



Patient Price List

CPT	Procedure Description	Prompt Pay Price ⁽¹⁾
10035	PERQ DEV SOFT TISS 1ST IMAG	\$768
19000	PUNCT ASP BRST CYST-INITIAL	\$768
19030	INJ PROC MAMMARY DUCTOGRAM	\$50
19081	BX BREAST 1ST LESION STRTCTC	\$1,823
19082	BX BREAST ADD LESION STRTCTC	\$250
19083	BX BREAST 1ST LESION US IMAG	\$1,823
19084	BX BREAST ADD LESION US IMAG	\$250
19085	BX BREAST 1ST LESION MR IMAG	\$1,823
19086	BX BREAST ADD LESION MR IMAG	\$250
19100	CORE NEEDLE BX BREAST UNIL NO GUID	\$1,823
19101	AUTO VAC ASST BIOP BREAST UNIL INCIS	\$3,732
19281	PERQ DEVICE BREAST 1ST IMAGE	\$768
19282	PERQ DEVICE BREAST EA ADD IMAGE	\$250
19283	PERQ DEVICE BREAST 1ST STRTCTC	\$768
19284	PERQ DEVICE BREAST ADD STRETCTC	\$250
19285	PERQ DEVICE BREAST 1ST US IMAGE	\$768
19286	PERQ DEVICE BREAST ADD US IMAGE	\$250
19287	PERQ DEVICE BREAST 1ST MR GUIDE	\$768
19288	PERQ DEVICE BREAST ADD MR GUIDE	\$250
19499	UNLISTED PROCEDURE BREAST	\$3,732
20605	DRAIN/INJ INTERMEDIATE JOINT/BURSA W/O US	\$328
23350	ARTHRO INJ SHOULDER	\$123
24220	ARTHRO INJ ELBOW	\$50
25246	ARTHRO INJ WRIST	\$50
27093	ARTHRO INJ HIP	\$50
27648	ARTHRO INJ ANKLE	\$47
36470	INJ SCLEROSING SOLN - SGL VEIN	\$417
36471	INJ SCLEROSING SOLUTION; MULTI SAME LEG	\$417
36475	ENDO VENOUS AB 1ST VEIN	\$3,501
37765	PHLEBECTOMY 10-20 INCISIONS	\$3,501
37766	PHLEBECTOMY > 20 INCISIONS	\$3,501
37799	PHLEBECTOMY <10 INCISIONS	\$822
38505	BIOPSY LYMPH NODES SUPERFICIAL	\$1,823
58340	HYSTEROSONOGRAM CATHETERIZATION	\$44
62273	INJ EPIDURAL BLOOD PATCH	\$794
70030	EYE FOR FB	\$83
70110	MANDIBLE 4 + VIEWS	\$150
70140	FACIAL BONES 1-2 VWS	\$83
70150	FACIAL BONES COMP	\$150
70160	NASAL BONES COMP 3 VIEW MIN	\$83
70200	ORBITS COMP 4 VIEW MIN	\$150
70210	PARANASAL SINUS 1-2 VW	\$83
70220	PARANASAL SINUS COMP 3+ VIEWS	\$83



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70250	SKULL < 4VWS	\$150
70260	SKULL COMP	\$150
70330	TMJ BILAT 4 VWS	\$83
70336	MRI TMJ(S)	\$578
70360	SOFT TISSUE NECK	\$83
70450	CT HEAD/BRAIN W/O CONT	\$327
70460	CT HEAD/BRAIN W/ CONT	\$327
70470	CT HEAD/BRAIN W/O & W/ CONT	\$563
70480	CT ORB/SELLA/POSTFOSSA/IAC W/O	\$327
70481	CT ORB/SELLA/POSTFOSSA/IAC WITH	\$505
70482	CT ORB/SELLA/POSTFOSSA/IAC W&W/O	\$563
70486	CT FACL BONES W/O CONT	\$327
70487	CT FACL BONES W/ CONT	\$505
70488	CT FACL BONES W/O & W/ CONT	\$563
70490	CT NECK W/O CONT	\$327
70491	CT NECK W/ CONT	\$505
70492	CT NECK W/O & W/ CONT	\$563
70496	CTA HEAD W/O & W/ CONT	\$570
70498	CTA NECK W/O & W/ CONT	\$570
70540	MRI OFN W/O CONT	\$578
70542	MRI ORBIT FACE NECK W/ CONT	\$736
70543	MRI OFN W/O & W/ CONT	\$898
70544	MRA/MRV HEAD W/O CONT	\$578
70545	MRA/MRV HEAD W/ CONT	\$898
70546	MRA/MRV HEAD W/O & W/ CONT	\$898
70547	MRA NECK W/O CONT	\$578
70548	MRA NECK W/ CONT	\$736
70549	MRA NECK W/O & W/ CONT	\$898
70551	MRI BRAIN W/O CONT	\$578
70552	MRI BRAIN W/ CONT	\$736
70553	MRI BRAIN W/O & W/ CONT	\$893
71045	X-RAY EXAM CHEST 1 VIEW	\$83
71046	X-RAY EXAM CHEST 2 VIEWS	\$83
71047	X-RAY EXAM CHEST 3 VIEWS	\$83
71100	RIBS UNI 2 VWS	\$83
71101	RIBS UNI W/PA CHEST 3+ VIEWS	\$150
71110	RIBS BILAT 3 VWS	\$150
71111	RIBS BILA W/PA CHEST 4+ VIEWS	\$150
71120	STERNUM 2+ VWS	\$83
71130	STERNO CLAVICULAR JTS 3+ VIEWS	\$83
71250	CT CHEST W/O CONT	\$327
71260	CT CHEST W/ CONT	\$505
71270	CT CHEST W/O & W/ CONT	\$563

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CPT	Procedure Description	Prompt Pay Price ⁽¹⁾
71275	CTA CHEST	\$570
71550	MRI CHEST W/O CONT	\$578
71551	MRI CHEST W/ CONT	\$669
71552	MRI CHEST W/O & W/ CONT	\$898
72020	SPINE SINGLE VIEW FLEXION/EXTENSION	\$83
72040	SPINE CERVICAL 2-3 VIEWS	\$83
72050	SPINE CERVICAL 4+ VWS	\$150
72052	SPINE CERVICAL COMP FLEX&EXT	\$150
72070	SPINE THORACIC AP & LAT	\$150
72072	SPINE THORACIC 3 VWS	\$150
72074	X-RAY EXAM OF THORACIC SPINE 4+ VIEWS	\$150
72080	SPINE THORACOLUMBAR 2 VIEWS	\$83
72081	X-RAY EXAM ENTIRE SPI 1 VW	\$83
72082	X-RAY EXAM ENTIRE SPI 2/3 VW	\$150
72083	X-RAY EXAM ENTIRE SPI 4/5 VW	\$150
72084	X-RAY EXAM ENTIRE SPI 6/> VW	\$150
72100	SPINE LUMBAR 2-3 VWS	\$150
72110	SPINE LUMBAR 4+ VWS	\$150
72114	LUMBAR SPINE W BEND FLEX & EXT	\$300
72125	CT C-SPINE W/O CONT	\$327
72126	CT CERV SPINE W CONTR	\$505
72127	CT C-SPINE W/O & W/ CONT	\$563
72128	CT T-SPINE W/O CONT	\$327
72129	CT T-SPINE W/ CONT	\$505
72130	CT T-SPINE W/O & W/ CONT	\$1,732
72131	CT L-SPINE W/O CONT	\$327
72132	CT L-SPINE W/ CONT	\$505
72133	CT L-SPINE W/O & W/ CONT	\$563
72141	MRI CERVICAL SPINE W/O CONT	\$578
72146	MRI THORACIC SPINE W/O CONT	\$578
72147	MRI THORACIC SPINE W/ CONT	\$736
72148	MRI LUMBAR SPINE W/O CONT	\$578
72149	MRI LUMBAR SPINE W/ CONT	\$736
72156	MRI CERVICAL SPINE W/O & W/ CONT	\$898
72157	MRI THORACIC SPINE W/O & W/ CONT	\$898
72158	MRI LUMBAR SPINE W/O & W/ CONT	\$898
72170	PELVIS 1-2 VIEWS	\$150
72190	PELVIS COMP	\$150
72191	CTA PELVIS	\$570
72192	CT PELVIS W/O CONT	\$327
72193	CT PELVIS W/ CONT	\$505
72194	CT PELVIS W/O & W/ CONT	\$563
72195	MRI PELVIS W/O CONT	\$578



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72196	MRI PELVIS W/ CONT	\$736
72197	MRI PELVIS W/O & W/ CONT	\$898
72202	SACROILIACS 3+ VWS	\$150
72220	SACRUM & COCCYX 2+ VWS	\$83
73000	CLAVICLE COMP	\$83
73010	SCAPULA COMP	\$150
73020	SHOULDER 1 VW	\$83
73030	SHOULDER 2+ VWS	\$83
73040	ARTHRO SHOULDER S&I	\$512
73050	AC JTS BILAT W/O & W/ WT	\$83
73060	HUMERUS 2+ VWS	\$83
73070	ELBOW 2 VWS	\$83
73080	ELBOW COMP	\$83
73085	ARTHRO ELBOW S&I	\$512
73090	FOREARM 2 VWS	\$83
73092	EXT INFANT UP 2+ VWS	\$150
73100	WRIST 2 VWS	\$83
73110	WRIST COMPLETE MIN 3 VIEWS	\$83
73115	ARTHRO WRIST S&I	\$512
73120	HAND 2 VWS	\$150
73130	HAND 3+ VWS	\$83
73140	FINGER(S) 2+ VWS	\$83
73200	CT EXT UP W/O CONT	\$327
73201	CT EXT UP W/ CONT	\$505
73202	CT EXT UP W/O & W/ CONT	\$563
73206	CTA EXT UP W/O & W/ CONT	\$570
73218	MRI EXT UP W/O CONT	\$578
73219	MRI EXT UP W/ CONT	\$736
73220	MRI EXT UP W/O & W/ CONT	\$898
73221	MRI EXT JNT UP W/O CONT	\$578
73222	MRI EXT JNT UP W/ CONT	\$736
73223	MRI EXT JNT UP W/O & W/ CONT	\$898
73225	MRA/MRV EXT UP W/ OR W/O CONT	\$543
73501	X-RAY EXAM HIP UNI 1 VIEW	\$83
73502	X-RAY EXAM HIP UNI 2-3 VIEWS	\$83
73503	X-RAY EXAM HIP UNI 4/> VIEWS	\$150
73521	X-RAY EXAM HIPS BI 2 VIEWS	\$150
73522	X-RAY EXAM HIPS BI 3-4 VIEWS	\$150
73523	X-RAY EXAM HIPS BI 5/> VIEWS	\$150
73525	ARTHRO HIP S&I	\$512
73551	X-RAY EXAM OF FEMUR 1	\$83
73552	X-RAY EXAM OF FEMUR 2/>	\$83
73560	KNEE 1-2 VIEWS	\$83



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73562	KNEE 3 VIEWS	\$83
73564	KNEE COMP 4 +VIEWS	\$150
73565	KNEES BOTH STANDING	\$83
73580	ARTHRO KNEE S&I	\$512
73590	TIBIA & FIBULA 2 VIEWS	\$83
73592	EXT INFANT LWR 2+ VWS	\$83
73600	ANKLE 2 VWS	\$83
73610	ANKLE COMP	\$83
73615	ARTHRO ANKLE S&I	\$512
73620	FOOT 2 VWS	\$83
73630	FOOT COMP	\$83
73650	CALCANEUS 2+ VWS	\$83
73660	TOE(S) 2+ VWS	\$83
73700	CT EXT LWR W/O CONT	\$327
73701	CT EXT LWR W/ CONT	\$505
73702	CT EXT LWR W/O & W/ CONT	\$563
73706	CTA EXT LWR W/O & W/ CONT	\$570
73718	MRI EXT LWR W/O CONT	\$578
73719	MRI EXT LWR W/ CONT	\$736
73720	MRI EXT LWR W/O & W/ CONT	\$898
73721	MRI EXT LWR JNT W/O CONT	\$578
73722	MRI EXT JNT LWR W/ CONT	\$736
73723	MRI EXT JNT LWR W/O & W/ CONT	\$898
74018	X-RAY EXAM ABDOMEN 1 VIEW	\$83
74019	X-RAY EXAM ABDOMEN 2 VIEWS	\$150
74021	X-RAY EXAM ABDOMEN 3+ VIEWS	\$150
74022	ABDOMEN W/ PA CHEST 3 VIEWS	\$150
74150	CT ABD W/O CONT	\$327
74160	CT ABD W/ CONT	\$505
74170	CT ABD W/O & W/ CONT	\$563
74174	CTA ABD AND PELVIS	\$1,368
74175	CTA ABD	\$570
74176	CT ABDOMEN & PELVIS W/O CONT	\$327
74177	CT ABDOMEN & PELVIS W CONTRAST	\$505
74178	CT ABD & PELVIS W & W/O CONT	\$563
74181	MRI ABD W/O CONT	\$578
74182	MRI ABD W/ CONT	\$736
74183	MRI ABD W/O & W/ CONT	\$898
74220	ESOPHAGUS	\$268
74240	UGI W/O AIR W/O KUB	\$268
74241	UGI W/O AIR W/KUB	\$268
74245	UGI W/O AIR W/SM BOWEL	\$306
74246	UGI W/AIR W/O KUB	\$268

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74247	UGI W/AIR W/KUB	\$268
74249	UGI W/AIR W/SM BOWEL	\$268
74250	SMALL BOWEL SERIES	\$150
74261	CT COLONOGRAPHY DX	\$327
74263	CT COLONOGRAPHY	\$1,055
74270	BARIUM ENEMA	\$147
74280	BARIUM ENEMA W/AIR CONT	\$268
74400	IVP W/ OR W/O TOMOGRAPHY	\$268
74740	HYSTEOSALPINGOGRAM S&I	\$306
75571	CT HEART W/O CONT CALC SCORING	\$111
75635	CTA ABD AORTA/RUNOFF S&I	\$570
76000	FLUOROSCOPE EXAMINATION	\$306
76080	SINUS TRACT STUDY S&I	\$660
76098	X-RAY EXAM SURGICAL SPECIMEN	\$660
76377	3D RENDERING W/ POSTPROCESS	\$16
76380	CT LIMITED EXAM	\$83
76498	MRI LUMBAR PLEXUS W/O	\$83
76506	US NEONATAL HEAD SCAN	\$150
76536	US SOFT TISSUE NECK/HEAD	\$150
76604	US PLEURAL EFFUSION	\$150
76641	ULTRASOUND BREAST COMPLETE UNILATERAL	\$150
76642	ULTRASOUND BREAST LIMITED UNILATERAL	\$83
76700	US ABD COMP	\$150
76705	ECHO EXAM OF ABDOMEN REALTIME W/IMAGE; LIMITED	\$150
76706	US ABDOMINAL AORTA SCREENING FOR AAA	\$150
76770	US RETROPERITONEAL RENAL AORTA COMP	\$150
76775	US ABDOMEN LTD/RETRO	\$150
76776	US EXAM TRANS KIDNEY W/DOPPLER	\$150
76801	US OB < 14W	\$150
76802	EACH ADD GEST < 14W	\$12
76805	US OB COMP	\$150
76810	EACH ADD GEST > 14W	\$22
76815	US OB LTD/FETAL POSITION	\$150
76817	US TRANSVAGINAL OB	\$150
76819	US OB BIOPHYS PROFILE W/O NST	\$150
76830	US TRANSVAGINAL	\$150
76831	HYSTEOSONOGRAPHY	\$306
76856	US PELVIC	\$150
76857	US PELVIS LIMITED	\$150
76870	US TESTICULAR	\$150
76872	US PROSTATE	\$150
76881	US XTR NON-VASC COMPLETE	\$150
76882	US XTR NON-VASC LMTD	\$150



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76885	US NEONATAL HIPS	\$83
76942	US GUIDE NDL PLCMT ASP INJ LOCAL S&I	\$14
76946	US GUIDE AMNIOCENTESIS S&I	\$7
77002	FLUORO GUIDE NDL PLCMT	\$39
77003	FLUORO GUIDE SPINAL NDL PLCMT	\$38
77012	CT GUIDE NDL PLCMT S&I	\$39
77046	MRI BREAST C- UNILATERAL	\$306
77047	MRI BREAST C- BILATERAL	\$578
77048	MRI BREAST C-+ W/CAD UNI	\$578
77049	MRI BREAST C-+ W/CAD BI	\$578
77053	DUCTOGRAM SNGL DUCT	\$306
77054	DUCTOGRAM MULTI DUCTS	\$306
77061	DIGITAL BRST TOMOSYNTHESIS UNIL DIAG	\$53
77062	DIGITAL BRST TOMOSYNTHESIS BILAT DIAG	\$61
77063	DIGITAL BRST TOMOSYNTHESIS SCR N ADD ON TO G0202	\$50
77065	UNI DIAG MAMM 3D/2D	\$125
77066	BILAT DIAG MAMMO DIGITAL IMPL	\$175
77067	SCR MAMMO BI INCL CAD	\$150
77071	STRESS VIEWS OF JOINT	\$83
77072	BONE AGE STUDY	\$150
77073	SCANOGRAM BONE LENGTH STUDY	\$150
77075	SNAT COMP AXIAL & APPENDICULAR	\$150
77076	BONE SURVEY INFANT	\$150
77080	BONE DENSITY AXIAL	\$150
77081	BONE DENSITY PERIPHERAL	\$83
77085	DXA BONE DENSITY STY 1 OR MORE SITES W VFA	\$150
93005	EKG 12 LEAD TRACING ONLY	\$199
93017	CARDIO STRESS TEST TRACING ONLY	\$335
93306	TTE W/DOPPLER COMPLETE	\$660
93308	ECHO TTE LIMITED STUDY	\$306
93312	ECHO TEE REAL TIME W/IMAGE 2D INC M-MODE	\$660
93320	CARDIAC DOPPLER	\$40
93321	CARD/DOPPLER/LIMITED STUDY	\$18
93325	COLOR FLOW ADD ON	\$34
93350	ECHO STRESS TTE ONLY	\$660
93880	CAROTID DOPPLER COMPLETE BILATERAL	\$321
93882	CAROTID DOPPLER LMTD OR UNILATERAL	\$150
93922	ABI ARTERIAL DOPPLER LTD	\$187
93923	ARTERIAL COMP BILATERAL STUDY	\$283
93924	LOWER ART DOPPLER (LAD) W/EXER	\$351
93925	ART DUPLEX EXT LWR BILAT	\$374
93926	ART DUPLEX EXT LWR UNI LTD	\$238
93930	ARTERIAL UP US BILAT	\$306



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93931	ART DUPLEX EXT UP UNI LTD	\$150
93970	DUPLEX SCAN EXTREMITY VEINS COMP BILAT	\$322
93971	DUPLEX SCAN EXTREMY VEINS UNI OR LIMITED	\$210
93975	DUPLEX SCAN ARTERIAL VENOUS COMPLETE	\$380
93976	DUPLEX SCAN ARTERIAL VENOUS LIMIT STUDY	\$268
93980	PENILE DOPPLER FLOW	\$150
93990	DUPLEX SCAN DIALYSIS ACCESS	\$150
C8900	MRA ABDOMEN W/CONTRAST	\$512
C8901	MRA ABDOMEN W/O CONTRAST	\$578
C8902	MRA ABD W&W/O CONTRAST	\$512
C8903	MRI BREAST UNIL W CONTRAST	\$268
C8905	MRI BREAST UNIL W/WO CONTR	\$512
C8909	MRA CHEST W/CONTRAST	\$512
C8910	MRA CHEST W/O CONTRAST	\$578
C8911	MRA CHEST W&W/O CONTRAST	\$512
C8914	MRA LEXTREM W/WO CONTR	\$512
C8918	PELVIS MRA W CONTR	\$512
C8920	MRA PELVIS W & W/O CONTRAST	\$512
G0252	PET BREAST DIAGNOSIS	\$669
G0288	RECON CTA FOR SURG PLAN	\$23

The above prices are for radiological procedures performed at HonorHealth Outpatient Medical Imaging Centers. Prices listed do not include professional fees for services of hospital based Radiologists.

⁽¹⁾ **Prompt Pay Price** is the average price a self-pay patient will pay when paid-in-full in advance of having this procedure.

*Not all services provided at all locations.

Glendale Health & Infusion Center

X-Ray • Ultrasound • Infusions

6220 W. Bell Rd., Suite 110, Glendale, AZ 85308

T: 602.547.7200

Sonoran Health

X-Ray • Dexa • Ultrasound • CT • MRI

33423 N. 32nd Ave., Phoenix, AZ 85035

T: 623.474.1610

Anthem Outpatient Medical Imaging

X-Rays Only

3648 W. Anthem Way, Bldg. A-100, Anthem, AZ 85086

T: 623.434.6474

Tatum Outpatient Medical Imaging

X-Ray • Ultrasound • CT • MRI

18404 N. Tatum Blvd., Suite 103, Phoenix, AZ 85032

T: 602.485.7490

Deer Valley Outpatient Medical Imaging

X-Ray • Dexa • Ultrasound • CT • MRI

19636 N. 27th Ave., Suite LL1, Phoenix, AZ 85027

T: 623.445.6400

Breast Health & Research Center

Mammograms • Ultrasound • MRI

19646 N. 27th Ave., Suite 205, Phoenix, AZ 85027

T: 623.780.HOPE (4673)

John C. Lincoln Outpatient Medical Imaging

X-Ray • Dexa • Ultrasound • CT • MRI

9250 N. Third St., Suite 1002, Phoenix, AZ 85020

T: 602.331.7890