

CPT	DESCRIPTION	SELF PAY
	CT/CTA	
74160	CT ABDOMEN WITH CONTRAST	\$240
74170	CT ABDOMEN WITHOUT AND WITH CONTRAST	\$240
74150	CT ABDOMEN WITHOUT CONTRAST	\$150
74177	CT ABDOMEN/PELVIS WITH CONTRAST	\$320
74178	CT ABDOMEN/PELVIS WITHOUT AND WITH CONTRAST	\$360
74176	CT ABDOMEN/PELVIS WITHOUT CONTRAST	\$200
74174	CT ANGIO ABDOMEN AND PELVIS	\$400
74175	CT ANGIO ABDOMEN WITH CONTRAST	\$270
73206	CT ANGIO ARM WITHOUT AND WITH CONTRAST	\$260
71275	CT ANGIO CHEST NON-CORONARY	\$270
75574	CT ANGIO CORONARY ARTERIES WITH CALCIUM SCORING	\$300
70496	CT ANGIO HEAD WITH CONTRAST	\$260
73706	CT ANGIO LOWER EXTREMITY WITH AND WITHOUT CONTRAST	\$270
70498	CT ANGIO NECK WITH CONTRAST	\$260
72191	CT ANGIO PELVIS WITH CONTRAST	\$260
75635	CT ANGIO WITH RUNOFFS	\$290
73700	CT ANKLE WITHOUT CONTRAST	\$150
73702	CT ANKLE WITHOUT AND WITH CONTRAST	\$230
73701/27648	CT ARTHROGRAM ANKLE WITH CONTRAST INCLUDING INJECTION	\$500
73201/24220	CT ARTHROGRAM ELBOW WITH CONTRAST INCLUDING INJECTION	\$500
73701/27093	CT ARTHROGRAM HIP WITH CONTRAST INCLUDING INJECTION	\$500
73701/27369	CT ARTHROGRAM KNEE WITH CONTRAST INCLUDING INJECTION	\$500
72193/27096	CT ARTHROGRAM SACROILIAC JTS WITH CONTRAST INCLUDING INJECTION	\$500
73201/23350	CT ARTHROGRAM SHOULDER WITH CONTRAST INCLUDING INJECTION	\$500
73201/25246	CT ARTHROGRAM WRIST WITH CONTRAST INCLUDING INJECTION	\$500
72126	CT CERVICAL SPINE WITH CONTRAST	\$190
72127	CT CERVICAL SPINE WITHOUT AND WITH CONTRAST	\$220
72125	CT CERVICAL SPINE WITHOUT CONTRAST	\$150
71260	CT CHEST WITH CONTRAST	\$190
71270	CT CHEST WITHOUT AND WITH CONTRAST	\$230
71250	CT CHEST WITHOUT CONTRAST	\$160
74261	CT COLONOGRAPHY	\$500
74263	CT COLONOGRAPHY - SCREENING	\$500
75571	CT CORONARY CALCIUM SCORING	\$99
73200	CT ELBOW WITHOUT CONTRAST	\$160
73202	CT ELBOW WITHOUT AND WITH CONTRAST	\$240
73700	CT FEMUR WITHOUT CONTRAST	\$150
73702	CT FEMUR WITHOUT AND WITH CONTRAST	\$240
70460	CT HEAD WITH CONTRAST	\$160
70470	CT HEAD WITHOUT AND WITH CONTRAST	\$190
70450	CT HEAD WITHOUT CONTRAST	\$110
73700	CT HIP WITHOUT CONTRAST	\$150
73702	CT HIP WITHOUT AND WITH CONTRAST	\$230
73700	CT KNEE WITHOUT CONTRAST	\$150
73702	CT KNEE WITHOUT AND WITH CONTRAST	\$230
71271	CT LOW DOSE LUNG SCREENING	\$150
72132	CT LUMBAR SPINE WITH CONTRAST	\$190
72133	CT LUMBAR SPINE WITHOUT AND WITH CONTRAST	\$220
72131	CT LUMBAR SPINE WITHOUT CONTRAST	\$150
70486	CT MAXILLOFACIAL WITHOUT CONTRAST	\$140
73700	CT MIDFOOT/FOREFOOT/TOE WITHOUT CONTRAST	\$150
73702	CT MIDFOOT/FOREFOOT/TOE WITHOUT AND WITH CONTRAST	\$230
70481	CT ORBIT EAR FOSSA WITH CONTRAST	\$220
70482	CT ORBIT EAR FOSSA WITHOUT AND WITH CONTRAST	\$240

70487	CT PARANASAL SINUSES WITH CONTRAST	\$160
70488	CT PARANASAL SINUSES WITHOUT AND WITH CONTRAST	\$200
72193	CT PELVIS WITH CONTRAST	\$230
72194	CT PELVIS WITHOUT AND WITH CONTRAST	\$240
72192	CT PELVIS WITHOUT CONTRAST	\$140
70491	CT SOFT TISSUE NECK WITH CONTRAST	\$200
70492	CT SOFT TISSUE NECK WITHOUT AND WITH CONTRAST	\$240
70490	CT SOFT TISSUE NECK WITHOUT CONTRAST	\$160
70480	CT TEMPORAL BONES WITHOUT CONTRAST	\$170
72129	CT THORACIC SPINE WITH CONTRAST	\$190
72130	CT THORACIC SPINE WITHOUT AND WITH CONTRAST	\$230
72128	CT THORACIC SPINE WITHOUT CONTRAST	\$150
73200	CT UPPER EXTREMITY NON JOINT WITHOUT CONTRAST	\$160
<b>DEXA</b>		
77081	DXA BONE DENSITY - APPENDICULAR SKELETON - PERIPHERAL	\$50
77080	DXA BONE DENSITY- AXIAL SKELETON	\$50
<b>BREAST IMAGING</b>		
77066	MAMMOGRAM DIAGNOSTIC BILATERAL W/ OR W/O TOMO	\$250
77065	MAMMOGRAM DIAGNOSTIC UNILATERAL W/ OR W/O TOMO	\$225
77067/77063	MAMMOGRAM SCREENING W/ OR W/O TOMO	\$190
77049	MR BREAST BILATERAL WITHOUT AND WITH CONTRAST	\$299
77049-52	MR FAST BREAST SCREENING	\$250
19081	STEREOTACTIC GUIDED BREAST PERCUTANEOUS INCLUDING CLIP BIOPSY, FIRST LESION*	\$600
19082	STEREOTACTIC GUIDED BREAST PERCUTANEOUS INCLUDING CLIP BIOPSY, EACH ADD'L LESION*	\$480
19083	ULTRASOUND GUIDED BREAST PERCUTANEOUS INCLUDING CLIP BIOPSY, FIRST LESION*	\$600
19084	ULTRASOUND GUIDED BREAST PERCUTANEOUS INCLUDING CLIP BIOPSY, EACH ADD'L LESION*	\$470
19085	MRI GUIDED BREAST PERCUTANEOUS INCLUDING CLIP BIOPSY, FIRST LESION*	\$1,200
19086	MRI GUIDED BREAST PERCUTANEOUS INCLUDING CLIP BIOPSY, EACH ADD'L LESION*	\$800
76642	US BREAST UNILATERAL LIMITED	\$100
76641	US UNILATERAL BREASTS COMPLETE	\$110
76641	US WHOLE BREAST SCREENING ULTRASOUND COMPLETE	\$250
*	<b>PRICE DOES NOT INCLUDE PATHOLOGY COST. MORE DETAILS AVAILABLE UPON REQUEST.</b>	
<b>MRI/MRA</b>		
74182	MR ABDOMEN WITH CONTRAST	\$340
74183	MR ABDOMEN WITHOUT AND WITH CONTRAST	\$380
74181	MR ABDOMEN WITHOUT CONTRAST	\$220
74185	MR ANGIO ABDOMEN WITHOUT OR WITH CONTRAST	\$380
70546	MR ANGIO AND/OR VENOGRAM HEAD WITHOUT AND WITH CONTRAST	\$360
73225	MR ANGIO ARM WITHOUT AND WITH CONTRAST	\$390
71555	MR ANGIO CHEST WITHOUT OR WITH CONTRAST	\$370
70545	MR ANGIO HEAD WITH CONTRAST	\$250
70544	MR ANGIO HEAD WITHOUT CONTRAST	\$240
73725	MR ANGIO LEG WITHOUT AND WITH CONTRAST	\$380
70548	MR ANGIO NECK WITH CONTRAST	\$270
70549	MR ANGIO NECK WITHOUT AND WITH CONTRAST	\$380
70547	MR ANGIO NECK WITHOUT CONTRAST	\$240
72198	MR ANGIO PELVIS WITHOUT AND WITH CONTRAST	\$380
73721	MR ANKLE WITHOUT CONTRAST	\$220
73723	MR ANKLE WITHOUT AND WITH CONTRAST	\$440
73722/27648	MR ARTHROGRAM ANKLE W/CONTRAST INCLUDING INJECTION	\$650
73222/24220	MR ARTHROGRAM ELBOW WITH CONTRAST INCLUDING INJECTION	\$650
73722/27093	MR ARTHROGRAM HIP WITH CONTRAST INCLUDING INJECTION	\$650
73722/27369	MR ARTHROGRAM KNEE WITH CONTRAST INCLUDING INJECTION	\$650
72196/27096	MR ARTHROGRAM SACROILIAC JTS WITH CONTRAST INCLUDING INJECTION	\$650
73222/23350	MR ARTHROGRAM SHOULDER WITH CONTRAST INCLUDING INJECTION	\$650
73222/25246	MR ARTHROGRAM WRIST WITH CONTRAST INCLUDING INJECTION	\$650

70553	MR BRAIN WITHOUT AND WITH CONTRAST*	\$360
70551	MR BRAIN AND IACS WITHOUT CONTRAST*	\$220
70552	MR BRAIN WITH CONTRAST*	\$300
77049	MR BREAST BILATERAL WITHOUT AND WITH CONTRAST	\$400
77049-52	MR FAST BREAST SCREENING	\$250
77047	MR BREAST BILATERAL WITHOUT CONTRAST	\$299
75557	MR CARDIAC MORPHOLOGY	\$1,000
75559	MR CARDIAC WITH STRESS IMAGING	\$1,000
75563	MR CARDIAC WITH STRESS IMAGING WITH CONTRAST	\$1,000
72142	MR CERVICAL SPINE WITH CONTRAST	\$310
72156	MR CERVICAL SPINE WITHOUT AND WITH CONTRAST	\$360
72141	MR CERVICAL SPINE WITHOUT CONTRAST	\$210
71551	MR CHEST WITH CONTRAST	\$430
71552	MR CHEST WITHOUT AND WITH CONTRAST	\$480
71550	MR CHEST WITHOUT CONTRAST	\$300
73221	MR ELBOW WITHOUT CONTRAST	\$230
73223	MR ELBOW WITHOUT AND WITH CONTRAST	\$440
70542	MR FACIAL STRUCTURES WITH CONTRAST	\$300
70543	MR FACIAL STRUCTURES WITHOUT AND WITH CONTRAST	\$380
70540	MR FACIAL STRUCTURES WITHOUT CONTRAST	\$250
73718	MR FEMUR/THIGH WITHOUT CONTRAST	\$350
73720	MR FEMUR/THIGH WITHOUT AND WITH CONTRAST	\$380
73219	MR FINGER(S) WITH CONTRAST	\$380
73218	MR FOREARM WITHOUT CONTRAST	\$350
73220	MR FOREARM WITHOUT AND WITH CONTRAST	\$470
73718	MR FOREFOOT/TOES WITH CONTRAST	\$350
73720	MR FOREFOOT/TOES WITHOUT AND WITH CONTRAST	\$380
73218	MR HAND/FINGER WITHOUT CONTRAST	\$350
73220	MR HAND/FINGER WITHOUT AND WITH CONTRAST	\$470
73721	MR HIP WITHOUT CONTRAST	\$220
73723	MR HIP WITHOUT AND WITH CONTRAST	\$440
73218	MR HUMERUS WITHOUT CONTRAST	\$350
73220	MR HUMERUS WITHOUT AND WITH CONTRAST	\$470
73721	MR KNEE WITHOUT CONTRAST	\$220
73723	MR KNEE WITHOUT AND WITH CONTRAST	\$440
73718	MR LOWER LEG (CALF, TIB/FIB) WITHOUT CONTRAST	\$350
73720	MR LOWER LEG (CALF, TIB/FIB) WITHOUT AND WITH CONTRAST	\$380
72149	MR LUMBAR SPINE WITH CONTRAST	\$300
72158	MR LUMBAR SPINE WITHOUT AND WITH CONTRAST	\$360
72148	MR LUMBAR SPINE WITHOUT CONTRAST	\$210
72196	MR PELVIS WITH CONTRAST	\$300
72197	MR PELVIS WITHOUT AND WITH CONTRAST	\$380
72195	MR PELVIS WITHOUT CONTRAST	\$260
73220	MR SCAPULA WITHOUT AND WITH CONTRAST	\$470
73221	MR SHOULDER WITHOUT CONTRAST	\$230
73223	MR SHOULDER WITHOUT AND WITH CONTRAST	\$440
72147	MR THORACIC SPINE WITH CONTRAST	\$310
72157	MR THORACIC SPINE WITHOUT AND WITH CONTRAST	\$360
72146	MR THORACIC SPINE WITHOUT CONTRAST	\$210
70336	MR TMJ	\$300
73221	MR WRIST WITHOUT CONTRAST	\$230
73223	MR WRIST WITHOUT AND WITH CONTRAST	\$440
72159	MRA SPINE WITHOUT AND WITH CONTRAST	\$400
76377	<b>ADD NEUROQUANT TO BRAIN MRI</b>	\$150
76377	<b>DYNACAD PROSTATE TO OUTSIDE MRI</b>	\$200
	<b>PET/CT</b>	
	<b>PRICES INCLUDE COST OF RADIOPHARMACEUTICAL</b>	
*		
78608	PET/CT BRAIN - FDG - METABOLIC EVALUATION*	\$1,500

78492	PET/CT CARDIAC AMMONIA REST AND STRESS STUDY*	\$1,500
78491	PET/CT CARDIAC AMMONIA REST STUDY*	\$1,500
78459	PET/CT CARDIAC VIABILITY SINGLE STUDY - FDG*	\$1,500
78815	PET/CT FDG SKULL TO THIGH*	\$1,500
78816	PET/CT FDG TOTAL BODY*	\$1,500
78814	PET/CT LIMITED*	\$1,500
78815/A9588	PET/CT AXUMIN	\$6,500
78815/A9587	PET/CT DOTATATE	\$5,000
78815/A9597	PET/CT Cu-64 Dotatate (DetectNet)	\$5,000

## ULTRASOUND

10005	ULTRASOUND GUIDED BREAST FINE NEEDLE ASPIRATION BIOPSY, FIRST LESION	\$500
10006	ULTRASOUND GUIDED BREAST FINE NEEDLE ASPIRATION BIOPSY, EACH ADD'L LESION	\$250
76700	US ABDOMEN COMPLETE	\$120
76705	US ABDOMEN LIMITED	\$90
76775	US AORTA	\$60
76641	US UNILATERAL BREASTS COMPLETE	\$110
93880	US BILATERAL COMPLETE CAROTID DOPPLER	\$200
93925	US BILATERAL EXTREMITY ARTERIAL DOPPLER	\$250
93970	US BILATERAL EXTREMITY VENOUS DOPPLER	\$190
93930	US BILATERAL UPPER EXTREMITY ARTERIAL DOPPLER	\$200
76604	US CHEST WALL/UPPER BACK	\$80
93975	US DOPPLER ABDOMEN COMPLETE	\$270
93976	US DOPPLER ABDOMEN LIMITED	\$150
93306	US ECHOCARDIOGRAM TRANSTHORACIC COMPLETE	\$200
76706	US EXAM AAA SCREENING	\$110
76881	US EXTREMITY NON-VASCULAR COMPLETE	\$150
76882	US EXTREMITY NON-VASCULAR LTD	\$125
76856/76830	US PELVIC/TRANSVAGINAL	\$235
76856	US NONOBSTETRIC PELVIS COMPLETE	\$125
76830	US NONOBSTETRIC TRANSVAGINAL	\$150
76812	US OB DETAILED ADDL FETUS	\$200
76811	US OB DETAILED SNGL FETUS	\$180
76816	US OB FOLLOW-UP PER FETUS	\$150
76815	US OB LIMITED FETUS(ES)	\$100
76810	US OBSTETRIC - ADDITIONAL FETUS - 14 WEEKS OR GREATER	\$100
76802	US OBSTETRIC - ADDITIONAL FETUS - LESS THAN 14 WEEKS	\$100
76805	US OBSTETRIC - SINGLE FETUS - 14 WEEKS OR GREATER	\$150
76801	US OBSTETRIC - SINGLE FETUS - LESS THAN 14 WEEKS	\$150
76817	US OBSTETRIC TRANSVAGINAL	\$100
76873	US PROSTATE VOLUME STUDY FOR BRACHYTHERAPY PLANNING	\$200
76770	US RENAL	\$150
76870	US SCROTUM AND CONTENTS	\$150
76870/93976	US SCROTUM WITH DOPPLER	\$200
76536	US SOFT TISSUE HEAD/NECK (THYROID, PAROTID, PARATHYROID)	\$150
76872	US TRANSRECTAL PROSTATE	\$150
93926	US UNILATERAL EXTREMITY ARTERIAL DOPPLER	\$150
93971	US UNILATERAL LOWER EXTREMITY VENOUS DOPPLER	\$150
93931	US UNILATERAL UPPER EXTREMITY ARTERIAL DOPPLER	\$150

## XRAY

74020	XRAY ABDOMEN 2 VIEWS	\$40
74022	XRAY ABDOMEN COMPLETE, 3 OR MORE VIEWS	\$50
73600	XRAY ANKLE AP AND LATERAL	\$40
73610	XRAY ANKLE COMPLETE	\$40
73050	XRAY BILATERAL AC JOINTS WITHOUT AND WITH WEIGHTS	\$40
73523	XRAY BILATERAL HIPS COMPLETE AND AP PELVIS, MINIMUM OF 5 VIEWS	\$60
71110	XRAY BILATERAL RIBS	\$50
71111	XRAY BILATERAL RIBS WITH PA CHEST	\$60

73565	XRAY BILATERAL STANDING KNEES - AP ONLY	\$40
77072	XRAY BONE AGE STUDY	\$40
73650	XRAY CALCANEUS, MINIMUM OF 2 VIEWS	\$40
72040	XRAY CERVICAL SPINE AP AND LATERAL	\$40
72050	XRAY CERVICAL SPINE COMPLETE	\$60
72052	XRAY CERVICAL SPINE WITH OBLIQUES FLEXION EXTENSION	\$70
71045	XRAY CHEST 1 VIEW	\$40
71048	XRAY CHEST 4 VIEWS	\$50
71046	XRAY CHEST PA AND LATERAL	\$40
71047	XRAY CHEST PA AND LATERAL WITH APICAL LORDODIC VIEW	\$50
71022	XRAY CHEST PA AND LATERAL WITH OBLIQUES	\$50
73070	XRAY ELBOW 2 VIEWS	\$40
72082	XRAY ENTIRE SPINE SURVEY - AP AND LATERAL, 2-3 VIEWS	\$70
72083	XRAY ENTIRE SPINE SURVEY - AP AND LATERAL, 4-5 VIEWS	\$80
72084	XRAY ENTIRE SPINE SURVEY - AP AND LATERAL, MINIMUM OF 6 VIEWS	\$100
70030	XRAY EYES FOR FOREIGN BODY	\$40
70150	XRAY FACIAL BONES COMPLETE	\$40
70140	XRAY FACIAL BONES LIMITED	\$40
73551	XRAY FEMUR, 1 VIEW	\$40
73552	XRAY FEMUR, MINIMUM 2 VIEWS	\$40
73140	XRAY FINGER	\$40
73620	XRAY FOOT AP AND LATERAL, 2 VIEWS	\$40
73630	XRAY FOOT, MINIMUM 3 VIEWS	\$40
73130	XRAY HAND	\$40
73501	XRAY HIP 1 VIEW	\$40
73503	XRAY HIP UNILATERAL >4 or more views	\$50
73502	XRAY HIP UNILATERAL 2-3 VIEWS	\$40
73592	XRAY INFANT LEG 2 VIEW	\$40
70134	XRAY INTERNAL AUDITORY MEATUS	\$60
73562	XRAY KNEE 3 VIEWS	\$40
73560	XRAY KNEE AP AND LATERAL, 1 OR 2 VIEWS	\$40
73564	XRAY KNEE COMPLETE, 4 OR MORE VIEWS	\$40
74018	XRAY KUB	\$40
73092	XRAY ARM INFANT	\$40
73000	XRAY CLAVICLE	\$40
73080	XRAY ELBOW COMPLETE	\$40
73090	XRAY FOREARM	\$40
73120	XRAY HAND 2 VIEWS	\$40
73060	XRAY HUMERUS COMPLETE	\$40
71100	XRAY RIBS, UNILATERAL	\$40
71101	XRAY RIBS WITH PA CHEST, UNILATERAL	\$40
73010	XRAY SCAPULA	\$40
73110	XRAY WRIST COMPLETE	\$40
77073	XRAY LEG LENGTH STUDY	\$40
72100	XRAY LUMBAR SPINE AP AND LATERAL	\$40
72110	XRAY LUMBAR SPINE COMPLETE	\$50
72114	XRAY LUMBAR SPINE COMPLETE WITH FLEXION AND EXTENSION	\$60
72120	XRAY LUMBAR SPINE FLEXION AND EXTENSION ONLY	\$40
70110	XRAY MANDIBLE COMPLETE	\$40
70100	XRAY MANDIBLE LIMITED	\$40
70130	XRAY MASTOIDS COMPLETE	\$60
70120	XRAY MASTOIDS LIMITED	\$40
70160	XRAY NASAL BONES COMPLETE	\$40
74022	XRAY OBSTRUCTION SERIES WITH PA CHEST	\$50
70190	XRAY OPTIC FORAMINA	\$40
70200	XRAY ORBITS COMPLETE	\$50
72170	XRAY PELVIS AP	\$40
72190	XRAY PELVIS COMPLETE (3 OR MORE VIEWS)	\$40
72202	XRAY SACROILIAC JOINTS COMPLETE	\$40

