

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.

Due to regulatory language rates effective for dates of service beginning 01/01/2020 duplicate the 2019 rates, except the procedure codes removed with the 2020 HCPCS update.

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
		01/01/2018	01/01/2019	01/01/2020
70010	Myelography Posterior Fossa Radiological Supervision And Interpretation	\$76.47	\$55.63	\$55.63
70015	Cisternography Positive Contrast Radiological Supervision And Interpretation	\$103.18	\$74.29	\$74.29
70030	Radiologic Examination Eye For Detection Of Foreign Body	\$23.77	\$17.11	\$17.11
70100	Radiologic Examination Mandible Partial Less Than Four Views	\$28.95	\$20.84	\$20.84
70110	Radiologic Examination Mandible Complete Minimum Of Four Views	\$30.68	\$22.09	\$22.09
70120	Radiologic Examination Mastoids Less Than Three Views Per	\$29.38	\$21.15	\$21.15
70130	Radiologic Examination Mastoids Complete Min Of Three Views Per Side	\$44.92	\$32.34	\$32.34
70134	Radiologic Examination Internal Auditory Meati Complete	\$39.75	\$28.62	\$28.62
70140	Radiologic Examination Facial Bones Less Than Three Views	\$23.35	\$16.81	\$16.81
70150	Radiologic Examination Facial Bones Complete Minimum Of Three Views	\$34.13	\$24.57	\$24.57
70160	Radiologic Examination Nasal Bones Complete Minimum Of Three Views	\$29.38	\$21.15	\$21.15
70170	Dacryocystography Nasolacrimal Duct Radiological Super and Interpretation	\$39.02	\$28.09	\$28.09
70190	Radiologic Examination Optic Foramina	\$29.82	\$21.47	\$21.47
70200	Radiologic Examination Orbits Complete Minimum Of Four Views	\$34.13	\$24.57	\$24.57
70210	Radiologic Examination Sinuses Paranasal Less Than Three Views	\$25.50	\$18.36	\$18.36
70220	Radiologic Examination Sinuses Paranasal Complete Min Of Three Views	\$30.25	\$21.78	\$21.78
70240	X-Ray Exam Pituitary Saddle	\$25.50	\$18.36	\$18.36
70250	X-Ray Exam Of Skull	\$28.95	\$20.84	\$20.84
70260	X-Ray Exam Of Skull	\$34.13	\$24.57	\$24.57
70300	Radiologic Examination Teeth Single View	\$10.82	\$7.79	\$7.79
70310	Radiologic Examination Teeth Partial Examination Less Than Full Mouth	\$35.42	\$25.50	\$25.50
70320	Radiologic Examination Teeth Complete Full Mouth	\$49.23	\$35.45	\$35.45
70328	Radiologic Examination Temporomandibular Joint Open And Closed Mouth	\$25.93	\$18.67	\$18.67
70330	Radiologic Examination Temporomandibular Joint Open And Closed Mouth	\$42.33	\$30.48	\$30.48
70332	Temporomandibular Joint Arthrography Radiological Superv and Interpret	\$53.12	\$38.25	\$38.25
70336	Magnetic Image Jaw Joint	\$293.96	\$211.65	\$211.65
70350	Cephalogram Orthodontic	\$11.70	\$8.42	\$8.42
70355	Panoramic x-ray of jaws	\$11.70	\$8.42	\$8.42
70360	Radiologic Examination Neck Soft Tissue	\$24.21	\$17.43	\$17.43
70370	Radiologic Examination Pharynx Or Larynx Including Fluoroscopy And/Or	\$68.22	\$49.12	\$49.12
70371	Speech Evaluation Complex	\$57.43	\$41.35	\$41.35
70380	Radiologic Examination Salivary Gland For Calculus	\$28.95	\$20.84	\$20.84
70390	Sialography Radiological Supervision And Interpretation	\$91.52	\$65.89	\$65.89
70450	Ct Head/Brain W/O Dye	\$89.37	\$64.35	\$64.35
70460	Computerized Axial Tomography Head Or Brain; With Contrast Material(S)	\$129.50	\$93.24	\$93.24
70470	Ct Head/Brain W/O & W/Dye	\$155.82	\$112.19	\$112.19
70480	Ct Orbit/Ear/Fossa W/O Dye	\$142.45	\$102.56	\$102.56
70481	Computerized Axial Tomography Orbit Sella Posteorfossa/Outer Middle/Inner Ear;W/Contrast Material	\$251.63	\$181.17	\$181.17
70482	Ct Orbit/Ear/Fossa W/O&W/Dye	\$278.00	\$200.16	\$200.16
70486	Ct Maxillofacial W/O Dye	\$117.42	\$84.54	\$84.54
70487	Computerized Axial Tomography Maxillofacial Area With Contrast Mat(s)	\$135.55	\$97.59	\$97.59
70488	Ct Maxillofacial W/O & W/Dye	\$171.36	\$123.38	\$123.38
70490	Ct Soft Tissue Neck W/O Dye	\$126.48	\$91.07	\$91.07
70491	Computerized Axial Tomography Soft Tissue Neck; With Contrast Mat(s)	\$163.16	\$117.47	\$117.47
70492	Computerized Axial Tomography Soft Tissue Neck;W/ Out Contrast Folw'D By Contrast Material. . .Etc.	\$199.41	\$143.57	\$143.57
70496	Ct Angiography Head	\$250.37	\$180.27	\$180.27
70498	Ct Angiography Neck	\$249.51	\$179.64	\$179.64
70540	Mri Orbit/Face/Neck W/O Dye	\$248.61	\$179.00	\$179.00
70542	Magnetic Resonance Imaging Orbit Face & Neck; With Contrast Materials	\$293.53	\$211.34	\$211.34
70543	Mri Orbit/Fac/Nck W/O & W/Dye	\$362.58	\$261.06	\$261.06
70544	Magnetic Resonance Angiography Head; W/Out Contrast Materials	\$293.96	\$211.65	\$211.65
70545	Magnetic Resonance Angiography Head; W/Out Contrast Materials W/ Contrast Materials	\$303.02	\$218.17	\$218.17
70546	Mr Angiograph Head W/O&W/Dye	\$500.72	\$360.52	\$360.52
70547	Magnetic Resonance Angiography Neck; W/Out Cntrstmaterials	\$293.96	\$211.65	\$211.65
70548	Magnetic Resonance Angiography Neck; W/ Contrast Materials	\$303.02	\$218.17	\$218.17
70549	Mr Angiograph Neck W/O&W/Dye	\$504.17	\$363.00	\$363.00
70551	Magnetic Resonance (Eg Proton) Imaging Brain (Including Brain Stem); Without Contrast Material	\$191.21	\$137.67	\$137.67
70552	Mri Brain W/Dye	\$282.31	\$203.26	\$203.26
70553	Mri Brain W/O & W/Dye	\$322.01	\$231.84	\$231.84
70554	Fmri Brain By Tech	\$420.02	\$302.41	\$302.41
70555	Fmri Brain By Phys/Psych	\$606.97	\$437.02	\$437.02
70557	Mri Brain W/O Dye	\$293.92	\$211.62	\$211.62
71045	X-ray Exam Chest 1 View	\$12.98	\$9.35	\$9.35
71046	X-ray Exam Chest 2 Views	\$23.77	\$17.11	\$17.11
71047	X-ray Exam Chest 3 Views	\$30.25	\$21.78	\$21.78
71048	X-ray Exam Chest 4+ Views	\$31.11	\$22.40	\$22.40
71100	Radiologic Examination Ribs Unilateral Two Views	\$26.80	\$19.29	\$19.29
71101	X-Ray Exam Of Ribs/Chest	\$29.82	\$21.47	\$21.47
71110	Radiologic Examination Ribs Bilateral Three Views	\$30.68	\$22.09	\$22.09
71111	X-Ray Exam Of Ribs/Chest Minimum of Four Views	\$37.15	\$26.74	\$26.74

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

Procedure Code	Procedure Description	Rate Effective for Dates of Service	Rate Effective for Dates of Service	Rate Effective for Dates of Service
		Beginning	Beginning	Beginning
		01/01/2018	01/01/2019	01/01/2020
71120	Radiologic Examination Sternum Minimum Of Two Views	\$23.77	\$17.11	\$17.11
71130	Radiologic Examination Sternoclavicular Joint(s)Minimum Of Three Views	\$30.25	\$21.78	\$21.78
71250	Ct Thorax W/O Dye	\$127.35	\$91.69	\$91.69
71260	Computerized Axial Tomography Thorax; With Contrast Material(S)	\$163.60	\$117.79	\$117.79
71270	Ct Thorax W/O & W/Dye	\$202.43	\$145.75	\$145.75
71275	Ct Angiography Chest	\$254.70	\$183.38	\$183.38
71550	Magnetic Resonance (Eg Proton) Imaging Chest (Eg For Evaluation Of Hilar And Mediastinal Lymphade	\$293.92	\$211.62	\$211.62
71551	Mri Chest; With Contrast Materials	\$452.77	\$325.99	\$325.99
71552	Mri Chest W/O & W/Dye	\$547.32	\$394.07	\$394.07
71555	Magnetic Resonance (Eg Proton) Imaging Chest (Eg For Evaluation Of Hilar And Mediastinal Lymphade	\$378.55	\$272.55	\$272.55
72020	Radiologic Examination Spine Single View Specify Level	\$17.73	\$12.77	\$12.77
72040	Radiologic Examination Spine Cervical Anteroposterior And	\$26.80	\$19.29	\$19.29
72050	Radiologic Examination Spine Cervical Minimum Of Four Views	\$35.86	\$25.82	\$25.82
72052	Radiologic Examination Spine Cervical Complete Including Oblique And Flexion And/Or Extension	\$45.78	\$32.96	\$32.96
72070	Radiologic Examination Spine Thoracic Two Views	\$27.66	\$19.91	\$19.91
72072	X-Ray Exam Of Thoracic Spine Three Views	\$28.95	\$20.84	\$20.84
72074	X-Ray Exam Of Thoracic Spine Minimum of Four Views	\$34.13	\$24.57	\$24.57
72080	Radiologic Examination Spine Thoracolumbar Two Views	\$27.22	\$19.60	\$19.60
72081	Radiologic Examination; Spine, entire thoracic and lumbar; including skull	\$30.68	\$22.09	\$22.09
72082	Radiologic Examination; Spine, entire thoracic and lumbar; 2 or 3 views	\$56.13	\$40.41	\$40.41
72083	Radiologic Examination; Spine, entire thoracic and lumbar; 4 or 5 views	\$69.08	\$49.74	\$49.74
72084	Radiologic Examination; Spine, entire thoracic and lumbar; min of 6 views	\$80.31	\$57.82	\$57.82
72100	Radiologic Examination Spine Lumbosacral Two or Three Views	\$28.95	\$20.84	\$20.84
72110	Radiologic Examination Spine Lumbosacral Minimum of Four Views	\$40.17	\$28.92	\$28.92
72114	X-ray Exam of L-S Spine Bending	\$54.85	\$39.49	\$39.49
72120	X-ray Bending Only L-S Spine Two or Three Views	\$35.86	\$25.82	\$25.82
72125	Ct Neck Spine W/O Dye	\$142.45	\$102.56	\$102.56
72126	Computerized Axial Tomography Cervical Spine; With Contrast Material	\$203.30	\$146.37	\$146.37
72127	Ct Neck Spine W/O & W/Dye	\$252.06	\$181.48	\$181.48
72128	Ct Chest Spine W/O Dye	\$142.45	\$102.56	\$102.56
72129	Computerized Axial Tomography Thoracic Spine; With Contrast Material	\$204.60	\$147.31	\$147.31
72130	Ct Chest Spine W/O & W/Dye	\$253.78	\$182.72	\$182.72
72131	Ct Lumbar Spine W/O Dye	\$142.45	\$102.56	\$102.56
72132	Computerized Axial Tomography Lumbar Spine; With Contrast Material	\$203.30	\$146.37	\$146.37
72133	Ct Lumbar Spine W/O & W/Dye	\$250.77	\$180.55	\$180.55
72141	Magnetic Resonance (Eg Proton) Imaging Spinal Canal & Contents Cervical; W/Out Contrast Material	\$183.45	\$132.08	\$132.08
72142	Magnetic Resonance (Eg Proton) Imaging Spinal Canal & Contents Cervical; With Contrast Material	\$289.22	\$208.24	\$208.24
72146	Magnetic Resonance (Eg Proton) Imaging Spinal Canal & Contents Thoracic; W/Out Contrast Material	\$183.87	\$132.39	\$132.39
72147	Magnetic Resonance (Eg Proton) Imaging Spinal Canal & Contents Thoracic; With Contrast Material	\$286.62	\$206.37	\$206.37
72148	Magnetic Resonance (Eg Proton) Imaging Spinal Canal & Contents Lumbar; W/Out Contrast Material	\$183.45	\$132.08	\$132.08
72149	Magnetic Resonance (Eg Proton) Imaging Spinal Canal & Contents Lumbar; With Contrast Material	\$284.03	\$204.50	\$204.50
72156	Mri Neck Spine W/O & W/Dye	\$324.61	\$233.72	\$233.72
72157	Mri Chest Spine W/O & W/Dye	\$325.47	\$234.34	\$234.34
72158	Mri Lumbar Spine W/O & W/Dye	\$323.31	\$232.78	\$232.78
72159	Magnetic Resonance Angiography, Spinal Canal And Contents, W or W/O Contrast Materials	\$303.02	\$218.17	\$218.17
72170	Radiologic Examination Pelvis; Anteroposterior Only	\$28.08	\$20.22	\$20.22
72190	Radiologic Examination Pelvis Complete Minimum Of Three Views	\$32.83	\$23.64	\$23.64
72191	Ct Angiograph Pelv Wo&W Dye	\$262.90	\$189.28	\$189.28
72192	Ct Pelvis Wo Dye	\$111.37	\$80.19	\$80.19
72193	Ct Pelvis W Dye	\$204.16	\$146.99	\$146.99
72194	Ct Pelvis Wo&W Dye	\$242.57	\$174.65	\$174.65
72195	Mri Pelvis; W/Out Contrast Material	\$293.92	\$211.62	\$211.62
72196	Magnetic Resonance (Eg Proton) Imaging Pelvis	\$318.56	\$229.36	\$229.36
72197	Mri Pelvis W/Out Cntrst Materials Followed By Contrast Materials And Further Sequences	\$385.88	\$277.83	\$277.83
72198	Mr Angio Pelvis W/O & W/Dye	\$380.71	\$274.11	\$274.11
72200	Radiologic Examination Sacroiliac Joints Less Than Three Views	\$23.77	\$17.11	\$17.11
72202	Radiologic Examination Sacroiliac Joints Three Or More Views	\$28.52	\$20.53	\$20.53
72220	Radiologic Examination Sacrum And Coccyx Minimum Of Two Views	\$23.77	\$17.11	\$17.11
72240	Myelography Cervical Radiological Supervision And Interpretation	\$63.91	\$46.01	\$46.01
72255	Myelography Thoracic Spine	\$63.05	\$45.39	\$45.39
72265	Myelography L-S Spine	\$61.75	\$44.46	\$44.46
72270	Myelography Two or More Spine Regions	\$73.40	\$52.84	\$52.84
72275	Epidurography Radiological Supervision And Interpretation	\$93.25	\$67.14	\$67.14
72285	Diskography Cerv/Thor Spine	\$63.47	\$45.70	\$45.70
72295	X-Ray Of Lower Spine Disk	\$65.63	\$47.25	\$47.25
73000	Radiologic Examination Clavicle Complete	\$23.77	\$17.11	\$17.11
73010	Radiologic Examination Scapula Complete	\$25.93	\$18.67	\$18.67
73020	Radiologic Examination Shoulder One View	\$18.16	\$13.07	\$13.07
73030	Radiologic Examination Shoulder Complete Minimum Of Two Views	\$24.21	\$17.43	\$17.43
73040	Radiologic Examination Shoulder Arthrography Radiological Supervision And Interpretation	\$89.80	\$64.65	\$64.65
73050	Radiologic Examination Acromioclavicular Joints Bilateral	\$30.68	\$22.09	\$22.09
73060	Radiologic Examination Humerus Minimum Of Two Views	\$25.07	\$18.05	\$18.05
73070	Radiologic Examination Elbow Anteroposterior And Lateral	\$23.35	\$16.81	\$16.81
73080	Radiologic Examination Elbow Complete Minimum Of Three Views	\$27.66	\$19.91	\$19.91
73085	Radiologic Examination Elbow Arthrography Radiological Supervision And Interpretation	\$81.60	\$58.75	\$58.75
73090	Radiologic Examination Forearm Anteroposterior And Lateral	\$21.18	\$15.25	\$15.25
73092	X-Ray Exam Of Arm Infant	\$23.35	\$16.81	\$16.81
73100	Radiologic Examination Wrist Anteroposterior And Lateral	\$27.66	\$19.91	\$19.91

Medicaid Fee Schedule for the Technical Component of Hospital Outpatient Radiology Procedures				
Procedure Code	Procedure Description	Rate Effective for Dates of Service	Rate Effective for Dates of Service	Rate Effective for Dates of Service
		Beginning 01/01/2018	Beginning 01/01/2019	Beginning 01/01/2020
73110	Radiologic Examination Wrist Complete Minimum Of Three Views	\$31.97	\$23.02	\$23.02
73115	Radiologic Examination Wrist Arthrography Radiological Supervision And Interpretation	\$95.41	\$68.69	\$68.69
73120	Radiologic Examination Hand Two Views	\$24.21	\$17.43	\$17.43
73130	Radiologic Examination Hand Minimum Of Three Views	\$28.08	\$20.22	\$20.22
73140	Radiologic Examination Finger(S) Minimum Of Two Views	\$30.68	\$22.09	\$22.09
73200	Ct Upper Extremity W/O Dye	\$142.45	\$102.56	\$102.56
73201	Computerized Axial Tomography Upper Extremity; With Contrast Material(S)	\$200.27	\$144.19	\$144.19
73202	Computerized Axial Tomography Upper Extremity;W/outcontrast Folw'D By Contrast Material(S) . . . Etc.	\$264.15	\$190.18	\$190.18
73206	Ct Angio Upr Extrm W/O&W/Dye	\$290.51	\$209.16	\$209.16
73218	Mri Upper Extremity Other Than Joint W/Out Contrast Material	\$294.40	\$211.96	\$211.96
73219	Mri Upper Extremity Other Than Joint W/ Contrast Materials	\$393.22	\$283.12	\$283.12
73220	Magnetic Resonance (Eg Proton) Imaging Upper Extremity Other Than Joint	\$479.10	\$344.95	\$344.95
73221	Magnetic Resonance (Eg Proton) Imaging Any Joint Of Upper Extremity	\$206.80	\$148.89	\$148.89
73222	Mri Any Joint Of Upper Extremity W/ Contrast Materials	\$363.87	\$261.99	\$261.99
73223	Mri Any Joint Of Upper Extremity W/Out Contrast Materials Followed By Cntrst Mtrl & Frthr Sequenc	\$443.28	\$319.16	\$319.16
73225	Magnetic Resonance Angiography, Upper Extremity, W or W/O Contrast Materials	\$303.02	\$218.17	\$218.17
73501	Radiologic examination, hip, unilateral, with pelvis when performed; 1 view	\$25.07	\$18.05	\$18.05
73502	Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views	\$36.72	\$26.44	\$26.44
73503	Radiologic examination, hip, unilateral, with pelvis; minimum 4 views	\$45.35	\$32.65	\$32.65
73521	Radiologic Examination Hips Bilateral with Hip two views	\$31.97	\$23.02	\$23.02
73522	Radiologic Examination Hips Bilateral with Hip 3-4 views	\$41.03	\$29.54	\$29.54
73523	Radiologic Examination Hips Bilateral with Hip min of 5 views	\$49.23	\$35.45	\$35.45
73525	Radiologic Examination Hip Arthrography Radiological Supervision And Interpretation	\$90.23	\$64.97	\$64.97
73551	Radiologic Examination Femur, 1 view	\$23.77	\$17.11	\$17.11
73552	Radiologic Examination Femur, minimum 2 views	\$28.52	\$20.53	\$20.53
73560	X-Ray Exam Of Knee 1 Or 2	\$27.66	\$19.91	\$19.91
73562	X-Ray Exam Of Knee 3	\$31.97	\$23.02	\$23.02
73564	X-Ray Exam Knee 4 Or More	\$34.56	\$24.88	\$24.88
73565	Radiologic Examination Knee; Both Knees Standing Anteroposterior	\$32.83	\$23.64	\$23.64
73580	Radiologic Examination Knee Arthrography Radiological Supervision And Interpretation	\$107.50	\$77.40	\$77.40
73590	Radiologic Examination Tibia And Fibula Anteroposterior And	\$24.63	\$17.73	\$17.73
73592	X-Ray Exam Of Leg Infant	\$23.35	\$16.81	\$16.81
73600	Radiologic Examination Ankle Anteroposterior And Lateral	\$25.93	\$18.67	\$18.67
73610	Radiologic Examination Ankle Complete Minimum Of Three Views	\$27.66	\$19.91	\$19.91
73615	Radiologic Examination Ankle Arthrography Radiological Supervision And Interpretation	\$94.98	\$68.39	\$68.39
73620	Radiologic Examination Foot Anteroposterior And Lateral	\$22.48	\$16.19	\$16.19
73630	Radiologic Examination Foot Complete Minimum Of Three Views	\$25.50	\$18.36	\$18.36
73650	Radiologic Examination Calcaneus Minimum Of Two Views	\$23.35	\$16.81	\$16.81
73660	Radiologic Examination; Toe(S) Minimum Of Two Views	\$26.36	\$18.98	\$18.98
73700	Ct Lower Extremity W/O Dye	\$142.45	\$102.56	\$102.56
73701	Computerized Axial Tomography Lower Extremity; With Contrast Material(S)	\$204.16	\$146.99	\$146.99
73702	Computerized Axial Tomography Lower Extremity;W/out contrast Folw'D By Contrast Material(S) . . . Etc.	\$260.26	\$187.38	\$187.38
73706	Ct Angio Lwr Extr W/O&W/Dye	\$303.07	\$218.21	\$218.21
73718	Mri Lower Extremity Other Than Joint W/Out Contrast Materials	\$292.20	\$210.38	\$210.38
73719	Mri Lower Extremity Other Than Joint;W/ Contrastmaterials	\$303.02	\$218.17	\$218.17
73720	Magnetic Resonance (Eg Proton) Imaging Lower Extremity Other Than Joint	\$388.47	\$279.70	\$279.70
73721	Magnetic Resonance (Eg Proton) Imaging Any Joint Of Lower Extremity	\$206.80	\$148.89	\$148.89
73722	Mri Lower Extremity Any Joint Of Lower Extremityw/ Contrast Materials	\$366.90	\$264.16	\$264.16
73723	Mri Lower Extremity Any Joint Lower Extremity W/Out Cntrst Mtrls Filwed Cntrst Mtrl & Frthr Sequen	\$442.85	\$318.85	\$318.85
73725	Magnetic Resonance Angiography Lower Extremity With Or Without Contrast Material(S)	\$379.85	\$273.49	\$273.49
74018	X-ray Exam Abdomen 1 View	\$22.05	\$15.87	\$15.87
74019	X-ray Exam Abdomen 2 Views	\$26.36	\$18.98	\$18.98
74021	X-ray Exam Abdomen 3+ Views	\$30.68	\$22.09	\$22.09
74022	X-Ray Exam Series Abdomen	\$34.56	\$24.88	\$24.88
74150	Ct Abdomen W/O Dye	\$109.65	\$78.94	\$78.94
74160	Computerized Axial Tomography Abdomen; With Contrast Material(S)	\$203.73	\$146.69	\$146.69
74170	Ct Abdomen W/O & W/Dye	\$234.37	\$168.75	\$168.75
74174	CT Angio ABD & Pelv W/O & W/ Dye	\$303.02	\$218.17	\$218.17
74175	Ct Angio Abdom W/O & W/Dye	\$264.18	\$190.21	\$190.21
74176	Ct Abd & Pelvis W/O Contrast	\$138.13	\$99.45	\$99.45
74177	Ct Abdomen&Pelvis W/Contrast	\$268.46	\$193.29	\$193.29
74178	Ct Abd&Pelv 1+ Section/Regns	\$303.02	\$218.17	\$218.17
74181	Magnetic Resonance (Eg Proton) Imaging Abdomen	\$255.51	\$183.96	\$183.96
74182	Mri Abdomen; W/ Contrast Materials	\$361.72	\$260.44	\$260.44
74183	Mri Abdomen W/O & W/Dye	\$387.17	\$278.76	\$278.76
74185	Mri Angio Abdom W Orw/O Dye	\$383.30	\$275.97	\$275.97
74190	Peritoneogram (Eg After Injection Of Air Or Contrast) Radiological Supervision And Interpretation	\$71.90	\$51.76	\$51.76
74210	Radiologic Examination Pharynx And/Or Cervical Esophagus	\$72.97	\$52.54	\$52.54
74220	Contrast X-Ray Esophagus	\$79.45	\$57.20	\$57.20
74230	Cine/Vid X-Ray Throat/Esoph	\$124.76	\$89.82	\$89.82
74235	Removal Of Foreign Body(S) Esophageal W/Use Of Balloon Catheter Radiological Supv. & Interpretation	\$133.32	\$95.99	\$95.99
74240	X-Ray Upper GI Delay W/O KUB	\$94.98	\$68.39	\$68.39
74241	X-Ray Upper GI Delay W/ KUB	\$100.58	\$72.42	Removed with 2020 HCPC Update
74245	X-Ray Upper GI & Small Intest	\$142.45	\$102.56	Removed with 2020 HCPC Update
74246	Radiological Examination Gastrointestinal Tract Upper Air Contrast With Specific High Density Ba	\$111.81	\$80.50	\$80.50

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
		01/01/2018	01/01/2019	01/01/2020
74247	Radiological Examination Gastrointestinal Tract Upper Air Contrast With Specific High Density Ba	\$129.93	\$93.55	Removed with 2020 HCPC Update
74249	Radiological Examination Gastrointestinal Tract Upper Air Contrast With Specific High Density Ba	\$167.48	\$120.59	Removed with 2020 HCPC Update
74250	Radiologic Examination Small Bowel Includes Multiple Serial Films	\$97.13	\$69.93	\$69.93
74251	Radiologic Examination Small Bowell Includes Multiple Serial Films; Via Enteroclysis Tube	\$142.88	\$102.87	\$102.87
74260	Duodenography Hypotonic	\$142.45	\$102.56	Removed with 2020 HCPC Update
74261	Ct Colonography Dx	\$142.45	\$102.56	\$102.56
74262	Ct Colonography Dx W/Dye	\$302.98	\$218.15	\$218.15
74270	Contrast X-Ray Exam Of Colon	\$140.72	\$101.32	\$101.32
74280	Radiologic Examination Colon Air Contrast With Specific High Density Barium	\$198.98	\$143.27	\$143.27
74283	Ther nma rdctj intus/obstrcj	\$129.93	\$93.55	\$93.55
74290	Contrast X-Ray, Gallbladder	\$65.20	\$46.94	\$46.94
74300	Cholangiography And/Or Pancreatography; Intraoperative Radiological Supervision And Interpretation	\$42.56	\$30.64	\$30.64
74301	Cholangiography &/Or Pancreatography;..... Radiological Supervision & Interpretation(List Separa...	\$52.88	\$38.07	\$38.07
74328	Endoscopic Catheterization Of The Biliary Ductal System Radiological Supervision & Interpretation	\$157.73	\$113.57	\$113.57
74329	Endoscopic Catheterization Of The Pancreatic Ductal System Radiological Supervision & Interpretation	\$157.73	\$113.57	\$113.57
74330	Comb. Endoscopic Catheterization Of The Biliary & Pancreatic Ductal Systems Radio Supv. & Interp.	\$173.50	\$124.92	\$124.92
74340	Introduction Of Long Gastrointestinal Tube(Eg Miller-Abbott) Inc Multiple Fluoroscopies & Films ...	\$144.32	\$103.91	\$103.91
74355	X-Ray Guide Intestinal Tube	\$144.32	\$103.91	\$103.91
74360	X-Ray Guide Gi Dilation	\$173.50	\$124.92	\$124.92
74363	X-Ray Bile Duct Dilation	\$144.32	\$103.91	\$103.91
74400	Constrt X-Ray, Urinary Tract	\$103.61	\$74.60	\$74.60
74410	Constrt X-Ray, Urinary Tract	\$105.33	\$75.84	\$75.84
74415	Constrt X-Ray, Urinary Tract	\$135.97	\$97.90	\$97.90
74420	Constrt X-Ray, Urinary Tract	\$144.32	\$103.91	\$103.91
74425	Constrt X-Ray, Urinary Tract	\$71.90	\$51.76	\$51.76
74430	Contrast X-Ray, Bladder	\$26.80	\$19.29	\$19.29
74440	X-Ray Male Genital Tract	\$75.56	\$54.40	\$54.40
74445	Corpora Cavernosography Radiological Supervision And Interpretation	\$62.00	\$44.64	\$44.64
74450	X-Ray, Urethra/Bladder	\$80.23	\$57.77	\$57.77
74455	X-Ray, Urethra/Bladder	\$80.31	\$57.82	\$57.82
74470	Radiologic Exam Renal Cyst Study Translumar Contrast Visualization Rad Supv & Interpretation	\$68.77	\$49.51	\$49.51
74485	X-Ray Guide, Gu Dilation	\$81.17	\$58.44	\$58.44
74710	Pelvimetry With Or Without Placental Localization	\$23.35	\$16.81	\$16.81
74712	MRI Fetal SNGL/1st Gestation	\$142.45	\$102.56	\$102.56
74713	MRI Fetal EA Addl Gestation	\$176.97	\$127.42	\$127.42
74740	X-Ray, Female Genital Tract	\$67.80	\$48.81	\$48.81
74742	X-Ray Fallopian Tube	\$70.85	\$51.01	\$51.01
74775	Perineogram (Eg Vaginogram For Sex Determination Or Extent Of Anomalies)	\$80.23	\$57.77	\$57.77
75557	Cardiac Mri For Morph	\$260.70	\$187.70	\$187.70
75559	Cardiac Mri W Stress Img	\$294.40	\$211.96	\$211.96
75561	Cardiac Mri For Morph W Dye	\$373.80	\$269.13	\$269.13
75563	Card Mri W Stress Img & Dye	\$451.05	\$324.75	\$324.75
75565	Card Mri Veloc Flow Mapping	\$51.78	\$37.28	\$37.28
75571	Ct Hrt W/O Dye W/ Ca Test	\$74.70	\$53.78	\$53.78
75572	Ct Hrt W/ 3D Image	\$242.18	\$174.37	\$174.37
75573	Ct Hrt W/ 3D Image Congen	\$303.02	\$218.17	\$218.17
75574	Ct Angio Hrt W/ 3D Image	\$303.02	\$218.17	\$218.17
75600	Aortography Thoracic Without Serialography Radiological Supervision And Interpretation	\$214.95	\$154.76	\$154.76
75605	Aortography Thoracic By Serialography Radiological Supervision And Interpretation	\$100.16	\$72.11	\$72.11
75625	Aortography Abdominal By Serialography Radiological Supervision And Interpretation	\$98.86	\$71.18	\$71.18
75630	X-Ray Aorta, Leg Arteries	\$100.16	\$72.11	\$72.11
75635	Ct Angio Abdominal Arteries	\$303.02	\$218.17	\$218.17
75658	Artery X-Rays, Arm	\$0.00	\$0.00	\$0.00
75705	Artery X-Rays, Spine	\$167.95	\$120.92	\$120.92
75710	Artery X-Rays, Arm/Leg	\$104.47	\$75.22	\$75.22
75716	Artery X-Rays, Arms/Legs	\$120.43	\$86.71	\$86.71
75726	Artery X-Rays, Abdomen	\$114.40	\$82.36	\$82.36
75731	Artery X-Rays Adrenal Gland	\$139.90	\$100.72	\$100.72
75733	Artery X-Rays Adrenals	\$147.71	\$106.35	\$106.35
75736	Artery X-Rays, Pelvis	\$127.82	\$92.03	\$92.03
75741	Artery X-Rays, Lung	\$105.77	\$76.15	\$76.15
75743	Artery X-Rays, Lungs	\$107.06	\$77.08	\$77.08
75746	Artery X-Rays Lung	\$117.03	\$84.26	\$84.26
75756	Artery X-Rays, Chest	\$140.76	\$101.34	\$101.34
75774	Artery X-Ray, Each Vessel	\$84.62	\$60.93	\$60.93
75801	Lymph Vessel X-Ray Arm/Leg	\$298.05	\$214.59	\$214.59
75803	Lymph Vessel X-Ray Arms/Legs	\$298.05	\$214.59	\$214.59
75805	Lymph Vessel X-Ray Trunk	\$336.06	\$241.96	\$241.96
75807	Lymph Vessel X-Ray Trunk	\$504.13	\$362.97	\$362.97
75809	Nonvascular Shunt, X-Ray	\$91.52	\$65.89	\$65.89
75810	Vein X-Ray Spleen/Liver	\$692.50	\$498.60	\$498.60
75820	Vein X-Ray, Arm/Leg	\$98.43	\$70.87	\$70.87
75822	Vein X-Ray, Arms/Legs	\$101.88	\$73.35	\$73.35
75825	Vein X-Ray, Trunk	\$95.85	\$69.01	\$69.01
75827	Vein X-Ray, Chest	\$100.58	\$72.42	\$72.42

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 01/01/2018	Beginning 01/01/2019	Beginning 01/01/2020
75831	Vein X-Ray Kidney	\$103.61	\$74.60	\$74.60
75833	Vein X-Ray, Kidneys	\$113.57	\$81.77	\$81.77
75840	Vein X-Ray Adrenal Gland	\$110.95	\$79.88	\$79.88
75842	Vein X-Ray Adrenal Glands	\$125.23	\$90.17	\$90.17
75860	Vein X-Ray, Neck	\$107.50	\$77.40	\$77.40
75870	Vein X-Ray, Skull	\$110.95	\$79.88	\$79.88
75872	Vein X-Ray Skull Epidural	\$110.95	\$79.88	\$79.88
75880	Vein X-Ray Eye Socket	\$110.51	\$79.56	\$79.56
75885	Vein X-Ray, Liver W/ Hemodynamic	\$107.50	\$77.40	\$77.40
75887	Vein X-Ray, Liver W/O Hemodynamic	\$107.92	\$77.70	\$77.70
75889	Vein X-Ray, Liver W/ Hemodynamic	\$108.36	\$78.02	\$78.02
75891	Vein X-Ray, Liver	\$108.78	\$78.32	\$78.32
75893	Venous Sampling Thru Catheter W/ Or W/O Angiogr(Eg For Parathyroid Hormone Renin) Rad Supv & Int	\$113.53	\$81.74	\$81.74
75894	X-Rays, Transcath Therapy	\$1,327.11	\$955.52	\$955.52
75898	Angiogram Thru Existing Catheter Follow-Up Study Transcatheter Therapy Embolization Or Infusion	\$57.83	\$41.64	\$41.64
75901	Remove Cva Device Obstruct	\$189.92	\$136.74	\$136.74
75902	Remove Cva Lumen Obstruct	\$64.77	\$46.63	\$46.63
75970	Transcatheter Biopsy Radiological Supervision And Interpretation	\$634.11	\$456.56	\$456.56
75984	Xray Control Catheter Change	\$86.78	\$62.48	\$62.48
75989	Abscess Drainage Under X-Ray	\$76.86	\$55.34	\$55.34
76000	Fluoroscopy(Sep Proc) Up to 1 Hr Physician Time Other Than 71023/71034 (eg Cardiac Fluoroscopy)	\$47.51	\$34.20	\$34.20
76001	Fluoroscope Exam, Extensive	\$144.32	Removed with 2019 HCPC Update	Removed with 2019 HCPC Update
76010	X-Ray, Nose To Rectum	\$20.76	\$14.94	\$14.94
76080	Radiologic Examination Abscess Fistula Or Sinus Tract Study Radiological Supervision & Interpreta	\$35.00	\$25.20	\$25.20
76098	X-Ray Exam, Breast Specimen	\$10.82	\$7.79	\$7.79
76100	Radiologic Examination Single Plane Body Section (Eg Tomography) Other Than With Urography	\$72.97	\$52.54	\$52.54
76101	Radiologic Examination Complex Motion (Ie Hypercycloidal) Body Section (Eg Mastoid Polytomography	\$94.98	\$68.39	\$68.39
76102	Radiologic Examination Complex Motion (Ie Hypercycloidal) Body Section (Eg Mastoid Polytomography	\$142.50	\$102.60	\$102.60
76120	Cineradiography/Videoradiography Except Where Specifically Included	\$91.10	\$65.59	\$65.59
76125	Cineradiography/Videoradiography To Complement Routine Exam	\$44.68	\$32.17	\$32.17
76376	3D Render Wo Postprocess	\$16.43	\$11.83	\$11.83
76377	3D Rendering W Postprocess	\$38.01	\$27.36	\$27.36
76380	Cat Scan Follow-Up Study	\$74.70	\$53.78	\$53.78
76506	Echo Exam Of Head	\$104.91	\$75.53	\$75.53
76510	Ophth Us, B & Quant A	\$79.87	\$57.51	\$57.51
76511	Ophth Us, Quant A Only	\$47.95	\$34.52	\$34.52
76512	Ophth Us, B W Non-Quant A	\$39.31	\$28.30	\$28.30
76513	Echo Exam Of Eye Water Bath	\$73.40	\$52.84	\$52.84
76514	Echo Exam Of Eye, Thickness	\$6.95	\$5.00	\$5.00
76516	Ophthalmic Biometry By Ultrasound Echography A-Scan	\$47.07	\$33.89	\$33.89
76519	Echo Exam Of Eye	\$52.68	\$37.93	\$37.93
76529	Ophthalmic Ultrasonic Foreign Body Localization	\$57.87	\$41.67	\$41.67
76536	Us Exam Of Head & Neck	\$108.78	\$78.32	\$78.32
76604	Us Exam, Chest	\$76.42	\$55.02	\$55.02
76641	Us Breast, Complete	\$87.21	\$62.79	\$62.79
76642	Us Breast, limited	\$66.50	\$47.88	\$47.88
76700	Us Exam, Abdom, Complete	\$101.02	\$72.73	\$72.73
76705	Ultrasound Abdominal B-Scan &/Or Real Time W/ Image Documentation Limited	\$76.42	\$55.02	\$55.02
76706	US Abdl Aorta Screen AAA	\$82.03	\$59.06	\$59.06
76770	Us Exam Abdo Back Wall, Comp	\$94.12	\$67.77	\$67.77
76775	Us Exam Abdo Back Wall, Lim	\$35.86	\$25.82	\$25.82
76776	Us Exam K Transpl W Doppler	\$146.33	\$105.36	\$105.36
76800	Us Exam, Spinal Canal	\$105.77	\$76.15	\$76.15
76801	Ob Us < 14 Wks, Single Fetus	\$90.66	\$65.27	\$65.27
76802	Ob Us < 14 Wks, Addl Fetus	\$27.62	\$19.89	\$19.89
76805	Ob Us >= 14 Wks, Sngl Fetus	\$113.11	\$81.44	\$81.44
76810	Ob Us >= 14 Wks, Addl Fetus	\$53.07	\$38.21	\$38.21
76811	Ob Us, Detailed, Sngl Fetus	\$104.95	\$75.56	\$75.56
76812	Ob Us, Detailed, Addl Fetus	\$138.56	\$99.76	\$99.76
76813	Ob Us Nuchal Meas, 1 Gest	\$75.56	\$54.40	\$54.40
76814	Ob Us Nuchal Meas, Add-On	\$36.28	\$26.12	\$26.12
76815	Ob Us, Limited, Fetus(S)	\$63.91	\$46.01	\$46.01
76816	Ob Us, Follow-Up, Per Fetus	\$88.51	\$63.72	\$63.72
76817	Transvaginal Us, Obstetric	\$72.97	\$52.54	\$52.54
76818	Fetal Biophysical Profile; W/ Non-Stress Testing	\$85.10	\$61.27	\$61.27
76819	Fetal Biophysical Profile; W/O Non-Stress Testing	\$62.18	\$44.77	\$44.77
76820	Umbilical Artery Echo	\$27.66	\$19.91	\$19.91
76821	Middle Cerebral Artery Echo	\$70.38	\$50.67	\$50.67
76825	Echocardiography Fetal Cardiovas System Real Time W/Image Doc.(2D) W/ Or W/O M-Mode Recording	\$239.16	\$172.19	\$172.19
76826	Echocardiography Fetal Cardiovascular System Etc. Follow-Up Or Repeat Study	\$151.08	\$108.78	\$108.78
76827	Doppler Echocardiography Fetal Cardiovascular System Pulsed Wave &/Or Continuous Etc. Complete	\$57.43	\$41.35	\$41.35
76828	Doppler Echocardiography Fetal Cardiovascular System Etc. Follow-Up Or Repeat Study	\$30.68	\$22.09	\$22.09
76830	Transvaginal Us, Non-Ob	\$107.50	\$77.40	\$77.40
76831	Echo Exam, Uterus	\$101.88	\$73.35	\$73.35
76856	Us Exam, Pelvic, Complete	\$93.25	\$67.14	\$67.14
76857	Us Exam, Pelvic, Limited	\$28.95	\$20.84	\$20.84
76870	Us Exam, Scrotum	\$44.06	\$31.72	\$31.72

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

Procedure Code	Procedure Description	Rate Effective for Dates of Service	Rate Effective for Dates of Service	Rate Effective for Dates of Service
		Beginning	Beginning	Beginning
		01/01/2018	01/01/2019	01/01/2020
76872	Us, Transrectal	\$77.28	\$55.64	\$55.64
76873	Echograp Trans R, Pros Study	\$116.98	\$84.23	\$84.23
76881	Us Xtr Non-Vasc Complete	\$85.92	\$61.86	\$61.86
76882	Us Xtr Non-Vasc Lmtd	\$40.61	\$29.24	\$29.24
76885	Us Exam Infant Hips, Dynamic	\$74.70	\$53.78	\$53.78
76886	Us Exam Infant Hips, Static	\$74.70	\$53.78	\$53.78
76930	Ultrasonic Guidance for pericardiocentesis, imaging supervision and interpretation	\$0.00	\$0.00	Removed with 2020 HCPC Update
76932	Ultrasonic Guidance For Endomyocardial Biopsy Radiological Supervision And Interpretation	\$84.40	\$60.76	\$60.76
76936	Ultrasound Guided Compression Repair Of Arterial Pseudo-Aneurysm Or Arteriovenous Fistulae	\$214.12	\$154.17	\$154.17
76937	Us Guide, Vascular Access	\$20.71	\$14.91	\$14.91
76940	Us Guide, Tissue Ablation	\$94.16	\$67.79	\$67.79
76941	Ultrasonic Guidnc For Intrauterine Fetal Transfusion Or Cordocentesis Radiolog Suprvn & Interpreta	\$83.88	\$60.39	\$60.39
76942	Ultrasonic Guidance For Needle Biopsy Radiological Supervision And Interpretation	\$33.70	\$24.26	\$24.26
76945	Echo Guide, Villus Sampling	\$83.88	\$60.39	\$60.39
76946	Echo Guide For Amniocentesis	\$16.01	\$11.52	\$11.52
76948	Echo Guide Ova Aspiration	\$44.92	\$32.34	\$32.34
76965	Ultrasonic Guidance For Interstitial Radioelement Application	\$29.82	\$21.47	\$21.47
76975	Gastrointestinal Endoscopic Ultrasound Radiological Supervision And Interpretation	\$84.40	\$60.76	\$60.76
76977	Ultrasound Bone Density Measurement And Interpretation Peripheral Site(S) Any Method	\$5.65	\$4.06	\$4.06
76998	Us Guide, Intraop	\$94.16	\$67.79	\$67.79
77001	Fluoroguide For Vein Device	\$79.87	\$57.51	\$57.51
77002	Needle Localization By Xray	\$80.73	\$58.13	\$58.13
77003	Fluoroguide For Spine Inject	\$78.58	\$56.58	\$56.58
77011	Ct Scan For Localization	\$199.85	\$143.89	\$143.89
77012	Ct Scan For Needle Biopsy	\$82.03	\$59.06	\$59.06
77013	Ct Guide For Tissue Ablation	\$262.21	\$188.79	\$188.79
77014	Ct Scan For Therapy Guide	\$92.38	\$66.51	\$66.51
77021	Mr Guidance ndl plmt rs&i	\$387.13	\$278.73	\$278.73
77022	Mri gdn parnchyma tiss abltj	\$324.42	\$233.58	\$233.58
77053	X-Ray Of Mammary Duct	\$49.23	\$35.45	\$35.45
77054	X-Ray Of Mammary Ducts	\$65.20	\$46.94	\$46.94
77058	Mri, One Breast	\$547.32	Removed with 2019 HCPC Update	Removed with 2019 HCPC Update
77059	Mri, Both Breasts	\$547.32	Removed with 2019 HCPC Update	Removed with 2019 HCPC Update
77063	Screening, digital breast tomosynthesis, bilateral	\$30.63	\$22.05	\$22.05
77065	DX Mammo Incl CAD Uni	\$115.26	\$82.98	\$82.98
77066	DX Mammo Inc CAD Bi	\$147.20	\$105.98	\$105.98
77067	Scr Mammo Bi Incl CAD	\$121.73	\$87.65	\$87.65
77072	X-Rays For Bone Age	\$16.43	\$11.83	\$11.83
77073	X-Rays, Bone Length Studies	\$26.36	\$18.98	\$18.98
77074	X-Rays, Bone Survey, Limited	\$50.53	\$36.38	\$36.38
77075	X-Rays, Bone Survey Complete	\$73.40	\$52.84	\$52.84
77076	X-Rays, Bone Survey, Infant	\$73.83	\$53.16	\$53.16
77077	Joint Survey, Single View	\$25.50	\$18.36	\$18.36
77078	Ct Bone Density, Axial	\$74.70	\$53.78	\$53.78
77080	Dxa Bone Density, Axial	\$38.88	\$27.99	\$27.99
77081	Dxa Bone Density/Peripheral	\$21.18	\$15.25	\$15.25
77084	Magnetic Image Bone Marrow	\$294.40	\$211.96	\$211.96
77085	Dxa Axial Skeleton, including vertebral fx assess	\$50.96	\$36.69	\$36.69
77086	Dxa Vertebral fx assess	\$33.70	\$24.26	\$24.26
77280	Therapeutic Radiology Simulation-Aided Field Setting Simple	\$299.53	\$215.66	\$215.66
77285	Therapeutic Radiology Simulation-Aided Field Setting Intermediate	\$493.72	\$355.48	\$355.48
77290	Therapeutic Radiology Simulation-Aided Field Setting Complex	\$545.56	\$392.80	\$392.80
77293	Respiratory motion management simulation	\$453.63	\$326.61	\$326.61
77295	Set Radiation Therapy Field	\$336.38	\$242.19	\$242.19
77300	Basic Radiation Dosimetry Calculation Central Axis Depth Dose Tdf Nsd Gap Calculation Off Axis Etc.	\$42.76	\$30.78	\$30.78
77301	Radiotherapy Dose Plan, Imrt	\$1,928.77	\$1,388.71	\$1,388.71
77306	Teletx Isodose Plan, Simple	\$96.32	\$69.35	\$69.35
77307	Teletx Isodose Plan, complex	\$174.03	\$125.30	\$125.30
77316	Brachytx Isodose Calc Simp	\$144.70	\$104.18	\$104.18
77317	Brachytherapy Isodose Calculation;Intermediate(Multiplane Dosage Calc. Appl. Involving 5-10 ...	\$189.18	\$136.21	\$136.21
77318	Brachytherapy Isodose Calculation;Complex(Multiplane Isodose Plan Volume Implant Calc. Over 10	\$257.02	\$185.05	\$185.05
77321	Special Teletx Port Plan	\$54.85	\$39.49	\$39.49
77331	Special Dosimetry (Eg Tld Microdosimetry)(Specify) Only When Prescribed By The Treating Physician	\$23.77	\$17.11	\$17.11
77332	Treatment Devices Design And Construction Simple (Simple Block Simple Bolus)	\$43.20	\$31.10	\$31.10
77333	Radiation Treatment Aid(S)	\$72.53	\$52.22	\$52.22
77334	Treatment Devices Design And Construction Complex (Irregular Blocks Special Shields Compensators	\$85.48	\$61.55	\$61.55
77336	Continuing Med Physics Consultation Incl Assessment Of Tx Parameters...Reported Per Week Of Therapy	\$99.55	\$71.67	\$71.67
77338	Design Mlc Device For Imrt	\$358.43	\$258.07	\$258.07
77370	Special Medical Radiation Physics Consultation	\$153.27	\$110.35	\$110.35
77371	Srs, Multisource	\$1,357.98	\$977.75	\$977.75
77372	Srs, Linear Based	\$1,341.48	\$965.87	\$965.87
77373	Sbrt Delivery	\$1,706.31	\$1,228.54	\$1,228.54
77385	ntsty modul rad tx dl,smpl	\$474.18	\$341.41	\$341.41
77386	ntsty modul rad txlvr, complex	\$474.18	\$341.41	\$341.41
77387	Guidance for radiaj tx dlvr	\$64.95	\$46.76	\$46.76

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

Procedure Code	Procedure Description	Rate Effective for Dates of Service	Rate Effective for Dates of Service	Rate Effective for Dates of Service
		Beginning	Beginning	Beginning
		01/01/2018	01/01/2019	01/01/2020
77401	Radiation Treatment Delivery Superficial And/Or Orthod Voltage	\$30.08	\$22.09	\$22.09
77402	Radiation Treatment Delivery > 1MeV;simple	\$168.11	\$121.04	\$121.04
77407	Radiation Treatment Delivery > 1MeV; intermediate	\$305.25	\$219.78	\$219.78
77412	Radiation Treatment Delivery; complex	\$289.77	\$208.63	\$208.63
77417	Radiology Port Images(s)	\$13.35	\$9.97	\$9.97
77422	Neutron Beam Tx Simple	\$40.15	\$28.90	\$28.90
77423	Neutron Beam Tx Complex	\$78.17	\$56.28	\$56.28
77470	Special Radiation Treatment	\$38.45	\$27.68	\$27.68
77600	Hyperthermia Externally Generated Superficial (Ie Heating To A Depth Of 4 Cm Or Less)	\$443.80	\$319.53	\$319.53
77605	Hyperthermia Externally Generated Deep (Ie Heating To Depths Greater Than 4 Cm)	\$810.17	\$583.32	\$583.32
77610	Hyperthermia Generated By Interstitial Probe(S) 5 Or Fewer Interstitial Applicators	\$859.37	\$618.75	\$618.75
77615	Hyperthermia Generated By Interstitial Probe(S) More Than 5 Interstitial Applicators	\$1,153.91	\$838.91	\$838.91
77620	Hyperthermia Generated By Intracavitary Probe(S)	\$475.30	\$342.21	\$342.21
77750	Infusion Or Instillation Of Radioelement Solution	\$142.15	\$102.34	\$102.34
77761	Intracavitary Radioelement Application Simple	\$239.72	\$172.60	\$172.60
77762	Intracavitary Radioelement Application Intermediate	\$275.57	\$198.41	\$198.41
77763	Intracavitary Radioelement Application Complex	\$364.60	\$262.51	\$262.51
77767	Remote Afterloading High Dose Rate Radionuclide skin surface Brachy	\$213.31	\$153.58	\$153.58
77768	Lesion diameter over 2.0 cm and 2 or more channels or multiple lesions	\$350.20	\$252.14	\$252.14
77770	Remote Afterloading High Dose Rate Radionuclide Brachytherapy; 1 Channels	\$276.78	\$199.28	\$199.28
77771	Remote Afterloading High Dose Rate Radionuclide Brachytherapy; 2-12	\$502.61	\$361.88	\$361.88
77772	Remote Afterloading High Dose Rate Radionuclide Brachytherapy; Over 12 Channels	\$793.68	\$571.45	\$571.45
77778	Interstitial Radioelement Application Complex	\$461.40	\$332.20	\$332.20
77789	Surface Application Of Radioelement	\$76.42	\$55.02	\$55.02
77790	Radiation Handling	\$18.60	\$13.39	\$13.39
78012	Thyroid Uptake Measurement	\$90.71	\$65.31	\$65.31
78013	Thyroid Imaging w/ Blood Flow	\$220.65	\$158.86	\$158.86
78014	Thyroid Imaging w/ Blood Flow	\$275.45	\$198.32	\$198.32
78015	Thyroid Carcinoma Metastases Imaging Limited Area (Eg	\$241.36	\$173.78	\$173.78
78016	Thyroid Carcinoma Metastases Imaging With Additional Studies (Eg Urinary Recovery)	\$314.76	\$226.62	\$226.62
78018	Thyroid Met Imaging, Body	\$345.40	\$248.68	\$248.68
78020	Thyroid Carcinoma Metastases Uptake(List Separately In Addition To Code For Primary Procedure)	\$71.72	\$51.64	\$51.64
78070	Parathyroid Nuclear Imaging	\$331.98	\$239.03	\$239.03
78071	Parathyroid Planar w/ and w/out Subtrj	\$380.36	\$273.86	\$273.86
78072	Parathyroid Planar w/ spect and ct	\$429.56	\$309.28	\$309.28
78075	Adrenal Imaging Cortex And/Or Medulla	\$527.12	\$379.53	\$379.53
78102	Bone Marrow Imaging, Ltd	\$181.81	\$130.90	\$130.90
78103	Bone Marrow Imaging Mult	\$230.57	\$166.01	\$166.01
78104	Bone Marrow Imaging, Body	\$265.10	\$190.87	\$190.87
78110	Plasma Volume Single	\$92.47	\$66.58	\$66.58
78111	Plasma Volume Multiple	\$86.43	\$62.23	\$62.23
78120	Red Cell Mass Single	\$84.27	\$60.67	\$60.67
78121	Red Cell Mass Multiple	\$90.75	\$65.34	\$65.34
78122	Whole Blood Vol Determn Incl Separate measurement/ Plasma Vol/Red Cell Vol(Etc)(Subject To Clia Edit)	\$94.63	\$68.13	\$68.13
78130	Red Cell Survival Study (Subject To CLIA Editing)	\$140.85	\$101.41	\$101.41
78135	Red Cell Survival Study; Differential Organ/Tissue Kinetics Eg Splenic &/Or Hepatic Sequestration	\$328.57	\$236.57	\$236.57
78140	Labeled Red Cell Sequestration Differential Organ/Tissue Eg Splenic And/Or Hepatic	\$111.03	\$79.94	\$79.94
78185	Spleen Imaging Only With Or Without Vascular Flow	\$196.05	\$141.15	\$141.15
78191	Platelet Survival Study(Subject To Clia Editing)	\$140.85	\$101.41	\$101.41
78195	Lymphatics & Lumph Nodes Imaging	\$378.63	\$272.61	\$272.61
78201	Liver Imaging; Static Only	\$213.73	\$153.89	\$153.89
78202	Liver Imaging With Vascular Flow	\$223.66	\$161.03	\$161.03
78205	Liver Imaging (3D)	\$225.82	\$162.59	Removed with 2020 HCPC Update
78206	Liver Imaging (Spect); With Vascular Flow	\$378.20	\$272.30	Removed with 2020 HCPC Update
78215	Liver And Spleen Imaging Static Only	\$216.32	\$155.75	\$155.75
78216	Liver And Spleen Imaging With Vascular Flow	\$126.13	\$90.81	\$90.81
78226	Hepatobiliary System Imaging	\$374.32	\$269.51	\$269.51
78227	Hepatobil Syst Image W/ Drug	\$513.31	\$369.58	\$369.58
78230	Salivary Gland Imaging	\$192.16	\$138.35	\$138.35
78231	Salivary Gland Imaging With Serial Images	\$105.85	\$76.21	\$76.21
78232	Salivary Gland Function Study	\$102.40	\$73.72	\$73.72
78261	Gastric Mucosa Imaging	\$219.78	\$158.24	\$158.24
78262	Gastroesophageal Reflux Exam	\$264.66	\$190.55	\$190.55
78264	Gastric Emptying Study	\$377.77	\$271.99	\$271.99
78265	Gastric Emptying Study with small bowel transit	\$419.23	\$301.85	\$301.85
78266	Gastric Emptying Study with small bowel and colon transit; multiple days	\$535.76	\$385.74	\$385.74
78267	Breath tst attain/anal c-14	\$13.00	\$9.95	\$9.95
78268	Breath test analysis c-14	\$118.00	\$84.96	\$84.96
78270	Vitamin B-12 Absorption Study (Eg Schilling Test)W/Out Intrinsic Factor(Subject To Clia Editing)	\$116.65	Removed with 2019 HCPC Update	Removed with 2019 HCPC Update
78271	Vit B-12 Absrp Exam Int Fac	\$81.68	Removed with 2019 HCPC Update	Removed with 2019 HCPC Update
78272	Vit B-12 Absorp Combined	\$86.86	Removed with 2019 HCPC Update	Removed with 2019 HCPC Update
78278	Acute Gi Blood Loss Imaging	\$381.65	\$274.78	\$274.78
78282	Gastrointestinal Protein Loss	\$280.63	\$202.05	\$202.05

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

Procedure Code	Procedure Description	Rate Effective for Dates of Service	Rate Effective for Dates of Service	Rate Effective for Dates of Service
		Beginning	Beginning	Beginning
		01/01/2018	01/01/2019	01/01/2020
78290	Meckels Divert Exam	\$378.20	\$272.30	\$272.30
78291	Peritoneal-Venous Shunt Patency Test (Eg For Leveen Denver Shunt)	\$272.00	\$195.84	\$195.84
78300	Bone Imaging, Limited Area	\$253.83	\$182.76	\$182.76
78305	Bone Imaging, Multiple Areas	\$305.66	\$220.07	\$220.07
78306	Bone Imaging, Whole Body	\$331.98	\$239.03	\$239.03
78315	Bone Imaging, 3 Phase	\$376.91	\$271.37	\$271.37
78320	Bone Imaging (3D)	\$227.12	\$163.53	Removed with 2020 HCPC Update
78414	Determination Of Central C-V Hemody(Non-Imaging(Eg Ejection Fraction W/Probe Techn.)W/Or W/O..	\$134.75	\$97.02	\$97.02
78428	Cardiac Shunt Detection	\$184.40	\$132.76	\$132.76
78445	Non-Cardiac Vascular Flow Imaging(le Angiography Venography)	\$205.97	\$148.30	\$148.30
78451	Ht Muscle Image Spect Sing	\$348.42	\$250.86	\$250.86
78452	Ht Muscle Image Spect Mult	\$503.00	\$362.16	\$362.16
78453	Ht Musc Image Planar Sing	\$324.26	\$233.46	\$233.46
78454	Ht Musc Image Planar Mult	\$471.46	\$339.45	\$339.45
78456	Acute Venous Thrombosis Imaging Venogram; Unilateral	\$332.46	\$239.37	\$239.37
78457	Venous Thrombosis Imaging (Eg Venogram) Unilateral	\$196.47	\$141.46	\$141.46
78458	Ven Thrombosis Images Bilat	\$202.95	\$146.12	\$146.12
78459	Myocardial Imaging Positron Emission Tomography (Pet) Metabolic Evaluation	\$1,441.83	\$1,038.12	\$1,038.12
78466	Myocardial Imaging Infarct Avid Planar; Qualitative Or Quantitative	\$206.40	\$148.60	\$148.60
78468	Myocardial Imaging Infarct Avid Planar; With Ejection Fraction By First Pass Technique	\$196.05	\$141.15	\$141.15
78469	Myocardial Imaging Infarct Avid Planar; Tomographic Spect With Or Without Quantification	\$234.45	\$168.80	\$168.80
78472	Gated Heart, Planar, Single	\$230.57	\$166.01	\$166.01
78473	Gated Heart, Multiple	\$278.08	\$200.22	\$200.22
78481	Heart First Pass, Single	\$162.35	\$116.89	\$116.89
78483	Heart First Pass Multiple	\$217.62	\$156.69	\$156.69
78491	Heart Image (PET) Single	\$610.48	\$439.55	\$439.55
78492	Heart Image (PET) Multiple	\$1,020.23	\$734.57	\$734.57
78494	Heart Image Spect	\$213.31	\$153.58	\$153.58
78496	Heart First Pass Add-On	\$25.07	\$18.05	\$18.05
78579	Lung Ventilation Imaging	\$207.26	\$149.22	\$149.22
78580	Lung perfusion imaging	\$257.32	\$185.27	\$185.27
78582	Lung Ventilat & Perfus Imaging	\$358.35	\$258.01	\$258.01
78597	Lung Perfusion Differential	\$213.31	\$153.58	\$153.58
78598	Lung Perf & Ventilat Differential	\$335.47	\$241.54	\$241.54
78600	Brain Image < 4 Views	\$206.40	\$148.60	\$148.60
78601	Brain Image W Flow < 4 Views	\$240.92	\$173.46	\$173.46
78605	Brain Image 4+ Views	\$218.92	\$157.62	\$157.62
78606	Brain Image W/Flow 4 + Views	\$378.63	\$272.61	\$272.61
78607	Brain Imaging (3D)	\$370.86	\$267.02	Removed with 2020 HCPC Update
78608	Brain Imaging Positron Emission Tomography (PET); Metabolic Evaluation	\$1,650.70	\$1,188.50	\$1,188.50
78609	Brain Imaging, Positron Emission Tomography (PET); Perfusion Evaluation	\$1,650.70	\$1,188.50	\$1,188.50
78610	Brain Flow Imaging Only	\$202.95	\$146.12	\$146.12
78630	Cerebrospinal Fluid Flow Imaging (Not Including Introduction Of Material)	\$387.26	\$278.82	\$278.82
78635	Cerebrospinal Fluid Flow Imaging (Not Including Introduction Of Material)	\$391.15	\$281.62	\$281.62
78645	Cerebrospinal Fluid Flow Imaging (Not Including Introduction Of Material)	\$377.77	\$271.99	\$271.99
78647	Cerebrospinal Fluid Flow Imaging (Not Including Introduction Of Material); Tomographic (Spect)	\$388.98	\$280.07	Removed with 2020 HCPC Update
78650	Cerebrospinal Fluid Leakage Detection & Localization	\$313.90	\$226.00	\$226.00
78660	Radiopharmaceutical Dacryocystography	\$196.05	\$141.15	\$141.15
78700	Kidney Imaging, Morphol	\$190.87	\$137.43	\$137.43
78701	Kidney Imaging W Flow	\$242.22	\$174.40	\$174.40
78707	K Flow/Funct Image Wo Drug	\$237.05	\$170.67	\$170.67
78708	K Flow/Funct Image W Drug	\$149.05	\$107.31	\$107.31
78709	K Flow/Funct Image, Multiple	\$379.92	\$273.54	\$273.54
78710	Kidney Imaging (3D)	\$218.48	\$157.31	Removed with 2020 HCPC Update
78725	Kidney Function Study Non-Imaging Radioisotopic Study	\$112.76	\$81.18	\$81.18
78730	Urinary Bladder Retention	\$88.93	\$64.03	\$64.03
78740	Ureteral Reflux Study (Radiopharmaceutical Voiding Cystogram)	\$242.22	\$174.40	\$174.40
78761	Testicular Imaging W Flow	\$222.80	\$160.41	\$160.41
78800	Tumor Imaging, Limited Area	\$202.52	\$145.81	\$145.81
78801	Tumor Imaging, Mult Areas	\$280.20	\$201.74	\$201.74
78802	Tumor Imaging, Whole Body	\$358.78	\$258.32	\$258.32
78803	Tumor Imaging (3D)	\$370.00	\$266.40	\$266.40
78804	Tumor Imaging, Whole Body	\$654.95	\$471.56	\$471.56
78805	Abscess Imaging, Ltd Area	\$187.41	\$134.93	Removed with 2020 HCPC Update
78806	Abscess Imaging, Whole Body	\$371.30	\$267.33	Removed with 2020 HCPC Update
78807	Radiopharmaceutical Localization Of Abscess; Tomographic (Spect)	\$370.43	\$266.71	Removed with 2020 HCPC Update
78811	Pet Image Ltd Area	\$1,441.83	\$1,038.12	\$1,038.12
78812	Pet Image, Skull-Thigh	\$1,650.70	\$1,188.50	\$1,188.50
78813	Pet Image, Full Body	\$1,650.70	\$1,188.50	\$1,188.50
78814	Pet Image W Ct, Lmtd	\$1,650.70	\$1,188.50	\$1,188.50
78815	Pet Image W Ct, Skull-Thigh	\$1,650.70	\$1,188.50	\$1,188.50

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 01/01/2018	Beginning 01/01/2019	Beginning 01/01/2020
78816	Pet Image W Ct, Full Body	\$1,650.70	\$1,188.50	\$1,188.50
79005	Nuclear Rx, Oral Admin	\$60.50	\$43.56	\$43.56
79101	Nuclear Rx, Iv Admin	\$59.60	\$42.91	\$42.91
79200	Nuclear Rx Intracav Admin	\$62.66	\$45.11	\$45.11
79300	Nuclr Rx Interstit Colloid	\$220.65	\$158.86	\$158.86
79403	Hematopoietic Nuclear Tx	\$102.40	\$73.72	\$73.72
79440	Nuclear Rx Intra-Articular	\$50.53	\$36.38	\$36.38
79445	Nuclear Rx Intra-Arterial	\$74.38	\$53.55	\$53.55
92978	Intravasc Us, Heart Add-On	\$250.63	\$180.45	\$180.45
92979	Intravasc Us, Heart Add-On	\$126.61	\$91.16	\$91.16
93303	TTE for Congenital Cardiac Anomalies; complete	\$217.58	\$156.66	\$156.66
93304	TTE for Congenital Cardiac Anomalies; follow-up/limited	\$151.95	\$109.40	\$109.40
93306	TTE w/Doppler; complete	\$166.66	\$119.99	\$119.99
93307	TTE W/O Doppler; complete	\$119.15	\$85.78	\$85.78
93308	TTE Follow-up or Limited	\$98.00	\$70.56	\$70.56
93312	ECG, Transesophageal w/image docum (2D) incl Probe Placement	\$169.25	\$121.86	\$121.86
93314	ECG, Real Time w/Image Documentation, etc; image acquisition, Interpretation & Report	\$180.47	\$129.94	\$129.94
93315	Transesophageal ECG for Congenital Cardiac Anomalies, probe placement	\$180.07	\$129.65	\$129.65
93317	Transesophageal ECG for Congenital Cardiac Anomalies; image acquis, Interpret & Report	\$263.65	\$189.82	\$189.82
93318	ECG (TEE) for Monitor Purposes, Incl Probe, Real Time 2D	\$386.23	\$278.09	\$278.09
93320	Doppler Echo Exam Heart	\$44.01	\$31.68	\$31.68
93321	Doppler Echo Exam Heart	\$24.60	\$17.71	\$17.71
93325	Doppler Color Flow Add-On	\$27.62	\$19.89	\$19.89
93350	Stress TTE Only	\$167.08	\$120.30	\$120.30
93351	Stress TTE Complete	\$182.23	\$131.21	\$131.21
93464	Exercise w/Hemodynamic Measurement	\$205.88	\$148.23	\$148.23
93561	Cardiac Output Measurement	\$30.21	\$21.75	\$21.75
93562	Cardiac Output Measurement; subsequent	\$18.71	\$13.47	\$13.47
93571	Intravascular Doppler Velocity and/or Pressure Flow Reserve Measurement	\$250.63	\$180.45	\$180.45
93572	IDV and/or PFRM; each additional vessel	\$112.00	\$80.64	\$80.64
93880	Duplex Scan Of Extracranial Arteries; Complete Bilateral Study	\$142.02	\$145.16	\$145.16
93882	Duplex Scan Of Extracranial Arteries; Unilateral Or Limited Study	\$129.50	\$93.24	\$93.24
93886	Transcranial Doppler Study Of The Intracranial Arteries; Complete Study	\$142.45	\$102.56	\$102.56
93888	Transcranial Doppler Study Of The Intracranial Arteries; Limited Study	\$142.45	\$102.56	\$102.56
93922	Upr/L Xtremity Art 2 Levels	\$92.82	\$66.83	\$66.83
93923	Upr/Lxtr Art Stdy 3+ Lvlis	\$140.76	\$101.34	\$101.34
93924	Lwr Xtr Vasc Stdy Bilat	\$178.75	\$128.70	\$128.70
93925	Duplex Scan Of Lower Extremity Arteries Or Arterial Bypass Grafts; Complete Bilateral Study	\$272.86	\$196.46	\$196.46
93926	Duplex Scan Of Lower Extremity Arteries Or Arterial Bypass Grafts; Unilateral Or Limited Study	\$142.50	\$102.60	\$102.60
93930	Duplex Scan Upper Extremity Arteries Or Arterial Bypass Grafts; Complete Bilateal Study	\$142.02	\$102.25	\$102.25
93931	Duplex Scan Of Upper Extremity Arteries Or Arterial Bypass Grafts; Unilater Or Limited Study	\$129.93	\$93.55	\$93.55
93970	Duplex Scan Extremity Veins-Responses Compression & Other Maneuvers; Complete Bilateral Study	\$199.88	\$143.91	\$143.91
93971	Duplex Scan Of Extremity Veins Include Responses To Compression/Maneuvers; Unilateral/Limited Study	\$120.87	\$87.03	\$87.03
93975	Duplex Scan/Arterial Inflow & Venous Outflow Of Abdominal/Pelvic/Scrotal Contents &/Or Retroper...	\$277.61	\$199.88	\$199.88
93976	Duplex Scan Of Arterial Inflow And Venous Outflow Of Abdominal Pelvic ...; Limited Study	\$142.45	\$102.56	\$102.56
93978	Duplex Scan Of Aorta Inferior Vena Cava Iliac Vasculature Or Bypass Grafts; Complete Study	\$142.50	\$102.60	\$102.60
93979	Duplex Scan Of Aorta Inferior Vena Cava Iliac Vasculature Or Bypass Grafts; Unilateral/Limited Study	\$118.71	\$85.47	\$85.47
93990	Duplex Scan Of Hemodialysis Access (Including Arterial Inflow Body Of Access And Venous Outflow)	\$142.50	\$102.60	\$102.60
96020	Functional Brain Mapping	\$108.43	\$78.07	\$78.07
G0297	LDCT For Lung CA Screen	\$227.46	\$163.77	\$163.77