

As set forth in 13 CSR 70-15.160, effective for dates of service beginning October 1, 2011 through December 31, 2018, the technical component of outpatient radiology procedures will be reimbursed based on one hundred twenty five percent (125%) of the Medicare physician fee schedule rates using MO Locality 01. The reimbursement rate effective for dates of service beginning January 1, 2019 is based on ninety percent (90%) of the Medicare Physician Fee Schedule rate using Missouri Locality 01. The below fee schedule reflects the reimbursement rates in effect for the applicable date of service, for the technical component of hospital radiology procedures. Policy and billing procedures regarding outpatient hospital radiology services are not affected by this fee schedule.

Medicaid Fee Schedule for the Technical Component of Hospital Outpatient Radiology Procedures

| Procedure Code | Procedure Description | Rate Effective for Dates of Service Beginning | Rate Effective for Dates of Service Beginning | Rate Effective for Dates of Service Beginning |
|----------------|---|---|---|---|
| | | 01/01/2017 | 01/01/2018 | 01/01/2019 |
| 70010 | Myelography Posterior Fossa Radiological Supervision And Interpretation | \$84.48 | \$76.47 | \$55.63 |
| 70015 | Cisternography Positive Contrast Radiological Supervision And Interpretation | \$112.08 | \$103.18 | \$74.29 |
| 70030 | Radiologic Examination Eye For Detection Of Foreign Body | \$23.22 | \$23.77 | \$17.11 |
| 70100 | Radiologic Examination Mandible Partial Less Than Four Views | \$28.80 | \$28.95 | \$20.84 |
| 70110 | Radiologic Examination Mandible Complete Minimum Of Four Views | \$30.51 | \$30.68 | \$22.09 |
| 70120 | Radiologic Examination Mastoids Less Than Three Views Per | \$29.66 | \$29.38 | \$21.15 |
| 70130 | Radiologic Examination Mastoids Complete Min Of Three Views Per Side | \$45.11 | \$44.92 | \$32.34 |
| 70134 | Radiologic Examination Internal Auditory Meati Complete | \$41.25 | \$39.75 | \$28.62 |
| 70140 | Radiologic Examination Facial Bones Less Than Three Views | \$23.22 | \$23.35 | \$16.81 |
| 70150 | Radiologic Examination Facial Bones Complete Minimum Of Three Views | \$33.95 | \$34.13 | \$24.57 |
| 70160 | Radiologic Examination Nasal Bones Complete Minimum Of Three Views | \$28.80 | \$29.38 | \$21.15 |
| 70170 | Dacryocystography Nasolacrimal Duct Radiological Super and Interpretation | \$38.82 | \$39.02 | \$28.09 |
| 70190 | Radiologic Examination Optic Foramina | \$29.22 | \$29.82 | \$21.47 |
| 70200 | Radiologic Examination Orbits Complete Minimum Of Four Views | \$33.95 | \$34.13 | \$24.57 |
| 70210 | Radiologic Examination Sinuses Paranasal Less Than Three Views | \$25.36 | \$25.50 | \$18.36 |
| 70220 | Radiologic Examination Sinuses Paranasal Complete Min Of Three Views | \$30.08 | \$30.25 | \$21.78 |
| 70240 | X-Ray Exam Pituitary Saddle | \$24.51 | \$25.50 | \$18.36 |
| 70250 | X-Ray Exam Of Skull | \$28.37 | \$28.95 | \$20.84 |
| 70260 | X-Ray Exam Of Skull | \$33.95 | \$34.13 | \$24.57 |
| 70300 | Radiologic Examination Teeth Single View | \$10.77 | \$10.82 | \$7.79 |
| 70310 | Radiologic Examination Teeth Partial Examination Less Than Full Mouth | \$33.95 | \$35.42 | \$25.50 |
| 70320 | Radiologic Examination Teeth Complete Full Mouth | \$49.41 | \$49.23 | \$35.45 |
| 70328 | Radiologic Examination Temporomandibular Joint Open And Closed Mouth | \$25.80 | \$25.93 | \$18.67 |
| 70330 | Radiologic Examination Temporomandibular Joint Open And Closed Mouth | \$42.96 | \$42.33 | \$30.48 |
| 70332 | Temporomandibular Joint Arthrography Radiological Superv And Interpret | \$59.28 | \$53.12 | \$38.25 |
| 70336 | Magnetic Image Jaw Joint | \$270.55 | \$293.96 | \$211.65 |
| 70350 | Cephalogram Orthodontic | \$11.62 | \$11.70 | \$8.42 |
| 70355 | Panoramic x-ray of jaws | \$11.62 | \$11.70 | \$8.42 |
| 70360 | Radiologic Examination Neck Soft Tissue | \$23.65 | \$24.21 | \$17.43 |
| 70370 | Radiologic Examination Pharynx Or Larynx Including Fluoroscopy And/Or | \$73.45 | \$68.22 | \$49.12 |
| 70371 | Speech Evaluation Complex | \$58.00 | \$57.43 | \$41.35 |
| 70380 | Radiologic Examination Salivary Gland For Calculus | \$32.23 | \$28.95 | \$20.84 |
| 70390 | Sialography Radiological Supervision And Interpretation | \$90.18 | \$91.52 | \$65.89 |
| 70450 | Ct Head/Brain W/O Dye | \$88.47 | \$89.37 | \$64.35 |
| 70460 | Computerized Axial Tomography Head Or Brain; With Contrast Material(S) | \$127.55 | \$129.50 | \$93.24 |
| 70470 | Ct Head/Brain W/O & W/Dye | \$154.58 | \$155.82 | \$112.19 |
| 70480 | Ct Orbit/Ear/Fossa W/O Dye | \$134.83 | \$142.45 | \$102.56 |
| 70481 | Computerized Axial Tomography Orbit Sella Posteriorfossa/Outer Middle/Inner Ear;W/Contrast Material | \$249.47 | \$251.63 | \$181.17 |
| 70482 | Ct Orbit/Ear/Fossa W/O&W/Dye | \$276.12 | \$278.00 | \$200.16 |
| 70486 | Ct Maxillofacial W/O Dye | \$116.38 | \$117.42 | \$84.54 |
| 70487 | Computerized Axial Tomography Maxillofacial Area With Contrast Mat(s) | \$133.98 | \$135.55 | \$97.59 |
| 70488 | Ct Maxillofacial W/O & W/Dye | \$170.05 | \$171.36 | \$123.38 |
| 70490 | Ct Soft Tissue Neck W/O Dye | \$134.83 | \$126.48 | \$91.07 |
| 70491 | Computerized Axial Tomography Soft Tissue Neck; With Contrast Mat(s) | \$200.52 | \$163.16 | \$117.47 |
| 70492 | Computerized Axial Tomography Soft Tissue Neck;W/ Out Contrast Folw'D By Contrast Material. . .Etc. | \$247.75 | \$199.41 | \$143.57 |
| 70496 | Ct Angiography Head | \$248.22 | \$250.37 | \$180.27 |
| 70498 | Ct Angiography Neck | \$247.36 | \$249.51 | \$179.64 |
| 70540 | Mri Orbit/Face/Neck W/O Dye | \$270.51 | \$248.61 | \$179.00 |
| 70542 | Magnetic Resonance Imaging Orbit Face & Neck; With Contrast Materials | \$311.76 | \$293.53 | \$211.34 |
| 70543 | Mri Orbit/Fac/Nck W/O & W/Dye | \$373.57 | \$362.58 | \$261.06 |
| 70544 | Magnetic Resonance Angiography Head; W/Out Contrast Materials | \$270.07 | \$293.96 | \$211.65 |
| 70545 | Magnetic Resonance Angiography Head; W/Out Contrast Materials W/ Contrast Materials | \$317.33 | \$303.02 | \$218.17 |
| 70546 | Mr Angiograph Head W/O&W/Dye | \$510.53 | \$500.72 | \$360.52 |
| 70547 | Magnetic Resonance Angiography Neck; W/Out Cntrstmaterials | \$270.07 | \$293.96 | \$211.65 |
| 70548 | Magnetic Resonance Angiography Neck; W/ Contrast Materials | \$316.87 | \$303.02 | \$218.17 |
| 70549 | Mr Angiograph Neck W/O&W/Dye | \$510.53 | \$504.17 | \$363.00 |
| 70551 | Magnetic Resonance (Eg Proton) Imaging Brain (Including Brain Stem); Without Contrast Material | \$189.36 | \$191.21 | \$137.67 |
| 70552 | Mri Brain W/Dye | \$278.70 | \$282.31 | \$203.26 |
| 70553 | Mri Brain W/O & W/Dye | \$317.33 | \$322.01 | \$231.84 |
| 70554 | Fmri Brain By Tech | \$414.80 | \$420.02 | \$302.41 |
| 70555 | Fmri Brain By Phys/Psych | \$603.95 | \$606.97 | \$437.02 |
| 70557 | Mri Brain W/O Dye | \$270.07 | \$293.92 | \$211.62 |
| 71045 | X-ray Exam Chest 1 View | \$0.00 | \$12.98 | \$9.35 |
| 71046 | X-ray Exam Chest 2 Views | \$0.00 | \$23.77 | \$17.11 |
| 71047 | X-ray Exam Chest 3 Views | \$0.00 | \$30.25 | \$21.78 |
| 71048 | X-ray Exam Chest 4+ Views | \$0.00 | \$31.11 | \$22.40 |
| 71100 | Radiologic Examination Ribs Unilateral Two Views | \$26.22 | \$26.80 | \$19.29 |
| 71101 | X-Ray Exam Of Ribs/Chest | \$27.51 | \$29.82 | \$21.47 |
| 71110 | Radiologic Examination Ribs Bilateral Three Views | \$28.80 | \$30.68 | \$22.09 |
| 71111 | X-Ray Exam Of Ribs/Chest Minimum of Four Views | \$38.25 | \$37.15 | \$26.74 |
| 71120 | Radiologic Examination Sternum Minimum Of Two Views | \$23.22 | \$23.77 | \$17.11 |
| 71130 | Radiologic Examination Sternoclavicular Joint(s)Minimum Of Three Views | \$29.66 | \$30.25 | \$21.78 |
| 71250 | Ct Thorax W/O Dye | \$134.83 | \$127.35 | \$91.69 |

Medicaid Fee Schedule for the Technical Component of Hospital Outpatient Radiology Procedures

| Procedure Code | Procedure Description | Rate Effective for | Rate Effective for | Rate Effective for |
|----------------|---|-------------------------|-------------------------|-------------------------|
| | | Dates of Service | Dates of Service | Dates of Service |
| | | Beginning 01/01/2017 | Beginning 01/01/2018 | Beginning 01/01/2019 |
| 71260 | Computerized Axial Tomography Thorax; With Contrast Material(S) | \$201.81 | \$163.60 | \$117.79 |
| 71270 | Ct Thorax W/O & W/Dye | \$248.61 | \$202.43 | \$145.75 |
| 71275 | Ct Angiography Chest | \$252.51 | \$254.70 | \$183.38 |
| 71550 | Magnetic Resonance (Eg Proton) Imaging Chest (Eg For Evaluation Of Hilar And Mediastinal Lymphade | \$270.07 | \$293.92 | \$211.62 |
| 71551 | Mri Chest; With Contrast Materials | \$453.43 | \$452.77 | \$325.99 |
| 71552 | Mri Chest W/O & W/Dye | \$510.57 | \$547.32 | \$394.07 |
| 71555 | Magnetic Resonance (Eg Proton) Imaging Chest (Eg For Evaluation Of Hilar And Mediastinal Lymphade | \$373.15 | \$378.55 | \$272.55 |
| 72020 | Radiologic Examination Spine Single View Specify Level | \$17.21 | \$17.73 | \$12.77 |
| 72040 | Radiologic Examination Spine Cervical Anteroposterior And | \$26.22 | \$26.80 | \$19.29 |
| 72050 | Radiologic Examination Spine Cervical Minimum Of Four Views | \$35.67 | \$35.86 | \$25.82 |
| 72052 | Radiologic Examination Spine Cervical Complete Including Oblique And Flexion And/Or Extension | \$45.55 | \$45.78 | \$32.96 |
| 72070 | Radiologic Examination Spine Thoracic Two Views | \$27.51 | \$27.66 | \$19.91 |
| 72072 | X-Ray Exam Of Thoracic Spine Three Views | \$28.37 | \$28.95 | \$20.84 |
| 72074 | X-Ray Exam Of Thoracic Spine Minimum of Four Views | \$33.95 | \$34.13 | \$24.57 |
| 72080 | Radiologic Examination Spine Thoracolumbar Two Views | \$23.65 | \$27.22 | \$19.60 |
| 72081 | Radiologic Examination; Spine, entire thoracic and lumbar; including skull | \$30.95 | \$30.68 | \$22.09 |
| 72082 | Radiologic Examination; Spine, entire thoracic and lumbar; 2 or 3 views | \$55.85 | \$56.13 | \$40.41 |
| 72083 | Radiologic Examination; Spine, entire thoracic and lumbar; 4 or 5 views | \$60.57 | \$69.08 | \$49.74 |
| 72084 | Radiologic Examination; Spine, entire thoracic and lumbar; min of 6 views | \$72.58 | \$80.31 | \$57.82 |
| 72100 | Radiologic Examination Spine Lumbosacral Two or Three Views | \$28.80 | \$28.95 | \$20.84 |
| 72110 | Radiologic Examination Spine Lumbosacral Minimum of Four Views | \$39.96 | \$40.17 | \$28.92 |
| 72114 | X-ray Exam of L-S Spine Bending | \$54.98 | \$54.85 | \$39.49 |
| 72120 | X-ray Bending Only L-S Spine Two or Three Views | \$35.23 | \$35.86 | \$25.82 |
| 72125 | Ct Neck Spine W/O Dye | \$134.83 | \$142.45 | \$102.56 |
| 72126 | Computerized Axial Tomography Cervical Spine; With Contrast Material | \$202.25 | \$203.30 | \$146.37 |
| 72127 | Ct Neck Spine W/O & W/Dye | \$249.47 | \$252.06 | \$181.48 |
| 72128 | Ct Chest Spine W/O Dye | \$134.83 | \$142.45 | \$102.56 |
| 72129 | Computerized Axial Tomography Thoracic Spine; With Contrast Material | \$203.10 | \$204.60 | \$147.31 |
| 72130 | Ct Chest Spine W/O & W/Dye | \$250.76 | \$253.78 | \$182.72 |
| 72131 | Ct Lumbar Spine W/O Dye | \$134.83 | \$142.45 | \$102.56 |
| 72132 | Computerized Axial Tomography Lumbar Spine; With Contrast Material | \$201.81 | \$203.30 | \$146.37 |
| 72133 | Ct Lumbar Spine W/O & W/Dye | \$249.03 | \$250.77 | \$180.55 |
| 72141 | Magnetic Resonance (Eg Proton) Imaging Spinal Canal & Contents Cervical; W/Out Contrast Material | \$181.21 | \$183.45 | \$132.08 |
| 72142 | Magnetic Resonance (Eg Proton) Imaging Spinal Canal & Contents Cervical; With Contrast Material | \$284.71 | \$289.22 | \$208.24 |
| 72146 | Magnetic Resonance (Eg Proton) Imaging Spinal Canal & Contents Thoracic; W/Out Contrast Material | \$181.63 | \$183.87 | \$132.39 |
| 72147 | Magnetic Resonance (Eg Proton) Imaging Spinal Canal & Contents Thoracic; With Contrast Material | \$282.13 | \$286.62 | \$206.37 |
| 72148 | Magnetic Resonance (Eg Proton) Imaging Spinal Canal & Contents Lumbar; W/Out Contrast Material | \$179.92 | \$183.45 | \$132.08 |
| 72149 | Magnetic Resonance (Eg Proton) Imaging Spinal Canal & Contents Lumbar; With Contrast Material | \$279.98 | \$284.03 | \$204.50 |
| 72156 | Mri Neck Spine W/O & W/Dye | \$320.35 | \$324.61 | \$233.72 |
| 72157 | Mri Chest Spine W/O & W/Dye | \$321.20 | \$325.47 | \$234.34 |
| 72158 | Mri Lumbar Spine W/O & W/Dye | \$318.20 | \$323.31 | \$232.78 |
| 72159 | Magnetic Resonance Angiography, Spinal Canal And Contents, W or W/O Contrast Materials | \$393.76 | \$303.02 | \$218.17 |
| 72170 | Radiologic Examination Pelvis; Anteroposterior Only | \$27.93 | \$28.08 | \$20.22 |
| 72190 | Radiologic Examination Pelvis Complete Minimum Of Three Views | \$32.66 | \$32.83 | \$23.64 |
| 72191 | Ct Angiograph Pelv Wo&W Dye | \$260.23 | \$262.90 | \$189.28 |
| 72192 | Ct Pelvis Wo Dye | \$110.37 | \$111.37 | \$80.19 |
| 72193 | Ct Pelvis W Dye | \$202.67 | \$204.16 | \$146.99 |
| 72194 | Ct Pelvis Wo&W Dye | \$240.45 | \$242.57 | \$174.65 |
| 72195 | Mri Pelvis; W/Out Contrast Material | \$270.07 | \$293.92 | \$211.62 |
| 72196 | Magnetic Resonance (Eg Proton) Imaging Pelvis | \$391.18 | \$318.56 | \$229.36 |
| 72197 | Mri Pelvis W/Out Cntrst Materials Followed By Contrast Materials And Further Sequences | \$474.03 | \$385.88 | \$277.83 |
| 72198 | Mr Angio Pelvis W/O & W/Dye | \$377.01 | \$380.71 | \$274.11 |
| 72200 | Radiologic Examination Sacroiliac Joints Less Than Three Views | \$23.65 | \$23.77 | \$17.11 |
| 72202 | Radiologic Examination Sacroiliac Joints Three Or More Views | \$28.37 | \$28.52 | \$20.53 |
| 72220 | Radiologic Examination Sacrum And Coccyx Minimum Of Two Views | \$23.22 | \$23.77 | \$17.11 |
| 72240 | Myelography Cervical Radiological Supervision And Interpretation | \$64.00 | \$63.91 | \$46.01 |
| 72255 | Myelography Thoracic Spine | \$62.71 | \$63.05 | \$45.39 |
| 72265 | Myelography L-S Spine | \$61.42 | \$61.75 | \$44.46 |
| 72270 | Myelography Two or More Spine Regions | \$72.58 | \$73.40 | \$52.84 |
| 72275 | Epidurography Radiological Supervision And Interpretation | \$92.33 | \$93.25 | \$67.14 |
| 72285 | Diskography Cerv/Thor Spine | \$63.15 | \$63.47 | \$45.70 |
| 72295 | X-Ray Of Lower Spine Disk | \$65.72 | \$65.63 | \$47.25 |
| 73000 | Radiologic Examination Clavicle Complete | \$23.22 | \$23.77 | \$17.11 |
| 73010 | Radiologic Examination Scapula Complete | \$25.36 | \$25.93 | \$18.67 |
| 73020 | Radiologic Examination Shoulder One View | \$18.06 | \$18.16 | \$13.07 |
| 73030 | Radiologic Examination Shoulder Complete Minimum Of Two Views | \$23.65 | \$24.21 | \$17.43 |
| 73040 | Radiologic Examination Shoulder Arthrography Radiological Supervision And Interpretation | \$87.61 | \$89.80 | \$64.65 |
| 73050 | Radiologic Examination Acromioclavicular Joints Bilateral | \$30.08 | \$30.68 | \$22.09 |
| 73060 | Radiologic Examination Humerus Minimum Of Two Views | \$24.93 | \$25.07 | \$18.05 |
| 73070 | Radiologic Examination Elbow Anteroposterior And Lateral | \$23.22 | \$23.35 | \$16.81 |
| 73080 | Radiologic Examination Elbow Complete Minimum Of Three Views | \$27.08 | \$27.66 | \$19.91 |
| 73085 | Radiologic Examination Elbow Arthrography Radiological Supervision And Interpretation | \$80.75 | \$81.60 | \$58.75 |
| 73090 | Radiologic Examination Forearm Anteroposterior And Lateral | \$21.07 | \$21.18 | \$15.25 |
| 73092 | X-Ray Exam Of Arm Infant | \$23.65 | \$23.35 | \$16.81 |
| 73100 | Radiologic Examination Wrist Anteroposterior And Lateral | \$24.93 | \$27.66 | \$19.91 |
| 73110 | Radiologic Examination Wrist Complete Minimum Of Three Views | \$32.23 | \$31.97 | \$23.02 |
| 73115 | Radiologic Examination Wrist Arthrography Radiological Supervision And Interpretation | \$94.06 | \$95.41 | \$68.69 |
| 73120 | Radiologic Examination Hand Two Views | \$21.50 | \$24.21 | \$17.43 |

Medicaid Fee Schedule for the Technical Component of Hospital Outpatient Radiology Procedures

| Procedure Code | Procedure Description | Rate Effective for | Rate Effective for | Rate Effective for |
|----------------|--|-------------------------|-------------------------|-------------------------|
| | | Dates of Service | Dates of Service | Dates of Service |
| | | Beginning 01/01/2017 | Beginning 01/01/2018 | Beginning 01/01/2019 |
| 73130 | Radiologic Examination Hand Minimum Of Three Views | \$26.65 | \$28.08 | \$20.22 |
| 73140 | Radiologic Examination Finger(S) Minimum Of Two Views | \$29.66 | \$30.68 | \$22.09 |
| 73200 | Ct Upper Extremity W/O Dye | \$134.83 | \$142.45 | \$102.56 |
| 73201 | Computerized Axial Tomography Upper Extremity; With Contrast Material(S) | \$198.38 | \$200.27 | \$144.19 |
| 73202 | Computerized Axial Tomography Upper Extremity;W/outcontrast Folw'D By Contrast Material(S) . . . Etc. | \$261.06 | \$264.15 | \$190.18 |
| 73206 | Ct Angio Upr Extrm W/O&W/Dye | \$288.15 | \$290.51 | \$209.16 |
| 73218 | Mri Upper Extremity Other Than Joint W/Out Contrast Material | \$270.55 | \$294.40 | \$211.96 |
| 73219 | Mri Upper Extremity Other Than Joint W/ Contrast Materials | \$387.32 | \$393.22 | \$283.12 |
| 73220 | Magnetic Resonance (Eg Proton) Imaging Upper Extremity Other Than Joint | \$474.03 | \$479.10 | \$344.95 |
| 73221 | Magnetic Resonance (Eg Proton) Imaging Any Joint Of Upper Extremity | \$204.00 | \$206.80 | \$148.89 |
| 73222 | Mri Any Joint Of Upper Extremity W/ Contrast Materials | \$358.55 | \$363.87 | \$261.99 |
| 73223 | Mri Any Joint Of Upper Extremity W/Out Contrast Materials Followed By Cntrst Mtrl & Frthr Sequenc | \$437.55 | \$443.28 | \$319.16 |
| 73225 | Magnetic Resonance Angiography, Upper Extremity, W or W/O Contrast Materials | \$390.32 | \$303.02 | \$218.17 |
| 73501 | Radiologic examination, hip, unilateral, with pelvis when performed; 1 view | \$24.51 | \$25.07 | \$18.05 |
| 73502 | Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views | \$36.52 | \$36.72 | \$26.44 |
| 73503 | Radiologic examination, hip, unilateral, with pelvis; minimum 4 views | \$45.11 | \$45.35 | \$32.65 |
| 73521 | Radiologic Examination Hips Bilateral with Hip two views | \$33.95 | \$31.97 | \$23.02 |
| 73522 | Radiologic Examination Hips Bilateral with Hip 3-4 views | \$40.82 | \$41.03 | \$29.54 |
| 73523 | Radiologic Examination Hips Bilateral with Hip min of 5 views | \$48.97 | \$49.23 | \$35.45 |
| 73525 | Radiologic Examination Hip Arthrography Radiological Supervision And Interpretation | \$88.05 | \$90.23 | \$64.97 |
| 73551 | Radiologic Examination Femur, 1 view | \$23.65 | \$23.77 | \$17.11 |
| 73552 | Radiologic Examination Femur, minimum 2 views | \$27.93 | \$28.52 | \$20.53 |
| 73560 | X-Ray Exam Of Knee 1 Or 2 | \$27.08 | \$27.66 | \$19.91 |
| 73562 | X-Ray Exam Of Knee 3 | \$31.81 | \$31.97 | \$23.02 |
| 73564 | X-Ray Exam Knee 4 Or More | \$34.38 | \$34.56 | \$24.88 |
| 73565 | Radiologic Examination Knee; Both Knees Standing Anteroposterior | \$32.66 | \$32.83 | \$23.64 |
| 73580 | Radiologic Examination Knee Arthrography Radiological Supervision And Interpretation | \$103.50 | \$107.50 | \$77.40 |
| 73590 | Radiologic Examination Tibia And Fibula Anteroposterior And | \$24.51 | \$24.63 | \$17.73 |
| 73592 | X-Ray Exam Of Leg Infant | \$23.65 | \$23.35 | \$16.81 |
| 73600 | Radiologic Examination Ankle Anteroposterior And Lateral | \$25.80 | \$25.93 | \$18.67 |
| 73610 | Radiologic Examination Ankle Complete Minimum Of Three Views | \$27.51 | \$27.66 | \$19.91 |
| 73615 | Radiologic Examination Ankle Arthrography Radiological Supervision And Interpretation | \$92.77 | \$94.98 | \$68.39 |
| 73620 | Radiologic Examination Foot Anteroposterior And Lateral | \$21.93 | \$22.48 | \$16.19 |
| 73630 | Radiologic Examination Foot Complete Minimum Of Three Views | \$24.93 | \$25.50 | \$18.36 |
| 73650 | Radiologic Examination Calcaneus Minimum Of Two Views | \$22.78 | \$23.35 | \$16.81 |
| 73660 | Radiologic Examination; Toe(S) Minimum Of Two Views | \$25.80 | \$26.36 | \$18.98 |
| 73700 | Ct Lower Extremity W/O Dye | \$134.83 | \$142.45 | \$102.56 |
| 73701 | Computerized Axial Tomography Lower Extremity; With Contrast Material(S) | \$202.67 | \$204.16 | \$146.99 |
| 73702 | Computerized Axial Tomography Lower Extremity;W/out contrast Folw'D By Contrast Material(S) . . . Etc. | \$257.20 | \$260.26 | \$187.38 |
| 73706 | Ct Angio Lwr Extr W/O&W/Dye | \$315.22 | \$303.07 | \$218.21 |
| 73718 | Mri Lower Extremity Other Than Joint W/Out Contrast Materials | \$270.55 | \$292.20 | \$210.38 |
| 73719 | Mri Lower Extremity Other Than Joint;W/ Contrastmaterials | \$317.33 | \$303.02 | \$218.17 |
| 73720 | Magnetic Resonance (Eg Proton) Imaging Lower Extremity Other Than Joint | \$477.05 | \$388.47 | \$279.70 |
| 73721 | Magnetic Resonance (Eg Proton) Imaging Any Joint Of Lower Extremity | \$204.00 | \$206.80 | \$148.89 |
| 73722 | Mri Lower Extremity Any Joint Of Lower Extremityw/ Contrast Materials | \$362.41 | \$366.90 | \$264.16 |
| 73723 | Mri Lower Extremity Any Joint Lower Extremity W/Out Cntrst Mtrls Filwed Cntrst Mtrl & Frthr Sequen | \$438.41 | \$442.85 | \$318.85 |
| 73725 | Magnetic Resonance Angiography Lower Extremity With Or Without Contrast Material(S) | \$376.16 | \$379.85 | \$273.49 |
| 74018 | X-ray Exam Abdomen 1 View | \$0.00 | \$22.05 | \$15.87 |
| 74019 | X-ray Exam Abdomen 2 Views | \$0.00 | \$26.36 | \$18.98 |
| 74021 | X-ray Exam Abdomen 3+ Views | \$0.00 | \$30.68 | \$22.09 |
| 74022 | X-Ray Exam Series Abdomen | \$34.38 | \$34.56 | \$24.88 |
| 74150 | Ct Abdomen W/O Dye | \$108.65 | \$109.65 | \$78.94 |
| 74160 | Computerized Axial Tomography Abdomen; With Contrast Material(S) | \$201.81 | \$203.73 | \$146.69 |
| 74170 | Ct Abdomen W/O & W/Dye | \$232.30 | \$234.37 | \$168.75 |
| 74174 | CT Angio ABD & Pelv W/O & W/ Dye | \$317.33 | \$303.02 | \$218.17 |
| 74175 | Ct Angio Abdom W/O & W/Dye | \$261.52 | \$264.18 | \$190.21 |
| 74176 | Ct Abd & Pelvis W/O Contrast | \$136.98 | \$138.13 | \$99.45 |
| 74177 | Ct Abdomen&Pelvis W/Contrast | \$265.78 | \$268.46 | \$193.29 |
| 74178 | Ct Abd&Pelv 1+ Section/Regns | \$305.32 | \$303.02 | \$218.17 |
| 74181 | Magnetic Resonance (Eg Proton) Imaging Abdomen | \$270.55 | \$255.51 | \$183.96 |
| 74182 | Mri Abdomen; W/ Contrast Materials | \$444.41 | \$361.72 | \$260.44 |
| 74183 | Mri Abdomen W/O & W/Dye | \$475.32 | \$387.17 | \$278.76 |
| 74185 | Mri Angio Abdom W Orw/O Dye | \$379.16 | \$383.30 | \$275.97 |
| 74190 | Peritoneogram (Eg After Injection Of Air Or Contrast) Radiological Supervision And Interpretation | \$71.53 | \$71.90 | \$51.76 |
| 74210 | Radiologic Examination Pharynx And/Or Cervical Esophagus | \$71.73 | \$72.97 | \$52.54 |
| 74220 | Contrast X-Ray Esophagus | \$78.60 | \$79.45 | \$57.20 |
| 74230 | Cine/Vid X-Ray Throat/Esoph | \$122.38 | \$124.76 | \$89.82 |
| 74235 | Removal Of Foreign Body(S) Esophageal W/Use Of Balloon Catheter Radiological Supv. & Interpretation | \$132.66 | \$133.32 | \$95.99 |
| 74240 | X-Ray Upper GI Delay W/O KUB | \$94.06 | \$94.98 | \$68.39 |
| 74241 | X-Ray Upper GI Delay W/ KUB | \$100.06 | \$100.58 | \$72.42 |
| 74245 | X-Ray Upper GI & Small Intest | \$151.58 | \$142.45 | \$102.56 |
| 74246 | Radiological Examination Gastrointestinal Tract Upper Air Contrast With Specific High Density Ba | \$111.22 | \$111.81 | \$80.50 |
| 74247 | Radiological Examination Gastrointestinal Tract Upper Air Contrast With Specific High Density Ba | \$128.83 | \$129.93 | \$93.55 |
| 74249 | Radiological Examination Gastrointestinal Tract Upper Air Contrast With Specific High Density Ba | \$166.61 | \$167.48 | \$120.59 |
| 74250 | Radiologic Examination Small Bowel Includes Multiple Serial Films | \$96.63 | \$97.13 | \$69.93 |
| 74251 | Radiologic Examination Small Bowel Includes Multiple Serial Films; Via Enteroclysis Tube | \$135.27 | \$142.88 | \$102.87 |
| 74260 | Duodenography Hypotonic | \$135.27 | \$142.45 | \$102.56 |
| 74261 | Ct Colonography Dx | \$134.83 | \$142.45 | \$102.56 |

Medicaid Fee Schedule for the Technical Component of Hospital Outpatient Radiology Procedures

| Procedure Code | Procedure Description | Rate Effective for | Rate Effective for | Rate Effective for |
|----------------|--|--------------------|--------------------|--------------------|
| | | Dates of Service | Dates of Service | Dates of Service |
| | | Beginning | Beginning | Beginning |
| | | 01/01/2017 | 01/01/2018 | 01/01/2019 |
| 74262 | Ct Colonography Dx W/Dye | \$316.87 | \$302.98 | \$218.15 |
| 74270 | Contrast X-Ray Exam Of Colon | \$134.83 | \$140.72 | \$101.32 |
| 74280 | Radiologic Examination Colon Air Contrast With Specific High Density Barium | \$134.83 | \$198.98 | \$143.27 |
| 74283 | Ther nma rdctj intus/obstrcj | \$127.11 | \$129.93 | \$93.55 |
| 74290 | Contrast X-Ray, Gallbladder | \$65.28 | \$65.20 | \$46.94 |
| 74300 | Cholangiography And/Or Pancreatography; Intraoperative Radiological Supervision And Interpretation | \$42.35 | \$42.56 | \$30.64 |
| 74301 | Cholangiography &/Or Pancreatography;..... Radiological Supervision & Interpretation(List Separ... | \$52.62 | \$52.88 | \$38.07 |
| 74328 | Endoscopic Catheterization Of The Biliary Ductal System Radiological Supervision & Interpretation | \$156.95 | \$157.73 | \$113.57 |
| 74329 | Endoscopic Catheterization Of The Pancreatic Ductal System Radiological Supervision & Interpretation | \$156.95 | \$157.73 | \$113.57 |
| 74330 | Comb. Endoscopic Catheterization Of The Biliary & Pancreatic Ductal Systems Radio Supv. & Interp. | \$172.63 | \$173.50 | \$124.92 |
| 74340 | Introduction Of Long Gastrointestinal Tube(Eg Miller-Abbott) Inc Multiple Fluoroscopies & Films ... | \$143.61 | \$144.32 | \$103.91 |
| 74355 | X-Ray Guide Intestinal Tube | \$143.61 | \$144.32 | \$103.91 |
| 74360 | X-Ray Guide Gi Dilation | \$172.63 | \$173.50 | \$124.92 |
| 74363 | X-Ray Bile Duct Dilation | \$143.61 | \$144.32 | \$103.91 |
| 74400 | Contrst X-Ray, Urinary Tract | \$103.50 | \$103.61 | \$74.60 |
| 74410 | Contrst X-Ray, Urinary Tract | \$101.78 | \$105.33 | \$75.84 |
| 74415 | Contrst X-Ray, Urinary Tract | \$135.27 | \$135.97 | \$97.90 |
| 74420 | Contrst X-Ray, Urinary Tract | \$143.61 | \$144.32 | \$103.91 |
| 74425 | Contrst X-Ray, Urinary Tract | \$71.53 | \$71.90 | \$51.76 |
| 74430 | Contrast X-Ray, Bladder | \$26.22 | \$26.80 | \$19.29 |
| 74440 | X-Ray Male Genital Tract | \$75.60 | \$75.56 | \$54.40 |
| 74445 | Corpora Cavernosography Radiological Supervision And Interpretation | \$61.68 | \$62.00 | \$44.64 |
| 74450 | X-Ray, Urethra/Bladder | \$79.83 | \$80.23 | \$57.77 |
| 74455 | X-Ray, Urethra/Bladder | \$79.03 | \$80.31 | \$57.82 |
| 74470 | Radiologic Exam Renal Cyst Study Translumbar Contrast Visualization Rad Supv & Interpretation | \$68.43 | \$68.77 | \$49.51 |
| 74485 | X-Ray Guide, Gu Dilation | \$79.46 | \$81.17 | \$58.44 |
| 74710 | Pelvimetry With Or Without Placental Localization | \$23.65 | \$23.35 | \$16.81 |
| 74712 | MRI Fetal SNGL/1st Gestation | \$0.00 | \$142.45 | \$102.56 |
| 74713 | MRI Fetal EA Addl Gestation | \$0.00 | \$176.97 | \$127.42 |
| 74740 | X-Ray, Female Genital Tract | \$67.43 | \$67.80 | \$48.81 |
| 74742 | X-Ray Fallopian Tube | \$70.50 | \$70.85 | \$51.01 |
| 74775 | Perineogram (Eg Vaginogram For Sex Determination Or Extent Of Anomalies) | \$79.83 | \$80.23 | \$57.77 |
| 75557 | Cardiac Mri For Morph | \$246.46 | \$260.70 | \$187.70 |
| 75559 | Cardiac Mri W Stress Img | \$270.51 | \$294.40 | \$211.96 |
| 75561 | Cardiac Mri For Morph W Dye | \$358.55 | \$373.80 | \$269.13 |
| 75563 | Card Mri W Stress Img & Dye | \$434.55 | \$451.05 | \$324.75 |
| 75565 | Card Mri Veloc Flow Mapping | \$51.51 | \$51.78 | \$37.28 |
| 75571 | Ct Hrt W/O Dye W/ Ca Test | \$71.73 | \$74.70 | \$53.78 |
| 75572 | Ct Hrt W/ 3D Image | \$237.91 | \$242.18 | \$174.37 |
| 75573 | Ct Hrt W/ 3D Image Congen | \$316.91 | \$303.02 | \$218.17 |
| 75574 | Ct Angio Hrt W/ 3D Image | \$317.37 | \$303.02 | \$218.17 |
| 75600 | Aortography Thoracic Without Serialography Radiological Supervision And Interpretation | \$209.97 | \$214.95 | \$154.76 |
| 75605 | Aortography Thoracic By Serialography Radiological Supervision And Interpretation | \$99.21 | \$100.16 | \$72.11 |
| 75625 | Aortography Abdominal By Serialography Radiological Supervision And Interpretation | \$98.35 | \$98.86 | \$71.18 |
| 75630 | X-Ray Aorta, Leg Arteries | \$99.21 | \$100.16 | \$72.11 |
| 75635 | Ct Angio Abdominal Arteries | \$316.95 | \$303.02 | \$218.17 |
| 75658 | Artery X-Rays, Arm | \$125.86 | \$0.00 | \$0.00 |
| 75705 | Artery X-Rays, Spine | \$159.77 | \$167.95 | \$120.92 |
| 75710 | Artery X-Rays, Arm/Leg | \$128.01 | \$104.47 | \$75.22 |
| 75716 | Artery X-Rays, Arms/Legs | \$148.22 | \$120.43 | \$86.71 |
| 75726 | Artery X-Rays, Abdomen | \$113.37 | \$114.40 | \$82.36 |
| 75731 | Artery X-Rays Adrenal Gland | \$138.31 | \$139.90 | \$100.72 |
| 75733 | Artery X-Rays Adrenals | \$147.80 | \$147.71 | \$106.35 |
| 75736 | Artery X-Rays, Pelvis | \$126.72 | \$127.82 | \$92.03 |
| 75741 | Artery X-Rays, Lung | \$105.22 | \$105.77 | \$76.15 |
| 75743 | Artery X-Rays, Lungs | \$106.51 | \$107.06 | \$77.08 |
| 75746 | Artery X-Rays Lung | \$117.23 | \$117.03 | \$84.26 |
| 75756 | Artery X-Rays, Chest | \$136.60 | \$140.76 | \$101.34 |
| 75774 | Artery X-Ray, Each Vessel | \$83.32 | \$84.62 | \$60.93 |
| 75801 | Lymph Vessel X-Ray Arm/Leg | \$296.56 | \$298.05 | \$214.59 |
| 75803 | Lymph Vessel X-Ray Arms/Legs | \$296.56 | \$298.05 | \$214.59 |
| 75805 | Lymph Vessel X-Ray Trunk | \$334.38 | \$336.06 | \$241.96 |
| 75807 | Lymph Vessel X-Ray Trunk | \$501.62 | \$504.13 | \$362.97 |
| 75809 | Nonvascular Shunt, X-Ray | \$90.62 | \$91.52 | \$65.89 |
| 75810 | Vein X-Ray Spleen/Liver | \$689.05 | \$692.50 | \$498.60 |
| 75820 | Vein X-Ray, Arm/Leg | \$97.48 | \$98.43 | \$70.87 |
| 75822 | Vein X-Ray, Arms/Legs | \$102.21 | \$101.88 | \$73.35 |
| 75825 | Vein X-Ray, Trunk | \$95.77 | \$95.85 | \$69.01 |
| 75827 | Vein X-Ray, Chest | \$99.21 | \$100.58 | \$72.42 |
| 75831 | Vein X-Ray Kidney | \$102.65 | \$103.61 | \$74.60 |
| 75833 | Vein X-Ray, Kidneys | \$111.70 | \$113.57 | \$81.77 |
| 75840 | Vein X-Ray Adrenal Gland | \$110.80 | \$110.95 | \$79.88 |
| 75842 | Vein X-Ray Adrenal Glands | \$128.43 | \$125.23 | \$90.17 |
| 75860 | Vein X-Ray, Neck | \$106.07 | \$107.50 | \$77.40 |
| 75870 | Vein X-Ray, Skull | \$110.80 | \$110.95 | \$79.88 |
| 75872 | Vein X-Ray Skull Epidural | \$118.96 | \$110.95 | \$79.88 |
| 75880 | Vein X-Ray Eye Socket | \$134.41 | \$110.51 | \$79.56 |
| 75885 | Vein X-Ray, Liver W/ Hemodynamic | \$106.51 | \$107.50 | \$77.40 |

Medicaid Fee Schedule for the Technical Component of Hospital Outpatient Radiology Procedures

| Procedure Code | Procedure Description | Rate Effective for | Rate Effective for | Rate Effective for |
|----------------|---|-------------------------|-------------------------|-------------------------------|
| | | Dates of Service | Dates of Service | Dates of Service |
| | | Beginning 01/01/2017 | Beginning 01/01/2018 | Beginning 01/01/2019 |
| 75887 | Vein X-Ray, Liver W/O Hemodynamic | \$107.80 | \$107.92 | \$77.70 |
| 75889 | Vein X-Ray, Liver W/ Hemodynamic | \$107.36 | \$108.36 | \$78.02 |
| 75891 | Vein X-Ray, Liver | \$108.22 | \$108.78 | \$78.32 |
| 75893 | Venous Sampling Thru Catheter W/ Or W/O Angiogr(Eg For Parathyroid Hormone Renin) Rad Supv & Int | \$111.22 | \$113.53 | \$81.74 |
| 75894 | X-Rays, Transcath Therapy | \$1,320.51 | \$1,327.11 | \$955.52 |
| 75898 | Angiogram Thru Existing Catheter Follow-Up Study Transcatheter Therapy Embolization Or Infusion | \$57.55 | \$57.83 | \$41.64 |
| 75901 | Remove Cva Device Obstruct | \$185.93 | \$189.92 | \$136.74 |
| 75902 | Remove Cva Lumen Obstruct | \$64.43 | \$64.77 | \$46.63 |
| 75970 | Transcatheter Biopsy Radiological Supervision And Interpretation | \$630.96 | \$634.11 | \$456.56 |
| 75984 | Xray Control Catheter Change | \$85.90 | \$86.78 | \$62.48 |
| 75989 | Abscess Drainage Under X-Ray | \$75.60 | \$76.86 | \$55.34 |
| 76000 | Fluoroscopy(sep Proc) Up to 1 Hr Physician Time Other Than 71023/71034 (eg Cardiac Fluoroscopy) | \$46.83 | \$47.51 | \$34.20 |
| 76001 | Fluoroscope Exam, Extensive | \$143.61 | \$144.32 | Removed with 2019 HCPC Update |
| 76010 | X-Ray, Nose To Rectum | \$20.65 | \$20.76 | \$14.94 |
| 76080 | Radiologic Examination Abscess Fistula Or Sinus Tract Study Radiological Supervision & Interpreta | \$34.81 | \$35.00 | \$25.20 |
| 76098 | X-Ray Exam, Breast Specimen | \$10.33 | \$10.82 | \$7.79 |
| 76100 | Radiologic Examination Single Plane Body Section (Eg Tomography) Other Than With Urography | \$72.58 | \$72.97 | \$52.54 |
| 76101 | Radiologic Examination Complex Motion (Ie Hypercycloidal) Body Section (Eg Mastoid Polytomography | \$116.81 | \$94.98 | \$68.39 |
| 76102 | Radiologic Examination Complex Motion (Ie Hypercycloidal) Body Section (Eg Mastoid Polytomography | \$134.87 | \$142.50 | \$102.60 |
| 76120 | Cineradiography/Videoradiography Except Where Specifically Included | \$71.73 | \$91.10 | \$65.59 |
| 76125 | Cineradiography/Videoradiography To Complement Routine Exam | \$44.46 | \$44.68 | \$32.17 |
| 76376 | 3D Render Wo Postprocess | \$16.35 | \$16.43 | \$11.83 |
| 76377 | 3D Rendering W Postprocess | \$37.81 | \$38.01 | \$27.36 |
| 76380 | Cat Scan Follow-Up Study | \$71.73 | \$74.70 | \$53.78 |
| 76506 | Echo Exam Of Head | \$104.78 | \$104.91 | \$75.53 |
| 76510 | Ophth Us, B & Quant A | \$97.92 | \$79.87 | \$57.51 |
| 76511 | Ophth Us, Quant A Only | \$58.85 | \$47.95 | \$34.52 |
| 76512 | Ophth Us, B W Non-Quant A | \$48.12 | \$39.31 | \$28.30 |
| 76513 | Echo Exam Of Eye Water Bath | \$72.16 | \$73.40 | \$52.84 |
| 76514 | Echo Exam Of Eye, Thickness | \$6.47 | \$6.95 | \$5.00 |
| 76516 | Ophthalmic Biometry By Ultrasound Echography A-Scan | \$57.56 | \$47.07 | \$33.89 |
| 76519 | Echo Exam Of Eye | \$64.43 | \$52.68 | \$37.93 |
| 76529 | Ophthalmic Ultrasonic Foreign Body Localization | \$56.71 | \$57.87 | \$41.67 |
| 76536 | Us Exam Of Head & Neck | \$107.80 | \$108.78 | \$78.32 |
| 76604 | Us Exam, Chest | \$74.73 | \$76.42 | \$55.02 |
| 76641 | Us Breast, Complete | \$86.32 | \$87.21 | \$62.79 |
| 76642 | Us Breast, limited | \$66.15 | \$66.50 | \$47.88 |
| 76700 | Us Exam, Abdom, Complete | \$100.06 | \$101.02 | \$72.73 |
| 76705 | Ultrasound Abdominal B-Scan &/Or Real Time W/ Image Documentation Limited | \$75.60 | \$76.42 | \$55.02 |
| 76706 | US Abdl Aorta Screen AAA | \$80.32 | \$82.03 | \$59.06 |
| 76770 | Us Exam Abdo Back Wall, Comp | \$93.20 | \$94.12 | \$67.77 |
| 76775 | Us Exam Abdo Back Wall, Lim | \$36.10 | \$35.86 | \$25.82 |
| 76776 | Us Exam K Transpl W Doppler | \$145.15 | \$146.33 | \$105.36 |
| 76800 | Us Exam, Spinal Canal | \$71.73 | \$105.77 | \$76.15 |
| 76801 | Ob Us < 14 Wks, Single Fetus | \$89.76 | \$90.66 | \$65.27 |
| 76802 | Ob Us < 14 Wks, Addl Fetus | \$27.05 | \$27.62 | \$19.89 |
| 76805 | Ob Us >= 14 Wks, Sngl Fetus | \$112.51 | \$113.11 | \$81.44 |
| 76810 | Ob Us >= 14 Wks, Addl Fetus | \$52.80 | \$53.07 | \$38.21 |
| 76811 | Ob Us, Detailed, Sngl Fetus | \$104.40 | \$104.95 | \$75.56 |
| 76812 | Ob Us, Detailed, Addl Fetus | \$138.27 | \$138.56 | \$99.76 |
| 76813 | Ob Us Nuchal Meas, 1 Gest | \$74.73 | \$75.56 | \$54.40 |
| 76814 | Ob Us Nuchal Meas, Add-On | \$36.52 | \$36.28 | \$26.12 |
| 76815 | Ob Us, Limited, Fetus(S) | \$63.57 | \$63.91 | \$46.01 |
| 76816 | Ob Us, Follow-Up, Per Fetus | \$88.05 | \$88.51 | \$63.72 |
| 76817 | Transvaginal Us, Obstetric | \$72.58 | \$72.97 | \$52.54 |
| 76818 | Fetal Biophysical Profile; W/ Non-Stress Testing | \$84.65 | \$85.10 | \$61.27 |
| 76819 | Fetal Biophysical Profile; W/O Non-Stress Testing | \$62.28 | \$62.18 | \$44.77 |
| 76820 | Umbilical Artery Echo | \$27.51 | \$27.66 | \$19.91 |
| 76821 | Middle Cerebral Artery Echo | \$69.58 | \$70.38 | \$50.67 |
| 76825 | Echocardiography Fetal Cardiovas System Real Time W/Image Doc.(2D) W/ Or W/O M-Mode Recording | \$237.48 | \$239.16 | \$172.19 |
| 76826 | Echocardiography Fetal Cardiovascular System Etc. Follow-Up Or Repeat Study | \$149.43 | \$151.08 | \$108.78 |
| 76827 | Doppler Echocardiography Fetal Cardiovascular System Pulsed Wave &/Or Continuous Etc. Complete | \$57.13 | \$57.43 | \$41.35 |
| 76828 | Doppler Echocardiography Fetal Cardiovascular System Etc. Follow-Up Or Repeat Study | \$30.95 | \$30.68 | \$22.09 |
| 76830 | Transvaginal Us, Non-Ob | \$106.93 | \$107.50 | \$77.40 |
| 76831 | Echo Exam, Uterus | \$101.35 | \$101.88 | \$73.35 |
| 76856 | Us Exam, Pelvic, Complete | \$92.33 | \$93.25 | \$67.14 |
| 76857 | Us Exam, Pelvic, Limited | \$28.37 | \$28.95 | \$20.84 |
| 76870 | Us Exam, Scrotum | \$43.82 | \$44.06 | \$31.72 |
| 76872 | Us, Transrectal | \$75.16 | \$77.28 | \$55.64 |
| 76873 | Echograp Trans R, Pros Study | \$113.37 | \$116.98 | \$84.23 |
| 76881 | Us Xtr Non-Vasc Complete | \$105.65 | \$85.92 | \$61.86 |
| 76882 | Us Xtr Non-Vasc Lmtd | \$13.77 | \$40.61 | \$29.24 |
| 76885 | Us Exam Infant Hips, Dynamic | \$71.73 | \$74.70 | \$53.78 |
| 76886 | Us Exam Infant Hips, Static | \$71.73 | \$74.70 | \$53.78 |
| 76930 | Ultrasonic Guidance for pericardiocentesis, imaging supervision and interpretation | \$62.37 | \$0.00 | \$0.00 |
| 76932 | Ultrasonic Guidance For Endomyocardial Biopsy Radiological Supervision And Interpretation | \$83.97 | \$84.40 | \$60.76 |
| 76936 | Ultrasound Guided Compression Repair Of Arterial Pseudo-Aneurysm Or Arteriovenous Fistulae | \$212.58 | \$214.12 | \$154.17 |

Medicaid Fee Schedule for the Technical Component of Hospital Outpatient Radiology Procedures

| Procedure Code | Procedure Description | Rate Effective for | Rate Effective for | Rate Effective for |
|----------------|--|--------------------|--------------------|-------------------------------|
| | | Dates of Service | Dates of Service | Dates of Service |
| | | Beginning | Beginning | Beginning |
| | | 01/01/2017 | 01/01/2018 | 01/01/2019 |
| 76937 | Us Guide, Vascular Access | \$20.61 | \$20.71 | \$14.91 |
| 76940 | Us Guide, Tissue Ablation | \$93.70 | \$94.16 | \$67.79 |
| 76941 | Ultrasoundic Guidnc For Intrauterine Fetal Transfusion Or Cordocentesis Radiolog Suprvn & Interpreta | \$83.47 | \$83.88 | \$60.39 |
| 76942 | Ultrasoundic Guidance For Needle Biopsy Radiological Supervision And Interpretation | \$33.95 | \$33.70 | \$24.26 |
| 76945 | Echo Guide, Villus Sampling | \$83.47 | \$83.88 | \$60.39 |
| 76946 | Echo Guide For Amniocentesis | \$15.92 | \$16.01 | \$11.52 |
| 76948 | Echo Guide Ova Aspiration | \$45.97 | \$44.92 | \$32.34 |
| 76965 | Ultrasoundic Guidance For Interstitial Radioelement Application | \$29.22 | \$29.82 | \$21.47 |
| 76975 | Gastrointestinal Endoscopic Ultrasound Radiological Supervision And Interpretation | \$83.97 | \$84.40 | \$60.76 |
| 76977 | Ultrasound Bone Density Measurement And Interpretation Peripheral Site(S) Any Method | \$5.61 | \$5.65 | \$4.06 |
| 76998 | Us Guide, Intraop | \$93.70 | \$94.16 | \$67.79 |
| 77001 | Fluoroguide For Vein Device | \$79.03 | \$79.87 | \$57.51 |
| 77002 | Needle Localization By Xray | \$78.60 | \$80.73 | \$58.13 |
| 77003 | Fluoroguide For Spine Inject | \$77.73 | \$78.58 | \$56.58 |
| 77011 | Ct Scan For Localization | \$194.95 | \$199.85 | \$143.89 |
| 77012 | Ct Scan For Needle Biopsy | \$80.75 | \$82.03 | \$59.06 |
| 77013 | Ct Guide For Tissue Ablation | \$260.91 | \$262.21 | \$188.79 |
| 77014 | Ct Scan For Therapy Guide | \$90.18 | \$92.38 | \$66.51 |
| 77021 | Mr Guidance ndl plmt rs&i | \$394.15 | \$387.13 | \$278.73 |
| 77022 | Mri gdn parnchyma tiss abltj | \$322.81 | \$324.42 | \$233.58 |
| 77053 | X-Ray Of Mammary Duct | \$48.97 | \$49.23 | \$35.45 |
| 77054 | X-Ray Of Mammary Ducts | \$66.15 | \$65.20 | \$46.94 |
| 77058 | Mri, One Breast | \$510.57 | \$547.32 | Removed with 2019 HCPC Update |
| 77059 | Mri, Both Breasts | \$510.57 | \$547.32 | Removed with 2019 HCPC Update |
| 77063 | Screening, digital breast tomosynthesis, bilateral | \$30.48 | \$30.63 | \$22.05 |
| 77065 | DX Mammo Incl CAD Uni | \$65.00 | \$115.26 | \$82.98 |
| 77066 | DX Mammo Inc CAD Bi | \$85.51 | \$147.20 | \$105.98 |
| 77067 | Scr Mammo Bi Incl CAD | \$56.02 | \$121.73 | \$87.65 |
| 77072 | X-Rays For Bone Age | \$16.35 | \$16.43 | \$11.83 |
| 77073 | X-Rays, Bone Length Studies | \$25.80 | \$26.36 | \$18.98 |
| 77074 | X-Rays, Bone Survey, Limited | \$50.26 | \$50.53 | \$36.38 |
| 77075 | X-Rays, Bone Survey Complete | \$72.58 | \$73.40 | \$52.84 |
| 77076 | X-Rays, Bone Survey, Infant | \$74.31 | \$73.83 | \$53.16 |
| 77077 | Joint Survey, Single View | \$25.36 | \$25.50 | \$18.36 |
| 77078 | Ct Bone Density, Axial | \$71.73 | \$74.70 | \$53.78 |
| 77080 | Dxa Bone Density, Axial | \$37.38 | \$38.88 | \$27.99 |
| 77081 | Dxa Bone Density/Peripheral | \$20.65 | \$21.18 | \$15.25 |
| 77084 | Magnetic Image Bone Marrow | \$374.43 | \$294.40 | \$211.96 |
| 77085 | Dxa Axial Skeleton, including vertebral fx assess | \$48.97 | \$50.96 | \$36.69 |
| 77086 | Dxa Vertebral fx assess | \$32.23 | \$33.70 | \$24.26 |
| 77280 | Therapeutic Radiology Simulation-Aided Field Setting Simple | \$289.40 | \$299.53 | \$215.66 |
| 77285 | Therapeutic Radiology Simulation-Aided Field Setting Intermediate | \$464.98 | \$493.72 | \$355.48 |
| 77290 | Therapeutic Radiology Simulation-Aided Field Setting Complex | \$529.81 | \$545.56 | \$392.80 |
| 77293 | Respiratory motion management simulation | \$441.41 | \$453.63 | \$326.61 |
| 77295 | Set Radiation Therapy Field | \$327.75 | \$336.38 | \$242.19 |
| 77300 | Basic Radiation Dosimetry Calculation Central Axis Depth Dose Tdf Nsd Gap Calculation Off Axis Etc. | \$41.67 | \$42.76 | \$30.78 |
| 77301 | Radiotherapy Dose Plan, Imrt | \$1,877.43 | \$1,928.77 | \$1,388.71 |
| 77306 | Teletx Isodose Plan, Simple | \$93.66 | \$96.32 | \$69.35 |
| 77307 | Teletx Isodose Plan, complex | \$169.26 | \$174.03 | \$125.30 |
| 77316 | Brachytx Isodose Calc Simp | \$141.35 | \$144.70 | \$104.18 |
| 77317 | Brachytherapy Isodose Calculation;Intermediate(Multiplane Dosage Calc. Appl. Involving 5-10 ... | \$183.90 | \$189.18 | \$136.21 |
| 77318 | Brachytherapy Isodose Calculation;Complex(Multiplane Isodose Plan Volume Implant Calc. Over 10 | \$249.65 | \$257.02 | \$185.05 |
| 77321 | Special Teletx Port Plan | \$53.27 | \$54.85 | \$39.49 |
| 77331 | Special Dosimetry (Eg Tld Microdosimetry)(Specify) Only When Prescribed By The Treating Physician | \$23.22 | \$23.77 | \$17.11 |
| 77332 | Treatment Devices Design And Construction Simple (Simple Block Simple Bolus) | \$53.27 | \$43.20 | \$31.10 |
| 77333 | Radiation Treatment Aid(S) | \$70.45 | \$72.53 | \$52.22 |
| 77334 | Treatment Devices Design And Construction Complex (Irregular Blocks Special Shields Compensators | \$86.76 | \$85.48 | \$61.55 |
| 77336 | Continuing Med Physics Consultation Incl Assessment Of Tx Parameters...Reported Per Week Of Therapy | \$96.85 | \$99.55 | \$71.67 |
| 77338 | Design Mlc Device For Imrt | \$348.40 | \$358.43 | \$258.07 |
| 77370 | Special Medical Radiation Physics Consultation | \$148.98 | \$153.27 | \$110.35 |
| 77371 | Srs, Multisource | \$1,357.98 | \$1,357.98 | \$977.75 |
| 77372 | Srs, Linear Based | \$1,307.86 | \$1,341.48 | \$965.87 |
| 77373 | Sbrt Delivery | \$1,660.05 | \$1,706.31 | \$1,228.54 |
| 77385 | Ntsty modul rad tx dl,smpl | \$474.18 | \$474.18 | \$341.41 |
| 77386 | Ntsty modul rad txlvr, complex | \$474.18 | \$474.18 | \$341.41 |
| 77387 | Guidance for radij tx dlvr | \$64.95 | \$64.95 | \$46.76 |
| 77401 | Radiation Treatment Delivery Superficial And/Or Orthod Voltage | \$30.08 | \$30.08 | \$22.09 |
| 77402 | Radiation Treatment Delivery > 1MeV;simple | \$168.11 | \$168.11 | \$121.04 |
| 77407 | Radiation Treatment Delivery > 1MeV; intermediate | \$305.25 | \$305.25 | \$219.78 |
| 77412 | Radiation Treatment Delivery; complex | \$289.77 | \$289.77 | \$208.63 |
| 77417 | Radiology Port Images(s) | \$13.35 | \$13.35 | \$9.97 |
| 77422 | Neutron Beam Tx Simple | \$40.15 | \$40.15 | \$28.90 |
| 77423 | Neutron Beam Tx Complex | \$78.17 | \$78.17 | \$56.28 |
| 77470 | Special Radiation Treatment | \$47.26 | \$38.45 | \$27.68 |
| 77600 | Hyperthermia Externally Generated Superficial (Ie Heating To A Depth Of 4 Cm Or Less) | \$419.58 | \$443.80 | \$319.53 |
| 77605 | Hyperthermia Externally Generated Deep (Ie Heating To Depths Greater Than 4 Cm) | \$824.43 | \$810.17 | \$583.32 |

Medicaid Fee Schedule for the Technical Component of Hospital Outpatient Radiology Procedures

| Procedure Code | Procedure Description | Rate Effective for | Rate Effective for | Rate Effective for |
|----------------|---|-------------------------|-------------------------|-------------------------------|
| | | Dates of Service | Dates of Service | Dates of Service |
| | | Beginning 01/01/2017 | Beginning 01/01/2018 | Beginning 01/01/2019 |
| 77610 | Hyperthermia Generated By Interstitial Probe(S) 5 Or Fewer Interstitial Applicators | \$962.67 | \$859.37 | \$618.75 |
| 77615 | Hyperthermia Generated By Interstitial Probe(S) More Than 5 Interstitial Applicators | \$1,131.58 | \$1,153.91 | \$838.91 |
| 77620 | Hyperthermia Generated By Intracavitary Probe(S) | \$457.37 | \$475.30 | \$342.21 |
| 77750 | Infusion Or Instillation Of Radioelement Solution | \$138.38 | \$142.15 | \$102.34 |
| 77761 | Intracavitary Radioelement Application Simple | \$235.87 | \$239.72 | \$172.60 |
| 77762 | Intracavitary Radioelement Application Intermediate | \$272.83 | \$275.57 | \$198.41 |
| 77763 | Intracavitary Radioelement Application Complex | \$350.22 | \$364.60 | \$262.51 |
| 77767 | Remote Afterloading High Dose Rate Radionuclide skin surface Brachy | \$207.47 | \$213.31 | \$153.58 |
| 77768 | Lesion diameter over 2.0 cm and 2 or more channels or multiple lesions | \$341.48 | \$350.20 | \$252.14 |
| 77770 | Remote Afterloading High Dose Rate Radionuclide Brachytherapy; 1 Channels | \$268.03 | \$276.78 | \$199.28 |
| 77771 | Remote Afterloading High Dose Rate Radionuclide Brachytherapy; 2-12 | \$488.38 | \$502.61 | \$361.88 |
| 77772 | Remote Afterloading High Dose Rate Radionuclide Brachytherapy; Over 12 Channels | \$772.78 | \$793.68 | \$571.45 |
| 77778 | Interstitial Radioelement Application Complex | \$449.03 | \$461.40 | \$332.20 |
| 77789 | Surface Application Of Radioelement | \$72.58 | \$76.42 | \$55.02 |
| 77790 | Radiation Handling | \$18.06 | \$18.60 | \$13.39 |
| 78012 | Thyroid Uptake Measurement | \$89.37 | \$90.71 | \$65.31 |
| 78013 | Thyroid Imaging w/ Blood Flow | \$217.77 | \$220.65 | \$158.86 |
| 78014 | Thyroid Imaging w/ Blood Flow | \$273.16 | \$275.45 | \$198.32 |
| 78015 | Thyroid Carcinoma Metastases Imaging Limited Area (Eg | \$238.38 | \$241.36 | \$173.78 |
| 78016 | Thyroid Carcinoma Metastases Imaging With Additional Studies (Eg Urinary Recovery) | \$314.83 | \$314.76 | \$226.62 |
| 78018 | Thyroid Met Imaging, Body | \$342.73 | \$345.40 | \$248.68 |
| 78020 | Thyroid Carcinoma Metastases Uptake(List Separately In Addition To Code For Primary Procedure) | \$70.48 | \$71.72 | \$51.64 |
| 78070 | Parathyroid Nuclear Imaging | \$328.96 | \$331.98 | \$239.03 |
| 78071 | Parathyroid Planar w/ and w/out Subtrj | \$377.08 | \$380.36 | \$273.86 |
| 78072 | Parathyroid Planar w/ spect and ct | \$423.88 | \$429.56 | \$309.28 |
| 78075 | Adrenal Imaging Cortex And/Or Medulla | \$512.78 | \$527.12 | \$379.53 |
| 78102 | Bone Marrow Imaging, Ltd | \$181.28 | \$181.81 | \$130.90 |
| 78103 | Bone Marrow Imaging Mult | \$232.37 | \$230.57 | \$166.01 |
| 78104 | Bone Marrow Imaging, Body | \$261.13 | \$265.10 | \$190.87 |
| 78110 | Plasma Volume Single | \$113.45 | \$92.47 | \$66.58 |
| 78111 | Plasma Volume Multiple | \$106.15 | \$86.43 | \$62.23 |
| 78120 | Red Cell Mass Single | \$103.57 | \$84.27 | \$60.67 |
| 78121 | Red Cell Mass Multiple | \$111.30 | \$90.75 | \$65.34 |
| 78122 | Whole Blood Vol Determn Incl Separate measurement/ Plasma Vol/Red Cell Vol(Etc)(Subject To Clia Edit) | \$94.98 | \$94.63 | \$68.13 |
| 78130 | Red Cell Survival Study (Subject To CLIA Editing) | \$173.16 | \$140.85 | \$101.41 |
| 78135 | Red Cell Survival Study; Differential Organ/Tissue Kinetics Eg Splenic &/Or Hepatic Sequestration | \$398.55 | \$328.57 | \$236.57 |
| 78140 | Labeled Red Cell Sequestration Differential Organ/Tissue Eg Splenic And/Or Hepatic | \$136.20 | \$111.03 | \$79.94 |
| 78185 | Spleen Imaging Only With Or Without Vascular Flow | \$240.96 | \$196.05 | \$141.15 |
| 78191 | Platelet Survival Study(Subject To Clia Editing) | \$173.16 | \$140.85 | \$101.41 |
| 78195 | Lymphatics & Lumph Nodes Imaging | \$375.37 | \$378.63 | \$272.61 |
| 78201 | Liver Imaging; Static Only | \$211.33 | \$213.73 | \$153.89 |
| 78202 | Liver Imaging With Vascular Flow | \$222.50 | \$223.66 | \$161.03 |
| 78205 | Liver Imaging (3D) | \$223.78 | \$225.82 | \$162.59 |
| 78206 | Liver Imaging (Spect); With Vascular Flow | \$372.80 | \$378.20 | \$272.30 |
| 78215 | Liver And Spleen Imaging Static Only | \$214.33 | \$216.32 | \$155.75 |
| 78216 | Liver And Spleen Imaging With Vascular Flow | \$125.47 | \$126.13 | \$90.81 |
| 78226 | Hepatobiliary System Imaging | \$371.07 | \$374.32 | \$269.51 |
| 78227 | Hepatobil Syst Image W/ Drug | \$509.35 | \$513.31 | \$369.58 |
| 78230 | Salivary Gland Imaging | \$191.58 | \$192.16 | \$138.35 |
| 78231 | Salivary Gland Imaging With Serial Images | \$129.76 | \$105.85 | \$76.21 |
| 78232 | Salivary Gland Function Study | \$101.42 | \$102.40 | \$73.72 |
| 78261 | Gastric Mucosa Imaging | \$267.15 | \$219.78 | \$158.24 |
| 78262 | Gastroesophageal Reflux Exam | \$264.13 | \$264.66 | \$190.55 |
| 78264 | Gastric Emptying Study | \$374.93 | \$377.77 | \$271.99 |
| 78265 | Gastric Emptying Study with small bowel transit | \$399.02 | \$419.23 | \$301.85 |
| 78266 | Gastric Emptying Study with small bowel and colon transit; multiple days | \$513.65 | \$535.76 | \$385.74 |
| 78267 | Breath tst attain/anal c-14 | \$0.00 | \$13.00 | \$9.95 |
| 78268 | Breath test analysis c-14 | \$0.00 | \$118.00 | \$84.96 |
| 78270 | Vitamin B-12 Absorption Study (Eg Schilling Test)W/Out Intrinsic Factor(Subject To Clia Editing) | \$114.31 | \$116.65 | Removed with 2019 HCPC Update |
| 78271 | Vit B-12 Absrp Exam Int Fac | \$100.13 | \$81.68 | Removed with 2019 HCPC Update |
| 78272 | Vit B-12 Absorp Combined | \$106.58 | \$86.86 | Removed with 2019 HCPC Update |
| 78278 | Acute Gi Blood Loss Imaging | \$377.95 | \$381.65 | \$274.78 |
| 78282 | Gastrointestinal Protein Loss | \$279.23 | \$280.63 | \$202.05 |
| 78290 | Meckels Divert Exam | \$375.80 | \$378.20 | \$272.30 |
| 78291 | Peritoneal-Venous Shunt Patency Test (Eg For Leveen Denver Shunt) | \$268.86 | \$272.00 | \$195.84 |
| 78300 | Bone Imaging, Limited Area | \$189.43 | \$253.83 | \$182.76 |
| 78305 | Bone Imaging, Multiple Areas | \$240.52 | \$305.66 | \$220.07 |
| 78306 | Bone Imaging, Whole Body | \$264.13 | \$331.98 | \$239.03 |
| 78315 | Bone Imaging, 3 Phase | \$373.22 | \$376.91 | \$271.37 |
| 78320 | Bone Imaging (3D) | \$224.65 | \$227.12 | \$163.53 |
| 78414 | Determination Of Central C-V Hemody(Non-Imaging(Eg Ejection Fraction W/Probe Techn.)W/Or W/O.. | \$134.07 | \$134.75 | \$97.02 |
| 78428 | Cardiac Shunt Detection | \$181.28 | \$184.40 | \$132.76 |
| 78445 | Non-Cardiac Vascular Flow Imaging(le Angiography Venography) | \$198.45 | \$205.97 | \$148.30 |
| 78451 | Ht Muscle Image Spect Sing | \$344.03 | \$348.42 | \$250.86 |
| 78452 | Ht Muscle Image Spect Mult | \$495.65 | \$503.00 | \$362.16 |

Medicaid Fee Schedule for the Technical Component of Hospital Outpatient Radiology Procedures

| Procedure Code | Procedure Description | Rate Effective for | Rate Effective for | Rate Effective for |
|----------------|--|--------------------|--------------------|--------------------|
| | | Dates of Service | Dates of Service | Dates of Service |
| | | Beginning | Beginning | Beginning |
| | | 01/01/2017 | 01/01/2018 | 01/01/2019 |
| 78453 | Ht Musc Image Planar Sing | \$320.42 | \$324.26 | \$233.46 |
| 78454 | Ht Musc Image Planar Mult | \$466.42 | \$471.46 | \$339.45 |
| 78456 | Acute Venous Thrombosis Imaging Venogram; Unilateral | \$341.45 | \$332.46 | \$239.37 |
| 78457 | Venous Thrombosis Imaging (Eg Venogram) Unilateral | \$174.83 | \$196.47 | \$141.46 |
| 78458 | Ven Thrombosis Images Bilat | \$201.46 | \$202.95 | \$146.12 |
| 78459 | Myocardial Imaging Positron Emission Tomography (Pet) Metabolic Evaluation | \$1,362.70 | \$1,441.83 | \$1,038.12 |
| 78466 | Myocardial Imaging Infarct Avid Planar; Qualitative Or Quantitative | \$202.32 | \$206.40 | \$148.60 |
| 78468 | Myocardial Imaging Infarct Avid Planar; With Ejection Fraction By First Pass Technique | \$195.87 | \$196.05 | \$141.15 |
| 78469 | Myocardial Imaging Infarct Avid Planar; Tomographic Spect With Or Without Quantification | \$229.80 | \$234.45 | \$168.80 |
| 78472 | Gated Heart, Planar, Single | \$228.07 | \$230.57 | \$166.01 |
| 78473 | Gated Heart, Multiple | \$274.91 | \$278.08 | \$200.22 |
| 78481 | Heart First Pass, Single | \$160.21 | \$162.35 | \$116.89 |
| 78483 | Heart First Pass Multiple | \$216.06 | \$217.62 | \$156.69 |
| 78491 | Heart Image (PET) Single | \$0.00 | \$610.48 | \$439.55 |
| 78492 | Heart Image (PET) Multiple | \$0.00 | \$1,020.23 | \$734.57 |
| 78494 | Heart Image Spect | \$210.05 | \$213.31 | \$153.58 |
| 78496 | Heart First Pass Add-On | \$24.93 | \$25.07 | \$18.05 |
| 78579 | Lung Ventilation Imaging | \$204.42 | \$207.26 | \$149.22 |
| 78580 | Lung perfusion imaging | \$255.55 | \$257.32 | \$185.27 |
| 78582 | Lung Ventilat & Perfus Imaging | \$355.62 | \$358.35 | \$258.01 |
| 78597 | Lung Perfusion Differential | \$210.01 | \$213.31 | \$153.58 |
| 78598 | Lung Perf & Ventilat Differential | \$333.72 | \$335.47 | \$241.54 |
| 78600 | Brain Image < 4 Views | \$205.32 | \$206.40 | \$148.60 |
| 78601 | Brain Image W Flow < 4 Views | \$239.23 | \$240.92 | \$173.46 |
| 78605 | Brain Image 4+ Views | \$219.06 | \$218.92 | \$157.62 |
| 78606 | Brain Image W/Flow 4 + Views | \$376.22 | \$378.63 | \$272.61 |
| 78607 | Brain Imaging (3D) | \$368.93 | \$370.86 | \$267.02 |
| 78608 | Brain Imaging Positron Emission Tomography (PET); Metabolic Evaluation | \$1,580.78 | \$1,650.70 | \$1,188.50 |
| 78609 | Brain Imaging, Positron Emission Tomography (PET); Perfusion Evaluation | \$1,580.78 | \$1,650.70 | \$1,188.50 |
| 78610 | Brain Flow Imaging Only | \$201.46 | \$202.95 | \$146.12 |
| 78630 | Cerebrospinal Fluid Flow Imaging (Not Including Introduction Of Material) | \$384.38 | \$387.26 | \$278.82 |
| 78635 | Cerebrospinal Fluid Flow Imaging (Not Including Introduction Of Material) | \$391.68 | \$391.15 | \$281.62 |
| 78645 | Cerebrospinal Fluid Flow Imaging (Not Including Introduction Of Material) | \$373.65 | \$377.77 | \$271.99 |
| 78647 | Cerebrospinal Fluid Flow Imaging (Not Including Introduction Of Material); Tomographic (Spect) | \$389.11 | \$388.98 | \$280.07 |
| 78650 | Cerebrospinal Fluid Leakage Detection & Localization | \$379.66 | \$313.90 | \$226.00 |
| 78660 | Radiopharmaceutical Dacryocystography | \$193.30 | \$196.05 | \$141.15 |
| 78700 | Kidney Imaging, Morphol | \$188.15 | \$190.87 | \$137.43 |
| 78701 | Kidney Imaging W Flow | \$236.66 | \$242.22 | \$174.40 |
| 78707 | K Flow/Funct Image Wo Drug | \$234.95 | \$237.05 | \$170.67 |
| 78708 | K Flow/Funct Image W Drug | \$147.83 | \$149.05 | \$107.31 |
| 78709 | K Flow/Funct Image, Multiple | \$374.08 | \$379.92 | \$273.54 |
| 78710 | Kidney Imaging (3D) | \$214.77 | \$218.48 | \$157.31 |
| 78725 | Kidney Function Study Non-Imaging Radioisotopic Study | \$111.30 | \$112.76 | \$81.18 |
| 78730 | Urinary Bladder Retention | \$79.46 | \$88.93 | \$64.03 |
| 78740 | Ureteral Reflux Study (Radiopharmaceutical Voiding Cystogram) | \$241.38 | \$242.22 | \$174.40 |
| 78761 | Testicular Imaging W Flow | \$224.21 | \$222.80 | \$160.41 |
| 78800 | Tumor Imaging, Limited Area | \$200.60 | \$202.52 | \$145.81 |
| 78801 | Tumor Imaging, Mult Areas | \$280.88 | \$280.20 | \$201.74 |
| 78802 | Tumor Imaging, Whole Body | \$355.62 | \$358.78 | \$258.32 |
| 78803 | Tumor Imaging (3D) | \$365.50 | \$370.00 | \$266.40 |
| 78804 | Tumor Imaging, Whole Body | \$647.67 | \$654.95 | \$471.56 |
| 78805 | Abscess Imaging, Ltd Area | \$186.00 | \$187.41 | \$134.93 |
| 78806 | Abscess Imaging, Whole Body | \$367.65 | \$371.30 | \$267.33 |
| 78807 | Radiopharmaceutical Localization Of Abscess; Tomographic (Spect) | \$366.35 | \$370.43 | \$266.71 |
| 78811 | Pet Image Ltd Area | \$1,362.70 | \$1,441.83 | \$1,038.12 |
| 78812 | Pet Image, Skull-Thigh | \$1,580.78 | \$1,650.70 | \$1,188.50 |
| 78813 | Pet Image, Full Body | \$1,580.78 | \$1,650.70 | \$1,188.50 |
| 78814 | Pet Image W Ct, Lmtd | \$1,580.78 | \$1,650.70 | \$1,188.50 |
| 78815 | Pet Image W Ct, Skull-Thigh | \$1,580.78 | \$1,650.70 | \$1,188.50 |
| 78816 | Pet Image W Ct, Full Body | \$1,580.78 | \$1,650.70 | \$1,188.50 |
| 79005 | Nuclear Rx, Oral Admin | \$60.17 | \$60.50 | \$43.56 |
| 79101 | Nuclear Rx, Iv Admin | \$58.42 | \$59.60 | \$42.91 |
| 79200 | Nuclear Rx Intracav Admin | \$66.61 | \$62.66 | \$45.11 |
| 79300 | Nuclr Rx Interstit Colloid | \$219.55 | \$220.65 | \$158.86 |
| 79403 | Hematopoietic Nuclear Tx | \$100.57 | \$102.40 | \$73.72 |
| 79440 | Nuclear Rx Intra-Articular | \$61.86 | \$50.53 | \$36.38 |
| 79445 | Nuclear Rx Intra-Arterial | \$74.01 | \$74.38 | \$53.55 |
| 92978 | Intravasc Us, Heart Add-On | \$249.38 | \$250.63 | \$180.45 |
| 92979 | Intravasc Us, Heart Add-On | \$125.98 | \$126.61 | \$91.16 |
| 93303 | TTE for Congenital Cardiac Anomalies; complete | \$209.57 | \$217.58 | \$156.66 |
| 93304 | TTE for Congenital Cardiac Anomalies; follow-up/limited | \$143.86 | \$151.95 | \$109.40 |
| 93306 | TTE w/Doppler; complete | \$199.27 | \$166.66 | \$119.99 |
| 93307 | TTE w/O Doppler; complete | \$102.65 | \$119.15 | \$85.78 |
| 93308 | TTE Follow-up or Limited | \$120.25 | \$98.00 | \$70.56 |
| 93312 | ECG, Transesophageal w/image docum (2D) incl Probe Placement | \$165.36 | \$169.25 | \$121.86 |
| 93314 | ECG, Real Time w/Image Documentation, etc; image acquisition, Interpretation & Report | \$175.66 | \$180.47 | \$129.94 |
| 93315 | Transesophageal ECG for Congenital Cardiac Anomalies, probe placement | \$179.17 | \$180.07 | \$129.65 |
| 93317 | Transesophageal ECG for Congenital Cardiac Anomalies; image acquis, Interpret & Report | \$262.33 | \$263.65 | \$189.82 |

Medicaid Fee Schedule for the Technical Component of Hospital Outpatient Radiology Procedures

| Procedure Code | Procedure Description | Rate Effective for | Rate Effective for | Rate Effective for |
|----------------|--|--------------------|--------------------|--------------------|
| | | Dates of Service | Dates of Service | Dates of Service |
| | | Beginning | Beginning | Beginning |
| | | 01/01/2017 | 01/01/2018 | 01/01/2019 |
| 93318 | ECG (TEE) for Monitor Purposes, Includ Probe, Real Time 2D | \$384.31 | \$386.23 | \$278.09 |
| 93320 | Doppler Echo Exam Heart | \$43.36 | \$44.01 | \$31.68 |
| 93321 | Doppler Echo Exam Heart | \$24.03 | \$24.60 | \$17.71 |
| 93325 | Doppler Color Flow Add-On | \$27.05 | \$27.62 | \$19.89 |
| 93350 | Stress TTE Only | \$205.28 | \$167.08 | \$120.30 |
| 93351 | Stress TTE Complete | \$225.07 | \$182.23 | \$131.21 |
| 93464 | Exercise w/Hemodynamic Measurement | \$203.10 | \$205.88 | \$148.23 |
| 93561 | Cardiac Output Measurement | \$30.06 | \$30.21 | \$21.75 |
| 93562 | Cardiac Output Measurement; subsequent | \$18.62 | \$18.71 | \$13.47 |
| 93571 | Intravascular Doppler Velocity and/or Pressure Flow Reserve Measurement | \$249.38 | \$250.63 | \$180.45 |
| 93572 | IDV and/or PFRM; each additional vessel | \$111.43 | \$112.00 | \$80.64 |
| 93880 | Duplex Scan Of Extracranial Arteies; Complete Bilateral Study | \$197.12 | \$142.02 | \$102.25 |
| 93882 | Duplex Scan Of Extracranial Arteries; Unilateral Or Limited Study | \$125.82 | \$129.50 | \$93.24 |
| 93886 | Transcranial Doppler Study Of The Intracranial Arteries; Complete Study | \$270.55 | \$142.45 | \$102.56 |
| 93888 | Transcranial Doppler Study Of The Intracranial Arteries; Limited Study | \$134.83 | \$142.45 | \$102.56 |
| 93922 | Upr/L Xtremity Art 2 Levels | \$92.33 | \$92.82 | \$66.83 |
| 93923 | Upr/Lxtr Art Stdy 3+ Lvls | \$140.03 | \$140.76 | \$101.34 |
| 93924 | Lwr Xtr Vasc Stdy Bilat | \$178.23 | \$178.75 | \$128.70 |
| 93925 | Duplex Scan Of Lower Extremity Arteries Or Arterial Bypass Grafts; Complete Bilateral Study | \$266.67 | \$272.86 | \$196.46 |
| 93926 | Duplex Scan Of Lower Extremity Arteries Or Arterial Bypass Grafts; Unilateral Or Limited Study | \$134.87 | \$142.50 | \$102.60 |
| 93930 | Duplex Scan Upper Extremity Arteries Or Arterial Bypass Grafts; Complete Bilateal Study | \$204.00 | \$142.02 | \$102.25 |
| 93931 | Duplex Scan Of Upper Extremity Arteries Or Arterial Bypass Grafts; Unilater Or Limited Study | \$126.26 | \$129.93 | \$93.55 |
| 93970 | Duplex Scan Extremity Veins-Responses Compression & Other Maneuvers; Complete Bilateral Study | \$197.12 | \$199.88 | \$143.91 |
| 93971 | Duplex Scan Of Extremity Veins Include Responses To Compression/Maneuvers; Unilateral/Limited Study | \$118.96 | \$120.87 | \$87.03 |
| 93975 | Duplex Scan/Arterial Inflow & Venous Outflow Of Abdominal/Pelvic/Scrotal Contents &/Or Retroper... | \$270.11 | \$277.61 | \$199.88 |
| 93976 | Duplex Scan Of Arterial Inflow And Venous Outflow Of Abdominal Pelvic ...; Limited Study | \$134.83 | \$142.45 | \$102.56 |
| 93978 | Duplex Scan Of Aorta Inferior Vena Cava Iliac Vasculature Or Bypass Grafts; Complete Study | \$183.38 | \$142.50 | \$102.60 |
| 93979 | Duplex Scan Of Aorta Inferior Vena Cava Iliac Vasculature Or Bypass Grafts; Unilateral/Limited Study | \$115.10 | \$118.71 | \$85.47 |
| 93990 | Duplex Scan Of Hemodialysis Access (Including Arterial Inflow Body Of Access And Venous Outflow) | \$134.87 | \$142.50 | \$102.60 |
| 96020 | Functional Brain Mapping | \$107.90 | \$108.43 | \$78.07 |
| G0297 | LDCT For Lung CA Screen | \$0.00 | \$227.46 | \$163.77 |