

Provider agrees to accept the following rates as payment in full for services provided:

For all services, treatments, supplies, expenses, or other charges, Provider will be reimbursed at the following rates:

### Diagnostic Rates

CPT Code	Location	Diagnostic Description	Allowed
70010	BMC	MYELOGRAPHY, POSTERIOR FOSSA, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$486.00
70015	BMC	CISTERNOGRAPHY, POSITIVE CONTRAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$486.00
70170	BMC	DACRYOCYSTOGRAPHY, NASOLACRIMAL DUCT, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$162.00
70332	BMC	TEMPOROMANDIBULAR JOINT ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$180.00
70350	BMC	CEPHALOGRAM, ORTHODONTIC	\$155.00
70355	BMC	ORTHOPANTOGRAM	\$96.00
70373	BMC	LARYNGOGRAPHY, CONTRAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$220.00
70380	BMC	RADIOLOGIC EXAMINATION, SALIVARY GLAND FOR CALCULUS	\$96.00
70390	BMC	SIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$161.00
70496	BMC	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(	\$291.00
70498	BMC	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(	\$295.00
70554	BMC	MAGNETIC RESONANCE IMAGING, BRAIN, FUNCTIONAL MRI; INCLUDING TEST SELECTION AND ADMINISTRATION OF RE	\$414.00
70555	BMC	MAGNETIC RESONANCE IMAGING, BRAIN, FUNCTIONAL MRI; REQUIRING PHYSICIAN OR PSYCHOLOGIST ADMINISTRATIO	\$425.00
71040	BMC	BRONCHOGRAPHY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$220.00
71060	BMC	BRONCHOGRAPHY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$280.00
71090	BMC	INSERTION PACEMAKER, FLUOROSCOPY AND RADIOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$220.00
71275	BMC	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL	\$341.00
72069	BMC	RADIOLOGIC EXAMINATION, SPINE, THORACOLUMBAR, STANDING (SCOLIOSIS)	\$108.00
72090	BMC	RADIOLOGIC EXAMINATION, SPINE; SCOLIOSIS STUDY, INCLUDING SUPINE AND ERECT STUDIES	\$136.00
72159	BMC	MAGNETIC RESONANCE ANGIOGRAPHY, SPINAL CANAL AND CONTENTS, WITH OR WITHOUT CONTRAST MATERIAL(S)	\$762.00

<b>CPT Code</b>	<b>Location</b>	<b>Diagnostic Description</b>	<b>Allowed</b>
72191	BMC	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, PELVIS, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIA	\$325.00
72240	BMC	MYELOGRAPHY, CERVICAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$404.00
72255	BMC	MYELOGRAPHY, THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$404.00
72265	BMC	MYELOGRAPHY, LUMBOSACRAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$404.00
72270	BMC	MYELOGRAPHY, TWO OR MORE REGIONS (EG, LUMBAR/THORACIC, CERVICAL/THORACIC, LUMBAR/CERVICAL, LUMBAR/TH	\$582.00
72275	BMC	EPIDUROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$223.00
72285	BMC	DISKOGRAPHY, CERVICAL OR THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$404.00
72291	BMC	RADIOLOGICAL SUPERVISION AND INTERPRETATION, PERCUTANEOUS VERTEBROPLASTY OR VERTEBRAL AUGMENTATION I	\$208.00
72292	BMC	RADIOLOGICAL SUPERVISION AND INTERPRETATION, PERCUTANEOUS VERTEBROPLASTY OR VERTEBRAL AUGMENTATION I	\$257.00
72295	BMC	DISCOGRAPHY, LUMBAR, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$404.00
73206	BMC	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, UPPER EXTREMITY, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAS	\$198.00
73525	BMC	RADIOLOGIC EXAMINATION, HIP, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$294.00
73530	BMC	RADIOLOGIC EXAMINATION, HIP, DURING OPERATIVE PROCEDURE	\$280.00
73542	BMC	RADIOLOGICAL EXAMINATION, SACROILIAC JOINT ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$154.00
73706	BMC	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, LOWER EXTREMITY, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAS	\$198.00
74175	BMC	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERI	\$333.00
74190	BMC	PERITONEOGRAM (EG, AFTER INJECTION OF AIR OR CONTRAST), RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$138.00
74230	BMC	SWALLOWING FUNCTION, WITH CINERADIOGRAPHY/VIDEORADIOGRAPHY	\$163.00
74235	BMC	REMOVAL OF FOREIGN BODY(S), ESOPHAGEAL, WITH USE OF BALLOON CATHETER, RADIOLOGICAL SUPERVISION AND I	\$1,212.00
74260	BMC	DUODENOGRAPHY, HYPOTONIC	\$220.00
74290	BMC	CHOLECYSTOGRAPHY, ORAL CONTRAST;	\$161.00

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74291	BMC	CHOLECYSTOGRAPHY, ORAL CONTRAST; ADDITIONAL OR REPEAT EXAMINATION OR MULTIPLE DAY EXAMINATION	\$108.00
74300	BMC	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; INTRAOPERATIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$220.00
74301	BMC	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; ADDITIONAL SET INTRAOPERATIVE, RADIOLOGICAL SUPERVISION AND	\$130.00
74305	BMC	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; THROUGH EXISTING CATHETER, RADIOLOGICAL SUPERVISION AND INTE	\$181.00
74320	BMC	CHOLANGIOGRAPHY, PERCUTANEOUS, TRANSHEPATIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$227.00
74327	BMC	POSTOPERATIVE BILIARY DUCT CALCULUS REMOVAL, PERCUTANEOUS VIA T-TUBE TRACT, BASKET, OR SNARE (EG, BU	\$1,235.00
74328	BMC	ENDOSCOPIC CATHETERIZATION OF THE BILIARY DUCTAL SYSTEM, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$335.00
74329	BMC	ENDOSCOPIC CATHETERIZATION OF THE PANCREATIC DUCTAL SYSTEM, RADIOLOGICAL SUPERVISION AND INTERPRETAT	\$356.00
74330	BMC	COMBINED ENDOSCOPIC CATHETERIZATION OF THE BILIARY AND PANCREATIC DUCTAL SYSTEMS, RADIOLOGICAL SUPER	\$254.00
74340	BMC	INTRODUCTION OF LONG GASTROINTESTINAL TUBE (EG, MILLER-ABBOTT), INCLUDING MULTIPLE FLUOROSCOPIES AND	\$382.00
74350	BMC	PERCUTANEOUS PLACEMENT OF GASTROSTOMY TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$294.00
74355	BMC	PERCUTANEOUS PLACEMENT OF ENTEROCLYSIS TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$294.00
74360	BMC	INTRALUMINAL DILATION OF STRICTURES AND/OR OBSTRUCTIONS (EG, ESOPHAGUS), RADIOLOGICAL SUPERVISION AN	\$148.00
74363	BMC	PERCUTANEOUS TRANSHEPATIC DILATION OF BILIARY DUCT STRICTURE WITH OR WITHOUT PLACEMENT OF STENT, RAD	\$394.00
74420	BMC	UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB	\$201.00
74430	BMC	CYSTOGRAPHY, MINIMUM OF THREE VIEWS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$187.00
74440	BMC	VASOGRAPHY, VESICULOGRAPHY, OR EPIDIDYMOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$207.00
74445	BMC	CORPORA CAVERNOSOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$207.00
74450	BMC	URETHROCYSTOGRAPHY, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$201.00
74455	BMC	URETHROCYSTOGRAPHY, VOIDING, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$207.00
74470	BMC	RADIOLOGIC EXAMINATION, RENAL CYST STUDY, TRANSLUMBAR, CONTRAST VISUALIZATION, RADIOLOGICAL SUPERVIS	\$174.00

<b>CPT Code</b>	<b>Location</b>	<b>Diagnostic Description</b>	<b>Allowed</b>
74475	BMC	INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANE	\$669.00
74480	BMC	INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER THROUGH RENAL PELVIS FOR DRAINAGE AND/OR INJE	\$535.00
74485	BMC	DILATION OF NEPHROSTOMY, URETERS, OR URETHRA, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$669.00
74710	BMC	PELVIMETRY, WITH OR WITHOUT PLACENTAL LOCALIZATION	\$308.00
74742	BMC	TRANSCERVICAL CATHETERIZATION OF FALLOPIAN TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$207.00
74775	BMC	PERINEOGRAM (EG, VAGINOGRAM, FOR SEX DETERMINATION OR EXTENT OF ANOMALIES)	\$301.00
75552	BMC	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY; WITHOUT CONTRAST MATERIAL	\$455.00
75553	BMC	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY; WITH CONTRAST MATERIAL	\$507.00
75554	BMC	CARDIAC MAGNETIC RESONANCE IMAGING FOR FUNCTION, WITH OR WITHOUT MORPHOLOGY; COMPLETE STUDY	\$523.00
75555	BMC	CARDIAC MAGNETIC RESONANCE IMAGING FOR FUNCTION, WITH OR WITHOUT MORPHOLOGY; LIMITED STUDY	\$369.00
75556	BMC	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING	\$428.00
75600	BMC	AORTOGRAPHY, THORACIC, WITHOUT SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$541.00
75605	BMC	AORTOGRAPHY, THORACIC, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$760.00
75625	BMC	AORTOGRAPHY, ABDOMINAL, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$760.00
75630	BMC	AORTOGRAPHY, ABDOMINAL PLUS BILATERAL ILIOFEMORAL LOWER EXTREMITY, CATHETER, BY SERIALOGRAPHY, RADIO	\$730.00
75635	BMC	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMINAL AORTA AND BILATERAL ILIOFEMORAL LOWER EXTREMITY RUNOFF,	\$373.00
75650	BMC	ANGIOGRAPHY, CERVICOCEREBRAL, CATHETER, INCLUDING VESSEL ORIGIN, RADIOLOGICAL SUPERVISION AND INTERP	\$809.00
75658	BMC	ANGIOGRAPHY, BRACHIAL, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$946.00
75660	BMC	ANGIOGRAPHY, EXTERNAL CAROTID, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$492.00
75662	BMC	ANGIOGRAPHY, EXTERNAL CAROTID, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$760.00

<b>CPT Code</b>	<b>Location</b>	<b>Diagnostic Description</b>	<b>Allowed</b>
75665	BMC	ANGIOGRAPHY, CAROTID, CEREBRAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$492.00
75671	BMC	ANGIOGRAPHY, CAROTID, CEREBRAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$582.00
75676	BMC	ANGIOGRAPHY, CAROTID, CERVICAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$492.00
75680	BMC	ANGIOGRAPHY, CAROTID, CERVICAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$759.00
75685	BMC	ANGIOGRAPHY, VERTEBRAL, CERVICAL, AND/OR INTRACRANIAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$492.00
75705	BMC	ANGIOGRAPHY, SPINAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$575.00
75710	BMC	ANGIOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$404.00
75716	BMC	ANGIOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$582.00
75722	BMC	ANGIOGRAPHY, RENAL, UNILATERAL, SELECTIVE (INCLUDING FLUSH AORTOGRAM), RADIOLOGICAL SUPERVISION AND	\$760.00
75724	BMC	ANGIOGRAPHY, RENAL, BILATERAL, SELECTIVE (INCLUDING FLUSH AORTOGRAM), RADIOLOGICAL SUPERVISION AND I	\$849.00
75726	BMC	ANGIOGRAPHY, VISCERAL, SELECTIVE OR SUPRASELECTIVE, (WITH OR WITHOUT FLUSH AORTOGRAM), RADIOLOGICAL	\$849.00
75731	BMC	ANGIOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$760.00
75733	BMC	ANGIOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$849.00
75736	BMC	ANGIOGRAPHY, PELVIC, SELECTIVE OR SUPRASELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$582.00
75741	BMC	ANGIOGRAPHY, PULMONARY, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$582.00
75743	BMC	ANGIOGRAPHY, PULMONARY, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$678.00
75746	BMC	ANGIOGRAPHY, PULMONARY, BY NONSELECTIVE CATHETER OR VENOUS INJECTION, RADIOLOGICAL SUPERVISION AND I	\$582.00
75756	BMC	ANGIOGRAPHY, INTERNAL MAMMARY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$582.00
75774	BMC	ANGIOGRAPHY, SELECTIVE, EACH ADDITIONAL VESSEL STUDIED AFTER BASIC EXAMINATION, RADIOLOGICAL SUPERVI	\$356.00
75790	BMC	ANGIOGRAPHY, ARTERIOVENOUS SHUNT (EG, DIALYSIS PATIENT), RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$541.00

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75801	BMC	LYMPHANGIOGRAPHY, EXTREMITY ONLY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$492.00
75803	BMC	LYMPHANGIOGRAPHY, EXTREMITY ONLY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$582.00
75805	BMC	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$492.00
75807	BMC	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$582.00
75809	BMC	SHUNTOGRAM FOR INVESTIGATION OF PREVIOUSLY PLACED INDWELLING NONVASCULAR SHUNT (EG, LEVEEN SHUNT, VE	\$236.00
75810	BMC	SPLENOPORTOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$492.00
75825	BMC	VENOGRAPHY, CAVAL, INFERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$407.00
75827	BMC	VENOGRAPHY, CAVAL, SUPERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$407.00
75831	BMC	VENOGRAPHY, RENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$442.00
75833	BMC	VENOGRAPHY, RENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$492.00
75840	BMC	VENOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$442.00
75842	BMC	VENOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$492.00
75860	BMC	VENOGRAPHY, VENOUS SINUS (EG, PETROSAL AND INFERIOR SAGITTAL) OR JUGULAR, CATHETER, RADIOLOGICAL SUP	\$582.00
75870	BMC	VENOGRAPHY, SUPERIOR SAGITTAL SINUS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$492.00
75872	BMC	VENOGRAPHY, EPIDURAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$843.00
75880	BMC	VENOGRAPHY, ORBITAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$407.00
75885	BMC	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITH HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTE	\$849.00
75887	BMC	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITHOUT HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND I	\$849.00
75889	BMC	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITH HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERP	\$849.00
75891	BMC	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITHOUT HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INT	\$849.00
75893	BMC	VENOUS SAMPLING THROUGH CATHETER, WITH OR WITHOUT ANGIOGRAPHY (EG, FOR PARATHYROID HORMONE, RENIN),	\$1,781.00

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75894	BMC	TRANSCATHETER THERAPY, EMBOLIZATION, ANY METHOD, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$534.00
75896	BMC	TRANSCATHETER THERAPY, INFUSION, ANY METHOD (EG, THROMBOLYSIS OTHER THAN CORONARY), RADIOLOGICAL SUP	\$534.00
75898	BMC	ANGIOGRAPHY THROUGH EXISTING CATHETER FOR FOLLOW-UP STUDY FOR TRANSCATHETER THERAPY, EMBOLIZATION OR	\$674.00
75900	BMC	EXCHANGE OF A PREVIOUSLY PLACED INTRAVASCULAR CATHETER DURING THROMBOLYTIC THERAPY WITH CONTRAST MON	\$534.00
75901	BMC	MECHANICAL REMOVAL OF PERICATHETER OBSTRUCTIVE MATERIAL (EG, FIBRIN SHEATH) FROM CENTRAL VENOUS DEVI	\$407.00
75902	BMC	MECHANICAL REMOVAL OF INTRALUMINAL (INTRACATHETER) OBSTRUCTIVE MATERIAL FROM CENTRAL VENOUS DEVICE T	\$407.00
75940	BMC	PERCUTANEOUS PLACEMENT OF IVC FILTER, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$534.00
75945	BMC	INTRAVASCULAR ULTRASOUND (NON-CORONARY VESSEL), RADIOLOGICAL SUPERVISION AND INTERPRETATION; INITIAL	\$268.00
75946	BMC	INTRAVASCULAR ULTRASOUND (NON-CORONARY VESSEL), RADIOLOGICAL SUPERVISION AND INTERPRETATION; EACH AD	\$0.00
75952	BMC	ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECTION, RADIOLOGICAL SUPERVISION	\$843.00
75953	BMC	PLACEMENT OF PROXIMAL OR DISTAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF INFRARENAL AORTIC OR	\$401.00
75954	BMC	ENDOVASCULAR REPAIR OF ILIAC ARTERY ANEURYSM, PSEUDOANEURYSM, ARTERIOVENOUS MALFORMATION, OR TRAUMA,	\$736.00
75956	BMC	ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA (EG, ANEURYSM, PSEUDOANEURYSM, DISSECTION, PENETRAT	\$0.00
75957	BMC	ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA (EG, ANEURYSM, PSEUDOANEURYSM, DISSECTION, PENETRAT	\$0.00
75958	BMC	PLACEMENT OF PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA (EG,	\$0.00
75959	BMC	PLACEMENT OF DISTAL EXTENSION PROSTHESIS(S) (DELAYED) AFTER ENDOVASCULAR REPAIR OF DESCENDING THORAC	\$0.00
75960	BMC	TRANSCATHETER INTRODUCTION OF INTRAVASCULAR STENT(S), (EXCEPT CORONARY, CAROTID, AND VERTEBRAL VESSE	\$535.00
75961	BMC	TRANSCATHETER RETRIEVAL, PERCUTANEOUS, OF INTRAVASCULAR FOREIGN BODY (EG, FRACTURED VENOUS OR ARTERI	\$937.00
75962	BMC	TRANSLUMINAL BALLOON ANGIOPLASTY, PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$843.00
75964	BMC	TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND IN	\$294.00
75966	BMC	TRANSLUMINAL BALLOON ANGIOPLASTY, RENAL OR OTHER VISCERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTER	\$886.00

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75968	BMC	TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL VISCERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTE	\$294.00
75970	BMC	TRANSCATHETER BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$308.00
75978	BMC	TRANSLUMINAL BALLOON ANGIOPLASTY, VENOUS (EG, SUBCLAVIAN STENOSIS), RADIOLOGICAL SUPERVISION AND INT	\$549.00
75980	BMC	PERCUTANEOUS TRANSHEPATIC BILIARY DRAINAGE WITH CONTRAST MONITORING, RADIOLOGICAL SUPERVISION AND IN	\$849.00
75982	BMC	PERCUTANEOUS PLACEMENT OF DRAINAGE CATHETER FOR COMBINED INTERNAL AND EXTERNAL BILIARY DRAINAGE OR O	\$937.00
75984	BMC	CHANGE OF PERCUTANEOUS TUBE OR DRAINAGE CATHETER WITH CONTRAST MONITORING (EG, GASTROINTESTINAL SYST	\$281.00
75989	BMC	RADIOLOGICAL GUIDANCE (IE, FLUOROSCOPY, ULTRASOUND, OR COMPUTED TOMOGRAPHY), FOR PERCUTANEOUS DRAINA	\$308.00
75992	BMC	TRANSLUMINAL ATHERECTOMY, PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$843.00
75993	BMC	TRANSLUMINAL ATHERECTOMY, EACH ADDITIONAL PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETA	\$294.00
75994	BMC	TRANSLUMINAL ATHERECTOMY, RENAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$549.00
75995	BMC	TRANSLUMINAL ATHERECTOMY, VISCERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$549.00
75996	BMC	TRANSLUMINAL ATHERECTOMY, EACH ADDITIONAL VISCERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATI	\$468.00
76000	BMC	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIAN TIME, OTHER THAN 71023 OR 71034 (EG, CARDIA	\$112.00
76001	BMC	FLUOROSCOPY, PHYSICIAN TIME MORE THAN ONE HOUR, ASSISTING A NON-RADIOLOGIC PHYSICIAN (EG, NEPHROSTOL	\$382.00
76001	BMC	FLUOROSCOPY, PHYSICIAN TIME MORE THAN 1 HOUR, ASSISTING A NONRADIOLOGIC PHYSICIAN (EG, NEPHROSTOLITH	\$133.00
76005	BMC	FLUOROSCOPIC GUIDANCE AND LOCALIZATION OF NEEDLE OR CATHETER TIP FOR SPINE OR PARASPINOUS DIAGNOSTIC	\$208.00
76010	BMC	RADIOLOGIC EXAMINATION FROM NOSE TO RECTUM FOR FOREIGN BODY, SINGLE VIEW, CHILD	\$227.00
76075	BMC	DUAL ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, ONE OR MORE SITES; AXIAL SKELETON (EG, H	\$113.00
76075	BMC	DUAL ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, ONE OR MORE SITES; AXIAL SKELETON (EG, H	\$294.00
76080	BMC	RADIOLOGIC EXAMINATION, ABSCESS, FISTULA OR SINUS TRACT STUDY, RADIOLOGICAL SUPERVISION AND INTERPRE	\$308.00



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76085	BMC	DIGITIZATION OF FILM RADIOGRAPHIC IMAGES WITH COMPUTER ANALYSIS FOR LESION DETECTION AND FURTHER PHY	\$0.00
76093	BMC	BREAST, WITHOUT AND/OR WITH CONTRAST MATERIAL(S):UNILATERAL	\$582.00
76094	BMC	BREAST, WITHOUT AND/OR WITH CONTRAST MATERIAL(S): BILATERAL	\$582.00
76100	BMC	RADIOLOGIC EXAMINATION, SINGLE PLANE BODY SECTION (EG, TOMOGRAPHY), OTHER THAN WITH UROGRAPHY	\$218.00
76101	BMC	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTION (EG, MASTOID POLYTOMOGRAPHY	\$252.00
76102	BMC	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTION (EG, MASTOID POLYTOMOGRAPHY	\$320.00
76120	BMC	CINERADIOGRAPHY/VIDEORADIOGRAPHY, EXCEPT WHERE SPECIFICALLY INCLUDED	\$241.00
76125	BMC	CINERADIOGRAPHY/VIDEORADIOGRAPHY TO COMPLEMENT ROUTINE EXAMINATION (LIST SEPARATELY IN ADDITION TO C	\$96.00
76140	BMC	CONSULTATION ON X-RAY EXAMINATION MADE ELSEWHERE, WRITTEN REPORT	\$125.00
76150	BMC	XERORADIOGRAPHY	\$230.00
76350	BMC	SUBTRACTION IN CONJUNCTION WITH CONTRAST STUDIES	\$0.00
76360	BMC	COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTION, LOCALIZATION D	\$545.00
76380	BMC	COMPUTED TOMOGRAPHY, LIMITED OR LOCALIZED FOLLOW-UP STUDY	\$101.00
76390	BMC	MAGNETIC RESONANCE SPECTROSCOPY	\$467.00
76497	BMC	UNLISTED COMPUTED TOMOGRAPHY PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)	\$0.00
76498	BMC	UNLISTED MAGNETIC RESONANCE PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)	\$0.00
76499	BMC	UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE	\$0.00
76506	BMC	ECHOENCEPHALOGRAPHY, REAL TIME WITH IMAGE DOCUMENTATION (GRAY SCALE) (FOR DETERMINATION OF VENTRICUL	\$294.00
76510	BMC	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN AND QUANTITATIVE A-SCAN PERFORMED DURING THE SAME PATIENT	\$325.00
76511	BMC	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; QUANTITATIVE A-SCAN ONLY	\$281.00
76512	BMC	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN (WITH OR WITHOUT SUPERIMPOSED NON-QUANTITATIVE A-SCAN)	\$225.00
76513	BMC	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; ANTERIOR SEGMENT ULTRASOUND, IMMERSION (WATER BATH) B-SCAN OR HIG	\$308.00

<b>CPT Code</b>	<b>Location</b>	<b>Diagnostic Description</b>	<b>Allowed</b>
76514	BMC	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; CORNEAL PACHYMETRY, UNILATERAL OR BILATERAL (DETERMINATION OF COR	\$54.00
76516	BMC	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN;	\$245.00
76519	BMC	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN; WITH INTRAOCULAR LENS POWER CALCULATION	\$187.00
76529	BMC	OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	\$268.00
76820	BMC	DOPPLER VELOCIMETRY, FETAL; UMBILICAL ARTERY	\$143.00
76821	BMC	DOPPLER VELOCIMETRY, FETAL; MIDDLE CEREBRAL ARTERY	\$141.00
76825	BMC	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE DOCUMENTATION (2D), WITH OR WIT	\$335.00
76826	BMC	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE DOCUMENTATION (2D), WITH OR WIT	\$267.00
76827	BMC	DOPPLER ECHOCARDIOGRAPHY, FETAL, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPLAY; COMPLETE	\$244.00
76828	BMC	DOPPLER ECHOCARDIOGRAPHY, FETAL, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPLAY; FOLLOW-UP	\$267.00
76831	BMC	SALINE INFUSION SONOHYSTEROGRAPHY (SIS), INCLUDING COLOR FLOW DOPPLER, WHEN PERFORMED	\$236.00
76872	BMC	ULTRASOUND, TRANSRECTAL;	\$401.00
76873	BMC	ULTRASOUND, TRANSRECTAL; PROSTATE VOLUME STUDY FOR BRACHYTHERAPY TREATMENT PLANNING (SEPARATE PROCED	\$401.00
76885	BMC	ULTRASOUND, INFANT HIPS, REAL TIME WITH IMAGING DOCUMENTATION; DYNAMIC (REQUIRING PHYSICIAN MANIPULA	\$247.00
76886	BMC	ULTRASOUND, INFANT HIPS, REAL TIME WITH IMAGING DOCUMENTATION; LIMITED, STATIC (NOT REQUIRING PHYSIC	\$247.00
76930	BMC	ULTRASONIC GUIDANCE FOR PERICARDIOCENTESIS, IMAGING SUPERVISION AND INTERPRETATION	\$404.00
76932	BMC	ULTRASONIC GUIDANCE FOR ENDOMYOCARDIAL BIOPSY, IMAGING SUPERVISION AND INTERPRETATION	\$404.00
76936	BMC	ULTRASOUND GUIDED COMPRESSION REPAIR OF ARTERIAL PSEUDOANEURYSM OR ARTERIOVENOUS FISTULAE (INCLUDES	\$448.00
76937	BMC	ULTRASOUND GUIDANCE FOR VASCULAR ACCESS REQUIRING ULTRASOUND EVALUATION OF POTENTIAL ACCESS SITES, D	\$143.00
76940	BMC	ULTRASOUND GUIDANCE FOR, AND MONITORING OF, VISCERAL TISSUE ABLATION	\$281.00
76941	BMC	ULTRASONIC GUIDANCE FOR INTRAUTERINE FETAL TRANSFUSION OR CORDOCENTESIS, IMAGING SUPERVISION AND INT	\$208.00

<b>CPT Code</b>	<b>Location</b>	<b>Diagnostic Description</b>	<b>Allowed</b>
76950	BMC	ULTRASONIC GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS	\$301.00
76965	BMC	ULTRASONIC GUIDANCE FOR INTERSTITIAL RADIOELEMENT APPLICATION	\$401.00
76970	BMC	ULTRASOUND STUDY FOLLOW-UP (SPECIFY)	\$182.00
76975	BMC	GASTROINTESTINAL ENDOSCOPIC ULTRASOUND, SUPERVISION AND INTERPRETATION	\$294.00
76977	BMC	ULTRASOUND BONE DENSITY MEASUREMENT AND INTERPRETATION, PERIPHERAL SITE(S), ANY METHOD	\$287.00
76998	BMC	ULTRASONIC GUIDANCE, INTRAOPERATIVE	\$362.00
76999	BMC	UNLISTED ULTRASOUND PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)	\$0.00
77001	BMC	FLUOROSCOPIC GUIDANCE FOR CENTRAL VENOUS ACCESS DEVICE PLACEMENT, REPLACEMENT (CATHETER ONLY OR COMP	\$138.00
77002	BMC	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTION, LOCALIZATION DEVICE)	\$138.00
77003	BMC	FLUOROSCOPIC GUIDANCE AND LOCALIZATION OF NEEDLE OR CATHETER TIP FOR SPINE OR PARASPINOUS DIAGNOSTIC	\$141.00
77011	BMC	COMPUTED TOMOGRAPHY GUIDANCE FOR STEREOTACTIC LOCALIZATION	\$520.00
77012	BMC	COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTION, LOCALIZATION D	\$545.00
77013	BMC	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR, AND MONITORING OF, PARENCHYMAL TISSUE ABLATION	\$487.00
77014	BMC	COMPUTED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS	\$186.00
77022	BMC	MAGNETIC RESONANCE GUIDANCE FOR, AND MONITORING OF, PARENCHYMAL TISSUE ABLATION	\$1,066.00
77053	BMC	MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE DUCT, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$194.00
77054	BMC	MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIPLE DUCTS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$247.00
77071	BMC	MANUAL APPLICATION OF STRESS PERFORMED BY PHYSICIAN FOR JOINT RADIOGRAPHY, INCLUDING CONTRALATERAL J	\$60.00
77078	BMC	COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON (EG, HIPS, PELVIS,	\$127.00
77079	BMC	COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, 1 OR MORE SITES; APPENDICULAR SKELETON (PERIPHERAL)	\$192.00
77083	BMC	RADIOGRAPHIC ABSORPTIOMETRY (EG, PHOTODENSITOMETRY, RADIOGRAMMETRY), 1 OR MORE SITES	\$127.00
77084	BMC	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BONE MARROW BLOOD SUPPLY	\$466.00

CPT Code	Location	Diagnostic Description	Allowed
77261	BMC	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; SIMPLE	\$466.00
77262	BMC	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; INTERMEDIATE	\$442.00
77263	BMC	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	\$536.00
77280	BMC	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	\$624.00
77285	BMC	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; INTERMEDIATE	\$487.00
77290	BMC	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	\$617.00
77295	BMC	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; 3- DIMENSIONAL	\$649.00
77299	BMC	UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY CLINICAL TREATMENT PLANNING	\$1,695.00
77300	BMC	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATIO	\$0.00
77301	BMC	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE- VOLUME HISTOGRAMS FOR TARGET AND CRITICAL STRU	\$268.00
77305	BMC	TELEETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); SIMPLE (ONE OR TWO PARALLEL OPPOSED	\$2,188.00
77310	BMC	TELEETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); INTERMEDIATE (THREE OR MORE TREATME	\$349.00
77315	BMC	TELEETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); COMPLEX (MANTLE OR INVERTED Y, TANG	\$509.00
77321	BMC	SPECIAL TELEETHERAPY PORT PLAN, PARTICLES, HEMIBODY, TOTAL BODY	\$740.00
77326	BMC	BRACHYTHERAPY ISODOSE PLAN; SIMPLE (CALCULATION MADE FROM SINGLE PLANE, ONE TO FOUR SOURCES/RIBBON A	\$528.00
77327	BMC	BRACHYTHERAPY ISODOSE PLAN; INTERMEDIATE (MULTIPLANE DOSAGE CALCULATIONS, APPLICATION INVOLVING 5 TO	\$466.00
77328	BMC	BRACHYTHERAPY ISODOSE PLAN; COMPLEX (MULTIPLANE ISODOSE PLAN, VOLUME IMPLANT CALCULATIONS, OVER 10 S	\$509.00
77331	BMC	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY), ONLY WHEN PRESCRIBED BY THE TREATING PHYSICIA	\$655.00
77332	BMC	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; SIMPLE (SIMPLE BLOCK, SIMPLE BOLUS)	\$260.00
77333	BMC	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERMEDIATE (MULTIPLE BLOCKS, STENTS, BITE BLOCKS, SPEC	\$281.00
77334	BMC	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS	\$320.00
77336	BMC	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSUR	\$528.00

CPT Code	Location	Diagnostic Description	Allowed
77370	BMC	SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION	\$370.00
77371	BMC	RADIATION TREATMENT DELIVERY, STEREOTACTIC RADIOSURGERY (SRS), COMPLETE COURSE OF TREATMENT OF CEREB	\$1,770.00
77372	BMC	RADIATION TREATMENT DELIVERY, STEREOTACTIC RADIOSURGERY (SRS), COMPLETE COURSE OF TREATMENT OF CEREB	\$1,079.00
77373	BMC	STEREOTACTIC BODY RADIATION THERAPY, TREATMENT DELIVERY, PER FRACTION TO 1 OR MORE LESIONS, INCLUDIN	\$1,979.00
77399	BMC	UNLISTED PROCEDURE, MEDICAL RADIATION PHYSICS, DOSIMETRY AND TREATMENT DEVICES, AND SPECIAL SERVICES	\$0.00
77401	BMC	RADIATION TREATMENT DELIVERY, SUPERFICIAL AND/OR ORTHO VOLTAGE	\$268.00
77402	BMC	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE B	\$268.00
77403	BMC	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE B	\$268.00
77404	BMC	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE B	\$268.00
77406	BMC	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE B	\$268.00
77407	BMC	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS ON A SINGLE TREATMEN	\$268.00
77408	BMC	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS ON A SINGLE TREATMEN	\$268.00
77409	BMC	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS ON A SINGLE TREATMEN	\$268.00
77411	BMC	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS ON A SINGLE TREATMEN	\$268.00
77412	BMC	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PO	\$268.00
77413	BMC	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PO	\$268.00
77414	BMC	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PO	\$268.00
77416	BMC	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PO	\$268.00
77417	BMC	THERAPEUTIC RADIOLOGY PORT FILM(S)	\$95.00
77418	BMC	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS, VIA NARROW SPATIALLY AND TEM	\$1,201.00
77421	BMC	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	\$238.00
77422	BMC	HIGH ENERGY NEUTRON RADIATION TREATMENT DELIVERY; SINGLE TREATMENT AREA USING A SINGLE PORT OR PARAL	\$268.00

<b>CPT Code</b>	<b>Location</b>	<b>Diagnostic Description</b>	<b>Allowed</b>
77423	BMC	HIGH ENERGY NEUTRON RADIATION TREATMENT DELIVERY; 1 OR MORE ISOCENTER(S) WITH COPLANAR OR NON-COPLAN	\$268.00
77427	BMC	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	\$407.00
77431	BMC	RADIATION THERAPY MANAGEMENT WITH COMPLETE COURSE OF THERAPY CONSISTING OF ONE OR TWO FRACTIONS ONLY	\$107.00
77432	BMC	STEREOTACTIC RADIATION TREATMENT MANAGEMENT OF CEREBRAL LESION(S) (COMPLETE COURSE OF TREATMENT CONS	\$3,259.00
77435	BMC	STEREOTACTIC BODY RADIATION THERAPY, TREATMENT MANAGEMENT, PER TREATMENT COURSE, TO ONE OR MORE LESI	\$971.00
77470	BMC	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY RADIATION, PER ORAL, ENDOCAVITARY	\$718.00
77499	BMC	UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY TREATMENT MANAGEMENT	\$0.00
77520	BMC	PROTON TREATMENT DELIVERY; SIMPLE, WITHOUT COMPENSATION	\$206.00
77522	BMC	PROTON TREATMENT DELIVERY; SIMPLE, WITH COMPENSATION	\$236.00
77523	BMC	PROTON TREATMENT DELIVERY; INTERMEDIATE	\$268.00
77525	BMC	PROTON TREATMENT DELIVERY; COMPLEX	\$301.00
77600	BMC	HYPERTHERMIA, EXTERNALLY GENERATED; SUPERFICIAL (IE, HEATING TO A DEPTH OF 4 CM OR LESS)	\$274.00
77750	BMC	INFUSION OR INSTILLATION OF RADIOELEMENT SOLUTION (INCLUDES 3 MONTHS FOLLOW-UP CARE)	\$937.00
77761	BMC	INTRACAVITARY RADIATION SOURCE APPLICATION; SIMPLE	\$1,432.00
77762	BMC	INTRACAVITARY RADIATION SOURCE APPLICATION; INTERMEDIATE	\$1,673.00
77763	BMC	INTRACAVITARY RADIATION SOURCE APPLICATION; COMPLEX	\$1,807.00
77776	BMC	INTERSTITIAL RADIATION SOURCE APPLICATION; SIMPLE	\$1,577.00
77777	BMC	INTERSTITIAL RADIATION SOURCE APPLICATION; INTERMEDIATE	\$1,873.00
77778	BMC	INTERSTITIAL RADIATION SOURCE APPLICATION; COMPLEX	\$2,369.00
77781	BMC	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 1-4 SOURCE POSITIONS OR CATHETERS	\$1,579.00
77782	BMC	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 5-8 SOURCE POSITIONS OR CATHETERS	\$1,673.00
77783	BMC	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 9-12 SOURCE POSITIONS OR CATHETERS	\$1,766.00
77784	BMC	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; OVER 12 SOURCE POSITIONS OR CATHETERS	\$1,966.00

<b>CPT Code</b>	<b>Location</b>	<b>Diagnostic Description</b>	<b>Allowed</b>
77789	BMC	SURFACE APPLICATION OF RADIATION SOURCE	\$139.00
77790	BMC	SUPERVISION, HANDLING, LOADING OF RADIATION SOURCE	\$362.00
78000	BMC	THYROID UPTAKE; SINGLE DETERMINATION	\$70.00
78001	BMC	THYROID UPTAKE; MULTIPLE DETERMINATIONS	\$132.00
78003	BMC	THYROID UPTAKE; STIMULATION, SUPPRESSION OR DISCHARGE (NOT INCLUDING INITIAL UPTAKE STUDIES)	\$183.00
78006	BMC	THYROID IMAGING, WITH UPTAKE; SINGLE DETERMINATION	\$237.00
78007	BMC	THYROID IMAGING, WITH UPTAKE; MULTIPLE DETERMINATIONS	\$294.00
78010	BMC	THYROID IMAGING; ONLY	\$224.00
78011	BMC	THYROID IMAGING; WITH VASCULAR FLOW	\$294.00
78015	BMC	THYROID CARCINOMA METASTASES IMAGING; LIMITED AREA (EG, NECK AND CHEST ONLY)	\$320.00
78016	BMC	THYROID CARCINOMA METASTASES IMAGING; WITH ADDITIONAL STUDIES (EG, URINARY RECOVERY)	\$356.00
78018	BMC	THYROID CARCINOMA METASTASES IMAGING; WHOLE BODY	\$424.00
78020	BMC	THYROID CARCINOMA METASTASES UPTAKE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	\$117.00
78070	BMC	PARATHYROID IMAGING	\$404.00
78075	BMC	ADRENAL IMAGING, CORTEX AND/OR MEDULLA	\$430.00
78099	BMC	UNLISTED ENDOCRINE PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	\$0.00
78102	BMC	BONE MARROW IMAGING; LIMITED AREA	\$499.00
78103	BMC	BONE MARROW IMAGING; MULTIPLE AREAS	\$513.00
78104	BMC	BONE MARROW IMAGING; WHOLE BODY	\$582.00
78110	BMC	PLASMA VOLUME, RADIOPHARMACEUTICAL VOLUME-DILUTION TECHNIQUE (SEPARATE PROCEDURE); SINGLE SAMPLING	\$130.00
78111	BMC	PLASMA VOLUME, RADIOPHARMACEUTICAL VOLUME-DILUTION TECHNIQUE (SEPARATE PROCEDURE); MULTIPLE SAMPLING	\$213.00
78120	BMC	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); SINGLE SAMPLING	\$207.00
78121	BMC	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); MULTIPLE SAMPLINGS	\$301.00
78122	BMC	WHOLE BLOOD VOLUME DETERMINATION, INCLUDING SEPARATE MEASUREMENT OF PLASMA VOLUME AND RED CELL VOLUM	\$278.00

<b>CPT Code</b>	<b>Location</b>	<b>Diagnostic Description</b>	<b>Allowed</b>
78130	BMC	RED CELL SURVIVAL STUDY;	\$401.00
78135	BMC	RED CELL SURVIVAL STUDY; DIFFERENTIAL ORGAN/TISSUE KINETICS, (EG, SPLENIC AND/OR HEPATIC SEQUESTRATI	\$401.00
78140	BMC	LABELED RED CELL SEQUESTRATION, DIFFERENTIAL ORGAN/TISSUE, (EG, SPLENIC AND/OR HEPATIC)	\$401.00
78185	BMC	SPLEEN IMAGING ONLY, WITH OR WITHOUT VASCULAR FLOW	\$492.00
78190	BMC	KINETICS, STUDY OF PLATELET SURVIVAL, WITH OR WITHOUT DIFFERENTIAL ORGAN/TISSUE LOCALIZATION	\$436.00
78191	BMC	PLATELET SURVIVAL STUDY	\$436.00
78195	BMC	LYMPHATICS AND LYMPH NODES IMAGING	\$436.00
78199	BMC	UNLISTED HEMATOPOIETIC, RETICULOENDOTHELIAL AND LYMPHATIC PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	\$0.00
78201	BMC	LIVER IMAGING; STATIC ONLY	\$401.00
78202	BMC	LIVER IMAGING; WITH VASCULAR FLOW	\$609.00
78205	BMC	LIVER IMAGING (SPECT);	\$401.00
78206	BMC	LIVER IMAGING (SPECT); WITH VASCULAR FLOW	\$609.00
78215	BMC	LIVER AND SPLEEN IMAGING; STATIC ONLY	\$472.00
78216	BMC	LIVER AND SPLEEN IMAGING; WITH VASCULAR FLOW	\$1,004.00
78220	BMC	LIVER FUNCTION STUDY WITH HEPATOBILIARY AGENTS, WITH SERIAL IMAGES	\$247.00
78223	BMC	HEPATOBILIARY DUCTAL SYSTEM IMAGING, INCLUDING GALLBLADDER, WITH OR WITHOUT PHARMACOLOGIC INTERVENTI	\$247.00
78230	BMC	SALIVARY GLAND IMAGING;	\$252.00
78231	BMC	SALIVARY GLAND IMAGING; WITH SERIAL IMAGES	\$308.00
78232	BMC	SALIVARY GLAND FUNCTION STUDY	\$335.00
78258	BMC	ESOPHAGEAL MOTILITY	\$189.00
78261	BMC	GASTRIC MUCOSA IMAGING	\$428.00
78262	BMC	GASTROESOPHAGEAL REFLUX STUDY	\$436.00
78264	BMC	GASTRIC EMPTYING STUDY	\$335.00
78267	BMC	UREA BREATH TEST, C-14 (ISOTOPIC); ACQUISITION FOR ANALYSIS	\$54.00
78268	BMC	UREA BREATH TEST, C-14 (ISOTOPIC); ANALYSIS	\$223.00



<b>CPT Code</b>	<b>Location</b>	<b>Diagnostic Description</b>	<b>Allowed</b>
78270	BMC	VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITHOUT INTRINSIC FACTOR	\$194.00
78271	BMC	VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITH INTRINSIC FACTOR	\$194.00
78272	BMC	VITAMIN B-12 ABSORPTION STUDIES COMBINED, WITH AND WITHOUT INTRINSIC FACTOR	\$225.00
78278	BMC	ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	\$428.00
78282	BMC	GASTROINTESTINAL PROTEIN LOSS	\$281.00
78290	BMC	INTESTINE IMAGING (EG, ECTOPIC GASTRIC MUCOSA, MECKEL'S LOCALIZATION, VOLVULUS)	\$468.00
78291	BMC	PERITONEAL-VENOUS SHUNT PATENCY TEST (EG, FOR LEVEEN, DENVER SHUNT)	\$492.00
78299	BMC	UNLISTED GASTROINTESTINAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	\$0.00
78300	BMC	BONE AND/OR JOINT IMAGING; LIMITED AREA	\$338.00
78305	BMC	BONE AND/OR JOINT IMAGING; MULTIPLE AREAS	\$443.00
78306	BMC	BONE AND/OR JOINT IMAGING; WHOLE BODY	\$526.00
78315	BMC	BONE AND/OR JOINT IMAGING; THREE PHASE STUDY	\$529.00
78320	BMC	BONE AND/OR JOINT IMAGING; TOMOGRAPHIC (SPECT)	\$472.00
78350	BMC	BONE DENSITY (BONE MINERAL CONTENT) STUDY, ONE OR MORE SITES; SINGLE PHOTON ABSORPTIOMETRY	\$314.00
78351	BMC	BONE DENSITY (BONE MINERAL CONTENT) STUDY, ONE OR MORE SITES; DUAL PHOTON ABSORPTIOMETRY, ONE OR MOR	\$314.00
78399	BMC	UNLISTED MUSCULOSKELETAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	\$0.00
78414	BMC	DETERMINATION OF CENTRAL C-V HEMODYNAMICS (NON-IMAGING) (EG, EJECTION FRACTION WITH PROBE TECHNIQUE)	\$428.00
78428	BMC	CARDIAC SHUNT DETECTION	\$401.00
78445	BMC	NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY, VENOGRAPHY)	\$308.00
78456	BMC	ACUTE VENOUS THROMBOSIS IMAGING, PEPTIDE	\$387.00
78457	BMC	VENOUS THROMBOSIS IMAGING, VENOGRAM; UNILATERAL	\$387.00
78458	BMC	VENOUS THROMBOSIS IMAGING, VENOGRAM; BILATERAL	\$407.00
78459	BMC	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), METABOLIC EVALUATION	\$1,097.00

CPT Code	Location	Diagnostic Description	Allowed
78460	BMC	MYOCARDIAL PERFUSION IMAGING; (PLANAR) SINGLE STUDY, AT REST OR STRESS (EXERCISE AND/OR PHARMACOLOGICAL)	\$644.00
78461	BMC	MYOCARDIAL PERFUSION IMAGING; MULTIPLE STUDIES, (PLANAR) AT REST AND/OR STRESS (EXERCISE AND/OR PHARMACOLOGICAL)	\$656.00
78464	BMC	MYOCARDIAL PERFUSION IMAGING; TOMOGRAPHIC (SPECT), SINGLE STUDY (INCLUDING ATTENUATION CORRECTION WHEN AVAILABLE)	\$617.00
78465	BMC	MYOCARDIAL PERFUSION IMAGING; TOMOGRAPHIC (SPECT), MULTIPLE STUDIES (INCLUDING ATTENUATION CORRECTION WHEN AVAILABLE)	\$442.00
78466	BMC	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; QUALITATIVE OR QUANTITATIVE	\$535.00
78468	BMC	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; WITH EJECTION FRACTION BY FIRST PASS TECHNIQUE	\$535.00
78469	BMC	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; TOMOGRAPHIC SPECT WITH OR WITHOUT QUANTIFICATION	\$535.00
78472	BMC	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; PLANAR, SINGLE STUDY AT REST OR STRESS (EXERCISE AND/OR STRESS)	\$479.00
78473	BMC	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; MULTIPLE STUDIES, WALL MOTION STUDY PLUS EJECTION FRACTION	\$736.00
78478	BMC	MYOCARDIAL PERFUSION STUDY WITH WALL MOTION, QUALITATIVE OR QUANTITATIVE STUDY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY P)	\$274.00
78480	BMC	MYOCARDIAL PERFUSION STUDY WITH EJECTION FRACTION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY P)	\$274.00
78481	BMC	CARDIAC BLOOD POOL IMAGING, (PLANAR), FIRST PASS TECHNIQUE; SINGLE STUDY, AT REST OR WITH STRESS (EXERCISE AND/OR STRESS)	\$497.00
78483	BMC	CARDIAC BLOOD POOL IMAGING, (PLANAR), FIRST PASS TECHNIQUE; MULTIPLE STUDIES, AT REST AND WITH STRESS (EXERCISE AND/OR STRESS)	\$1,017.00
78491	BMC	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION; SINGLE STUDY AT REST OR STRESS	\$722.00
78492	BMC	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION; MULTIPLE STUDIES AT REST AND/OR STRESS	\$1,004.00
78494	BMC	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SPECT, AT REST, WALL MOTION STUDY PLUS EJECTION FRACTION	\$479.00
78496	BMC	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SINGLE STUDY, AT REST, WITH RIGHT VENTRICULAR EJECTION	\$401.00
78499	BMC	UNLISTED CARDIOVASCULAR PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	\$0.00
78580	BMC	PULMONARY PERFUSION IMAGING, PARTICULATE	\$428.00
78584	BMC	PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION; SINGLE BREATH	\$472.00
78585	BMC	PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION; REBREATHING AND WASHOUT, WITH OR WITHOUT	\$630.00
78586	BMC	PULMONARY VENTILATION IMAGING, AEROSOL; SINGLE PROJECTION	\$294.00

<b>CPT Code</b>	<b>Location</b>	<b>Diagnostic Description</b>	<b>Allowed</b>
78587	BMC	PULMONARY VENTILATION IMAGING, AEROSOL; MULTIPLE PROJECTIONS (EG, ANTERIOR, POSTERIOR, LATERAL VIEWS	\$332.00
78588	BMC	PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION IMAGING, AEROSOL, ONE OR MULTIPLE PROJECT	\$387.00
78591	BMC	PULMONARY VENTILATION IMAGING, GASEOUS, SINGLE BREATH, SINGLE PROJECTION	\$247.00
78593	BMC	PULMONARY VENTILATION IMAGING, GASEOUS, WITH REBREATHING AND WASHOUT WITH OR WITHOUT SINGLE BREATH;	\$294.00
78594	BMC	PULMONARY VENTILATION IMAGING, GASEOUS, WITH REBREATHING AND WASHOUT WITH OR WITHOUT SINGLE BREATH;	\$268.00
78596	BMC	PULMONARY QUANTITATIVE DIFFERENTIAL FUNCTION (VENTILATION/PERFUSION) STUDY	\$582.00
78599	BMC	UNLISTED RESPIRATORY PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	\$0.00
78600	BMC	BRAIN IMAGING, LIMITED PROCEDURE; STATIC	\$468.00
78601	BMC	BRAIN IMAGING, LIMITED PROCEDURE; WITH VASCULAR FLOW	\$582.00
78605	BMC	BRAIN IMAGING, COMPLETE STUDY; STATIC	\$624.00
78606	BMC	BRAIN IMAGING, COMPLETE STUDY; WITH VASCULAR FLOW	\$615.00
78607	BMC	BRAIN IMAGING, COMPLETE STUDY; TOMOGRAPHIC (SPECT)	\$624.00
78608	BMC	BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); METABOLIC EVALUATION	\$1,077.00
78609	BMC	BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); PERFUSION EVALUATION	\$1,204.00
78610	BMC	BRAIN IMAGING, VASCULAR FLOW ONLY	\$335.00
78615	BMC	CEREBRAL VASCULAR FLOW	\$335.00
78630	BMC	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); CISTERNOGRAPHY	\$582.00
78635	BMC	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); VENTRICULOGRAPHY	\$318.00
78645	BMC	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); SHUNT EVALUATION	\$342.00
78647	BMC	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); TOMOGRAPHIC (SPECT)	\$582.00
78650	BMC	CEREBROSPINAL FLUID LEAKAGE DETECTION AND LOCALIZATION	\$404.00
78660	BMC	RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY	\$252.00
78699	BMC	UNLISTED NERVOUS SYSTEM PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	\$0.00

CPT Code	Location	Diagnostic Description	Allowed
78700	BMC	KIDNEY IMAGING MORPHOLOGY;	\$342.00
78700	BMC	KIDNEY IMAGING; STATIC ONLY	\$342.00
78701	BMC	KIDNEY IMAGING MORPHOLOGY; WITH VASCULAR FLOW	\$528.00
78701	BMC	KIDNEY IMAGING; WITH VASCULAR FLOW	\$528.00
78704	BMC	KIDNEY IMAGING; WITH FUNCTION STUDY (IE, IMAGING RENOGRAM)	\$0.00
78707	BMC	KIDNEY IMAGING MORPHOLOGY; WITH VASCULAR FLOW AND FUNCTION, SINGLE STUDY WITHOUT PHARMACOLOGICAL INT	\$629.00
78707	BMC	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; SINGLE STUDY WITHOUT PHARMACOLOGICAL INTERVENTION	\$629.00
78708	BMC	KIDNEY IMAGING MORPHOLOGY; WITH VASCULAR FLOW AND FUNCTION, SINGLE STUDY, WITH PHARMACOLOGICAL INTER	\$387.00
78708	BMC	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; SINGLE STUDY, WITH PHARMACOLOGICAL INTERVENTION (EG,	\$387.00
78709	BMC	KIDNEY IMAGING MORPHOLOGY; WITH VASCULAR FLOW AND FUNCTION, MULTIPLE STUDIES, WITH AND WITHOUT PHARM	\$643.00
78709	BMC	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; MULTIPLE STUDIES, WITH AND WITHOUT PHARMACOLOGICAL I	\$643.00
78710	BMC	KIDNEY IMAGING, TOMOGRAPHIC (SPECT)	\$582.00
78725	BMC	KIDNEY FUNCTION STUDY, NON-IMAGING RADIOISOTOPIC STUDY	\$274.00
78730	BMC	URINARY BLADDER RESIDUAL STUDY	\$268.00
78730	BMC	URINARY BLADDER RESIDUAL STUDY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	\$268.00
78740	BMC	URETERAL REFLUX STUDY (RADIOPHARMACEUTICAL VOIDING CYSTOGRAM)	\$254.00
78761	BMC	TESTICULAR IMAGING; WITH VASCULAR FLOW	\$734.00
78800	BMC	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S); LIMITED A	\$275.00
78801	BMC	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S); MULTIPLE	\$401.00
78802	BMC	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S); WHOLE BOD	\$529.00
78803	BMC	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S); TOMOGRAPH	\$582.00
78804	BMC	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S); WHOLE BOD	\$762.00
78805	BMC	RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY PROCESS; LIMITED AREA	\$281.00

Provider: Occupational Triage & Staffing Solutions  
 TIN: 46-4720789  
 Effective: 11/17/2015

2306 Wilson Dam Road  
 Muscle Shoals, AL 35661  
 (256)381-8581

CPT Code	Location	Diagnostic Description	Allowed
78806	BMC	RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY PROCESS; WHOLE BODY	\$545.00
78807	BMC	RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY PROCESS; TOMOGRAPHIC (SPECT)	\$582.00
78811	BMC	TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); LIMITED AREA (EG, CHEST, HEAD/NECK)	\$1,077.00
78812	BMC	TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); SKULL BASE TO MID-THIGH	\$1,077.00
78813	BMC	TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); WHOLE BODY	\$1,077.00
78814	BMC	TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT)	\$1,218.00
78815	BMC	TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT)	\$1,218.00
78816	BMC	TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT)	\$1,218.00
78890	BMC	GENERATION OF AUTOMATED DATA: INTERACTIVE PROCESS INVOLVING NUCLEAR PHYSICIAN AND/OR ALLIED HEALTH P	\$101.00
78999	BMC	UNLISTED MISCELLANEOUS PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	\$0.00
79005	BMC	RADIOPHARMACEUTICAL THERAPY, BY ORAL ADMINISTRATION	\$522.00
79101	BMC	RADIOPHARMACEUTICAL THERAPY, BY INTRAVENOUS ADMINISTRATION	\$375.00
79403	BMC	RADIOPHARMACEUTICAL THERAPY, RADIOLABELED MONOCLONAL ANTIBODY BY INTRAVENOUS INFUSION	\$762.00
79440	BMC	RADIOPHARMACEUTICAL THERAPY, BY INTRA-ARTICULAR ADMINISTRATION	\$268.00
79445	BMC	RADIOPHARMACEUTICAL THERAPY, BY INTRA-ARTERIAL PARTICULATE ADMINISTRATION	\$369.00
79999	BMC	RADIOPHARMACEUTICAL THERAPY, UNLISTED PROCEDURE	\$0.00

Service Description	Reimbursement
Triage call, without First Report of Injury*	\$85.00
Triage call, with First Report of Injury*	\$95.00
Transcript of recording for triage calls, if needed or requested	\$50.00
Translation, if required	\$1.30/minute
Consultation with Medical Director, if required	\$250.00

\*Note: Follow up calls received before the end of shift or within eight (8) hours of initial call will not be billed as a separate event.

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