

Portable X-Ray and CT Schedule

For information regarding reimbursement rates for Portable X-rays and CT Scans codes; Please see www.gammis.com, "Provider Information", "Fee Schedules" and "Schedule of Maximum Allowable Payment - Physician."

<https://www.mmis.georgia.gov/portal/PubAccess.Provider%20Information/Fee%20Schedules/tabId/56/Default.aspx>

CPT/HCPCS CODE	MOD	MAX ALLOW
R0070		\$109.77
R0075	UN	\$54.89
R0075	UP	\$36.59
R0075	UQ	\$27.44
R0075	UR	\$21.95
R0075	US	\$18.30
70030		
70100		
70120		
70130		
70134		
70140		
70150		
70160		
70160		
70200		
70210		
70210		
70220		
70220		
70240		
70250		
70260		
70300		
70310		
70320		
70328		
70330		
70350		
70355		
70360		

70380
70450
70470
70490
70492
71045
71046
71047
71047
71048
71100
71101
71101
71110
71111
71120
71130
71250
71270
72020
72040
72050
72052
72070
72072
72074
72080
72100
72110
72114
72120
72125
72127
72128
72130
72131
72133
72170
72190
72192
72194
72200
72202
72220

73000
73010
73020
73030
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73092
73100
73110
73120
73130
73140
73200
73202
73501
73502
73503
73521
73522
73523
73551
73552
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73562
73564
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73592
73600
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73630
73650
73660
73700
73700
73702
74018
74019
74150
74170

74176