

**AltaMed Health Services Corporation
Request for Proposal for
Radiology Services**

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1.0 STATEMENT OF GOALS AND OBJECTIVES

1.1 Background

AltaMed is the largest independent Federally Qualified Community Health Center in the U.S. delivering more than 962,000 annual patient visits through its 42 sites in Los Angeles and Orange Counties.

Services

AltaMed clinics and service delivery sites include twenty-three primary care clinics, eight Program of All-Inclusive Care for Elderly (PACE) sites, ten dental sites and ten Pharmacy sites. All sites are licensed from the State of California. Services are provided in a culturally and linguistically appropriate environment and include general family medicine, specialty care, OB/GYN, pediatrics, podiatry, geriatrics, cardiology, mammography services, chronic disease management, dentistry, behavioral health referral, substance abuse, and HIV outpatient medical care. Support services include: health education, outreach and enrollment assistance; early pregnancy and STD-prevention programs, AFLP and Cal Learn program for teens; home health care services for seniors.

Areas of Service

AltaMed serves approximately 295,000 managed care and 52,000 unduplicated patients annually throughout a service area extending from East Los Angeles, to include metropolitan, southeast, and northeast areas of Los Angeles County, to cities and areas of central and northern Orange County, including Huntington Beach, Garden Grove, Anaheim, and Santa Ana. All these areas are characterized by communities with dense living conditions and large percentages of immigrant and low-income families. The areas include three public housing developments, and a population severely at risk and vulnerable to health disparities and unemployment.

A majority of AltaMed's patients reside in federally designated "Medically Under-Served Areas" (MUAs) and "Health Professional Shortage Areas" (HPSAs) where numbers of physicians available are very low compared to the population density.

Cultural Competency

Cultural competency in delivering health care services to Latino and multi-ethnic communities is vital to the integration of wellness in health care and lifestyle choices. Almost half the resident population in AltaMed's service area is foreign born, and 47% of the population lives below 200% of the Federal Poverty Level (FPL), with 25% living at 100% of FPL. Only 26% of households in the service area speak English as their primary language, with 70% having either Spanish or an Asian/Pacific Islander language as their primary language. AltaMed is currently the largest provider of bicultural/bilingual medical services for the underserved; with forty years of experience, the organization draws on an unparalleled level of expertise in providing accessible health care services that address health disparities and are tailored to the unique cultural, health and social needs of the communities served.

Please see Exhibits A and B.

Contracted Health Plans

- . Aetna
- . Anthem Blue Cross
- . Blue Shield
- . Care1st
- . Cal-Optima (Orange County Only)
- . Central Health Plan
- . Easy Choice Health Plan
- . Health Net
- . L.A. Care
- . Molina
- . Scan
- . United Healthcare
- . Universal Care dba Brand New Day

For health plans, by line of business, for which AltaMed is at risk for Radiology services (Digital X-rays, Ultrasounds, MRI, Mammograms, PET/CT Scan, Etc.), please see attached exhibit A.

1.2 Role of the Selected Radiology Providers

Through this Request for Proposal (RFP), AltaMed seeks to establish a limited network of Radiology providers. The selected Radiology provider(s) may provide comprehensive Radiology services for AltaMed and Omnicare members in the Service Area. AltaMed seeks Radiology providers that can provide radiology services in a timely, professional, efficient and cost effective manner while ensuring the highest standards of performance, integrity, customer service and fiscal accountability. AltaMed wishes to contract with Radiology providers that understand the importance of services they provide, and the impact that they have on our members. The preferred reimbursement structure for services where AltaMed is financially responsible is capitation. However, other structures may be considered.

1.3 Timetable

- RFP RELEASE DATE – March 31, 2019
- VENDOR QUESTIONS - Emailed prior to April 15, 2019
- VENDOR PROPOSALS DUE - May 1, 2019
- CONTRACT NEGOTIATIONS – June 1-31, 2019
- FINAL AWARD and SELECTION- August 1, 2019
- CONTRACT OPERATIONS BEGIN - September 1, 2019

Notes:

- See Section 2.1 of this RFP for instructions on submitting questions.
 - Vendor presentations may be conducted at AltaMed's request and sole discretion.
 - AltaMed will notify respondents if chosen for presentation.
 - Final award is contingent upon successful negotiation of a provider contract.

1.4 Criteria for Selection

In order to be selected as a Radiology provider, in addition to meeting all applicable specifications and submitting all requested information, applicants must demonstrate the following:

- The ability to provide Radiology services to AltaMed & Omnicare members in the entire service area in Los Angeles and Orange Counties;
- The guaranteed ability to provide Radiology services covered under the member's health plan;
- A proven track record of successful service to, including working with managed care organizations to effectively manage the medical needs of the Medi-cal/Medicare population;

The ability to meet prior authorization, claims submission, quality management and reporting requirements of AltaMed;

- The ability to comply with regulatory requirements;
- Participating as a Medicare approved provider;
- Participating as a Med-Cal approved provider;
- Accreditation by Joint Commission, preferred;
- Participating as provider with California Children's Services;
- The ability to track, report and deliver exceptional patient satisfaction, effective management and oversight of use of equipment, patient and provider resource use patterns;
- The ability to set and adhere to delivery, service and other quality service levels;
- Processes and procedures that are in compliance with the Health Insurance Portability and Accountability Act and its accompanying regulations ("HIPAA") and California privacy laws and regulations;
- A pricing proposal that provides AltaMed with the opportunity to reduce the cost of Radiology services without affecting the quality of care; and
- The ability to implement a provider agreement with AltaMed on September 1, 2019.

AltaMed reserves the right to reject any and all proposals; and nothing in this RFP, nor in any applicant's response, will be construed to require AltaMed to enter into any contractual relationship with any applicant.

2.0 PROPOSAL GUIDELINES

2.1 Submission of Proposals

Applicants must submit three paper copies of their proposal, as well as an electronic version, on or before May 1, 2019 at 5:00 p.m. to:

Ariana Ayala
Sr. Provider Network Administrator
AltaMed Health Services Corp.
2040 Camfield Ave.
Los Angeles, CA 90040

Questions should be addressed to Ariana Ayala at the following email address:

arayala@altamed.org

All materials submitted become the property of AltaMed; and AltaMed is under no obligation to return any materials to applicants. Selected proposals will be directly incorporated to any resulting Radiology provider agreements. Applicants may delineate sections of the proposal they deem proprietary by marking the relevant sections "Proprietary and Confidential." AltaMed will maintain the confidentiality of any information so identified to the extent permitted by law.

All information must be submitted in accordance with the timetable outlined in 1.3.

2.2 Proposal Format

The following are the general categories included in this RFP. An applicant may select one or more categories for which they propose to provide Radiology services.

Radiology services:

1. Digital Mammography
2. Analogue Mammography
3. MRI
4. CT
5. Ultrasound
6. Nuclear Medicine
7. Fluoroscopy and IVP's
8. X-Rays

Proposals should be organized as follows:

- **Executive Summary.** The Executive Summary should provide an overview of the proposing organization and its related experience. It should highlight the factors deemed most critical for success in this project and the approach for providing Radiology services under the proposal.
- **Statement of Qualifications.** Applicants must demonstrate their ability to comply with all requirements listed in Section 3 of the RFP.
- **Compliance with Technical Requirements.** Applicants must demonstrate their ability to comply with all requirements listed in Section 4 of this RFP.
- **Compliance with Business Requirements.** Applicants must demonstrate their ability to comply with all of the requirements listed in Section 5 of the RFP.
- **Price Bid.** Applicant must submit a detailed price bid for all Radiology services.

Applicants are requested to submit only those materials that are responsive to, and directly relate to, the questions posed in this RFP.

3.0 QUALIFICATIONS

The information in this Section 3 must be provided for any and all subcontractors that your organization plans to use to assist in providing Radiology services.

3.1 Background Information

3.1.1

Provide a brief overview of the history, structure and ownership of your organization. Describe any significant past (within the past three years) or expected (within the upcoming year) changes in your organizational structure or business approach that have affected or may affect your delivery of services to ALTAMED members.

3.1.2

Provide a brief description of your overall capabilities to provide Radiology services.

3.1.3

Describe all relevant credentialing and accreditation statuses, including but not limited to:

Whether the organization is appropriately licensed or certified as required by the state of California;

Whether the organization has ever been suspended, terminated, debarred or otherwise prohibited from participating in, or entered into a settlement for voluntary withdrawal from, any state Medicaid program or the federal Medicare program.

3.1.4

Describe policies and procedures for detection, notification and resolution of issues related to fraud and abuse.

3.1.5

Describe policies and procedures for addressing member complaints.

3.2 Medicaid Managed Care Experience

Describe your overall experience in providing services to members of Medicaid managed care organizations. Also, describe your experience with Medicare managed care organizations.

3.3 References

3.3.1

Provide three references we can contact to affirm your credentials and past performance. Describe contract type, size and term of contract.

3.3.2

Provide a list of Medicaid/Medicare managed care organizations that have discontinued your services over the past two (2) years. Indicate the reason(s) for the termination of your services.

Provide a Current List of Contracted Hospitals

Provide a list of existing Contracts with Health Plan in question

3.4 Key Management

3.4.1

What key management staff in your organization will be assigned to ALTAMED on an ongoing basis? What are their qualifications and experience?

3.4.2

Confirmation that the qualified staff will be available to meet with ALTAMED on a regular basis to discuss your organization's performance, address administration issues and collaborate on improving quality and effectively manage use of resources?

3.4.3

Provide sample reports that evidence the ability to track, report and deliver exceptional patient satisfaction, effective management and oversight of use of equipment, patient and provider resource use patterns.

3.4.4

Provide a description on service levels guarantees to which your organization is willing to commit to.

3.4.5

Provide a description of collaborations with managed care organizations that the organization has in place to manage appropriate use of resources and impact quality.

3.4.6

Provide a description of staff training and oversight programs in place to monitor quality and service.

3.4.7

ALTAMED must be made aware of any changes to key personnel responsible for the provider contract. In addition, if there are key personnel at remote locations, those names and contact information must also be kept up-to-date.

3.5 Financial Statement

Provide a copy of the two most recent audited financial statements for your organization and proof of general liability and medical malpractice insurance.

4.0 TECHNICAL REQUIREMENTS

ALTAMED will select the Radiology provider(s) through a formal evaluation process that will take into account the applicants' ability to meet the requirements in Sections 3, 4 and 5 of this RFP.

4.1 Ability to Cover Entire Service Area

ALTAMED is seeking Radiology providers who can successfully service the entire network region. List the counties where your organization currently operates and how your organization will furnish and supervise the provision of Radiology services throughout the ALTAMED and Omnicare Medical Group Service Area.

List the locations of your organization's offices and facilities. Describe your mail order and delivery capabilities and how these will be used to meet service requirements in the Service Area. Indicate whether or not you have storefronts; and, if applicable, please include a list of their locations.

4.2 Ability to Meet Time to Service Requirements

Radiology providers are expected to provide all Radiology services within 24 hours of receipt of the request or, when prior authorization is required, within 24 hours of receiving the prior authorization from ALTAMED.

- Describe current policies and procedures related to timely delivery. Does your organization have the ability to inform ALTAMED immediately of any potential problems in providing any Radiology medical supplies in a timely manner under the provider agreement?
- Identify any goods or services that your organization is currently not capable of delivering within 24 hours in the Service Area, and describe what steps your organization will take to meet this standard.

4.3 Ability to Secure Prior Authorization

The selected Radiology providers must verify member eligibility, benefit limitations, and obtain any required prior authorization (if applicable) before providing services to ALTAMED members. The selected Radiology providers must also notify ALTAMED immediately upon receipt of a prior authorization, if the radiology services cannot be performed. Describe your internal processes for carrying out these functions.

(The selected Radiology providers will be required to follow all existing authorization policies and procedures that ALTAMED has in place during the contract period.)

4.4 Ability to Meet Comprehensive Radiology Needs of AltaMed Health Services Members

The selected vendor(s) should have a documented history of successful service to the medically underserved population. Identify any significant type of Radiology services that your organization currently does not supply; and describe how you will make them available to AltaMed members, if selected. Alternatively, indicate if your organization proposes to provide only limited categories of Radiology services.

4.5 Care Coordination

Describe your organization's policies and procedures for working with physicians and other providers and insurers to ensure that care is coordinated and that pertinent information is communicated to those entities.

4.6 Reporting

Bidder will provide standard and ad-hoc reports on a broad range of subjects including claim payments, large claims, various claim utilization criteria, incurred-but-not reported claims, explanation of benefits and enrollment. Frequency of reports will vary by necessity: monthly, annual basis, etc. Reports are expected to be timely and user-friendly. Bidder must have the capacity to accommodate all reporting and participant categories required by AltaMed.

5.0 BUSINESS REQUIREMENTS

5.1 Contract Terms and Conditions

The initial contract term under any provider agreement resulting from an award under this RFP will be for a 1-year period, with multiple year renewal options. The provider agreement will be based on AltaMed's standard form of ancillary provider agreement. The respondent's response to this RFP and the terms and conditions of this RFP, including but not limited to all applicable Performance Specifications set forth in any section of this RFP, will be deemed to be incorporated to the provider agreement.

5.2 Pricing:

Provide a detailed schedule of prices for specific Radiology services to be provided under your proposal as (1) Proposed Cap Rate by line of business with inclusive and proposed carve out services and (2) Fee-For-Service rate for Medi-cal, Commercial and Senior members (based off Medi-cal and Medicare Fee Schedule)

- Describe how Radiology services currently not on the price list will be priced and added to this list.

5.3 Participation in Medi-cal/Medicare/CCS Program; Compliance with Medi-cal Program Requirements

Each selected Radiology provider will be required to be enrolled as a Medicaid provider on or before the effective date of September 1, 2019. If a Radiology provider is proposing to utilize multiple locations to provide the Radiology services each location must be enrolled and have a valid NPI number.

5.4 ALTAMED Credentialing Requirements

The selected Radiology providers must, at all times, meet ALTAMED's credentialing requirements in order to participate in the ALTAMED network of providers. Credentialing criteria include, but are not limited to, accreditation by an appropriate national agency specific to the nature and type of Radiology services furnished by the provider.

Please provide the following along with your proposal

- Copy of Business License
- Copy of Accreditation
- Copy of Applicable License/Permits
- Copy of Medicare Provider#
- Copy of Medicaid Provider #

- General Liability Insurance Coverage
- Product Liability Insurance Coverage
- W-9 Forms (Legal Name, Tax ID Etc.)
- Completed AltaMed HDO application (Application attached to RFP)

5.5 COST CONTROL INITIATIVES

AltaMed expects bidder to provide a comprehensive provider network demonstrating significant discounts and outline an effective cost-containment strategy.

6.0 PERFORMANCE STANDARDS

In addition to the general requirements set forth in this RFP, all Radiology providers are required to comply with the following ALTAMED performance standards. Additional Radiology services are set forth in Appendix 1.

Successful Radiology providers must meet all of the following requirements:

1. Provide a toll free number, with live voice response, for customer/member service 24 hours a day, 7 days per week.
2. Receive routine orders for specified Radiology orders via toll free facsimile and/or electronic submission Monday through Friday during AltaMed's business hours.
3. Telephone services must demonstrate cultural competence by providing services in English and other languages as required by the population of ALTAMED's members. *(Currently, Spanish-speaking customer service representatives would be required to service members; and successful Radiology providers must also have the capacity to provide translation for other languages as necessary).*
4. At Radiologist or groups' expense, provide services to ALTAMED'S members in designated coverage area(s). This coverage includes services when necessary for Radiologist or group to subcontract with other Radiology providers.
5. Ensure that a Radiologist is available, as necessary and reasonable, to provide consultation concerning the interpretation of an imaging study, when requested by the medical clinician who ordered the study or when the applicable standard of care dictates that such consultation shall occur. Make every effort to ensure that a Radiologist provides a reading on a STAT report as quickly as possible, but in no less than thirty (30) minutes of being notified by Altamed that a STAT review and report is requested.
6. Provide communication and education with ALTAMED's clinicians as reasonably requested.
7. Select Radiologists who are fully qualified and able to perform the duties, within their scope, expertise and credentials of each individual Radiologist.

Appendix 1 includes additional Radiology services to be provided.

A. Radiologist Coverage

1. Describe how the group proposes to provide radiologist coverage and services to ALTAMED's 24x7x365.
2. If the use of "Preliminary Reports" is part of the proposed services, please describe when they are used, who is generating them, the process and timing of generating a "Final Report", and how the report discrepancies are managed, reported and communicated.

B. Final Report Turn-Around Times

1. Describe contracted Final Report Turn-Around Times based on a 24x7 environment.
2. Describe how report turn-around times are measured and reported to ALTAMED.
3. Please include (via an attachment) an example of a report that would be used to report turn-around time performances

C. Quality Assurance

1. Describe your group's approach towards ensuring quality.
2. Describe how identified quality issues are addressed, tracked, reported, and communicated with ALTAMED.
3. Describe your group's approach toward ensuring that "Critical Findings" are tracked and communicated effectively. Please include tools used, reports tracking, and team staff involved to support this process.
4. Describe how Quality Assurance and Critical Findings performance will be tracked and reported to ALTAMED. Please include an example (via an attachment) of the provided report.

D. Report Generation and Editing

1. Describe the process and technology used to generate and edit final radiology reports.
2. Describe steps taken to ensure report completeness and consistency across the group of individual radiologists.
3. Provide a sample of your group's radiology reports:
 - General final reports
 - Preliminary reports (if applicable)
 - Sub-specialty reports (if applicable)
 - Report addendums
 - Revised reports

7.0

Exhibit A

Scope of Radiology Services

ProcCode	Procdesc
71250	CT THORAX W/O DYE
71260	CT THORAX W/DYE
71270	CT THORAX W/O & W/DYE
71275	CT ANGIOGRAPHY CHEST
72191	CT ANGIOGRAPH PELV W/O&W/DYE
72192	CT PELVIS W/O DYE
72193	CT PELVIS W/DYE
72194	CT PELVIS W/O & W/DYE
74150	CT ABDOMEN W/O DYE
74160	CT ABDOMEN W/DYE
74170	CT ABDOMEN W/O & W/DYE
74174	CT ANGIO ABD&PELV W/O&W/DYE
74175	CT ANGIO ABDOM W/O & W/DYE
74176	CT ABD & PELVIS W/O CONT
74177	CT ABD & PELV W/CONTRAST
74178	CT ABD & PELV 1/> REGNS
70010	CONTRAST X-RAY OF BRAIN
70450	CT HEAD/BRAIN W/O DYE
70460	CT HEAD/BRAIN W/DYE
70470	CT HEAD/BRAIN W/O & W/DYE
70480	CT ORBIT/EAR/FOSSA W/O D
70481	CT ORBIT/EAR/FOSSA W/DYE
70482	CT ORBIT/EAR/FOSSA W/O&W/DYE
70486	CT MAXILLOFACIAL W/O DYE
70487	CT MAXILLOFACIAL W/DYE
70488	CT MAXILLOFACIAL W/O & W/DYE
70490	CT SOFT TISSUE NECK W/O
70491	CT SOFT TISSUE NECK W/DYE
70492	CT SFT TSUE NCK W/O & W/DYE
70496	CT ANGIOGRAPHY HEAD
70498	CT ANGIOGRAPHY NECK
72125	CT NECK SPINE W/O DYE
72126	CT NECK SPINE W/DYE
72127	CT NECK SPINE W/O & W/DYE
72128	CT CHEST SPINE W/O DYE

72129	CT CHEST SPINE W/DYE
72130	CT CHEST SPINE W/O & W/DYE
72131	CT LUMBAR SPINE W/O DYE
72132	CT LUMBAR SPINE W/DYE
72133	CT LUMBAR SPINE W/O & W/DYE
73040	CONTRAST X-RAY OF SHOULD
73200	CT UPPER EXTREMITY W/O DYE
73201	CT UPPER EXTREMITY W/DYE
73202	CT UPPR EXTREMITY W/O&W/DYE
73206	CT ANGIO UPR EXTRM W/O&W/DYE
73525	CONTRAST X-RAY OF HIP
73580	CONTRAST X-RAY OF KNEE JOINT
73700	CT LOWER EXTREMITY W/O DYE
73701	CT LOWER EXTREMITY W/DYE
73702	CT LWR EXTREMITY W/O&W/D
73706	CT ANGIO LWR EXTR W/O&W/DYE
74220	CONTRAST X-RAY ESOPHAGUS
74246	CONTRST X-RAY UPPR GI TR
74247	CONTRST X-RAY UPPR GI TR
74249	CONTRST X-RAY UPPR GI TRACT
74270	CONTRAST X-RAY EXAM OF C
74280	CONTRAST X-RAY EXAM OF COLON
74290	CONTRAST X-RAY GALLBLADD
74400	CONTRST X-RAY URINARY TRACT
74420	CONTRST X-RAY URINARY TR
74425	CONTRST X-RAY URINARY TR
74430	CONTRAST X-RAY BLADDER
75571	CT HRT W/O DYE W/CA TEST
75572	CT HRT W/3D IMAGE
75574	CT ANGIO HRT W/3D IMAGE
75605	CONTRAST EXAM THORACIC AORTA
75625	CONTRAST EXAM ABDOMINL AORTA
75635	CT ANGIO ABDOMINAL ARTERIES
76380	CAT SCAN FOLLOW-UP STUDY
76497	CT PROCEDURE
77011	CT SCAN FOR LOCALIZATION
77012	CT SCAN FOR NEEDLE BIOPSY
77013	CT GUIDE FOR TISSUE ABLATION
77014	CT SCAN FOR THERAPY GUID
77078	CT BONE DENSITY AXIAL
76085	COMPUTER MAMMOGRAM ADD-ON

77051	COMPUTER DX MAMMOGRAM ADD-ON
77052	COMP SCREEN MAMMOGRAM ADD-ON
77055	MAMMOGRAM ONE BREAST
77057	MAMMOGRAM SCREENING
77061	BREAST TOMOSYNTHESIS UNI
77062	BREAST TOMOSYNTHESIS BI
77063	BREAST TOMOSYNTHESIS BI
77065	DX MAMMO INCL CAD UNI
77066	DX MAMMO INCL CAD BI
77067	SCR MAMMO BI INCL CAD
70336	MAGNETIC IMAGE JAW JOINT
70540	MRI ORBIT/FACE/NECK W/O
70542	MRI ORBIT/FACE/NECK W/DYE
70543	MRI ORBT/FAC/NCK W/O &W/
70544	MR ANGIOGRAPHY HEAD W/O
70545	MR ANGIOGRAPHY HEAD W/DYE
70546	MR ANGIOGRAPH HEAD W/O&W/DYE
70547	MR ANGIOGRAPHY NECK W/O
70548	MR ANGIOGRAPHY NECK W/DYE
70549	MR ANGIOGRAPH NECK W/O&W/DYE
70551	MRI BRAIN STEM W/O DYE
70552	MRI BRAIN STEM W/DYE
70553	MRI BRAIN STEM W/O & W/D
70554	FMRI BRAIN BY TECH
70559	MRI BRAIN W/O & W/DYE
71550	MRI CHEST W/O DYE
71551	MRI CHEST W/DYE
71552	MRI CHEST W/O & W/DYE
71555	MRI ANGIO CHEST W OR W/O DYE
72141	MRI NECK SPINE W/O DYE
72142	MRI NECK SPINE W/DYE
72146	MRI CHEST SPINE W/O DYE
72147	MRI CHEST SPINE W/DYE
72148	MRI LUMBAR SPINE W/O DYE
72149	MRI LUMBAR SPINE W/DYE
72156	MRI NECK SPINE W/O & W/DYE
72157	MRI CHEST SPINE W/O & W/DYE
72158	MRI LUMBAR SPINE W/O & W/DYE
72195	MRI PELVIS W/O DYE
72196	MRI PELVIS W/DYE
72197	MRI PELVIS W/O & W/DYE

72198	MR ANGIO PELVIS W/O & W/
73218	MRI UPPER EXTREMITY W/O
73219	MRI UPPER EXTREMITY W/DY
73220	MRI UPPR EXTREMITY W/O&W/DYE
73221	MRI JOINT UPR EXTREM W/O DYE
73222	MRI JOINT UPR EXTREM W/D
73223	MRI JOINT UPR EXTR W/O&W/DYE
73718	MRI LOWER EXTREMITY W/O DYE
73719	MRI LOWER EXTREMITY W/DYE
73720	MRI LWR EXTREMITY W/O&W/DYE
73721	MRI JNT OF LWR EXTRE W/O
73722	MRI JOINT OF LWR EXTR W/DYE
73723	MRI JOINT LWR EXTR W/O&W
73725	MR ANG LWR EXT W OR W/O
74181	MRI ABDOMEN W/O DYE
74182	MRI ABDOMEN W/DYE
74183	MRI ABDOMEN W/O & W/DYE
74185	MRI ANGIO ABDOM W ORW/O DYE
74712	MRI FETAL SNGL/1ST GESTATION
75557	CARDIAC MRI FOR MORPH
75561	CARDIAC MRI FOR MORPH W/DYE
75565	CARD MRI VELOC FLOW MAPPING
76390	MR SPECTROSCOPY
76498	MRI PROCEDURE
77058	MRI ONE BREAST
77059	MRI BOTH BREASTS
78300	BONE IMAGING LIMITED AREA
78305	BONE IMAGING MULTIPLE AR
78306	BONE IMAGING WHOLE BODY
78315	BONE IMAGING 3 PHASE
78320	BONE IMAGING (3D)
78451	HT MUSCLE IMAGE SPECT SING
78452	HT MUSCLE IMAGE SPECT MULT
78454	HT MUSC IMAGE PLANAR MULT
78472	GATED HEART PLANAR SINGLE
78481	HEART FIRST PASS SINGLE
78483	HEART FIRST PASS MULTIPLE
78492	HEART IMAGE (PET) MULTIPLE
78608	BRAIN IMAGING (PET)
78800	TUMOR IMAGING LIMITED AREA
78802	TUMOR IMAGING WHOLE BODY

78804	TUMOR IMAGING WHOLE BODY
78812	PET IMAGE SKULL-THIGH
78813	PET IMAGE FULL BODY
78815	PET IMAGE W/CT SKULL-THIGH
78816	PET IMAGE W/CT FULL BODY
70030	X-RAY EYE FOR FOREIGN BO
70100	X-RAY EXAM OF JAW <4VIEW
70110	X-RAY EXAM OF JAW 4/> VI
70120	X-RAY EXAM OF MASTOIDS
70140	X-RAY EXAM OF FACIAL BON
70150	X-RAY EXAM OF FACIAL BONES
70160	X-RAY EXAM OF NASAL BONE
70200	X-RAY EXAM OF EYE SOCKET
70210	X-RAY EXAM OF SINUSES
70220	X-RAY EXAM OF SINUSES
70250	X-RAY EXAM OF SKULL
70260	X-RAY EXAM OF SKULL
70300	X-RAY EXAM OF TEETH
70310	X-RAY EXAM OF TEETH
70330	X-RAY EXAM OF JAW JOINTS
70350	X-RAY HEAD FOR ORTHODONTIA
70355	PANORAMIC X-RAY OF JAWS
70360	X-RAY EXAM OF NECK
71000	CHEST, MINIFILM
71010	CHEST X-RAY 1 VIEW FRONT
71015	CHEST X-RAY STEREO FRONT
71020	CHEST X-RAY 2VW FRONTAL&LATL
71021	CHEST X-RAY FRNT LAT LORDOTC
71022	CHEST X-RAY FRNT LAT OBLIQUE
71030	CHEST X-RAY 4/> VIEWS
71034	CHEST X-RAY&FLUORO 4/> V
71035	CHEST X-RAY SPECIAL VIEWS
71045	X-RAY EXAM CHEST 1 VIEW
71046	X-RAY EXAM CHEST 2 VIEWS
71047	X-RAY EXAM CHEST 3 VIEWS
71048	X-RAY EXAM CHEST 4+ VIEW
71100	X-RAY EXAM RIBS UNI 2 VI
71101	X-RAY EXAM UNILAT RIBS/CHEST
71110	X-RAY EXAM RIBS BIL 3 VIEWS
71111	X-RAY EXAM RIBS/CHEST4/> VWS
71120	X-RAY EXAM BREASTBONE 2/>VWS

71130	X-RAY STRENOCLAVIC JT 3/>VWS
72010	X-RAY EXAM SPINE AP&LAT
72020	X-RAY EXAM OF SPINE 1 VI
72040	X-RAY EXAM NECK SPINE 2-
72050	X-RAY EXAM NECK SPINE 4/5VWS
72052	X-RAY EXAM NECK SPINE 6/
72069	X-RAY EXAM TRUNK SPINE STAND
72070	X-RAY EXAM THORAC SPINE 2VWS
72072	X-RAY EXAM THORAC SPINE 3VWS
72074	X-RAY EXAM THORAC SPINE4
72080	X-RAY EXAM THORACOLMB 2/
72081	X-RAY EXAM ENTIRE SPI 1 VW
72082	X-RAY EXAM ENTIRE SPI 2/3 VW
72083	X-RAY EXAM ENTIRE SPI 4/5 VW
72084	X-RAY EXAM ENTIRE SPI 6/> VW
72090	X-RAY EXAM SCLOIOSIS ERE
72100	X-RAY EXAM L-S SPINE 2/3
72110	X-RAY EXAM L-2 SPINE 4/>
72114	X-RAY EXAM L-S SPINE BEN
72120	X-RAY BEND ONLY L-S SPINE
72170	X-RAY EXAM OF PELVIS
72190	X-RAY EXAM OF PELVIS
72200	X-RAY EXAM SI JOINTS
72202	X-RAY EXAM SI JOINTS 3/>
72220	X-RAY EXAM SACRUM TAILBO
72295	X-RAY OF LOWER SPINE DIS
73000	X-RAY EXAM OF COLLAR BON
73010	X-RAY EXAM OF SHOULDER B
73020	X-RAY EXAM OF SHOULDER
73030	X-RAY EXAM OF SHOULDER
73050	X-RAY EXAM OF SHOULDERS
73060	X-RAY EXAM OF HUMERUS
73070	X-RAY EXAM OF ELBOW
73080	X-RAY EXAM OF ELBOW
73090	X-RAY EXAM OF FOREARM
73092	X-RAY EXAM OF ARM INFANT
73100	X-RAY EXAM OF WRIST
73110	X-RAY EXAM OF WRIST
73120	X-RAY EXAM OF HAND
73130	X-RAY EXAM OF HAND
73140	X-RAY EXAM OF FINGER(S)

73500	X-RAY EXAM OF HIP
73501	X-RAY EXAM HIP UNI 1 VIEW
73502	X-RAY EXAM HIP UNI 2-3 V
73503	X-RAY EXAM HIP UNI 4/> V
73510	X-RAY EXAM OF HIP
73520	X-RAY EXAM OF HIPS
73521	X-RAY EXAM HIPS BI 2 VIEWS
73522	X-RAY EXAM HIPS BI 3-4 VIEWS
73523	X-RAY EXAM HIPS BI 5/> V
73530	X-RAY EXAM OF HIP
73550	X-RAY EXAM OF THIGH
73551	X-RAY EXAM OF FEMUR 1
73552	X-RAY EXAM OF FEMUR 2/>
73560	X-RAY EXAM OF KNEE 1 OR
73562	X-RAY EXAM OF KNEE 3
73564	X-RAY EXAM KNEE 4 OR MORE
73565	X-RAY EXAM OF KNEES
73590	X-RAY EXAM OF LOWER LEG
73592	X-RAY EXAM OF LEG INFANT
73600	X-RAY EXAM OF ANKLE
73610	X-RAY EXAM OF ANKLE
73620	X-RAY EXAM OF FOOT
73630	X-RAY EXAM OF FOOT
73650	X-RAY EXAM OF HEEL
73660	X-RAY EXAM OF TOE(S)
74000	X-RAY EXAM OF ABDOMEN
74010	X-RAY EXAM OF ABDOMEN
74018	X-RAY EXAM OF ABDOMEN
74019	X-RAY EXAM ABDOMEN 2 VIE
74020	X-RAY EXAM OF ABDOMEN
74021	X-RAY EXAM ABDOMEN 3+ VI
74022	X-RAY EXAM SERIES ABDOMEN
74230	CINE/VID X-RAY THROAT/ESOPH
74240	X-RAY UPPER GI DELAY W/O
74241	X-RAY UPPER GI DELAY W/KUB
74245	X-RAY UPPER GI&SMALL INTEST
74250	X-RAY EXAM OF SMALL BOWE
74300	X-RAY BILE DUCTS/PANCREAS
74328	X-RAY BILE DUCT ENDOSCOPY
74330	X-RAY BILE/PANC ENDOSCOP
74340	X-RAY GUIDE FOR GI TUBE

74360	X-RAY GUIDE GI DILATION
74450	X-RAY URETHRA/BLADDER
74455	X-RAY URETHRA/BLADDER
74475	X-RAY CONTROL CATH INSER
74485	X-RAY GUIDE GU DILATION
74740	X-RAY FEMALE GENITAL TRACT
75630	X-RAY AORTA LEG ARTERIES
75658	ARTERY X-RAYS ARM
75705	ARTERY X-RAYS SPINE
75710	ARTERY X-RAYS ARM/LEG
75716	ARTERY X-RAYS ARMS/LEGS
75726	ARTERY X-RAYS ABDOMEN
75736	ARTERY X-RAYS PELVIS
75774	ARTERY X-RAY EACH VESSEL
75820	VEIN X-RAY ARM/LEG
75822	VEIN X-RAY ARMS/LEGS
75825	VEIN X-RAY TRUNK
75827	VEIN X-RAY CHEST
75833	VEIN X-RAY KIDNEYS
75860	VEIN X-RAY NECK
75885	VEIN X-RAY LIVER W/HEMODYNAM
75889	VEIN X-RAY LIVER W/HEMODYNAM
75891	VEIN X-RAY LIVER
75894	X-RAYS TRANSCATH THERAPY
75957	XRAY ENDOVASC THOR AO REPR
75984	XRAY CONTROL CATHETER CH
76010	X-RAY NOSE TO RECTUM
76080	X-RAY EXAM OF FISTULA
76098	X-RAY EXAM BREAST SPECIMEN
76140	X-RAY CONSULTATION
76376	3D RENDER W/INTRP POSTPROCES
76377	3D RENDER W/INTRP POSTPR
76499	RADIOGRAPHIC PROCEDURE
77053	X-RAY OF MAMMARY DUCT
77071	X-RAY STRESS VIEW
77072	X-RAYS FOR BONE AGE
77073	X-RAYS BONE LENGTH STUDI
77074	X-RAYS BONE SURVEY LIMITED
77075	X-RAYS BONE SURVEY COMPLETE
77076	X-RAYS BONE SURVEY INFAN
77077	JOINT SURVEY SINGLE VIEW

77080	DXA BONE DENSITY AXIAL
77081	DXA BONE DENSITY/PERIPHERAL
77085	DXA BONE DENSITY STUDY
78012	THYROID UPTAKE MEASUREME
78013	THYROID IMAGING W/BLOOD FLOW
78014	THYROID IMAGING W/BLOOD
78018	THYROID MET IMAGING BODY
78020	THYROID MET UPTAKE
78070	PARATHYROID PLANAR IMAGING
78071	PARATHYRD PLANAR W/WO SU
78195	LYMPH SYSTEM IMAGING
78202	LIVER IMAGING WITH FLOW
78205	LIVER IMAGING (3D)
78215	LIVER AND SPLEEN IMAGING
78216	LIVER & SPLEEN IMAGE/FLOW
78226	HEPATOBIILIARY SYSTEM IMAGING
78227	HEPATOBIL SYST IMAGE W/DRUG
78262	GASTROESOPHAGEAL REFLUX EXAM
78264	GASTRIC EMPTYING IMAG ST
78278	ACUTE GI BLOOD LOSS IMAG
78290	MECKELS DIVERT EXAM
78579	LUNG VENTILATION IMAGING
78580	LUNG PERFUSION IMAGING
78582	LUNG VENTILAT&PERFUS IMAGING
78601	BRAIN IMAGE W/FLOW < 4 V
78606	BRAIN IMAGE W/FLOW 4 + VIEWS
78607	BRAIN IMAGING (3D)
78610	BRAIN FLOW IMAGING ONLY
78635	CSF VENTRICULOGRAPHY
78645	CSF SHUNT EVALUATION
78700	KIDNEY IMAGING MORPHOL
78707	K FLOW/FUNCT IMAGE W/O DRUG
78708	K FLOW/FUNCT IMAGE W/DRUG
78709	K FLOW/FUNCT IMAGE MULTI
78725	KIDNEY FUNCTION STUDY
78740	URETERAL REFLUX STUDY
78805	ABSCCESS IMAGING LTD AREA
78806	ABSCCESS IMAGING WHOLE BO
78807	NUCLEAR LOCALIZATION/ABS
79005	NUCLEAR RX ORAL ADMIN
76506	ECHO EXAM OF HEAD

76510	OPHTH US B & QUANT A
76512	OPHTH US B W/NON-QUANT A
76513	ECHO EXAM OF EYE WATER B
76514	ECHO EXAM OF EYE THICKNE
76519	ECHO EXAM OF EYE
76529	ECHO EXAM OF EYE
76536	US EXAM OF HEAD AND NECK
76604	US EXAM CHEST
76641	ULTRASOUND BREAST COMPLE
76642	ULTRASOUND BREAST LIMITED
76645	US EXAM BREAST(S)
76700	US EXAM ABDOM COMPLETE
76705	ECHO EXAM OF ABDOMEN
76706	US ABDL AORTA SCREEN AAA
76770	US EXAM ABDO BACK WALL COMP
76775	US EXAM ABDO BACK WALL LIM
76776	US EXAM K TRANSPL W/DOPP
76800	US EXAM SPINAL CANAL
76801	OB US < 14 WKS SINGLE FETUS
76802	OB US < 14 WKS ADDL FETU
76805	OB US >= 14 WKS SNGL FETUS
76810	OB US >= 14 WKS ADDL FETUS
76811	OB US DETAILED SNGL FETUS
76812	OB US DETAILED ADDL FETUS
76813	OB US NUCHAL MEAS 1 GEST
76814	OB US NUCHAL MEAS ADD-ON
76815	OB US LIMITED FETUS(S)
76816	OB US FOLLOW-UP PER FETUS
76817	TRANSVAGINAL US OBSTETRIC
76818	FETAL BIOPHYS PROFILE W/NST
76819	FETAL BIOPHYS PROFIL W/O
76820	UMBILICAL ARTERY ECHO
76821	MIDDLE CEREBRAL ARTERY ECHO
76825	ECHO EXAM OF FETAL HEART
76826	ECHO EXAM OF FETAL HEART
76827	ECHO EXAM OF FETAL HEART
76828	ECHO EXAM OF FETAL HEART
76830	TRANSVAGINAL US NON-OB
76831	ECHO EXAM UTERUS
76856	US EXAM PELVIC COMPLETE
76857	US EXAM PELVIC LIMITED

76870	US EXAM SCROTUM
76872	US TRANSRECTAL
76873	ECHOGRAP TRANS R PROS ST
76880	US EXAM, EXTREMITY
76881	US XTR NON-VASC COMPLETE
76882	US XTR NON-VASC LMTD
76885	US EXAM INFANT HIPS DYNAMIC
76886	US EXAM INFANT HIPS STATIC
76930	ECHO GUIDE CARDIOCENTESIS
76936	ECHO GUIDE FOR ARTERY RE
76937	US GUIDE VASCULAR ACCESS
76942	ECHO GUIDE FOR BIOPSY
76946	ECHO GUIDE FOR AMNIOCENT
76965	ECHO GUIDANCE RADIOTHERAPY
76970	ULTRASOUND EXAM FOLLOW-U
76998	US GUIDE INTRAOP
76999	ECHO EXAMINATION PROCEDURE