



2008 Rate Codes - Radiology

CPT codes, descriptors and other data only are copyright 2008 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	NON FAC RATE 2008	FAC RATE 2008	EFF DATE
70010	MYELOGRAPHY, POSTERIOR FOSSA, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$195.28	\$195.28	10/1/2008
70015	CISTERNOGRAPHY, POSITIVE CONTRAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$136.21	\$136.21	10/1/2008
70030	RADIOLOGIC EXAMINATION, EYE, FOR DETECTION OF FOREIGN BODY	\$27.66	\$27.66	10/1/2008
70100	RADIOLOGIC EXAMINATION, MANDIBLE; PARTIAL, LESS THAN FOUR VIEWS	\$30.72	\$30.72	10/1/2008
70110	RADIOLOGIC EXAMINATION, MANDIBLE; COMPLETE, MINIMUM OF FOUR VIEWS	\$39.15	\$39.15	10/1/2008
70120	RADIOLOGIC EXAMINATION, MASTOIDS; LESS THAN THREE VIEWS PER SIDE	\$34.52	\$34.52	10/1/2008
70130	RADIOLOGIC EXAMINATION, MASTOIDS; COMPLETE, MINIMUM OF THREE VIEWS PER SIDE	\$53.35	\$53.35	10/1/2008
70134	RADIOLOGIC EXAMINATION, INTERNAL AUDITORY MEATI, COMPLETE	\$47.62	\$47.62	10/1/2008
70140	RADIOLOGIC EXAMINATION, FACIAL BONES; LESS THAN THREE VIEWS	\$32.21	\$32.21	10/1/2008
70150	RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE, MINIMUM OF THREE VIEWS	\$43.74	\$43.74	10/1/2008
70160	RADIOLOGIC EXAMINATION, NASAL BONES, COMPLETE, MINIMUM OF THREE VIEWS	\$31.46	\$31.46	10/1/2008
70170	DACRYOCYSTOGRAPHY, NASOLACRIMAL DUCT, RADIOLOGICAL SUPERVISION AND	\$53.68	\$53.68	4/1/2006
70190	RADIOLOGIC EXAMINATION; OPTIC FORAMINA	\$36.05	\$36.05	10/1/2008
70200	RADIOLOGIC EXAMINATION; ORBITS, COMPLETE, MINIMUM OF FOUR VIEWS	\$45.27	\$45.27	10/1/2008
70210	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, LESS THAN THREE VIEWS	\$31.42	\$31.42	10/1/2008
70220	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, COMPLETE, MINIMUM OF THREE VIEWS	\$41.43	\$41.43	10/1/2008
70240	RADIOLOGIC EXAMINATION, SELLA TURCICA	\$28.44	\$28.44	10/1/2008
70250	RADIOLOGIC EXAMINATION, SKULL; LESS THAN FOUR VIEWS	\$36.48	\$36.48	10/1/2008
70260	RADIOLOGIC EXAMINATION, SKULL; COMPLETE, MINIMUM OF FOUR VIEWS	\$50.65	\$50.65	10/1/2008
70300	RADIOLOGIC EXAMINATION, TEETH; SINGLE VIEW	\$14.95	\$14.95	10/1/2008



2008 Rate Codes - Radiology

CPT codes, descriptors and other data only are copyright 2008 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	NON FAC RATE 2008	FAC RATE 2008	EFF DATE
70310	RADIOLOGIC EXAMINATION, TEETH; PARTIAL EXAMINATION, LESS THAN FULL MOUTH	\$31.46	\$31.46	10/1/2008
70320	RADIOLOGIC EXAMINATION, TEETH; COMPLETE, FULL MOUTH	\$46.76	\$46.76	10/1/2008
70328	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH;	\$29.93	\$29.93	10/1/2008
70330	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH;	\$47.15	\$47.15	10/1/2008
70332	TEMPOROMANDIBULAR JOINT ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND	\$95.88	\$95.88	10/1/2008
70336	MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JOINT(S)	\$384.57	\$384.57	10/1/2008
70350	CEPHALOGRAM, ORTHODONTIC	\$21.89	\$21.89	10/1/2008
70355	ORTHOPANTOGRAM	\$26.87	\$26.87	10/1/2008
70360	RADIOLOGIC EXAMINATION; NECK, SOFT TISSUE	\$26.87	\$26.87	10/1/2008
70370	RADIOLOGIC EXAMINATION; PHARYNX OR LARYNX, INCLUDING FLUOROSCOPY AND/OR	\$72.46	\$72.46	10/1/2008
70371	COMPLEX DYNAMIC PHARYNGEAL AND SPEECH EVALUATION BY CINE OR VIDEO RECORDING	\$108.74	\$108.74	10/1/2008
70373	LARYNGOGRAPHY, CONTRAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$87.40	\$87.40	10/1/2008
70380	RADIOLOGIC EXAMINATION, SALIVARY GLAND FOR CALCULUS	\$37.54	\$37.54	10/1/2008
70390	SIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$99.17	\$99.17	10/1/2008
70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	\$229.77	\$229.77	10/1/2008
70460	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITH CONTRAST MATERIAL(S)	\$292.30	\$292.30	10/1/2008
70470	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY	\$354.64	\$354.64	10/1/2008
70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR	\$270.96	\$270.96	10/1/2008
70481	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR	\$346.44	\$346.44	10/1/2008



2008 Rate Codes - Radiology

CPT codes, descriptors and other data only are copyright 2008 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	NON FAC RATE 2008	FAC RATE 2008	EFF DATE
70482	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR	\$396.30	\$396.30	10/1/2008
70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	\$256.01	\$256.01	10/1/2008
70487	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S)	\$334.47	\$334.47	10/1/2008
70488	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWED BY	\$390.06	\$390.06	10/1/2008
70490	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL	\$261.78	\$261.78	10/1/2008
70491	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITH CONTRAST MATERIAL(S)	\$331.88	\$331.88	10/1/2008
70492	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY	\$390.02	\$390.02	10/1/2008
70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NON	\$494.76	\$494.76	10/1/2008
70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S), INCLUDING NON	\$495.35	\$495.35	10/1/2008
70540	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTR	\$474.56	\$474.56	10/1/2008
70542	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND NECK; WITH CONTRAST	\$478.13	\$478.13	10/1/2008
70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND NECK; WITHOUT	\$834.45	\$834.45	10/1/2008
70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL(S)	\$479.07	\$479.07	10/1/2008
70545	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITH CONTRAST MATERIAL(S)	\$505.43	\$505.43	10/1/2008
70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY	\$801.23	\$801.23	10/1/2008
70547	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL(S)	\$478.68	\$478.68	10/1/2008
70548	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITH CONTRAST MATERIAL(S)	\$509.71	\$509.71	10/1/2008



2008 Rate Codes - Radiology

CPT codes, descriptors and other data only are copyright 2008 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	NON FAC RATE 2008	FAC RATE 2008	EFF DATE
70549	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY	\$801.03	\$801.03	10/1/2008
70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT	\$485.94	\$485.94	10/1/2008
70552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITH	\$567.77	\$567.77	10/1/2008
70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT	\$850.54	\$850.54	10/1/2008
70554	MAGNETIC RESONANCE IMAGING, BRAIN, FUNCTIONAL MRI; INCLUDING TEST SELECTION AND	\$696.56	\$696.56	10/1/2008
70555	MAGNETIC RESONANCE IMAGING, BRAIN, FUNCTIONAL MRI; REQUIRING PHYSICIAN OR PSYCHO	BR	BR	1/1/2007
70557	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM AND SKULL	BR	BR	1/1/2004
70558	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM AND SKULL	BR	BR	1/1/2004
70559	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM AND SKULL	BR	BR	1/1/2004
71010	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL	\$25.73	\$25.73	10/1/2008
71015	RADIOLOGIC EXAMINATION, CHEST; STEREO, FRONTAL	\$30.36	\$30.36	10/1/2008
71020	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL;	\$33.38	\$33.38	10/1/2008
71021	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH APICAL	\$41.07	\$41.07	10/1/2008
71022	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH OBLIQUE	\$45.70	\$45.70	10/1/2008
71023	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH FLUOROSCOPY	\$62.18	\$62.18	10/1/2008
71030	RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF FOUR VIEWS;	\$47.23	\$47.23	10/1/2008
71034	RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF FOUR VIEWS; WITH FLUOROSCOPY	\$90.50	\$90.50	10/1/2008



2008 Rate Codes - Radiology

CPT codes, descriptors and other data only are copyright 2008 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	NON FAC RATE 2008	FAC RATE 2008	EFF DATE
71035	RADIOLOGIC EXAMINATION, CHEST, SPECIAL VIEWS (EG, LATERAL DECUBITUS, BUCKY	\$33.38	\$33.38	10/1/2008
71040	BRONCHOGRAPHY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$94.82	\$94.82	10/1/2008
71060	BRONCHOGRAPHY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$137.70	\$137.70	10/1/2008
71090	INSERTION PACEMAKER, FLUOROSCOPY AND RADIOGRAPHY, RADIOLOGICAL SUPERVISION AND	\$96.78	\$96.78	4/1/2006
71100	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; TWO VIEWS	\$33.38	\$33.38	10/1/2008
71101	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; INCLUDING POSTEROANTERIOR CHEST,	\$40.33	\$40.33	10/1/2008
71110	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; THREE VIEWS	\$43.00	\$43.00	10/1/2008
71111	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; INCLUDING POSTEROANTERIOR CHEST,	\$52.96	\$52.96	10/1/2007
71120	RADIOLOGIC EXAMINATION; STERNUM, MINIMUM OF TWO VIEWS	\$34.91	\$34.91	10/1/2008
71130	RADIOLOGIC EXAMINATION; STERNOCLAVICULAR JOINT OR JOINTS, MINIMUM OF THREE VIEWS	\$38.37	\$38.37	10/1/2008
71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	\$274.14	\$274.14	10/1/2008
71260	COMPUTED TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	\$346.08	\$346.08	10/1/2008
71270	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST	\$414.81	\$414.81	10/1/2008
71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S)	\$500.53	\$500.53	10/1/2008
71550	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND	\$416.11	\$416.11	10/1/2008
71551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND	\$483.15	\$483.15	10/1/2008
71552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND	\$638.03	\$638.03	10/1/2008



2008 Rate Codes - Radiology

CPT codes, descriptors and other data only are copyright 2008 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	NON FAC RATE 2008	FAC RATE 2008	EFF DATE
71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHEST (EXCLUDING MYOCARDIUM), WITH OR WITHOUT	\$487.62	\$487.62	10/1/2008
72010	RADIOLOGIC EXAMINATION, SPINE, ENTIRE, SURVEY STUDY, ANTEROPOSTERIOR AND LATERAL	\$66.81	\$66.81	10/1/2008
72020	RADIOLOGIC EXAMINATION, SPINE, SINGLE VIEW, SPECIFY LEVEL	\$24.17	\$24.17	10/1/2008
72040	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; TWO OR THREE VIEWS	\$36.84	\$36.84	10/1/2008
72050	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; MINIMUM OF FOUR VIEWS	\$52.57	\$52.57	10/1/2008
72052	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; COMPLETE, INCLUDING OBLIQUE AND	\$65.98	\$65.98	10/1/2008
72069	RADIOLOGIC EXAMINATION, SPINE, THORACOLUMBAR, STANDING (SCOLIOSIS)	\$33.82	\$33.82	10/1/2008
72070	RADIOLOGIC EXAMINATION, SPINE; THORACIC, TWO VIEWS	\$35.31	\$35.31	10/1/2008
72072	RADIOLOGIC EXAMINATION, SPINE; THORACIC, THREE VIEWS	\$39.50	\$39.50	10/1/2008
72074	RADIOLOGIC EXAMINATION, SPINE; THORACIC, MINIMUM OF FOUR VIEWS	\$46.76	\$46.76	10/1/2008
72080	RADIOLOGIC EXAMINATION, SPINE; THORACOLUMBAR, TWO VIEWS	\$36.44	\$36.44	10/1/2008
72090	RADIOLOGIC EXAMINATION, SPINE; SCOLIOSIS STUDY, INCLUDING SUPINE AND ERECT	\$45.70	\$45.70	10/1/2008
72100	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; TWO OR THREE VIEWS	\$38.76	\$38.76	10/1/2008
72110	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; MINIMUM OF FOUR VIEWS	\$54.10	\$54.10	10/1/2008
72114	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLETE, INCLUDING BENDING VIEWS	\$70.18	\$70.18	10/1/2008
72120	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL, BENDING VIEWS ONLY, MINIMUM OF FOUR	\$48.64	\$48.64	10/1/2008
72125	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	\$274.14	\$274.14	10/1/2008
72126	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITH CONTRAST MATERIAL	\$344.95	\$344.95	10/1/2008
72127	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY	\$389.00	\$389.00	10/1/2008



2008 Rate Codes - Radiology

CPT codes, descriptors and other data only are copyright 2008 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	NON FAC RATE 2008	FAC RATE 2008	EFF DATE
72128	COMPUTED TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL	\$274.14	\$274.14	10/1/2008
72129	COMPUTED TOMOGRAPHY, THORACIC SPINE; WITH CONTRAST MATERIAL	\$337.81	\$337.81	10/1/2008
72130	COMPUTED TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY	\$389.00	\$389.00	10/1/2008
72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	\$274.14	\$274.14	10/1/2008
72132	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL	\$337.41	\$337.41	10/1/2008
72133	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY	\$389.00	\$389.00	10/1/2008
72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL;	\$482.56	\$482.56	10/1/2008
72142	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL;	\$574.52	\$574.52	10/1/2008
72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC;	\$501.71	\$501.71	10/1/2008
72147	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC;	\$492.61	\$492.61	10/1/2008
72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR;	\$496.10	\$496.10	10/1/2008
72149	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR;	\$567.97	\$567.97	10/1/2008
72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT	\$859.32	\$859.32	10/1/2008
72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT	\$851.48	\$851.48	10/1/2008
72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT	\$848.97	\$848.97	10/1/2008
72159	MAGNETIC RESONANCE ANGIOGRAPHY, SPINAL CANAL AND CONTENTS, WITH OR WITHOUT	\$617.40	\$617.40	10/1/2008
72170	RADIOLOGIC EXAMINATION, PELVIS; ONE OR TWO VIEWS	\$27.66	\$27.66	10/1/2008



2008 Rate Codes - Radiology

CPT codes, descriptors and other data only are copyright 2008 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	NON FAC RATE 2008	FAC RATE 2008	EFF DATE
72190	RADIOLOGIC EXAMINATION, PELVIS; COMPLETE, MINIMUM OF THREE VIEWS	\$39.11	\$39.11	10/1/2008
72191	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING N	\$488.25	\$488.25	10/1/2008
72192	COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	\$269.00	\$269.00	10/1/2008
72193	COMPUTED TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	\$337.02	\$337.02	10/1/2008
72194	COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST	\$401.04	\$401.04	10/1/2008
72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL(S)	\$481.97	\$481.97	10/1/2008
72196	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITH CONTRAST MATERIAL(S)	\$483.50	\$483.50	10/1/2008
72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL(S),	\$841.91	\$841.91	10/1/2008
72198	MAGNETIC RESONANCE ANGIOGRAPHY, PELVIS, WITH OR WITHOUT CONTRAST MATERIAL(S)	\$530.97	\$530.97	10/1/2008
72200	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; LESS THAN THREE VIEWS	\$29.54	\$29.54	10/1/2008
72202	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; THREE OR MORE VIEWS	\$35.66	\$35.66	10/1/2008
72220	RADIOLOGIC EXAMINATION, SACRUM AND COCCYX, MINIMUM OF TWO VIEWS	\$31.07	\$31.07	10/1/2008
72240	MYELOGRAPHY, CERVICAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$187.36	\$187.36	10/1/2008
72255	MYELOGRAPHY, THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$172.14	\$172.14	10/1/2008
72265	MYELOGRAPHY, LUMBOSACRAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$169.39	\$169.39	10/1/2008
72270	MYELOGRAPHY, TWO OR MORE REGIONS (EG, LUMBAR/THORACIC, CERVICAL/ THORACIC,	\$261.78	\$261.78	10/1/2008
72275	EPIDUROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$113.10	\$113.10	10/1/2008
72285	DISKOGRAPHY, CERVICAL OR THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$253.07	\$253.07	10/1/2008



2008 Rate Codes - Radiology

CPT codes, descriptors and other data only are copyright 2008 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	NON FAC RATE 2008	FAC RATE 2008	EFF DATE
72291	RADIOLOGICAL SUPERVISION AND INTERPRETATION, PERCUTANEOUS VERTEBROPLASTY OR VERT	\$78.35	\$78.35	1/1/2007
72292	RADIOLOGICAL SUPERVISION AND INTERPRETATION, PERCUTANEOUS VERTEBROPLASTY OR VERT	\$92.64	\$92.64	1/1/2007
72295	DISKOGRAPHY, LUMBAR, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$229.14	\$229.14	10/1/2008
73000	RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE	\$28.01	\$28.01	10/1/2008
73010	RADIOLOGIC EXAMINATION; SCAPULA, COMPLETE	\$29.19	\$29.19	10/1/2008
73020	RADIOLOGIC EXAMINATION, SHOULDER; ONE VIEW	\$24.56	\$24.56	10/1/2008
73030	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO VIEWS	\$31.07	\$31.07	10/1/2008
73040	RADIOLOGIC EXAMINATION, SHOULDER, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND	\$110.78	\$110.78	10/1/2008
73050	RADIOLOGIC EXAMINATION; ACROMIOCLAVICULAR JOINTS, BILATERAL, WITH OR WITHOUT	\$36.84	\$36.84	10/1/2008
73060	RADIOLOGIC EXAMINATION; HUMERUS, MINIMUM OF TWO VIEWS	\$30.68	\$30.68	10/1/2008
73070	RADIOLOGIC EXAMINATION, ELBOW; TWO VIEWS	\$27.62	\$27.62	10/1/2008
73080	RADIOLOGIC EXAMINATION, ELBOW; COMPLETE, MINIMUM OF THREE VIEWS	\$34.13	\$34.13	10/1/2008
73085	RADIOLOGIC EXAMINATION, ELBOW, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND	\$103.13	\$103.13	10/1/2008
73090	RADIOLOGIC EXAMINATION; FOREARM, TWO VIEWS	\$28.01	\$28.01	10/1/2008
73092	RADIOLOGIC EXAMINATION; UPPER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS	\$28.01	\$28.01	10/1/2008
73100	RADIOLOGIC EXAMINATION, WRIST; TWO VIEWS	\$28.40	\$28.40	10/1/2008
73110	RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF THREE VIEWS	\$32.99	\$32.99	10/1/2008
73115	RADIOLOGIC EXAMINATION, WRIST, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND	\$101.25	\$101.25	10/1/2008
73120	RADIOLOGIC EXAMINATION, HAND; TWO VIEWS	\$27.62	\$27.62	10/1/2008



2008 Rate Codes - Radiology

CPT codes, descriptors and other data only are copyright 2008 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	NON FAC RATE 2008	FAC RATE 2008	EFF DATE
73130	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEWS	\$31.07	\$31.07	10/1/2008
73140	RADIOLOGIC EXAMINATION, FINGER(S), MINIMUM OF TWO VIEWS	\$27.23	\$27.23	10/1/2008
73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	\$255.70	\$255.70	10/1/2008
73201	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITH CONTRAST MATERIAL(S)	\$324.78	\$324.78	10/1/2008
73202	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY	\$386.96	\$386.96	10/1/2008
73206	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, UPPER EXTREMITY, WITH CONTRAST MATERIAL(S), IN	\$419.40	\$419.40	10/1/2008
73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT;	\$477.07	\$477.07	10/1/2008
73219	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT;	\$478.13	\$478.13	10/1/2008
73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT;	\$835.98	\$835.98	10/1/2008
73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT	\$472.01	\$472.01	10/1/2008
73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH	\$549.57	\$549.57	10/1/2008
73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT	\$829.16	\$829.16	10/1/2008
73225	MAGNETIC RESONANCE ANGIOGRAPHY, UPPER EXTREMITY, WITH OR WITHOUT CONTRAST	\$588.33	\$588.33	10/1/2008
73500	RADIOLOGIC EXAMINATION, HIP; UNILATERAL, ONE VIEW	\$26.48	\$26.48	10/1/2008
73510	RADIOLOGIC EXAMINATION, HIP, UNILATERAL; COMPLETE, MINIMUM OF TWO VIEWS	\$36.05	\$36.05	10/1/2008
73520	RADIOLOGIC EXAMINATION, HIPS, BILATERAL, MINIMUM OF TWO VIEWS OF EACH HIP,	\$40.33	\$40.33	10/1/2008



2008 Rate Codes - Radiology

CPT codes, descriptors and other data only are copyright 2008 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	NON FAC RATE 2008	FAC RATE 2008	EFF DATE
73525	RADIOLOGIC EXAMINATION, HIP, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND	\$103.13	\$103.13	10/1/2008
73530	RADIOLOGIC EXAMINATION, HIP, DURING OPERATIVE PROCEDURE	\$35.51	\$35.51	4/1/2006
73540	RADIOLOGIC EXAMINATION, PELVIS AND HIPS, INFANT OR CHILD, MINIMUM OF TWO VIEWS	\$36.44	\$36.44	10/1/2008
73542	RADIOLOGICAL EXAMINATION, SACROILIAC JOINT ARTHROGRAPHY, RADIOLOGICAL	\$90.93	\$90.93	10/1/2008
73550	RADIOLOGIC EXAMINATION, FEMUR, TWO VIEWS	\$30.29	\$30.29	10/1/2008
73560	RADIOLOGIC EXAMINATION, KNEE; ONE OR TWO VIEWS	\$29.19	\$29.19	10/1/2008
73562	RADIOLOGIC EXAMINATION, KNEE; THREE VIEWS	\$34.13	\$34.13	10/1/2008
73564	RADIOLOGIC EXAMINATION, KNEE; COMPLETE, FOUR OR MORE VIEWS	\$38.76	\$38.76	10/1/2008
73565	RADIOLOGIC EXAMINATION, KNEE; BOTH KNEES, STANDING, ANTEROPOSTERIOR	\$29.93	\$29.93	10/1/2008
73580	RADIOLOGIC EXAMINATION, KNEE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND	\$127.57	\$127.57	10/1/2008
73590	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, TWO VIEWS	\$28.40	\$28.40	10/1/2008
73592	RADIOLOGIC EXAMINATION; LOWER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS	\$28.01	\$28.01	10/1/2008
73600	RADIOLOGIC EXAMINATION, ANKLE; TWO VIEWS	\$27.62	\$27.62	10/1/2008
73610	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF THREE VIEWS	\$31.07	\$31.07	10/1/2008
73615	RADIOLOGIC EXAMINATION, ANKLE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND	\$106.19	\$106.19	10/1/2008
73620	RADIOLOGIC EXAMINATION, FOOT; TWO VIEWS	\$27.26	\$27.26	10/1/2008
73630	RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF THREE VIEWS	\$31.07	\$31.07	10/1/2008
73650	RADIOLOGIC EXAMINATION; CALCANEUS, MINIMUM OF TWO VIEWS	\$26.87	\$26.87	10/1/2008
73660	RADIOLOGIC EXAMINATION; TOE(S), MINIMUM OF TWO VIEWS	\$26.44	\$26.44	10/1/2008
73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	\$255.70	\$255.70	10/1/2008



2008 Rate Codes - Radiology

CPT codes, descriptors and other data only are copyright 2008 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	NON FAC RATE 2008	FAC RATE 2008	EFF DATE
73701	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)	\$326.31	\$326.31	10/1/2008
73702	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY	\$387.55	\$387.55	10/1/2008
73706	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, LOWER EXTREMITY, WITH CONTRAST MATERIAL(S), IN	\$424.11	\$424.11	10/1/2008
73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT;	\$475.15	\$475.15	10/1/2008
73719	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT; WITH	\$478.13	\$478.13	10/1/2008
73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT;	\$835.43	\$835.43	10/1/2008
73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT	\$473.38	\$473.38	10/1/2008
73722	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH	\$550.74	\$550.74	10/1/2008
73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT	\$829.16	\$829.16	10/1/2008
73725	MAGNETIC RESONANCE ANGIOGRAPHY, LOWER EXTREMITY, WITH OR WITHOUT CONTRAST	\$487.66	\$487.66	10/1/2008
74000	RADIOLOGIC EXAMINATION, ABDOMEN; SINGLE ANTEROPOSTERIOR VIEW	\$27.26	\$27.26	10/1/2008
74010	RADIOLOGIC EXAMINATION, ABDOMEN; ANTEROPOSTERIOR AND ADDITIONAL OBLIQUE AND	\$37.23	\$37.23	10/1/2008
74020	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE, INCLUDING DECUBITUS AND/OR ERECT	\$40.33	\$40.33	10/1/2008
74022	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE ACUTE ABDOMEN SERIES, INCLUDING	\$47.98	\$47.98	10/1/2008
74150	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	\$269.98	\$269.98	10/1/2008
74160	COMPUTED TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	\$348.52	\$348.52	10/1/2008



2008 Rate Codes - Radiology

CPT codes, descriptors and other data only are copyright 2008 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	NON FAC RATE 2008	FAC RATE 2008	EFF DATE
74170	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST	\$419.64	\$419.64	10/1/2008
74175	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN, WITH CONTRAST MATERIAL(S), INCLUDING	\$496.45	\$496.45	10/1/2008
74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRAST MATERIAL(S)	\$472.80	\$472.80	10/1/2008
74182	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITH CONTRAST MATERIAL(S)	\$569.93	\$569.93	10/1/2008
74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRAST MATERIAL(S),	\$842.10	\$842.10	10/1/2008
74185	MAGNETIC RESONANCE ANGIOGRAPHY, ABDOMEN, WITH OR WITHOUT CONTRAST MATERIAL(S)	\$531.17	\$531.17	10/1/2008
74190	PERITONEOGRAM (EG, AFTER INJECTION OF AIR OR CONTRAST), RADIOLOGICAL	\$77.10	\$77.10	4/1/2006
74210	RADIOLOGIC EXAMINATION; PHARYNX AND/OR CERVICAL ESOPHAGUS	\$74.38	\$74.38	10/1/2008
74220	RADIOLOGIC EXAMINATION; ESOPHAGUS	\$83.28	\$83.28	10/1/2008
74230	SWALLOWING FUNCTION, WITH CINERADIOGRAPHY/VIDEORADIOGRAPHY	\$87.52	\$87.52	10/1/2008
74235	REMOVAL OF FOREIGN BODY(S), ESOPHAGEAL, WITH USE OF BALLOON CATHETER,	\$164.76	\$164.76	4/1/2006
74240	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR WITHOUT DELAYED	\$104.47	\$104.47	10/1/2008
74241	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR WITHOUT DELAYED	\$109.80	\$109.80	10/1/2008
74245	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH SMALL INTESTINE,	\$164.61	\$164.61	10/1/2008
74246	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH	\$118.20	\$118.20	10/1/2008
74247	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH	\$118.75	\$118.75	10/1/2008



2008 Rate Codes - Radiology

CPT codes, descriptors and other data only are copyright 2008 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	NON FAC RATE 2008	FAC RATE 2008	EFF DATE
74249	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH	\$176.06	\$176.06	10/1/2008
74250	RADIOLOGIC EXAMINATION, SMALL INTESTINE, INCLUDES MULTIPLE SERIAL FILMS;	\$94.74	\$94.74	10/1/2008
74251	RADIOLOGIC EXAMINATION, SMALL INTESTINE, INCLUDES MULTIPLE SERIAL FILMS; VIA	\$176.42	\$176.42	10/1/2008
74260	DUODENOGRAPHY, HYPOTONIC	\$113.18	\$113.18	10/1/2008
74270	RADIOLOGIC EXAMINATION, COLON; BARIUM ENEMA, WITH OR WITHOUT KUB	\$121.10	\$121.10	10/1/2008
74280	RADIOLOGIC EXAMINATION, COLON; AIR CONTRAST WITH SPECIFIC HIGH DENSITY BARIUM,	\$183.79	\$183.79	10/1/2008
74283	THERAPEUTIC ENEMA, CONTRAST OR AIR, FOR REDUCTION OF INTUSSUSCEPTION OR OTHER	\$186.93	\$186.93	10/1/2008
74290	CHOLECYSTOGRAPHY, ORAL CONTRAST;	\$59.47	\$59.47	10/1/2008
74291	CHOLECYSTOGRAPHY, ORAL CONTRAST; ADDITIONAL OR REPEAT EXAMINATION OR MULTIPLE	\$47.19	\$47.19	10/1/2008
74300	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; INTRAOPERATIVE, RADIOLOGICAL	\$18.61	\$18.61	4/1/2006
74301	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; ADDITIONAL SET INTRAOPERATIVE,	\$11.31	\$11.31	4/1/2006
74305	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; THROUGH EXISTING CATHETER, RADIOLOGICAL	\$53.34	\$53.34	4/1/2006
74320	CHOLANGIOGRAPHY, PERCUTANEOUS, TRANSHEPATIC, RADIOLOGICAL SUPERVISION AND	\$130.24	\$130.24	10/1/2008
74327	POSTOPERATIVE BILIARY DUCT CALCULUS REMOVAL, PERCUTANEOUS VIA T-TUBE TRACT,	\$124.32	\$124.32	10/1/2008
74328	ENDOSCOPIC CATHETERIZATION OF THE BILIARY DUCTAL SYSTEM, RADIOLOGICAL	\$162.08	\$162.08	4/1/2006
74329	ENDOSCOPIC CATHETERIZATION OF THE PANCREATIC DUCTAL SYSTEM, RADIOLOGICAL	\$161.11	\$161.11	4/1/2006
74330	COMBINED ENDOSCOPIC CATHETERIZATION OF THE BILIARY AND PANCREATIC DUCTAL	\$172.32	\$172.32	4/1/2006



2008 Rate Codes - Radiology

CPT codes, descriptors and other data only are copyright 2008 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	NON FAC RATE 2008	FAC RATE 2008	EFF DATE
74340	INTRODUCTION OF LONG GASTROINTESTINAL TUBE (EG, MILLER-ABBOTT), INCLUDING	\$132.59	\$132.59	4/1/2006
74355	PERCUTANEOUS PLACEMENT OF ENTEROCLYSIS TUBE, RADIOLOGICAL SUPERVISION AND	\$143.96	\$143.96	4/1/2006
74360	INTRALUMINAL DILATION OF STRICTURES AND/OR OBSTRUCTIONS (EG, ESOPHAGUS),	\$154.10	\$154.10	4/1/2006
74363	PERCUTANEOUS TRANSHEPATIC DILATION OF BILIARY DUCT STRICTURE WITH OR WITHOUT	\$287.43	\$287.43	4/1/2006
74400	UROGRAPHY (PYELOGRAPHY), INTRAVENOUS, WITH OR WITHOUT KUB, WITH OR WITHOUT TOMOG	\$106.55	\$106.55	10/1/2008
74410	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE;	\$113.45	\$113.45	10/1/2008
74415	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE; WITH	\$128.36	\$128.36	10/1/2008
74420	UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB	\$123.51	\$123.51	4/1/2006
74425	UROGRAPHY, ANTEGRADE, (PYELOSTOGRAM, NEPHROSTOGRAM, LOOPOGRAM), RADIOLOGICAL	\$71.05	\$71.05	4/1/2006
74430	CYSTOGRAPHY, MINIMUM OF THREE VIEWS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$73.59	\$73.59	10/1/2008
74440	VASOGRAPHY, VESICULOGRAPHY, OR EPIDIDYMOGRAPHY, RADIOLOGICAL SUPERVISION AND	\$80.15	\$80.15	10/1/2008
74445	CORPORA CAVERNOSOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$104.86	\$104.86	4/1/2006
74450	URETHROCYSTOGRAPHY, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$75.58	\$75.58	4/1/2006
74455	URETHROCYSTOGRAPHY, VOIDING, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$89.99	\$89.99	10/1/2008
74470	RADIOLOGIC EXAMINATION, RENAL CYST STUDY, TRANSLUMBAR, CONTRAST VISUALIZATION,	\$77.87	\$77.87	4/1/2006
74475	INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS FOR DRAINAGE AND/OR	\$149.66	\$149.66	10/1/2008



2008 Rate Codes - Radiology

CPT codes, descriptors and other data only are copyright 2008 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	NON FAC RATE 2008	FAC RATE 2008	EFF DATE
74480	INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER THROUGH RENAL PELVIS FOR	\$149.66	\$149.66	10/1/2008
74485	DILATION OF NEPHROSTOMY, URETERS, OR URETHRA, RADIOLOGICAL SUPERVISION AND	\$133.26	\$133.26	10/1/2008
74710	PELVIMETRY, WITH OR WITHOUT PLACENTAL LOCALIZATION	\$49.12	\$49.12	10/1/2008
74740	HYSTEROSALPINGOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$77.44	\$77.44	10/1/2008
74775	PERINEOGRAM (EG, VAGINOGRAM, FOR SEX DETERMINATION OR EXTENT OF ANOMALIES)	\$90.74	\$90.74	4/1/2006
75557	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST	\$464.75	\$464.75	10/1/2008
75558	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST	\$603.04	\$603.04	10/1/2008
75559	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST	\$498.53	\$498.53	10/1/2008
75560	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST	\$784.40	\$784.40	10/1/2008
75561	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST	\$659.84	\$659.84	10/1/2008
75562	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST	\$778.12	\$778.12	10/1/2008
75563	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST	\$687.18	\$687.18	10/1/2008
75564	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST	\$914.80	\$914.80	10/1/2008
75600	AORTOGRAPHY, THORACIC, WITHOUT SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTER	\$409.44	\$409.44	10/1/2008
75605	AORTOGRAPHY, THORACIC, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND	\$381.63	\$381.63	10/1/2008
75625	AORTOGRAPHY, ABDOMINAL, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND	\$377.78	\$377.78	10/1/2008



2008 Rate Codes - Radiology

CPT codes, descriptors and other data only are copyright 2008 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	NON FAC RATE 2008	FAC RATE 2008	EFF DATE
75630	AORTOGRAPHY, ABDOMINAL PLUS BILATERAL ILIOFEMORAL LOWER EXTREMITY, CATHETER, BY	\$426.43	\$426.43	10/1/2008
75635	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMINAL AORTA AND BILATERAL ILIOFEMORAL LOWE	\$580.56	\$580.56	10/1/2008
75650	ANGIOGRAPHY, CERVICOCEREBRAL, CATHETER, INCLUDING VESSEL ORIGIN, RADIOLOGICAL	\$395.67	\$395.67	10/1/2008
75658	ANGIOGRAPHY, BRACHIAL, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$393.24	\$393.24	10/1/2008
75660	ANGIOGRAPHY, EXTERNAL CAROTID, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION	\$395.16	\$395.16	10/1/2008
75662	ANGIOGRAPHY, EXTERNAL CAROTID, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION	\$431.80	\$431.80	10/1/2008
75665	ANGIOGRAPHY, CAROTID, CEREBRAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND	\$400.46	\$400.46	10/1/2008
75671	ANGIOGRAPHY, CAROTID, CEREBRAL, BILATERAL, RADIOLOGICAL SUPERVISION AND	\$432.94	\$432.94	10/1/2008
75676	ANGIOGRAPHY, CAROTID, CERVICAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND	\$395.12	\$395.12	10/1/2008
75680	ANGIOGRAPHY, CAROTID, CERVICAL, BILATERAL, RADIOLOGICAL SUPERVISION AND	\$423.37	\$423.37	10/1/2008
75685	ANGIOGRAPHY, VERTEBRAL, CERVICAL, AND/OR INTRACRANIAL, RADIOLOGICAL SUPERVISION	\$395.16	\$395.16	10/1/2008
75705	ANGIOGRAPHY, SPINAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$438.63	\$438.63	10/1/2008
75710	ANGIOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$390.02	\$390.02	10/1/2008
75716	ANGIOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$415.01	\$415.01	10/1/2008
75722	ANGIOGRAPHY, RENAL, UNILATERAL, SELECTIVE (INCLUDING FLUSH AORTOGRAM),	\$387.35	\$387.35	10/1/2008



2008 Rate Codes - Radiology

CPT codes, descriptors and other data only are copyright 2008 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	NON FAC RATE 2008	FAC RATE 2008	EFF DATE
75724	ANGIOGRAPHY, RENAL, BILATERAL, SELECTIVE (INCLUDING FLUSH AORTOGRAM),	\$427.05	\$427.05	10/1/2008
75726	ANGIOGRAPHY, VISCERAL, SELECTIVE OR SUPRASELECTIVE, (WITH OR WITHOUT FLUSH	\$385.08	\$385.08	10/1/2008
75731	ANGIOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND	\$391.94	\$391.94	10/1/2008
75733	ANGIOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND	\$425.37	\$425.37	10/1/2008
75736	ANGIOGRAPHY, PELVIC, SELECTIVE OR SUPRASELECTIVE, RADIOLOGICAL SUPERVISION AND	\$388.14	\$388.14	10/1/2008
75741	ANGIOGRAPHY, PULMONARY, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND	\$381.39	\$381.39	10/1/2008
75743	ANGIOGRAPHY, PULMONARY, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND	\$403.48	\$403.48	10/1/2008
75746	ANGIOGRAPHY, PULMONARY, BY NONSELECTIVE CATHETER OR VENOUS INJECTION,	\$380.88	\$380.88	10/1/2008
75756	ANGIOGRAPHY, INTERNAL MAMMARY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$397.32	\$397.32	10/1/2008
75774	ANGIOGRAPHY, SELECTIVE, EACH ADDITIONAL VESSEL STUDIED AFTER BASIC EXAMINATION,	\$328.63	\$328.63	10/1/2008
75790	ANGIOGRAPHY, ARTERIOVENOUS SHUNT (EG, DIALYSIS PATIENT), RADIOLOGICAL	\$166.96	\$166.96	10/1/2008
75801	LYMPHANGIOGRAPHY, EXTREMITY ONLY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTER	\$259.97	\$259.97	4/1/2006
75803	LYMPHANGIOGRAPHY, EXTREMITY ONLY, BILATERAL, RADIOLOGICAL SUPERVISION AND	\$276.54	\$276.54	4/1/2006
75805	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND	\$286.32	\$286.32	4/1/2006
75807	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, BILATERAL, RADIOLOGICAL SUPERVISION AND	\$302.18	\$302.18	4/1/2006



2008 Rate Codes - Radiology

CPT codes, descriptors and other data only are copyright 2008 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	NON FAC RATE 2008	FAC RATE 2008	EFF DATE
75809	SHUNTOGRAM FOR INVESTIGATION OF PREVIOUSLY PLACED INDWELLING NONVASCULAR SHUNT	\$77.56	\$77.56	10/1/2008
75810	SPLENOPORTOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$560.66	\$560.66	4/1/2006
75820	VENOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$107.57	\$107.57	10/1/2008
75822	VENOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$136.87	\$136.87	10/1/2008
75825	VENOGRAPHY, CAVAL, INFERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND	\$370.13	\$370.13	10/1/2008
75827	VENOGRAPHY, CAVAL, SUPERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND	\$369.78	\$369.78	10/1/2008
75831	VENOGRAPHY, RENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND	\$371.66	\$371.66	10/1/2008
75833	VENOGRAPHY, RENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND	\$399.48	\$399.48	10/1/2008
75840	VENOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND	\$370.88	\$370.88	10/1/2008
75842	VENOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND	\$399.87	\$399.87	10/1/2008
75860	VENOGRAPHY, VENOUS SINUS (EG, PETROSAL AND INFERIOR SAGITTAL) OR JUGULAR,	\$378.21	\$378.21	10/1/2008
75870	VENOGRAPHY, SUPERIOR SAGITTAL SINUS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$376.64	\$376.64	10/1/2008
75872	VENOGRAPHY, EPIDURAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$394.10	\$394.10	10/1/2008
75880	VENOGRAPHY, ORBITAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$111.77	\$111.77	10/1/2008
75885	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITH HEMODYNAMIC EVALUATION, RADIOLOGICAL	\$386.84	\$386.84	10/1/2008
75887	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITHOUT HEMODYNAMIC EVALUATION,	\$391.43	\$391.43	10/1/2008



2008 Rate Codes - Radiology

CPT codes, descriptors and other data only are copyright 2008 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	NON FAC RATE 2008	FAC RATE 2008	EFF DATE
75889	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITH HEMODYNAMIC EVALUATION, RADIOLOGICAL	\$372.05	\$372.05	10/1/2008
75891	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITHOUT HEMODYNAMIC EVALUATION,	\$371.70	\$371.70	10/1/2008
75893	VENOUS SAMPLING THROUGH CATHETER, WITH OR WITHOUT ANGIOGRAPHY (EG, FOR	\$342.91	\$342.91	10/1/2008
75894	TRANSCATHETER THERAPY, EMBOLIZATION, ANY METHOD, RADIOLOGICAL SUPERVISION AND IN	\$1,030.29	\$1,030.29	4/1/2006
75896	TRANSCATHETER THERAPY, INFUSION, ANY METHOD (EG, THROMBOLYSIS OTHER THAN	\$904.51	\$904.51	4/1/2006
75898	ANGIOGRAPHY THROUGH EXISTING CATHETER FOR FOLLOW-UP STUDY FOR TRANSCATHETER	\$127.95	\$127.95	4/1/2006
75900	EXCHANGE OF A PREVIOUSLY PLACED INTRAVASCULAR CATHETER DURING THROMBOLYTIC THERA	\$854.18	\$854.18	4/1/2006
75901	MECHANICAL REMOVAL OF PERICATHETER OBSTRUCTIVE MATERIAL (EG, FIBRIN SHEATH)	\$155.55	\$155.55	10/1/2008
75902	MECHANICAL REMOVAL OF INTRALUMINAL (INTRACATHETER) OBSTRUCTIVE MATERIAL FROM	\$103.06	\$103.06	10/1/2008
75940	PERCUTANEOUS PLACEMENT OF IVC FILTER, RADIOLOGICAL SUPERVISION AND	\$530.38	\$530.38	4/1/2006
75945	INTRAVASCULAR ULTRASOUND (NON-CORONARY VESSEL), RADIOLOGICAL SUPERVISION AND	\$203.57	\$203.57	4/1/2006
75946	INTRAVASCULAR ULTRASOUND (NON-CORONARY VESSEL), RADIOLOGICAL SUPERVISION AND	\$113.36	\$113.36	4/1/2006
75952	ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECTION,	\$241.70	\$241.70	4/1/2006
75953	PLACEMENT OF PROXIMAL OR DISTAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF	\$101.93	\$101.93	4/1/2006
75954	ENDOVASCULAR REPAIR OF ILIAC ARTERY ANEURYSM, PSEUDOANEURYSM, ARTERIOVENOUS	BR	BR	1/1/2003



2008 Rate Codes - Radiology

CPT codes, descriptors and other data only are copyright 2008 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	NON FAC RATE 2008	FAC RATE 2008	EFF DATE
75956	ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA (EG, ANEURYSM, PSEUDOANEURYSM,	BR	BR	1/1/2006
75957	ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA (EG, ANEURYSM, PSEUDOANEURYSM,	BR	BR	1/1/2006
75958	PLACEMENT OF PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF DESCENDING	BR	BR	1/1/2006
75959	PLACEMENT OF DISTAL EXTENSION PROSTHESIS(S) (DELAYED) AFTER ENDOVASCULAR REPAIR	BR	BR	1/1/2006
75960	TRANSCATHETER INTRODUCTION OF INTRAVASCULAR STENT(S), (EXCEPT CORONARY,	\$400.69	\$400.69	10/1/2008
75961	TRANSCATHETER RETRIEVAL, PERCUTANEOUS, OF INTRAVASCULAR FOREIGN BODY (EG,	\$490.21	\$490.21	10/1/2008
75962	TRANSLUMINAL BALLOON ANGIOPLASTY, PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION	\$422.19	\$422.19	10/1/2008
75964	TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL PERIPHERAL ARTERY,	\$237.14	\$237.14	10/1/2008
75966	TRANSLUMINAL BALLOON ANGIOPLASTY, RENAL OR OTHER VISCERAL ARTERY, RADIOLOGICAL	\$467.54	\$467.54	10/1/2008
75968	TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL VISCERAL ARTERY, RADIOLOGICAL	\$237.93	\$237.93	10/1/2008
75970	TRANSCATHETER BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$502.88	\$502.88	4/1/2006
75978	TRANSLUMINAL BALLOON ANGIOPLASTY, VENOUS (EG, SUBCLAVIAN STENOSIS),	\$417.25	\$417.25	10/1/2008
75980	PERCUTANEOUS TRANSHEPATIC BILIARY DRAINAGE WITH CONTRAST MONITORING,	\$290.56	\$290.56	4/1/2006
75982	PERCUTANEOUS PLACEMENT OF DRAINAGE CATHETER FOR COMBINED INTERNAL AND EXTERNAL	\$316.13	\$316.13	4/1/2006
75984	CHANGE OF PERCUTANEOUS TUBE OR DRAINAGE CATHETER WITH CONTRAST MONITORING (EG, G	\$115.53	\$115.53	10/1/2008



2008 Rate Codes - Radiology

CPT codes, descriptors and other data only are copyright 2008 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	NON FAC RATE 2008	FAC RATE 2008	EFF DATE
75989	RADIOLOGICAL GUIDANCE (IE, FLUOROSCOPY, ULTRASOUND, OR COMPUTED TOMOGRAPHY),	\$160.17	\$160.17	10/1/2008
75992	TRANSLUMINAL ATHERECTOMY, PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERP	\$656.06	\$656.06	4/1/2006
75993	TRANSLUMINAL ATHERECTOMY, EACH ADDITIONAL PERIPHERAL ARTERY, RADIOLOGICAL	\$350.28	\$350.28	4/1/2006
75994	TRANSLUMINAL ATHERECTOMY, RENAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$692.13	\$692.13	4/1/2006
75995	TRANSLUMINAL ATHERECTOMY, VISCERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$691.30	\$691.30	4/1/2006
75996	TRANSLUMINAL ATHERECTOMY, EACH ADDITIONAL VISCERAL ARTERY, RADIOLOGICAL	\$349.72	\$349.72	4/1/2006
76000	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO ONE HOUR PHYSICIAN TIME, OTHER THAN	\$87.60	\$87.60	10/1/2008
76001	FLUOROSCOPY, PHYSICIAN TIME MORE THAN ONE HOUR, ASSISTING A NON-RADIOLOGIC	\$140.23	\$140.23	4/1/2006
76010	RADIOLOGIC EXAMINATION FROM NOSE TO RECTUM FOR FOREIGN BODY, SINGLE VIEW, CHILD	\$28.79	\$28.79	10/1/2008
76080	RADIOLOGIC EXAMINATION, ABSCESS, FISTULA OR SINUS TRACT STUDY, RADIOLOGICAL	\$66.14	\$66.14	10/1/2008
76098	RADIOLOGICAL EXAMINATION, SURGICAL SPECIMEN	\$21.50	\$21.50	10/1/2008
76100	RADIOLOGIC EXAMINATION, SINGLE PLANE BODY SECTION (EG, TOMOGRAPHY), OTHER THAN	\$102.86	\$102.86	10/1/2008
76101	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTION (EG,	\$159.43	\$159.43	10/1/2008
76102	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTION (EG,	\$199.21	\$199.21	10/1/2008
76120	CINERADIOGRAPHY/VIDEORADIOGRAPHY, EXCEPT WHERE SPECIFICALLY INCLUDED	\$74.42	\$74.42	10/1/2008
76125	CINERADIOGRAPHY/VIDEORADIOGRAPHY TO COMPLEMENT ROUTINE EXAMINATION (LIST	\$45.37	\$45.37	4/1/2006



2008 Rate Codes - Radiology

CPT codes, descriptors and other data only are copyright 2008 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	NON FAC RATE 2008	FAC RATE 2008	EFF DATE
76140	CONSULTATION ON X-RAY EXAMINATION MADE ELSEWHERE, WRITTEN REPORT	\$27.30	\$27.30	5/1/2004
76150	XERORADIOGRAPHY	\$21.77	\$21.77	10/1/2008
76350	SUBTRACTION IN CONJUNCTION WITH CONTRAST STUDIES	\$16.38	\$16.38	5/1/2004
76376	3D RENDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC	\$104.43	\$104.43	10/1/2008
76377	3D RENDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC	\$138.95	\$138.95	10/1/2008
76380	COMPUTED TOMOGRAPHY, LIMITED OR LOCALIZED FOLLOW-UP STUDY	\$148.99	\$148.99	10/1/2008
76390	MAGNETIC RESONANCE SPECTROSCOPY	\$472.56	\$472.56	10/1/2008
76496	UNLISTED FLUOROSCOPIC PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)	BR	BR	1/1/2003
76497	UNLISTED COMPUTED TOMOGRAPHY PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)	BR	BR	1/1/2003
76498	UNLISTED MAGNETIC RESONANCE PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)	BR	BR	1/1/2003
76499	UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE	BR	BR	10/1/1982
76506	ECHOENCEPHALOGRAPHY, REAL TIME WITH IMAGE DOCUMENTATION (GRAY SCALE) (FOR DETERM	\$98.07	\$98.07	10/1/2008
76510	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN AND QUANTITATIVE A-SCAN PERFORMED	\$154.56	\$154.56	10/1/2008
76511	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; QUANTITATIVE A-SCAN ONLY	\$108.51	\$108.51	10/1/2008
76512	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN (WITH OR WITHOUT SUPERIMPOSED	\$101.60	\$101.60	10/1/2008
76513	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; ANTERIOR SEGMENT ULTRASOUND, IMMERSION	\$91.05	\$91.05	10/1/2008
76514	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; CORNEAL PACHYMETRY, UNILATERAL OR BILATERAL	\$12.36	\$12.36	10/1/2008
76516	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN;	\$71.87	\$71.87	10/1/2008



2008 Rate Codes - Radiology

CPT codes, descriptors and other data only are copyright 2008 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	NON FAC RATE 2008	FAC RATE 2008	EFF DATE
76519	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN; WITH INTRAOCULAR LENS	\$76.07	\$76.07	10/1/2008
76529	OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	\$71.48	\$71.48	10/1/2008
76536	ULTRASOUND, SOFT TISSUES OF HEAD AND NECK (EG, THYROID, PARATHYROID, PAROTID), R	\$104.74	\$104.74	10/1/2008
76604	ULTRASOUND, CHEST (INCLUDES MEDIASTINUM), REAL TIME WITH IMAGE DOCUMENTATION	\$85.64	\$85.64	10/1/2008
76645	ULTRASOUND, BREAST(S) (UNILATERAL OR BILATERAL), REAL TIME WITH IMAGE DOCUMENTAT	\$85.64	\$85.64	10/1/2008
76700	ULTRASOUND, ABDOMINAL, REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	\$133.97	\$133.97	10/1/2008
76705	ULTRASOUND, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION;	\$100.15	\$100.15	10/1/2008
76770	ULTRASOUND, RETROPERITONEAL (EG, RENAL, AORTA, NODES), REAL TIME WITH IMAGE DOCU	\$128.95	\$128.95	10/1/2008
76775	ULTRASOUND, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME	\$100.94	\$100.94	10/1/2008
76776	ULTRASOUND, TRANSPLANTED KIDNEY, REAL TIME AND DUPLEX DOPPLER WITH IMAGE DOCUMEN	\$139.66	\$139.66	10/1/2008
76800	ULTRASOUND, SPINAL CANAL AND CONTENTS	\$121.65	\$121.65	10/1/2008
76801	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATER	\$133.73	\$133.73	10/1/2008
76802	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND	\$78.89	\$78.89	10/1/2008
76805	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND	\$142.72	\$142.72	10/1/2008
76810	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND	\$101.41	\$101.41	10/1/2008
76811	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND	\$223.84	\$223.84	10/1/2008



2008 Rate Codes - Radiology

CPT codes, descriptors and other data only are copyright 2008 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	NON FAC RATE 2008	FAC RATE 2008	EFF DATE
76812	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND	\$159.15	\$159.15	10/1/2008
76813	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FIRST TRIMESTER	\$132.32	\$132.32	10/1/2008
76814	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FIRST TRIMESTER	\$85.09	\$85.09	10/1/2008
76815	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, LIMITED (EG,	\$92.19	\$92.19	10/1/2008
76816	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FOLLOW-UP (EG,	\$100.78	\$100.78	10/1/2008
76817	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, TRANSVAGINAL	\$99.21	\$99.21	10/1/2008
76818	FETAL BIOPHYSICAL PROFILE; WITH NON-STRESS TESTING	\$122.32	\$122.32	10/1/2008
76819	FETAL BIOPHYSICAL PROFILE; WITHOUT NON-STRESS TESTING	\$98.78	\$98.78	10/1/2008
76820	DOPPLER VELOCIMETRY, FETAL; UMBILICAL ARTERY	\$67.91	\$67.91	10/1/2008
76821	DOPPLER VELOCIMETRY, FETAL; MIDDLE CEREBRAL ARTERY	\$101.72	\$101.72	10/1/2008
76825	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE	\$180.42	\$180.42	10/1/2008
76826	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE	\$94.74	\$94.74	10/1/2008
76827	DOPPLER ECHOCARDIOGRAPHY, FETAL, PULSED WAVE AND/OR CONTINUOUS WAVE WITH	\$82.54	\$82.54	10/1/2008
76828	DOPPLER ECHOCARDIOGRAPHY, FETAL, PULSED WAVE AND/OR CONTINUOUS WAVE WITH	\$60.73	\$60.73	10/1/2008
76830	ULTRASOUND, TRANSVAGINAL	\$115.14	\$115.14	10/1/2008
76831	SALINE INFUSION SONOHYSTEROGRAPHY (SIS), INCLUDING COLOR FLOW DOPPLER, WHEN	\$115.53	\$115.53	10/1/2008
76856	ULTRASOUND, PELVIC (NONOBSTETRIC), REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	\$115.53	\$115.53	10/1/2008



2008 Rate Codes - Radiology

CPT codes, descriptors and other data only are copyright 2008 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	NON FAC RATE 2008	FAC RATE 2008	EFF DATE
76857	ULTRASOUND, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE	\$87.05	\$87.05	10/1/2008
76870	ULTRASOUND, SCROTUM AND CONTENTS	\$113.96	\$113.96	10/1/2008
76872	ULTRASOUND, TRANSRECTAL;	\$129.61	\$129.61	10/1/2008
76873	ULTRASOUND, TRANSRECTAL; PROSTATE VOLUME STUDY FOR BRACHYTHERAPY TREATMENT	\$172.69	\$172.69	10/1/2008
76880	ULTRASOUND, EXTREMITY, NONVASCULAR, REAL TIME WITH IMAGE DOCUMENTATION	\$116.24	\$116.24	10/1/2008
76885	ULTRASOUND, INFANT HIPS, REAL TIME WITH IMAGING DOCUMENTATION; DYNAMIC	\$96.86	\$96.86	10/1/2008
76886	ULTRASOUND, INFANT HIPS, REAL TIME WITH IMAGING DOCUMENTATION; LIMITED, STATIC	\$91.80	\$91.80	10/1/2008
76930	ULTRASONIC GUIDANCE FOR PERICARDIOCENTESIS, IMAGING SUPERVISION AND INTERPRETATI	\$100.98	\$100.98	10/1/2008
76932	ULTRASONIC GUIDANCE FOR ENDOMYOCARDIAL BIOPSY, IMAGING SUPERVISION AND	\$96.79	\$96.79	4/1/2006
76936	ULTRASOUND GUIDED COMPRESSION REPAIR OF ARTERIAL PSEUDOANEURYSM OR	\$336.43	\$336.43	10/1/2008
76937	ULTRASOUND GUIDANCE FOR VASCULAR ACCESS REQUIRING ULTRASOUND EVALUATION OF	\$36.01	\$36.01	10/1/2008
76940	ULTRASOUND GUIDANCE FOR, AND MONITORING OF, PARENCHYMAL TISSUE ABLATION	\$181.68	\$181.68	4/1/2006
76941	ULTRASONIC GUIDANCE FOR INTRAUTERINE FETAL TRANSFUSION OR CORDOCENTESIS,	\$132.05	\$132.05	4/1/2006
76942	ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTION,	\$177.47	\$177.47	10/1/2008
76945	ULTRASONIC GUIDANCE FOR CHORIONIC VILLUS SAMPLING, IMAGING SUPERVISION AND	\$95.64	\$95.64	4/1/2006
76946	ULTRASONIC GUIDANCE FOR AMNIOCENTESIS, IMAGING SUPERVISION AND INTERPRETATION	\$57.51	\$57.51	10/1/2008
76950	ULTRASONIC GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS	\$75.32	\$75.32	10/1/2008



2008 Rate Codes - Radiology

CPT codes, descriptors and other data only are copyright 2008 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	NON FAC RATE 2008	FAC RATE 2008	EFF DATE
76965	ULTRASONIC GUIDANCE FOR INTERSTITIAL RADIOELEMENT APPLICATION	\$197.56	\$197.56	10/1/2008
76970	ULTRASOUND STUDY FOLLOW-UP (SPECIFY)	\$77.09	\$77.09	10/1/2008
76975	GASTROINTESTINAL ENDOSCOPIC ULTRASOUND, SUPERVISION AND INTERPRETATION	\$104.04	\$104.04	4/1/2006
76977	ULTRASOUND BONE DENSITY MEASUREMENT AND INTERPRETATION, PERIPHERAL SITE(S), ANY	\$22.13	\$22.13	10/1/2008
76998	ULTRASONIC GUIDANCE, INTRAOPERATIVE	\$170.33	\$170.33	1/1/2007
76999	UNLISTED ULTRASOUND PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)	BR	BR	10/1/1982
77001	FLUOROSCOPIC GUIDANCE FOR CENTRAL VENOUS ACCESS DEVICE PLACEMENT, REPLACEMENT (C)	\$96.54	\$96.54	10/1/2008
77002	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTION, L	\$73.75	\$73.75	10/1/2008
77003	FLUOROSCOPIC GUIDANCE AND LOCALIZATION OF NEEDLE OR CATHETER TIP FOR SPINE OR PA	\$66.93	\$66.93	10/1/2008
77011	COMPUTED TOMOGRAPHY GUIDANCE FOR STEREOTACTIC LOCALIZATION	\$612.69	\$612.69	10/1/2008
77012	COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJEC	\$267.27	\$267.27	10/1/2008
77013	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR, AND MONITORING OF, PARENCHYMAL TISSUE ABLA	\$577.80	\$577.80	1/1/2007
77014	COMPUTED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS	\$184.42	\$184.42	10/1/2008
77021	MAGNETIC RESONANCE GUIDANCE FOR NEEDLE PLACEMENT (EG, FOR BIOPSY, NEEDLE ASPIRAT	\$484.92	\$484.92	10/1/2008
77022	MAGNETIC RESONANCE GUIDANCE FOR, AND MONITORING OF, PARENCHYMAL TISSUE ABLATION	\$708.08	\$708.08	1/1/2007
77031	STEREOTACTIC LOCALIZATION GUIDANCE FOR BREAST BIOPSY OR NEEDLE PLACEMENT (EG, FO	\$254.64	\$254.64	10/1/2008
77032	MAMMOGRAPHIC GUIDANCE FOR NEEDLE PLACEMENT, BREAST (EG, FOR WIRE LOCALIZATION OR	\$67.28	\$67.28	10/1/2008



2008 Rate Codes - Radiology

CPT codes, descriptors and other data only are copyright 2008 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	NON FAC RATE 2008	FAC RATE 2008	EFF DATE
77051	COMPUTER-AIDED DETECTION (COMPUTER ALGORITHM ANALYSIS OF DIGITAL IMAGE DATA FOR	\$14.95	\$14.95	10/1/2008
77052	COMPUTER-AIDED DETECTION (COMPUTER ALGORITHM ANALYSIS OF DIGITAL IMAGE DATA FOR	\$14.95	\$14.95	10/1/2008
77053	MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE DUCT, RADIOLOGICAL SUPERVISION AND INTE	\$94.54	\$94.54	10/1/2008
77054	MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIPLE DUCTS, RADIOLOGICAL SUPERVISION AND I	\$128.20	\$128.20	10/1/2008
77055	MAMMOGRAPHY; UNILATERAL	\$83.48	\$83.48	10/1/2008
77056	MAMMOGRAPHY; BILATERAL	\$105.37	\$105.37	10/1/2008
77057	SCREENING MAMMOGRAPHY, BILATERAL (2-VIEW FILM STUDY OF EACH BREAST)	\$83.83	\$83.83	10/1/2008
77058	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND/OR WITH CONTRAST MATERIAL(S); UN	\$854.38	\$854.38	10/1/2008
77059	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND/OR WITH CONTRAST MATERIAL(S); BI	\$985.09	\$985.09	10/1/2008
77071	MANUAL APPLICATION OF STRESS PERFORMED BY PHYSICIAN FOR JOINT RADIOGRAPHY, INCLU	\$34.68	\$34.68	10/1/2008
77072	BONE AGE STUDIES	\$23.85	\$23.85	10/1/2008
77073	BONE LENGTH STUDIES (ORTHOENTGENOGRAM, SCANOGRAM)	\$41.47	\$41.47	10/1/2008
77074	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; LIMITED (EG, FOR METASTASES)	\$68.34	\$68.34	10/1/2008
77075	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; COMPLETE (AXIAL AND APPENDICULAR SKELETO	\$97.49	\$97.49	10/1/2008
77076	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY, INFANT	\$78.54	\$78.54	10/1/2008
77077	JOINT SURVEY, SINGLE VIEW, 2 OR MORE JOINTS (SPECIFY)	\$49.12	\$49.12	10/1/2008
77078	COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON	\$84.97	\$84.97	10/1/2008
77079	COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, 1 OR MORE SITES; APPENDICULAR S	\$83.09	\$83.09	10/1/2008



2008 Rate Codes - Radiology

CPT codes, descriptors and other data only are copyright 2008 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	NON FAC RATE 2008	FAC RATE 2008	EFF DATE
77080	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 OR MORE SITES; AXI	\$99.21	\$99.21	10/1/2008
77081	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 OR MORE SITES; APP	\$34.52	\$34.52	10/1/2008
77082	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 OR MORE SITES; VER	\$33.35	\$33.35	10/1/2008
77083	RADIOGRAPHIC ABSORPTIOMETRY (EG, PHOTODENSITOMETRY, RADIOGRAMMETRY), 1 OR MORE S	\$31.82	\$31.82	10/1/2008
77084	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BONE MARROW BLOOD SUPPLY	\$389.67	\$389.67	10/1/2008
77261	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; SIMPLE	\$69.16	\$69.16	10/1/2008
77262	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; INTERMEDIATE	\$104.55	\$104.55	10/1/2008
77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	\$155.47	\$155.47	10/1/2008
77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	\$188.07	\$188.07	10/1/2008
77285	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; INTERMEDIATE	\$315.52	\$315.52	10/1/2008
77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	\$460.44	\$460.44	10/1/2008
77295	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; THREE-DIMENSIONAL	\$925.43	\$925.43	10/1/2008
77299	UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY CLINICAL TREATMENT PLANNING	BR	BR	10/1/1982
77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF,	\$77.28	\$77.28	10/1/2008
77301	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS FOR	\$2,027.78	\$2,027.78	10/1/2008
77305	TELEETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); SIMPLE (ONE OR	\$87.21	\$87.21	10/1/2008
77310	TELEETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); INTERMEDIATE	\$117.65	\$117.65	10/1/2008



2008 Rate Codes - Radiology

CPT codes, descriptors and other data only are copyright 2008 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	NON FAC RATE 2008	FAC RATE 2008	EFF DATE
77315	TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); COMPLEX	\$162.02	\$162.02	10/1/2008
77321	SPECIAL TELETHERAPY PORT PLAN, PARTICLES, HEMIBODY, TOTAL BODY	\$154.56	\$154.56	10/1/2008
77326	BRACHYTHERAPY ISODOSE PLAN; SIMPLE (CALCULATION MADE FROM SINGLE PLANE, ONE TO	\$146.64	\$146.64	10/1/2008
77327	BRACHYTHERAPY ISODOSE PLAN; INTERMEDIATE (MULTIPLANE DOSAGE CALCULATIONS,	\$210.43	\$210.43	10/1/2008
77328	BRACHYTHERAPY ISODOSE PLAN; COMPLEX (MULTIPLANE ISODOSE PLAN, VOLUME IMPLANT	\$293.48	\$293.48	10/1/2008
77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY), ONLY WHEN PRESCRIBED BY	\$62.61	\$62.61	10/1/2008
77332	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; SIMPLE (SIMPLE BLOCK, SIMPLE BOLUS)	\$81.01	\$81.01	10/1/2008
77333	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERMEDIATE (MULTIPLE BLOCKS,	\$85.80	\$85.80	10/1/2008
77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL	\$172.85	\$172.85	10/1/2008
77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT	\$84.66	\$84.66	10/1/2008
77370	SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION	\$131.69	\$131.69	10/1/2008
77371	RADIATION TREATMENT DELIVERY, STEREOTACTIC RADIOSURGERY (SRS), COMPLETE COURSE O	\$1,156.45	\$1,156.45	10/1/2008
77372	RADIATION TREATMENT DELIVERY, STEREOTACTIC RADIOSURGERY (SRS), COMPLETE COURSE O	\$878.00	\$878.00	10/1/2008
77373	STEREOTACTIC BODY RADIATION THERAPY, TREATMENT DELIVERY, PER FRACTION TO 1 OR MO	\$1,636.86	\$1,636.86	10/1/2008
77399	UNLISTED PROCEDURE, MEDICAL RADIATION PHYSICS, DOSIMETRY AND TREATMENT DEVICES,	BR	BR	10/1/1982
77401	RADIATION TREATMENT DELIVERY, SUPERFICIAL AND/OR ORTHO VOLTAGE	\$46.88	\$46.88	10/1/2008



2008 Rate Codes - Radiology

CPT codes, descriptors and other data only are copyright 2008 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	NON FAC RATE 2008	FAC RATE 2008	EFF DATE
77402	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL	\$121.06	\$121.06	10/1/2008
77403	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL	\$110.00	\$110.00	10/1/2008
77404	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL	\$118.39	\$118.39	10/1/2008
77407	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS	\$155.11	\$155.11	10/1/2008
77408	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS	\$143.62	\$143.62	10/1/2008
77409	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS	\$154.72	\$154.72	10/1/2008
77411	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS	\$154.33	\$154.33	10/1/2008
77412	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLO	\$179.20	\$179.20	10/1/2008
77413	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM	\$180.73	\$180.73	10/1/2008
77414	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM	\$197.17	\$197.17	10/1/2008
77416	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM	\$197.17	\$197.17	10/1/2008
77417	THERAPEUTIC RADIOLOGY PORT FILM(S)	\$19.81	\$19.81	10/1/2008
77418	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS, VIA	\$601.47	\$601.47	10/1/2008
77421	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY O	\$129.81	\$129.81	10/1/2008
77422	HIGH ENERGY NEUTRON RADIATION TREATMENT DELIVERY; SINGLE TREATMENT AREA USING A	\$139.78	\$139.78	10/1/2008
77423	HIGH ENERGY NEUTRON RADIATION TREATMENT DELIVERY; 1 OR MORE ISOCENTER(S) WITH CO	\$190.66	\$190.66	10/1/2008



2008 Rate Codes - Radiology

CPT codes, descriptors and other data only are copyright 2008 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	NON FAC RATE 2008	FAC RATE 2008	EFF DATE
77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	\$180.81	\$180.81	10/1/2008
77431	RADIATION THERAPY MANAGEMENT WITH COMPLETE COURSE OF THERAPY CONSISTING OF ONE	\$93.60	\$93.60	10/1/2008
77432	STEREOTACTIC RADIATION TREATMENT MANAGEMENT OF CRANIAL LESION(S) (COMPLETE COURSE)	\$393.67	\$393.67	10/1/2008
77435	STEREOTACTIC BODY RADIATION THERAPY, TREATMENT MANAGEMENT, PER TREATMENT COURSE,	\$655.84	\$655.84	10/1/2008
77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY RADIATION,	\$361.03	\$361.03	10/1/2008
77499	UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY TREATMENT MANAGEMENT	BR	BR	10/1/1982
77520	PROTON TREATMENT DELIVERY; SIMPLE, WITHOUT COMPENSATION	BR	BR	1/1/2000
77522	PROTON TREATMENT DELIVERY; SIMPLE, WITH COMPENSATION	BR	BR	1/1/2001
77523	PROTON TREATMENT DELIVERY; INTERMEDIATE	BR	BR	1/1/2000
77525	PROTON TREATMENT DELIVERY; COMPLEX	BR	BR	1/1/2001
77600	HYPERTHERMIA, EXTERNALLY GENERATED; SUPERFICIAL (IE, HEATING TO A DEPTH OF 4 CM	\$326.47	\$326.47	10/1/2008
77605	HYPERTHERMIA, EXTERNALLY GENERATED; DEEP (IE, HEATING TO DEPTHS GREATER THAN 4	\$529.83	\$529.83	10/1/2008
77610	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); 5 OR FEWER INTERSTITIAL	\$473.74	\$473.74	10/1/2008
77615	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); MORE THAN 5 INTERSTITIAL	\$670.28	\$670.28	10/1/2008
77620	HYPERTHERMIA GENERATED BY INTRACAVITARY PROBE(S)	\$336.24	\$336.24	10/1/2008
77750	INFUSION OR INSTILLATION OF RADIOELEMENT SOLUTION (INCLUDES THREE MONTHS FOLLOW-	\$325.06	\$325.06	10/1/2008
77761	INTRACAVITARY RADIATION SOURCE APPLICATION; SIMPLE	\$334.04	\$334.04	10/1/2008
77762	INTRACAVITARY RADIATION SOURCE APPLICATION; INTERMEDIATE	\$465.89	\$465.89	10/1/2008
77763	INTRACAVITARY RADIATION SOURCE APPLICATION; COMPLEX	\$657.41	\$657.41	10/1/2008



2008 Rate Codes - Radiology

CPT codes, descriptors and other data only are copyright 2008 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	NON FAC RATE 2008	FAC RATE 2008	EFF DATE
77776	INTERSTITIAL RADIATION SOURCE APPLICATION; SIMPLE	\$384.88	\$384.88	10/1/2008
77777	INTERSTITIAL RADIATION SOURCE APPLICATION; INTERMEDIATE	\$558.98	\$558.98	10/1/2008
77778	INTERSTITIAL RADIATION SOURCE APPLICATION; COMPLEX	\$801.70	\$801.70	10/1/2008
77781	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 1-4 SOURCE POSITIONS OR	\$566.55	\$566.55	10/1/2008
77782	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 5-8 SOURCE POSITIONS OR	\$755.37	\$755.37	10/1/2008
77783	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 9-12 SOURCE POSITIONS OR	\$1,033.27	\$1,033.27	10/1/2008
77784	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; OVER 12 SOURCE POSITIONS OR	\$1,524.70	\$1,524.70	10/1/2008
77789	SURFACE APPLICATION OF RADIATION SOURCE	\$96.47	\$96.47	10/1/2008
77790	SUPERVISION, HANDLING, LOADING OF RADIATION SOURCE	\$82.66	\$82.66	10/1/2008
77799	UNLISTED PROCEDURE, CLINICAL BRACHYTHERAPY	BR	BR	10/1/1982
78000	THYROID UPTAKE; SINGLE DETERMINATION	\$64.34	\$64.34	10/1/2008
78001	THYROID UPTAKE; MULTIPLE DETERMINATIONS	\$82.74	\$82.74	10/1/2008
78003	THYROID UPTAKE; STIMULATION, SUPPRESSION OR DISCHARGE (NOT INCLUDING INITIAL	\$71.32	\$71.32	10/1/2008
78006	THYROID IMAGING, WITH UPTAKE; SINGLE DETERMINATION	\$189.91	\$189.91	10/1/2008
78007	THYROID IMAGING, WITH UPTAKE; MULTIPLE DETERMINATIONS	\$134.05	\$134.05	10/1/2008
78010	THYROID IMAGING; ONLY	\$135.54	\$135.54	10/1/2008
78011	THYROID IMAGING; WITH VASCULAR FLOW	\$153.15	\$153.15	10/1/2008
78015	THYROID CARCINOMA METASTASES IMAGING; LIMITED AREA (EG, NECK AND CHEST ONLY)	\$185.44	\$185.44	10/1/2008
78016	THYROID CARCINOMA METASTASES IMAGING; WITH ADDITIONAL STUDIES (EG, URINARY	\$271.19	\$271.19	10/1/2008
78018	THYROID CARCINOMA METASTASES IMAGING; WHOLE BODY	\$303.17	\$303.17	10/1/2008



2008 Rate Codes - Radiology

CPT codes, descriptors and other data only are copyright 2008 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	NON FAC RATE 2008	FAC RATE 2008	EFF DATE
78020	THYROID CARCINOMA METASTASES UPTAKE (LIST SEPARATELY IN ADDITION TO CODE FOR	\$90.15	\$90.15	10/1/2008
78070	PARATHYROID IMAGING	\$187.52	\$187.52	10/1/2008
78075	ADRENAL IMAGING, CORTEX AND/OR MEDULLA	\$368.09	\$368.09	10/1/2008
78099	UNLISTED ENDOCRINE PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	BR	BR	10/1/1982
78102	BONE MARROW IMAGING; LIMITED AREA	\$146.76	\$146.76	10/1/2008
78103	BONE MARROW IMAGING; MULTIPLE AREAS	\$203.05	\$203.05	10/1/2008
78104	BONE MARROW IMAGING; WHOLE BODY	\$238.99	\$238.99	10/1/2008
78110	PLASMA VOLUME, RADIOPHARMACEUTICAL VOLUME-DILUTION TECHNIQUE (SEPARATE	\$69.67	\$69.67	10/1/2008
78111	PLASMA VOLUME, RADIOPHARMACEUTICAL VOLUME-DILUTION TECHNIQUE (SEPARATE	\$104.74	\$104.74	10/1/2008
78120	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); SINGLE SAMPLING	\$87.21	\$87.21	10/1/2008
78121	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); MULTIPLE SAMPLINGS	\$116.71	\$116.71	10/1/2008
78122	WHOLE BLOOD VOLUME DETERMINATION, INCLUDING SEPARATE MEASUREMENT OF PLASMA	\$159.51	\$159.51	10/1/2008
78130	RED CELL SURVIVAL STUDY;	\$152.88	\$152.88	10/1/2008
78135	RED CELL SURVIVAL STUDY; DIFFERENTIAL ORGAN/TISSUE KINETICS, (EG, SPLENIC	\$295.79	\$295.79	10/1/2008
78140	LABELED RED CELL SEQUESTRATION, DIFFERENTIAL ORGAN/TISSUE, (EG, SPLENIC AND/OR	\$165.39	\$165.39	10/1/2008
78185	SPLEEN IMAGING ONLY, WITH OR WITHOUT VASCULAR FLOW	\$166.49	\$166.49	10/1/2008
78190	KINETICS, STUDY OF PLATELET SURVIVAL, WITH OR WITHOUT DIFFERENTIAL ORGAN/TISSUE	\$238.05	\$238.05	10/1/2008
78191	PLATELET SURVIVAL STUDY	\$247.38	\$247.38	10/1/2008
78195	LYMPHATICS AND LYMPH NODES IMAGING	\$303.56	\$303.56	10/1/2008
78199	UNLISTED HEMATOPOIETIC, RETICULOENDOTHELIAL AND LYMPHATIC PROCEDURE, DIAGNOSTIC	BR	BR	10/1/1982
78201	LIVER IMAGING; STATIC ONLY	\$156.96	\$156.96	10/1/2008
78202	LIVER IMAGING; WITH VASCULAR FLOW	\$184.18	\$184.18	10/1/2008



2008 Rate Codes - Radiology

CPT codes, descriptors and other data only are copyright 2008 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	NON FAC RATE 2008	FAC RATE 2008	EFF DATE
78205	LIVER IMAGING (SPECT);	\$255.58	\$255.58	10/1/2008
78206	LIVER IMAGING (SPECT); WITH VASCULAR FLOW	\$322.66	\$322.66	10/1/2008
78215	LIVER AND SPLEEN IMAGING; STATIC ONLY	\$174.61	\$174.61	10/1/2008
78216	LIVER AND SPLEEN IMAGING; WITH VASCULAR FLOW	\$151.66	\$151.66	10/1/2008
78220	LIVER FUNCTION STUDY WITH HEPATOBILIARY AGENTS, WITH SERIAL IMAGES	\$157.70	\$157.70	10/1/2008
78223	HEPATOBILIARY DUCTAL SYSTEM IMAGING, INCLUDING GALLBLADDER, WITH OR WITHOUT	\$275.78	\$275.78	10/1/2008
78230	SALIVARY GLAND IMAGING;	\$145.50	\$145.50	10/1/2008
78231	SALIVARY GLAND IMAGING; WITH SERIAL IMAGES	\$142.44	\$142.44	10/1/2008
78232	SALIVARY GLAND FUNCTION STUDY	\$147.35	\$147.35	10/1/2008
78258	ESOPHAGEAL MOTILITY	\$197.36	\$197.36	10/1/2008
78261	GASTRIC MUCOSA IMAGING	\$230.87	\$230.87	10/1/2008
78262	GASTROESOPHAGEAL REFLUX STUDY	\$232.40	\$232.40	10/1/2008
78264	GASTRIC EMPTYING STUDY	\$257.35	\$257.35	10/1/2008
78267	UREA BREATH TEST, C-14 (ISOTOPIC); ACQUISITION FOR ANALYSIS	\$10.98	\$10.98	5/1/2004
78268	UREA BREATH TEST, C-14 (ISOTOPIC); ANALYSIS	\$94.11	\$94.11	5/1/2004
78270	VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITHOUT INTRINSIC FACTOR	\$79.17	\$79.17	10/1/2008
78271	VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITH INTRINSIC FACTOR	\$79.95	\$79.95	10/1/2008
78272	VITAMIN B-12 ABSORPTION STUDIES COMBINED, WITH AND WITHOUT INTRINSIC FACTOR	\$100.23	\$100.23	10/1/2008
78278	ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	\$290.73	\$290.73	10/1/2008
78282	GASTROINTESTINAL PROTEIN LOSS	\$19.65	\$19.65	4/1/2006
78290	INTESTINE IMAGING (EG, ECTOPIC GASTRIC MUCOSA, MECKEL'S LOCALIZATION, VOLVULUS)	\$256.56	\$256.56	10/1/2008
78291	PERITONEAL-VENOUS SHUNT PATENCY TEST (EG, FOR LEVEEN, DENVER SHUNT)	\$219.61	\$219.61	10/1/2008
78299	UNLISTED GASTROINTESTINAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	BR	BR	10/1/1982
78300	BONE AND/OR JOINT IMAGING; LIMITED AREA	\$160.17	\$160.17	10/1/2008



2008 Rate Codes - Radiology

CPT codes, descriptors and other data only are copyright 2008 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	NON FAC RATE 2008	FAC RATE 2008	EFF DATE
78305	BONE AND/OR JOINT IMAGING; MULTIPLE AREAS	\$217.25	\$217.25	10/1/2008
78306	BONE AND/OR JOINT IMAGING; WHOLE BODY	\$242.83	\$242.83	10/1/2008
78315	BONE AND/OR JOINT IMAGING; THREE PHASE STUDY	\$293.44	\$293.44	10/1/2008
78320	BONE AND/OR JOINT IMAGING; TOMOGRAPHIC (SPECT)	\$271.55	\$271.55	10/1/2008
78350	BONE DENSITY (BONE MINERAL CONTENT) STUDY, ONE OR MORE SITES; SINGLE PHOTON	\$35.27	\$35.27	10/1/2008
78399	UNLISTED MUSCULOSKELETAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	BR	BR	10/1/1982
78414	DETERMINATION OF CENTRAL C-V HEMODYNAMICS (NON-IMAGING) (EG, EJECTION FRACTION W	\$24.06	\$24.06	4/1/2006
78428	CARDIAC SHUNT DETECTION	\$182.10	\$182.10	10/1/2008
78445	NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY, VENOGRAPHY)	\$146.33	\$146.33	10/1/2008
78456	ACUTE VENOUS THROMBOSIS IMAGING, PEPTIDE	\$250.21	\$250.21	10/1/2008
78457	VENOUS THROMBOSIS IMAGING, VENOGRAM; UNILATERAL	\$177.87	\$177.87	10/1/2008
78458	VENOUS THROMBOSIS IMAGING, VENOGRAM; BILATERAL	\$209.60	\$209.60	10/1/2008
78459	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), METABOLIC EVALUATION	BR	BR	1/1/1996
78460	MYOCARDIAL PERFUSION IMAGING; (PLANAR) SINGLE STUDY, AT REST OR STRESS	\$175.67	\$175.67	10/1/2008
78461	MYOCARDIAL PERFUSION IMAGING; MULTIPLE STUDIES, (PLANAR) AT REST AND/OR STRESS	\$229.73	\$229.73	10/1/2008
78464	MYOCARDIAL PERFUSION IMAGING; TOMOGRAPHIC (SPECT), SINGLE STUDY (INCLUDING	\$307.44	\$307.44	10/1/2008
78465	MYOCARDIAL PERFUSION IMAGING; TOMOGRAPHIC (SPECT), MULTIPLE STUDIES (INCLUDING	\$529.60	\$529.60	10/1/2008
78466	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; QUALITATIVE OR QUANTITATIVE	\$172.45	\$172.45	10/1/2008



2008 Rate Codes - Radiology

CPT codes, descriptors and other data only are copyright 2008 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	NON FAC RATE 2008	FAC RATE 2008	EFF DATE
78468	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; WITH EJECTION FRACTION BY FIRST PASS	\$222.94	\$222.94	10/1/2008
78469	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; TOMOGRAPHIC SPECT WITH OR WITHOUT	\$269.59	\$269.59	10/1/2008
78472	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; PLANAR, SINGLE STUDY AT REST OR	\$273.43	\$273.43	10/1/2008
78473	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; MULTIPLE STUDIES, WALL MOTION	\$384.57	\$384.57	10/1/2008
78478	MYOCARDIAL PERFUSION STUDY WITH WALL MOTION, QUALITATIVE OR QUANTITATIVE STUDY	\$71.40	\$71.40	10/1/2008
78480	MYOCARDIAL PERFUSION STUDY WITH EJECTION FRACTION (LIST SEPARATELY IN ADDITION	\$62.02	\$62.02	10/1/2008
78481	CARDIAC BLOOD POOL IMAGING, (PLANAR), FIRST PASS TECHNIQUE; SINGLE STUDY, AT	\$248.99	\$248.99	10/1/2008
78483	CARDIAC BLOOD POOL IMAGING, (PLANAR), FIRST PASS TECHNIQUE; MULTIPLE STUDIES,	\$359.74	\$359.74	10/1/2008
78491	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION; SINGLE STUDY	BR	BR	1/1/1998
78492	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION; MULTIPLE	BR	BR	1/1/1998
78494	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SPECT, AT REST, WALL MOTION	\$316.43	\$316.43	10/1/2008
78496	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SINGLE STUDY, AT REST, WITH	\$184.30	\$184.30	10/1/2008
78499	UNLISTED CARDIOVASCULAR PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	BR	BR	10/1/1982
78580	PULMONARY PERFUSION IMAGING; PARTICULATE	\$201.88	\$201.88	10/1/2008
78584	PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION; SINGLE BREATH	\$167.31	\$167.31	10/1/2008
78585	PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION; REBREATHING AND	\$330.51	\$330.51	10/1/2008



2008 Rate Codes - Radiology

CPT codes, descriptors and other data only are copyright 2008 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	NON FAC RATE 2008	FAC RATE 2008	EFF DATE
78586	PULMONARY VENTILATION IMAGING, AEROSOL; SINGLE PROJECTION	\$151.19	\$151.19	10/1/2008
78587	PULMONARY VENTILATION IMAGING, AEROSOL; MULTIPLE PROJECTIONS (EG, ANTERIOR,	\$183.79	\$183.79	10/1/2008
78588	PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION IMAGING, AEROSOL,	\$279.82	\$279.82	10/1/2008
78591	PULMONARY VENTILATION IMAGING, GASEOUS, SINGLE BREATH, SINGLE PROJECTION	\$156.53	\$156.53	10/1/2008
78593	PULMONARY VENTILATION IMAGING, GASEOUS, WITH REBREATHING AND WASHOUT WITH OR	\$185.24	\$185.24	10/1/2008
78594	PULMONARY VENTILATION IMAGING, GASEOUS, WITH REBREATHING AND WASHOUT WITH OR	\$228.39	\$228.39	10/1/2008
78596	PULMONARY QUANTITATIVE DIFFERENTIAL FUNCTION (VENTILATION/ PERFUSION) STUDY	\$368.80	\$368.80	10/1/2008
78599	UNLISTED RESPIRATORY PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	BR	BR	10/1/1982
78600	BRAIN IMAGING, LESS THAN 4 STATIC VIEWS;	\$163.08	\$163.08	10/1/2008
78601	BRAIN IMAGING, LESS THAN 4 STATIC VIEWS; WITH VASCULAR FLOW	\$195.95	\$195.95	10/1/2008
78605	BRAIN IMAGING, MINIMUM 4 STATIC VIEWS;	\$187.20	\$187.20	10/1/2008
78606	BRAIN IMAGING, MINIMUM 4 STATIC VIEWS; WITH VASCULAR FLOW	\$272.14	\$272.14	10/1/2008
78607	BRAIN IMAGING, TOMOGRAPHIC (SPECT)	\$355.77	\$355.77	10/1/2008
78608	BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); METABOLIC EVALUATION	BR	BR	1/1/1994
78609	BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); PERFUSION EVALUATION	\$72.73	\$72.73	10/1/2008
78610	BRAIN IMAGING, VASCULAR FLOW ONLY	\$176.42	\$176.42	10/1/2008
78630	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL);	\$300.77	\$300.77	10/1/2008
78635	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL);	\$248.52	\$248.52	10/1/2008



2008 Rate Codes - Radiology

CPT codes, descriptors and other data only are copyright 2008 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	NON FAC RATE 2008	FAC RATE 2008	EFF DATE
78645	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL);	\$233.93	\$233.93	10/1/2008
78647	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL);	\$326.12	\$326.12	10/1/2008
78650	CEREBROSPINAL FLUID LEAKAGE DETECTION AND LOCALIZATION	\$287.75	\$287.75	10/1/2008
78660	RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY	\$149.03	\$149.03	10/1/2008
78699	UNLISTED NERVOUS SYSTEM PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	BR	BR	10/1/1982
78700	KIDNEY IMAGING MORPHOLOGY;	\$167.63	\$167.63	10/1/2008
78701	KIDNEY IMAGING; WITH VASCULAR FLOW	\$198.62	\$198.62	10/1/2008
78707	KIDNEY IMAGING MORPHOLOGY; WITH VASCULAR FLOW AND FUNCTION, SINGLE STUDY WITHOUT	\$239.85	\$239.85	10/1/2008
78708	KIDNEY IMAGING MORPHOLOGY; WITH VASCULAR FLOW AND FUNCTION, SINGLE STUDY, WITH P	\$212.15	\$212.15	10/1/2008
78709	KIDNEY IMAGING MORPHOLOGY; WITH VASCULAR FLOW AND FUNCTION, MULTIPLE STUDIES, WI	\$323.60	\$323.60	10/1/2008
78710	KIDNEY IMAGING MORPHOLOGY; TOMOGRAPHIC (SPECT)	\$253.62	\$253.62	10/1/2008
78725	KIDNEY FUNCTION STUDY, NON-IMAGING RADIOISOTOPIC STUDY	\$99.56	\$99.56	10/1/2008
78730	URINARY BLADDER RESIDUAL STUDY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY	\$76.85	\$76.85	10/1/2008
78740	URETERAL REFLUX STUDY (RADIOPHARMACEUTICAL VOIDING CYSTOGRAM)	\$177.36	\$177.36	10/1/2008
78761	TESTICULAR IMAGING WITH VASCULAR FLOW	\$194.23	\$194.23	10/1/2008
78799	UNLISTED GENITOURINARY PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	BR	BR	10/1/1982
78800	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF RADIOPHARMACEUTICAL	\$183.44	\$183.44	10/1/2008
78801	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF	\$238.95	\$238.95	10/1/2008
78802	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF	\$309.29	\$309.29	10/1/2008



2008 Rate Codes - Radiology

CPT codes, descriptors and other data only are copyright 2008 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	NON FAC RATE 2008	FAC RATE 2008	EFF DATE
78803	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF	\$348.40	\$348.40	10/1/2008
78804	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF	\$551.96	\$551.96	10/1/2008
78805	RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY PROCESS; LIMITED AREA	\$183.52	\$183.52	10/1/2008
78806	RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY PROCESS; WHOLE BODY	\$332.55	\$332.55	10/1/2008
78807	RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY PROCESS; TOMOGRAPHIC (SPECT)	\$347.65	\$347.65	10/1/2008
78811	POSITRON EMISSION TOMOGRAPHY (PET) IMAGING; LIMITED AREA (EG, CHEST, HEAD/NECK)	BR	BR	1/1/2005
78812	POSITRON EMISSION TOMOGRAPHY (PET) IMAGING; SKULL BASE TO MID-THIGH	BR	BR	1/1/2005
78813	POSITRON EMISSION TOMOGRAPHY (PET) IMAGING; WHOLE BODY	BR	BR	1/1/2005
78814	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPH	BR	BR	1/1/2005
78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPH	BR	BR	1/1/2005
78816	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPH	BR	BR	1/1/2005
78890	GENERATION OF AUTOMATED DATA: INTERACTIVE PROCESS INVOLVING NUCLEAR PHYSICIAN	\$37.03	\$37.03	10/1/2008
78891	GENERATION OF AUTOMATED DATA: INTERACTIVE PROCESS INVOLVING NUCLEAR PHYSICIAN	\$76.38	\$76.38	10/1/2008
78999	UNLISTED MISCELLANEOUS PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	BR	BR	10/1/1982
79005	RADIOPHARMACEUTICAL THERAPY, BY ORAL ADMINISTRATION	\$167.59	\$167.59	10/1/2008
79101	RADIOPHARMACEUTICAL THERAPY, BY INTRAVENOUS ADMINISTRATION	\$180.38	\$180.38	10/1/2008
79200	RADIOPHARMACEUTICAL THERAPY, BY INTRACAVITARY ADMINISTRATION	\$183.05	\$183.05	10/1/2008
79300	RADIOPHARMACEUTICAL THERAPY, BY INTERSTITIAL RADIOACTIVE COLLOID ADMINISTRATION	\$83.44	\$83.44	4/1/2006



2008 Rate Codes - Radiology

CPT codes, descriptors and other data only are copyright 2008 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

PROC	DESCRIPTION	NON FAC RATE 2008	FAC RATE 2008	EFF DATE
79403	RADIOPHARMACEUTICAL THERAPY, RADIOLABELED MONOCLONAL ANTIBODY BY INTRAVENOUS	\$241.03	\$241.03	10/1/2008
79440	RADIOPHARMACEUTICAL THERAPY, BY INTRA-ARTICULAR ADMINISTRATION	\$175.79	\$175.79	10/1/2008
79445	RADIOPHARMACEUTICAL THERAPY, BY INTRA-ARTERIAL PARTICULATE ADMINISTRATION	\$231.09	\$231.09	4/1/2006
79999	RADIOPHARMACEUTICAL THERAPY, UNLISTED PROCEDURE	BR	BR	10/1/1982
G0130	SINGLE ENERGY X-RAY ABSORPTIOMETRY (SEXA) BONE DENSITY STUDY, ONE OR MORE	\$37.19	\$37.19	10/1/2008
G0173	LINEAR ACCELERATOR BASED STEREOTACTIC RADIOSURGERY, COMPLETE COURSE OF THERAPY	BR	BR	1/1/2001
G0202	SCREENING MAMMOGRAPHY, PRODUCING DIRECT DIGITAL IMAGE, BILATERAL, ALL VIEWS	\$134.71	\$134.71	10/1/2008
G0204	DIAGNOSTIC MAMMOGRAPHY, PRODUCING DIRECT DIGITAL IMAGE, BILATERAL, ALL VIEWS	\$152.45	\$152.45	10/1/2008
G0206	DIAGNOSTIC MAMMOGRAPHY, PRODUCING DIRECT DIGITAL IMAGE, UNILATERAL, ALL VIEWS	\$121.73	\$121.73	10/1/2008
G0219	PET IMAGING WHOLE BODY; MELANOMA FOR NON-COVERED INDICATIONS	\$2,045.29	\$2,045.29	5/1/2004
G0251	LINEAR ACCELERATOR BASED STEREOTACTIC RADIOSURGERY, DELIVERY INCLUDING	BR	BR	1/1/2003
G0339	IMAGE-GUIDED ROBOTIC LINEAR ACCELERATOR-BASED STEREOTACTIC RADIOSURGERY,	BR	BR	1/1/2004
G0340	IMAGE-GUIDED ROBOTIC LINEAR ACCELERATOR-BASED STEROTACTIC RADIOSURGERY,	BR	BR	1/1/2004
Q0092	SET-UP PORTABLE X-RAY EQUIPMENT	\$15.65	\$15.65	10/1/2008
R0070	TRANSPORTATION OF PORTABLE X-RAY EQUIPMENT AND PERSONNEL TO HOME OR NURSING HOME	\$103.08	\$103.08	5/1/2004
R0075	TRANSPORTATION OF PORTABLE X-RAY EQUIPMENT AND PERSONNEL TO HOME OR NURSING	BR	BR	3/1/1989
R0076	TRANSPORTATION OF PORTABLE EKG TO FACILITY OR LOCATION, PER PATIENT	BR	BR	3/1/1989