDS IMAGING	TC	7/1/2023	12/31/2382	\$159.48
78199	UNLISTED HEMATOPOIETIC, RETICULOENDOTHELIAL AND LYMPHATIC PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	26	1/1/1993	12/31/2382	\$0.00
78199	UNLISTED HEMATOPOIETIC, RETICULOENDOTHELIAL AND LYMPHATIC PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE		1/1/1993	12/31/2382	\$0.00
78199	UNLISTED HEMATOPOIETIC, RETICULOENDOTHELIAL AND LYMPHATIC PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE		7/1/2023	12/31/2382	\$303.31
78199	UNLISTED HEMATOPOIETIC, RETICULOENDOTHELIAL AND LYMPHATIC PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	TC	1/1/1993	12/31/2382	\$0.00
78201	LIVER IMAGING; STATIC ONLY	26	7/1/2023	12/31/2382	\$33.05
78201	LIVER IMAGING; STATIC ONLY		1/1/1993	12/31/2382	\$95.97
78201	LIVER IMAGING; STATIC ONLY		7/1/2023	12/31/2382	\$333.89
78201	LIVER IMAGING; STATIC ONLY	TC	7/1/2023	12/31/2382	\$92.53
78202	LIVER IMAGING; WITH VASCULAR FLOW	26	7/1/2023	12/31/2382	\$61.21
78202	LIVER IMAGING; WITH VASCULAR FLOW		1/1/1993	12/31/2382	\$143.72
78202	LIVER IMAGING; WITH VASCULAR FLOW		7/1/2023	12/31/2382	\$333.89
78202	LIVER IMAGING; WITH VASCULAR FLOW	TC	7/1/2023	12/31/2382	\$113.06
78205	LIVER IMAGING (SPECT)	26	7/1/2023	12/31/2382	\$55.80
78205	LIVER IMAGING (SPECT)		1/1/1993	12/31/2382	\$244.93
78205	LIVER IMAGING (SPECT)		7/1/2023	12/31/2382	\$333.89
78205	LIVER IMAGING (SPECT)	TC	7/1/2023	12/31/2382	\$231.31
78206	LIVER IMAGING (SPECT); WITH VASCULAR FLOW		7/1/2023	12/31/2382	\$339.05
78215	LIVER AND SPLEEN IMAGING; STATIC ONLY	26	7/1/2023	12/31/2382	\$36.99
78215	LIVER AND SPLEEN IMAGING; STATIC ONLY		1/1/1993	12/31/2382	\$115.77
78215	LIVER AND SPLEEN IMAGING; STATIC ONLY		7/1/2023	12/31/2382	\$333.89

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
78215	LIVER AND SPLEEN IMAGING; STATIC ONLY	TC	7/1/2023	12/31/2382	\$114.98
78216	LIVER AND SPLEEN IMAGING; WITH VASCULAR FLOW	26	7/1/2023	12/31/2382	\$38.82
78216	LIVER AND SPLEEN IMAGING; WITH VASCULAR FLOW		1/1/1993	12/31/2382	\$129.62
78216	LIVER AND SPLEEN IMAGING; WITH VASCULAR FLOW		7/1/2023	12/31/2382	\$333.89
78216	LIVER AND SPLEEN IMAGING; WITH VASCULAR FLOW	TC	7/1/2023	12/31/2382	\$136.46
78220	LIVER FUNCTION STUDY WITH HEPATOBILIARY AGENTS, WITH SERIAL IMAGES	26	7/1/2023	12/31/2382	\$41.98
78220	LIVER FUNCTION STUDY WITH HEPATOBILIARY AGENTS, WITH SERIAL IMAGES		1/1/1993	12/31/2382	\$123.89
78220	LIVER FUNCTION STUDY WITH HEPATOBILIARY AGENTS, WITH SERIAL IMAGES		7/1/2023	12/31/2382	\$333.89
78220	LIVER FUNCTION STUDY WITH HEPATOBILIARY AGENTS, WITH SERIAL IMAGES	TC	7/1/2023	12/31/2382	\$145.96
78223	HEPATOBILIARY DUCTAL SYSTEM IMAGING, INCLUDING GALLBLADDER, WITH OR WITHOUT PHARMACOLOGIC INTERVENTION, WITH O	26	7/1/2023	12/31/2382	\$45.17
78223	HEPATOBILIARY DUCTAL SYSTEM IMAGING, INCLUDING GALLBLADDER, WITH OR WITHOUT PHARMACOLOGIC INTERVENTION, WITH O		1/1/1993	12/31/2382	\$120.82
78223	HEPATOBILIARY DUCTAL SYSTEM IMAGING, INCLUDING GALLBLADDER, WITH OR WITHOUT PHARMACOLOGIC INTERVENTION, WITH O		7/1/2023	12/31/2382	\$333.89
78223	HEPATOBILIARY DUCTAL SYSTEM IMAGING, INCLUDING GALLBLADDER, WITH OR WITHOUT PHARMACOLOGIC INTERVENTION, WITH O	TC	7/1/2023	12/31/2382	\$143.65
78226	HEPATOBILIARY SYSTEM IMAGING, INCLUDING GALLBLADDER WHEN PRESENT		7/1/2023	12/31/2382	\$389.55
78226	HEPATOBILIARY SYSTEM IMAGING, INCLUDING GALLBLADDER WHEN PRESENT	MG	7/1/2023	12/31/2382	\$389.55
78226	HEPATOBILIARY SYSTEM IMAGING, INCLUDING GALLBLADDER WHEN PRESENT	MH	7/1/2023	12/31/2382	\$389.55
78227	HEPATOBILIARY SYSTEM IMAGING, INCLUDING GALLBLADDER WHEN PRESENT; WITH PHARMACOLOGIC INTERVENTION, INCLUDING		1/1/2012	12/31/2382	\$272.65
78227	HEPATOBILIARY SYSTEM IMAGING, INCLUDING GALLBLADDER WHEN PRESENT; WITH PHARMACOLOGIC INTERVENTION, INCLUDING		7/1/2023	12/31/2382	\$341.47
78230	SALIVARY GLAND IMAGING;	26	7/1/2023	12/31/2382	\$53.29
78230	SALIVARY GLAND IMAGING;		1/1/1993	12/31/2382	\$120.51
78230	SALIVARY GLAND IMAGING;		7/1/2023	12/31/2382	\$291.98
78230	SALIVARY GLAND IMAGING;	TC	7/1/2023	12/31/2382	\$85.34
78231	SALIVARY GLAND IMAGING; WITH SERIAL IMAGES	26	7/1/2023	12/31/2382	\$67.88
78231	SALIVARY GLAND IMAGING; WITH SERIAL IMAGES		1/1/1993	12/31/2382	\$160.44
78231	SALIVARY GLAND IMAGING; WITH SERIAL IMAGES		7/1/2023	12/31/2382	\$291.98
78231	SALIVARY GLAND IMAGING; WITH SERIAL IMAGES	TC	7/1/2023	12/31/2382	\$123.99
78232	SALIVARY GLAND FUNCTION STUDY	26	7/1/2023	12/31/2382	\$37.76
78232	SALIVARY GLAND FUNCTION STUDY		1/1/1993	12/31/2382	\$150.03
78232	SALIVARY GLAND FUNCTION STUDY		7/1/2023	12/31/2382	\$291.98
78232	SALIVARY GLAND FUNCTION STUDY	TC	7/1/2023	12/31/2382	\$138.38

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
78258	ESOPHAGEAL MOTILITY	26	7/1/2023	12/31/2382	\$57.77
78258	ESOPHAGEAL MOTILITY		1/1/1993	12/31/2382	\$144.46
78258	ESOPHAGEAL MOTILITY		7/1/2023	12/31/2382	\$291.98
78258	ESOPHAGEAL MOTILITY	TC	7/1/2023	12/31/2382	\$113.06
78261	GASTRIC MUCOSA IMAGING	26	7/1/2023	12/31/2382	\$53.91
78261	GASTRIC MUCOSA IMAGING		1/1/1993	12/31/2382	\$182.26
78261	GASTRIC MUCOSA IMAGING		7/1/2023	12/31/2382	\$291.98
78261	GASTRIC MUCOSA IMAGING	TC	7/1/2023	12/31/2382	\$160.63
78262	GASTROESOPHAGEAL REFLUX STUDY	26	7/1/2023	12/31/2382	\$53.16
78262	GASTROESOPHAGEAL REFLUX STUDY		1/1/1993	12/31/2382	\$186.85
78262	GASTROESOPHAGEAL REFLUX STUDY		7/1/2023	12/31/2382	\$291.98
78262	GASTROESOPHAGEAL REFLUX STUDY	TC	7/1/2023	12/31/2382	\$166.31
78264	GASTRIC EMPTYING STUDY	26	7/1/2023	12/31/2382	\$46.69
78264	GASTRIC EMPTYING STUDY		1/1/1993	12/31/2382	\$136.26
78264	GASTRIC EMPTYING STUDY		7/1/2023	12/31/2382	\$291.98
78264	GASTRIC EMPTYING STUDY	MG	7/1/2023	12/31/2382	\$291.98
78264	GASTRIC EMPTYING STUDY	MH	7/1/2023	12/31/2382	\$291.98
78264	GASTRIC EMPTYING STUDY	TC	7/1/2023	12/31/2382	\$161.39
78265	STOMACH EMPTYING AND SMALL BOWEL TRANSIT STUDY		7/1/2023	12/31/2382	\$349.47
78266	STOMACH EMPTYING AND SMALL BOWEL WITH COLON TRANSIT STUDY		7/1/2023	12/31/2382	\$463.69
78267	UREA BREATH TEST, C-14; ACQUISITION FOR ANALYSIS		1/1/2004	12/31/2382	\$10.98
78267	UREA BREATH TEST, C-14; ACQUISITION FOR ANALYSIS		7/1/2023	12/31/2382	\$13.52
78268	UREA BREATH TEST, C-14; ANALYSIS		1/1/2004	12/31/2382	\$94.11
78268	UREA BREATH TEST, C-14; ANALYSIS		7/1/2023	12/31/2382	\$115.85
78270	VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITHOUT INTRINSIC FACTOR	26	7/1/2023	12/31/2382	\$17.07
78270	VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITHOUT INTRINSIC FACTOR		1/1/1993	12/31/2382	\$56.62
78270	VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITHOUT INTRINSIC FACTOR		7/1/2023	12/31/2382	\$272.88
78270	VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITHOUT INTRINSIC FACTOR	TC	7/1/2023	12/31/2382	\$60.80
78271	VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITH INTRINSIC FACTOR	26	7/1/2023	12/31/2382	\$17.07
78271	VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITH INTRINSIC FACTOR		1/1/1993	12/31/2382	\$59.56
78271	VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITH INTRINSIC FACTOR		7/1/2023	12/31/2382	\$272.88
78271	VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITH INTRINSIC FACTOR	TC	7/1/2023	12/31/2382	\$64.64

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
78272	VITAMIN B-12 ABSORPTION STUDIES COMBINED, WITH AND WITHOUT INTRINSIC FACTOR	26	7/1/2023	12/31/2382	\$18.95
78272	VITAMIN B-12 ABSORPTION STUDIES COMBINED, WITH AND WITHOUT INTRINSIC FACTOR		1/1/1993	12/31/2382	\$74.10
78272	VITAMIN B-12 ABSORPTION STUDIES COMBINED, WITH AND WITHOUT INTRINSIC FACTOR		7/1/2023	12/31/2382	\$272.88
78272	VITAMIN B-12 ABSORPTION STUDIES COMBINED, WITH AND WITHOUT INTRINSIC FACTOR	TC	7/1/2023	12/31/2382	\$90.99
78276	GASTROINTESTINAL ASPIRATE BLOOD LOSS LOCALIZATION	26	7/1/2023	12/31/2382	\$38.67
78276	GASTROINTESTINAL ASPIRATE BLOOD LOSS LOCALIZATION		7/1/2023	12/31/2382	\$128.59
78276	GASTROINTESTINAL ASPIRATE BLOOD LOSS LOCALIZATION	TC	7/1/2023	12/31/2382	\$125.14
78278	ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	26	7/1/2023	12/31/2382	\$49.01
78278	ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING		1/1/1993	12/31/2382	\$144.42
78278	ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING		7/1/2023	11/30/2382	\$291.98
78278	ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	TC	7/1/2023	12/31/2382	\$190.84
78280	GASTROINTESTINAL BLOOD LOSS STUDY (EG, STOOL COUNTING)	26	7/1/2023	12/31/2382	\$22.52
78280	GASTROINTESTINAL BLOOD LOSS STUDY (EG, STOOL COUNTING)		7/1/2023	12/31/2382	\$116.64
78280	GASTROINTESTINAL BLOOD LOSS STUDY (EG, STOOL COUNTING)	TC	7/1/2023	12/31/2382	\$127.06
78282	GASTROINTESTINAL PROTEIN LOSS	26	7/1/2023	12/31/2382	\$29.25
78282	GASTROINTESTINAL PROTEIN LOSS		1/1/1993	12/31/2382	\$0.00
78282	GASTROINTESTINAL PROTEIN LOSS		7/1/2023	12/31/2382	\$291.98
78282	GASTROINTESTINAL PROTEIN LOSS	TC	1/1/1993	12/31/2382	\$0.00
78290	BOWEL IMAGING (EG, ECTOPIC GASTRIC MUCOSA, MECKEL'S LOCALIZATION, VOLVULUS)	26	7/1/2023	12/31/2382	\$60.04
78290	BOWEL IMAGING (EG, ECTOPIC GASTRIC MUCOSA, MECKEL'S LOCALIZATION, VOLVULUS)		1/1/1993	12/31/2382	\$137.63
78290	BOWEL IMAGING (EG, ECTOPIC GASTRIC MUCOSA, MECKEL'S LOCALIZATION, VOLVULUS)		7/1/2023	12/31/2382	\$291.98
78290	BOWEL IMAGING (EG, ECTOPIC GASTRIC MUCOSA, MECKEL'S LOCALIZATION, VOLVULUS)	TC	7/1/2023	12/31/2382	\$119.11
78291	PERITONEAL-VENOUS SHUNT PATENCY TEST (EG, FOR LEVEEN, DENVER SHUNT)	26	7/1/2023	12/31/2382	\$68.45
78291	PERITONEAL-VENOUS SHUNT PATENCY TEST (EG, FOR LEVEEN, DENVER SHUNT)		1/1/1993	12/31/2382	\$159.35
78291	PERITONEAL-VENOUS SHUNT PATENCY TEST (EG, FOR LEVEEN, DENVER SHUNT)		7/1/2023	12/31/2382	\$291.98
78291	PERITONEAL-VENOUS SHUNT PATENCY TEST (EG, FOR LEVEEN, DENVER SHUNT)	TC	7/1/2023	12/31/2382	\$119.87
78299	UNLISTED GASTROINTESTINAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	26	1/1/1993	12/31/2382	\$0.00
78299	UNLISTED GASTROINTESTINAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE		1/1/1993	12/31/2382	\$0.00

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
78299	UNLISTED GASTROINTESTINAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE		7/1/2023	12/31/2382	\$291.98
78299	UNLISTED GASTROINTESTINAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	TC	1/1/1993	12/31/2382	\$0.00
78300	BONE AND/OR JOINT IMAGING; LIMITED AREA	26	7/1/2023	12/31/2382	\$41.82
78300	BONE AND/OR JOINT IMAGING; LIMITED AREA		1/1/1993	12/31/2382	\$109.59
78300	BONE AND/OR JOINT IMAGING; LIMITED AREA		7/1/2023	12/31/2382	\$309.20
78300	BONE AND/OR JOINT IMAGING; LIMITED AREA	TC	7/1/2023	12/31/2382	\$97.80
78305	BONE AND/OR JOINT IMAGING; MULTIPLE AREAS	26	7/1/2023	12/31/2382	\$64.17
78305	BONE AND/OR JOINT IMAGING; MULTIPLE AREAS		1/1/1993	12/31/2382	\$156.72
78305	BONE AND/OR JOINT IMAGING; MULTIPLE AREAS		7/1/2023	12/31/2382	\$309.20
78305	BONE AND/OR JOINT IMAGING; MULTIPLE AREAS	TC	7/1/2023	12/31/2382	\$143.65
78306	BONE AND/OR JOINT IMAGING; WHOLE BODY	26	7/1/2023	12/31/2382	\$64.47
78306	BONE AND/OR JOINT IMAGING; WHOLE BODY		1/1/1993	12/31/2382	\$177.61
78306	BONE AND/OR JOINT IMAGING; WHOLE BODY		7/1/2023	12/31/2382	\$309.20
78306	BONE AND/OR JOINT IMAGING; WHOLE BODY	ME	7/1/2023	12/31/2382	\$309.20
78306	BONE AND/OR JOINT IMAGING; WHOLE BODY	QQ	7/1/2023	12/31/2382	\$309.20
78306	BONE AND/OR JOINT IMAGING; WHOLE BODY	TC	7/1/2023	12/31/2382	\$167.43
78310	BONE AND/OR JOINT IMAGING; VASCULAR FLOW ONLY	26	7/1/2023	12/31/2382	\$55.59
78310	BONE AND/OR JOINT IMAGING; VASCULAR FLOW ONLY		7/1/2023	12/31/2382	\$136.09
78310	BONE AND/OR JOINT IMAGING; VASCULAR FLOW ONLY	TC	7/1/2023	12/31/2382	\$46.13
78315	BONE AND/OR JOINT IMAGING; THREE PHASE STUDY	26	7/1/2023	12/31/2382	\$70.69
78315	BONE AND/OR JOINT IMAGING; THREE PHASE STUDY	59	7/1/2023	12/31/2382	\$309.20
78315	BONE AND/OR JOINT IMAGING; THREE PHASE STUDY		1/1/1993	12/31/2382	\$218.91
78315	BONE AND/OR JOINT IMAGING; THREE PHASE STUDY		7/1/2023	12/31/2382	\$309.20
78315	BONE AND/OR JOINT IMAGING; THREE PHASE STUDY	MB	7/1/2023	12/31/2382	\$309.20
78315	BONE AND/OR JOINT IMAGING; THREE PHASE STUDY	MH	7/1/2023	12/31/2382	\$309.20
78315	BONE AND/OR JOINT IMAGING; THREE PHASE STUDY	TC	7/1/2023	12/31/2382	\$187.10
78320	BONE AND/OR JOINT IMAGING; TOMOGRAPHIC (SPECT)	26	7/1/2023	12/31/2382	\$80.85
78320	BONE AND/OR JOINT IMAGING; TOMOGRAPHIC (SPECT)		1/1/1993	12/31/2382	\$265.29
78320	BONE AND/OR JOINT IMAGING; TOMOGRAPHIC (SPECT)		7/1/2023	12/31/2382	\$309.20
78320	BONE AND/OR JOINT IMAGING; TOMOGRAPHIC (SPECT)	TC	7/1/2023	12/31/2382	\$231.31
78350	BONE DENSITY (BONE MINERAL CONTENT) STUDY, ONE OR MORE SITES; SINGLE PHOTON ABSORPTIOMETRY	26	7/1/2023	12/31/2382	\$17.23
78350	BONE DENSITY (BONE MINERAL CONTENT) STUDY, ONE OR MORE SITES; SINGLE PHOTON ABSORPTIOMETRY		1/1/1993	12/31/2382	\$23.70
78350	BONE DENSITY (BONE MINERAL CONTENT) STUDY, ONE OR MORE SITES; SINGLE PHOTON ABSORPTIOMETRY		7/1/2023	12/31/2382	\$56.50

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
78350	BONE DENSITY (BONE MINERAL CONTENT) STUDY, ONE OR MORE SITES; SINGLE PHOTON ABSORPTIOMETRY	TC	7/1/2023	12/31/2382	\$29.80
78351	BONE DENSITY (BONE MINERAL CONTENT) STUDY, ONE OR MORE SITES; DUAL PHOTON ABSORPTIOMETRY, ONE OR MORE SITES		1/1/1993	12/31/2382	\$0.00
78399	UNLISTED MUSCULOSKELETAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	26	1/1/1993	12/31/2382	\$0.00
78399	UNLISTED MUSCULOSKELETAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE		1/1/1993	12/31/2382	\$0.00
78399	UNLISTED MUSCULOSKELETAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE		7/1/2023	12/31/2382	\$309.20
78399	UNLISTED MUSCULOSKELETAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	TC	1/1/1993	12/31/2382	\$0.00
78414	DETERMINATION OF CENTRAL C-V HEMODYNAMICS (NON-IMAGING) (EG, EJECTION FRACTION WITH PROBE TECHNIQUE) WITH OR W	26	7/1/2023	12/31/2382	\$48.97
78414	DETERMINATION OF CENTRAL C-V HEMODYNAMICS (NON-IMAGING) (EG, EJECTION FRACTION WITH PROBE TECHNIQUE) WITH OR W		1/1/1993	12/31/2382	\$0.00
78414	DETERMINATION OF CENTRAL C-V HEMODYNAMICS (NON-IMAGING) (EG, EJECTION FRACTION WITH PROBE TECHNIQUE) WITH OR W		7/1/2023	12/31/2382	\$325.59
78414	DETERMINATION OF CENTRAL C-V HEMODYNAMICS (NON-IMAGING) (EG, EJECTION FRACTION WITH PROBE TECHNIQUE) WITH OR W	TC	1/1/1993	12/31/2382	\$0.00
78428	CARDIAC SHUNT DETECTION	26	7/1/2023	12/31/2382	\$35.27
78428	CARDIAC SHUNT DETECTION		1/1/1993	12/31/2382	\$76.91
78428	CARDIAC SHUNT DETECTION		7/1/2023	12/31/2382	\$325.59
78428	CARDIAC SHUNT DETECTION	TC	7/1/2023	12/31/2382	\$88.41
78429	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), METABOLIC EVALUATION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED), SINGLE STUDY; WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY	26	7/1/2023	12/31/2382	\$1,290.61
78430	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED); SINGLE STUDY, AT REST OR STRESS (EXERCISE OR PHARMACOLOGIC), WITH	26	7/1/2023	12/31/2382	\$1,290.61
78445	NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY, VENOGRAPHY)	26	7/1/2023	12/31/2382	\$47.95
78445	NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY, VENOGRAPHY)		1/1/1993	12/31/2382	\$104.84
78445	NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY, VENOGRAPHY)		7/1/2023	12/31/2382	\$161.33
78445	NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY, VENOGRAPHY)	TC	7/1/2023	12/31/2382	\$74.05
78451	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT); SINGLE STUDY, AT REST OR STRESS		7/1/2023	12/31/2382	\$854.55
78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT); MULTIPLE STUDIES, AT REST OR STRESS AND/OR REDISTRUBUTION	26	7/1/2023	12/31/2382	\$53.09

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT); MULTIPLE STUDIES, AT REST OR STRESS AND/OR REDISTRUBUTION		7/1/2023	12/31/2382	\$854.55
78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT); MULTIPLE STUDIES, AT REST OR STRESS AND/OR REDISTRUBUTION	ME	7/1/2023	12/31/2382	\$854.55
78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT); MULTIPLE STUDIES, AT REST OR STRESS AND/OR REDISTRUBUTION	MG	7/1/2023	12/31/2382	\$854.55
78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT); MULTIPLE STUDIES, AT REST OR STRESS AND/OR REDISTRUBUTION	PO	7/1/2023	12/31/2382	\$854.55
78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT); MULTIPLE STUDIES, AT REST OR STRESS AND/OR REDISTRUBUTION	QQ	7/1/2023	12/31/2382	\$854.55
78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT); MULTIPLE STUDIES, AT REST OR STRESS AND/OR REDISTRUBUTION	TC	7/1/2023	12/31/2382	\$265.23
78454	MYOCARDIAL PERFUSION IMAGING, PLANAR; MULITPLE STUDIES, AT REST AND/OR STRESS AND/OR REDISTRIBUTION AND/OR		7/1/2023	12/31/2382	\$890.65
78455	VENOUS THROMBOSIS STUDY (EG, RADIOACTIVE FIBRINOGEN)	26	7/1/2023	12/31/2382	\$50.19
78455	VENOUS THROMBOSIS STUDY (EG, RADIOACTIVE FIBRINOGEN)		7/1/2023	12/31/2382	\$222.94
78455	VENOUS THROMBOSIS STUDY (EG, RADIOACTIVE FIBRINOGEN)	TC	7/1/2023	12/31/2382	\$156.12
78456	ACUTE VENOUS THROMBOSIS IMAGING, PEPTIDE		7/1/2023	12/31/2382	\$161.33
78457	VENOUS THROMBOSIS IMAGING, VENOGRAM; UNILATERAL	26	7/1/2023	12/31/2382	\$51.22
78457	VENOUS THROMBOSIS IMAGING, VENOGRAM; UNILATERAL		1/1/1993	12/31/2382	\$121.64
78457	VENOUS THROMBOSIS IMAGING, VENOGRAM; UNILATERAL		7/1/2023	12/31/2382	\$161.33
78457	VENOUS THROMBOSIS IMAGING, VENOGRAM; UNILATERAL	TC	7/1/2023	12/31/2382	\$104.25
78458	VENOUS THROMBOSIS IMAGING (EG, VENOGRAM); BILATERAL	26	7/1/2023	12/31/2382	\$54.85
78458	VENOUS THROMBOSIS IMAGING (EG, VENOGRAM); BILATERAL		1/1/1993	12/31/2382	\$172.26
78458	VENOUS THROMBOSIS IMAGING (EG, VENOGRAM); BILATERAL		7/1/2023	12/31/2382	\$161.33
78458	VENOUS THROMBOSIS IMAGING (EG, VENOGRAM); BILATERAL	TC	7/1/2023	12/31/2382	\$157.27
78459	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), METABOLIC EVALUATION		7/1/2023	12/31/2382	\$1,041.94
78459	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), METABOLIC EVALUATION	ME	7/1/2023	12/31/2382	\$1,041.94
78460	MYOCARDIAL PERFUSION IMAGING; (PLANAR) SINGLE STUDY, AT REST OR STRESS (EXERCISE AND/OR PHARMACOLOGIC), WITH	26	7/1/2023	12/31/2382	\$67.33
78460	MYOCARDIAL PERFUSION IMAGING; (PLANAR) SINGLE STUDY, AT REST OR STRESS (EXERCISE AND/OR PHARMACOLOGIC), WITH		1/1/1993	12/31/2382	\$134.56
78460	MYOCARDIAL PERFUSION IMAGING; (PLANAR) SINGLE STUDY, AT REST OR STRESS (EXERCISE AND/OR PHARMACOLOGIC), WITH		7/1/2023	12/31/2382	\$325.59

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
78460	MYOCARDIAL PERFUSION IMAGING; (PLANAR) SINGLE STUDY, AT REST OR STRESS (EXERCISE AND/OR PHARMACOLOGIC), WITH	TC	7/1/2023	12/31/2382	\$92.53
78461	MYOCARDIAL PERFUSION IMAGING; MULTIPLE STUDIES,(PLANAR)AT REST AND/OR STRESS (EXERCISE AND/OR PHARMACOLOGIC)	26	7/1/2023	12/31/2382	\$79.76
78461	MYOCARDIAL PERFUSION IMAGING; MULTIPLE STUDIES,(PLANAR)AT REST AND/OR STRESS (EXERCISE AND/OR PHARMACOLOGIC)		1/1/1993	12/31/2382	\$257.40
78461	MYOCARDIAL PERFUSION IMAGING; MULTIPLE STUDIES,(PLANAR)AT REST AND/OR STRESS (EXERCISE AND/OR PHARMACOLOGIC)		7/1/2023	12/31/2382	\$516.85
78461	MYOCARDIAL PERFUSION IMAGING; MULTIPLE STUDIES,(PLANAR)AT REST AND/OR STRESS (EXERCISE AND/OR PHARMACOLOGIC)	TC	7/1/2023	12/31/2382	\$185.17
78464	MYOCARDIAL PERFUSION IMAGING; TOMOGRAPHIC (SPECT), SINGLE STUDY AT REST OR STRESS (EXERCISE AND/OR PHARMACOLOG	26	7/1/2023	12/31/2382	\$84.62
78464	MYOCARDIAL PERFUSION IMAGING; TOMOGRAPHIC (SPECT), SINGLE STUDY AT REST OR STRESS (EXERCISE AND/OR PHARMACOLOG		1/1/1993	12/31/2382	\$308.33
78464	MYOCARDIAL PERFUSION IMAGING; TOMOGRAPHIC (SPECT), SINGLE STUDY AT REST OR STRESS (EXERCISE AND/OR PHARMACOLOG		7/1/2023	12/31/2382	\$325.59
78464	MYOCARDIAL PERFUSION IMAGING; TOMOGRAPHIC (SPECT), SINGLE STUDY AT REST OR STRESS (EXERCISE AND/OR PHARMACOLOG	TC	7/1/2023	12/31/2382	\$277.71
78465	MYOCARDIAL PERFUSION IMAGING; TOMOGRAPHIC (SPECT), MULTIPLE STUDIES, AT REST AND/OR STRESS (EXERCISE AND	26	7/1/2023	12/31/2382	\$113.65
78465	MYOCARDIAL PERFUSION IMAGING; TOMOGRAPHIC (SPECT), MULTIPLE STUDIES, AT REST AND/OR STRESS (EXERCISE AND		1/1/1993	12/31/2382	\$491.46
78465	MYOCARDIAL PERFUSION IMAGING; TOMOGRAPHIC (SPECT), MULTIPLE STUDIES, AT REST AND/OR STRESS (EXERCISE AND		7/1/2023	12/31/2382	\$516.85
78465	MYOCARDIAL PERFUSION IMAGING; TOMOGRAPHIC (SPECT), MULTIPLE STUDIES, AT REST AND/OR STRESS (EXERCISE AND	TC	7/1/2023	12/31/2382	\$462.22
78466	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; QUALITATIVE OR QUANTITATIVE	26	7/1/2023	12/31/2382	\$54.27
78466	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; QUALITATIVE OR QUANTITATIVE		1/1/1993	12/31/2382	\$178.61
78466	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; QUALITATIVE OR QUANTITATIVE		7/1/2023	12/31/2382	\$325.59
78466	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; QUALITATIVE OR QUANTITATIVE	TC	7/1/2023	12/31/2382	\$103.09
78468	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; WITH EJECTION FRACTION BY FIRST PASS TECHNIQUE	26	7/1/2023	12/31/2382	\$61.93
78468	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; WITH EJECTION FRACTION BY FIRST PASS TECHNIQUE		1/1/1993	12/31/2382	\$190.22
78468	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; WITH EJECTION FRACTION BY FIRST PASS TECHNIQUE		7/1/2023	12/31/2382	\$325.59

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
78468	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; WITH EJECTION FRACTION BY FIRST PASS TECHNIQUE	TC	7/1/2023	12/31/2382	\$143.65
78469	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; TOMOGRAPHIC SPECT WITH OR WITHOUT QUANTIFICATION	26	7/1/2023	12/31/2382	\$91.15
78469	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; TOMOGRAPHIC SPECT WITH OR WITHOUT QUANTIFICATION		1/1/1993	12/31/2382	\$221.13
78469	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; TOMOGRAPHIC SPECT WITH OR WITHOUT QUANTIFICATION		7/1/2023	12/31/2382	\$325.59
78469	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; TOMOGRAPHIC SPECT WITH OR WITHOUT QUANTIFICATION	TC	7/1/2023	12/31/2382	\$205.22
78472	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; SINGLE STUDY AT REST, WALL MOTION STUDY PLUS EJECTION FRACTION,	26	7/1/2023	12/31/2382	\$85.54
78472	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; SINGLE STUDY AT REST, WALL MOTION STUDY PLUS EJECTION FRACTION,		1/1/1993	12/31/2382	\$222.75
78472	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; SINGLE STUDY AT REST, WALL MOTION STUDY PLUS EJECTION FRACTION,		7/1/2023	12/31/2382	\$325.59
78472	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; SINGLE STUDY AT REST, WALL MOTION STUDY PLUS EJECTION FRACTION,	TC	7/1/2023	12/31/2382	\$216.14
78473	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; MULTIPLE STUDIES, WALL MOTION STUDY PLUS EJECTION FRACTION, RES	26	7/1/2023	12/31/2382	\$87.16
78473	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; MULTIPLE STUDIES, WALL MOTION STUDY PLUS EJECTION FRACTION, RES		1/1/1993	12/31/2382	\$333.86
78473	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; MULTIPLE STUDIES, WALL MOTION STUDY PLUS EJECTION FRACTION, RES		7/1/2023	12/31/2382	\$389.72
78473	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; MULTIPLE STUDIES, WALL MOTION STUDY PLUS EJECTION FRACTION, RES	TC	7/1/2023	12/31/2382	\$323.83
78478	MYOCARDIAL PERFUSION STUDY WITH WALL MOTION, QUALITATIVE OR QUANTITATIVE STUDY (LIST SEPARATELY IN ADDITION TO	26	7/1/2023	12/31/2382	\$36.73
78478	MYOCARDIAL PERFUSION STUDY WITH WALL MOTION, QUALITATIVE OR QUANTITATIVE STUDY (LIST SEPARATELY IN ADDITION TO		1/1/1993	12/31/2382	\$79.53
78478	MYOCARDIAL PERFUSION STUDY WITH WALL MOTION, QUALITATIVE OR QUANTITATIVE STUDY (LIST SEPARATELY IN ADDITION TO		7/1/2023	12/31/2382	\$116.49
78478	MYOCARDIAL PERFUSION STUDY WITH WALL MOTION, QUALITATIVE OR QUANTITATIVE STUDY (LIST SEPARATELY IN ADDITION TO	TC	7/1/2023	12/31/2382	\$61.19
78480	MYOCARDIAL PERFUSION STUDY WITH EJECTION FRACTION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	26	7/1/2023	12/31/2382	\$36.73

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
78480	MYOCARDIAL PERFUSION STUDY WITH EJECTION FRACTION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)		1/1/1993	12/31/2382	\$79.53
78480	MYOCARDIAL PERFUSION STUDY WITH EJECTION FRACTION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)		7/1/2023	12/31/2382	\$116.49
78480	MYOCARDIAL PERFUSION STUDY WITH EJECTION FRACTION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	TC	7/1/2023	12/31/2382	\$61.19
78481	CARDIAC BLOOD POOL IMAGING,(PLANAR), FIRST PASS TECHNIQUE; SINGLE STUDY, AT REST OR WITH STRESS	26	7/1/2023	12/31/2382	\$76.50
78481	CARDIAC BLOOD POOL IMAGING,(PLANAR), FIRST PASS TECHNIQUE; SINGLE STUDY, AT REST OR WITH STRESS		1/1/1993	12/31/2382	\$203.16
78481	CARDIAC BLOOD POOL IMAGING,(PLANAR), FIRST PASS TECHNIQUE; SINGLE STUDY, AT REST OR WITH STRESS		7/1/2023	12/31/2382	\$325.59
78481	CARDIAC BLOOD POOL IMAGING,(PLANAR), FIRST PASS TECHNIQUE; SINGLE STUDY, AT REST OR WITH STRESS	TC	7/1/2023	12/31/2382	\$205.22
78483	CARDIAC BLOOD POOL IMAGING, (PLANAR) FIRST PASS TECHNIQUE; MULTIPLE STUDIES, AT REST AND WITH STRESS (EXERCISE	26	7/1/2023	12/31/2382	\$87.16
78483	CARDIAC BLOOD POOL IMAGING, (PLANAR) FIRST PASS TECHNIQUE; MULTIPLE STUDIES, AT REST AND WITH STRESS (EXERCISE		1/1/1993	12/31/2382	\$321.55
78483	CARDIAC BLOOD POOL IMAGING, (PLANAR) FIRST PASS TECHNIQUE; MULTIPLE STUDIES, AT REST AND WITH STRESS (EXERCISE		7/1/2023	12/31/2382	\$389.72
78483	CARDIAC BLOOD POOL IMAGING, (PLANAR) FIRST PASS TECHNIQUE; MULTIPLE STUDIES, AT REST AND WITH STRESS (EXERCISE	TC	7/1/2023	12/31/2382	\$308.69
78491	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION; SINGLE STUDY AT REST OR STRESS		7/1/2023	12/31/2382	\$1,041.94
78492	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION; MULTIPLE STUDIES AT REST AND/OR STRESS		7/1/2023	12/31/2382	\$3,234.13
78494	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SPECT, AT REST, WALL MOTION STUDY PLUS EJECTION FRACTION, WITH		7/1/2023	12/31/2382	\$319.62
78496	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SINGLE STUDY, AT REST, WITH RIGHT VENTRICULAR EJECTION FRACTION		7/1/2023	12/31/2382	\$116.49
78499	UNLISTED CARDIOVASCULAR PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	26	1/1/1993	12/31/2382	\$0.00
78499	UNLISTED CARDIOVASCULAR PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE		1/1/1993	12/31/2382	\$0.00
78499	UNLISTED CARDIOVASCULAR PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE		7/1/2023	12/31/2382	\$325.59
78499	UNLISTED CARDIOVASCULAR PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	TC	1/1/1993	12/31/2382	\$0.00
78580	PULMONARY PERFUSION IMAGING; PARTICULATE	26	7/1/2023	12/31/2382	\$55.52
78580	PULMONARY PERFUSION IMAGING; PARTICULATE		1/1/1993	12/31/2382	\$145.00

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
78580	PULMONARY PERFUSION IMAGING; PARTICULATE		7/1/2023	12/31/2382	\$256.89
78580	PULMONARY PERFUSION IMAGING; PARTICULATE	TC	7/1/2023	12/31/2382	\$134.56
78581	PULMONARY PERFUSION IMAGING; GASEOUS	26	7/1/2023	12/31/2382	\$38.15
78581	PULMONARY PERFUSION IMAGING; GASEOUS		7/1/2023	12/31/2382	\$109.99
78581	PULMONARY PERFUSION IMAGING; GASEOUS	TC	7/1/2023	12/31/2382	\$93.70
78582	PULMONARY VENTILATION (EG, AEROSOL OR GAS) AND PERFUSION IMAGING	26	7/1/2023	12/31/2382	\$57.14
78582	PULMONARY VENTILATION (EG, AEROSOL OR GAS) AND PERFUSION IMAGING		7/1/2023	12/31/2382	\$201.71
78582	PULMONARY VENTILATION (EG, AEROSOL OR GAS) AND PERFUSION IMAGING	MG	7/1/2023	12/31/2382	\$201.71
78582	PULMONARY VENTILATION (EG, AEROSOL OR GAS) AND PERFUSION IMAGING	TC	7/1/2023	12/31/2382	\$147.78
78584	PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION; SINGLE BREATH	26	7/1/2023	12/31/2382	\$58.84
78584	PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION; SINGLE BREATH		1/1/1993	12/31/2382	\$140.38
78584	PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION; SINGLE BREATH		7/1/2023	12/31/2382	\$418.75
78584	PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION; SINGLE BREATH	TC	7/1/2023	12/31/2382	\$125.14
78585	PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION; REBREATHING AND WASHOUT, WITH OR WITHOUT SINGLE BR	26	7/1/2023	12/31/2382	\$64.26
78585	PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION; REBREATHING AND WASHOUT, WITH OR WITHOUT SINGLE BR		1/1/1993	12/31/2382	\$187.68
78585	PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION; REBREATHING AND WASHOUT, WITH OR WITHOUT SINGLE BR		7/1/2023	12/31/2382	\$418.75
78585	PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION; REBREATHING AND WASHOUT, WITH OR WITHOUT SINGLE BR	TC	7/1/2023	12/31/2382	\$220.75
78586	PULMONARY VENTILATION IMAGING, AEROSOL; SINGLE PROJECTION	26	7/1/2023	12/31/2382	\$35.60
78586	PULMONARY VENTILATION IMAGING, AEROSOL; SINGLE PROJECTION		1/1/1993	12/31/2382	\$105.69
78586	PULMONARY VENTILATION IMAGING, AEROSOL; SINGLE PROJECTION		7/1/2023	12/31/2382	\$256.89
78586	PULMONARY VENTILATION IMAGING, AEROSOL; SINGLE PROJECTION	TC	7/1/2023	12/31/2382	\$101.65
78587	PULMONARY VENTILATION IMAGING, AEROSOL; MULTIPLE PROJECTIONS (EG, ANTERIOR, POSTERIOR, LATERAL VIEWS)	26	7/1/2023	12/31/2382	\$38.40
78587	PULMONARY VENTILATION IMAGING, AEROSOL; MULTIPLE PROJECTIONS (EG, ANTERIOR, POSTERIOR, LATERAL VIEWS)		1/1/1993	12/31/2382	\$126.12
78587	PULMONARY VENTILATION IMAGING, AEROSOL; MULTIPLE PROJECTIONS (EG, ANTERIOR, POSTERIOR, LATERAL VIEWS)		7/1/2023	12/31/2382	\$256.89

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
78587	PULMONARY VENTILATION IMAGING, AEROSOL; MULTIPLE PROJECTIONS (EG, ANTERIOR, POSTERIOR, LATERAL VIEWS)	TC	7/1/2023	12/31/2382	\$109.99
78588	PULMONY PERFUSION IMAGING PARTICULATE WITH VENTILATION IMAGING		7/1/2023	12/31/2382	\$418.75
78591	PULMONARY VENTILATION IMAGING, GASEOUS, SINGLE BREATH, SINGLE PROJECTION	26	7/1/2023	12/31/2382	\$35.60
78591	PULMONARY VENTILATION IMAGING, GASEOUS, SINGLE BREATH, SINGLE PROJECTION		1/1/1993	12/31/2382	\$110.14
78591	PULMONARY VENTILATION IMAGING, GASEOUS, SINGLE BREATH, SINGLE PROJECTION		7/1/2023	12/31/2382	\$256.89
78591	PULMONARY VENTILATION IMAGING, GASEOUS, SINGLE BREATH, SINGLE PROJECTION	TC	7/1/2023	12/31/2382	\$111.92
78593	PULMONARY VENTILATION IMAGING, GASEOUS, WITH REBREATHING AND WASHOUT WITH OR WITHOUT SINGLE BREATH; SINGLE PRO	26	7/1/2023	12/31/2382	\$38.29
78593	PULMONARY VENTILATION IMAGING, GASEOUS, WITH REBREATHING AND WASHOUT WITH OR WITHOUT SINGLE BREATH; SINGLE PRO		1/1/1993	12/31/2382	\$133.54
78593	PULMONARY VENTILATION IMAGING, GASEOUS, WITH REBREATHING AND WASHOUT WITH OR WITHOUT SINGLE BREATH; SINGLE PRO		7/1/2023	12/31/2382	\$256.89
78593	PULMONARY VENTILATION IMAGING, GASEOUS, WITH REBREATHING AND WASHOUT WITH OR WITHOUT SINGLE BREATH; SINGLE PRO	TC	7/1/2023	12/31/2382	\$135.31
78594	PULMONARY VENTILATION IMAGING, GASEOUS, WITH REBREATHING AND WASHOUT WITH OR WITHOUT SINGLE BREATH; MULTIPLE P	26	7/1/2023	12/31/2382	\$65.71
78594	PULMONARY VENTILATION IMAGING, GASEOUS, WITH REBREATHING AND WASHOUT WITH OR WITHOUT SINGLE BREATH; MULTIPLE P		1/1/1993	12/31/2382	\$184.50
78594	PULMONARY VENTILATION IMAGING, GASEOUS, WITH REBREATHING AND WASHOUT WITH OR WITHOUT SINGLE BREATH; MULTIPLE P		7/1/2023	12/31/2382	\$256.89
78594	PULMONARY VENTILATION IMAGING, GASEOUS, WITH REBREATHING AND WASHOUT WITH OR WITHOUT SINGLE BREATH; MULTIPLE P	TC	7/1/2023	12/31/2382	\$195.06
78596	PULMONARY QUANTITATIVE DIFFERENTIAL FUNCTION (VENTILATION/PERFUSION) STUDY	26	7/1/2023	12/31/2382	\$75.25
78596	PULMONARY QUANTITATIVE DIFFERENTIAL FUNCTION (VENTILATION/PERFUSION) STUDY		1/1/1993	12/31/2382	\$286.73
78596	PULMONARY QUANTITATIVE DIFFERENTIAL FUNCTION (VENTILATION/PERFUSION) STUDY		7/1/2023	12/31/2382	\$418.75
78596	PULMONARY QUANTITATIVE DIFFERENTIAL FUNCTION (VENTILATION/PERFUSION) STUDY	TC	7/1/2023	12/31/2382	\$277.71

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
78597	QUANTITATIVE DIFFERENTIAL PULMONARY PERFUSION, INCLUDING IMAGING WHEN PERFORMED		7/1/2023	12/31/2382	\$329.86
78599	UNLISTED RESPIRATORY PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	26	1/1/1993	12/31/2382	\$0.00
78599	UNLISTED RESPIRATORY PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE		1/1/1993	12/31/2382	\$0.00
78599	UNLISTED RESPIRATORY PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE		7/1/2023	12/31/2382	\$256.89
78599	UNLISTED RESPIRATORY PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	TC	1/1/1993	12/31/2382	\$0.00
78600	BRAIN IMAGING, LIMITED PROCEDURE; STATIC	26	7/1/2023	12/31/2382	\$47.18
78600	BRAIN IMAGING, LIMITED PROCEDURE; STATIC		1/1/1993	12/31/2382	\$138.61
78600	BRAIN IMAGING, LIMITED PROCEDURE; STATIC		7/1/2023	12/31/2382	\$400.51
78600	BRAIN IMAGING, LIMITED PROCEDURE; STATIC	TC	7/1/2023	12/31/2382	\$113.06
78601	BRAIN IMAGING, LIMITED PROCEDURE; WITH VASCULAR FLOW	26	7/1/2023	12/31/2382	\$49.48
78601	BRAIN IMAGING, LIMITED PROCEDURE; WITH VASCULAR FLOW		1/1/1993	12/31/2382	\$147.09
78601	BRAIN IMAGING, LIMITED PROCEDURE; WITH VASCULAR FLOW		7/1/2023	12/31/2382	\$400.51
78601	BRAIN IMAGING, LIMITED PROCEDURE; WITH VASCULAR FLOW	TC	7/1/2023	12/31/2382	\$133.11
78605	BRAIN IMAGING, COMPLETE STUDY; STATIC	26	7/1/2023	12/31/2382	\$50.03
78605	BRAIN IMAGING, COMPLETE STUDY; STATIC		1/1/1993	12/31/2382	\$153.87
78605	BRAIN IMAGING, COMPLETE STUDY; STATIC		7/1/2023	12/31/2382	\$400.51
78605	BRAIN IMAGING, COMPLETE STUDY; STATIC	TC	7/1/2023	12/31/2382	\$133.11
78606	BRAIN IMAGING, COMPLETE STUDY; WITH VASCULAR FLOW	26	7/1/2023	12/31/2382	\$52.76
78606	BRAIN IMAGING, COMPLETE STUDY; WITH VASCULAR FLOW		1/1/1993	12/31/2382	\$162.15
78606	BRAIN IMAGING, COMPLETE STUDY; WITH VASCULAR FLOW		7/1/2023	12/31/2382	\$400.51
78606	BRAIN IMAGING, COMPLETE STUDY; WITH VASCULAR FLOW	TC	7/1/2023	12/31/2382	\$151.62
78607	BRAIN IMAGING, COMPLETE STUDY; TOMOGRAPHIC (SPECT)	26	7/1/2023	12/31/2382	\$96.05
78607	BRAIN IMAGING, COMPLETE STUDY; TOMOGRAPHIC (SPECT)		1/1/1993	12/31/2382	\$299.83
78607	BRAIN IMAGING, COMPLETE STUDY; TOMOGRAPHIC (SPECT)		7/1/2023	12/31/2382	\$400.51
78607	BRAIN IMAGING, COMPLETE STUDY; TOMOGRAPHIC (SPECT)	TC	7/1/2023	12/31/2382	\$257.01
78608	BRAIN IMAGING POSITRON EMISSION TOMOGRAPHY (PET); METABOLIC EVALUATION		7/1/2023	12/31/2382	\$1,496.76
78608	BRAIN IMAGING POSITRON EMISSION TOMOGRAPHY (PET); METABOLIC EVALUATION	PI	7/1/2023	12/31/2382	\$1,496.76
78610	BRAIN IMAGING, VASCULAR FLOW ONLY	26	7/1/2023	12/31/2382	\$52.22
78610	BRAIN IMAGING, VASCULAR FLOW ONLY		1/1/1993	12/31/2382	\$116.28
78610	BRAIN IMAGING, VASCULAR FLOW ONLY		7/1/2023	12/31/2382	\$400.51
78610	BRAIN IMAGING, VASCULAR FLOW ONLY	TC	7/1/2023	12/31/2382	\$61.94
78615	CEREBRAL BLOOD FLOW	26	7/1/2023	12/31/2382	\$42.96
78615	CEREBRAL BLOOD FLOW	52	7/1/2023	12/31/2382	\$76.92

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
78615	CEREBRAL BLOOD FLOW		1/1/1993	12/31/2382	\$142.71
78615	CEREBRAL BLOOD FLOW		7/1/2023	12/31/2382	\$400.51
78615	CEREBRAL BLOOD FLOW	TC	7/1/2023	12/31/2382	\$150.85
78630	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); CISTERNOGRAPHY	26	7/1/2023	12/31/2382	\$81.32
78630	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); CISTERNOGRAPHY		1/1/1993	12/31/2382	\$206.45
78630	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); CISTERNOGRAPHY		7/1/2023	12/31/2382	\$271.21
78630	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); CISTERNOGRAPHY	TC	7/1/2023	12/31/2382	\$197.27
78635	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); VENTRICULOGRAPHY	26	7/1/2023	12/31/2382	\$48.09
78635	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); VENTRICULOGRAPHY		1/1/1993	12/31/2382	\$125.12
78635	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); VENTRICULOGRAPHY		7/1/2023	12/31/2382	\$271.21
78635	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); VENTRICULOGRAPHY	TC	7/1/2023	12/31/2382	\$99.73
78645	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); SHUNT EVALUATION	26	7/1/2023	12/31/2382	\$45.28
78645	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); SHUNT EVALUATION		1/1/1993	12/31/2382	\$152.96
78645	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); SHUNT EVALUATION		7/1/2023	12/31/2382	\$271.21
78645	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); SHUNT EVALUATION	TC	7/1/2023	12/31/2382	\$134.56
78647	CEREBROSPINAL FLUID FLOW, IMAGING; TOMOGRAPHIC (SPECT)		7/1/2023	12/31/2382	\$271.21
78650	CSF LEAKAGE DETECTION AND LOCALIZATION	26	7/1/2023	12/31/2382	\$49.55
78650	CSF LEAKAGE DETECTION AND LOCALIZATION		1/1/1993	12/31/2382	\$195.77
78650	CSF LEAKAGE DETECTION AND LOCALIZATION		7/1/2023	12/31/2382	\$271.21
78650	CSF LEAKAGE DETECTION AND LOCALIZATION	TC	7/1/2023	12/31/2382	\$181.83
78652	CSF LEAKAGE DETECTION AND LOCALIZATION TOMOGRAPHIC (ECT)	26	7/1/2023	12/31/2382	\$70.40
78652	CSF LEAKAGE DETECTION AND LOCALIZATION TOMOGRAPHIC (ECT)		7/1/2023	12/31/2382	\$316.13
78652	CSF LEAKAGE DETECTION AND LOCALIZATION TOMOGRAPHIC (ECT)	TC	7/1/2023	12/31/2382	\$231.31
78655	RADIONUCLIDE IDENTIFICATION OF EYE TUMOR	26	7/1/2023	12/31/2382	\$32.65

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
78655	RADIONUCLIDE IDENTIFICATION OF EYE TUMOR		7/1/2023	12/31/2382	\$251.71
78655	RADIONUCLIDE IDENTIFICATION OF EYE TUMOR	TC	7/1/2023	12/31/2382	\$195.06
78660	RADIONUCLIDE DACRYOCYSTOGRAPHY	26	7/1/2023	12/31/2382	\$49.11
78660	RADIONUCLIDE DACRYOCYSTOGRAPHY		1/1/1993	12/31/2382	\$108.58
78660	RADIONUCLIDE DACRYOCYSTOGRAPHY		7/1/2023	12/31/2382	\$271.21
78660	RADIONUCLIDE DACRYOCYSTOGRAPHY	TC	7/1/2023	12/31/2382	\$83.13
78699	UNLISTED NERVOUS SYSTEM PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	26	1/1/1993	12/31/2382	\$0.00
78699	UNLISTED NERVOUS SYSTEM PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE		1/1/1993	12/31/2382	\$0.00
78699	UNLISTED NERVOUS SYSTEM PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE		7/1/2023	12/31/2382	\$400.51
78699	UNLISTED NERVOUS SYSTEM PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	TC	1/1/1993	12/31/2382	\$0.00
78700	KIDNEY IMAGING; STATIC ONLY	26	7/1/2023	12/31/2382	\$43.55
78700	KIDNEY IMAGING; STATIC ONLY		1/1/1993	12/31/2382	\$118.18
78700	KIDNEY IMAGING; STATIC ONLY		7/1/2023	12/31/2382	\$283.15
78700	KIDNEY IMAGING; STATIC ONLY	TC	7/1/2023	12/31/2382	\$119.11
78701	KIDNEY IMAGING; WITH VASCULAR FLOW	26	7/1/2023	12/31/2382	\$45.49
78701	KIDNEY IMAGING; WITH VASCULAR FLOW		1/1/1993	12/31/2382	\$133.44
78701	KIDNEY IMAGING; WITH VASCULAR FLOW		7/1/2023	12/31/2382	\$283.15
78701	KIDNEY IMAGING; WITH VASCULAR FLOW	TC	7/1/2023	12/31/2382	\$139.54
78704	KIDNEY IMAGING; WITH FUNCTION STUDY (IE, IMAGING RENOGRAM)	26	7/1/2023	12/31/2382	\$44.96
78704	KIDNEY IMAGING; WITH FUNCTION STUDY (IE, IMAGING RENOGRAM)		1/1/1993	12/31/2382	\$146.72
78704	KIDNEY IMAGING; WITH FUNCTION STUDY (IE, IMAGING RENOGRAM)		7/1/2023	12/31/2382	\$283.15
78704	KIDNEY IMAGING; WITH FUNCTION STUDY (IE, IMAGING RENOGRAM)	TC	7/1/2023	12/31/2382	\$154.96
78707	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; SINGLE STUDY WITHOUT PHARMACOLOGICAL INTERVENTION	26	7/1/2023	12/31/2382	\$55.47
78707	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; SINGLE STUDY WITHOUT PHARMACOLOGICAL INTERVENTION		1/1/1993	12/31/2382	\$182.74
78707	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; SINGLE STUDY WITHOUT PHARMACOLOGICAL INTERVENTION		7/1/2023	12/31/2382	\$283.15
78707	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; SINGLE STUDY WITHOUT PHARMACOLOGICAL INTERVENTION	TC	7/1/2023	12/31/2382	\$175.40
78708	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; SINGLE STUDY, WITH PHARMACOLOGICAL INTERVENTION (EG, ANGIOTEN		7/1/2023	12/31/2382	\$321.39
78709	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; MULTIPLE STUDIES, WITH AND WITHOUT PHARMACOLOGICAL		7/1/2023	12/31/2382	\$321.39
78709	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; MULTIPLE STUDIES, WITH AND WITHOUT PHARMACOLOGICAL	MG	7/1/2023	12/31/2382	\$321.39

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
78710	KIDNEY IMAGING, TOMOGRAPHIC (SPECT)	26	7/1/2023	12/31/2382	\$51.86
78710	KIDNEY IMAGING, TOMOGRAPHIC (SPECT)		1/1/1993	12/31/2382	\$241.82
78710	KIDNEY IMAGING, TOMOGRAPHIC (SPECT)		7/1/2023	12/31/2382	\$283.15
78710	KIDNEY IMAGING, TOMOGRAPHIC (SPECT)	TC	7/1/2023	12/31/2382	\$231.31
78715	KIDNEY VASCULAR FLOW ONLY	26	7/1/2023	12/31/2382	\$19.64
78715	KIDNEY VASCULAR FLOW ONLY		1/1/1993	12/31/2382	\$64.60
78715	KIDNEY VASCULAR FLOW ONLY		7/1/2023	12/31/2382	\$283.15
78715	KIDNEY VASCULAR FLOW ONLY	TC	7/1/2023	12/31/2382	\$61.94
78725	KIDNEY FUNCTION STUDY WITHOUT PHARMACOLOGIC INTERVENTION	26	7/1/2023	12/31/2382	\$30.79
78725	KIDNEY FUNCTION STUDY WITHOUT PHARMACOLOGIC INTERVENTION		1/1/1993	12/31/2382	\$74.76
78725	KIDNEY FUNCTION STUDY WITHOUT PHARMACOLOGIC INTERVENTION		7/1/2023	12/31/2382	\$110.58
78725	KIDNEY FUNCTION STUDY WITHOUT PHARMACOLOGIC INTERVENTION	TC	7/1/2023	12/31/2382	\$69.91
78726	KIDNEY FUNCTION STUDY INCLUDING PHARMACOLOGIC INTERVENTION	26	7/1/2023	12/31/2382	\$68.02
78726	KIDNEY FUNCTION STUDY INCLUDING PHARMACOLOGIC INTERVENTION		7/1/2023	12/31/2382	\$191.46
78726	KIDNEY FUNCTION STUDY INCLUDING PHARMACOLOGIC INTERVENTION	TC	7/1/2023	12/31/2382	\$116.05
78727	KIDNEY TRANSPLANT EVALUATION	26	7/1/2023	12/31/2382	\$77.02
78727	KIDNEY TRANSPLANT EVALUATION		7/1/2023	12/31/2382	\$242.97
78727	KIDNEY TRANSPLANT EVALUATION	TC	7/1/2023	12/31/2382	\$156.12
78730	URINARY BLADDER RESIDUAL STUDY	26	7/1/2023	12/31/2382	\$27.05
78730	URINARY BLADDER RESIDUAL STUDY		1/1/1993	12/31/2382	\$71.57
78730	URINARY BLADDER RESIDUAL STUDY		7/1/2023	12/31/2382	\$47.53
78730	URINARY BLADDER RESIDUAL STUDY	TC	7/1/2023	12/31/2382	\$57.44
78740	URETERAL REFLUX STUDY (RADIONUCLIDE VOIDING CYSTOGRAM)	26	7/1/2023	12/31/2382	\$45.21
78740	URETERAL REFLUX STUDY (RADIONUCLIDE VOIDING CYSTOGRAM)		1/1/1993	12/31/2382	\$99.38
78740	URETERAL REFLUX STUDY (RADIONUCLIDE VOIDING CYSTOGRAM)		7/1/2023	12/31/2382	\$283.15
78740	URETERAL REFLUX STUDY (RADIONUCLIDE VOIDING CYSTOGRAM)	TC	7/1/2023	12/31/2382	\$83.13
78760	TESTICULAR IMAGING;	26	7/1/2023	12/31/2382	\$39.04
78760	TESTICULAR IMAGING;		1/1/1993	12/31/2382	\$106.65
78760	TESTICULAR IMAGING;		7/1/2023	12/31/2382	\$283.15
78760	TESTICULAR IMAGING;	TC	7/1/2023	12/31/2382	\$105.01
78761	TESTICULAR IMAGING; WITH VASCULAR FLOW	26	7/1/2023	12/31/2382	\$41.65
78761	TESTICULAR IMAGING; WITH VASCULAR FLOW		1/1/1993	12/31/2382	\$120.01
78761	TESTICULAR IMAGING; WITH VASCULAR FLOW		7/1/2023	12/31/2382	\$283.15
78761	TESTICULAR IMAGING; WITH VASCULAR FLOW	TC	7/1/2023	12/31/2382	\$125.14
78799	UNLISTED GENITOURINARY PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	26	1/1/1993	12/31/2382	\$0.00
78799	UNLISTED GENITOURINARY PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE		1/1/1993	12/31/2382	\$0.00

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
78799	UNLISTED GENITOURINARY PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE		7/1/2023	12/31/2382	\$283.15
78799	UNLISTED GENITOURINARY PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	TC	1/1/1993	12/31/2382	\$0.00
78800	RADIONUCLIDE LOCALIZATION OF TUMOR; LIMITED AREA	26	7/1/2023	12/31/2382	\$40.54
78800	RADIONUCLIDE LOCALIZATION OF TUMOR; LIMITED AREA		1/1/1993	12/31/2382	\$139.53
78800	RADIONUCLIDE LOCALIZATION OF TUMOR; LIMITED AREA		7/1/2023	12/31/2382	\$320.65
78800	RADIONUCLIDE LOCALIZATION OF TUMOR; LIMITED AREA	TC	7/1/2023	12/31/2382	\$133.11
78801	RADIONUCLIDE LOCALIZATION OF TUMOR; MULTIPLE AREAS	26	7/1/2023	12/31/2382	\$67.61
78801	RADIONUCLIDE LOCALIZATION OF TUMOR; MULTIPLE AREAS		1/1/1993	12/31/2382	\$172.37
78801	RADIONUCLIDE LOCALIZATION OF TUMOR; MULTIPLE AREAS		7/1/2023	12/31/2382	\$320.65
78801	RADIONUCLIDE LOCALIZATION OF TUMOR; MULTIPLE AREAS	TC	7/1/2023	12/31/2382	\$165.52
78802	RADIONUCLIDE LOCALIZATION OF TUMOR; WHOLE BODY	26	7/1/2023	12/31/2382	\$69.77
78802	RADIONUCLIDE LOCALIZATION OF TUMOR; WHOLE BODY		1/1/1993	12/31/2382	\$217.80
78802	RADIONUCLIDE LOCALIZATION OF TUMOR; WHOLE BODY		7/1/2023	12/31/2382	\$320.65
78802	RADIONUCLIDE LOCALIZATION OF TUMOR; WHOLE BODY	TC	7/1/2023	12/31/2382	\$216.92
78803	TUMOR LOCALIZATION (SPECT)	26	7/1/2023	12/31/2382	\$84.62
78803	TUMOR LOCALIZATION (SPECT)		1/1/1993	12/31/2382	\$290.53
78803	TUMOR LOCALIZATION (SPECT)		7/1/2023	12/31/2382	\$320.65
78803	TUMOR LOCALIZATION (SPECT)	MB	7/1/2023	12/31/2382	\$320.65
78803	TUMOR LOCALIZATION (SPECT)	MG	7/1/2023	12/31/2382	\$320.65
78803	TUMOR LOCALIZATION (SPECT)	TC	7/1/2023	12/31/2382	\$257.01
78804	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRUBUTION OF RADIOPHARMACEUTICAL AGENT, WHOLE BODY		7/1/2023	12/31/2382	\$845.99
78805	RADIONUCLIDE LOCALIZATION OF ABSCESS; LIMITED AREA	26	7/1/2023	12/31/2382	\$43.90
78805	RADIONUCLIDE LOCALIZATION OF ABSCESS; LIMITED AREA		1/1/1993	12/31/2382	\$158.38
78805	RADIONUCLIDE LOCALIZATION OF ABSCESS; LIMITED AREA		7/1/2023	12/31/2382	\$320.65
78805	RADIONUCLIDE LOCALIZATION OF ABSCESS; LIMITED AREA	TC	7/1/2023	12/31/2382	\$133.11
78806	RADIONUCLIDE LOCALIZATION OF ABSCESS; WHOLE BODY	26	7/1/2023	12/31/2382	\$50.44
78806	RADIONUCLIDE LOCALIZATION OF ABSCESS; WHOLE BODY		1/1/1993	12/31/2382	\$241.02
78806	RADIONUCLIDE LOCALIZATION OF ABSCESS; WHOLE BODY		7/1/2023	12/31/2382	\$320.65
78806	RADIONUCLIDE LOCALIZATION OF ABSCESS; WHOLE BODY	TC	7/1/2023	12/31/2382	\$216.92
78807	RADIONUCLIDE LOCALIZATION OF ABSCESS, SPECT		7/1/2023	12/31/2382	\$320.65
78811	TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); LIMITED AREA, (EG, CHEST, HEAD/NECK)		7/1/2023	12/31/2382	\$1,496.76
78812	TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); SKULL BASE TO MID THIGH		7/1/2023	12/31/2382	\$1,496.76
78813	TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET) ; WHOLE BODY		7/1/2023	12/31/2382	\$1,496.76

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
78814	TUMOR IMAGING, (PET); WITH CONCURRENTLY ACQUIRED CT FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION; LI		7/1/2023	12/31/2382	\$1,626.90
78814	TUMOR IMAGING, (PET); WITH CONCURRENTLY ACQUIRED CT FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION; LI	MG	7/1/2023	12/31/2382	\$1,626.90
78814	TUMOR IMAGING, (PET); WITH CONCURRENTLY ACQUIRED CT FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION; LI	PI	7/1/2023	12/31/2382	\$1,626.90
78814	TUMOR IMAGING, (PET); WITH CONCURRENTLY ACQUIRED CT FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION; LI	PS	7/1/2023	12/31/2382	\$1,626.90
78815	TUMOR IMAGING, (PET) WITHCONCURENTLY ACQUIRED CT FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION; SKULL		7/1/2023	12/31/2382	\$1,626.90
78815	TUMOR IMAGING, (PET) WITHCONCURENTLY ACQUIRED CT FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION; SKULL	ME	7/1/2023	12/31/2382	\$1,626.90
78815	TUMOR IMAGING, (PET) WITHCONCURENTLY ACQUIRED CT FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION; SKULL	MF	7/1/2023	12/31/2382	\$1,626.90
78815	TUMOR IMAGING, (PET) WITHCONCURENTLY ACQUIRED CT FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION; SKULL	MG	7/1/2023	12/31/2382	\$1,626.90
78815	TUMOR IMAGING, (PET) WITHCONCURENTLY ACQUIRED CT FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION; SKULL	PI	7/1/2023	12/31/2382	\$1,626.90
78815	TUMOR IMAGING, (PET) WITHCONCURENTLY ACQUIRED CT FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION; SKULL	PS	7/1/2023	12/31/2382	\$1,626.90
78815	TUMOR IMAGING, (PET) WITHCONCURENTLY ACQUIRED CT FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION; SKULL	QR	7/1/2023	12/31/2382	\$1,626.90
78815	TUMOR IMAGING, (PET) WITHCONCURENTLY ACQUIRED CT FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION; SKULL	TC	7/1/2023	12/31/2382	\$1,626.90
78816	TUMOR IMAGING, (PET) WITH CONCURRENTLY ACQUIRED CT FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION; WHO		7/1/2023	12/31/2382	\$1,626.90
78816	TUMOR IMAGING, (PET) WITH CONCURRENTLY ACQUIRED CT FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION; WHO	PI	7/1/2023	12/31/2382	\$1,626.90
78816	TUMOR IMAGING, (PET) WITH CONCURRENTLY ACQUIRED CT FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION; WHO	PS	7/1/2023	12/31/2382	\$1,626.90
78816	TUMOR IMAGING, (PET) WITH CONCURRENTLY ACQUIRED CT FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION; WHO	QR	7/1/2023	12/31/2382	\$1,626.90
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		7/1/2023	12/31/2382	\$48.35

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
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	ME	7/1/2023	12/31/2382	\$48.35
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		7/1/2023	12/31/2382	\$59.02
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		7/1/2023	12/31/2382	\$68.74
78890	GENERATION OF AUTOMATED DATA: INTERACTIVE PROCESS INVOLVING NUCLEAR PHYSICIAN AND/OR ALLIED HEALTH PROFESSIONA	26	7/1/2023	12/31/2382	\$3.86
78890	GENERATION OF AUTOMATED DATA: INTERACTIVE PROCESS INVOLVING NUCLEAR PHYSICIAN AND/OR ALLIED HEALTH PROFESSIONA		7/1/2023	12/31/2382	\$58.35
78890	GENERATION OF AUTOMATED DATA: INTERACTIVE PROCESS INVOLVING NUCLEAR PHYSICIAN AND/OR ALLIED HEALTH PROFESSIONA	TC	7/1/2023	12/31/2382	\$51.00
78891	GENERATION OF AUTOMATED DATA: INTERACTIVE PROCESS INVOLVING NUCLEAR PHYSICIAN AND/OR ALLIED HEALTH PROFESSIONA	26	7/1/2023	12/31/2382	\$7.71
78891	GENERATION OF AUTOMATED DATA: INTERACTIVE PROCESS INVOLVING NUCLEAR PHYSICIAN AND/OR ALLIED HEALTH PROFESSIONA		7/1/2023	12/31/2382	\$117.02
78891	GENERATION OF AUTOMATED DATA: INTERACTIVE PROCESS INVOLVING NUCLEAR PHYSICIAN AND/OR ALLIED HEALTH PROFESSIONA	TC	7/1/2023	12/31/2382	\$103.09
78990	PROVISION OF DIAGNOSTIC RADIONUCLIDE(S)		1/1/1993	12/31/2382	\$0.00
78999	UNLISTED MISCELLANEOUS PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	26	1/1/1993	12/31/2382	\$0.00
78999	UNLISTED MISCELLANEOUS PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE		1/1/1993	12/31/2382	\$0.00
78999	UNLISTED MISCELLANEOUS PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE		7/1/2023	12/31/2382	\$110.58
78999	UNLISTED MISCELLANEOUS PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	TC	1/1/1993	12/31/2382	\$0.00
79000	RADIONUCLIDE THERAPY, HYPERTHYROIDISM; INITIAL, INCLUDING EVALUATION OF PATIENT	26	7/1/2023	12/31/2382	\$109.91
79000	RADIONUCLIDE THERAPY, HYPERTHYROIDISM; INITIAL, INCLUDING EVALUATION OF PATIENT		7/1/2023	12/31/2382	\$241.20
79000	RADIONUCLIDE THERAPY, HYPERTHYROIDISM; INITIAL, INCLUDING EVALUATION OF PATIENT	TC	7/1/2023	12/31/2382	\$103.09
79001	RADIONUCLIDE THERAPY, HYPERTHYROIDISM; SUBSEQUENT, EACH THERAPY	26	7/1/2023	12/31/2382	\$88.02

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
79001	RADIONUCLIDE THERAPY, HYPERTHYROIDISM; SUBSEQUENT, EACH THERAPY		7/1/2023	12/31/2382	\$199.41
79001	RADIONUCLIDE THERAPY, HYPERTHYROIDISM; SUBSEQUENT, EACH THERAPY	TC	7/1/2023	12/31/2382	\$51.00
79005	RADIOPHARMACEUTICAL THERAPY, BY ORAL ADMINISTRATION		7/1/2023	12/31/2382	\$300.20
79020	RADIONUCLIDE THERAPY, THYROID SUPPRESSION (EUTHYROID CARDIAC DISEASE), INCLUDING EVALUATION OF PATIENT	26	7/1/2023	12/31/2382	\$107.07
79020	RADIONUCLIDE THERAPY, THYROID SUPPRESSION (EUTHYROID CARDIAC DISEASE), INCLUDING EVALUATION OF PATIENT		7/1/2023	12/31/2382	\$249.82
79020	RADIONUCLIDE THERAPY, THYROID SUPPRESSION (EUTHYROID CARDIAC DISEASE), INCLUDING EVALUATION OF PATIENT	TC	7/1/2023	12/31/2382	\$103.09
79030	RADIONUCLIDE ABLATION OF GLAND FOR THYROID CARCINOMA	26	7/1/2023	12/31/2382	\$153.00
79030	RADIONUCLIDE ABLATION OF GLAND FOR THYROID CARCINOMA		7/1/2023	12/31/2382	\$336.32
79030	RADIONUCLIDE ABLATION OF GLAND FOR THYROID CARCINOMA	TC	7/1/2023	12/31/2382	\$103.09
79035	RADIONUCLIDE THERAPY FOR METASTASES OF THYROID CARCINOMA	26	7/1/2023	12/31/2382	\$122.24
79035	RADIONUCLIDE THERAPY FOR METASTASES OF THYROID CARCINOMA		7/1/2023	12/31/2382	\$371.04
79035	RADIONUCLIDE THERAPY FOR METASTASES OF THYROID CARCINOMA	TC	7/1/2023	12/31/2382	\$103.09
79100	RADIONUCLIDE THERAPY, POLYCYTHEMIA VERA, CHRONIC LEUKEMIA, EACH TREATMENT	26	7/1/2023	12/31/2382	\$89.61
79100	RADIONUCLIDE THERAPY, POLYCYTHEMIA VERA, CHRONIC LEUKEMIA, EACH TREATMENT		7/1/2023	12/31/2382	\$212.00
79100	RADIONUCLIDE THERAPY, POLYCYTHEMIA VERA, CHRONIC LEUKEMIA, EACH TREATMENT	TC	7/1/2023	12/31/2382	\$103.09
79101	RADIOPHARMACEUTICAL THERAPY, BY INTRAVENOUS ADMINISTRATION		7/1/2023	12/31/2382	\$300.20
79200	INTRACAVITARY RADIOACTIVE COLLOID THERAPY	26	7/1/2023	12/31/2382	\$155.04
79200	INTRACAVITARY RADIOACTIVE COLLOID THERAPY		1/1/1993	12/31/2382	\$214.73
79200	INTRACAVITARY RADIOACTIVE COLLOID THERAPY		7/1/2023	12/31/2382	\$300.20
79200	INTRACAVITARY RADIOACTIVE COLLOID THERAPY	TC	7/1/2023	12/31/2382	\$103.09
79300	INTERSTITIAL RADIOACTIVE COLLOID THERAPY	26	7/1/2023	12/31/2382	\$124.67
79300	INTERSTITIAL RADIOACTIVE COLLOID THERAPY		1/1/1993	12/31/2382	\$0.00
79300	INTERSTITIAL RADIOACTIVE COLLOID THERAPY		7/1/2023	12/31/2382	\$300.20
79300	INTERSTITIAL RADIOACTIVE COLLOID THERAPY	TC	1/1/1993	12/31/2382	\$0.00
79400	RADIONUCLIDE THERAPY, NONTHYROID, NONHEMATOLOGIC	26	7/1/2023	12/31/2382	\$110.65
79400	RADIONUCLIDE THERAPY, NONTHYROID, NONHEMATOLOGIC		7/1/2023	12/31/2382	\$221.80
79400	RADIONUCLIDE THERAPY, NONTHYROID, NONHEMATOLOGIC	TC	7/1/2023	12/31/2382	\$103.09
79403	RADIOPHARMACEUTICAL THERAPY, RADIOLABELED MONOCLONAL ANTIBODY BY INTRAVENOUS INFUSION		7/1/2023	12/31/2382	\$715.85
79420	INTRAVASCULAR RADIONUCLIDE THERAPY, PARTICULATE	26	7/1/2023	12/31/2382	\$117.37

Procedure Code	Procedure Description	Modifier	Effective Date	End Date	Allowed Amount
79420	INTRAVASCULAR RADIONUCLIDE THERAPY, PARTICULATE		1/1/1993	12/31/2382	\$0.00
79420	INTRAVASCULAR RADIONUCLIDE THERAPY, PARTICULATE	TC	1/1/1993	12/31/2382	\$0.00
79440	INTRA-ARTICULAR RADIONUCLIDE THERAPY	26	7/1/2023	12/31/2382	\$150.16
79440	INTRA-ARTICULAR RADIONUCLIDE THERAPY		1/1/1993	12/31/2382	\$271.12
79440	INTRA-ARTICULAR RADIONUCLIDE THERAPY		7/1/2023	12/31/2382	\$300.20
79440	INTRA-ARTICULAR RADIONUCLIDE THERAPY	TC	7/1/2023	12/31/2382	\$103.09
79445	RADIOPHARMACEUTICAL THERAPY, BY INTRA-ARTERIAL PARTICULATE ADMINISTRATION		7/1/2023	12/31/2382	\$300.20
79900	PROVISION OF THERAPEUTIC RADIONUCLIDE(S)		1/1/1993	12/31/2382	\$0.00
79999	UNLISTED RADIONUCLIDE THERAPEUTIC PROCEDURE	26	1/1/1993	12/31/2382	\$0.00
79999	UNLISTED RADIONUCLIDE THERAPEUTIC PROCEDURE		1/1/1993	12/31/2382	\$0.00
79999	UNLISTED RADIONUCLIDE THERAPEUTIC PROCEDURE		7/1/2023	12/31/2382	\$300.20
79999	UNLISTED RADIONUCLIDE THERAPEUTIC PROCEDURE	TC	1/1/1993	12/31/2382	\$0.00