

Radiology Services Fee Schedule		
70553	MRI BRAIN W & W/O CONT	1,665.00
71045	XRAY CHEST 1 VIEW	40.00
71046	XRAY CHEST 2 VIEWS	61.00
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 COMP	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	233.00
76642	ULTRASOUND BREAST	176.00
76700	ECHO ABDOMEN COMP	245.00
76830	ECHO TRANSVAGINAL	244.00
76856	ECHO PELVIS COMP	220.00
77063	SCREENING TOMO 3D MAMMO	70.00
77065	DX MAMMO W/CAD UNILATERAL	325.00
77066	DX MAMMO W/CAD BILATERAL	390.00
77067	MAMMO SCREEN W/CAD BILAT	340.00
77080	DEXA SCAN	235.00
77085	DEXA W/VERTEBRAL FX ASSES	280.00
93880	EXTRACRANIAL ARTERY STUD	375.00
G0279	DIAGNOSTIC TOMOSYNTHESIS	70.00