

PAYMENT CATEGORY		Slide A (NOMINAL FEE)	Slide B	Slide C	Slide D	Slide E
XRAY PROCEDURE CODE	PROCEDURE DESCRIPTION	100% FPGL	101-125% FPGL	126-150% FPGL	151-175% FPGL	176-200% FPGL
70250	RADIOLOGIC EXAMINATION, SKULL; LESS THAN	\$ 30.56	\$ 31.10	\$ 31.47	\$ 32.39	\$ 32.93
70260	RADIOLOGIC EXAMINATION, SKULL; COMPLETE	\$ 39.73	\$ 40.60	\$ 41.18	\$ 42.64	\$ 43.51
71046	X-Ray EXAM CHEST 2 views	\$ 28.41	\$ 28.89	\$ 29.20	\$ 29.99	\$ 30.46
71047	X-Ray EXAM CHEST 3 views	\$ 32.09	\$ 32.69	\$ 33.09	\$ 34.10	\$ 34.70
71048	X-Ray EXAM CHEST 4+ views	\$ 32.58	\$ 33.20	\$ 33.61	\$ 34.65	\$ 35.27
71100	RIBS UNILATERAL TWO VIEWS	\$ 28.87	\$ 29.36	\$ 29.69	\$ 30.50	\$ 30.99
71101	X-RAY RIBS WITH POSTEROANTERIOR CHEST MI	\$ 31.75	\$ 32.34	\$ 32.74	\$ 33.72	\$ 34.32
71110	RIBS BILATERAL THREE VIEWS	\$ 32.65	\$ 33.27	\$ 33.68	\$ 34.72	\$ 35.34
71111	X-RAY RIBS WITH POSTEROANTERIOR CHEST MI	\$ 38.33	\$ 39.16	\$ 39.71	\$ 41.08	\$ 41.90
71120	X-RAY EXAM OF BREASTBONE	\$ 29.59	\$ 30.11	\$ 30.45	\$ 31.31	\$ 31.83
71130	X-RAY EXAM OF BREASTBONE	\$ 31.99	\$ 32.59	\$ 32.99	\$ 33.99	\$ 34.59
72020	RADIOLOGIC EXAM SPINE SINGLE VIEW SPECIF	\$ 25.18	\$ 25.54	\$ 25.78	\$ 26.38	\$ 26.74
72040	X-RAY OF SPINE, 3 VIEWS OR LESS	\$ 31.52	\$ 32.10	\$ 32.49	\$ 33.46	\$ 34.04
72050	X-RAY OF UPPER SPINE, 4 OR 5 VIEWS	\$ 38.57	\$ 39.40	\$ 39.96	\$ 41.34	\$ 42.18
72052	X-RAY OF UPPER SPINE, 6 OR MORE VIEWS	\$ 45.29	\$ 46.36	\$ 47.08	\$ 48.86	\$ 49.93
72070	RADIOLOGIC EXAMINATION, SPINE; THORACIC,	\$ 29.59	\$ 30.11	\$ 30.45	\$ 31.31	\$ 31.83

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70250	RADIOLOGIC EXAMINATION, SKULL; LESS THAN	\$ 30.56	\$ 31.10	\$ 31.47	\$ 32.39	\$ 32.93
72072	RADIOLOGIC EXAMINATION, SPINE; THORACIC,	\$ 32.65	\$ 33.27	\$ 33.68	\$ 34.72	\$ 35.34
72074	RADIOLOGIC EXAMINATION, SPINE; THORACIC,	\$ 36.89	\$ 37.66	\$ 38.18	\$ 39.46	\$ 40.24
72080	X-RAY EXAM THORACOLMB 2/> VW	\$ 30.56	\$ 31.10	\$ 31.47	\$ 32.39	\$ 32.93
72100	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACR	\$ 32.71	\$ 33.34	\$ 33.76	\$ 34.80	\$ 35.42
72110	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACR	\$ 39.78	\$ 40.65	\$ 41.24	\$ 42.69	\$ 43.57
72114	X-RAY EXAM LUMBOSACRAL SPINE	\$ 48.66	\$ 49.85	\$ 50.64	\$ 52.62	\$ 53.81
72120	X-RAY EXAM OF LOWER SPINE	\$ 39.05	\$ 39.90	\$ 40.46	\$ 41.88	\$ 42.72
72170	RADIOLOGIC EXAMINATION, PELVIS; ONE OR T	\$ 26.14	\$ 26.54	\$ 26.80	\$ 27.45	\$ 27.85
72190	X-RAY EXAM OF PELVIS	\$ 33.44	\$ 34.09	\$ 34.52	\$ 35.61	\$ 36.26
72200	X-RAY EXAM SACROILIAC JOINTS	\$ 28.06	\$ 28.53	\$ 28.83	\$ 29.60	\$ 30.06
72202	X-RAY EXAM SACROILIAC JOINTS	\$ 31.28	\$ 31.85	\$ 32.24	\$ 33.19	\$ 33.77
72220	X-RAY EXAM OF TAILBONE	\$ 28.40	\$ 28.87	\$ 29.18	\$ 29.97	\$ 30.44
73000	X-RAY EXAM OF COLLARBONE	\$ 27.33	\$ 27.77	\$ 28.06	\$ 28.78	\$ 29.22
73010	X-RAY EXAM OF SHOULDER BLADE	\$ 27.59	\$ 28.03	\$ 28.33	\$ 29.07	\$ 29.51
73020	X-RAY EXAM OF SHOULDER	\$ 25.18	\$ 25.54	\$ 25.78	\$ 26.38	\$ 26.74

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70250	RADIOLOGIC EXAMINATION, SKULL; LESS THAN	\$ 30.56	\$ 31.10	\$ 31.47	\$ 32.39	\$ 32.93
73030	X-RAY EXAM OF SHOULDER	\$ 28.15	\$ 28.61	\$ 28.92	\$ 29.70	\$ 30.16
73060	X-RAY EXAM OF HUMERUS	\$ 28.15	\$ 28.61	\$ 28.92	\$ 29.70	\$ 30.16
73070	RADIOLOGIC EXAMINATION, ELBOW; TWO VIEWS	\$ 27.33	\$ 27.77	\$ 28.06	\$ 28.78	\$ 29.22
73080	X-RAY EXAM OF ELBOW	\$ 31.52	\$ 32.10	\$ 32.49	\$ 33.46	\$ 34.04
73090	RADIOLOGIC EXAMINATION; FOREARM, TWO VIE	\$ 27.33	\$ 27.77	\$ 28.06	\$ 28.78	\$ 29.22
73092	X-RAY EXAM OF ARM INFANT MINIMUM OF TWO	\$ 27.83	\$ 28.28	\$ 28.58	\$ 29.34	\$ 29.79
73100	RADIOLOGIC EXAMINATION, WRIST; TWO VIEWS	\$ 27.83	\$ 28.28	\$ 28.58	\$ 29.34	\$ 29.79
73110	X-RAY EXAM OF WRIST	\$ 31.18	\$ 31.76	\$ 32.14	\$ 33.09	\$ 33.66
73120	X-RAY EXAM OF HAND	\$ 27.10	\$ 27.52	\$ 27.81	\$ 28.52	\$ 28.95
73130	X-RAY EXAM OF HAND	\$ 29.27	\$ 29.78	\$ 30.11	\$ 30.95	\$ 31.45
73140	X-RAY EXAM OF FINGER(S)	\$ 29.03	\$ 29.52	\$ 29.85	\$ 30.68	\$ 31.17
73560	RADIOLOGIC EXAMINATION, KNEE; ONE OR TWO	\$ 27.59	\$ 28.03	\$ 28.33	\$ 29.07	\$ 29.51
73562	RADIOLOGIC EXAMINATION, KNEE; THREE VIEW	\$ 30.79	\$ 31.35	\$ 31.72	\$ 32.65	\$ 33.21
73564	RADIOLOGIC EXAMINATION, KNEE; COMPLETE,	\$ 33.20	\$ 33.84	\$ 34.27	\$ 35.34	\$ 35.98
73565	RADIOLOGIC EXAM, BOTH KNEES, STANDING, A	\$ 28.54	\$ 29.02	\$ 29.34	\$ 30.13	\$ 30.61

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70250	RADIOLOGIC EXAMINATION, SKULL; LESS THAN	\$ 30.56	\$ 31.10	\$ 31.47	\$ 32.39	\$ 32.93
73590	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA	\$ 26.87	\$ 27.28	\$ 27.56	\$ 28.26	\$ 28.68
73592	X-RAY EXAM OF LEG INFANT	\$ 27.83	\$ 28.28	\$ 28.58	\$ 29.34	\$ 29.79
73600	RADIOLOGIC EXAMINATION, ANKLE; TWO VIEWS	\$ 27.10	\$ 27.52	\$ 27.81	\$ 28.52	\$ 28.95
73610	X-RAY EXAM OF ANKLE	\$ 29.27	\$ 29.78	\$ 30.11	\$ 30.95	\$ 31.45
73620	RADIOLOGIC EXAMINATION, FOOT; TWO VIEWS	\$ 26.62	\$ 27.03	\$ 27.30	\$ 27.99	\$ 28.40
73630	X-RAY EXAM OF FOOT	\$ 29.03	\$ 29.52	\$ 29.85	\$ 30.68	\$ 31.17
73650	X-RAY EXAM OF HEEL	\$ 26.87	\$ 27.28	\$ 27.56	\$ 28.26	\$ 28.68
73660	X-RAY EXAM OF TOE(S)	\$ 28.30	\$ 28.77	\$ 29.09	\$ 29.87	\$ 30.34
74018	X-Ray EXAM ABDOMEN 1 view	\$ 27.44	\$ 27.87	\$ 28.17	\$ 28.90	\$ 29.34
74019	X-Ray EXAM ABDOMEN 2 views	\$ 29.88	\$ 30.41	\$ 30.76	\$ 31.63	\$ 32.16
74021	X-Ray EXAM ABDOMEN 3+ views	\$ 32.33	\$ 32.94	\$ 33.35	\$ 34.37	\$ 34.98
74022	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE	\$ 35.76	\$ 36.49	\$ 36.98	\$ 38.20	\$ 38.93

**SPECIAL NOTE: CHARGES ARE FOR EACH XRAY PROCEDURE.** BRCHS adheres to the NC Medicaid Fee Schedule for each procedure. This ensures that the nominal fee for each procedure is a flat fee that is a fixed amount and that is less than the fee paid by a patient in subsequent discount classes.

Updated 1/31/23