

**Portable X-Ray Fee Schedule
Effective January 1, 2009**

Code	Description	Max Fee	Units
70100	RADIOLOGIC EXAMINATION, MANDIBLE; PARTIAL, LESS THAN FOUR VIEWS	15.81	1
70110	RADIOLOGIC EXAMINATION, MANDIBLE; COMPLETE, MINIMUM OF FOUR VIEWS	20.70	1
70140	RADIOLOGIC EXAMINATION, FACIAL BONES; LESS THAN THREE VIEWS	14.68	1
70150	RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE, MINIMUM OF THREE VIEWS	21.84	1
70160	RADIOLOGIC EXAMINATION, NASAL BONES, COMPLETE, MINIMUM OF THREE VIEWS	16.94	1
70190	RADIOLOGIC EXAMINATION; OPTIC FORAMINA	18.44	1
70250	RADIOLOGIC EXAMINATION, SKULL; LESS THAN FOUR VIEWS	18.44	1
70260	RADIOLOGIC EXAMINATION, SKULL; COMPLETE, MINIMUM OF FOUR VIEWS	24.28	1
70330	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; BIL	24.65	1
71010	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL	12.23	1
71020	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL;	15.81	1
71021	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH APICAL	19.38	1
71022	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH OBLIQUE	24.10	1
71030	RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF FOUR VIEWS;	24.10	1
71035	RADIOLOGIC EXAMINATION, CHEST, SPECIAL VIEWS (EG, LATERAL DECUBITUS, BUCKY	18.63	1
71100	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; TWO VIEWS	16.75	1
71101	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; INCLUDING POSTEROANTERIOR CHEST,	20.33	1
71110	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; THREE VIEWS	20.70	1
71120	RADIOLOGIC EXAMINATION; STERNUM, MINIMUM OF TWO VIEWS	16.38	1
71130	RADIOLOGIC EXAMINATION; STERNOCLAVICULAR JOINT OR JOINTS, MINIMUM OF THREE	19.20	1
72020	RADIOLOGIC EXAMINATION, SPINE, SINGLE VIEW, SPECIFY LEVEL	12.23	1
72040	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; TWO OR THREE VIEWS	19.38	1
72050	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; MINIMUM OF FOUR VIEWS	27.29	1
72052	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; COMPLETE, INCLUDING OBLIQUE AND FL	34.26	1
72069	RADIOLOGIC EXAMINATION, SPINE, THORACOLUMBAR, STANDING (SCOLIOSIS)	18.83	1

Code	Description	Max Fee	Units
72070	RADIOLOGIC EXAMINATION, SPINE; THORACIC, TWO VIEWS	17.13	1
72080	RADIOLOGIC EXAMINATION, SPINE; THORACOLUMBAR, TWO VIEWS	17.88	1
72100	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; TWO OR THREE VIEWS	20.14	1
72110	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; MINIMUM OF FOUR VIEWS	28.61	1
72170	RADIOLOGIC EXAMINATION, PELVIS; ONE OR TWO VIEWS	13.17	1
72200	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; LESS THAN THREE VIEWS	14.87	1
72202	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; THREE OR MORE VIEWS	18.26	1
72220	RADIOLOGIC EXAMINATION, SACRUM AND COCCYX, MINIMUM OF TWO VIEWS	14.87	1
73000	RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE	13.93	1
73010	RADIOLOGIC EXAMINATION; SCAPULA, COMPLETE	14.68	1
73020	RADIOLOGIC EXAMINATION, SHOULDER; ONE VIEW	11.67	1
73030	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO VIEWS	15.06	1
73060	RADIOLOGIC EXAMINATION; HUMERUS, MINIMUM OF TWO VIEWS	14.68	1
73070	RADIOLOGIC EXAMINATION, ELBOW; TWO VIEWS	13.74	1
73080	RADIOLOGIC EXAMINATION, ELBOW; COMPLETE, MINIMUM OF THREE VIEWS	18.26	1
73090	RADIOLOGIC EXAMINATION; FOREARM, TWO VIEWS	13.93	1
73100	RADIOLOGIC EXAMINATION, WRIST; TWO VIEWS	14.68	1
73110	RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF THREE VIEWS	18.07	1
73120	RADIOLOGIC EXAMINATION, HAND; TWO VIEWS	13.93	1
73130	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEWS	16.00	1
73140	RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO VIEWS	15.63	1
73500	RADIOLOGIC EXAMINATION, HIP; UNILATERAL, ONE VIEW	12.99	1
73510	RADIOLOGIC EXAMINATION, HIP; COMPLETE, MINIMUM OF TWO VIEWS	19.38	1
73520	RADIOLOGIC EXAMINATION, HIPS, BILATERAL, MINIMUM OF TWO VIEWS OF EACH HIP,	20.33	1
73550	RADIOLOGIC EXAMINATION, FEMUR, TWO VIEWS	14.31	1
73560	RADIOLOGIC EXAMINATION, KNEE; ONE OR TWO VIEWS	14.49	1
73562	RADIOLOGIC EXAMINATION, KNEE; THREE VIEWS	17.88	1
73564	RADIOLOGIC EXAMINATION, KNEE; COMPLETE, FOUR OR MORE VIEWS	21.08	1
73565	RADIOLOGIC EXAMINATION, KNEE; BOTH KNEES, STANDING, ANTEROPOSTERIOR	15.81	1
73590	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, TWO VIEWS	13.74	1

Code	Description	Max Fee	Units
73600	RADIOLOGIC EXAMINATION, ANKLE; TWO VIEWS	13.93	1
73610	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF THREE VIEWS	16.18	1
73620	RADIOLOGIC EXAMINATION, FOOT; TWO VIEWS	13.37	1
73630	RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF THREE VIEWS	15.81	1
73650	RADIOLOGIC EXAMINATION; CALCANEUS, MINIMUM OF TWO VIEWS	13.74	1
73660	RADIOLOGIC EXAMINATION; TOE OR TOES, MINIMUM OF TWO VIEWS	14.68	1
74000	RADIOLOGIC EXAMINATION, ABDOMEN; SINGLE ANTEROPOSTERIOR VIEW	12.80	1
74010	RADIOLOGIC EXAMINATION, ABDOMEN; ANTEROPOSTERIOR AND ADDITIONAL OBLIQUE AND	19.95	1
74020	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE, INCLUDING DECUBITUS AND/OR ERECT	21.08	1
74022	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE ACUTE ABDOMEN SERIES, INCLUDING S	25.60	1
R0070	TRANSPORTATION OF PORTABLE X-RAY EQUIPMENT AND PERSONNEL TO HOME OR NURSING	21.83	1