



ESTADO LIBRE ASOCIADO DE
PUERTO RICO
Administración de Compensaciones por
Accidentes de Automóviles

Carta Circular 2014-AM-02

28 de febrero de 2014

**A TODOS LOS RADIOLOGOS PARTICIPANTES DE LA ADMINISTRACIÓN DE
COMPENSACIONES POR ACCIDENTES DE AUTOMÓVILES ("ACAA")**

Re: Revisión de Tarifas para los servicios de Radiología

Estimado Proveedor:

Reciba un cordial saludo de la Administración de Compensaciones por Accidentes de Automóviles ("ACAA"). Le informamos que los códigos y las tarifas para los servicios de Radiología, fueron revisados. Los mismos serán efectivos al 1ro de abril de 2014.

Le anejamos a esta comunicación, un listado con los códigos y las tarifas actualizadas. De necesitar información adicional, favor de comunicarse con el Departamento de Asuntos Médicos y Relaciones con los Proveedores al (787) 759-8989 ext. 2425 ó 2736.

Cordialmente,


Patricia Rivera Santana, MD
Director Médico



Administración de Compensaciones por Accidentes de Automóviles

Lista de Códigos de Radiología con sus nuevas Tarifas

Efectivo 1^o de abril de 2014

Código	Descripción de Procedimiento	Tarifa
70015	CISTERNOGRAPHY, POSITIVE CONTRAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$91.00
70030	RADIOLOGIC EXAMINATION, EYE, FOR DETECTION OF FOREIGN BODY	\$16.80
70100	RADIOLOGIC EXAMINATION, MANDIBLE; PARTIAL, LESS THAN 4 VIEWS	\$14.70
70110	RADIOLOGIC EXAMINATION, MANDIBLE; COMPLETE, MINIMUM OF 4 VIEWS	\$21.00
70120	RADIOLOGIC EXAMINATION, MASTOIDS; LESS THAN 3 VIEWS PER SIDE	\$14.70
70130	RADIOLOGIC EXAMINATION, MASTOIDS; COMPLETE, MINIMUM OF 3 VIEWS PER SIDE	\$23.80
70140	RADIOLOGIC EXAMINATION, FACIAL BONES; LESS THAN 3VIEWS	\$14.70
70150	RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE, MINIMUM OF 3 VIEWS	\$23.80
70160	RADIOLOGIC EXAMINATION, NASAL BONES, COMPLETE, MINIMUM OF 3 VIEWS	\$14.70
70170	DACRYOCYSTOGRAPHY, NASOLACRIMAL DUCT, RADIOLOGICALSUPERVISION AND INTERPRETATION	\$16.80
70190	RADIOLOGIC EXAMINATION; OPTIC FORAMINA	\$16.80
70200	RADIOLOGIC EXAMINATION; ORBITS, COMPLETE, MINIMUMOF 4 VIEWS	\$23.80
70210	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, LESS THAN 3 VIEWS	\$14.70
70220	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, COMPLETE, MINIMUM OF 3 VIEWS	\$23.80
70240	RADIOLOGIC EXAMINATION, SELLA TURCICA	\$10.50
70250	RADIOLOGIC EXAMINATION, SKULL; LESS THAN 4 VIEWS	\$14.70
70260	RADIOLOGIC EXAMINATION, SKULL; COMPLETE, MINIMUM OF 4 VIEWS	\$26.60

Código	Descripción de Procedimiento	Tarifa
70300	RADIOLOGIC EXAMINATION, TEETH; SINGLE VIEW	\$4.90
70310	RADIOLOGIC EXAMINATION, TEETH; PARTIAL EXAMINATION, LESS THAN FULL MOUTH	\$9.80
70320	RADIOLOGIC EXAMINATION, TEETH; COMPLETE, FULL MOUTH	\$19.60
70328	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; UNILATERAL	\$11.90
70330	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; BILATERAL	\$19.60
70332	TEMPOROMANDIBULAR JOINT ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$63.00
70336	MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JOINT(S)	\$386.75
70350	CEPHALOGRAM, ORTHODONTIC	\$7.00
70360	RADIOLOGIC EXAMINATION; NECK, SOFT TISSUE	\$9.80
70370	RADIOLOGIC EXAMINATION; PHARYNX OR LARYNX, INCLUDING FLUOROSCOPY AND/OR MAGNIFICATION TECHNIQUE	\$28.70
70380	RADIOLOGIC EXAMINATION, SALIVARY GLAND FOR CALCULUS	\$19.60
70390	SIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$21.00
70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	\$163.63
70460	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITH CONTRAST MATERIAL(S)	\$178.50
70480	CT, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	\$107.10
70481	CT, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITH CONTRAST MATERIAL(S)	\$178.50
70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	\$163.63
70487	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S)	\$178.50
70490	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL	\$163.63
70491	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITH CONTRAST MATERIAL(S)	\$178.50

Código	Descripción de Procedimiento	Tarifa
70496	CT ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IFPERFORMED, AND IMAGE POSTPROCESSING	\$182.00
70498	CT ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IFPERFORMED, AND IMAGE POSTPROCESSING	\$182.00
70540	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S)	\$386.75
70541	MAGNETIC RESONANCE ANGIOGRAPHY	\$218.96
70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL	\$386.75
70552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITH CONTRAST MATERIAL(S)	\$446.25
71010	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL	\$9.80
71020	RADIOLOGIC EXAMINATION, CHEST, 2 VIEWS, FRONTAL AND LATERAL;	\$14.70
71021	RADIOLOGIC EXAMINATION, CHEST, 2 VIEWS, FRONTAL AND LATERAL; WITH APICAL LORDOTIC PROCEDURE	\$19.60
71034	RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF 4 VIEWS; WITH FLUOROSCOPY	\$25.20
71040	BRONCHOGRAPHY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$29.40
71060	BRONCHOGRAPHY, BILATERAL, RADIOLOGICAL SUPERVISIONAND INTERPRETATION	\$37.80
71100	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; 2 VIEWS	\$19.60
71110	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; 3 VIEWS	\$23.80
71111	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; INCLUDINGPOSTEROANTERIOR CHEST, MINIMUM OF 4 VIEWS	\$24.50
71120	RADIOLOGIC EXAMINATION; STERNUM, MINIMUM OF 2 VIEWS	\$14.70
71130	RADIOLOGIC EXAMINATION; STERNOCLAVICULAR JOINT ORJOINTS, MINIMUM OF 3 VIEWS	\$19.60
71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	\$163.63
71260	COMPUTED TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	\$178.50

Código	Descripción de Procedimiento	Tarifa
71270	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHERSECTIONS	\$178.50
71275	CT ANGIOGRAPHY, CHEST (NONCORONARY), W CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	\$178.50
71550	MRI (EG, PROTON), CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY); WITHOUT CONTRAST MATERIAL(S)	\$386.75
71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHEST (EXCLUDING MYOCARDIUM), WITH OR WITHOUT CONTRAST MATERIAL(S)	\$445.90
72010	RADIOLOGIC EXAMINATION, SPINE, ENTIRE, SURVEY STUDY, ANTEROPOSTERIOR AND LATERAL	\$33.60
72040	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; 2 OR 3 VIEWS	\$14.70
72050	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; MINIMUM OF 4 VIEWS	\$23.80
72052	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; COMPLETE, INCLUDING OBLIQUE AND FLEXION AND/OR EXTENSION STUDIES	\$33.60
72069	RADIOLOGIC EXAMINATION, SPINE, THORACOLUMBAR, STANDING (SCOLIOSIS)	\$14.70
72070	RADIOLOGIC EXAMINATION, SPINE; THORACIC, 2 VIEWS	\$14.70
72080	RADIOLOGIC EXAMINATION, SPINE; THORACOLUMBAR, 2 VIEWS	\$15.40
72100	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; 2 OR 3VIEWS	\$19.60
72110	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; MINIMUM OF 4 VIEWS	\$28.70
72120	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL, BENDING VIEWS ONLY, MINIMUM OF 4 VIEWS	\$19.60
72125	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	\$163.63
72126	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITH CONTRASTMATERIAL	\$178.50
72128	COMPUTED TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL	\$163.63
72129	COMPUTED TOMOGRAPHY, THORACIC SPINE; WITH CONTRASTMATERIAL	\$178.50
72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	\$163.63
72132	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL	\$178.50

Código	Descripción de Procedimiento	Tarifa
72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITHOUT CONTRAST MATERIAL	\$386.75
72142	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITH CONTRAST MATERIAL(S)	\$446.25
72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	\$386.75
72147	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITH CONTRAST MATERIAL(S)	\$446.25
72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	\$386.75
72149	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITH CONTRAST MATERIAL(S)	\$446.25
72170	RADIOLOGIC EXAMINATION, PELVIS; 1 OR 2 VIEWS	\$10.50
72190	RADIOLOGIC EXAMINATION, PELVIS; COMPLETE, MINIMUM OF 3 VIEWS	\$16.80
72191	CT ANGIOGRAPHY, PELVIS, W CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	\$178.50
72192	COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	\$163.63
72193	COMPUTED TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	\$178.50
72196	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITH CONTRAST MATERIAL(S)	\$386.75
72200	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; LESS THAN 3 VIEWS	\$8.40
72220	RADIOLOGIC EXAMINATION, SACRUM AND COCCYX, MINIMUM OF 2 VIEWS	\$12.60
72240	MYELOGRAPHY, CERVICAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$59.50
72265	MYELOGRAPHY, LUMBOSACRAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$80.50
72270	MYELOGRAPHY, 2 OR MORE REGIONS (EG, LUMBAR/THORACIC, CERVICAL/THORACIC, LUMBAR/CERVICAL, LUMBAR/THORACIC/CERVICAL), RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$146.30
72291	RADIOLOGICAL SUPERVISION AND INTERPRETATION, PERCUTANEOUS VERTEBROPLASTY OR VERTEBRAL AUGMENTATION INCLUDING CAVITY CREATION, PER VERTEBRAL BODY; UNDER FLUOROSCOPIC GUIDANCE	\$80.50

Código	Descripción de Procedimiento	Tarifa
72295	DISKOGRAPHY, LUMBAR, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$140.00
73000	RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE	\$8.40
73010	RADIOLOGIC EXAMINATION; SCAPULA, COMPLETE	\$14.70
73020	RADIOLOGIC EXAMINATION, SHOULDER; 1 VIEW	\$9.80
73030	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF 2 VIEWS	\$16.80
73040	RADIOLOGIC EXAMINATION, SHOULDER, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$42.00
73050	RADIOLOGIC EXAMINATION; ACROMIOCLAVICULAR JOINTS,BILATERAL, WITH OR WITHOUT WEIGHTED DISTRACTION	\$14.70
73060	RADIOLOGIC EXAMINATION; HUMERUS, MINIMUM OF 2 VIEWS	\$14.70
73070	RADIOLOGIC EXAMINATION, ELBOW; 2 VIEWS	\$14.70
73080	RADIOLOGIC EXAMINATION, ELBOW; COMPLETE, MINIMUM OF 3 VIEWS	\$16.80
73085	RADIOLOGIC EXAMINATION, ELBOW, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$42.00
73090	RADIOLOGIC EXAMINATION; FOREARM, 2 VIEWS	\$14.70
73100	RADIOLOGIC EXAMINATION, WRIST; 2 VIEWS	\$14.70
73110	RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF 3 VIEWS	\$16.80
73120	RADIOLOGIC EXAMINATION, HAND; 2 VIEWS	\$14.70
73130	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF 3 VIEWS	\$17.50
73140	RADIOLOGIC EXAMINATION, FINGER(S), MINIMUM OF 2 VIEWS	\$9.80
73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	\$163.63
73202	CT, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	\$148.75
73206	CT ANGIOGRAPHY, UPPER EXTREMITY,W CONTRAST MATERIAL(S), INCLUDING NONCONTRASTIMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	\$178.50

Código	Descripción de Procedimiento	Tarifa
73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	\$386.75
73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL(S)	\$386.75
73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL(S)	\$386.40
73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	\$445.90
73225	MAGNETIC RESONANCE ANGIOGRAPHY, UPPER EXTREMITY, WITH OR WITHOUT CONTRAST MATERIAL(S)	\$445.90
73500	RADIOLOGIC EXAMINATION, HIP, UNILATERAL; 1 VIEW	\$9.80
73510	RADIOLOGIC EXAMINATION, HIP, UNILATERAL; COMPLETE, MINIMUM OF 2 VIEWS	\$19.60
73520	RADIOLOGIC EXAMINATION, HIPS, BILATERAL, MINIMUM OF 2 VIEWS OF EACH HIP, INCLUDING ANTEROPOSTERIOR VIEW OF PELVIS	\$21.00
73525	RADIOLOGIC EXAMINATION, HIP, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$42.00
73530	RADIOLOGIC EXAMINATION, HIP, DURING OPERATIVE PROCEDURE	\$25.20
73540	RADIOLOGIC EXAMINATION, PELVIS AND HIPS, INFANT OR CHILD, MINIMUM OF 2 VIEWS	\$14.70
73550	RADIOLOGIC EXAMINATION, FEMUR, 2 VIEWS	\$14.70
73560	RADIOLOGIC EXAMINATION, KNEE; 1 OR 2 VIEWS	\$14.70
73562	RADIOLOGIC EXAMINATION, KNEE; 3 VIEWS	\$17.50
73564	RADIOLOGIC EXAMINATION, KNEE; COMPLETE, 4 OR MORE VIEWS	\$12.60
73565	RADIOLOGIC EXAMINATION, KNEE; BOTH KNEES, STANDING, ANTEROPOSTERIOR	\$14.70
73580	RADIOLOGIC EXAMINATION, KNEE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$42.00
73590	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, 2 VIEWS	\$14.70

Código	Descripción de Procedimiento	Tarifa
73600	RADIOLOGIC EXAMINATION, ANKLE; 2 VIEWS	\$14.70
73610	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF 3 VIEWS	\$16.80
73615	RADIOLOGIC EXAMINATION, ANKLE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$42.00
73620	RADIOLOGIC EXAMINATION, FOOT; 2 VIEWS	\$14.70
73630	RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF 3 VIEWS	\$16.80
73650	RADIOLOGIC EXAMINATION; CALCANEUS, MINIMUM OF 2 VIEWS	\$14.70
73660	RADIOLOGIC EXAMINATION; TOE(S), MINIMUM OF 2 VIEWS	\$9.80
73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	\$163.63
73701	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)	\$135.07
73702	CT, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	\$148.75
73706	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, LOWER EXTREMITY, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	\$178.50
73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	\$386.75
73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	\$386.75
73722	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)	\$446.25
73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	\$386.75
73725	MAGNETIC RESONANCE ANGIOGRAPHY, LOWER EXTREMITY, WITH OR WITHOUT CONTRAST MATERIAL(S)	\$445.90
74000	RADIOLOGIC EXAMINATION, ABDOMEN; SINGLE ANTEROPOSTERIOR VIEW	\$9.80

Código	Descripción de Procedimiento	Tarifa
74010	RADIOLOGIC EXAMINATION, ABDOMEN; ANTEROPOSTERIOR AND ADDITIONAL OBLIQUE AND CONE VIEWS	\$12.60
74020	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE, INCLUDING DECUBITUS AND/OR ERECT VIEWS	\$19.60
74150	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	\$163.63
74160	COMPUTED TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	\$178.50
74175	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES,IF PERFORMED, AND IMAGE POSTPROCESSING	\$178.50
74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;WITHOUT CONTRAST MATERIAL(S)	\$386.75
74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY WITH CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	\$445.90
74185	MAGNETIC RESONANCE ANGIOGRAPHY, ABDOMEN, WITH OR WITHOUT CONTRAST MATERIAL(S)	\$445.90
74220	RADIOLOGIC EXAMINATION; ESOPHAGUS	\$28.70
74240	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR WITHOUT DELAYED FILMS, WITHOUT KUB	\$42.00
74241	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR WITHOUT DELAYED FILMS, WITH KUB	\$46.20
74245	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH SMALL INTESTINE, INCLUDES MULTIPLE SERIAL FILMS	\$63.00
74246	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT,UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY BARIUM, EFFERVESCENT AGENT, WITH OR WITHOUT GLUCAGON; WITH OR WITHOUT DELAYED FILMS, WITHOUT KUB	\$49.00
74250	RADIOLOGIC EXAMINATION, SMALL INTESTINE, INCLUDESMULTIPLE SERIAL FILMS;	\$38.50
74270	RADIOLOGIC EXAMINATION, COLON; CONTRAST (EG, BARIUM) ENEMA, WITH OR WITHOUT KUB	\$38.50

Código	Descripción de Procedimiento	Tarifa
74280	RADIOLOGIC EXAMINATION, COLON; AIR CONTRAST WITH SPECIFIC HIGH DENSITY BARIUM, WITH OR WITHOUT GLUCAGON	\$70.00
74290	CHOLECYSTOGRAPHY, ORAL CONTRAST;	\$28.00
74300	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; INTRAOPERATIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$38.50
74320	CHOLANGIOGRAPHY, PERCUTANEOUS, TRANSHEPATIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$21.00
74400	UROGRAPHY (PYELOGRAPHY), INTRAVENOUS, WITH OR WITHOUT KUB, WITH OR WITHOUT TOMOGRAPHY	\$42.00
74405	WITH SPECIAL HYPERTENSIVE CONTRAST CONCE	\$56.00
74420	UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB	\$33.60
74425	UROGRAPHY, ANTEGRADE (PYELOSTOGRAM, NEPHROSTOGRAM, LOOPOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$9.10
74430	CYSTOGRAPHY, MINIMUM OF 3 VIEWS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$21.00
74450	URETHROCYSTOGRAPHY, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$21.00
74455	URETHROCYSTOGRAPHY, VOIDING, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$29.40
74475	INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$87.50
74710	PELVIMETRY, WITH OR WITHOUT PLACENTAL LOCALIZATION	\$23.80
75574	COMPUTER TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY AR	\$315.00
75600	AORTOGRAPHY, THORACIC, WITHOUT SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$50.40
75605	AORTOGRAPHY, THORACIC, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$71.40

Código	Descripción de Procedimiento	Tarifa
75625	AORTOGRAPHY, ABDOMINAL, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$255.50
75630	AORTOGRAPHY, ABDOMINAL PLUS BILATERAL ILIOFEMORALLOWER EXTREMITY, CATHETER, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$84.00
75635	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMINAL AORTAAND BILATERAL ILIOFEMORAL LOWER EXTREMITY RUNOFF,WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	\$178.50
75650	ANGIOGRAPHY, CERVICOCEREBRAL, CATHETER, INCLUDINGVESSEL ORIGIN, RADIOLOGICAL SUPERVISION AND INTERPRETACIÓN	\$126.00
75658	ANGIOGRAPHY, BRACHIAL, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$175.00
75660	ANGIOGRAPHY, EXTERNAL CAROTID, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$175.00
75662	ANGIOGRAPHY, EXTERNAL CAROTID, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$245.00
75665	ANGIOGRAPHY, CAROTID, CEREBRAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$140.00
75671	ANGIOGRAPHY, CAROTID, CEREBRAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$140.00
75676	ANGIOGRAPHY, CAROTID, CERVICAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$174.30
75685	ANGIOGRAPHY, VERTEBRAL, CERVICAL, AND/OR INTRACRANIAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$191.80
75710	ANGIOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$50.40
75716	ANGIOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$245.00
75722	ANGIOGRAPHY, RENAL, UNILATERAL, SELECTIVE (INCLUDING FLUSH AORTOGRAM), RADIOLOGICAL SUPERVISION ANDINTERPRETATION	\$63.00

Código	Descripción de Procedimiento	Tarifa
75724	ANGIOGRAPHY, RENAL, BILATERAL, SELECTIVE (INCLUDING FLUSH AORTOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$140.00
75726	ANGIOGRAPHY, VISCERAL, SELECTIVE OR SUPRASELECTIVE(WITH OR WITHOUT FLUSH AORTOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$206.50
75736	ANGIOGRAPHY, PELVIC, SELECTIVE OR SUPRASELECTIVE,RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$245.00
75774	ANGIOGRAPHY, SELECTIVE, EACH ADDITIONAL VESSEL STUDIED AFTER BASIC EXAMINATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	\$70.00
75801	LYMPHANGIOGRAPHY, EXTREMITY ONLY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$70.00
75803	LYMPHANGIOGRAPHY, EXTREMITY ONLY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$42.00
75810	SPLENOPORTOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$33.60
75820	VENOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$56.00
75822	VENOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$84.00
75825	VENOGRAPHY, CAVAL, INFERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$140.00
75827	VENOGRAPHY, CAVAL, SUPERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$140.00
75894	TRANSCATHETER THERAPY, EMBOLIZATION, ANY METHOD, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$140.00
75896	TRANSCATHETER THERAPY, INFUSION, ANY METHOD (EG, THROMBOLYSIS OTHER THAN CORONARY), RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$140.00
75898	ANGIOGRAPHY THROUGH EXISTING CATHETER FOR FOLLOW-UP STUDY FOR TRANSCATHETER THERAPY, EMBOLIZATION OR INFUSION	\$35.00
75940	PERCUTANEOUS PLACEMENT OF IVC FILTER, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$182.00

Código	Descripción de Procedimiento	Tarifa
75956	ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA (EG, ANEURYSM, PSEUDOANEURYSM, DISSECTION, PENETRATING ULCER, INTRAMURAL HEMATOMA, OR TRAUMATIC DISRUPTION); INVOLVING COVERAGE OF LEFT SUBCLAVIAN ARTE	\$210.00
75957	ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA (EG, ANEURYSM, PSEUDOANEURYSM, DISSECTION, PENETRATING ULCER, INTRAMURAL HEMATOMA, OR TRAUMATIC DISRUPTION); NOT INVOLVING COVERAGE OF LEFT SUBCLAVIAN	\$175.00
75989	RADIOLOGICAL GUIDANCE (IE, FLUOROSCOPY, ULTRASOUND, OR COMPUTED TOMOGRAPHY), FOR PERCUTANEOUS DRAINAGE (EG, ABSCESS, SPECIMEN COLLECTION), WITH PLACEMENT OF CATHETER, RADIOLOGICAL SUPERVISION AND INTE	\$70.00
76000	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIAN TIME, OTHER THAN 71023 OR 71034 (EG, CARDIAC FLUOROSCOPY)	\$31.50
76020	BONE AGE STUDIES	\$16.80
76040	BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM)	\$21.00
76061	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; LIMITED (EG, FOR METASTASES)	\$42.00
76070	COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, ONE OR MORE SITES; AXIAL SKELETON (EG, HIPS, PELVIS, SPINE)	\$105.00
76080	RADIOLOGIC EXAMINATION, ABSCESS, FISTULA OR SINUSTRACT STUDY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$12.60
76090	MAMMOGRAPHY; UNILATERAL	\$21.00
76091	MAMMOGRAPHY; BILATERAL	\$42.00
76094	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND/ORWITH CONTRAST MATERIAL(S); BILATERAL	\$420.00
76096	MAMMOGRAPHIC GUIDANCE FOR NEEDLE PLACEMENT, BREAST(EG, FOR WIRE LOCALIZATION OR FOR INJECTION), EACH LESION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$35.00
76100	RADIOLOGIC EXAMINATION, SINGLE PLANE BODY SECTION(EG, TOMOGRAPHY), OTHER THAN WITH UROGRAPHY	\$42.00
76125	CINERADIOGRAPHY/VIDEORADIOGRAPHY TO COMPLEMENT ROUTINE EXAMINATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	\$24.50
76140	CONSULTATION ON X-RAY EXAMINATION MADE ELSEWHERE, WRITTEN REPORT	\$8.40

Código	Descripción de Procedimiento	Tarifa
76365	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR CYS	\$220.50
76375	CORONAL, SAGITTAL, MULTIPLANAR, OBLIQUE, 3-DIMENSIONAL AND/OR HOLOGRAPHIC RECONSTRUCTION OF COMPUTERIZED AXIAL TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, OR OTHER TOMOGRAPHIC MODALITY	\$59.50
76376	3D RENDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND, OR OTHER TOMOGRAPHIC MODALITY; NOT REQUIRING IMAGE POSTPROCESSING ON AN INDEPENDENT WORKS	\$35.00
76377	3D RENDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND, OR OTHER TOMOGRAPHIC MODALITY; REQUIRING IMAGE POSTPROCESSING ON AN INDEPENDENT WORKSTATION	\$87.50
76511	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; QUANTITATIVE A-SCAN ONLY	\$60.20
76512	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN (WITH OR WITHOUT SUPERIMPOSED NON-QUANTITATIVE A-SCAN)	\$49.00
76514	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; CORNEAL PACHYMETRY, UNILATERAL OR BILATERAL (DETERMINATION OF CORNEAL THICKNESS)	\$7.00
76516	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN;	\$67.20
76519	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN; WITH INTRAOCULAR LENS POWER CALCULATION	\$52.50
76536	ULTRASOUND, SOFT TISSUES OF HEAD AND NECK (EG, THYROID, PARATHYROID, PAROTID), REAL TIME WITH IMAGE DOCUMENTATION	\$42.00
76604	ULTRASOUND, CHEST (INCLUDES MEDIASTINUM), REAL TIME WITH IMAGE DOCUMENTATION	\$70.00
76645	ULTRASOUND, BREAST(S) (UNILATERAL OR BILATERAL), REAL TIME WITH IMAGE DOCUMENTATION	\$42.00
76700	ULTRASOUND, ABDOMINAL, REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	\$98.00
76705	ULTRASOUND, ABDOMINAL, REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (EG, SINGLE ORGAN, QUADRANT, FOLLOW-UP)	\$42.00
76770	ULTRASOUND, RETROPERITONEAL (EG, RENAL, AORTA, NODES), REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	\$56.00

Código	Descripción de Procedimiento	Tarifa
76775	ULTRASOUND, RETROPERITONEAL (EG, RENAL, AORTA, NODES), REAL TIME WITH IMAGE DOCUMENTATION; LIMITED	\$56.00
76778	ULTRASOUND, TRANSPLANTED KIDNEY, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION, WITH OR WITHOUT DUPLEX DOPPLER STUDY	\$56.00
76805	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGEDOCUMENTATION, FETAL AND MATERNAL EVALUATION, AFTER FIRST TRIMESTER (> OR = 14 WEEKS 0 DAYS), TRANSABDOMINAL APPROACH; SINGLE OR FIRST GESTATION	\$35.00
76810	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGEDOCUMENTATION, FETAL AND MATERNAL EVALUATION, AFTER FIRST TRIMESTER (> OR = 14 WEEKS 0 DAYS), TRANSABDOMINAL APPROACH; EACH ADDITIONAL GESTATION (LIST	\$70.00
76815	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGEDOCUMENTATION, LIMITED (EG, FETAL HEART BEAT, PLACENTAL LOCATION, FETAL POSITION AND/OR QUALITATIVEAMNIOTIC FLUID VOLUME), 1 OR MORE FETUSES	\$42.00
76825	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE DOCUMENTATION (2D), WITH OR WITHOUT M-MODE RECORDING;	\$63.00
76830	ULTRASOUND, TRANSVAGINAL	\$68.60
76856	ULTRASOUND, PELVIC (NONOBSTETRIC), REAL TIME WITHIMAGE DOCUMENTATION; COMPLETE	\$49.00
76870	ULTRASOUND, SCROTUM AND CONTENTS	\$42.00
76880	ULTRASOUND, EXTREMITY, NONVASCULAR, REAL TIME WITHIMAGE DOCUMENTATION	\$58.80
76881	US EXTREMITY NON-VASC REAL-TIM	\$63.00
76882	US EXTREMITY NON-VASC REAL-TIM	\$3.50
76937	ULTRASOUND GUIDANCE FOR VASCULAR ACCESS REQUIRINGULTRASOUND EVALUATION OF POTENTIAL ACCESS SITES, DOCUMENTATION OF SELECTED VESSEL PATENCY, CONCURRENT REALTIME ULTRASOUND VISUALIZATION OF VASCULAR NE	\$35.00
76938	ULTRASONIC GUIDANCE CYST ANY AREA	\$21.00
76942	ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTION, LOCALIZATION DEVICE), IMAGING SUPERVISION AND INTERPRETATION	\$56.00

Código	Descripción de Procedimiento	Tarifa
77001	FLUOROSCOPIC GUIDANCE FOR CENTRAL VENOUS ACCESS DEVICE PLACEMENT, REPLACEMENT (CATHETER ONLY OR COMPLETE), OR REMOVAL (INCLUDES FLUOROSCOPIC GUIDANCE FOR VASCULAR ACCESS AND CATHETER MANIPULATION, ANY	\$42.00
77003	FLUOROSCOPIC GUIDANCE AND LOCALIZATION OF NEEDLE OR CATHETER TIP FOR SPINE OR PARASPINOUS DIAGNOSTIC OR THERAPEUTIC INJECTION PROCEDURES (EPIDURAL, TRANSFORAMINAL EPIDURAL, SUBARACHNOID, PARAVERTEBRAL	\$35.00
77012	COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTION, LOCALIZATION DEVICE), RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$122.50
77014	COMPUTED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS	\$70.00
77058	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND/OR WITH CONTRAST MATERIAL(S); UNILATERAL	\$455.00
77059	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND/OR WITH CONTRAST MATERIAL(S); BILATERAL	\$455.00
77073	BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM)	\$25.20
77075	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; COMPLETE (AXIAL AND APPENDICULAR SKELETON)	\$49.00
77080	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON (EG, HIPS, PELVIS, SPINE)	\$35.00
77082	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 OR MORE SITES; VERTEBRAL FRACTURE ASSESSMENT	\$12.60
77261	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; SIMPLE	\$52.50
77262	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; INTERMEDIATE	\$70.00
77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	\$91.00
77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	\$49.00
77285	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; INTERMEDIATE	\$56.00
77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	\$166.60
77295	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; 3-DIMENSIONAL	\$973.70

Código	Descripción de Procedimiento	Tarifa
77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS,CALCULATION OF NON-IONIZING RADIATION SURFACE AND	\$43.40
77315	TELE THERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); COMPLEX (MANTLE OR INVERTED Y, TANGENTIAL PORTS, THE USE OF WEDGES, COMPENSATORS, COMPLEX BLOCKING, ROTATIONAL BEAM, OR SPECIAL BEAM CO	\$80.50
77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY), ONLY WHEN PRESCRIBED BY THE TREATING PHYSICIAN	\$40.60
77332	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; SIMPLE(SIMPLE BLOCK, SIMPLE BOLUS)	\$42.00
77333	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERMEDIATE (MULTIPLE BLOCKS, STENTS, BITE BLOCKS, SPECIAL BOLUS)	\$59.50
77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOLDS OR CASTS)	\$96.60
77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDINGASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANCE OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONC	\$55.30
77399	UNLISTED PROCEDURE, MEDICAL RADIATION PHYSICS, DOSIMETRY AND TREATMENT DEVICES, AND SPECIAL SERVICES	\$498.40
77402	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS OR NO BLOCKS; UP TO 5 MEV	\$34.30
77403	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS OR NO BLOCKS; 6-10 MEV	\$34.30
77404	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS OR NO BLOCKS; 11-19 MEV	\$34.30
77406	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS OR NO BLOCKS; 20 MEV OR GREATER	\$34.30
77413	RADIATION TREATMENT DELIVERY, 3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS,WEDGES, ROTATIONAL BEAM, COMPENSATORS, ELECTRON BEAM; 6-10 MEV	\$43.40

Código	Descripción de Procedimiento	Tarifa
77415	PORT FILM DELETED USE 77417	\$42.00
77417	THERAPEUTIC RADIOLOGY PORT FILM(S)	\$14.00
77431	RADIATION THERAPY MANAGEMENT WITH COMPLETE COURSE OF THERAPY CONSISTING OF 1 OR 2 FRACTIONS ONLY	\$66.50
78000	THYROID UPTAKE; SINGLE DETERMINATION	\$39.20
78001	THYROID UPTAKE; MULTIPLE DETERMINATIONS	\$39.20
78003	THYROID UPTAKE; STIMULATION, SUPPRESSION OR DISCHARGE (NOT INCLUDING INITIAL UPTAKE STUDIES)	\$39.20
78006	THYROID IMAGING, WITH UPTAKE; SINGLE DETERMINATION	\$39.20
78007	THYROID IMAGING, WITH UPTAKE; MULTIPLE DETERMINATIONS	\$39.20
78010	THYROID IMAGING; ONLY	\$39.20
78011	THYROID IMAGING; WITH VASCULAR FLOW	\$39.20
78104	BONE MARROW IMAGING; WHOLE BODY	\$98.00
78120	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); SINGLE SAMPLING	\$52.50
78185	SPLEEN IMAGING ONLY, WITH OR WITHOUT VASCULAR FLOW	\$58.80
78195	LYMPHATICS AND LYMPH NODES IMAGING	\$105.00
78201	LIVER IMAGING; STATIC ONLY	\$63.70
78202	LIVER IMAGING; WITH VASCULAR FLOW	\$70.00
78205	LIVER IMAGING (SPECT);	\$140.00
78223	HEPATOBIILIARY DUCTAL SYSTEM IMAGING, INCLUDING GALLBLADDER, WITH OR WITHOUT PHARMACOLOGIC INTERVENTION, WITH OR WITHOUT QUANTITATIVE MEASUREMENT OF GALLBLADDER FUNCTION	\$91.00
78290	INTESTINE IMAGING (EG, ECTOPIC GASTRIC MUCOSA, MECKEL'S LOCALIZATION, VOLVULUS)	\$73.50
78300	BONE AND/OR JOINT IMAGING; LIMITED AREA	\$73.50

Código	Descripción de Procedimiento	Tarifa
78306	BONE AND/OR JOINT IMAGING; WHOLE BODY	\$140.00
78315	BONE AND/OR JOINT IMAGING; 3 PHASE STUDY	\$200.90
78320	BONE AND/OR JOINT IMAGING; TOMOGRAPHIC (SPECT)	\$119.00
78399	UNLISTED MUSCULOSKELETAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	\$0.70
78445	NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY, VENOGRAPHY)	\$59.50
78458	VENOUS THROMBOSIS IMAGING, VENOGRAM; BILATERAL	\$133.00
78460	MYOCARDIAL PERFUSION IMAGING; (PLANAR) SINGLE STUDY, AT REST OR STRESS (EXERCISE AND/OR PHARMACOLOGIC), WITH OR WITHOUT QUANTIFICATION	\$70.00
78465	MYOCARDIAL PERFUSION IMAGING; TOMOGRAPHIC (SPECT), MULTIPLE STUDIES (INCLUDING ATTENUATION CORRECTION WHEN PERFORMED), AT REST AND/OR STRESS (EXERCISE AND/OR PHARMACOLOGIC) AND REDISTRIBUTION AND/OR R	\$228.90
78466	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; QUALITATIVE OR QUANTITATIVE	\$70.00
78478	MYOCARDIAL PERFUSION STUDY WITH WALL MOTION, QUALITATIVE OR QUANTITATIVE STUDY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	\$70.00
78480	MYOCARDIAL PERFUSION STUDY WITH EJECTION FRACTION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	\$70.00
78580	PULMONARY PERFUSION IMAGING, PARTICULATE	\$73.50
78584	PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION; SINGLE BREATH	\$87.50
78585	PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION; REBREATHING AND WASHOUT, WITH OR WITHOUT SINGLE BREATH	\$105.00
78587	PULMONARY VENTILATION IMAGING, AEROSOL; MULTIPLE PROJECTIONS (EG, ANTERIOR, POSTERIOR, LATERAL VIEWS)	\$56.00
78591	PULMONARY VENTILATION IMAGING, GASEOUS, SINGLE BREATH, SINGLE PROJECTION	\$73.50
78593	PULMONARY VENTILATION IMAGING, GASEOUS, WITH REBREATHING AND WASHOUT WITH OR WITHOUT SINGLE BREATH; SINGLE PROJECTION	\$73.50
78596	PULMONARY QUANTITATIVE DIFFERENTIAL FUNCTION (VENTILATION/PERFUSION) STUDY	\$98.00

Código	Descripción de Procedimiento	Tarifa
78600	BRAIN IMAGING, LESS THAN 4 STATIC VIEWS;	\$78.40
78605	BRAIN IMAGING, MINIMUM 4 STATIC VIEWS;	\$84.00
78606	BRAIN IMAGING, MINIMUM 4 STATIC VIEWS; WITH VASCULAR FLOW	\$91.00
78607	BRAIN IMAGING, TOMOGRAPHIC (SPECT)	\$151.20
78610	BRAIN IMAGING, VASCULAR FLOW ONLY	\$35.00
78630	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); CISTERNOGRAPHY	\$192.50
78635	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); VENTRICULOGRAPHY	\$63.00
78700	KIDNEY IMAGING MORPHOLOGY;	\$70.00
78701	KIDNEY IMAGING MORPHOLOGY; WITH VASCULAR FLOW	\$70.00
78704	KIDNEY IMAGING; WITH FUNCTION STUDY (IE, IMAGING RENOGRAM)	\$70.00
78707	KIDNEY IMAGING MORPHOLOGY; WITH VASCULAR FLOW ANDFUNCTION, SINGLE STUDY WITHOUT PHARMACOLOGICAL INTERVENTION	\$126.00
78708	KIDNEY IMAGING MORPHOLOGY; WITH VASCULAR FLOW ANDFUNCTION, SINGLE STUDY, WITH PHARMACOLOGICAL INTERVENTION (EG, ANGIOTENSIN CONVERTING ENZYME INHIBITOR AND/OR DIURETIC)	\$210.00
78709	KIDNEY IMAGING MORPHOLOGY; WITH VASCULAR FLOW ANDFUNCTION, MULTIPLE STUDIES, WITH AND WITHOUT PHARMACOLOGICAL INTERVENTION (EG, ANGIOTENSIN CONVERTING ENZYME INHIBITOR AND/OR DIURETIC)	\$297.50
78726	NUCLEAR EXAM OF KIDNEY	\$70.00
78730	URINARY BLADDER RESIDUAL STUDY (LIST SEPARATELY INADDITION TO CODE FOR PRIMARY PROCEDURE)	\$42.00
78740	URETERAL REFLUX STUDY (RADIOPHARMACEUTICAL VOIDINGCYSTOGRAM)	\$126.00
78760	TESTICULAR IMAGING;	\$70.00
78761	TESTICULAR IMAGING WITH VASCULAR FLOW	\$80.50
78802	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S); WHOLE BODY, SINGLE DAY IMAGING	\$122.50
78806	RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY PROCESS; WHOLE BODY	\$157.50
78990	PROVISION OF DIAGNOSTIC RADIOPHARMACEUTICAL(S)	\$0.70

Código	Descripción de Procedimiento	Tarifa
A0051	NON IONIC CONTRAST MATERIAL	\$0.70
A9539	TECHNETIUM TC-99M PENTETATE, DIAGNOSTIC, PER STUDYDOSE, UP TO 25 MILLICURIES	\$35.00
A9547	INDIUM IN-111 OXYQUINOLINE, DIAGNOSTIC, PER 0.5 MILLICURIE	\$457.10
W9503	TC & MEDRONATE (OSTEOLITE HDP)	\$15.20