

**Radiological / Imaging Services Fee Schedule  
Provider Specialty 093**

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CODE	MOD	Description	Medicaid Maximum Allowable		EFFECTIVE DATE
			FACILITY	NON-FACILITY	
70250	TC	RADIOLOGIC EXAM SKULL	\$18.30	\$18.30	7/1/2012
71010	TC	RADIOLOGIC EXAM, CHEST	\$11.41	\$11.41	7/1/2012
71020	TC	RADIOLOGICAL EXAM CHEST TWO VIEWS FRONTAL/LATERAL	\$15.76	\$15.76	7/1/2012
71100	TC	RADIOLOGIC EXAM, RIBS	\$16.32	\$16.32	7/1/2012
71101	TC	RADIOLOGIC EXAM RIBS /POSTEROANTERIOR CHEST	\$19.71	\$19.71	7/1/2012
71110	TC	RADIOLOGIC EXAM, RIBS BILATERAL	\$20.76	\$20.76	7/1/2012
71111	TC	RADIOLOGIC EXAM INCLUDING POSTEROANTERIOR	\$27.45	\$27.45	7/1/2012
71120	26	RADIOLOGIC EXAM STERNUM	\$8.28	\$8.28	7/1/2012
71120	TC	RADIOLOGIC EXAM STERNUM	\$17.17	\$17.17	7/1/2012
71120		RADIOLOGIC EXAM STERNUM	\$25.45	\$25.45	7/1/2012
71130	26	RADIOLOGIC EXAM STERNOCLAVICULAR JOINT(S)	\$9.17	\$9.17	7/1/2012
71130	TC	RADIOLOGIC EXAM STERNOCLAVICULAR JOINT(S)	\$19.99	\$19.99	7/1/2012
71130		RADIOLOGIC EXAM STERNOCLAVICULAR JOINT(S)	\$29.17	\$29.17	7/1/2012
72010	26	RADIOLOGIC EXAM SPINE	\$18.09	\$18.09	7/1/2012
72010	TC	RADIOLOGIC EXAM SPINE	\$35.64	\$35.64	7/1/2012
72010		RADIOLOGIC EXAM SPINE	\$53.74	\$53.74	7/1/2012
72020	26	RADIOLOGIC EXAM SPINE /SPECIFY LEVEL	\$6.48	\$6.48	7/1/2012
72020	TC	RADIOLOGIC EXAM SPINE /SPECIFY LEVEL	\$11.98	\$11.98	7/1/2012
72020		RADIOLOGIC EXAM SPINE /SPECIFY LEVEL	\$18.45	\$18.45	7/1/2012
72040	26	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; TWO OR THREE VI	\$9.17	\$9.17	7/1/2012
72040	TC	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; TWO OR THREE VI	\$19.43	\$19.43	7/1/2012
72040		RADIOLOGIC EXAMINATION, SPINE, CERVICAL; TWO OR THREE VI	\$28.61	\$28.61	7/1/2012
72050	26	RADIOLOGIC EXAM SPINE. 4 VIEWS	\$12.78	\$12.78	7/1/2012
72050	TC	RADIOLOGIC EXAM SPINE. 4 VIEWS	\$27.73	\$27.73	7/1/2012
72050		RADIOLOGIC EXAM SPINE. 4 VIEWS	\$40.50	\$40.50	7/1/2012
72052	26	RADIOLOGIC EXAM SPINE, COMPLETE	\$15.06	\$15.06	7/1/2012
72052	TC	RADIOLOGIC EXAM SPINE, COMPLETE	\$35.64	\$35.64	7/1/2012
72052		RADIOLOGIC EXAM SPINE, COMPLETE	\$50.71	\$50.71	7/1/2012
72069	26	RADIOLOGIC EXAM SPINE THORACOLUMBAR	\$9.17	\$9.17	7/1/2012
72069	TC	RADIOLOGIC EXAM SPINE THORACOLUMBAR	\$17.90	\$17.90	7/1/2012
72069		RADIOLOGIC EXAM SPINE THORACOLUMBAR	\$27.10	\$27.10	7/1/2012
72070	26	RADIOLOGIC EXAMINATION, SPINE; THORACIC, TWO VIEWS	\$9.17	\$9.17	7/1/2012
72070	TC	RADIOLOGIC EXAMINATION, SPINE; THORACIC, TWO VIEWS	\$17.17	\$17.17	7/1/2012
72070		RADIOLOGIC EXAMINATION, SPINE; THORACIC, TWO VIEWS	\$26.34	\$26.34	7/1/2012
72072	26	RADIOLOGIC EXAMINATION, SPINE; THORACIC, THREE VIEWS	\$9.17	\$9.17	7/1/2012
72072	TC	RADIOLOGIC EXAMINATION, SPINE; THORACIC, THREE VIEWS	\$20.76	\$20.76	7/1/2012
72072		RADIOLOGIC EXAMINATION, SPINE; THORACIC, THREE VIEWS	\$29.93	\$29.93	7/1/2012
72074	26	RADIOLOGIC EXAMINATION, SPINE; THORACIC, MINIMUM OF FOUR	\$9.17	\$9.17	7/1/2012
72074	TC	RADIOLOGIC EXAMINATION, SPINE; THORACIC, MINIMUM OF FOUR	\$25.75	\$25.75	7/1/2012
72074		RADIOLOGIC EXAMINATION, SPINE; THORACIC, MINIMUM OF FOUR	\$34.93	\$34.93	7/1/2012
72080	26	RADIOLOGIC EXAMINATION, SPINE; THORACOLUMBAR, TWO VIEW	\$9.17	\$9.17	7/1/2012
72080	TC	RADIOLOGIC EXAMINATION, SPINE; THORACOLUMBAR, TWO VIEW	\$18.30	\$18.30	7/1/2012
72080		RADIOLOGIC EXAMINATION, SPINE; THORACOLUMBAR, TWO VIEW	\$27.48	\$27.48	7/1/2012
72090	26	RADIOLOGIC EXAM SPINE. SCOLIIOSIS	\$11.86	\$11.86	7/1/2012
72090	TC	RADIOLOGIC EXAM SPINE. SCOLIIOSIS	\$24.23	\$24.23	7/1/2012
72090		RADIOLOGIC EXAM SPINE. SCOLIIOSIS	\$36.09	\$36.09	7/1/2012
72100	26	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; TWO OR THREE	\$9.17	\$9.17	7/1/2012
72100	TC	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; TWO OR THREE	\$20.84	\$20.84	7/1/2012
72100		RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; TWO OR THREE	\$30.02	\$30.02	7/1/2012
72110	26	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; MINIMUM OF FOUR	\$12.78	\$12.78	7/1/2012
72110	TC	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; MINIMUM OF FOUR	\$29.15	\$29.15	7/1/2012
72110		RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; MINIMUM OF FOUR	\$41.92	\$41.92	7/1/2012
72114	26	RADIOLOGIC EXAM SPINE COMPLETE /BENDING VIEW	\$15.06	\$15.06	7/1/2012

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			FACILITY	NON-FACILITY	
72114	TC	RADIOLOGIC EXAM SPINE COMPLETE /BENDING VIEW	\$39.60	\$39.60	7/1/2012
72114		RADIOLOGIC EXAM SPINE COMPLETE /BENDING VIEW	\$54.66	\$54.66	7/1/2012
72120	26	RADIOLOGIC EXAM SPINE BENDING VIEW	\$9.17	\$9.17	7/1/2012
72120	TC	RADIOLOGIC EXAM SPINE BENDING VIEW	\$28.29	\$28.29	7/1/2012
72120		RADIOLOGIC EXAM SPINE BENDING VIEW	\$37.48	\$37.48	7/1/2012
72170	26	RADIOLOGIC EXAMINATION, PELVIS; ONE OR TWO VIEWS	\$7.09	\$7.09	7/1/2012
72170	TC	RADIOLOGIC EXAMINATION, PELVIS; ONE OR TWO VIEWS	\$13.11	\$13.11	7/1/2012
72170		RADIOLOGIC EXAMINATION, PELVIS; ONE OR TWO VIEWS	\$20.19	\$20.19	7/1/2012
72190	26	RADIOLOGIC EXAM PELVIC COMPLETE	\$8.87	\$8.87	7/1/2012
72190	TC	RADIOLOGIC EXAM PELVIC COMPLETE	\$21.69	\$21.69	7/1/2012
72190		RADIOLOGIC EXAM PELVIC COMPLETE	\$30.57	\$30.57	7/1/2012
72196	26	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITH C	\$72.50	\$72.50	7/1/2012
72200	26	RADIOLOGIC EXAM SACRUM, COCCYX	\$7.09	\$7.09	7/1/2012
72200	TC	RADIOLOGIC EXAM SACRUM, COCCYX	\$15.37	\$15.37	7/1/2012
72200		RADIOLOGIC EXAM SACRUM, COCCYX	\$22.45	\$22.45	7/1/2012
72202	26	X-RAY EXAM OF SACROILIAC JOINTS, 3 OR MORE VIEWS	\$7.98	\$7.98	7/1/2012
72202	TC	X-RAY EXAM OF SACROILIAC JOINTS, 3 OR MORE VIEWS	\$19.15	\$19.15	7/1/2012
72202		X-RAY EXAM OF SACROILIAC JOINTS, 3 OR MORE VIEWS	\$27.13	\$27.13	7/1/2012
72220	26	SACRUM AND COCCYX	\$7.09	\$7.09	7/1/2012
72220	TC	SACRUM AND COCCYX	\$15.76	\$15.76	7/1/2012
72220		SACRUM AND COCCYX	\$22.84	\$22.84	7/1/2012
73000	26	RADIOLOGIC EXAM CLAVICLE, COMPLETE	\$6.78	\$6.78	7/1/2012
73000	TC	RADIOLOGIC EXAM CLAVICLE, COMPLETE	\$14.51	\$14.51	7/1/2012
73000		RADIOLOGIC EXAM CLAVICLE, COMPLETE	\$21.30	\$21.30	7/1/2012
73010	26	RADIOLOGIC EXAM, SCAPULA/ COMPLETE	\$7.09	\$7.09	7/1/2012
73010	TC	RADIOLOGIC EXAM, SCAPULA/ COMPLETE	\$14.81	\$14.81	7/1/2012
73010		RADIOLOGIC EXAM, SCAPULA/ COMPLETE	\$21.88	\$21.88	7/1/2012
73020	26	RADIOLOGIC EXAM SHOULDER	\$6.19	\$6.19	7/1/2012
73020	TC	RADIOLOGIC EXAM SHOULDER	\$11.98	\$11.98	7/1/2012
73020		RADIOLOGIC EXAM SHOULDER	\$18.17	\$18.17	7/1/2012
73030	26	RADIOLOGIC EXAM SHOULDER COMPLETE	\$7.67	\$7.67	7/1/2012
73030	TC	RADIOLOGIC EXAM SHOULDER COMPLETE	\$15.47	\$15.47	7/1/2012
73030		RADIOLOGIC EXAM SHOULDER COMPLETE	\$23.14	\$23.14	7/1/2012
73060	TC	RADIOLOGIC EXAM HUMERUS	\$15.47	\$15.47	7/1/2012
73070	26	RADIOLOGIC EXAMINATION, ELBOW; TWO VIEWS	\$6.19	\$6.19	7/1/2012
73070	TC	RADIOLOGIC EXAMINATION, ELBOW; TWO VIEWS	\$14.51	\$14.51	7/1/2012
73070		RADIOLOGIC EXAMINATION, ELBOW; TWO VIEWS	\$20.71	\$20.71	7/1/2012
73080	26	RADIOLOGIC EXAM ELBOW, COMPLETE	\$7.09	\$7.09	7/1/2012
73080	TC	RADIOLOGIC EXAM ELBOW, COMPLETE	\$19.43	\$19.43	7/1/2012
73080		RADIOLOGIC EXAM ELBOW, COMPLETE	\$26.51	\$26.51	7/1/2012
73090	26	RADIOLOGIC EXAMINATION; FOREARM, TWO VIEWS	\$6.49	\$6.49	7/1/2012
73090	TC	RADIOLOGIC EXAMINATION; FOREARM, TWO VIEWS	\$14.51	\$14.51	7/1/2012
73090		RADIOLOGIC EXAMINATION; FOREARM, TWO VIEWS	\$21.02	\$21.02	7/1/2012
73092	26	RADIOLOGIC EXAM FOREARM INFANT	\$6.49	\$6.49	7/1/2012
73092	TC	RADIOLOGIC EXAM FOREARM INFANT	\$15.09	\$15.09	7/1/2012
73092		RADIOLOGIC EXAM FOREARM INFANT	\$21.58	\$21.58	7/1/2012
73100	26	RADIOLOGIC EXAMINATION, WRIST; TWO VIEWS	\$6.78	\$6.78	7/1/2012
73100	TC	RADIOLOGIC EXAMINATION, WRIST; TWO VIEWS	\$15.09	\$15.09	7/1/2012
73100		RADIOLOGIC EXAMINATION, WRIST; TWO VIEWS	\$21.86	\$21.86	7/1/2012
73110	26	RADIOLOGIC EXAM WRIST, COMPLETE	\$7.09	\$7.09	7/1/2012
73110	TC	RADIOLOGIC EXAM WRIST, COMPLETE	\$19.04	\$19.04	7/1/2012
73110		RADIOLOGIC EXAM WRIST, COMPLETE	\$26.13	\$26.13	7/1/2012
73120	26	RADIOLOGIC EXAM, HAND	\$6.49	\$6.49	7/1/2012
73120	TC	RADIOLOGIC EXAM, HAND	\$14.23	\$14.23	7/1/2012

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73120		RADIOLOGIC EXAM, HAND	\$20.74	\$20.74	7/1/2012
73130	26	RADIOLOGIC EXAM HAND MIN/3 VIEWS	\$7.09	\$7.09	7/1/2012
73130	TC	RADIOLOGIC EXAM HAND MIN/3 VIEWS	\$16.79	\$16.79	7/1/2012
73130		RADIOLOGIC EXAM HAND MIN/3 VIEWS	\$23.86	\$23.86	7/1/2012
73140	26	RADIOLOGIC EXAM FINGER(S)	\$5.59	\$5.59	7/1/2012
73140	TC	RADIOLOGIC EXAM FINGER(S)	\$16.50	\$16.50	7/1/2012
73140		RADIOLOGIC EXAM FINGER(S)	\$22.08	\$22.08	7/1/2012
73500	26	RADIOLOGIC EXAM HIP	\$7.09	\$7.09	7/1/2012
73500	TC	RADIOLOGIC EXAM HIP	\$12.53	\$12.53	7/1/2012
73500		RADIOLOGIC EXAM HIP	\$19.63	\$19.63	7/1/2012
73510	26	RADIOLOGIC EXAM, HIP	\$8.87	\$8.87	7/1/2012
73510	TC	RADIOLOGIC EXAM, HIP	\$19.43	\$19.43	7/1/2012
73510		RADIOLOGIC EXAM, HIP	\$28.29	\$28.29	7/1/2012
73520	26	RADIOLOGIC EXAM HIP BILATERAL	\$10.68	\$10.68	7/1/2012
73520	TC	RADIOLOGIC EXAM HIP BILATERAL	\$19.99	\$19.99	7/1/2012
73520		RADIOLOGIC EXAM HIP BILATERAL	\$30.67	\$30.67	7/1/2012
73540	26	RADIOLOGIC EXAM HIP/ PELVIS; CHILD	\$8.28	\$8.28	7/1/2012
73540	TC	RADIOLOGIC EXAM HIP/ PELVIS; CHILD	\$19.99	\$19.99	7/1/2012
73540		RADIOLOGIC EXAM HIP/ PELVIS; CHILD	\$28.28	\$28.28	7/1/2012
73550	26	RADIOLOGIC EXAMINATION, FEMUR, TWO VIEWS	\$7.09	\$7.09	7/1/2012
73550	TC	RADIOLOGIC EXAMINATION, FEMUR, TWO VIEWS	\$14.92	\$14.92	7/1/2012
73550		RADIOLOGIC EXAMINATION, FEMUR, TWO VIEWS	\$21.99	\$21.99	7/1/2012
73560	26	RADIOLOGIC EXAMINATION, KNEE; ONE OR TWO VIEWS	\$7.09	\$7.09	7/1/2012
73560	TC	RADIOLOGIC EXAMINATION, KNEE; ONE OR TWO VIEWS	\$14.81	\$14.81	7/1/2012
73560		RADIOLOGIC EXAMINATION, KNEE; ONE OR TWO VIEWS	\$21.88	\$21.88	7/1/2012
73562	26	RADIOLOGIC EXAMINATION, KNEE; THREE VIEWS	\$7.67	\$7.67	7/1/2012
73562	TC	RADIOLOGIC EXAMINATION, KNEE; THREE VIEWS	\$18.58	\$18.58	7/1/2012
73562		RADIOLOGIC EXAMINATION, KNEE; THREE VIEWS	\$26.25	\$26.25	7/1/2012
73564	26	RADIOLOGIC EXAMINATION, KNEE; COMPLETE, FOUR OR MORE V	\$9.17	\$9.17	7/1/2012
73564	TC	RADIOLOGIC EXAMINATION, KNEE; COMPLETE, FOUR OR MORE V	\$21.41	\$21.41	7/1/2012
73564		RADIOLOGIC EXAMINATION, KNEE; COMPLETE, FOUR OR MORE V	\$30.59	\$30.59	7/1/2012
73565	26	RADIOLOGIC EXAM KNEE (BOTH)	\$7.37	\$7.37	7/1/2012
73565	TC	RADIOLOGIC EXAM KNEE (BOTH)	\$15.93	\$15.93	7/1/2012
73565		RADIOLOGIC EXAM KNEE (BOTH)	\$23.30	\$23.30	7/1/2012
73590	26	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, TWO VIEWS	\$7.09	\$7.09	7/1/2012
73590	TC	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, TWO VIEWS	\$13.96	\$13.96	7/1/2012
73590		RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, TWO VIEWS	\$21.04	\$21.04	7/1/2012
73592	26	RAD EXAM LOWER EXTREMITY INFANT	\$6.49	\$6.49	7/1/2012
73592	TC	RAD EXAM LOWER EXTREMITY INFANT	\$15.09	\$15.09	7/1/2012
73592		RAD EXAM LOWER EXTREMITY INFANT	\$21.58	\$21.58	7/1/2012
73600	26	RADIOLOGIC EXAMINATION, ANKLE; TWO VIEWS	\$6.49	\$6.49	7/1/2012
73600	TC	RADIOLOGIC EXAMINATION, ANKLE; TWO VIEWS	\$14.23	\$14.23	7/1/2012
73600		RADIOLOGIC EXAMINATION, ANKLE; TWO VIEWS	\$20.74	\$20.74	7/1/2012
73610	26	RADIOLOGIC EXAM COMPLETE	\$7.09	\$7.09	7/1/2012
73610	TC	RADIOLOGIC EXAM COMPLETE	\$16.79	\$16.79	7/1/2012
73610		RADIOLOGIC EXAM COMPLETE	\$23.86	\$23.86	7/1/2012
73620	26	RADIOLOGIC EXAMINATION, FOOT; TWO VIEWS	\$6.49	\$6.49	7/1/2012
73620	TC	RADIOLOGIC EXAMINATION, FOOT; TWO VIEWS	\$13.67	\$13.67	7/1/2012
73620		RADIOLOGIC EXAMINATION, FOOT; TWO VIEWS	\$20.17	\$20.17	7/1/2012
73630	26	RADIOLOGIC EXAM FOOT COMPLETE	\$7.09	\$7.09	7/1/2012
73630	TC	RADIOLOGIC EXAM FOOT COMPLETE	\$16.50	\$16.50	7/1/2012
73630		RADIOLOGIC EXAM FOOT COMPLETE	\$23.58	\$23.58	7/1/2012
73650	26	RADIOLOGIC EXAM CALCANEUS	\$6.49	\$6.49	7/1/2012
73650	TC	RADIOLOGIC EXAM CALCANEUS	\$13.96	\$13.96	7/1/2012

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73650		RADIOLOGIC EXAM CALCANEUS	\$20.45	\$20.45	7/1/2012
73660	26	RADIOLOGIC EXAM CALCANEUS TOE OR TOES	\$5.30	\$5.30	7/1/2012
73660	TC	RADIOLOGIC EXAM CALCANEUS TOE OR TOES	\$15.65	\$15.65	7/1/2012
73660		RADIOLOGIC EXAM CALCANEUS TOE OR TOES	\$20.95	\$20.95	7/1/2012
74000	26	RADIOLOGIC EXAM ABDOMEN	\$7.39	\$7.39	7/1/2012
74000	TC	RADIOLOGIC EXAM ABDOMEN	\$12.53	\$12.53	7/1/2012
74000		RADIOLOGIC EXAM ABDOMEN	\$19.93	\$19.93	7/1/2012
74010	26	RADIOLOGIC EXAM ABDOMEN ANTEROPOSTERIOR/ OBLIQUE	\$9.49	\$9.49	7/1/2012
74010	TC	RADIOLOGIC EXAM ABDOMEN ANTEROPOSTERIOR/ OBLIQUE	\$19.71	\$19.71	7/1/2012
74010		RADIOLOGIC EXAM ABDOMEN ANTEROPOSTERIOR/ OBLIQUE	\$29.19	\$29.19	7/1/2012
74020	26	RADIOLOGIC EXAM ABDOMEN, COMPLETE	\$11.27	\$11.27	7/1/2012
74020	TC	RADIOLOGIC EXAM ABDOMEN, COMPLETE	\$19.99	\$19.99	7/1/2012
74020		RADIOLOGIC EXAM ABDOMEN, COMPLETE	\$31.26	\$31.26	7/1/2012
74022	26	RAD EXAM ABDOMEN. COMPLETE ABDOMEN SERIES	\$13.36	\$13.36	7/1/2012
74022	TC	RAD EXAM ABDOMEN. COMPLETE ABDOMEN SERIES	\$24.42	\$24.42	7/1/2012
74022		RAD EXAM ABDOMEN. COMPLETE ABDOMEN SERIES	\$37.80	\$37.80	7/1/2012
76510		OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN AND QUANTIT,	\$117.98	\$117.98	7/1/2012
76536	TC	ULTRASOUND, SOFT TISSUES OF HEAD AND NECK (EG, THYROID	\$63.46	\$63.46	7/1/2012
76536		ULTRASOUND, SOFT TISSUES OF HEAD AND NECK (EG, THYROID	\$86.32	\$86.32	7/1/2012
76604		ULTRASOUND, CHEST, B-SCAN (INCLUDES MEDIASTINUM) AND/OI	\$67.73	\$67.73	7/1/2012
76645	TC	ULTRASOUND, BREAST(S) (UNILATERAL OR BILATERAL), B-SCAN ,	\$48.93	\$48.93	7/1/2012
76645		ULTRASOUND, BREAST(S) (UNILATERAL OR BILATERAL), B-SCAN ,	\$71.47	\$71.47	7/1/2012
76700	TC	ULTRASOUND, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMA	\$73.36	\$73.36	7/1/2012
76700		ULTRASOUND, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMA	\$107.07	\$107.07	7/1/2012
76705	TC	ECHOG, ABD, B-SCAN &/OR REAL TIME W/ IMG DOCUMNTN	\$56.38	\$56.38	7/1/2012
76705		ECHOG, ABD, B-SCAN &/OR REAL TIME W/ IMG DOCUMNTN	\$81.20	\$81.20	7/1/2012
76770	TC	ULTRASOUND, RETROPERITONEAL (EG, RENAL, AORTA, NODES),	\$71.67	\$71.67	7/1/2012
76770		ULTRASOUND, RETROPERITONEAL (EG, RENAL, AORTA, NODES),	\$102.49	\$102.49	7/1/2012
76775	TC	ECHOG,RETROPRTNL,B-SCAN&/OR REL TM W/IMG DOC; LMTD	\$62.60	\$62.60	7/1/2012
76775		ECHOG,RETROPRTNL,B-SCAN&/OR REL TM W/IMG DOC; LMTD	\$87.12	\$87.12	7/1/2012
76776		ULTRASOUND, TRANSPLANTED KIDNEY, REAL TIME AND DUPLEX	\$113.84	\$113.84	7/1/2012
76800	TC	ULTRASOUND, SPINAL CANAL AND CONTENTS	\$52.70	\$52.70	7/1/2012
76800		ULTRASOUND, SPINAL CANAL AND CONTENTS	\$97.26	\$97.26	7/1/2012
76801		ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOC	\$103.16	\$103.16	7/1/2012
76802		ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOC	\$58.71	\$58.71	7/1/2012
76805	TC	ULTRASOUND, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME V	\$74.12	\$74.12	7/1/2012
76805		ULTRASOUND, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME V	\$114.75	\$114.75	7/1/2012
76810	TC	ECHOGRAPHY; COMPLETE WITH MULTIPLE GESTATION	\$39.59	\$39.59	7/1/2012
76810		ECHOGRAPHY; COMPLETE WITH MULTIPLE GESTATION	\$79.63	\$79.63	7/1/2012
76811		ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOC	\$162.26	\$162.26	7/1/2012
76812		ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOC	\$158.85	\$158.85	7/1/2012
76813	TC	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOC	\$53.87	\$53.87	7/1/2012
76813		ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOC	\$101.07	\$101.07	7/1/2012
76814	TC	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOC	\$26.45	\$26.45	7/1/2012
76814		ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOC	\$66.15	\$66.15	7/1/2012
76815	TC	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME '1	\$44.80	\$44.80	7/1/2012
76815		ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME '1	\$71.45	\$71.45	7/1/2012
76816		ECHOGRAPHY PREGNANT UTERUS FOLLOW UP	\$87.83	\$87.83	7/1/2012
76817		ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOC	\$79.78	\$79.78	7/1/2012
76818	TC	FETAL BIOPHYSICAL PROFILE; WITH NON-STRESS TESTING	\$52.81	\$52.81	7/1/2012
76818		FETAL BIOPHYSICAL PROFILE; WITH NON-STRESS TESTING	\$95.47	\$95.47	7/1/2012
76819	26	FETAL BIOPHYSICAL PROFILE; WITHOUT NON-STRESS TESTING	\$31.46	\$31.46	7/1/2012
76819	TC	FETAL BIOPHYSICAL PROFILE; WITHOUT NON-STRESS TESTING	\$42.36	\$42.36	7/1/2012
76819		FETAL BIOPHYSICAL PROFILE; WITHOUT NON-STRESS TESTING	\$73.81	\$73.81	7/1/2012

**Radiological / Imaging Services Fee Schedule  
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CODE	MOD	Description	Medicaid Maximum Allowable		EFFECTIVE DATE
			FACILITY	NON-FACILITY	
76820		DOPPLER VELOCIMETRY, FETAL; UMBILICAL ARTERY	\$42.77	\$42.77	7/1/2012
76821		DOPPLER VELOCIMETRY, FETAL; MIDDLE CEREBRAL ARTERY	\$76.59	\$76.59	7/1/2012
76825	TC	ECHOCARDIOGRAPHY FETAL	\$96.54	\$96.54	7/1/2012
76825		ECHOCARDIOGRAPHY FETAL	\$164.46	\$164.46	7/1/2012
76826		ECHOCARDIOGRAPHY, FETAL HEART IN UTERO	\$90.51	\$90.51	7/1/2012
76827	TC	DOPPLER ECG, FETAL HEART PULSED &/OR CONT. WAVE COMP.	\$33.13	\$33.13	7/1/2012
76827		DOPPLER ECG, FETAL HEART PULSED &/OR CONT. WAVE COMP.	\$56.61	\$56.61	7/1/2012
76828		DOPPLER ECG, FETAL HEART PULS.&/OR CONT WAVE FOLUP	\$42.14	\$42.14	7/1/2012
76830	TC	ULTRASOUND, TRANSVAGINAL	\$65.53	\$65.53	7/1/2012
76830		ULTRASOUND, TRANSVAGINAL	\$93.98	\$93.98	7/1/2012
76831	TC	HYSTEROSONOGRAPHY, WITH OR WITHOUT COLOR FLOW DOPPI	\$64.96	\$64.96	7/1/2012
76831		HYSTEROSONOGRAPHY, WITH OR WITHOUT COLOR FLOW DOPPI	\$94.05	\$94.05	7/1/2012
76856	TC	ULTRASOUND, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL T	\$65.82	\$65.82	7/1/2012
76856		ULTRASOUND, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL T	\$94.55	\$94.55	7/1/2012
76857	TC	ECHO, PELV (NON-OB) B-SCAN&/OR REL TM W/IMG D;LTD/	\$62.21	\$62.21	7/1/2012
76857		ECHO, PELV (NON-OB) B-SCAN&/OR REL TM W/IMG D;LTD/	\$78.45	\$78.45	7/1/2012
76870	TC	ULTRASOUND, SCROTUM AND CONTENTS	\$66.66	\$66.66	7/1/2012
76870		ULTRASOUND, SCROTUM AND CONTENTS	\$93.59	\$93.59	7/1/2012
76872	TC	ECHOGRAPHY, TRANSRECTAL	\$81.64	\$81.64	7/1/2012
76872		ECHOGRAPHY, TRANSRECTAL	\$111.42	\$111.42	7/1/2012
76881	TC	ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMA	\$69.75	\$69.75	7/1/2012
76881		ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMA	\$93.44	\$93.44	7/1/2012
76882	TC	ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMA	\$8.15	\$8.15	7/1/2012
76882		ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMA	\$24.59	\$24.59	7/1/2012
76977	TC	ULTRASOUND BONE DENSITY MEASUREMENT AND INTERPRETAT	\$8.59	\$8.59	7/1/2012
76977		ULTRASOUND BONE DENSITY MEASUREMENT AND INTERPRETAT	\$10.89	\$10.89	7/1/2012
77051	TC	COMPUTER-AIDED DETECTION (COMPUTER ALGORITHM ANALYS	\$6.98	\$6.98	7/1/2012
77052	TC	COMPUTER-AIDED DETECTION (COMPUTER ALGORITHM ANALYS	\$6.98	\$6.98	7/1/2012
77055	TC	MAMMOGRAPHY; UNILATERAL	\$37.91	\$37.91	7/1/2012
77055		MAMMOGRAPHY; UNILATERAL	\$67.23	\$67.23	7/1/2012
77056	TC	MAMMOGRAPHY; BILATERAL	\$48.84	\$48.84	7/1/2012
77056		MAMMOGRAPHY; BILATERAL	\$85.25	\$85.25	7/1/2012
77057	TC	SCREENING MAMMOGRAPHY, BILATERAL (2-VIEW FILM STUDY OF	\$35.27	\$35.27	7/1/2012
77057		SCREENING MAMMOGRAPHY, BILATERAL (2-VIEW FILM STUDY OF	\$64.59	\$64.59	7/1/2012
78811		TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); LIM	\$857.73	\$857.73	7/1/2012
78812		TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); SKU	\$873.89	\$873.89	7/1/2012
78813		TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); WH	\$876.87	\$876.87	7/1/2012
78814		TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET) WITH	\$884.96	\$884.96	7/1/2012
78815		TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET) WITH	\$894.84	\$894.84	7/1/2012
78816		TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET) WITH	\$897.51	\$897.51	7/1/2012
79005		RADIOPHARMACEUTICAL THERAPY, BY ORAL ADMINISTRATION	\$122.58	\$122.58	7/1/2012
79101		RADIOPHARMACEUTICAL THERAPY, BY INTRAVENOUS ADMINISTI	\$137.93	\$137.93	7/1/2012
79445		RADIOPHARMACEUTICAL THERAPY, BY INTRA-ARTERIAL PARTICL	\$180.76	\$180.76	7/1/2012
93303	TC	TRANSTHORACIC ECHOCARDIOGRAPHY FOR CONGENITAL CARD	\$114.97	\$114.97	7/1/2012
93303		TRANSTHORACIC ECHOCARDIOGRAPHY FOR CONGENITAL CARD	\$171.57	\$171.57	7/1/2012
93304		TRANSTHORACIC ECHOCARDIOGRAPHY FOR CONGENITAL CARD	\$106.09	\$106.09	7/1/2012
93306		ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE	\$209.42	\$209.42	7/1/2012
93307	TC	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE	\$97.74	\$97.74	7/1/2012
93307		ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE	\$138.57	\$138.57	7/1/2012
93308		ECHOCARDIOGRAPHY, RL-TIME IMAG.DOC.W/WOM-MOD,LMT S	\$87.50	\$87.50	7/1/2012
93320	TC	DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTIN	\$44.15	\$44.15	7/1/2012
93320		DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTIN	\$61.05	\$61.05	7/1/2012
93321		DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTIN	\$26.96	\$26.96	7/1/2012
93325	TC	DOPPLER ECHOCARDIOGRAPHY COLOR FLOW VELOCITY MAPPIN	\$37.42	\$37.42	7/1/2012

**Radiological / Imaging Services Fee Schedule  
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CODE	MOD	Description	Medicaid Maximum Allowable		EFFECTIVE DATE
			FACILITY	NON-FACILITY	
93325		DOPPLER ECHOCARDIOGRAPHY COLOR FLOW VELOCITY MAPPING	\$40.60	\$40.60	7/1/2012
93350	TC	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE	\$101.72	\$101.72	7/1/2012
93880	TC	DUPLEX SCAN OF EXTRACRANIAL ARTERIES; COMP BIL STY	\$167.32	\$167.32	7/1/2012
93880		DUPLEX SCAN OF EXTRACRANIAL ARTERIES; COMP BIL STY	\$192.65	\$192.65	7/1/2012
93882		DUPLEX SCAN OF EXTRACRANIAL ARTERIES;	\$126.92	\$126.92	7/1/2012
93922	TC	NONINVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER EXT	\$83.36	\$83.36	7/1/2012
93922		NONINVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER EXT	\$93.64	\$93.64	7/1/2012
93923	TC	NONINVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER EXT	\$125.79	\$125.79	7/1/2012
93923		NONINVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER EXT	\$144.56	\$144.56	7/1/2012
93924		NONINVASIVE PHYSIOLOGIC STUDIES OF LOWER EXTREMITY AR	\$177.96	\$177.96	7/1/2012
93925	TC	DUPLEX SCAN LOWER EXTREM. ARTERIES; BILAT, COMPLET	\$215.37	\$215.37	7/1/2012
93925		DUPLEX SCAN LOWER EXTREM. ARTERIES; BILAT, COMPLET	\$239.52	\$239.52	7/1/2012
93926		DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR ARTERIAL B	\$152.82	\$152.82	7/1/2012
93930	TC	DUPLEX SCAN UPPER EXTREM. ARTERIES; COMP.BILAT STY	\$169.40	\$169.40	7/1/2012
93930		DUPLEX SCAN UPPER EXTREM. ARTERIES; COMP.BILAT STY	\$188.76	\$188.76	7/1/2012
93931		DUPLEX SCAN OF UPPER EXTREMITY ARTERIES OR ARTERIAL BY	\$126.35	\$126.35	7/1/2012
93965	TC	NON-INVASIVE PHYSIOLOGIC STUDIES OF EXTREMITY VEINS, COI	\$81.47	\$81.47	7/1/2012
93965		NON-INVASIVE PHYSIOLOGIC STUDIES OF EXTREMITY VEINS, COI	\$95.94	\$95.94	7/1/2012
93970	TC	DUPLEX SCAN OF EXTREMITY VEINS, COMP. BILAT. STUDY	\$168.00	\$168.00	7/1/2012
93970		DUPLEX SCAN OF EXTREMITY VEINS, COMP. BILAT. STUDY	\$196.44	\$196.44	7/1/2012
93971	TC	DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO	\$111.23	\$111.23	7/1/2012
93971		DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO	\$130.08	\$130.08	7/1/2012
93975	TC	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF	\$219.75	\$219.75	7/1/2012
93975		DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF	\$295.64	\$295.64	7/1/2012
93976		DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF	\$170.67	\$170.67	7/1/2012
93978	TC	DUPLEX SCAN COMPLETE; AORTA, VENA CAVA, ILIAC VASC.	\$157.54	\$157.54	7/1/2012
93978		DUPLEX SCAN COMPLETE; AORTA, VENA CAVA, ILIAC VASC.	\$184.77	\$184.77	7/1/2012
93979		DUPLEX SCAN OF AORTA, INFERIOR VENA CAVA, ILIAC VASCULA	\$127.77	\$127.77	7/1/2012
93990	TC	DUPLEX SCAN OF HEMODIALYSIS	\$139.27	\$139.27	7/1/2012
93990		DUPLEX SCAN OF HEMODIALYSIS	\$149.48	\$149.48	7/1/2012
95851	26	RANGE OF MOTION EVALUATION	\$4.88	\$10.47	7/1/2012
R0070		PORTABLE X-RAY ONE PATIENT SEEN PER TRIP.	\$92.06	\$92.06	7/1/2012

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