

CPT/HCPCS CODE	MOD	MAX ALLOW
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[hi](#)

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		
70200		
70210		
70220		
70240		
70250		
70260		
70300		
70310		
70320		
70328		
70330		
70350		
70355		
70360		
70380		
70450		
70470		
70490		
70492		

71045
71046
71047
71048
71100
71101
71110
71111
71120
71130
71250
71270
71271
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
73050
73060

73070
73080
73090
73092
73100
73110
73120
73130
73140
73200
73202
73501
73502
73503
73521
73522
73523
73551
73552
73560
73562
73564
73565
73590
73592
73600
73610
73620
73630
73650
73660
73700
73702
74150
74170
74176

Portable X-Ray and CT Scan Fee Schedule

For information regarding reimbursement rates for Portable X-rays and CT Scans codes; Please see www.gammas.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>

DX