

NORTHERN REGIONAL IMAGING PRICES

CPT	IMAGING TEST	Price
X-RAY		
74022	ACUTE ABDOMINAL SERIES	\$ 320.00
73610	ANKLE X-RAY (3+VIEWS)	\$ 145.00
72050	CERVICAL SPINE (4+ VIEWS)	\$ 270.00
73080	ELBOW X-RAY (3+ VIEWS)	\$ 140.00
72100	LUMBOSACRAL SPINE (2 OR 3 VIEWS)	\$ 275.00
73030	SHOULDER X-RAY (2+ VIEWS)	\$ 140.00
73130	HAND X-RAY (3+VIEWS)	\$ 140.00
73560	KNEE X-RAY (1-2 VIEWS)	\$ 145.00
74018	KUB/ABDOMEN X-RAY	\$ 165.00
72070	THORACIC SPINE (2 VIEWS)	\$ 195.00
77080	BONE DENSITY STUDY (DEXA)	\$ 255.00
71045	CHEST X-RAY AP	\$ 155.00
71046	CHEST X-RAY (2 VIEWS)	\$ 199.00
CT		
76377	CT 3D REND RECON L-SPINE	\$ 400.00
70450	CT-HEAD W/O CONTRAST	\$ 1,175.00
70460	CT-HEAD W/CONTRAST	\$ 1,275.00
70470	CT-HEAD W & W/O CONTRAST	\$ 1,375.00
74176	CT-ABDOMEN & PELVIS W/O CONTRAST	\$ 2,750.00
74177	CT-ABDOMEN & PELVIS W/CONTRAST	\$ 2,950.00
74178	CT-ABDOMEN & PELVIS W & W/O CONTRAST	\$ 3,050.00
72125	CT-CERVICAL SPINE W/O CONTRAST	\$ 1,500.00
71260	CT-CHEST W/CONTRAST	\$ 1,500.00
71275	CT-CHEST (ANGIO W & W/O) R/O PE	\$ 1,900.00
73701	CT-LOWER EXTREMITY W/CONTRAST	\$ 1,275.00
72131	CT-LUMBAR SPINE W/O CONTRAST	\$ 1,400.00
72132	CT-LUMBAR SPINE W/ CONTRAST	\$ 1,500.00
72133	CT-LUMBAR SPINE W & W/O CONTRAST	\$ 1,600.00
74176	CT-ABDOMEN & PELVIS W/O (RENEAL)	\$ 2,750.00
MRI		
73718	MRI LOWER EXTR, NON-JOINT W/O CONTRAST	\$ 2,100.00
73721	MRI LOWER EXT, ANY JOINT W/O CONTRAST	\$ 2,000.00
73720	MRI LOWER EXT, NON JOINT W & W/O CONTRAST	\$ 2,300.00
73723	MRI LOWER EX, ANY JOINT W & W/O CONTR	\$ 2,200.00
73721	MRI KNEE JOINT W/O CONTRAST	\$ 2,000.00
73723	MRI KNEE JOINT W & W/O CONTRAST	\$ 2,200.00
70553	MRI BRAIN W & W/O CONTRAST	\$ 2,600.00
70551	MRI BRAIN W/O CONTRAST	\$ 2,400.00
72156	MRI C-SPINE W & W/O CONTRAST	\$ 2,400.00
72141	MRI C-SPINE W/O CONTRAST	\$ 2,200.00
72158	MRI LUMBAR SPINE W & W/O CONTRAST	\$ 2,400.00
72148	MRI LUMBAR SPINE W/O CONTRAST	\$ 2,200.00
ULTRASOUND		
76700	ABDOMEN, COMPLETE (US)	\$ 950.00
76642	BREAST U/S LIMITED (EA BREAST)	\$ 330.00
76830	PELVIS U/S, (NON-OB) TRANSVAGINAL	\$ 615.00
76705	GALLBLADDER US	\$ 500.00
76705	RUQ US (LIMITED ABDOMEN)	\$ 500.00
76536	US- THYROID	\$ 490.00
76817	US-PELVIS (OB) TRANSVAGINAL	\$ 615.00
76770	RENAL US-COMPLETE (KIDNEY/BLADDER	\$ 680.00
93306	ECHOCARDIOGRAPHY (TTE) COMPLETE	\$ 1,575.00
93880	CAROTID DUPLEX SCAN	\$ 799.00
93970	US-VENOUS DOP SVG, BILATERAL LOWER EXTREMITY	\$ 995.00
93971	US-VENOUS DOP SVG, (ONE) LOWER EXTREMEITY	\$ 565.00
MAMMOGRAPHY		
77066	MAMMOGRAM, BILATERAL, DIAGNOSTIC	\$ 210.00
77065	MAMMOGRAM, UNILATERAL (ONE BREAST), DIAGNOSTIC	\$ 170.00
77067	MAMMOGRAM, BILATERAL, SCREENING	\$ 190.00
77063	3D-TOM (ADDED ON TO A MAMMOGRAM)	\$ 60.00

All pricing are estimates and your specific costs may vary from these estimates depending on the specific services you receive. If contrast material is used during an imaging procedure the price may be more. Radiologists fees are not included in these prices. You will receive separate billing for the Radiologists fees.