

Name: Brookwood Medical Center  
TIN: 47-4757851

2010 Brookwood Medical Center Drive  
Birmingham, AL 35209

Effective: 01/01/2024

205-877-1000

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 \$1,809 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.

Name: Brookwood Medical Center  
TIN: 47-4757851

2010 Brookwood Medical Center Drive  
Birmingham, AL 35209

Effective: 01/01/2024

205-877-1000

- 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 professional components.
- 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.
- J. **Outpatient Diagnostic Services:** For all services, treatments, supplies, expenses, or other charges, Hospital will be reimbursed at the following rates:

Description	Reimbursement
<b>MRI</b>	
MRI, without contrast	\$802.00
MRI, with contrast	\$904.00
MRI, with/without contrast	\$1,005.00
<b>CT</b>	
CT, without contrast	\$736.00
CT, with contrast	\$837.00
CT, with/without contrast	\$937.00

Name: Brookwood Medical Center  
TIN: 47-4757851

2010 Brookwood Medical Center Drive  
Birmingham, AL 35209

Effective: 01/01/2024

205-877-1000

**RATE ESCALATOR:**

Effective January 1<sup>st</sup> of each year, outpatient rates (Outpatient Case Rates & Outpatient ER rates) currently in effect will be increased by 6%.

Name: Brookwood Medical Center  
TIN: 47-4757851  
Effective: 01/01/2024

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

## Exhibit A Outpatient Case Rates

CPT Code	Rate	Description
12001	\$1,247.00	Simple repair of superficial wounds 2.5cm or less
12002	\$1,247.00	Simple repair of superficial wounds 2.5 cm or less 2.6 cm to 7.5 cm
16020	\$1,247.00	Initial treatment, 1st degree burn when no more than local treatment is required; without anesthesia, office or hospital, small
20680	\$3,823.00	Removal of implant
20936	\$6,625.00	Autograph for spine surgery only (including harvesting the graft); local (eg, ribs, spinous process, or laminar fragments) obtained from same incision
22554	\$6,625.00	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2
22845	\$5,246.00	Anterior instrumentation; 2 to 3 vertebral segments
23350	\$3,371.00	Injection procedure for shoulder arthrography or enhanced CT/MRI shoulder arthrography
23410	\$6,292.00	Repair of ruptured muscolotendinous cuff (rotator cuff)
23412	\$6,292.00	Repair of ruptured muscolotendinous cuff, chronic
23420	\$6,530.00	Repair of complete shoulder (rotator) cuff avulsion, chronic includes acromioplasty
23455	\$6,353.00	Repair, revision, and/or reconstruction with labral repair (eg, Bankard procedure)
23462	\$6,231.00	Bristow procedure (with coracoid process transfer)
24342	\$5,817.00	Reinsertion of ruptured biceps or triceps tendon, distal, with or without tendon graft
24346	\$5,824.00	Reconstruction medial collateral ligament, elbow, with tendon graft, (includes harvesting of graft)
24357	\$5,400.00	Repair, revision, and/or reconstruction procedures on the Humerus (Upper Arm) and Elbow.
24358	\$5,400.00	Repair, revision and/or reconstruction procedures on the Humerus (Upper Arm) and Elbow.
24359	\$5,400.00	Repair, revision and/or reconstruction procedures on the Humerus (Upper Arm) and Elbow.
25000	\$4,252.00	Incision, extensor tendon sheath, wrist (eg, deQuervains disease)
25111	\$4,630.00	Excision of ganglion, wrist primary
25112	\$4,630.00	Excision of ganglion, recurrent
25611	\$5,640.00	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

Name: Brookwood Medical Center  
TIN: 47-4757851  
Effective: 01/01/2024

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

<b>CPT Code</b>	<b>Rate</b>	<b>Description</b>
26055	\$3,504.00	Tendon sheath incision (eg, trigger finger)
25606	\$3,504.00	Open treatment to fracture and/or dislocation on the forearm and wrist.
25607	\$3,504.00	Open treatment to fracture and/or dislocation on the forearm and wrist.
25608	\$3,504.00	Open treatment to fracture and/or dislocation on the forearm and wrist.
25609	\$3,504.00	Open treatment to fracture and/or dislocation on the forearm and wrist.
26615	\$5,640.00	Open treatment of metacarpal fracture, single, with or without internal or external fixation each bone
26735	\$6,353.00	Open treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, includes internal fixation, when performed, each
27096	\$4,252.00	Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid patellectomy or hemipatellectomy
27350	\$4,262.00	Patellectomy or hemipatellectomy
27698	\$5,817.00	Repair, secondary, disrupted ligament, ankle, collateral (eg, Watson-Jones procedure)
27766	\$5,282.00	Open treatment of medial malleolus fracture, with or without internal or external fixation
27792	\$4,985.00	Open treatment of distal fibular fracture, (lateral malleolus) with or without internal or external fixation
27814	\$4,452.00	Open treatment of bimalleolar ankle fracture, with or without internal or external fixation
28290	\$4,510.00	Correction, hallus valgus (bunion) with or without sesamiodectomy, simple exostectomy (eg, Silver type procedure)
28292	\$4,510.00	Keller, McBride or Mayo type procedure
28296	\$4,510.00	With metatarsal osteotomy (eg, Mitchell, Chevron, or concentric type procedure)
28297	\$5,282.00	Lapidus type procedure
28298	\$5,462.00	By phalanx osteotomy
28485	\$5,744.00	Open treatment of metatarsal fracture, with or without internal or external fixation, each
29130	\$1,247.00	Application of finger splint, static
29806	\$5,696.00	Arthroscopy. Shoulder, surgical; capsulorrhaphy
29807	\$5,696.00	Repair of slap lesion
29822	\$5,696.00	Arthroscopy, shoulder, surgical w/removal of loose body, debridement, limited
29823	\$5,696.00	Arthroscopy, shoulder, surgical with removal of loose body, debridement, extensive
29824	\$4,750.00	Endoscopy/arthroscopy; distal claviclectomy including distal articular surface (Mumford procedure)

Name: Brookwood Medical Center

TIN: 47-4757851

Effective: 01/01/2024

2010 Brookwood Medical Center Drive

Birmingham, AL 35209

205-877-1000

29825	\$6,173.00	Arthroscopy shoulder, with lysis and resection of adhesions with or without manipulation
29826	\$6,173.00	Arthroscopy, shoulder, surgical, w/ removal of loose body, decompression of subacromial space w/ partial acromioplasty, w/or w/out coracoacromial release

Name: Brookwood Medical Center  
 TIN: 47-4757851  
 Effective: 01/01/2024

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

<b>CPT Code</b>	<b>Rate</b>	<b>Description</b>
29827	\$4,927.00	Arthroscopic rotator cuff repair
29836	\$6,409.00	Arthroscopic synovectomy
29837	\$5,936.00	Debridement, limited
29838	\$4,750.00	Arthroscopic debridement
29844	\$4,750.00	Arthroscopic synovectomy partial
29845	\$4,750.00	Arthroscopic synovectomy
29848	\$4,750.00	Endoscopy, wrist, surgical, with release of transverse carpal ligament
29870	\$4,750.00	Arthroscopy, knee, diagnostic, with or without synovial biopsy
29871	\$5,723.00	Arthroscopy, knee surgical, for infection, lavage and drainage
29873	\$5,723.00	Arthroscopy, knee surgical, with lateral release
29874	\$5,723.00	Arthroscopy, knee surgical for removal of loose body or foreign body (eg, Osteochondritis dissecans fragmentation, chondral fragmentation)
29876	\$5,723.00	Arthroscopy, knee surgical for synovectomy, major, two or more compartments (eg, Medial or Lateral)
29877	\$5,723.00	Arthroscopy, knee surgical for debridement/having of articular cartilage
29879	\$5,723.00	Abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture
29880	\$4,927.00	Arthroscopy, knee surgical with meniscectomy (medial and lateral) including meniscal shaving
29881	\$5,696.00	Arthroscopy with meniscectomy (medial and lateral) including meniscal shaving
29882	\$5,696.00	Arthroscopy, knee surgical for meniscus repair (medial or lateral)
29888	\$6,173.00	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction
29889	\$6,173.00	Arthroscopy aided posterior cruciate ligament repair/augmentation or reconstruction
29891	\$5,223.00	Arthroscopy, ankle, surgical, excision of osteochondral defect of talus and/or tibia, including drilling of the defect
29894	\$5,223.00	Arthroscopy, ankle (tibiotalar and fibulotalar joints) surgical; with removal of loose body or foreign body
29897	\$5,223.00	Debridement, limited
29898	\$5,696.00	Debridement, extensive
62264	\$5,282.00	Multiple adhesiolysis treatment session performed on the same day. Include the procedure of injections or neurolytic agents
62284	\$3,740.00	Injection procedure for myelography and/or computer tomography, spinal

Name: Brookwood Medical Center

TIN: 47-4757851

Effective: 01/01/2024

2010 Brookwood Medical Center Drive

Birmingham, AL 35209

205-877-1000

CPT Code	Rate	Description
62290	\$4,273.00	Injection procedure for discography, each level, lumbar
62320	\$2,155.00	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	\$4,272.00	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	\$2,155.00	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	\$3,739.00	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	\$3,618.00	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	\$2,155.00	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	\$7,120.00	Laminotomy with decompression of nerve roots
63035	\$6,173.00	Each additional interspace, cervical or lumbar
63047	\$6,173.00	Laminectomy lumbar
63048	\$6,173.00	Each additional segment, cervical, thoracic, or lumbar
63075	\$7,120.00	Discectomy, anterior, with decompression of spinal cord and/or nerve root (s), including osteophytectomy, cervical single interspace
63076	\$4,795.00	Cervical, each additional interspace
64479	\$5,282.00	Injection, anesthetic agent and/or steroid, transforminal epidural; cervical or thoracic, single level
64480	\$2,850.00	Cervical or thoracic; each additional level
64483	\$3,740.00	Injection, anesthetic agent and/or steroid, transforminal epidural; lumbar or sacral each single levels



Name: Brookwood Medical Center  
 TIN: 47-4757851  
 Effective: 01/01/2024

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

64484	\$3,740.00	Injection, anesthetic agent and/or steroid, transforminal epidural; lumbar or sacral each additional levels
64490	\$3,740.00	Injection, anesthetic agent and/or steroid paravertebral facet joint or facet joint nerve; cervical or thoracic, single level
64491	\$4,215.00	Cervical or thoracic, each additional level
64492	\$4,215.00	Cervical or thoracic, each additional level
64493	\$3,740.00	Faces block - lumbar
64494	\$3,740.00	Faces block - cervical
64495	\$3,740.00	Faces block - cervical
64718	\$2,374.00	Ulnar nerve at elbow
64721	\$3,619.00	Neuroplasty and/or transposition, median nerve at carpal tunnel (carpal tunnel disease)
65400	\$5,282.00	Excision of lesion, cornea (keratectomy, lamellar, partial) except pterygium
65755	\$5,282.00	Corneal transplant includes use of fresh or preserved grafts, and preparation of donor material
95812	\$712.00	Electroencephalogram (EEG) extended monitoring; 41-60 minutes
95860	\$418.00	Needle electromyography; one extremity with or without related paraspinal rease

CPT Code	Rate	Description
95861	\$653.00	Two extremities with or without related paraspinal areas
95863	\$830.00	Three extremities with or without related paraspinal areas
95864	\$1,007.00	Four extremities with or without related paraspinal areas

Name: Brookwood Medical Center  
 TIN: 47-4757851  
 Effective: 01/01/2024

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

## Exhibit A Diagnostic Rates

CPT Code	Location	Diagnostic Description	Allowed
70010	BMC	MYELOGRAPHY, POSTERIOR FOSSA, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$822.00
70015	BMC	CISTERNOGRAPHY, POSITIVE CONTRAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$822.00
70170	BMC	DACRYOCYSTOGRAPHY, NASOLACRIMAL DUCT, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$275.00
70332	BMC	TEMPOROMANDIBULAR JOINT ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$303.00
70350	BMC	CEPHALOGRAM, ORTHODONTIC	\$261.00
70355	BMC	ORTHOPANTOGRAM	\$163.00
70373	BMC	LARYNGOGRAPHY, CONTRAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$373.00
70380	BMC	RADIOLOGIC EXAMINATION, SALIVARY GLAND FOR CALCULUS	\$145.00
70390	BMC	SIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$243.00
71040	BMC	BRONCHOGRAPHY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$352.00
71060	BMC	BRONCHOGRAPHY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$472.00
71090	BMC	INSERTION PACEMAKER, FLUOROSCOPY AND RADIOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$373.00
72069	BMC	RADIOLOGIC EXAMINATION, SPINE, THORACOLUMBAR, STANDING (SCOLIOSIS)	\$183.00
72090	BMC	RADIOLOGIC EXAMINATION, SPINE; SCOLIOSIS STUDY, INCLUDING SUPINE AND ERECT STUDIES	\$230.00
72159	BMC	MAGNETIC RESONANCE ANGIOGRAPHY, SPINAL CANAL AND CONTENTS, WITH OR WITHOUT CONTRAST MATERIAL(S)	\$1,288.00

Name: Brookwood Medical Center  
 TIN: 47-4757851  
 Effective: 01/01/2024

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

CPT Code	Location	Diagnostic Description	Allowed
72240	BMC	MYELOGRAPHY, CERVICAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$682.00
72255	BMC	MYELOGRAPHY, THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$682.00
72265	BMC	MYELOGRAPHY, LUMBOSACRAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$682.00
72270	BMC	MYELOGRAPHY, TWO OR MORE REGIONS (EG, LUMBAR/THORACIC, CERVICAL/THORACIC, LUMBAR/CERVICAL, LUMBAR/TH	\$986.00
72275	BMC	EPIDUROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$376.00
72285	BMC	DISKOGRAPHY, CERVICAL OR THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$682.00
72291	BMC	RADIOLOGICAL SUPERVISION AND INTERPRETATION, PERCUTANEOUS VERTEBROPLASTY OR VERTEBRAL AUGMENTATION I	\$353.00
72292	BMC	RADIOLOGICAL SUPERVISION AND INTERPRETATION, PERCUTANEOUS VERTEBROPLASTY OR VERTEBRAL AUGMENTATION I	\$434.00
72295	BMC	DISCOGRAPHY, LUMBAR, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$682.00
73525	BMC	RADIOLOGIC EXAMINATION, HIP, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$497.00
73530	BMC	RADIOLOGIC EXAMINATION, HIP, DURING OPERATIVE PROCEDURE	\$472.00
73542	BMC	RADIOLOGICAL EXAMINATION, SACROILIAC JOINT ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$260.00
74190	BMC	PERITONEOGRAM (EG, AFTER INJECTION OF AIR OR CONTRAST), RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$235.00
74230	BMC	SWALLOWING FUNCTION, WITH CINERADIOGRAPHY/VIDEORADIOGRAPHY	\$276.00
74235	BMC	REMOVAL OF FOREIGN BODY(S), ESOPHAGEAL, WITH USE OF BALLOON CATHETER, RADIOLOGICAL SUPERVISION AND I	\$2,048.00
74260	BMC	DUODENOGRAPHY, HYPOTONIC	\$373.00
74290	BMC	CHOLECYSTOGRAPHY, ORAL CONTRAST;	\$273.00

Name: Brookwood Medical Center

TIN: 47-4757851

Effective: 01/01/2024

2010 Brookwood Medical Center Drive

Birmingham, AL 35209

205-877-1000

CPT Code	Location	Diagnostic Description	Allowed
74291	BMC	CHOLECYSTOGRAPHY, ORAL CONTRAST; ADDITIONAL OR REPEAT EXAMINATION OR MULTIPLE DAY EXAMINATION	\$183.00
74300	BMC	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; INTRAOPERATIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$373.00
74301	BMC	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; ADDITIONAL SET INTRAOPERATIVE, RADIOLOGICAL SUPERVISION AND	\$219.00
74305	BMC	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; THROUGH EXISTING CATHETER, RADIOLOGICAL SUPERVISION AND INTE	\$306.00
74320	BMC	CHOLANGIOGRAPHY, PERCUTANEOUS, TRANSHEPATIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$383.00
74327	BMC	POSTOPERATIVE BILIARY DUCT CALCULUS REMOVAL, PERCUTANEOUS VIA T-TUBE TRACT, BASKET, OR SNARE (EG, BU	\$2,086.00
74328	BMC	ENDOSCOPIC CATHETERIZATION OF THE BILIARY DUCTAL SYSTEM, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$566.00
74329	BMC	ENDOSCOPIC CATHETERIZATION OF THE PANCREATIC DUCTAL SYSTEM, RADIOLOGICAL SUPERVISION AND INTERPRETAT	\$601.00
74330	BMC	COMBINED ENDOSCOPIC CATHETERIZATION OF THE BILIARY AND PANCREATIC DUCTAL SYSTEMS, RADIOLOGICAL SUPER	\$428.00
74340	BMC	INTRODUCTION OF LONG GASTROINTESTINAL TUBE (EG, MILLER-ABBOTT), INCLUDING MULTIPLE FLUOROSCOPIES AND	\$647.00
74350	BMC	PERCUTANEOUS PLACEMENT OF GASTROSTOMY TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$497.00
74355	BMC	PERCUTANEOUS PLACEMENT OF ENTEROCLYSIS TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$497.00
74360	BMC	INTRALUMINAL DILATION OF STRICTURES AND/OR OBSTRUCTIONS (EG, ESOPHAGUS), RADIOLOGICAL SUPERVISION AN	\$250.00
74363	BMC	PERCUTANEOUS TRANSHEPATIC DILATION OF BILIARY DUCT STRICTURE WITH OR WITHOUT PLACEMENT OF STENT, RAD	\$668.00
74420	BMC	UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB	\$339.00
74430	BMC	CYSTOGRAPHY, MINIMUM OF THREE VIEWS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$316.00
74440	BMC	VASOGRAPHY, VESICULOGRAPHY, OR EPIDIDYMOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$352.00
74445	BMC	CORPORA CAVERNOSOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$352.00
74450	BMC	URETHROCYSTOGRAPHY, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$339.00
74455	BMC	URETHROCYSTOGRAPHY, VOIDING, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$352.00
74470	BMC	RADIOLOGIC EXAMINATION, RENAL CYST STUDY, TRANSLUMBAR, CONTRAST VISUALIZATION, RADIOLOGICAL SUPERVIS	\$294.00

Name: Brookwood Medical Center  
 TIN: 47-4757851  
 Effective: 01/01/2024

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

<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	\$1,131.00
74480	BMC	INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER THROUGH RENAL PELVIS FOR DRAINAGE AND/OR INJE	\$904.00
74485	BMC	DILATION OF NEPHROSTOMY, URETERS, OR URETHRA, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$1,131.00
74710	BMC	PELVIMETRY, WITH OR WITHOUT PLACENTAL LOCALIZATION	\$520.00
74742	BMC	TRANSCERVICAL CATHETERIZATION OF FALLOPIAN TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$352.00
74775	BMC	PERINEOGRAM (EG, VAGINOGRAM, FOR SEX DETERMINATION OR EXTENT OF ANOMALIES)	\$510.00
75600	BMC	AORTOGRAPHY, THORACIC, WITHOUT SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$914.00
75605	BMC	AORTOGRAPHY, THORACIC, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$1,285.00
75625	BMC	AORTOGRAPHY, ABDOMINAL, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$1,285.00
75630	BMC	AORTOGRAPHY, ABDOMINAL PLUS BILATERAL ILIOFEMORAL LOWER EXTREMITY, CATHETER, BY SERIALOGRAPHY, RADIO	\$1,234.00
75650	BMC	ANGIOGRAPHY, CERVICOCEREBRAL, CATHETER, INCLUDING VESSEL ORIGIN, RADIOLOGICAL SUPERVISION AND INTERP	\$1,366.00
75658	BMC	ANGIOGRAPHY, BRACHIAL, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$1,598.00
75660	BMC	ANGIOGRAPHY, EXTERNAL CAROTID, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$830.00
75662	BMC	ANGIOGRAPHY, EXTERNAL CAROTID, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$1,285.00

<b>CPT Code</b>	<b>Location</b>	<b>Diagnostic Description</b>	<b>Allowed</b>
75665	BMC	ANGIOGRAPHY, CAROTID, CEREBRAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$830.00
75671	BMC	ANGIOGRAPHY, CAROTID, CEREBRAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$986.00
75676	BMC	ANGIOGRAPHY, CAROTID, CERVICAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$830.00
75680	BMC	ANGIOGRAPHY, CAROTID, CERVICAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$1,282.00
75685	BMC	ANGIOGRAPHY, VERTEBRAL, CERVICAL, AND/OR INTRACRANIAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$830.00
75705	BMC	ANGIOGRAPHY, SPINAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$972.00
75710	BMC	ANGIOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$682.00
75716	BMC	ANGIOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$986.00
75722	BMC	ANGIOGRAPHY, RENAL, UNILATERAL, SELECTIVE (INCLUDING FLUSH AORTOGRAM), RADIOLOGICAL SUPERVISION AND	\$1,285.00
75724	BMC	ANGIOGRAPHY, RENAL, BILATERAL, SELECTIVE (INCLUDING FLUSH AORTOGRAM), RADIOLOGICAL SUPERVISION AND I	\$1,434.00
75726	BMC	ANGIOGRAPHY, VISCERAL, SELECTIVE OR SUPRASELECTIVE, (WITH OR WITHOUT FLUSH AORTOGRAM), RADIOLOGICAL	\$1,434.00
75731	BMC	ANGIOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$1,285.00
75733	BMC	ANGIOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$1,434.00
75736	BMC	ANGIOGRAPHY, PELVIC, SELECTIVE OR SUPRASELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$986.00
75741	BMC	ANGIOGRAPHY, PULMONARY, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$986.00
75743	BMC	ANGIOGRAPHY, PULMONARY, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$1,144.00
75746	BMC	ANGIOGRAPHY, PULMONARY, BY NONSELECTIVE CATHETER OR VENOUS INJECTION, RADIOLOGICAL SUPERVISION AND I	\$986.00
75756	BMC	ANGIOGRAPHY, INTERNAL MAMMARY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$986.00
75774	BMC	ANGIOGRAPHY, SELECTIVE, EACH ADDITIONAL VESSEL STUDIED AFTER BASIC EXAMINATION, RADIOLOGICAL SUPERVI	\$601.00
75790	BMC	ANGIOGRAPHY, ARTERIOVENOUS SHUNT (EG, DIALYSIS PATIENT), RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$914.00

<b>CPT Code</b>	<b>Location</b>	<b>Diagnostic Description</b>	<b>Allowed</b>
75801	BMC	LYMPHANGIOGRAPHY, EXTREMITY ONLY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$830.00
75803	BMC	LYMPHANGIOGRAPHY, EXTREMITY ONLY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$986.00
75805	BMC	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$830.00
75807	BMC	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$986.00
75809	BMC	SHUNTOGRAM FOR INVESTIGATION OF PREVIOUSLY PLACED INDWELLING NONVASCULAR SHUNT (EG, LEVEEN SHUNT, VE	\$399.00
75810	BMC	SPLENOPORTOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$830.00
75825	BMC	VENOGRAPHY, CAVAL, INFERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$689.00
75827	BMC	VENOGRAPHY, CAVAL, SUPERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$689.00
75831	BMC	VENOGRAPHY, RENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$746.00
75833	BMC	VENOGRAPHY, RENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$830.00
75840	BMC	VENOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$746.00
75842	BMC	VENOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$830.00
75860	BMC	VENOGRAPHY, VENOUS SINUS (EG, PETROSAL AND INFERIOR SAGITTAL) OR JUGULAR, CATHETER, RADIOLOGICAL SUP	\$986.00
75870	BMC	VENOGRAPHY, SUPERIOR SAGITTAL SINUS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$830.00
75872	BMC	VENOGRAPHY, EPIDURAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$1,425.00
75880	BMC	VENOGRAPHY, ORBITAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$689.00
75885	BMC	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITH HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTE	\$1,434.00
75887	BMC	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITHOUT HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND I	\$1,434.00
75889	BMC	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITH HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERP	\$1,434.00
75891	BMC	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITHOUT HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INT	\$1,434.00
75893	BMC	VENOUS SAMPLING THROUGH CATHETER, WITH OR WITHOUT ANGIOGRAPHY (EG, FOR PARATHYROID HORMONE, RENIN),	\$3,009.00

<b>CPT Code</b>	<b>Location</b>	<b>Diagnostic Description</b>	<b>Allowed</b>
75894	BMC	TRANSCATHETER THERAPY, EMBOLIZATION, ANY METHOD, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$900.00
75896	BMC	TRANSCATHETER THERAPY, INFUSION, ANY METHOD (EG, THROMBOLYSIS OTHER THAN CORONARY), RADIOLOGICAL SUP	\$900.00
75898	BMC	ANGIOGRAPHY THROUGH EXISTING CATHETER FOR FOLLOW-UP STUDY FOR TRANSCATHETER THERAPY, EMBOLIZATION OR	\$1,138.00
75900	BMC	EXCHANGE OF A PREVIOUSLY PLACED INTRAVASCULAR CATHETER DURING THROMBOLYTIC THERAPY WITH CONTRAST MON	\$900.00
75901	BMC	MECHANICAL REMOVAL OF PERICATHETER OBSTRUCTIVE MATERIAL (EG, FIBRIN SHEATH) FROM CENTRAL VENOUS DEVI	\$689.00
75902	BMC	MECHANICAL REMOVAL OF INTRALUMINAL (INTRACATHETER) OBSTRUCTIVE MATERIAL FROM CENTRAL VENOUS DEVICE T	\$689.00
75940	BMC	PERCUTANEOUS PLACEMENT OF IVC FILTER, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$900.00
75945	BMC	INTRAVASCULAR ULTRASOUND (NON-CORONARY VESSEL), RADIOLOGICAL SUPERVISION AND INTERPRETATION; INITIAL	\$452.00
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	\$1,425.00
75953	BMC	PLACEMENT OF PROXIMAL OR DISTAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF INFRARENAL AORTIC OR	\$677.00
75954	BMC	ENDOVASCULAR REPAIR OF ILIAC ARTERY ANEURYSM, PSEUDOANEURYSM, ARTERIOVENOUS MALFORMATION, OR TRAUMA,	\$1,244.00
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	\$904.00
75961	BMC	TRANSCATHETER RETRIEVAL, PERCUTANEOUS, OF INTRAVASCULAR FOREIGN BODY (EG, FRACTURED VENOUS OR ARTERI	\$1,584.00
75962	BMC	TRANSLUMINAL BALLOON ANGIOPLASTY, PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$1,425.00
75964	BMC	TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND IN	\$497.00
75966	BMC	TRANSLUMINAL BALLOON ANGIOPLASTY, RENAL OR OTHER VISCERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTER	\$1,496



<b>CPT Code</b>	<b>Location</b>	<b>Diagnostic Description</b>	<b>Allowed</b>
75968	BMC	TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL VISCERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTE	\$497.00
75970	BMC	TRANSCATHETER BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$520.00
75978	BMC	TRANSLUMINAL BALLOON ANGIOPLASTY, VENOUS (EG, SUBCLAVIAN STENOSIS), RADIOLOGICAL SUPERVISION AND INT	\$929.00
75980	BMC	PERCUTANEOUS TRANSHEPATIC BILIARY DRAINAGE WITH CONTRAST MONITORING, RADIOLOGICAL SUPERVISION AND IN	\$1,434.00
75982	BMC	PERCUTANEOUS PLACEMENT OF DRAINAGE CATHETER FOR COMBINED INTERNAL AND EXTERNAL BILIARY DRAINAGE OR O	\$1,584.00
75984	BMC	CHANGE OF PERCUTANEOUS TUBE OR DRAINAGE CATHETER WITH CONTRAST MONITORING (EG, GASTROINTESTINAL SYST	\$475.00
75989	BMC	RADIOLOGICAL GUIDANCE (IE, FLUOROSCOPY, ULTRASOUND, OR COMPUTED TOMOGRAPHY), FOR PERCUTANEOUS DRAINA	\$520.00
75992	BMC	TRANSLUMINAL ATHERECTOMY, PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$1,425.00
75993	BMC	TRANSLUMINAL ATHERECTOMY, EACH ADDITIONAL PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETA	\$497.00
75994	BMC	TRANSLUMINAL ATHERECTOMY, RENAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$929.00
75995	BMC	TRANSLUMINAL ATHERECTOMY, VISCERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$929.00
75996	BMC	TRANSLUMINAL ATHERECTOMY, EACH ADDITIONAL VISCERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERPRETATI	\$790.00
76000	BMC	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIAN TIME, OTHER THAN 71023 OR 71034 (EG, CARDIA	\$188.00
76001	BMC	FLUOROSCOPY, PHYSICIAN TIME MORE THAN ONE HOUR, ASSISTING A NON-RADIOLOGIC PHYSICIAN (EG, NEPHROSTOL	\$647.00
76005	BMC	FLUOROSCOPIC GUIDANCE AND LOCALIZATION OF NEEDLE OR CATHETER TIP FOR SPINE OR PARASPINOUS DIAGNOSTIC	\$226.00
76010	BMC	RADIOLOGIC EXAMINATION FROM NOSE TO RECTUM FOR FOREIGN BODY, SINGLE VIEW, CHILD	\$353.00
76075	BMC	DUAL ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, ONE OR MORE SITES; AXIAL SKELETON (EG, H	\$383.00
76080	BMC	RADIOLOGIC EXAMINATION, ABSCESS, FISTULA OR SINUS TRACT STUDY, RADIOLOGICAL SUPERVISION AND INTERPRE	\$192.00

<b>CPT Code</b>	<b>Location</b>	<b>Diagnostic Description</b>	<b>Allowed</b>
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	\$986.00
76094	BMC	BREAST, WITHOUT AND/OR WITH CONTRAST MATERIAL(S): BILATERAL	\$986.00
76100	BMC	RADIOLOGIC EXAMINATION, SINGLE PLANE BODY SECTION (EG, TOMOGRAPHY), OTHER THAN WITH UROGRAPHY	\$371.00
76101	BMC	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTION (EG, MASTOID POLYTOMOGRAPHY	\$426.00
76102	BMC	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTION (EG, MASTOID POLYTOMOGRAPHY	\$542.00
76120	BMC	CINERADIOGRAPHY/VIDEORADIOGRAPHY, EXCEPT WHERE SPECIFICALLY INCLUDED	\$406.00
76125	BMC	CINERADIOGRAPHY/VIDEORADIOGRAPHY TO COMPLEMENT ROUTINE EXAMINATION (LIST SEPARATELY IN ADDITION TO C	\$163.00
76140	BMC	CONSULTATION ON X-RAY EXAMINATION MADE ELSEWHERE, WRITTEN REPORT	\$210.00
76150	BMC	XERORADIOGRAPHY	\$388.00
76350	BMC	SUBTRACTION IN CONJUNCTION WITH CONTRAST STUDIES	\$0.00
76390	BMC	MAGNETIC RESONANCE SPECTROSCOPY	\$788.00
76499	BMC	UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE	\$0.00
76506	BMC	ECHOENCEPHALOGRAPHY, REAL TIME WITH IMAGE DOCUMENTATION (GRAY SCALE) (FOR DETERMINATION OF VENTRICUL	\$497.00
76510	BMC	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN AND QUANTITATIVE A-SCAN PERFORMED DURING THE SAME PATIENT	\$549.00
76511	BMC	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; QUANTITATIVE A- SCAN ONLY	\$475.00
76512	BMC	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN (WITH OR WITHOUT SUPERIMPOSED NON-QUANTITATIVE A-SCAN)	\$379.00
76513	BMC	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; ANTERIOR SEGMENT ULTRASOUND, IMMERSION (WATER BATH) B-SCAN OR HIG	\$520.00

<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	\$91.00
76516	BMC	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN;	\$416.00
76519	BMC	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN; WITH INTRAOCULAR LENS POWER CALCULATION	\$316.00
76529	BMC	OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	\$452.00
76820	BMC	DOPPLER VELOCIMETRY, FETAL; UMBILICAL ARTERY	\$241.00
76821	BMC	DOPPLER VELOCIMETRY, FETAL; MIDDLE CEREBRAL ARTERY	\$237.00
76825	BMC	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE DOCUMENTATION (2D), WITH OR WIT	\$566.00
76826	BMC	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE DOCUMENTATION (2D), WITH OR WIT	\$451.00
76827	BMC	DOPPLER ECHOCARDIOGRAPHY, FETAL, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPLAY; COMPLETE	\$412.00
76828	BMC	DOPPLER ECHOCARDIOGRAPHY, FETAL, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPLAY; FOLLOW-UP	\$451.00
76831	BMC	SALINE INFUSION SONOHYSTEROGRAPHY (SIS), INCLUDING COLOR FLOW DOPPLER, WHEN PERFORMED	\$399.00
76872	BMC	ULTRASOUND, TRANSRECTAL;	\$677.00
76873	BMC	ULTRASOUND, TRANSRECTAL; PROSTATE VOLUME STUDY FOR BRACHYTHERAPY TREATMENT PLANNING (SEPARATE PROCED	\$677.00
76885	BMC	ULTRASOUND, INFANT HIPS, REAL TIME WITH IMAGING DOCUMENTATION; DYNAMIC (REQUIRING PHYSICIAN MANIPULA	\$418.00
76886	BMC	ULTRASOUND, INFANT HIPS, REAL TIME WITH IMAGING DOCUMENTATION; LIMITED, STATIC (NOT REQUIRING PHYSIC	\$418.00
76930	BMC	ULTRASONIC GUIDANCE FOR PERICARDIOCENTESIS, IMAGING SUPERVISION AND INTERPRETATION	\$682.00
76932	BMC	ULTRASONIC GUIDANCE FOR ENDOMYOCARDIAL BIOPSY, IMAGING SUPERVISION AND INTERPRETATION	\$682.00
76936	BMC	ULTRASOUND GUIDED COMPRESSION REPAIR OF ARTERIAL PSEUDOANEURYSM OR ARTERIOVENOUS FISTULAE (INCLUDES	\$756.00
76937	BMC	ULTRASOUND GUIDANCE FOR VASCULAR ACCESS REQUIRING ULTRASOUND EVALUATION OF POTENTIAL ACCESS SITES, D	\$241.00
76940	BMC	ULTRASOUND GUIDANCE FOR, AND MONITORING OF, VISCERAL TISSUE ABLATION	\$475.00
76941	BMC	ULTRASONIC GUIDANCE FOR INTRAUTERINE FETAL TRANSFUSION OR CORDOCENTESIS, IMAGING SUPERVISION AND INT	\$353.00

<b>CPT Code</b>	<b>Location</b>	<b>Diagnostic Description</b>	<b>Allowed</b>
76950	BMC	ULTRASONIC GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS	\$510.00
76965	BMC	ULTRASONIC GUIDANCE FOR INTERSTITIAL RADIOELEMENT APPLICATION	\$677.00
76970	BMC	ULTRASOUND STUDY FOLLOW-UP (SPECIFY)	\$310.00
76975	BMC	GASTROINTESTINAL ENDOSCOPIC ULTRASOUND, SUPERVISION AND INTERPRETATION	\$497.00
76977	BMC	ULTRASOUND BONE DENSITY MEASUREMENT AND INTERPRETATION, PERIPHERAL SITE(S), ANY METHOD	\$485.00
76998	BMC	ULTRASONIC GUIDANCE, INTRAOPERATIVE	\$612.00
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	\$235.00
77002	BMC	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTION, LOCALIZATION DEVICE)	\$235.00
77003	BMC	FLUOROSCOPIC GUIDANCE AND LOCALIZATION OF NEEDLE OR CATHETER TIP FOR SPINE OR PARASPINOUS DIAGNOSTIC	\$237.00
77022	BMC	MAGNETIC RESONANCE GUIDANCE FOR, AND MONITORING OF, PARENCHYMAL TISSUE ABLATION	\$1,802.00
77053	BMC	MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE DUCT, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$330.00
77054	BMC	MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIPLE DUCTS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$418.00
77071	BMC	MANUAL APPLICATION OF STRESS PERFORMED BY PHYSICIAN FOR JOINT RADIOGRAPHY, INCLUDING CONTRALATERAL J	\$101.00
77083	BMC	RADIOGRAPHIC ABSORPTIOMETRY (EG, PHOTODENSITOMETRY, RADIOGRAMMETRY), 1 OR MORE SITES	\$216.00

<b>CPT Code</b>	<b>Location</b>	<b>Diagnostic Description</b>	<b>Allowed</b>
77261	BMC	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; SIMPLE	\$746.00
77262	BMC	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; INTERMEDIATE	\$905.00
77263	BMC	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	\$1,054.00
77280	BMC	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	\$823.00
77285	BMC	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; INTERMEDIATE	\$1,044.00
77290	BMC	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	\$1,096.00
77295	BMC	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; 3- DIMENSIONAL	\$2,863.00
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	\$452.00
77301	BMC	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE- VOLUME HISTOGRAMS FOR TARGET AND CRITICAL STRU	\$3,696.00
77305	BMC	TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); SIMPLE (ONE OR TWO PARALLEL OPPOSED	\$590.00
77310	BMC	TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); INTERMEDIATE (THREE OR MORE TREATME	\$860.00
77315	BMC	TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); COMPLEX (MANTLE OR INVERTED Y, TANG	\$1,250.00
77321	BMC	SPECIAL TELETHERAPY PORT PLAN, PARTICLES, HEMIBODY, TOTAL BODY	\$891.00
77326	BMC	BRACHYTHERAPY ISODOSE PLAN; SIMPLE (CALCULATION MADE FROM SINGLE PLANE, ONE TO FOUR SOURCES/RIBBON A	\$787.00
77327	BMC	BRACHYTHERAPY ISODOSE PLAN; INTERMEDIATE (MULTIPLANE DOSAGE CALCULATIONS, APPLICATION INVOLVING 5 TO	\$860.00
77328	BMC	BRACHYTHERAPY ISODOSE PLAN; COMPLEX (MULTIPLANE ISODOSE PLAN, VOLUME IMPLANT CALCULATIONS, OVER 10 S	\$1,108.00
77331	BMC	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY), ONLY WHEN PRESCRIBED BY THE TREATING PHYSICIA	\$439.00
77332	BMC	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; SIMPLE (SIMPLE BLOCK, SIMPLE BOLUS)	\$475.00
77333	BMC	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERMEDIATE (MULTIPLE BLOCKS, STENTS, BITE BLOCKS, SPEC	\$542.00
77334	BMC	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS	\$891.00
77336	BMC	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSUR	\$647.00

<b>CPT Code</b>	<b>Location</b>	<b>Diagnostic Description</b>	<b>Allowed</b>
77370	BMC	SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION	\$625.00
77371	BMC	RADIATION TREATMENT DELIVERY, STEREOTACTIC RADIOSURGERY (SRS), COMPLETE COURSE OF TREATMENT OF CEREB	\$2,990.00
77372	BMC	RADIATION TREATMENT DELIVERY, STEREOTACTIC RADIOSURGERY (SRS), COMPLETE COURSE OF TREATMENT OF CEREB	\$1,823.00
77373	BMC	STEREOTACTIC BODY RADIATION THERAPY, TREATMENT DELIVERY, PER FRACTION TO 1 OR MORE LESIONS, INCLUDIN	\$3,344.00
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	\$452.00
77402	BMC	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE B	\$452.00
77403	BMC	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE B	\$452.00
77404	BMC	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE B	\$452.00
77406	BMC	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE B	\$452.00
77407	BMC	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS ON A SINGLE TREATMEN	\$452.00
77408	BMC	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS ON A SINGLE TREATMEN	\$452.00
77409	BMC	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS ON A SINGLE TREATMEN	\$452.00
77411	BMC	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS ON A SINGLE TREATMEN	\$452.00
77412	BMC	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PO	\$452.00
77413	BMC	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PO	\$452.00
77414	BMC	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PO	\$452.00
77416	BMC	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PO	\$452.00
77417	BMC	THERAPEUTIC RADIOLOGY PORT FILM(S)	\$161.00
77418	BMC	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS, VIA NARROW SPATIALLY AND TEM	\$2,028.00
77421	BMC	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	\$402.00
77422	BMC	HIGH ENERGY NEUTRON RADIATION TREATMENT DELIVERY; SINGLE TREATMENT AREA USING A SINGLE PORT OR PARAL	\$452.00

<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	\$452.00
77427	BMC	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	\$689.00
77431	BMC	RADIATION THERAPY MANAGEMENT WITH COMPLETE COURSE OF THERAPY CONSISTING OF ONE OR TWO FRACTIONS ONLY	\$182.00
77432	BMC	STEREOTACTIC RADIATION TREATMENT MANAGEMENT OF CEREBRAL LESION(S) (COMPLETE COURSE OF TREATMENT CONS	\$5,506.00
77435	BMC	STEREOTACTIC BODY RADIATION THERAPY, TREATMENT MANAGEMENT, PER TREATMENT COURSE, TO ONE OR MORE LESI	\$1,641.00
77470	BMC	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY RADIATION, PER ORAL, ENDOCAVITARY	\$1,213.00
77499	BMC	UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY TREATMENT MANAGEMENT	\$0.00
77520	BMC	PROTON TREATMENT DELIVERY; SIMPLE, WITHOUT COMPENSATION	\$350.00
77522	BMC	PROTON TREATMENT DELIVERY; SIMPLE, WITH COMPENSATION	\$399.00
77523	BMC	PROTON TREATMENT DELIVERY; INTERMEDIATE	\$452.00
77525	BMC	PROTON TREATMENT DELIVERY; COMPLEX	\$510.00
77600	BMC	HYPERTHERMIA, EXTERNALLY GENERATED; SUPERFICIAL (IE, HEATING TO A DEPTH OF 4 CM OR LESS)	\$463.00
77750	BMC	INFUSION OR INSTILLATION OF RADIOELEMENT SOLUTION (INCLUDES 3 MONTHS FOLLOW-UP CARE)	\$1,584.00
77761	BMC	INTRACAVITARY RADIATION SOURCE APPLICATION; SIMPLE	\$2,418.00
77762	BMC	INTRACAVITARY RADIATION SOURCE APPLICATION; INTERMEDIATE	\$2,827.00
77763	BMC	INTRACAVITARY RADIATION SOURCE APPLICATION; COMPLEX	\$3,053.00
77776	BMC	INTERSTITIAL RADIATION SOURCE APPLICATION; SIMPLE	\$2,664.00
77777	BMC	INTERSTITIAL RADIATION SOURCE APPLICATION; INTERMEDIATE	\$3,164.00
77778	BMC	INTERSTITIAL RADIATION SOURCE APPLICATION; COMPLEX	\$4,002.00
77781	BMC	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 1-4 SOURCE POSITIONS OR CATHETERS	\$2,669.00
77782	BMC	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 5-8 SOURCE POSITIONS OR CATHETERS	\$2,827.00
77783	BMC	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 9-12 SOURCE POSITIONS OR CATHETERS	\$2,984.00
77784	BMC	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; OVER 12 SOURCE POSITIONS OR CATHETERS	\$3,322.00

<b>CPT Code</b>	<b>Location</b>	<b>Diagnostic Description</b>	<b>Allowed</b>
77789	BMC	SURFACE APPLICATION OF RADIATION SOURCE	\$236.00
77790	BMC	SUPERVISION, HANDLING, LOADING OF RADIATION SOURCE	\$612.00
78000	BMC	THYROID UPTAKE; SINGLE DETERMINATION	\$119.00
78001	BMC	THYROID UPTAKE; MULTIPLE DETERMINATIONS	\$223.00
78003	BMC	THYROID UPTAKE; STIMULATION, SUPPRESSION OR DISCHARGE (NOT INCLUDING INITIAL UPTAKE STUDIES)	\$311.00
78006	BMC	THYROID IMAGING, WITH UPTAKE; SINGLE DETERMINATION	\$400.00
78007	BMC	THYROID IMAGING, WITH UPTAKE; MULTIPLE DETERMINATIONS	\$497.00
78010	BMC	THYROID IMAGING; ONLY	\$378.00
78011	BMC	THYROID IMAGING; WITH VASCULAR FLOW	\$497.00
78015	BMC	THYROID CARCINOMA METASTASES IMAGING; LIMITED AREA (EG, NECK AND CHEST ONLY)	\$542.00
78016	BMC	THYROID CARCINOMA METASTASES IMAGING; WITH ADDITIONAL STUDIES (EG, URINARY RECOVERY)	\$601.00
78018	BMC	THYROID CARCINOMA METASTASES IMAGING; WHOLE BODY	\$716.00
78020	BMC	THYROID CARCINOMA METASTASES UPTAKE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	\$197.00
78070	BMC	PARATHYROID IMAGING	\$682.00
78075	BMC	ADRENAL IMAGING, CORTEX AND/OR MEDULLA	\$728.00
78099	BMC	UNLISTED ENDOCRINE PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	\$0.00
78102	BMC	BONE MARROW IMAGING; LIMITED AREA	\$843.00
78103	BMC	BONE MARROW IMAGING; MULTIPLE AREAS	\$867.00
78104	BMC	BONE MARROW IMAGING; WHOLE BODY	\$986.00
78110	BMC	PLASMA VOLUME, RADIOPHARMACEUTICAL VOLUME-DILUTION TECHNIQUE (SEPARATE PROCEDURE); SINGLE SAMPLING	\$219.00
78111	BMC	PLASMA VOLUME, RADIOPHARMACEUTICAL VOLUME-DILUTION TECHNIQUE (SEPARATE PROCEDURE); MULTIPLE SAMPLING	\$359.00
78120	BMC	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); SINGLE SAMPLING	\$352.00
78121	BMC	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); MULTIPLE SAMPLINGS	\$510.00
78122	BMC	WHOLE BLOOD VOLUME DETERMINATION, INCLUDING SEPARATE MEASUREMENT OF PLASMA VOLUME AND RED CELL VOLUM	\$470.00



<b>CPT Code</b>	<b>Location</b>	<b>Diagnostic Description</b>	<b>Allowed</b>
78130	BMC	RED CELL SURVIVAL STUDY;	\$677.00
78135	BMC	RED CELL SURVIVAL STUDY; DIFFERENTIAL ORGAN/TISSUE KINETICS, (EG, SPLENIC AND/OR HEPATIC SEQUESTRATI	\$677.00
78140	BMC	LABELED RED CELL SEQUESTRATION, DIFFERENTIAL ORGAN/TISSUE, (EG, SPLENIC AND/OR HEPATIC)	\$677.00
78185	BMC	SPLEEN IMAGING ONLY, WITH OR WITHOUT VASCULAR FLOW	\$830.00
78190	BMC	KINETICS, STUDY OF PLATELET SURVIVAL, WITH OR WITHOUT DIFFERENTIAL ORGAN/TISSUE LOCALIZATION	\$736.00
78191	BMC	PLATELET SURVIVAL STUDY	\$736.00
78195	BMC	LYMPHATICS AND LYMPH NODES IMAGING	\$736.00
78199	BMC	UNLISTED HEMATOPOIETIC, RETICULOENDOTHELIAL AND LYMPHATIC PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	\$0.00
78201	BMC	LIVER IMAGING; STATIC ONLY	\$677.00
78202	BMC	LIVER IMAGING; WITH VASCULAR FLOW	\$1,029.00
78205	BMC	LIVER IMAGING (SPECT);	\$677.00
78206	BMC	LIVER IMAGING (SPECT); WITH VASCULAR FLOW	\$1,029.00
78215	BMC	LIVER AND SPLEEN IMAGING; STATIC ONLY	\$798.00
78216	BMC	LIVER AND SPLEEN IMAGING; WITH VASCULAR FLOW	\$1,698.00
78220	BMC	LIVER FUNCTION STUDY WITH HEPATOBILIARY AGENTS, WITH SERIAL IMAGES	\$418.00
78223	BMC	HEPATOBILIARY DUCTAL SYSTEM IMAGING, INCLUDING GALLBLADDER, WITH OR WITHOUT PHARMACOLOGIC INTERVENTI	\$418.00
78230	BMC	SALIVARY GLAND IMAGING;	\$426.00
78231	BMC	SALIVARY GLAND IMAGING; WITH SERIAL IMAGES	\$520.00
78232	BMC	SALIVARY GLAND FUNCTION STUDY	\$566.00
78258	BMC	ESOPHAGEAL MOTILITY	\$320.00
78261	BMC	GASTRIC MUCOSA IMAGING	\$722.00
78262	BMC	GASTROESOPHAGEAL REFLUX STUDY	\$736.00
78264	BMC	GASTRIC EMPTYING STUDY	\$566.00
78267	BMC	UREA BREATH TEST, C-14 (ISOTOPIC); ACQUISITION FOR ANALYSIS	\$91.00
78268	BMC	UREA BREATH TEST, C-14 (ISOTOPIC); ANALYSIS	\$376.00

<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	\$330.00
78271	BMC	VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITH INTRINSIC FACTOR	\$330.00
78272	BMC	VITAMIN B-12 ABSORPTION STUDIES COMBINED, WITH AND WITHOUT INTRINSIC FACTOR	\$379.00
78278	BMC	ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	\$722.00
78282	BMC	GASTROINTESTINAL PROTEIN LOSS	\$475.00
78290	BMC	INTESTINE IMAGING (EG, ECTOPIC GASTRIC MUCOSA, MECKEL'S LOCALIZATION, VOLVULUS)	\$790.00
78291	BMC	PERITONEAL-VEIN SHUNT PATENCY TEST (EG, FOR LEVEEN, DENVER SHUNT)	\$830.00
78299	BMC	UNLISTED GASTROINTESTINAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	\$0.00
78300	BMC	BONE AND/OR JOINT IMAGING; LIMITED AREA	\$572.00
78305	BMC	BONE AND/OR JOINT IMAGING; MULTIPLE AREAS	\$750.00
78306	BMC	BONE AND/OR JOINT IMAGING; WHOLE BODY	\$890.00
78315	BMC	BONE AND/OR JOINT IMAGING; THREE PHASE STUDY	\$894.00
78320	BMC	BONE AND/OR JOINT IMAGING; TOMOGRAPHIC (SPECT)	\$798.00
78350	BMC	BONE DENSITY (BONE MINERAL CONTENT) STUDY, ONE OR MORE SITES; SINGLE PHOTON ABSORPTIOMETRY	\$530.00
78351	BMC	BONE DENSITY (BONE MINERAL CONTENT) STUDY, ONE OR MORE SITES; DUAL PHOTON ABSORPTIOMETRY, ONE OR MOR	\$530.00
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)	\$722.00
78428	BMC	CARDIAC SHUNT DETECTION	\$677.00
78445	BMC	NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY, VENOGRAPHY)	\$520.00
78456	BMC	ACUTE VENOUS THROMBOSIS IMAGING, PEPTIDE	\$654.00
78457	BMC	VENOUS THROMBOSIS IMAGING, VENOGRAM; UNILATERAL	\$654.00
78458	BMC	VENOUS THROMBOSIS IMAGING, VENOGRAM; BILATERAL	\$689.00
78459	BMC	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), METABOLIC EVALUATION	\$1,852.00

<b>CPT Code</b>	<b>Location</b>	<b>Diagnostic Description</b>	<b>Allowed</b>
78460	BMC	MYOCARDIAL PERFUSION IMAGING; (PLANAR) SINGLE STUDY, AT REST OR STRESS (EXERCISE AND/OR PHARMACOLOGICAL STRESS)	\$1,089.00
78461	BMC	MYOCARDIAL PERFUSION IMAGING; MULTIPLE STUDIES, (PLANAR) AT REST AND/OR STRESS (EXERCISE AND/OR PHARMACOLOGICAL STRESS)	\$1,110.00
78464	BMC	MYOCARDIAL PERFUSION IMAGING; TOMOGRAPHIC (SPECT), SINGLE STUDY (INCLUDING ATTENUATION CORRECTION WHEN AVAILABLE)	\$1,044.00
78465	BMC	MYOCARDIAL PERFUSION IMAGING; TOMOGRAPHIC (SPECT), MULTIPLE STUDIES (INCLUDING ATTENUATION CORRECTION WHEN AVAILABLE)	\$746.00
78466	BMC	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; QUALITATIVE OR QUANTITATIVE	\$904.00
78468	BMC	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; WITH EJECTION FRACTION BY FIRST PASS TECHNIQUE	\$904.00
78469	BMC	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; TOMOGRAPHIC SPECT WITH OR WITHOUT QUANTIFICATION	\$904.00
78472	BMC	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; PLANAR, SINGLE STUDY AT REST OR STRESS (EXERCISE AND/OR STRESS)	\$808.00
78473	BMC	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; MULTIPLE STUDIES, WALL MOTION STUDY PLUS EJECTION FRACTION	\$1,244.00
78478	BMC	MYOCARDIAL PERFUSION STUDY WITH WALL MOTION, QUALITATIVE OR QUANTITATIVE STUDY (LIST SEPARATELY IN A SEPARATE LINE)	\$463.00
78480	BMC	MYOCARDIAL PERFUSION STUDY WITH EJECTION FRACTION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	\$463.00
78481	BMC	CARDIAC BLOOD POOL IMAGING, (PLANAR), FIRST PASS TECHNIQUE; SINGLE STUDY, AT REST OR WITH STRESS (EXERCISE AND/OR STRESS)	\$841.00
78483	BMC	CARDIAC BLOOD POOL IMAGING, (PLANAR), FIRST PASS TECHNIQUE; MULTIPLE STUDIES, AT REST AND WITH STRESS (EXERCISE AND/OR STRESS)	\$1,719.00
78491	BMC	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION; SINGLE STUDY AT REST OR STRESS (EXERCISE AND/OR STRESS)	\$1,221.00
78492	BMC	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION; MULTIPLE STUDIES AT REST AND/OR STRESS (EXERCISE AND/OR STRESS)	\$1,698.00
78494	BMC	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SPECT, AT REST, WALL MOTION STUDY PLUS EJECTION FRACTION	\$808.00
78496	BMC	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SINGLE STUDY, AT REST, WITH RIGHT VENTRICULAR EJECTION FRACTION	\$677.00
78499	BMC	UNLISTED CARDIOVASCULAR PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	\$0.00
78580	BMC	PULMONARY PERFUSION IMAGING, PARTICULATE	\$722.00
78584	BMC	PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION; SINGLE BREATH	\$798.00
78585	BMC	PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION; REBREATHING AND WASHOUT, WITH OR WITHOUT	\$1,065.00
78586	BMC	PULMONARY VENTILATION IMAGING, AEROSOL; SINGLE PROJECTION	\$497.00

<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)	\$562.00
78588	BMC	PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION IMAGING, AEROSOL, ONE OR MULTIPLE PROJECT	\$654.00
78591	BMC	PULMONARY VENTILATION IMAGING, GASEOUS, SINGLE BREATH, SINGLE PROJECTION	\$418.00
78593	BMC	PULMONARY VENTILATION IMAGING, GASEOUS, WITH REBREATHING AND WASHOUT WITH OR WITHOUT SINGLE BREATH;	\$497.00
78594	BMC	PULMONARY VENTILATION IMAGING, GASEOUS, WITH REBREATHING AND WASHOUT WITH OR WITHOUT SINGLE BREATH;	\$452.00
78596	BMC	PULMONARY QUANTITATIVE DIFFERENTIAL FUNCTION (VENTILATION/PERFUSION) STUDY	\$986.00
78599	BMC	UNLISTED RESPIRATORY PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	\$0.00
78600	BMC	BRAIN IMAGING, LIMITED PROCEDURE; STATIC	\$790.00
78601	BMC	BRAIN IMAGING, LIMITED PROCEDURE; WITH VASCULAR FLOW	\$986.00
78605	BMC	BRAIN IMAGING, COMPLETE STUDY; STATIC	\$1,054.00
78606	BMC	BRAIN IMAGING, COMPLETE STUDY; WITH VASCULAR FLOW	\$1,038.00
78607	BMC	BRAIN IMAGING, COMPLETE STUDY; TOMOGRAPHIC (SPECT)	\$1,054.00
78608	BMC	BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); METABOLIC EVALUATION	\$1,819.00
78609	BMC	BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); PERFUSION EVALUATION	\$2,034.00
78610	BMC	BRAIN IMAGING, VASCULAR FLOW ONLY	\$566.00
78615	BMC	CEREBRAL VASCULAR FLOW	\$566.00
78630	BMC	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); CISTERNOGRAPHY	\$986.00
78635	BMC	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); VENTRICULOGRAPHY	\$538.00
78645	BMC	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); SHUNT EVALUATION	\$577.00
78647	BMC	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); TOMOGRAPHIC (SPECT)	\$986.00
78650	BMC	CEREBROSPINAL FLUID LEAKAGE DETECTION AND LOCALIZATION	\$682.00
78660	BMC	RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY	\$425.00
78699	BMC	UNLISTED NERVOUS SYSTEM PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	\$0.00

<b>CPT Code</b>	<b>Location</b>	<b>Diagnostic Description</b>	<b>Allowed</b>
78700	BMC	KIDNEY IMAGING MORPHOLOGY;	\$577.00
78700	BMC	KIDNEY IMAGING; STATIC ONLY	\$577.00
78701	BMC	KIDNEY IMAGING MORPHOLOGY; WITH VASCULAR FLOW	\$891.00
78701	BMC	KIDNEY IMAGING; WITH VASCULAR FLOW	\$891.00
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	\$1,064.00
78707	BMC	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; SINGLE STUDY WITHOUT PHARMACOLOGICAL INTERVENTION	\$1,064.00
78708	BMC	KIDNEY IMAGING MORPHOLOGY; WITH VASCULAR FLOW AND FUNCTION, SINGLE STUDY, WITH PHARMACOLOGICAL INTER	\$654.00
78708	BMC	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; SINGLE STUDY, WITH PHARMACOLOGICAL INTERVENTION (EG,	\$654.00
78709	BMC	KIDNEY IMAGING MORPHOLOGY; WITH VASCULAR FLOW AND FUNCTION, MULTIPLE STUDIES, WITH AND WITHOUT PHARM	\$1,088.00
78709	BMC	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; MULTIPLE STUDIES, WITH AND WITHOUT PHARMACOLOGICAL I	\$1,088.00
78710	BMC	KIDNEY IMAGING, TOMOGRAPHIC (SPECT)	\$986.00
78725	BMC	KIDNEY FUNCTION STUDY, NON-IMAGING RADIOISOTOPIC STUDY	\$463.00
78730	BMC	URINARY BLADDER RESIDUAL STUDY	\$452.00
78730	BMC	URINARY BLADDER RESIDUAL STUDY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	\$452.00
78740	BMC	URETERAL REFLUX STUDY (RADIOPHARMACEUTICAL VOIDING CYSTOGRAM)	\$428.00
78761	BMC	TESTICULAR IMAGING; WITH VASCULAR FLOW	\$1,239.00
78800	BMC	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S); LIMITED A	\$465.00
78801	BMC	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S); MULTIPLE	\$677.00
78802	BMC	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S); WHOLE BOD	\$894.00
78803	BMC	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S); TOMOGRAPH	\$986.00
78804	BMC	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S); WHOLE BOD	\$1,288.00
78805	BMC	RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY PROCESS; LIMITED AREA	\$475.00

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

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

<b>CPT Code</b>	<b>Location</b>	<b>Diagnostic Description</b>	<b>Allowed</b>
78806	BMC	RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY PROCESS; WHOLE BODY	\$921.00
78807	BMC	RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY PROCESS; TOMOGRAPHIC (SPECT)	\$986.00
78811	BMC	TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); LIMITED AREA (EG, CHEST, HEAD/NECK)	\$1,819.00
78812	BMC	TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); SKULL BASE TO MID-THIGH	\$1,819.00
78813	BMC	TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); WHOLE BODY	\$1,819.00
78814	BMC	TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY	\$2,059.00
78815	BMC	TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY	\$2,059.00
78816	BMC	TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY	\$2,059.00
78890	BMC	GENERATION OF AUTOMATED DATA: INTERACTIVE PROCESS INVOLVING NUCLEAR PHYSICIAN AND/OR	\$172.00
78999	BMC	UNLISTED MISCELLANEOUS PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	\$0.00
79005	BMC	RADIOPHARMACEUTICAL THERAPY, BY ORAL ADMINISTRATION	\$880.00
79101	BMC	RADIOPHARMACEUTICAL THERAPY, BY INTRAVENOUS ADMINISTRATION	\$634.00
79403	BMC	RADIOPHARMACEUTICAL THERAPY, RADIOLABELED MONOCLONAL ANTIBODY BY INTRAVENOUS	\$1,288.00
79440	BMC	RADIOPHARMACEUTICAL THERAPY, BY INTRA-ARTICULAR ADMINISTRATION	\$452.00
79445	BMC	RADIOPHARMACEUTICAL THERAPY, BY INTRA-ARTERIAL PARTICULATE ADMINISTRATION	\$623.00
79999	BMC	RADIOPHARMACEUTICAL THERAPY, UNLISTED PROCEDURE	\$0.00