

Radiological / Imaging Services Fee Schedule
Provider Specialty 097
Taxonomy: 335V0000X

The inclusion of a rate on this table does not guarantee that a service is covered.
Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice
Clinical Coverage Policies on theNC Medicaid Web site

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	FACILITY	NON-FACILITY	EFFECTIVE DATE	END DATE
70250	TC	RADIOLOGIC EXAMINATION, SKULL; LESS THAN	19.22	19.22	3/1/2020	12/31/9999
70260	TC	RADIOLOGIC EXAMINATION, SKULL; COMPLETE,	30.54	30.54	3/1/2020	12/31/9999
71046	TC	X-Ray EXAM CHEST 2 views	16.57	16.57	3/1/2020	12/31/9999
71047	TC	X-Ray EXAM CHEST 3 views	21.11	21.11	3/1/2020	12/31/9999
71048	TC	X-Ray EXAM CHEST 4+ views	21.71	21.71	3/1/2020	12/31/9999
71100	TC	RIBS UNILATERAL TWO VIEWS	17.14	17.14	3/1/2020	12/31/9999
71101	TC	X-RAY RIBS WITH POSTEROANTERIOR CHEST MI	20.70	20.70	3/1/2020	12/31/9999
71110	TC	RIBS BILATERAL THREE VIEWS	21.80	21.80	3/1/2020	12/31/9999
71111	TC	X-RAY RIBS WITH POSTEROANTERIOR CHEST MI	28.82	28.82	3/1/2020	12/31/9999
71120	TC	X-RAY EXAM OF BREASTBONE	18.03	18.03	3/1/2020	12/31/9999
71130	TC	X-RAY EXAM OF BREASTBONE	20.99	20.99	3/1/2020	12/31/9999
72020	TC	RADIOLOGIC EXAM SPINE SINGLE VIEW SPECIF	12.58	12.58	3/1/2020	12/31/9999
72040	TC	X-RAY OF SPINE, 3 VIEWS OR LESS	20.40	20.40	3/1/2020	12/31/9999
72050	TC	X-RAY OF UPPER SPINE, 4 OR 5 VIEWS	29.12	29.12	3/1/2020	12/31/9999
72052	TC	X-RAY OF UPPER SPINE, 6 OR MORE VIEWS	37.42	37.42	3/1/2020	12/31/9999
72070	TC	RADIOLOGIC EXAMINATION, SPINE; THORACIC,	18.03	18.03	3/1/2020	12/31/9999
72072	TC	RADIOLOGIC EXAMINATION, SPINE; THORACIC,	21.80	21.80	3/1/2020	12/31/9999
72074	TC	RADIOLOGIC EXAMINATION, SPINE; THORACIC,	27.04	27.04	3/1/2020	12/31/9999
72080	TC	X-RAY EXAM THORACOLMB 2/> VW	19.22	19.22	3/1/2020	12/31/9999
72100	TC	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACR	21.88	21.88	3/1/2020	12/31/9999
72110	TC	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACR	30.61	30.61	3/1/2020	12/31/9999
72114	TC	X-RAY EXAM LUMBOSACRAL SPINE	41.58	41.58	3/1/2020	12/31/9999
72120	TC	X-RAY EXAM OF LOWER SPINE	29.70	29.70	3/1/2020	12/31/9999
72170	TC	RADIOLOGIC EXAMINATION, PELVIS; ONE OR T	13.77	13.77	3/1/2020	12/31/9999
72190	TC	X-RAY EXAM OF PELVIS	22.77	22.77	3/1/2020	12/31/9999
72200	TC	X-RAY EXAM SACROILIAC JOINTS	16.14	16.14	3/1/2020	12/31/9999
72202	TC	X-RAY EXAM SACROILIAC JOINTS	20.11	20.11	3/1/2020	12/31/9999
72220	TC	X-RAY EXAM OF TAILBONE	16.55	16.55	3/1/2020	12/31/9999
73000	TC	X-RAY EXAM OF COLLARBONE	15.24	15.24	3/1/2020	12/31/9999
73010	TC	X-RAY EXAM OF SHOULDER BLADE	15.55	15.55	3/1/2020	12/31/9999
73020	TC	X-RAY EXAM OF SHOULDER	12.58	12.58	3/1/2020	12/31/9999
73030	TC	X-RAY EXAM OF SHOULDER	16.24	16.24	3/1/2020	12/31/9999
73060	TC	X-RAY EXAM OF HUMERUS	16.24	16.24	3/1/2020	12/31/9999
73070	TC	RADIOLOGIC EXAMINATION, ELBOW; TWO VIEWS	15.24	15.24	3/1/2020	12/31/9999
73080	TC	X-RAY EXAM OF ELBOW	20.40	20.40	3/1/2020	12/31/9999
73090	TC	RADIOLOGIC EXAMINATION; FOREARM, TWO VIE	15.24	15.24	3/1/2020	12/31/9999
73092	TC	X-RAY EXAM OF ARM INFANT MINIMUM OF TWO	15.84	15.84	3/1/2020	12/31/9999
73100	TC	RADIOLOGIC EXAMINATION, WRIST; TWO VIEWS	15.84	15.84	3/1/2020	12/31/9999
73110	TC	X-RAY EXAM OF WRIST	19.99	19.99	3/1/2020	12/31/9999
73120	TC	X-RAY EXAM OF HAND	14.94	14.94	3/1/2020	12/31/9999
73130	TC	X-RAY EXAM OF HAND	17.63	17.63	3/1/2020	12/31/9999
73140	TC	X-RAY EXAM OF FINGER(S)	17.33	17.33	3/1/2020	12/31/9999
73560	TC	RADIOLOGIC EXAMINATION, KNEE; ONE OR TWO	15.55	15.55	3/1/2020	12/31/9999
73562	TC	RADIOLOGIC EXAMINATION, KNEE; THREE VIEW	19.51	19.51	3/1/2020	12/31/9999
73564	TC	RADIOLOGIC EXAMINATION, KNEE; COMPLETE,	22.48	22.48	3/1/2020	12/31/9999
73565	TC	RADIOLOGIC EXAM, BOTH KNEES, STANDING, A	16.73	16.73	3/1/2020	12/31/9999
73590	TC	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA	14.66	14.66	3/1/2020	12/31/9999
73592	TC	X-RAY EXAM OF LEG INFANT	15.84	15.84	3/1/2020	12/31/9999
73600	TC	RADIOLOGIC EXAMINATION, ANKLE; TWO VIEWS	14.94	14.94	3/1/2020	12/31/9999
73610	TC	X-RAY EXAM OF ANKLE	17.63	17.63	3/1/2020	12/31/9999
73620	TC	RADIOLOGIC EXAMINATION, FOOT; TWO VIEWS	14.35	14.35	3/1/2020	12/31/9999
73630	TC	X-RAY EXAM OF FOOT	17.33	17.33	3/1/2020	12/31/9999
73650	TC	X-RAY EXAM OF HEEL	14.66	14.66	3/1/2020	12/31/9999
73660	TC	X-RAY EXAM OF TOE(S)	16.43	16.43	3/1/2020	12/31/9999
74018	TC	X-Ray EXAM ABDOMEN 1 view	15.36	15.36	3/1/2020	12/31/9999
74019	TC	X-Ray EXAM ABDOMEN 2 views	18.39	18.39	3/1/2020	12/31/9999
74021	TC	X-Ray EXAM ABDOMEN 3+ views	21.41	21.41	3/1/2020	12/31/9999
74022	TC	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLET	25.64	25.64	3/1/2020	12/31/9999

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion