11/21/84

JCF/SA AR0660

1	Departm	ent of Labor and Industry				
2						
3	Adopted Rules Governing Workers' Compensation; Medical Fees					
4						
5	Rules as Adopted					
6	5221.2900 CHIROPRACTORS.					
7	Subpart 1. and 2. [Unchanged.]					
8	Subp. 3. Radiology. The following codes, service					
9	descriptions, and maximum fees apply to radiology services, and					
10	include both the technical and professional (interpretive)					
11	compone	nts of the service.				
12		Chest				
13 14	Code	Service	Maximum Fee			
15	71010	Radiologic examination, chest; (single				
16 17		view, posteroanterior) Spine and Pelvis	\$ 25.00			
18	72010	Radiologic examination, spine, entire,				
19		survey study (14 x 36, anteroposterior	÷ • • • •			
20 21	72040	and lateral) Radiologic examination, spine, cervical;	\$ 90 . 00			
22 23	72050	limited (anteroposterior and lateral) comprehensive (minimum of four views)	44.00 90.00			
24 25	72052	comprehensive (minimum of seven views including flexion and extension)				
26	72070	Radiologic examination, spine; thoracic,	125.00			
27 28	72080	(anteroposterior and lateral) thoracic, limited (anteroposterior	39.00			
29 30	72090	and lateral) scoliosis study, comprehensive	35.00 34.00			
31	72100	Radiologic examination, spine; lumbar,				
32 33	72110	limited (anteroposterior and lateral) lumbosacral, comprehensive (minimum of	56.00			
34 35	72120	five views) Radiologic examination, spine,	100.00			
36	12120	lumbosacral, bending views only (minimum				
37 38	72170	of four views) Radiologic examination, pelvis; limited	40.00			
39 40		(minimum of two views) Upper Extremities	40.00			
41 42	73020	Radiologic examination, shoulder; limited (one projection)	\$ 25.00			
43 44	73030 73070	comprehensive, complete study Radiologic examination, elbow;	30.00			
45		limited (anteroposterior and lateral)	25.00			
46 47	73100	Radiologic examination, wrist; limited (anteroposterior and lateral)	30.00			
48 49	73120	Radiologic examination, hand Lower Extremities	25.00			
50	73500	Radiologic examination, hip;				
51 52	73560	limited (one view) Radiologic examination, knee;	\$ 25.00			
53 54	73570	limited (two views) Radiologic examination, knee;	30.00			
55		comprehensive (minimum of three views)	35.00			
56	73600	Radiologic examination, ankle;				

1		limited (two views)	30.00	0
2	73610	comprehensive (minimum of three	e views) 55.00	0
3	73620	Radiologic examination, foot;		
4		limited (two views)	25.00	0
5	73630	complete routine study (minimur	n of	
6		three views)	35.00	0
7		Miscellaneous		
8	76140	Consultation on x-ray examination		
9		elsewhere, written report	\$ 25.00	0
10	Su	<pre>ibp. 4. [Unchanged.]</pre>		
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