

ULTRASOUND

CPT	Procedure	Self-Pay Price
76377	3D with Interpretation	\$225.00
76536	Thyroid/Soft Tissue Neck	\$175.00
76604	Chest/Lung	\$150.00
76642	Breast Ultrasound Limited	\$175.00
76700	Abdomen Complete (see 93976)	\$200.00
76705	Abdomen Limited, Single Organ	\$150.00
76706	Abdominal Aorta (AAA)	\$200.00
76770	Retroperitoneum (Kidneys) Complete	\$225.00
76775	Retroperitoneum (Kidneys) Limited	\$200.00
76801	OB- First Trimester (Single Fetus)	\$200.00
76802	OB- Additional Fetus	\$125.00
76811	OB- Pregnancy Complete	\$250.00
76812	with 76811 Additional Fetus	\$125.00
76819	OB- Biophysical Profile	\$250.00
76830	Transvaginal	\$175.00
76856	Pelvic Complete- non OB	\$175.00
76857	Pelvic Limited- non OB	\$150.00
76870	Scrotum and Contents (see 93976)	\$200.00
76881	Extremity Non-Vascular	\$225.00
76882	MSK Extremity Limited	\$150.00
93306	Echo Color Flow Doppler	\$275.00
93307	Echocardiography	\$250.00
93880	Carotid Doppler Duplex	\$250.00
93925	Lower Extremity Arterial Doppler- Bilateral (No ABI)	\$250.00
93926	Lower Extremity Arterial Doppler- Unilateral	\$200.00
93930	Upper Extremity Arterial- Bilateral	\$250.00
93931	Upper Extremity Arterial- Unilateral	\$200.00
93970	Extremity Venous- Bilateral	\$275.00
93971	Extremity Venous- Unilateral	\$200.00
93975	Added Duplex with Abdomen, Pelvis, Retro., Scrotum Complete	\$375.00
93976	Added Duplex with Abdomen, Pelvis, Retro., Scrotum Limited	\$300.00
	Vascular Screening Package (Carotid, Aorta, Peripheral Arteries)	\$175.00

X-RAY

CPT	Procedure	Self-Pay Price
74018	Abdomen (KUB) Single View	\$50.00
74019	Abdomen 2 Views	\$55.00
73600	Ankle 2 Views	\$40.00
73610	Ankle 3 Views	\$45.00
77072	Bone Age	\$40.00
77075	Bone Survey Complete	\$150.00
73650	Calcaneus	\$35.00
72040	Cervical 2-3 Views	\$50.00
72050	Cervical Complete 4-5 Views	\$65.00
72052	Cervical w/ Flex and Ext 6 or more Views	\$75.00
71048	Chest Complete 4 Views	\$70.00
71047	Chest 3 Views	\$65.00
71046	Chest PA&Lateral 2 Views	\$60.00
73000	Clavicle	\$35.00
73070	Elbow 2 Views	\$40.00
73080	Elbow 3 Views	\$45.00
70140	Facial Bones 2 Views	\$50.00
70150	Facial Bones Complete	\$50.00
73550	Femur	\$50.00
73140	Fingers	\$40.00
73630	Foot Complete 3 Views	\$50.00
73620	Foot 2 Views	\$45.00
73090	Forearm	\$45.00
73120	Hand 2 Views	\$45.00
73130	Hand Complete minimum 3 Views	\$50.00
73502	Hip w/Pelvis Unilateral 2-3 Views	\$55.00
73503	Hip w/Pelvis 4 Views	\$60.00
73521	Hip Bilateral w/Pelvis 2 Views	\$65.00
73522	Hip Bilateral w/Pelvis 3-4 Views	\$70.00
73551	Femur 1 View	\$40.00
73060	Humerus 2 Views	\$40.00
73560	Knee AP&Lat 1 or 2 Views	\$45.00
73562	Knee 3 Views	\$45.00
73564	Knee Complete 4 or 5 Views	\$60.00
73565	Knees, Bilateral Standing; Anterior/Posterior	\$50.00
77073	Leg Length	\$55.00
72100	Lumbar 2/3 Views	\$50.00
72110	Lumbar Complete	\$65.00
72114	Lumbar Complete w/Bending	\$75.00
70110	Mandible Complete	\$45.00

MRI

CPT	Procedure	Self-Pay Price
	MRI without Contrast (unless specified below)	\$450.00
	MRI with/without Contrast (unless specified below)	\$625.00
70544	MRA Brain/Head (COW)	\$525.00
70547	MRA Neck without Contrast	\$350.00
74185	MRA Abdomen Renal w/wo Contrast	\$350.00
70551	MRI Brain/Head without Contrast	\$550.00
70553	MRI Brain/Head w/wo Contrast	\$700.00
71550	MRI Chest without Contrast	\$500.00
71552	MRI Chest w/wo Contrast	\$700.00
72141	MRI Cervical Spine without Contrast	\$450.00
72156	MRI Cervical Spine w/wo Contrast	\$550.00
72146	MRI Thoracic Spine without Contrast	\$450.00
72157	MRI Thoracic Spine w/wo Contrast	\$575.00
72148	MRI Lumbar Spine without Contrast	\$450.00
72158	MRI Lumbar Spine w/wo Contrast	\$625.00
72195	MRI Pelvis without Contrast	\$475.00
72197	MRI Pelvis w/wo Contrast	\$675.00
73218	MRI Upper Extremity-non-joint- w/wo Contrast	\$475.00
73220	MRI Upper Extremity-non-joint- w/ Contrast	\$650.00
73221	MRI Upper Extremity- joint- w/o Contrast	\$450.00
73222	MRI Upper Extremity- joint- w/ Contrast	\$525.00
73223	MRI Upper Extremity-joint- w/wo Contrast	\$625.00
74183	MRI Abdomen w/wo Contrast	\$725.00

CAT SCAN

CPT	Procedure	Self-Pay Price
	CT without Contrast (unless specified below)	\$325.00
	CT with Contrast (unless specified below)	\$450.00
	CT with/without Contrast	\$475.00
70450	CT Brain/Head without Contrast	\$300.00
70480	CT Paranasal Sinus (Orbit, IAC's Mastoid, etc.)	\$300.00
70486	CT Maxillofacial (Sinus)	\$300.00
70492	CT Soft Tissue neck w/wo Contrast	\$350.00
71250	CT Chest without Contrast	\$250.00
71270	CT Chest w/wo Contrast	\$375.00
74176	CT Abdomen/Pelvis w/o Contrast	\$475.00
74178	CT Abdomen/Pelvis w/wo Contrast	\$525.00
G0297	CT Lung Cancer Screening	\$300.00