

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

- I. **Inpatient Services:** For all services, treatments, supplies, expenses, or other charges, Hospital will be reimbursed at a rate equal to 80% of the State of Alabama Department of Labor (DOL) workers' compensation fee schedule at the effective date of discharge. The AlaMed inpatient rate shall be inclusive of the stop-loss provisions in the even the DOL workers' compensation fee schedule includes a stop-loss.

Medical devices listed under revenue codes 274, 275, 276, and 278 for inpatient and outpatient services shall be paid additionally at a rate of cost + 5%. If the aggregate charge for the implants is less than \$500, no invoice will need to be provided and will be paid at a rate of cost + 5%. If the aggregate charge for the implants is greater than \$500, an invoice will be provided and will be promptly reimbursed at a rate of cost + 5%. The cost will include the cost of shipping and taxes associated with the implant.

- II. **Outpatient Services:**

- A. **Outpatient Physical Therapy & Rehabilitation:** For all services, treatments, supplies, expenses, or other charges, Hospital will be reimbursed at a rate equal to 80% of the State of Alabama Department of Labor (DOL) workers' compensation fee schedule.
- B. **Outpatient Case Rates:** For payment in full for the Hospital charges related to the certain procedures described below by CPT code, description, and rate, Hospital will be reimbursed at the rates in **Exhibit A Outpatient Case Rates**. When a single visit results in multiple procedures (i.e., bilateral CTS) then the payment shall be to pay 100% of the case rate for the first procedure and then 50% of the case rate of subsequent procedure(s).
- C. **Unlisted CPT Codes:** For all services, treatments, supplies, expenses or other charges not listed in **Exhibit A Outpatient Case Rates**, PROVIDER will be reimbursed at a rate equal to 50% of billed charges.
- D. **Emergency Room Services:** Hospital will be reimbursed a global fee of \$1,275.00 per visit, to include all charges related to Hospital services, including but not limited to: E.R., diagnostics, lab, and other charges. Charges made by physicians are not included, as they are billed directly by other parties.
- E. **Diagnostic Tests:** For tests performed at Brookwood Medical Center, the rates in **Exhibit A Diagnostics Rates** will apply and such rates do not include

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professional components.

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- F. **Wound Care & Hyperbaric Oxygen Therapy:** For all services regarding wound care and hyperbaric oxygen therapy services, treatments, supplies, expenses or other charges, Provider will be reimbursed at a rate of 55% of billed charges.

- G. **Home Health:** For all services regarding home health services, treatments, supplies, expenses, or other charges, Provider will be reimbursed at a rate of 90% of the State of Alabama Department of Labor (DOL) fee schedule.

- H. **Outpatient Services Not Provided in Paragraphs A, B, C, D, E or F above:**
A rate equal to an “extra” 10% off of the Hospital’s negotiated outpatient rate with the DOL. For example, if the DOL rate is to pay 85%, then the AlaMed rate is to pay 75%.

- I. **Implants:** Medical devices listed under revenue codes 274, 275, 276, and 278 for inpatient and outpatient services shall be paid additionally at a rate of cost + 5%. If the aggregate charge for the implants is less than \$500, no invoice will need to be provided and will be paid at a rate of cost + 5%. If the aggregate charge for the implants is greater than \$500, an invoice will be provided and will be promptly reimbursed at a rate of cost +5%. The cost will include the cost of shipping and taxes associated with the implant.

RATE ESCALATOR:

Effective January 1st of each year, outpatient rates (Outpatient Case Rates, Outpatient ER rates, Diagnostic Fee Schedule) currently in effect will be increased by 6%.

Exhibit A Outpatient Case Rates

| CPT Code | Rate | Description |
|----------|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 12001 | \$878.00 | Simple repair of superficial wounds 2.5cm or less |
| 12002 | \$878.00 | Simple repair of superficial wounds 2.5 cm or less 2.6 cm to 7.5 cm |
| 16020 | \$878.00 | Initial treatment, 1st degree burn when no more than local treatment is required; without anesthesia, office or hospital, small |
| 20680 | \$2,695.00 | Removal of implant |
| 20936 | \$4,670.00 | Autograph for spine surgery only (including harvesting the graft); local (eg, ribs, spinous process, or laminar fragments) obtained from same incision |
| 22554 | \$4,670.00 | Arthrodesis, anterior interbody technique, including minimal diskectomy to prepare interspace (other than for decompression); cervical below C2 |
| 22845 | \$3,699.00 | Anterior instrumentation; 2 to 3 vertebral segments |
| 23350 | \$2,376.00 | Injection procedure for shoulder arthrography or enhanced CT/MRI shoulder arthrography |
| 23410 | \$4,436.00 | Repair of ruptured muscolotendinous cuff (rotator cuff) |
| 23412 | \$4,436.00 | Repair of ruptured muscolotendinous cuff, chronic |
| 23420 | \$4,603.00 | Repair of complete shoulder (rotator) cuff avulsion, chronic includes acromioplasty |
| 23455 | \$4,478.00 | Repair, revision, and/or reconstruction with labral repair (eg, Bankard procedure) |
| 23462 | \$4,392.00 | Bristow procedure (with coracoid process transfer) |
| 23550 | \$3,807.00 | Open treatment of acromioclavicular dislocation, acute or chronic (Weaver Dunn Procedure) |
| 24342 | \$4,101.00 | Reinsertion of ruptured biceps or triceps tendon, distal, with or without tendon graft |
| 24346 | \$4,106.00 | Reconstruction medial collateral ligament, elbow, with tendon graft, (includes harvesting of graft) |
| 24350 | \$3,030.00 | Faciotomy |
| 24356 | \$3,030.00 | Faciotomy |
| 25000 | \$2,997.00 | Incision, extensor tendon sheath, wrist (eg, deQuervains disease) |
| 25111 | \$3,264.00 | Excision of ganglion, wrist primary |
| 25112 | \$3,264.00 | Excision of ganglion, recurrent |
| 25611 | \$3,976.00 | Percutaneous skeletal fixation of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloidm, requiring manipulation, with or without external fixation |

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| CPT Code | Rate | Description |
|-----------------|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 25620 | \$3,976.00 | Open treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, with or without fracture of ular styloid, with or without internal or external fixation |
| 26055 | \$2,470.00 | Tendon sheath incision (eg, trigger finger) |
| 26615 | \$3,976.00 | Open treatment of metacarpal fracture, sigle, with or without internal or external fixation each bone |
| 26735 | \$4,478.00 | Open treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, includes internal fixation, when performed, each |
| 27096 | \$2,997.00 | Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid patellectomy or hemipatellectomy |
| 27350 | \$3,004.00 | Patellectomy or hemipatellectomy |
| 27698 | \$4,101.00 | Repair, secondary, disrupted ligament, ankle, collateral (eg, Watson-Jones procedure) |
| 27766 | \$3,724.00 | Open treatment of medial malleolus fracture, with or without internal or external fixation |
| 27792 | \$3,514.00 | Open treatment of distal fibular fracture, (lateral malleolus) with or without internal or external fixation |
| 27814 | \$3,138.00 | Open treatment of bimalleolar ankle fracture, with or without internal or external fixation |
| 28290 | \$3,180.00 | Correction, hallus valgus (bunion) with or without sesamiodectomy, simple exostectomy (eg, Silver type procedure) |
| 28292 | \$3,180.00 | Keller, McBride or Mayo type procedure |
| 28296 | \$3,180.00 | With metatarsal osteotomy (eg, Mitchell, Chevron, or concentric type procedure) |
| 28297 | \$3,724.00 | Lapidus type procedure |
| 28298 | \$3,850.00 | By phalanx osteotomy |
| 28485 | \$4,050.00 | Open treatment of metatarsal fracture, with or without internal or external fixation, each |
| 29130 | \$878.00 | Application of finger splint, stasis |
| 29806 | \$4,016.00 | Arthroscopy. Shoulder, surgical; capsulorrhaphy |
| 29807 | \$4,016.00 | Repair of slap lesion |
| 29822 | \$4,016.00 | Arthroscopy, shoulder, surgical w/removal of loose body, debridement, limited |
| 29823 | \$4,016.00 | Arthroscopy, shoulder, surgical with removal of loose body, debridement, extensive |
| 29824 | \$3,348.00 | Endoscopy/arthroscopy; distal claviclectomy including distal articular surface (Mumford procedure) |
| 29825 | \$4,352.00 | Arthroscopy shoulder, with lysis and resection of adhesions with or without manipulation |
| 29826 | \$4,352.00 | Arthroscopy, shoulder, surgical, w/ removal of loose body, decompression of subacromial space w/ partial acromioplasty, w/or w/out coracoacromial release |

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| CPT Code | Rate | Description |
|-----------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| 29827 | \$3,474.00 | Arthroscopic rotator cuff repair |
| 29836 | \$4,518.00 | Arthroscopic synovectomy |
| 29837 | \$4,185.00 | Debridement, limited |
| 29838 | \$3,348.00 | Arthroscopic debridement |
| 29844 | \$3,348.00 | Arthroscopic synovectomy partial |
| 29845 | \$3,348.00 | Arthroscopic synovectomy |
| 29848 | \$3,348.00 | Endoscopy, wrist, surgical, with release of transverse carpal ligament |
| 29870 | \$3,348.00 | Arthroscopy, knee, diagnostic, with or without synovial biopsy |
| 29871 | \$4,034.00 | Arthroscopy, knee surgical, for infection, lavage and drainage |
| 29873 | \$4,034.00 | Arthroscopy, knee surgical, with lateral release |
| 29874 | \$4,034.00 | Arthroscopy, knee surgical for removal of loose body or foreign body (eg, Osteochondritis dissecans fragmentation, chondral fragmentation) |
| 29876 | \$4,034.00 | Arthroscopy, knee surgical for synovectomy, major, two or more compartments (eg, Medial or Lateral) |
| 29877 | \$4,034.00 | Arthroscopy, knee surgical for debridement/having of articular cartilage |
| 29879 | \$4,034.00 | Abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture |
| 29880 | \$3,474.00 | Arthroscopy, knee surgical with meniscectomy (medial and lateral) including meniscal shaving |
| 29881 | \$4,016.00 | Arthroscopy with meniscectomy (medial and lateral) including meniscal shaving |
| 29882 | \$4,016.00 | Arthroscopy, knee surgical for meniscus repair (medial or lateral) |
| 29888 | \$4,352.00 | Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction |
| 29889 | \$4,352.00 | Arthroscopy aided posterior cruciate ligament repair/augmentation or reconstruction |
| 29891 | \$3,682.00 | Arthroscopy, ankle, surgical, excision of osteochondral defect of talus and/or tibia, including drilling of the defect |
| 29894 | \$3,682.00 | Arthroscopy, ankle (tibiotalar and fibulotalar joints) surgical; with removal of loose body or foreign body |
| 29897 | \$3,682.00 | Debridement, limited |
| 29898 | \$4,016.00 | Debridement, extensive |
| 62264 | \$3,724.00 | Multiple adhesiolysis treatment session performed on the same day. Include the procedure of injections or neurolytic agents |
| 62284 | \$2,636.00 | Injection procedure for myelography and/or computer tomography, spinal |

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| CPT Code | Rate | Description |
|---------------------------------------------------|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 62290 | \$3,012.00 | Injection procedure for discography, each level, lumbar |
| 62310 (deleted 2017: see new code 62320) | \$3,012.00 | Injection, single (not via indwelling catheter) not including neurolytic substances, with or without contrast (for either localization or epidurography) of diagnostic or therapeutic substance (s) (including anesthetic, antispasmodic, opioid, steroid, othe |
| 62311 (deleted 2017: see new code 62322) | \$2,636.00 | Nerve blocks / epidurals |
| 62319 (deleted 2017: see new code 62326) | \$2,552.00 | Lumbar, scral (caudal) |
| 62320 | \$3,011.00 | Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance |
| 62321 | \$1,519.00 | Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT) |
| 62322 | \$2,635.00 | Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance |
| 62323 | \$1,519.00 | Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT) |
| 62325 | \$1,519.00 | 5 Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT) |
| 62326 | \$2,551.00 | Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance |
| 63030 | \$5,020.00 | Laminotomy with decompression of nerve roots |
| 63035 | \$4,352.00 | Each additional interspace, cervical or lumbar |

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| 63047 | \$4,352.00 | Laminectomy lumbar |
| 63048 | \$4,352.00 | Each additional segment, cervical, thoracic, or lumbar |
| 63075 | \$5,020.00 | Diskectomy, anterior, with decompression of spinal cord and/or nerve root (s), including osteophytectomy, cervical single interspace |
| 63076 | \$3,380.00 | Cervical, each additional interspace |
| 64470 | \$2,636.00 | Injection, anesthetic agent and/or steroid paravertebral facet joint or facet joint nerve; cervical or thoracic, single level |
| 64472 | \$2,972.00 | Cervical or thoracic, each additional level |
| 64475 | \$2,636.00 | Faces block - lumbar |
| 64476 | \$2,636.00 | Faces block - cervical |
| 64479 | \$3,724.00 | Injection, anesthetic agent and/or steroid, transforminal epidural; cervical or thoracic, single level |
| 64480 | \$2,009.00 | Cervical or thoracic; each additional level |
| 64483 | \$2,636.00 | Injection, anesthetic agent and/or steroid, transforminal epidural; lumbar or sacral each single levels |
| 64484 | \$2,636.00 | Injection, anesthetic agent and/or steroid, transforminal epidural; lumbar or sacral each additional levels |
| 64718 | \$1,674.00 | Ulnar nerve at elbow |
| 64721 | \$2,552.00 | Neuroplasty and/or transposition, median nerve at carpal tunnel (carpal tunnel disease) |
| 65400 | \$3,724.00 | Excision of lesion, cornea (keratectomy, lamellar, partial) except pterygium |
| 65755 | \$3,724.00 | Corneal transplant includes use of fresh or preserved grafts, and preparation of donor material |
| 95812 | \$502.00 | Electroencephalogram (EEG) extended monitoring; 41-60 minutes |
| 95860 | \$294.00 | Needle electromyography; one extremity with or without related paraspinal rease |

| CPT Code | Rate | Description |
|----------|----------|------------------------------------------------------------|
| 95861 | \$460.00 | Two extremities with or without related paraspinal areas |
| 95863 | \$586.00 | Three extremities with or without related paraspinal areas |
| 95864 | \$709.00 | Four extremities with or without related paraspinal areas |

Exhibit A Diagnostic Rates

| CPT Code | Location | Diagnostic Description | Allowed |
|----------|----------|------------------------------------------------------------------------------------------------------|----------|
| 70010 | BMC | MYELOGRAPHY, POSTERIOR FOSSA, RADIOLOGICAL SUPERVISION AND INTERPRETATION | \$579.00 |
| 70015 | BMC | CISTERNOGRAPHY, POSITIVE CONTRAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION | \$579.00 |
| 70170 | BMC | DACRYOCYSTOGRAPHY, NASOLACRIMAL DUCT, RADIOLOGICAL SUPERVISION AND INTERPRETATION | \$193.00 |
| 70332 | BMC | TEMPOROMANDIBULAR JOINT ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION | \$214.00 |
| 70350 | BMC | CEPHALOGRAM, ORTHODONTIC | \$184.00 |
| 70355 | BMC | ORTHOPANTOGRAM | \$115.00 |
| 70373 | BMC | LARYNGOGRAPHY, CONTRAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION | \$262.00 |
| 70380 | BMC | RADIOLOGIC EXAMINATION, SALIVARY GLAND FOR CALCULUS | \$115.00 |
| 70390 | BMC | SIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION | \$192.00 |
| 70496 | BMC | COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(| \$346.00 |
| 70498 | BMC | COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(| \$352.00 |
| 70554 | BMC | MAGNETIC RESONANCE IMAGING, BRAIN, FUNCTIONAL MRI; INCLUDING TEST SELECTION AND ADMINISTRATION OF RE | \$494.00 |
| 70555 | BMC | MAGNETIC RESONANCE IMAGING, BRAIN, FUNCTIONAL MRI; REQUIRING PHYSICIAN OR PSYCHOLOGIST ADMINISTRATIO | \$506.00 |
| 71040 | BMC | BRONCHOGRAPHY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION | \$262.00 |
| 71060 | BMC | BRONCHOGRAPHY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION | \$333.00 |
| 71090 | BMC | INSERTION PACEMAKER, FLUOROSCOPY AND RADIOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION | \$262.00 |
| 71275 | BMC | COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL | \$406.00 |
| 72069 | BMC | RADIOLOGIC EXAMINATION, SPINE, THORACOLUMBAR, STANDING (SCOLIOSIS) | \$129.00 |
| 72090 | BMC | RADIOLOGIC EXAMINATION, SPINE; SCOLIOSIS STUDY, INCLUDING SUPINE AND ERECT STUDIES | \$162.00 |
| 72159 | BMC | MAGNETIC RESONANCE ANGIOGRAPHY, SPINAL CANAL AND CONTENTS, WITH OR WITHOUT CONTRAST MATERIAL(S) | \$908.00 |

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|----------|----------|------------------------------------------------------------------------------------------------------|------------|
| 72191 | BMC | COMPUTED TOMOGRAPHIC ANGIOGRAPHY, PELVIS, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIA | \$387.00 |
| 72240 | BMC | MYELOGRAPHY, CERVICAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION | \$481.00 |
| 72255 | BMC | MYELOGRAPHY, THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION | \$481.00 |
| 72265 | BMC | MYELOGRAPHY, LUMBOSACRAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION | \$481.00 |
| 72270 | BMC | MYELOGRAPHY, TWO OR MORE REGIONS (EG, LUMBAR/THORACIC, CERVICAL/THORACIC, LUMBAR/CERVICAL, LUMBAR/TH | \$694.00 |
| 72275 | BMC | EPIDUROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION | \$265.00 |
| 72285 | BMC | DISKOGRAPHY, CERVICAL OR THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION | \$481.00 |
| 72291 | BMC | RADIOLOGICAL SUPERVISION AND INTERPRETATION, PERCUTANEOUS VERTEBROPLASTY OR VERTEBRAL AUGMENTATION I | \$248.00 |
| 72292 | BMC | RADIOLOGICAL SUPERVISION AND INTERPRETATION, PERCUTANEOUS VERTEBROPLASTY OR VERTEBRAL AUGMENTATION I | \$306.00 |
| 72295 | BMC | DISCOGRAPHY, LUMBAR, RADIOLOGICAL SUPERVISION AND INTERPRETATION | \$481.00 |
| 73206 | BMC | COMPUTED TOMOGRAPHIC ANGIOGRAPHY, UPPER EXTREMITY, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAS | \$235.00 |
| 73525 | BMC | RADIOLOGIC EXAMINATION, HIP, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION | \$350.00 |
| 73530 | BMC | RADIOLOGIC EXAMINATION, HIP, DURING OPERATIVE PROCEDURE | \$333.00 |
| 73542 | BMC | RADIOLOGICAL EXAMINATION, SACROILIAC JOINT ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION | \$183.00 |
| 73706 | BMC | COMPUTED TOMOGRAPHIC ANGIOGRAPHY, LOWER EXTREMITY, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAS | \$235.00 |
| 74175 | BMC | COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERI | \$397.00 |
| 74190 | BMC | PERITONEOGRAM (EG, AFTER INJECTION OF AIR OR CONTRAST), RADIOLOGICAL SUPERVISION AND INTERPRETATION | \$165.00 |
| 74230 | BMC | SWALLOWING FUNCTION, WITH CINERADIOGRAPHY/VIDEORADIOGRAPHY | \$194.00 |
| 74235 | BMC | REMOVAL OF FOREIGN BODY(S), ESOPHAGEAL, WITH USE OF BALLOON CATHETER, RADIOLOGICAL SUPERVISION AND I | \$1,444.00 |
| 74260 | BMC | DUODENOGRAPHY, HYPOTONIC | \$262.00 |
| 74290 | BMC | CHOLECYSTOGRAPHY, ORAL CONTRAST; | \$192.00 |

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| 74291 | BMC | CHOLECYSTOGRAPHY, ORAL CONTRAST; ADDITIONAL OR REPEAT EXAMINATION OR MULTIPLE DAY EXAMINATION | \$129.00 |
| 74300 | BMC | CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; INTRAOPERATIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION | \$262.00 |
| 74301 | BMC | CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; ADDITIONAL SET INTRAOPERATIVE, RADIOLOGICAL SUPERVISION AND | \$155.00 |
| 74305 | BMC | CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; THROUGH EXISTING CATHETER, RADIOLOGICAL SUPERVISION AND INTE | \$216.00 |
| 74320 | BMC | CHOLANGIOGRAPHY, PERCUTANEOUS, TRANSHEPATIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION | \$271.00 |
| 74327 | BMC | POSTOPERATIVE BILIARY DUCT CALCULUS REMOVAL, PERCUTANEOUS VIA T-TUBE TRACT, BASKET, OR SNARE (EG, BU | \$1,471.00 |
| 74328 | BMC | ENDOSCOPIC CATHETERIZATION OF THE BILIARY DUCTAL SYSTEM, RADIOLOGICAL SUPERVISION AND INTERPRETATION | \$399.00 |
| 74329 | BMC | ENDOSCOPIC CATHETERIZATION OF THE PANCREATIC DUCTAL SYSTEM, RADIOLOGICAL SUPERVISION AND INTERPRETAT | \$424.00 |
| 74330 | BMC | COMBINED ENDOSCOPIC CATHETERIZATION OF THE BILIARY AND PANCREATIC DUCTAL SYSTEMS, RADIOLOGICAL SUPER | \$302.00 |
| 74340 | BMC | INTRODUCTION OF LONG GASTROINTESTINAL TUBE (EG, MILLER-ABBOTT), INCLUDING MULTIPLE FLUOROSCOPIES AND | \$455.00 |
| 74350 | BMC | PERCUTANEOUS PLACEMENT OF GASTROSTOMY TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION | \$350.00 |
| 74355 | BMC | PERCUTANEOUS PLACEMENT OF ENTEROCLYSIS TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION | \$350.00 |
| 74360 | BMC | INTRALUMINAL DILATION OF STRICTURES AND/OR OBSTRUCTIONS (EG, ESOPHAGUS), RADIOLOGICAL SUPERVISION AN | \$176.00 |
| 74363 | BMC | PERCUTANEOUS TRANSHEPATIC DILATION OF BILIARY DUCT STRICTURE WITH OR WITHOUT PLACEMENT OF STENT, RAD | \$470.00 |
| 74420 | BMC | UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB | \$240.00 |
| 74430 | BMC | CYSTOGRAPHY, MINIMUM OF THREE VIEWS, RADIOLOGICAL SUPERVISION AND INTERPRETATION | \$223.00 |
| 74440 | BMC | VASOGRAPHY, VESICULOGRAPHY, OR EPIDIDYMOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION | \$247.00 |
| 74445 | BMC | CORPORA CAVERNOSOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION | \$247.00 |
| 74450 | BMC | URETHROCYSTOGRAPHY, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION | \$240.00 |
| 74455 | BMC | URETHROCYSTOGRAPHY, VOIDING, RADIOLOGICAL SUPERVISION AND INTERPRETATION | \$247.00 |
| 74470 | BMC | RADIOLOGIC EXAMINATION, RENAL CYST STUDY, TRANSLUMBAR, CONTRAST VISUALIZATION, RADIOLOGICAL SUPERVIS | \$207.00 |

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| 74475 | BMC | INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANE | \$797.00 |
| 74480 | BMC | INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER THROUGH RENAL PELVIS FOR DRAINAGE AND/OR INJE | \$637.00 |
| 74485 | BMC | DILATION OF NEPHROSTOMY, URETERS, OR URETHRA, RADIOLOGICAL SUPERVISION AND INTERPRETATION | \$797.00 |
| 74710 | BMC | PELVIMETRY, WITH OR WITHOUT PLACENTAL LOCALIZATION | \$367.00 |
| 74742 | BMC | TRANSCERVICAL CATHETERIZATION OF FALLOPIAN TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION | \$247.00 |
| 74775 | BMC | PERINEOGRAM (EG, VAGINOGRAM, FOR SEX DETERMINATION OR EXTENT OF ANOMALIES) | \$359.00 |
| 75552 | BMC | CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY; WITHOUT CONTRAST MATERIAL | \$542.00 |
| 75553 | BMC | CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY; WITH CONTRAST MATERIAL | \$604.00 |
| 75554 | BMC | CARDIAC MAGNETIC RESONANCE IMAGING FOR FUNCTION, WITH OR WITHOUT MORPHOLOGY; COMPLETE STUDY | \$623.00 |
| 75555 | BMC | CARDIAC MAGNETIC RESONANCE IMAGING FOR FUNCTION, WITH OR WITHOUT MORPHOLOGY; LIMITED STUDY | \$440.00 |
| 75556 | BMC | CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING | \$509.00 |
| 75600 | BMC | AORTOGRAPHY, THORACIC, WITHOUT SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION | \$644.00 |
| 75605 | BMC | AORTOGRAPHY, THORACIC, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION | \$905.00 |
| 75625 | BMC | AORTOGRAPHY, ABDOMINAL, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION | \$905.00 |
| 75630 | BMC | AORTOGRAPHY, ABDOMINAL PLUS BILATERAL ILIOFEMORAL LOWER EXTREMITY, CATHETER, BY SERIALOGRAPHY, RADIO | \$870.00 |
| 75635 | BMC | COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMINAL AORTA AND BILATERAL ILIOFEMORAL LOWER EXTREMITY RUNOFF, | \$444.00 |
| 75650 | BMC | ANGIOGRAPHY, CERVICOCEREBRAL, CATHETER, INCLUDING VESSEL ORIGIN, RADIOLOGICAL SUPERVISION AND INTERP | \$963.00 |
| 75658 | BMC | ANGIOGRAPHY, BRACHIAL, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION | \$1,126.00 |
| 75660 | BMC | ANGIOGRAPHY, EXTERNAL CAROTID, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION | \$586.00 |
| 75662 | BMC | ANGIOGRAPHY, EXTERNAL CAROTID, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION | \$905.00 |

| CPT Code | Location | Diagnostic Description | Allowed |
|-----------------|-----------------|------------------------------------------------------------------------------------------------------|----------------|
| 75665 | BMC | ANGIOGRAPHY, CAROTID, CEREBRAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION | \$586.00 |
| 75671 | BMC | ANGIOGRAPHY, CAROTID, CEREBRAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION | \$694.00 |
| 75676 | BMC | ANGIOGRAPHY, CAROTID, CERVICAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION | \$586.00 |
| 75680 | BMC | ANGIOGRAPHY, CAROTID, CERVICAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION | \$904.00 |
| 75685 | BMC | ANGIOGRAPHY, VERTEBRAL, CERVICAL, AND/OR INTRACRANIAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION | \$586.00 |
| 75705 | BMC | ANGIOGRAPHY, SPINAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION | \$685.00 |
| 75710 | BMC | ANGIOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION | \$481.00 |
| 75716 | BMC | ANGIOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION | \$694.00 |
| 75722 | BMC | ANGIOGRAPHY, RENAL, UNILATERAL, SELECTIVE (INCLUDING FLUSH AORTOGRAM), RADIOLOGICAL SUPERVISION AND | \$905.00 |
| 75724 | BMC | ANGIOGRAPHY, RENAL, BILATERAL, SELECTIVE (INCLUDING FLUSH AORTOGRAM), RADIOLOGICAL SUPERVISION AND I | \$1,011.00 |
| 75726 | BMC | ANGIOGRAPHY, VISCERAL, SELECTIVE OR SUPRASELECTIVE, (WITH OR WITHOUT FLUSH AORTOGRAM), RADIOLOGICAL | \$1,011.00 |
| 75731 | BMC | ANGIOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION | \$905.00 |
| 75733 | BMC | ANGIOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION | \$1,011.00 |
| 75736 | BMC | ANGIOGRAPHY, PELVIC, SELECTIVE OR SUPRASELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION | \$694.00 |
| 75741 | BMC | ANGIOGRAPHY, PULMONARY, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION | \$694.00 |
| 75743 | BMC | ANGIOGRAPHY, PULMONARY, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION | \$807.00 |
| 75746 | BMC | ANGIOGRAPHY, PULMONARY, BY NONSELECTIVE CATHETER OR VENOUS INJECTION, RADIOLOGICAL SUPERVISION AND I | \$694.00 |
| 75756 | BMC | ANGIOGRAPHY, INTERNAL MAMMARY, RADIOLOGICAL SUPERVISION AND INTERPRETATION | \$694.00 |
| 75774 | BMC | ANGIOGRAPHY, SELECTIVE, EACH ADDITIONAL VESSEL STUDIED AFTER BASIC EXAMINATION, RADIOLOGICAL SUPERVI | \$424.00 |
| 75790 | BMC | ANGIOGRAPHY, ARTERIOVENOUS SHUNT (EG, DIALYSIS PATIENT), RADIOLOGICAL SUPERVISION AND INTERPRETATION | \$644.00 |

| CPT Code | Location | Diagnostic Description | Allowed |
|-----------------|-----------------|------------------------------------------------------------------------------------------------------|----------------|
| 75801 | BMC | LYMPHANGIOGRAPHY, EXTREMITY ONLY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION | \$586.00 |
| 75803 | BMC | LYMPHANGIOGRAPHY, EXTREMITY ONLY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION | \$694.00 |
| 75805 | BMC | LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION | \$586.00 |
| 75807 | BMC | LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION | \$694.00 |
| 75809 | BMC | SHUNTOGRAM FOR INVESTIGATION OF PREVIOUSLY PLACED INDWELLING NONVASCULAR SHUNT (EG, LEVEEN SHUNT, VE | \$281.00 |
| 75810 | BMC | SPLENOPORTOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION | \$586.00 |
| 75825 | BMC | VENOGRAPHY, CAVAL, INFERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION | \$485.00 |
| 75827 | BMC | VENOGRAPHY, CAVAL, SUPERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION | \$485.00 |
| 75831 | BMC | VENOGRAPHY, RENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION | \$526.00 |
| 75833 | BMC | VENOGRAPHY, RENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION | \$586.00 |
| 75840 | BMC | VENOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION | \$526.00 |
| 75842 | BMC | VENOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION | \$586.00 |
| 75860 | BMC | VENOGRAPHY, VENOUS SINUS (EG, PETROSAL AND INFERIOR SAGITTAL) OR JUGULAR, CATHETER, RADIOLOGICAL SUP | \$694.00 |
| 75870 | BMC | VENOGRAPHY, SUPERIOR SAGITTAL SINUS, RADIOLOGICAL SUPERVISION AND INTERPRETATION | \$586.00 |
| 75872 | BMC | VENOGRAPHY, EPIDURAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION | \$1,004.00 |
| 75880 | BMC | VENOGRAPHY, ORBITAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION | \$485.00 |
| 75885 | BMC | PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITH HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTE | \$1,011.00 |
| 75887 | BMC | PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITHOUT HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND I | \$1,011.00 |
| 75889 | BMC | HEPATIC VENOGRAPHY, WEDGED OR FREE, WITH HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERP | \$1,011.00 |
| 75891 | BMC | HEPATIC VENOGRAPHY, WEDGED OR FREE, WITHOUT HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INT | \$1,011.00 |
| 75893 | BMC | VENOUS SAMPLING THROUGH CATHETER, WITH OR WITHOUT ANGIOGRAPHY (EG, FOR PARATHYROID HORMONE, RENIN), | \$2,121.00 |

| CPT Code | Location | Diagnostic Description | Allowed |
|-----------------|-----------------|------------------------------------------------------------------------------------------------------|----------------|
| 75894 | BMC | TRANSCATHETER THERAPY, EMBOLIZATION, ANY METHOD, RADIOLOGICAL SUPERVISION AND INTERPRETATION | \$635.00 |
| 75896 | BMC | TRANSCATHETER THERAPY, INFUSION, ANY METHOD (EG, THROMBOLYSIS OTHER THAN CORONARY), RADIOLOGICAL SUP | \$635.00 |
| 75898 | BMC | ANGIOGRAPHY THROUGH EXISTING CATHETER FOR FOLLOW-UP STUDY FOR TRANSCATHETER THERAPY, EMBOLIZATION OR | \$803.00 |
| 75900 | BMC | EXCHANGE OF A PREVIOUSLY PLACED INTRAVASCULAR CATHETER DURING THROMBOLYTIC THERAPY WITH CONTRAST MON | \$635.00 |
| 75901 | BMC | MECHANICAL REMOVAL OF PERICATHETER OBSTRUCTIVE MATERIAL (EG, FIBRIN SHEATH) FROM CENTRAL VENOUS DEVI | \$485.00 |
| 75902 | BMC | MECHANICAL REMOVAL OF INTRALUMINAL (INTRACATHETER) OBSTRUCTIVE MATERIAL FROM CENTRAL VENOUS DEVICE T | \$485.00 |
| 75940 | BMC | PERCUTANEOUS PLACEMENT OF IVC FILTER, RADIOLOGICAL SUPERVISION AND INTERPRETATION | \$635.00 |
| 75945 | BMC | INTRAVASCULAR ULTRASOUND (NON-CORONARY VESSEL), RADIOLOGICAL SUPERVISION AND INTERPRETATION; INITIAL | \$319.00 |
| 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 | \$1,004.00 |
| 75953 | BMC | PLACEMENT OF PROXIMAL OR DISTAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF INFRARENAL AORTIC OR | \$478.00 |
| 75954 | BMC | ENDOVASCULAR REPAIR OF ILIAC ARTERY ANEURYSM, PSEUDOANEURYSM, ARTERIOVENOUS MALFORMATION, OR TRAUMA, | \$877.00 |
| 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 | \$637.00 |
| 75961 | BMC | TRANSCATHETER RETRIEVAL, PERCUTANEOUS, OF INTRAVASCULAR FOREIGN BODY (EG, FRACTURED VENOUS OR ARTERI | \$1,116.00 |
| 75962 | BMC | TRANSLUMINAL BALLOON ANGIOPLASTY, PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION | \$1,004.00 |
| 75964 | BMC | TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND IN | \$350.00 |
| 75966 | BMC | TRANSLUMINAL BALLOON ANGIOPLASTY, RENAL OR OTHER VISCERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTER | \$1,055.00 |

| CPT Code | Location | Diagnostic Description | Allowed |
|-----------------|-----------------|------------------------------------------------------------------------------------------------------|----------------|
| 75968 | BMC | TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL VISCERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTE | \$350.00 |
| 75970 | BMC | TRANSCATHETER BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION | \$367.00 |
| 75978 | BMC | TRANSLUMINAL BALLOON ANGIOPLASTY, VENOUS (EG, SUBCLAVIAN STENOSIS), RADIOLOGICAL SUPERVISION AND INT | \$654.00 |
| 75980 | BMC | PERCUTANEOUS TRANSHEPATIC BILIARY DRAINAGE WITH CONTRAST MONITORING, RADIOLOGICAL SUPERVISION AND IN | \$1,011.00 |
| 75982 | BMC | PERCUTANEOUS PLACEMENT OF DRAINAGE CATHETER FOR COMBINED INTERNAL AND EXTERNAL BILIARY DRAINAGE OR O | \$1,116.00 |
| 75984 | BMC | CHANGE OF PERCUTANEOUS TUBE OR DRAINAGE CATHETER WITH CONTRAST MONITORING (EG, GASTROINTESTINAL SYST | \$335.00 |
| 75989 | BMC | RADIOLOGICAL GUIDANCE (IE, FLUOROSCOPY, ULTRASOUND, OR COMPUTED TOMOGRAPHY), FOR PERCUTANEOUS DRAINA | \$367.00 |
| 75992 | BMC | TRANSLUMINAL ATHERECTOMY, PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION | \$1,004.00 |
| 75993 | BMC | TRANSLUMINAL ATHERECTOMY, EACH ADDITIONAL PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETA | \$350.00 |
| 75994 | BMC | TRANSLUMINAL ATHERECTOMY, RENAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION | \$654.00 |
| 75995 | BMC | TRANSLUMINAL ATHERECTOMY, VISCERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION | \$654.00 |
| 75996 | BMC | TRANSLUMINAL ATHERECTOMY, EACH ADDITIONAL VISCERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATI | \$557.00 |
| 76000 | BMC | FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIAN TIME, OTHER THAN 71023 OR 71034 (EG, CARDIA | \$133.00 |
| 76001 | BMC | FLUOROSCOPY, PHYSICIAN TIME MORE THAN ONE HOUR, ASSISTING A NON-RADIOLOGIC PHYSICIAN (EG, NEPHROSTOL | \$455.00 |
| 76005 | BMC | FLUOROSCOPIC GUIDANCE AND LOCALIZATION OF NEEDLE OR CATHETER TIP FOR SPINE OR PARASPINOUS DIAGNOSTIC | \$159.00 |
| 76010 | BMC | RADIOLOGIC EXAMINATION FROM NOSE TO RECTUM FOR FOREIGN BODY, SINGLE VIEW, CHILD | \$248.00 |
| 76075 | BMC | DUAL ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, ONE OR MORE SITES; AXIAL SKELETON (EG, H | \$271.00 |
| 76080 | BMC | RADIOLOGIC EXAMINATION, ABSCESS, FISTULA OR SINUS TRACT STUDY, RADIOLOGICAL SUPERVISION AND INTERPRE | \$135.00 |

| CPT Code | Location | Diagnostic Description | Allowed |
|-----------------|-----------------|---------------------------------------------------------------------------------------------------------|----------------|
| 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 | \$694.00 |
| 76094 | BMC | BREAST, WITHOUT AND/OR WITH CONTRAST MATERIAL(S): BILATERAL | \$694.00 |
| 76100 | BMC | RADIOLOGIC EXAMINATION, SINGLE PLANE BODY SECTION (EG, TOMOGRAPHY), OTHER THAN WITH UROGRAPHY | \$260.00 |
| 76101 | BMC | RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTION (EG, MASTOID POLYTOMOGRAPHY | \$301.00 |
| 76102 | BMC | RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTION (EG, MASTOID POLYTOMOGRAPHY | \$382.00 |
| 76120 | BMC | CINERADIOGRAPHY/VIDEORADIOGRAPHY, EXCEPT WHERE SPECIFICALLY INCLUDED | \$287.00 |
| 76125 | BMC | CINERADIOGRAPHY/VIDEORADIOGRAPHY TO COMPLEMENT ROUTINE EXAMINATION (LIST SEPARATELY IN ADDITION TO C | \$115.00 |
| 76140 | BMC | CONSULTATION ON X-RAY EXAMINATION MADE ELSEWHERE, WRITTEN REPORT | \$149.00 |
| 76150 | BMC | XERORADIOGRAPHY | \$274.00 |
| 76350 | BMC | SUBTRACTION IN CONJUNCTION WITH CONTRAST STUDIES | \$0.00 |
| 76360 | BMC | COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTION, LOCALIZATION D | \$650.00 |
| 76380 | BMC | COMPUTED TOMOGRAPHY, LIMITED OR LOCALIZED FOLLOW-UP STUDY | \$121.00 |
| 76390 | BMC | MAGNETIC RESONANCE SPECTROSCOPY | \$556.00 |
| 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 | \$350.00 |
| 76510 | BMC | OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN AND QUANTITATIVE A-SCAN PERFORMED DURING THE SAME PATIENT | \$387.00 |
| 76511 | BMC | OPHTHALMIC ULTRASOUND, DIAGNOSTIC; QUANTITATIVE A- SCAN ONLY | \$335.00 |
| 76512 | BMC | OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN (WITH OR WITHOUT SUPERIMPOSED NON-QUANTITATIVE A-SCAN) | \$268.00 |
| 76513 | BMC | OPHTHALMIC ULTRASOUND, DIAGNOSTIC; ANTERIOR SEGMENT ULTRASOUND, IMMERSION (WATER BATH) B-SCAN OR HIG | \$367.00 |

| CPT Code | Location | Diagnostic Description | Allowed |
|-----------------|-----------------|------------------------------------------------------------------------------------------------------|----------------|
| 76514 | BMC | OPHTHALMIC ULTRASOUND, DIAGNOSTIC; CORNEAL PACHYMETRY, UNILATERAL OR BILATERAL (DETERMINATION OF COR | \$64.00 |
| 76516 | BMC | OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN; | \$292.00 |
| 76519 | BMC | OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN; WITH INTRAOCULAR LENS POWER CALCULATION | \$223.00 |
| 76529 | BMC | OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION | \$319.00 |
| 76820 | BMC | DOPPLER VELOCIMETRY, FETAL; UMBILICAL ARTERY | \$170.00 |
| 76821 | BMC | DOPPLER VELOCIMETRY, FETAL; MIDDLE CEREBRAL ARTERY | \$167.00 |
| 76825 | BMC | ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE DOCUMENTATION (2D), WITH OR WIT | \$399.00 |
| 76826 | BMC | ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE DOCUMENTATION (2D), WITH OR WIT | \$318.00 |
| 76827 | BMC | DOPPLER ECHOCARDIOGRAPHY, FETAL, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPLAY; COMPLETE | \$291.00 |
| 76828 | BMC | DOPPLER ECHOCARDIOGRAPHY, FETAL, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPLAY; FOLLOW-UP | \$318.00 |
| 76831 | BMC | SALINE INFUSION SONOHYSTEROGRAPHY (SIS), INCLUDING COLOR FLOW DOPPLER, WHEN PERFORMED | \$281.00 |
| 76872 | BMC | ULTRASOUND, TRANSRECTAL; | \$478.00 |
| 76873 | BMC | ULTRASOUND, TRANSRECTAL; PROSTATE VOLUME STUDY FOR BRACHYTHERAPY TREATMENT PLANNING (SEPARATE PROCED | \$478.00 |
| 76885 | BMC | ULTRASOUND, INFANT HIPS, REAL TIME WITH IMAGING DOCUMENTATION; DYNAMIC (REQUIRING PHYSICIAN MANIPULA | \$294.00 |
| 76886 | BMC | ULTRASOUND, INFANT HIPS, REAL TIME WITH IMAGING DOCUMENTATION; LIMITED, STATIC (NOT REQUIRING PHYSIC | \$294.00 |
| 76930 | BMC | ULTRASONIC GUIDANCE FOR PERICARDIOCENTESIS, IMAGING SUPERVISION AND INTERPRETATION | \$481.00 |
| 76932 | BMC | ULTRASONIC GUIDANCE FOR ENDOMYOCARDIAL BIOPSY, IMAGING SUPERVISION AND INTERPRETATION | \$481.00 |
| 76936 | BMC | ULTRASOUND GUIDED COMPRESSION REPAIR OF ARTERIAL PSEUDOANEURYSM OR ARTERIOVENOUS FISTULAE (INCLUDES | \$533.00 |
| 76937 | BMC | ULTRASOUND GUIDANCE FOR VASCULAR ACCESS REQUIRING ULTRASOUND EVALUATION OF POTENTIAL ACCESS SITES, D | \$170.00 |
| 76940 | BMC | ULTRASOUND GUIDANCE FOR, AND MONITORING OF, VISCERAL TISSUE ABLATION | \$335.00 |
| 76941 | BMC | ULTRASONIC GUIDANCE FOR INTRAUTERINE FETAL TRANSFUSION OR CORDOCENTESIS, IMAGING SUPERVISION AND INT | \$248.00 |

| CPT Code | Location | Diagnostic Description | Allowed |
|-----------------|-----------------|------------------------------------------------------------------------------------------------------|----------------|
| 76950 | BMC | ULTRASONIC GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS | \$359.00 |
| 76965 | BMC | ULTRASONIC GUIDANCE FOR INTERSTITIAL RADIOELEMENT APPLICATION | \$478.00 |
| 76970 | BMC | ULTRASOUND STUDY FOLLOW-UP (SPECIFY) | \$217.00 |
| 76975 | BMC | GASTROINTESTINAL ENDOSCOPIC ULTRASOUND, SUPERVISION AND INTERPRETATION | \$350.00 |
| 76977 | BMC | ULTRASOUND BONE DENSITY MEASUREMENT AND INTERPRETATION, PERIPHERAL SITE(S), ANY METHOD | \$342.00 |
| 76998 | BMC | ULTRASONIC GUIDANCE, INTRAOPERATIVE | \$431.00 |
| 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 | \$165.00 |
| 77002 | BMC | FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTION, LOCALIZATION DEVICE) | \$165.00 |
| 77003 | BMC | FLUOROSCOPIC GUIDANCE AND LOCALIZATION OF NEEDLE OR CATHETER TIP FOR SPINE OR PARASPINOUS DIAGNOSTIC | \$167.00 |
| 77011 | BMC | COMPUTED TOMOGRAPHY GUIDANCE FOR STEREOTACTIC LOCALIZATION | \$620.00 |
| 77012 | BMC | COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTION, LOCALIZATION D | \$650.00 |
| 77013 | BMC | COMPUTERIZED TOMOGRAPHY GUIDANCE FOR, AND MONITORING OF, PARENCHYMAL TISSUE ABLATION | \$580.00 |
| 77014 | BMC | COMPUTED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS | \$221.00 |
| 77022 | BMC | MAGNETIC RESONANCE GUIDANCE FOR, AND MONITORING OF, PARENCHYMAL TISSUE ABLATION | \$1,270.00 |
| 77053 | BMC | MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE DUCT, RADIOLOGICAL SUPERVISION AND INTERPRETATION | \$231.00 |
| 77054 | BMC | MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIPLE DUCTS, RADIOLOGICAL SUPERVISION AND INTERPRETATION | \$294.00 |
| 77071 | BMC | MANUAL APPLICATION OF STRESS PERFORMED BY PHYSICIAN FOR JOINT RADIOGRAPHY, INCLUDING CONTRALATERAL J | \$71.00 |
| 77078 | BMC | COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON (EG, HIPS, PELVIS, | \$152.00 |
| 77079 | BMC | COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, 1 OR MORE SITES; APPENDICULAR SKELETON (PERIPHERAL) | \$228.00 |
| 77083 | BMC | RADIOGRAPHIC ABSORPTIOMETRY (EG, PHOTODENSITOMETRY, RADIOGRAMMETRY), 1 OR MORE SITES | \$152.00 |
| 77084 | BMC | MAGNETIC RESONANCE (EG, PROTON) IMAGING, BONE MARROW BLOOD SUPPLY | \$555.00 |

| CPT Code | Location | Diagnostic Description | Allowed |
|-----------------|-----------------|----------------------------------------------------------------------------------------------------------|----------------|
| 77261 | BMC | THERAPEUTIC RADIOLOGY TREATMENT PLANNING; SIMPLE | \$526.00 |
| 77262 | BMC | THERAPEUTIC RADIOLOGY TREATMENT PLANNING; INTERMEDIATE | \$638.00 |
| 77263 | BMC | THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX | \$743.00 |
| 77280 | BMC | THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE | \$580.00 |
| 77285 | BMC | THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; INTERMEDIATE | \$693.00 |
| 77290 | BMC | THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX | \$773.00 |
| 77295 | BMC | THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; 3- DIMENSIONAL | \$2,019.00 |
| 77299 | BMC | UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY CLINICAL TREATMENT PLANNING | \$0.00 |
| 77300 | BMC | BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATIO | \$319.00 |
| 77301 | BMC | INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE- VOLUME HISTOGRAMS FOR TARGET AND CRITICAL STRU | \$2,606.00 |
| 77305 | BMC | TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); SIMPLE (ONE OR TWO PARALLEL OPPOSED | \$416.00 |
| 77310 | BMC | TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); INTERMEDIATE (THREE OR MORE TREATME | \$606.00 |
| 77315 | BMC | TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); COMPLEX (MANTLE OR INVERTED Y, TANG | \$881.00 |
| 77321 | BMC | SPECIAL TELETHERAPY PORT PLAN, PARTICLES, HEMIBODY, TOTAL BODY | \$628.00 |
| 77326 | BMC | BRACHYTHERAPY ISODOSE PLAN; SIMPLE (CALCULATION MADE FROM SINGLE PLANE, ONE TO FOUR SOURCES/RIBBON A | \$555.00 |
| 77327 | BMC | BRACHYTHERAPY ISODOSE PLAN; INTERMEDIATE (MULTIPLANE DOSAGE CALCULATIONS, APPLICATION INVOLVING 5 TO | \$606.00 |
| 77328 | BMC | BRACHYTHERAPY ISODOSE PLAN; COMPLEX (MULTIPLANE ISODOSE PLAN, VOLUME IMPLANT CALCULATIONS, OVER 10 S | \$780.00 |
| 77331 | BMC | SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY), ONLY WHEN PRESCRIBED BY THE TREATING PHYSICIA | \$309.00 |
| 77332 | BMC | TREATMENT DEVICES, DESIGN AND CONSTRUCTION; SIMPLE (SIMPLE BLOCK, SIMPLE BOLUS) | \$335.00 |
| 77333 | BMC | TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERMEDIATE (MULTIPLE BLOCKS, STENTS, BITE BLOCKS, SPEC | \$382.00 |
| 77334 | BMC | TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS | \$628.00 |
| 77336 | BMC | CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSUR | \$455.00 |

| CPT Code | Location | Diagnostic Description | Allowed |
|-----------------|-----------------|---------------------------------------------------------------------------------------------------------|----------------|
| 77370 | BMC | SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION | \$441.00 |
| 77371 | BMC | RADIATION TREATMENT DELIVERY, STEREOTACTIC RADIOSURGERY (SRS), COMPLETE COURSE OF TREATMENT OF CEREB | \$2,108.00 |
| 77372 | BMC | RADIATION TREATMENT DELIVERY, STEREOTACTIC RADIOSURGERY (SRS), COMPLETE COURSE OF TREATMENT OF CEREB | \$1,285.00 |
| 77373 | BMC | STEREOTACTIC BODY RADIATION THERAPY, TREATMENT DELIVERY, PER FRACTION TO 1 OR MORE LESIONS, INCLUDIN | \$2,358.00 |
| 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 | \$319.00 |
| 77402 | BMC | RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE B | \$319.00 |
| 77403 | BMC | RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE B | \$319.00 |
| 77404 | BMC | RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE B | \$319.00 |
| 77406 | BMC | RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE B | \$319.00 |
| 77407 | BMC | RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS ON A SINGLE TREATMEN | \$319.00 |
| 77408 | BMC | RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS ON A SINGLE TREATMEN | \$319.00 |
| 77409 | BMC | RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS ON A SINGLE TREATMEN | \$319.00 |
| 77411 | BMC | RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS ON A SINGLE TREATMEN | \$319.00 |
| 77412 | BMC | RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PO | \$319.00 |
| 77413 | BMC | RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PO | \$319.00 |
| 77414 | BMC | RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PO | \$319.00 |
| 77416 | BMC | RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PO | \$319.00 |
| 77417 | BMC | THERAPEUTIC RADIOLOGY PORT FILM(S) | \$113.00 |
| 77418 | BMC | INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS, VIA NARROW SPATIALLY AND TEM | \$1,430.00 |
| 77421 | BMC | STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY | \$284.00 |
| 77422 | BMC | HIGH ENERGY NEUTRON RADIATION TREATMENT DELIVERY; SINGLE TREATMENT AREA USING A SINGLE PORT OR PARAL | \$319.00 |

| CPT Code | Location | Diagnostic Description | Allowed |
|-----------------|-----------------|------------------------------------------------------------------------------------------------------|----------------|
| 77423 | BMC | HIGH ENERGY NEUTRON RADIATION TREATMENT DELIVERY; 1 OR MORE ISOCENTER(S) WITH COPLANAR OR NON-COPLAN | \$319.00 |
| 77427 | BMC | RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS | \$485.00 |
| 77431 | BMC | RADIATION THERAPY MANAGEMENT WITH COMPLETE COURSE OF THERAPY CONSISTING OF ONE OR TWO FRACTIONS ONLY | \$128.00 |
| 77432 | BMC | STEREOTACTIC RADIATION TREATMENT MANAGEMENT OF CEREBRAL LESION(S) (COMPLETE COURSE OF TREATMENT CONS | \$3,881.00 |
| 77435 | BMC | STEREOTACTIC BODY RADIATION THERAPY, TREATMENT MANAGEMENT, PER TREATMENT COURSE, TO ONE OR MORE LESI | \$1,156.00 |
| 77470 | BMC | SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY RADIATION, PER ORAL, ENDOCAVITARY | \$855.00 |
| 77499 | BMC | UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY TREATMENT MANAGEMENT | \$0.00 |
| 77520 | BMC | PROTON TREATMENT DELIVERY; SIMPLE, WITHOUT COMPENSATION | \$245.00 |
| 77522 | BMC | PROTON TREATMENT DELIVERY; SIMPLE, WITH COMPENSATION | \$281.00 |
| 77523 | BMC | PROTON TREATMENT DELIVERY; INTERMEDIATE | \$319.00 |
| 77525 | BMC | PROTON TREATMENT DELIVERY; COMPLEX | \$359.00 |
| 77600 | BMC | HYPERTHERMIA, EXTERNALLY GENERATED; SUPERFICIAL (IE, HEATING TO A DEPTH OF 4 CM OR LESS) | \$326.00 |
| 77750 | BMC | INFUSION OR INSTILLATION OF RADIOELEMENT SOLUTION (INCLUDES 3 MONTHS FOLLOW-UP CARE) | \$1,116.00 |
| 77761 | BMC | INTRACAVITARY RADIATION SOURCE APPLICATION; SIMPLE | \$1,705.00 |
| 77762 | BMC | INTRACAVITARY RADIATION SOURCE APPLICATION; INTERMEDIATE | \$1,993.00 |
| 77763 | BMC | INTRACAVITARY RADIATION SOURCE APPLICATION; COMPLEX | \$2,152.00 |
| 77776 | BMC | INTERSTITIAL RADIATION SOURCE APPLICATION; SIMPLE | \$1,878.00 |
| 77777 | BMC | INTERSTITIAL RADIATION SOURCE APPLICATION; INTERMEDIATE | \$2,231.00 |
| 77778 | BMC | INTERSTITIAL RADIATION SOURCE APPLICATION; COMPLEX | \$2,821.00 |
| 77781 | BMC | REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 1-4 SOURCE POSITIONS OR CATHETERS | \$1,881.00 |
| 77782 | BMC | REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 5-8 SOURCE POSITIONS OR CATHETERS | \$1,993.00 |
| 77783 | BMC | REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 9-12 SOURCE POSITIONS OR CATHETERS | \$2,104.00 |
| 77784 | BMC | REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; OVER 12 SOURCE POSITIONS OR CATHETERS | \$2,342.00 |

| CPT Code | Location | Diagnostic Description | Allowed |
|-----------------|-----------------|------------------------------------------------------------------------------------------------------|----------------|
| 77789 | BMC | SURFACE APPLICATION OF RADIATION SOURCE | \$166.00 |
| 77790 | BMC | SUPERVISION, HANDLING, LOADING OF RADIATION SOURCE | \$431.00 |
| 78000 | BMC | THYROID UPTAKE; SINGLE DETERMINATION | \$84.00 |
| 78001 | BMC | THYROID UPTAKE; MULTIPLE DETERMINATIONS | \$157.00 |
| 78003 | BMC | THYROID UPTAKE; STIMULATION, SUPPRESSION OR DISCHARGE (NOT INCLUDING INITIAL UPTAKE STUDIES) | \$218.00 |
| 78006 | BMC | THYROID IMAGING, WITH UPTAKE; SINGLE DETERMINATION | \$282.00 |
| 78007 | BMC | THYROID IMAGING, WITH UPTAKE; MULTIPLE DETERMINATIONS | \$350.00 |
| 78010 | BMC | THYROID IMAGING; ONLY | \$267.00 |
| 78011 | BMC | THYROID IMAGING; WITH VASCULAR FLOW | \$350.00 |
| 78015 | BMC | THYROID CARCINOMA METASTASES IMAGING; LIMITED AREA (EG, NECK AND CHEST ONLY) | \$382.00 |
| 78016 | BMC | THYROID CARCINOMA METASTASES IMAGING; WITH ADDITIONAL STUDIES (EG, URINARY RECOVERY) | \$424.00 |
| 78018 | BMC | THYROID CARCINOMA METASTASES IMAGING; WHOLE BODY | \$505.00 |
| 78020 | BMC | THYROID CARCINOMA METASTASES UPTAKE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) | \$139.00 |
| 78070 | BMC | PARATHYROID IMAGING | \$481.00 |
| 78075 | BMC | ADRENAL IMAGING, CORTEX AND/OR MEDULLA | \$512.00 |
| 78099 | BMC | UNLISTED ENDOCRINE PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE | \$0.00 |
| 78102 | BMC | BONE MARROW IMAGING; LIMITED AREA | \$594.00 |
| 78103 | BMC | BONE MARROW IMAGING; MULTIPLE AREAS | \$611.00 |
| 78104 | BMC | BONE MARROW IMAGING; WHOLE BODY | \$694.00 |
| 78110 | BMC | PLASMA VOLUME, RADIOPHARMACEUTICAL VOLUME-DILUTION TECHNIQUE (SEPARATE PROCEDURE); SINGLE SAMPLING | \$155.00 |
| 78111 | BMC | PLASMA VOLUME, RADIOPHARMACEUTICAL VOLUME-DILUTION TECHNIQUE (SEPARATE PROCEDURE); MULTIPLE SAMPLING | \$254.00 |
| 78120 | BMC | RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); SINGLE SAMPLING | \$247.00 |
| 78121 | BMC | RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); MULTIPLE SAMPLINGS | \$359.00 |
| 78122 | BMC | WHOLE BLOOD VOLUME DETERMINATION, INCLUDING SEPARATE MEASUREMENT OF PLASMA VOLUME AND RED CELL VOLUM | \$331.00 |

| CPT Code | Location | Diagnostic Description | Allowed |
|-----------------|-----------------|------------------------------------------------------------------------------------------------------|----------------|
| 78130 | BMC | RED CELL SURVIVAL STUDY; | \$478.00 |
| 78135 | BMC | RED CELL SURVIVAL STUDY; DIFFERENTIAL ORGAN/TISSUE KINETICS, (EG, SPLENIC AND/OR HEPATIC SEQUESTRATI | \$478.00 |
| 78140 | BMC | LABELED RED CELL SEQUESTRATION, DIFFERENTIAL ORGAN/TISSUE, (EG, SPLENIC AND/OR HEPATIC) | \$478.00 |
| 78185 | BMC | SPLEEN IMAGING ONLY, WITH OR WITHOUT VASCULAR FLOW | \$586.00 |
| 78190 | BMC | KINETICS, STUDY OF PLATELET SURVIVAL, WITH OR WITHOUT DIFFERENTIAL ORGAN/TISSUE LOCALIZATION | \$519.00 |
| 78191 | BMC | PLATELET SURVIVAL STUDY | \$519.00 |
| 78195 | BMC | LYMPHATICS AND LYMPH NODES IMAGING | \$519.00 |
| 78199 | BMC | UNLISTED HEMATOPOIETIC, RETICULOENDOTHELIAL AND LYMPHATIC PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE | \$0.00 |
| 78201 | BMC | LIVER IMAGING; STATIC ONLY | \$478.00 |
| 78202 | BMC | LIVER IMAGING; WITH VASCULAR FLOW | \$725.00 |
| 78205 | BMC | LIVER IMAGING (SPECT); | \$478.00 |
| 78206 | BMC | LIVER IMAGING (SPECT); WITH VASCULAR FLOW | \$725.00 |
| 78215 | BMC | LIVER AND SPLEEN IMAGING; STATIC ONLY | \$562.00 |
| 78216 | BMC | LIVER AND SPLEEN IMAGING; WITH VASCULAR FLOW | \$1,196.00 |
| 78220 | BMC | LIVER FUNCTION STUDY WITH HEPATOBILIARY AGENTS, WITH SERIAL IMAGES | \$294.00 |
| 78223 | BMC | HEPATOBILIARY DUCTAL SYSTEM IMAGING, INCLUDING GALLBLADDER, WITH OR WITHOUT PHARMACOLOGIC INTERVENTI | \$294.00 |
| 78230 | BMC | SALIVARY GLAND IMAGING; | \$301.00 |
| 78231 | BMC | SALIVARY GLAND IMAGING; WITH SERIAL IMAGES | \$367.00 |
| 78232 | BMC | SALIVARY GLAND FUNCTION STUDY | \$399.00 |
| 78258 | BMC | ESOPHAGEAL MOTILITY | \$226.00 |
| 78261 | BMC | GASTRIC MUCOSA IMAGING | \$509.00 |
| 78262 | BMC | GASTROESOPHAGEAL REFLUX STUDY | \$519.00 |
| 78264 | BMC | GASTRIC EMPTYING STUDY | \$399.00 |
| 78267 | BMC | UREA BREATH TEST, C-14 (ISOTOPIC); ACQUISITION FOR ANALYSIS | \$64.00 |
| 78268 | BMC | UREA BREATH TEST, C-14 (ISOTOPIC); ANALYSIS | \$265.00 |

| CPT Code | Location | Diagnostic Description | Allowed |
|-----------------|-----------------|------------------------------------------------------------------------------------------------------|----------------|
| 78270 | BMC | VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITHOUT INTRINSIC FACTOR | \$231.00 |
| 78271 | BMC | VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITH INTRINSIC FACTOR | \$231.00 |
| 78272 | BMC | VITAMIN B-12 ABSORPTION STUDIES COMBINED, WITH AND WITHOUT INTRINSIC FACTOR | \$268.00 |
| 78278 | BMC | ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING | \$509.00 |
| 78282 | BMC | GASTROINTESTINAL PROTEIN LOSS | \$335.00 |
| 78290 | BMC | INTESTINE IMAGING (EG, ECTOPIC GASTRIC MUCOSA, MECKEL'S LOCALIZATION, VOLVULUS) | \$557.00 |
| 78291 | BMC | PERITONEAL-VEIN SHUNT PATENCY TEST (EG, FOR LEVEEN, DENVER SHUNT) | \$586.00 |
| 78299 | BMC | UNLISTED GASTROINTESTINAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE | \$0.00 |
| 78300 | BMC | BONE AND/OR JOINT IMAGING; LIMITED AREA | \$403.00 |
| 78305 | BMC | BONE AND/OR JOINT IMAGING; MULTIPLE AREAS | \$528.00 |
| 78306 | BMC | BONE AND/OR JOINT IMAGING; WHOLE BODY | \$627.00 |
| 78315 | BMC | BONE AND/OR JOINT IMAGING; THREE PHASE STUDY | \$630.00 |
| 78320 | BMC | BONE AND/OR JOINT IMAGING; TOMOGRAPHIC (SPECT) | \$562.00 |
| 78350 | BMC | BONE DENSITY (BONE MINERAL CONTENT) STUDY, ONE OR MORE SITES; SINGLE PHOTON ABSORPTIOMETRY | \$374.00 |
| 78351 | BMC | BONE DENSITY (BONE MINERAL CONTENT) STUDY, ONE OR MORE SITES; DUAL PHOTON ABSORPTIOMETRY, ONE OR MOR | \$374.00 |
| 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) | \$509.00 |
| 78428 | BMC | CARDIAC SHUNT DETECTION | \$478.00 |
| 78445 | BMC | NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY, VENOGRAPHY) | \$367.00 |
| 78456 | BMC | ACUTE VENOUS THROMBOSIS IMAGING, PEPTIDE | \$461.00 |
| 78457 | BMC | VENOUS THROMBOSIS IMAGING, VENOGRAM; UNILATERAL | \$461.00 |
| 78458 | BMC | VENOUS THROMBOSIS IMAGING, VENOGRAM; BILATERAL | \$485.00 |
| 78459 | BMC | MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), METABOLIC EVALUATION | \$1,306.00 |

| CPT Code | Location | Diagnostic Description | Allowed |
|-----------------|-----------------|------------------------------------------------------------------------------------------------------------------------------------|----------------|
| 78460 | BMC | MYOCARDIAL PERFUSION IMAGING; (PLANAR) SINGLE STUDY, AT REST OR STRESS (EXERCISE AND/OR PHARMACOLOGICAL STRESS) | \$767.00 |
| 78461 | BMC | MYOCARDIAL PERFUSION IMAGING; MULTIPLE STUDIES, (PLANAR) AT REST AND/OR STRESS (EXERCISE AND/OR PHARMACOLOGICAL STRESS) | \$782.00 |
| 78464 | BMC | MYOCARDIAL PERFUSION IMAGING; TOMOGRAPHIC (SPECT), SINGLE STUDY (INCLUDING ATTENUATION CORRECTION WHEN AVAILABLE) | \$735.00 |
| 78465 | BMC | MYOCARDIAL PERFUSION IMAGING; TOMOGRAPHIC (SPECT), MULTIPLE STUDIES (INCLUDING ATTENUATION CORRECTION WHEN AVAILABLE) | \$526.00 |
| 78466 | BMC | MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; QUALITATIVE OR QUANTITATIVE | \$637.00 |
| 78468 | BMC | MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; WITH EJECTION FRACTION BY FIRST PASS TECHNIQUE | \$637.00 |
| 78469 | BMC | MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; TOMOGRAPHIC SPECT WITH OR WITHOUT QUANTIFICATION | \$637.00 |
| 78472 | BMC | CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; PLANAR, SINGLE STUDY AT REST OR STRESS (EXERCISE AND/OR STRESS) | \$570.00 |
| 78473 | BMC | CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; MULTIPLE STUDIES, WALL MOTION STUDY PLUS EJECTION FRACTION | \$877.00 |
| 78478 | BMC | MYOCARDIAL PERFUSION STUDY WITH WALL MOTION, QUALITATIVE OR QUANTITATIVE STUDY (LIST SEPARATELY IN A REPORT) | \$326.00 |
| 78480 | BMC | MYOCARDIAL PERFUSION STUDY WITH EJECTION FRACTION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PULMONARY PERFUSION STUDY) | \$326.00 |
| 78481 | BMC | CARDIAC BLOOD POOL IMAGING, (PLANAR), FIRST PASS TECHNIQUE; SINGLE STUDY, AT REST OR WITH STRESS (EXERCISE AND/OR STRESS) | \$592.00 |
| 78483 | BMC | CARDIAC BLOOD POOL IMAGING, (PLANAR), FIRST PASS TECHNIQUE; MULTIPLE STUDIES, AT REST AND WITH STRESS (EXERCISE AND/OR STRESS) | \$1,211.00 |
| 78491 | BMC | MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION; SINGLE STUDY AT REST OR STRESS (EXERCISE AND/OR STRESS) | \$860.00 |
| 78492 | BMC | MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION; MULTIPLE STUDIES AT REST AND/OR STRESS (EXERCISE AND/OR STRESS) | \$1,196.00 |
| 78494 | BMC | CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SPECT, AT REST, WALL MOTION STUDY PLUS EJECTION FRACTION | \$570.00 |
| 78496 | BMC | CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SINGLE STUDY, AT REST, WITH RIGHT VENTRICULAR EJECTION FRACTION | \$478.00 |
| 78499 | BMC | UNLISTED CARDIOVASCULAR PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE | \$0.00 |
| 78580 | BMC | PULMONARY PERFUSION IMAGING, PARTICULATE | \$509.00 |
| 78584 | BMC | PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION; SINGLE BREATH | \$562.00 |
| 78585 | BMC | PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION; REBREATHING AND WASHOUT, WITH OR WITHOUT | \$750.00 |
| 78586 | BMC | PULMONARY VENTILATION IMAGING, AEROSOL; SINGLE PROJECTION | \$350.00 |

| CPT Code | Location | Diagnostic Description | Allowed |
|-----------------|-----------------|------------------------------------------------------------------------------------------------------|----------------|
| 78587 | BMC | PULMONARY VENTILATION IMAGING, AEROSOL; MULTIPLE PROJECTIONS (EG, ANTERIOR, POSTERIOR, LATERAL VIEWS | \$396.00 |
| 78588 | BMC | PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION IMAGING, AEROSOL, ONE OR MULTIPLE PROJECT | \$461.00 |
| 78591 | BMC | PULMONARY VENTILATION IMAGING, GASEOUS, SINGLE BREATH, SINGLE PROJECTION | \$294.00 |
| 78593 | BMC | PULMONARY VENTILATION IMAGING, GASEOUS, WITH REBREATHING AND WASHOUT WITH OR WITHOUT SINGLE BREATH; | \$350.00 |
| 78594 | BMC | PULMONARY VENTILATION IMAGING, GASEOUS, WITH REBREATHING AND WASHOUT WITH OR WITHOUT SINGLE BREATH; | \$319.00 |
| 78596 | BMC | PULMONARY QUANTITATIVE DIFFERENTIAL FUNCTION (VENTILATION/PERFUSION) STUDY | \$694.00 |
| 78599 | BMC | UNLISTED RESPIRATORY PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE | \$0.00 |
| 78600 | BMC | BRAIN IMAGING, LIMITED PROCEDURE; STATIC | \$557.00 |
| 78601 | BMC | BRAIN IMAGING, LIMITED PROCEDURE; WITH VASCULAR FLOW | \$694.00 |
| 78605 | BMC | BRAIN IMAGING, COMPLETE STUDY; STATIC | \$743.00 |
| 78606 | BMC | BRAIN IMAGING, COMPLETE STUDY; WITH VASCULAR FLOW | \$732.00 |
| 78607 | BMC | BRAIN IMAGING, COMPLETE STUDY; TOMOGRAPHIC (SPECT) | \$743.00 |
| 78608 | BMC | BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); METABOLIC EVALUATION | \$1,282.00 |
| 78609 | BMC | BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); PERFUSION EVALUATION | \$1,434.00 |
| 78610 | BMC | BRAIN IMAGING, VASCULAR FLOW ONLY | \$399.00 |
| 78615 | BMC | CEREBRAL VASCULAR FLOW | \$399.00 |
| 78630 | BMC | CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); CISTERNOGRAPHY | \$694.00 |
| 78635 | BMC | CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); VENTRICULOGRAPHY | \$379.00 |
| 78645 | BMC | CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); SHUNT EVALUATION | \$407.00 |
| 78647 | BMC | CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); TOMOGRAPHIC (SPECT) | \$694.00 |
| 78650 | BMC | CEREBROSPINAL FLUID LEAKAGE DETECTION AND LOCALIZATION | \$481.00 |
| 78660 | BMC | RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY | \$300.00 |
| 78699 | BMC | UNLISTED NERVOUS SYSTEM PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE | \$0.00 |

| CPT Code | Location | Diagnostic Description | Allowed |
|-----------------|-----------------|---------------------------------------------------------------------------------------------------------|----------------|
| 78700 | BMC | KIDNEY IMAGING MORPHOLOGY; | \$407.00 |
| 78700 | BMC | KIDNEY IMAGING; STATIC ONLY | \$407.00 |
| 78701 | BMC | KIDNEY IMAGING MORPHOLOGY; WITH VASCULAR FLOW | \$628.00 |
| 78701 | BMC | KIDNEY IMAGING; WITH VASCULAR FLOW | \$628.00 |
| 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 | \$749.00 |
| 78707 | BMC | KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; SINGLE STUDY WITHOUT PHARMACOLOGICAL INTERVENTION | \$749.00 |
| 78708 | BMC | KIDNEY IMAGING MORPHOLOGY; WITH VASCULAR FLOW AND FUNCTION, SINGLE STUDY, WITH PHARMACOLOGICAL INTER | \$461.00 |
| 78708 | BMC | KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; SINGLE STUDY, WITH PHARMACOLOGICAL INTERVENTION (EG, | \$461.00 |
| 78709 | BMC | KIDNEY IMAGING MORPHOLOGY; WITH VASCULAR FLOW AND FUNCTION, MULTIPLE STUDIES, WITH AND WITHOUT PHARM | \$766.00 |
| 78709 | BMC | KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; MULTIPLE STUDIES, WITH AND WITHOUT PHARMACOLOGICAL I | \$766.00 |
| 78710 | BMC | KIDNEY IMAGING, TOMOGRAPHIC (SPECT) | \$694.00 |
| 78725 | BMC | KIDNEY FUNCTION STUDY, NON-IMAGING RADIOISOTOPIC STUDY | \$326.00 |
| 78730 | BMC | URINARY BLADDER RESIDUAL STUDY | \$319.00 |
| 78730 | BMC | URINARY BLADDER RESIDUAL STUDY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) | \$319.00 |
| 78740 | BMC | URETERAL REFLUX STUDY (RADIOPHARMACEUTICAL VOIDING CYSTOGRAM) | \$302.00 |
| 78761 | BMC | TESTICULAR IMAGING; WITH VASCULAR FLOW | \$874.00 |
| 78800 | BMC | RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S); LIMITED A | \$328.00 |
| 78801 | BMC | RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S); MULTIPLE | \$478.00 |
| 78802 | BMC | RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S); WHOLE BOD | \$630.00 |
| 78803 | BMC | RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S); TOMOGRAPH | \$694.00 |
| 78804 | BMC | RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S); WHOLE BOD | \$908.00 |
| 78805 | BMC | RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY PROCESS; LIMITED AREA | \$335.00 |

Provider: Brookwood Medical Center
 TIN: 47-4757851
 Effective: 05/08/2017

2010 Brookwood Medical Center Drive
 Birmingham, AL 35209
 (205) 877-1000

| CPT Code | Location | Diagnostic Description | Allowed |
|----------|----------|--------------------------------------------------------------------------------------------------|------------|
| 78806 | BMC | RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY PROCESS; WHOLE BODY | \$650.00 |
| 78807 | BMC | RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY PROCESS; TOMOGRAPHIC (SPECT) | \$694.00 |
| 78811 | BMC | TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); LIMITED AREA (EG, CHEST, HEAD/NECK) | \$1,282.00 |
| 78812 | BMC | TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); SKULL BASE TO MID-THIGH | \$1,282.00 |
| 78813 | BMC | TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); WHOLE BODY | \$1,282.00 |
| 78814 | BMC | TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY | \$1,451.00 |
| 78815 | BMC | TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY | \$1,451.00 |
| 78816 | BMC | TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY | \$1,451.00 |
| 78890 | BMC | GENERATION OF AUTOMATED DATA: INTERACTIVE PROCESS INVOLVING NUCLEAR PHYSICIAN AND/OR | \$121.00 |
| 78999 | BMC | UNLISTED MISCELLANEOUS PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE | \$0.00 |
| 79005 | BMC | RADIOPHARMACEUTICAL THERAPY, BY ORAL ADMINISTRATION | \$621.00 |
| 79101 | BMC | RADIOPHARMACEUTICAL THERAPY, BY INTRAVENOUS ADMINISTRATION | \$447.00 |
| 79403 | BMC | RADIOPHARMACEUTICAL THERAPY, RADIOLABELED MONOCLONAL ANTIBODY BY INTRAVENOUS | \$908.00 |
| 79440 | BMC | RADIOPHARMACEUTICAL THERAPY, BY INTRA-ARTICULAR ADMINISTRATION | \$319.00 |
| 79445 | BMC | RADIOPHARMACEUTICAL THERAPY, BY INTRA-ARTERIAL PARTICULATE ADMINISTRATION | \$440.00 |
| 79999 | BMC | RADIOPHARMACEUTICAL THERAPY, UNLISTED PROCEDURE | \$0.00 |