

## Imaging Services Fee Schedule

CPT	DESCRIPTION	FEE
70553	MRI BRAIN W & W/O CONTRAST	\$ 1,665.00
71020	XRAY CHEST TWO VIEW	\$ 84.00
71250	CT THORAX W/O CONT	\$ 445.00
72110	XRAY L SPINE (4) VIEWS	\$ 173.00
72148	MRI L SPINE W/O CONT	\$ 855.00
73030	XRAY SHOULDER COMP	\$ 107.00
73130	XRAY HAND COMPLETE	\$ 84.00
73502	XRAY HIP UNILAT WPELV 2-3	\$ 105.00
73564	XRAY KNEE COMPLETE	\$ 109.00
73565	XRAY STANDING KNEES	\$ 75.00
73630	XRAY FOOT COMPLETE	\$ 83.00
76536	ECHO SOFT TISSUE	\$ 184.00
76642	ULTRASOUND BREAST	\$ 124.00
76700	ECHO ABDOMEN COMP	\$ 204.00
76830	ECHO TRANSVAGINAL	\$ 190.00
76856	ECHO PELVIS COMP	\$ 188.00
77051	MAMMO DIGITAL READING DX	\$ 40.00
77052	MAMMO DIGITAL READING	\$ 40.00
77063	SCREENING TOMO 3D MAMMO	\$ 70.00
77067	MAMMO SCREEN W/CAD BILAT	\$ 340.00
77080	DEXA SCAN	\$ 235.00
77085	DEXA & VERTEBRAL FX ASSES	\$ 280.00
93880	EXTRACRANIAL ARTERY STUD	\$ 375.00
G0202	MAMMO SCREEN W/CAD BILAT	\$ 340.00
G0279	DIAGNOSTIC TOMOSYNTHESIS	\$ 70.00