

**PORTABLE X-RAY SERVICES FEE SCHEDULE
EFFECTIVE JANUARY 1, 2007**

CODE	DESCRIPTION	MAX FEE	MAX UNITS
70100	RADIOLOGIC EXAMINATION, MANDIBLE; PARTIAL, LESS THAN FOUR VIEWS	15.11	1
70110	RADIOLOGIC EXAMINATION, MANDIBLE; COMPLETE, MINIMUM OF FOUR VIEWS	19.83	1
70140	RADIOLOGIC EXAMINATION, FACIAL BONES; LESS THAN THREE VIEWS	14.16	1
70150	RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE, MINIMUM OF THREE VIEWS	21.15	1
70160	RADIOLOGIC EXAMINATION, NASAL BONES, COMPLETE, MINIMUM OF THREE VIEWS	16.05	1
70190	RADIOLOGIC EXAMINATION; OPTIC FORAMINA	17.75	1
70250	RADIOLOGIC EXAMINATION, SKULL; LESS THAN FOUR VIEWS	17.94	1
70260	RADIOLOGIC EXAMINATION, SKULL; COMPLETE, MINIMUM OF FOUR VIEWS	23.61	1
70330	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; BIL	23.80	1
71010	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL	11.52	1
71020	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL;	15.30	1
71021	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH APICAL	18.88	1
71022	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH OBLIQUE	22.85	1
71030	RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF FOUR VIEWS;	23.41	1
71035	RADIOLOGIC EXAMINATION, CHEST, SPECIAL VIEWS (EG, LATERAL DECUBITUS, BUCKY	17.56	1
71100	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; TWO VIEWS	16.05	1
71101	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; INCLUDING POSTEROANTERIOR CHEST,	19.45	1
71110	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; THREE VIEWS	20.02	1
71120	RADIOLOGIC EXAMINATION; STERNUM, MINIMUM OF TWO VIEWS	15.87	1
71130	RADIOLOGIC EXAMINATION; STERNOCLAVICULAR JOINT OR JOINTS, MINIMUM OF THREE	18.69	1
72020	RADIOLOGIC EXAMINATION, SPINE, SINGLE VIEW, SPECIFY LEVEL	11.52	1
72040	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; TWO OR THREE VIEWS	18.88	1
72050	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; MINIMUM OF FOUR VIEWS	26.25	1
72052	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; COMPLETE, INCLUDING OBLIQUE AND FL	33.05	1
72069	RADIOLOGIC EXAMINATION, SPINE, THORACOLUMBAR, STANDING (SCOLIOSIS)	18.51	1
72070	RADIOLOGIC EXAMINATION, SPINE; THORACIC, TWO VIEWS	16.43	1
72080	RADIOLOGIC EXAMINATION, SPINE; THORACOLUMBAR, TWO VIEWS	17.75	1
72100	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; TWO OR THREE VIEWS	19.83	1
72110	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; MINIMUM OF FOUR VIEWS	27.57	1
72170	RADIOLOGIC EXAMINATION, PELVIS; ONE OR TWO VIEWS	12.65	1

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72200	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; LESS THAN THREE VIEWS	14.54	1
72202	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; THREE OR MORE VIEWS	17.56	1
72220	RADIOLOGIC EXAMINATION, SACRUM AND COCCYX, MINIMUM OF TWO VIEWS	14.36	1
73000	RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE	13.60	1
73010	RADIOLOGIC EXAMINATION; SCAPULA, COMPLETE	14.36	1
73020	RADIOLOGIC EXAMINATION, SHOULDER; ONE VIEW	11.52	1
73030	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO VIEWS	14.73	1
73060	RADIOLOGIC EXAMINATION; HUMERUS, MINIMUM OF TWO VIEWS	14.54	1
73070	RADIOLOGIC EXAMINATION, ELBOW; TWO VIEWS	13.60	1
73080	RADIOLOGIC EXAMINATION, ELBOW; COMPLETE, MINIMUM OF THREE VIEWS	17.75	1
73090	RADIOLOGIC EXAMINATION; FOREARM, TWO VIEWS	13.40	1
73100	RADIOLOGIC EXAMINATION, WRIST; TWO VIEWS	14.73	1
73110	RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF THREE VIEWS	17.75	1
73120	RADIOLOGIC EXAMINATION, HAND; TWO VIEWS	13.79	1
73130	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEWS	15.67	1
73140	RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO VIEWS	15.30	1
73500	RADIOLOGIC EXAMINATION, HIP; UNILATERAL, ONE VIEW	12.46	1
73510	RADIOLOGIC EXAMINATION, HIP; COMPLETE, MINIMUM OF TWO VIEWS	18.88	1
73520	RADIOLOGIC EXAMINATION, HIPS, BILATERAL, MINIMUM OF TWO VIEWS OF EACH HIP,	20.02	1
73550	RADIOLOGIC EXAMINATION, FEMUR, TWO VIEWS	13.97	1
73560	RADIOLOGIC EXAMINATION, KNEE; ONE OR TWO VIEWS	14.36	1
73562	RADIOLOGIC EXAMINATION, KNEE; THREE VIEWS	17.75	1
73564	RADIOLOGIC EXAMINATION, KNEE; COMPLETE, FOUR OR MORE VIEWS	20.77	1
73565	RADIOLOGIC EXAMINATION, KNEE; BOTH KNEES, STANDING, ANTEROPOSTERIOR	15.87	1
73590	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, TWO VIEWS	13.40	1
73600	RADIOLOGIC EXAMINATION, ANKLE; TWO VIEWS	13.97	1
73610	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF THREE VIEWS	15.87	1
73620	RADIOLOGIC EXAMINATION, FOOT; TWO VIEWS	13.40	1
73630	RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF THREE VIEWS	15.67	1
73650	RADIOLOGIC EXAMINATION; CALCANEUS, MINIMUM OF TWO VIEWS	13.79	1
73660	RADIOLOGIC EXAMINATION; TOE OR TOES, MINIMUM OF TWO VIEWS	14.73	1
74000	RADIOLOGIC EXAMINATION, ABDOMEN; SINGLE ANTEROPOSTERIOR VIEW	12.09	1
74010	RADIOLOGIC EXAMINATION, ABDOMEN; ANTEROPOSTERIOR AND ADDITIONAL OBLIQUE AND	19.26	1
74020	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE, INCLUDING DECUBITUS AND/OR ERECT	20.02	1
74022	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE ACUTE ABDOMEN SERIES, INCLUDING S	24.36	1

CODE	DESCRIPTION	MAX FEE	MAX UNITS
R0070	TRANSPORTATION OF PORTABLE X-RAY EQUIPMENT AND PERSONNEL TO HOME OR NURSING	21.83	1