

Comprehensive Diagnostic Imaging

Services include facility fees, professional fees, and technical component fees.

CPT	PROCEDURE	FEE
CT Scans		
70450	CT, head or brain; without contrast	\$275.93
70470	CT, head or brain; without and with contrast	\$464.94
70480	CT, outer, middle, or inner ear; without contrast	\$275.93
70481	CT, outer, middle, or inner ear; with contrast	\$553.91
70482	CT, outer, middle, or inner ear; without and with contrast	\$620.08
70486	CT, maxillofacial area; without contrast	\$275.93
70488	CT, maxillofacial area; without and with contrast	\$620.08
70491	CT, soft tissue neck; with contrast	\$433.00
70492	CT, soft tissue neck; without and with contrast	\$520.50
70496	CTA, head, with and without contrast	\$648.21
70498	CTA, neck, with and without contrast	\$648.21
71250	CT, thorax; without contrast	\$346.00
71260	CT, thorax; with contrast	\$440.34
71270	CT, thorax; without and with contrast	\$526.00
71275	CTA, chest (noncoronary), with and without contrast	\$648.21
72125	CT, cervical spine; without contrast	\$352.00
72128	CT, thoracic spine; without contrast	\$346.50
72131	CT, lumbar spine; without contrast	\$275.93
72192	CT, pelvis; without contrast	\$334.50
72194	CT, pelvis; without and with contrast	\$522.00
73200	CT, upper extremity; without contrast	\$341.00
73201	CT, upper extremity; with contrast	\$418.00
73202	CT, upper extremity; without and with contrast	\$536.50
73700	CT, lower extremity; without contrast	\$341.50
74150	CT, abdomen; without contrast	\$341.00
74160	CT, abdomen; with contrast	\$465.00
74170	CT, abdomen; without and with contrast	\$616.00
74174	CTA, abdomen and pelvis, with and without contrast	\$863.47
74175	CTA, abdomen, with and without contrast	\$648.21
74176	CT, abdomen and pelvis; without contrast	\$399.00
74177	CT, abdomen and pelvis; with contrast	\$683.27
74178	CT, abdomen and pelvis; without and with contrast	\$755.53
75635	CTA, abdominal aorta, with and without contrast	\$648.21
MRI		
70540	MRI, orbit, face, and/or neck; without contrast	\$658.49
70543	MRI, orbit, face, and/or neck; without and with contrast	\$1,110.65
70544	MRA, head; without contrast	\$658.49
70551	MRI, brain (including brain stem); without contrast	\$658.49
70553	MRI, brain (including brain stem); without and with contrast	\$1,110.65
71550	MRI, chest; without contrast	\$658.49
71552	MRI, chest; without and with contrast	\$1,110.65
72141	MRI, spinal canal and contents, cervical; without contrast	\$658.49
72146	MRI, spinal canal and contents, thoracic; without contrast	\$643.00
72148	MRI, spinal canal and contents, lumbar; without contrast	\$658.49
72156	MRI, spinal canal and contents, without and with contrast; cervical	\$1,110.65
72157	MRI, spinal canal and contents, without and with contrast; thoracic	\$905.00
72158	MRI, spinal canal and contents, without and with contrast; lumbar	\$1,110.65
72195	MRI, pelvis; without contrast	\$658.49
72197	MRI, pelvis; without and with contrast	\$1,110.65
73218	MRI, upper extremity, other than joint; without contrast	\$658.49
73220	MRI, upper extremity, other than joint; without and with contrast	\$985.00
73221	MRI, any joint of upper extremity; without contrast	\$658.49
73223	MRI, any joint of upper extremity; without and with contrast	\$930.50
73718	MRI, lower extremity other than joint; without contrast	\$658.49
73720	MRI, lower extremity other than joint; without and with contrast	\$990.00

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73721	MRI, any joint of lower extremity; without contrast	\$658.49
73723	MRI, any joint of lower extremity; without and with contrast	\$990.00
73725	MRA, lower extremity, with or without contrast	\$981.82
74181	MRI, abdomen; without contrast	\$658.49
74182	MRI, abdomen; with contrast	\$981.82
74183	MRI, abdomen; without and with contrast	\$1,110.65
77058	MRI, breast, without and/or with contrast; unilateral	\$926.03
C8903	MRI with contrast, breast; unilateral	\$981.82
C8904	MRI without contrast, breast; unilateral	\$658.49
C8905	MRI without and with contrast, breast; unilateral	\$1,110.65
C8906	MRI with contrast, breast; bilateral	\$981.82
C8907	MRI without contrast, breast; bilateral	\$658.49
C8908	MRI without and with contrast, breast; bilateral	\$1,110.65
C8912	MRA with contrast, lower extremity	\$981.82
C8913	MRA without contrast, lower extremity	\$658.49
C8914	MRA without contrast followed by with contrast, lower extremity	\$1,110.65
Ultrasounds		
76536	Ultrasound, soft tissues of head and neck	\$310.04
76641	Ultrasound, breast, unilateral; complete	\$210.82
76642	Ultrasound, breast, unilateral; limited	\$210.82
76700	Ultrasound, abdominal; complete	\$310.04
76705	Ultrasound, abdominal; limited	\$310.04
76770	Ultrasound, retroperitoneal (eg, renal, aorta, nodes); complete	\$310.04
76775	Ultrasound, retroperitoneal (eg, renal, aorta, nodes); limited	\$310.04
76801	Ultrasound, pregnant uterus, first trimester; single or first gestation	\$175.00
76805	Ultrasound, pregnant uterus, after first trimester; single or first gestation	\$175.00
76810	Ultrasound, pregnant uterus, after first trimester; each additional gestation	\$175.00
76815	Ultrasound, pregnant uterus, limited, one or more fetuses	\$175.00
76816	Ultrasound, pregnant uterus, follow-up, per fetus	\$175.00
76817	Ultrasound, pregnant uterus, transvaginal	\$175.00
76830	Ultrasound, transvaginal	\$227.40
76856	Ultrasound, pelvic (nonobstetric); complete	\$225.00
76857	Ultrasound, pelvic (nonobstetric); limited or follow-up	\$178.80
76870	Ultrasound, scrotum and contents	\$310.04
76881	Ultrasound, extremity, nonvascular; complete	\$217.20
76882	Ultrasound, extremity, nonvascular; limited, anatomic specific	\$185.00
Dopplers		
93880	Duplex scan of extracranial arteries; complete bilateral study	\$325.00
93925	Duplex scan of lower extremity arteries; complete bilateral study	\$375.00
93926	Duplex scan of lower extremity arteries; unilateral or limited study	\$225.00
93970	Duplex scan of extremity veins; complete bilateral study	\$375.00
93971	Duplex scan of extremity veins; unilateral or limited study	\$310.04
93975	Duplex scan of abdominal, pelvic, scrotal and/or retro organs; complete study	\$240.00
93976	Duplex scan of abdominal, pelvic, scrotal and/or retro organs; limited study	\$326.00
Other		
A9579	Contrast	\$40.00
19000	Puncture aspiration of cyst of breast	\$1,120.45
19081	Biopsy, breast; first lesion, stereotactic guidance	\$2,420.11
19082	Biopsy, breast, percutaneous; each additional lesion, including stereotactic guidance	\$192.90
19083	Biopsy, breast; first lesion, ultrasound guidance	\$2,420.11
19084	Biopsy, breast, percutaneous; each additional lesion, including ultrasound guidance	\$181.13
19085	Biopsy, breast; first lesion, MRI guidance	\$2,420.11
19086	Biopsy, breast, percutaneous; each additional lesion, including magnetic resonance guidance	\$210.54
19281	Placement of breast localization device(s); first lesion, mammographic guidance	\$302.89
19285	Placement of breast localization device(s); first lesion, ultrasound guidance	\$302.89
19287	Placement of breast localization device(s); first lesion, MRI guidance	\$302.89
76819	Fetal biophysical profile; without non-stress testing	\$175.00
76942	Ultrasonic guidance for needle placement	\$54.74
77021	MRI guidance for needle placement	\$677.42
77080	DXA, bone density study, 1 or more sites; axial skeleton	\$175.00
76536/10022/76942	US Guided Fine Needle Biopsy - Thyroid	\$1,374.86
10022/76942	Add'l Lesion Fine Needle Biopsy - Thyroid	\$1,085.04

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60100/76942	US Guided Biopsy thyroid, percutaneous core needle	\$1,099.03
G0202/77063	3D Screening mammography, bilateral, all views	\$270.95
G0204/G0279	Diagnostic mammography, bilateral, all views	\$340.59
G0206/G0279	Diagnostic mammography, unilateral, all views	\$286.86
19081/G0206	Biopsy, breast; first lesion, stereotactic guidance & Diagnostic mammography, unilateral	\$2,439.43
76642/19083	Ultrasound, breast, unilateral; limited & Biopsy, breast; first lesion, ultrasound guidance	\$2,459.34
76642/19083/G0206	Ultrasound breast limited & Biopsy, breast; first lesion, ultrasound guidance & Diagnostic Mammogram	\$2,636.50
C8905/19085/G0206	MRI of Breast w & w/o, unilateral & Biopsy, breast; first lesion, MRI guidance & Diagnostic mammogram, unilateral	\$3,477.65
76642/19285/G0206	Ultrasound, breast, unilateral; limited & Placement of breast localization device US guidance & Diagnostic Mammogram, unilateral	\$657.36
76642/76942/19000	Ultrasound, breast, unilateral; limited & Ultrasonic guidance for needle placement & Puncture aspiration of cyst of breast	\$1,295.61
19281/G0206	Placement of breast localization device(s); first lesion, mammographic guidance & Diagnostic mammogram, unilateral	\$460.29
19283/G0206	Placement of breast localization device(s), percutaneous; first lesion, including stereotactic guidance & Diagnostic mammogram, unilateral	\$460.29
19287/G0206	Placement of breast localization device(s); first lesion, MRI guidance & Diagnostic mammogram, unilateral	\$460.29

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