

Patient Price List

CPT	Procedure Description	Prompt Pay Price <sup>(1)</sup>
10035	HC PLACEMENT SOFT TISS LOC DEVICE, PERCUTANEOUS, INCL GUIDANCE; 1ST	\$768
19000	HC PUNCTURE ASPIRATION CYST OF BREAST	\$883
19030	HC INJ PROC ONLY FOR MAMMARY DUCTOGRAM	\$57
19081	HC PERQ BREAST BIOPSY W/STEREOTACTIC GUIDANCE FOR THE FIRST LESION	\$1,823
19082	HC PERQ BREAST BIOPSY W/STEREOTACTIC GUIDANCE EACH ADDITIONAL LESION	\$250
19083	HC PERQ BREAST BIOPSY W/ULTRASOUND GUIDANCE FOR THE FIRST LESION	\$1,823
19084	HC PERQ BREAST BIOPSY W/ULTRASOUND GUIDANCE EACH ADDITIONAL LESION	\$250
19085	HC PERQ BREAST BIOPSY W/MAGNETIC RESONANCE GUIDANCE FOR FIRST LESION	\$1,823
19086	HC PERQ BREAST BIOPSY W/MAGNETIC RESONANCE GUIDANCE EACH ADDITIONAL	\$250
19100	HC PERCUTANEOUS NEEDLE CORE BIOPSY OF BREAST NOT USING IMAGING	\$2,097
19101	HC OPEN INCISIONAL BIOPSY OF BREAST	\$4,291
19281	HC PERQ DEVICE BREAST 1ST IMAG	\$768
19282	HC PERQ DEVICE BREAST EA IMAG	\$250
19283	HC PERQ DEV BREAST 1ST STRTCTC	\$768
19284	HC PERQ DEV BREAST ADD STRTCTC	\$250
19285	HC PERQ DEV BREAST 1ST US IMAG	\$768
19286	HC PERQ DEV BREAST ADD US IMAG	\$250
19287	HC PERQ DEV BREAST 1ST MR GUIDE	\$768
19288	HC PERQ DEV BREAST ADD MR GUIDE	\$250
20605	HC DRAIN/INJ JOINT/BURSA W/O US	\$377
23350	HC INJ PROC FOR SHOULDER ARTHROGRAPHY	\$123
24220	HC INJ PROC FOR ELBOW ARTHROGRAPHY	\$50
25246	HC INJ PROC FOR WRIST ARTHROGRAPHY	\$50
27093	HC INJ PROC FOR HIP ARTHROGRAPHY; W/O ANESTHESIA	\$50
27648	HC INJ PROC FOR ANKLE ARTHROGRAPHY	\$47
36470	HC NJX SCLRSNT 1 INCMPTNT VEIN	\$479
36471	HC NJX SCLRSNT MLT INCMPTNT VN	\$479
36475	HC ENDOVENOUS RF 1ST VEIN	\$3,501
37765	HC STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; 10-20 INCISIONS	\$4,026
37766	HC STAB PHLEBOTOMY OF VARICOSE VEINS, ONE EXTREMITY; > 20 INCISIONS	\$4,026
37799	HC PHLEBECTOMY <10 INCISIONS	\$822
38505	HC BIOPSY/EXCISION LYMPH NODE(S); BY NEEDLE, SUPERFICIAL	\$2,097
58340	HC CATH SIS FOR SONO/HYSTEROGRAPHY	\$44
62273	HC INJECTION, EPIDURAL, OF BLOOD/CLOT PATCH	\$913
70030	HC X-RAY EYE FOR FOREIGN BODY	\$83
70110	HC X-RAY EXAM, MANDIBLE; COMPLETE, MIN 4 VIEWS	\$192
70140	HC X-RAY EXAM, FACIAL BONES; <3 VIEWS	\$96
70150	HC X-RAY EXAM, FACIAL BONES; COMPLETE, MIN 3 VIEWS	\$192
70160	HC X-RAY EXAM, NASAL BONES, COMPLETE, MIN 3 VIEWS	\$96
70200	HC X-RAY EXAM; ORBITS, COMPLETE, MIN 4 VIEWS	\$192
70210	HC X-RAY EXAM, SINUSES, PARANASAL, <3 VIEWS	\$192
70220	HC X-RAY EXAM, SINUSES, PARANASAL, COMPLETE, MIN 3 VIEWS	\$192
70250	HC RADIOLOGICAL EXAM SKULL <4 VIEWS	\$192



Patient Price List

CPT	Procedure Description	Prompt Pay Price <sup>(1)</sup>
70260	HC X-RAY EXAM, SKULL; COMPLETE,MIN 4 VIEWS	\$192
70330	HC X-RAY EXAM, TEMPOROMANDIBULAR JOINT; BILATERAL	\$192
70336	HC MRI, TEMPOROMANDIBULAR JOINTS	\$664
70360	HC X-RAY EXAM, NECK; SOFT TISSUE	\$192
70450	HC CT HEAD OR BRAIN; W/O CONTRAST	\$433
70460	HC CT, HEAD/BRAIN; W/CONTRAST	\$376
70470	HC CT HEAD / BRAIN; W/O CONTRAST, FOLLOWED BY CONTRAST, FURTHER	\$647
70480	HC CT, ORBIT/SELLA/POSTERIOR FOSSA OR OUTER/MIDDLE/INNER EAR; W/O	\$433
70481	HC CT, ORBIT/SELLA/POSTERIOR FOSSA OR OUTER/MIDDLE/INNER EAR;	\$580
70482	HC CT ORBIT/EAR/FOSSA W/O&W/DYE	\$647
70486	HC CT, MAXILLOFACIAL AREA; W/O CONTRAST	\$433
70487	HC CT, MAXILLOFACIAL AREA; W/CONTRAST	\$580
70488	HC CT, MAXILLOFACIAL AREA; W/O CONTRAST, FOLLOWED BY CONTRAST	\$647
70490	HC CT, SOFT TISSUE NECK; W/O CONTRAST	\$433
70491	HC CT, SOFT TISSUE NECK; W/CONTRAST	\$580
70492	HC CT, SOFT TISSUE NECK; W/O CONTRAST, FOLLOWED BY CONTRAST	\$647
70496	HC CT ANGIOGRAPHY HEAD	\$656
70498	HC CT ANGIOGRAPHY NECK	\$656
70540	HC MRI ORBIT/FACE/NECK W/O DYE	\$578
70542	HC MRI ORBIT FACE NECK W/ CONT	\$736
70543	HC MRI ORBT/FAC/NCK W/O &W/DYE	\$898
70544	HC MRA, HEAD; W/O CONTRAST	\$695
70545	HC MRA, HEAD; W/CONTRAST	\$898
70546	HC MRA, HEAD; W/O CONTRAST, FOLLOWED BY CONTRAST	\$898
70547	HC MRA, NECK; W/O CONTRAST	\$695
70548	HC MRA, NECK; W/CONTRAST	\$736
70549	HC MRA, NECK; W/O CONTRAST, FOLLOWED BY CONTRAST	\$898
70551	HC MRI, BRAIN; W/O CONTRAST	\$695
70552	HC MRI, BRAIN; W/CONTRAST	\$736
70553	HC MRI, BRAIN; W/O CONTRAST, FOLLOWED BY CONTRAST	\$893
71045	HC RADIOLOGIC EXAM, CHEST; SINGLE VIEW	\$192
71046	HC RADIOLOGIC EXAM, CHEST; 2 VIEWS	\$192
71047	HC RADIOLOGIC EXAM, CHEST; 3 VIEWS	\$192
71100	HC X-RAY EXAM, RIBS, UNILATERAL; 2 VIEWS	\$192
71101	HC X-RAY EXAM, RIBS, UNILATERAL; INCL POSTANTERIOR CHEST, MIN 3 VIEWS	\$192
71110	HC X-RAY EXAM, RIBS, BILATERAL; 3 VIEWS	\$172
71111	HC X-RAY EXAM, RIBS, BILATERA; INCL POSTEROANTERIOR CHEST, MIN 4 VIEWS	\$192
71120	HC X-RAY EXAM, STERNUM; MIN 2 VIEWS	\$192
71130	HC RADIOLOGIC EXAM; STERNOCLAVICULAR JOINT OR JOINTS, MINIMUM OF 3	\$96
71250	HC COMPUTED TOMOGRAPHY, THORAX, DIAGNOSTIC; WITHOUT CONTRAST	\$433
71260	HC COMPUTED TOMOGRAPHY, THORAX, DIAGNOSTIC; WITH CONTRAST	\$532
71270	HC COMPUTED TOMOGRAPHY, THORAX, DIAGNOSTIC; WITHOUT CONTRAST	\$593
71275	HC CT ANGIOGRAPHY CHEST	\$601



Patient Price List

CPT	Procedure Description	Prompt Pay Price <sup>(1)</sup>
71550	HC MRI, CHEST; W/O CONTRAST	\$695
71551	HC MRI, CHEST; W/CONTRAST	\$769
71552	HC MRI, CHEST; W/O CONTRAST, FOLLOWED BY CONTRAST	\$1,033
72020	HC X-RAY EXAM, SPINE, SINGLE VIEW, SPECIFY LEVEL	\$192
72040	HC RADIOLOGIC EXAMINATION, SPINE, CERVICAL; 2 OR 3 VIEWS	\$192
72050	HC RADIOLOGIC EXAMINATION, SPINE, CERVICAL; 4-5 VIEWS	\$192
72052	HC RADIOLOGIC EXAMINATION, SPINE, CERVICAL; 6 OR MORE VIEWS	\$192
72070	HC X-RAY EXAM SPINE; THORACIC, 2 VIEWS	\$192
72072	HC X-RAY EXAM, SPINE; THORACIC, 3 VIEWS	\$192
72074	HC X-RAY EXAM, SPINE; THORACIC, MIN 4 VIEWS	\$192
72080	HC X-RAY EXAM SPINE; THORACOLUMBAR, 2 VIEWS	\$192
72081	HC X-RAY EXAM ENTIRE SPI 1 VW	\$96
72082	HC X-RAY EXAM ENTIRE SPI 2/3 VW	\$192
72083	HC X-RAY EXAM ENTIRE SPI 4/5 VW	\$172
72084	HC X-RAY EXAM ENTIRE SPI 6/> VW	\$172
72100	HC X-RAY EXAM SPINE, LUMBOSACRAL; 2 - 3 VIEWS	\$192
72110	HC X-RAY EXAM SPINE, LUMBOSACRAL; MIN 4 VIEWS	\$192
72114	HC X-RAY EXAM L-S SPINE BENDING	\$345
72125	HC CT, CERVICAL SPINE; W/O CONTRAST	\$433
72126	HC CT, CERVICAL SPINE; W/CONTRAST	\$580
72127	HC CT, CERVICAL SPINE; W/O CONTRAST, FOLLOWED BY CONTRAST	\$647
72128	HC CT, THORACIC SPINE; W/O CONTRAST	\$433
72129	HC CT, THORACIC SPINE; W/CONTRAST	\$532
72130	HC CT, THORACIC SPINE; W/O CONTRAST, FOLLOWED BY CONTRAST	\$1,826
72131	HC CT, LUMBAR SPINE; W/O CONTRAST	\$433
72132	HC CT, LUMBAR SPINE; W/CONTRAST	\$532
72133	HC CT, LUMBAR SPINE; W/O CONTRAST, FOLLOWED BY CONTRAST	\$593
72141	HC MRI, SPINAL CANAL / CONTENTS, CERVICAL; W/O CONTRAST	\$695
72146	HC MRI, SPINAL CANAL / CONTENTS, THORACIC; W/O CONTRAST	\$695
72147	HC MRI, SPINAL CANAL / CONTENTS, THORACIC; W/CONTRAST	\$846
72148	HC MRI SPINAL CANAL, LUMBAR; W/O CONTRAST	\$695
72149	HC MRI, SPINAL CANAL / CONTENTS, LUMBAR; W/CONTRAST	\$846
72156	HC MRI NECK SPINE W/O & W/DYE	\$898
72157	HC MRI CHEST SPINE W/O & W/DYE	\$1,033
72158	HC MRI SPINAL CANAL, LUMBAR; W/O CONTRAST, FOLLOWED BY CONTRAST	\$1,033
72170	HC X-RAY EXAM PELVIS; 1OR 2 VIEWS	\$192
72190	HC X-RAY EXAM, PELVIS; COMPLETE, MIN 3 VIEWS	\$192
72191	HC CT ANGIOGRAPH PELV W/O&W/DYE	\$601
72192	HC CT PELVIS; W/O CONTRAST	\$433
72193	HC CT PELVIS; W/CONTRAST	\$532
72194	HC CT PELVIS; W/O CONTRAST, FOLLOWED BY CONTRAST	\$593
72195	HC MRI, PELVIS; W/O CONTRAST	\$695
72196	HC MRI, PELVIS; W/CONTRAST	\$846

Patient Price List

CPT	Procedure Description	Prompt Pay Price <sup>(1)</sup>
72197	HC MRI PELVIS W/O CONTRAST, FOLLOWED BY CONTRAST	\$1,033
72202	HC X-RAY EXAM, SACROILIAC JOINTS; 3 OR MORE VIEWS	\$192
72220	HC X-RAY EXAM, SACRUM AND COCCYX, MIN 2 VIEWS	\$192
73000	HC X-RAY EXAM, CLAVICLE; COMPLETE	\$192
73010	HC X-RAY EXAM; SCAPULA, COMPLETE	\$172
73020	HC X-RAY EXAM, SHOULDER; 1 VIEW	\$192
73030	HC X-RAY EXAM, SHOULDER; COMPLETE, MIN 2 VIEWS	\$192
73040	HC X-RAY EXAM, SHOULDER, ARTHROGRAPHY, RAD SUPERV/INTERPRET	\$512
73050	HC X-RAY EXAM, ACROMIOCLAVICULAR JOINTS, BILATERAL	\$96
73060	HC X-RAY EXAM HUMERUS, MIN 2 VIEWS	\$192
73070	HC X-RAY EXAM, ELBOW; 2 VIEWS	\$192
73080	HC X-RAY EXAM ELBOW; COMPLETE, MIN 3 VIEWS	\$192
73085	HC CONTRAST X-RAY OF ELBOW	\$512
73090	HC X-RAY EXAM FOREARM; 2 VIEWS	\$192
73092	HC X-RAY EXAM OF ARM, INFANT	\$172
73100	HC X-RAY EXAM WRIST; 2 VIEWS	\$192
73110	HC X-RAY EXAM WRIST, COMPLETE; MIN 3 VIEWS	\$192
73115	HC CONTRAST X-RAY OF WRIST	\$588
73120	HC X-RAY EXAM, HAND; 2 VIEWS	\$192
73130	HC X-RAY EXAM OF HAND, MIN 3 VIEWS	\$192
73140	HC X-RAY EXAM, FINGER(S); MIN 2 VIEWS	\$192
73200	HC CT, UPPER EXTREMITY; W/O CONTRAST	\$433
73201	HC CT, UPPER EXTREMITY; W/CONTRAST	\$532
73202	HC CT, UPPER EXTREMITY; W/O CONTRAST, FOLLOWED BY CONTRAST	\$593
73206	HC CT ANGIO UPR EXTRM W/O&W/DYE	\$601
73218	HC MRI, UPPER EXTREMITY, OTHER THAN JOINT; W/O CONTRAST	\$695
73219	HC MRI, UPPER EXTREMITY, OTHER THAN JOINT; W/CONTRAST	\$846
73220	HC MRI UPPR EXTREMITY W/O&W/DYE	\$1,033
73221	HC MRI, ANY JOINT OF UPPER EXTREMITY; W/O CONTRAST	\$695
73222	HC MRI, ANY JOINT OF UPPER EXTREMITY; W/CONTRAST	\$846
73223	HC MRI, ANY JOINT OF UPPER EXTREMITY; W/O CONTRAST, FOLLOWED BY	\$1,033
73225	HC MRA, UPPER EXTREMITY, W OR W/O CONTRAST	\$543
73501	HC RADIOLOGIC EXAM, HIP, UNILATERAL, WITH PELVIS WHEN PERFORMED; 1	\$96
73502	HC RADIOLOGIC EXAM, HIP, UNILATERAL, WITH PELVIS WHEN PERFORMED; 2-3	\$192
73503	HC RADIOLOGIC EXAM, HIP, UNILATERAL, WITH PELVIS WHEN PERFORMED; MIN 4	\$172
73521	HC RADIOLOGIC EXAM, HIPS, BILATERAL, WITH PELVIS WHEN PERFORMED; 2	\$192
73522	HC RADIOLOGIC EXAM, HIPS, BILATERAL, WITH PELVIS WHEN PERFORMED; 3-4	\$172
73523	HC X-RAY EXAM HIPS BI 5/> VIEWS	\$172
73525	HC X-RAY, HIP, ARTHROGRAPHY, RAD SUPERV/INTERPRET	\$512
73551	HC RADIOLOGIC EXAM, FEMUR; 1 VIEW	\$96
73552	HC RADIOLOGIC EXAM, FEMUR; MINIMUM 2 VIEWS	\$192
73560	HC X-RAY EXAM KNEE; 1 OR 2 VIEWS	\$192
73562	HC X-RAY EXAM KNEE; 3 VIEWS	\$192

Patient Price List

CPT	Procedure Description	Prompt Pay Price <sup>(1)</sup>
73564	HC X-RAY EXAM KNEE; COMPLETE, 4 OR MORE VIEWS	\$192
73565	HC X-RAY EXAM, KNEE; BOTH KNEES, STANDING, ANTEROPOSTERIOR	\$192
73580	HC CONTRAST X-RAY OF KNEE JOINT	\$588
73590	HC X-RAY EXAM TIBIA & FIBULA; TWO VIEWS	\$192
73592	HC X-RAY EXAM; LOWER EXTREMITY, INFANT, MIN 2 VIEWS	\$96
73600	HC X-RAY EXAM ANKLE; 2 VIEWS	\$192
73610	HC X-RAY EXAM ANKLE; COMPLETE, MIN 3 VIEWS	\$192
73615	HC RADIOLOGICAL EXAM,ANKLE,ARTHROGRAPHY,SUPERVION&INTERPRETATN	\$588
73620	HC X-RAY EXAM FOOT; 2 VIEWS	\$192
73630	HC X-RAY EXAM FOOT; COMPLETE, MIN 3 VIEWS	\$192
73650	HC X-RAY EXAM CALCANEUS; MIN 2 VIEWS	\$192
73660	HC X-RAY EXAM, TOE(S), MIN 2 VIEWS	\$192
73700	HC CT, LOWER EXTREMITY; W/O CONTRAST	\$433
73701	HC CT, LOWER EXTREMITY; W/CONTRAST	\$532
73702	HC CT, LOWER EXTREMITY; W/O CONTRAST, FOLLOWED BY CONTRAST	\$593
73706	HC CT ANGIO LWR EXTR W/O&W/DYE	\$601
73718	HC MRI, LOWER EXTREMITY OTHER THAN JOINT; W/O CONTRAST	\$695
73719	HC MRI, LOWER EXTREMITY OTHER THAN JOINT; W/CONTRAST	\$846
73720	HC MRI LWR EXTREMITY W/O&W/DYE	\$1,033
73721	HC MRI ANY JOINT OF LOWER EXTREMITY; W/O CONTRAST	\$695
73722	HC MRI ANY JOINT OF LOWER EXTREMITY; W/ CONTRAST	\$846
73723	HC MRI, ANY JOINT LOWER EXTREMITY; W/O CONTRAST, FOLLOWED BY	\$1,033
74018	HC RADIOLOGIC EXAM, ABDOMEN; 1 VIEW	\$192
74019	HC RADIOLOGIC EXAM, ABDOMEN; 2 VIEWS	\$192
74021	HC RADIOLOGIC EXAM, ABDOMEN, 3 OR MORE VIEWS	\$150
74022	HC X-RAY EXAM ABDOMEN; COMPLETE ACUTE ABDOMEN SERIES	\$192
74150	HC CT ABDOMEN; W/O CONTRAST	\$433
74160	HC CT ABDOMEN; W/CONTRAST	\$532
74170	HC CT ABDOMEN; W/O CONTRAST, FOLLOWED BY CONTRAST	\$593
74174	HC CT ANGIO ABD&PELV W/O&W/DYE	\$1,442
74175	HC CT ANGIOGRAM ABDOMEN WITH CONTRAST INCLUDING NONCONTRAST	\$601
74176	HC COMPUTED TOMOGRAPHY, ABDOMEN & PELVIS; WITHOUT CONTRAST	\$433
74177	HC COMPUTED TOMOGRAPHY, ABDOMEN & PELVIS; WITH CONTRAST	\$532
74178	HC CT ABD & PELV 1/> REGNS	\$593
74181	HC MRI, ABDOMEN; W/O CONTRAST	\$695
74182	HC MRI, ABDOMEN; W/CONTRAST	\$846
74183	HC MRI, ABDOMEN; W/O CONTRAST, FOLLOWED BY CONTRAST	\$1,033
74220	HC X-RAY EXAM; ESOPHAGUS	\$268
74240	HC X-RAY EXAM, GI TRACT, UPPER; W OR W/O DELAYED IMAGES, W/O KUB	\$268
74246	HC X-RAY XM UPR GI TRC 2CNTRST	\$268
74250	HC RAD EXAM, SM INTESTINE, INCL MULTIPLE SERIAL IMAGES	\$192
74263	HC CT COLONOGRAPHY (IE, VIRTUAL COLONOSCOPY); SCREENING	\$1,112
74270	HC RADIOLOGIC EXAMINATION, COLON; CONTRAST (EG, BARIUM) ENEMA, W/WO	\$147





Patient Price List

CPT	Procedure Description	Prompt Pay Price <sup>(1)</sup>
74280	HC X-RAY EXAM, COLON; AIR CONTRAST W/BARIUM	\$268
74400	HC UROGRAPHY, IV, W OR W/O KUB, W OR W/O TOMOGRAPHY	\$268
74740	HC HYSTEOSALPINGOGRAPHY, RAD SUPERV/INTERPRET	\$306
75571	HC CT HRT W/O DYE W/CA TEST	\$150
75635	HC CT ANGIO ABDOMINAL ARTERIES	\$601
76000	HC FLUOROSCOPY UP TO 1 HR PHYS/OTHR QUALIFD HEALTH CARE PROF	\$306
76080	HC X-RAY EXAM, ABSCESS/FISTULA, RAD SUPERV/INTERPRET	\$660
76098	HC RADIOLOGICAL EXAMINATION SURGICAL SPECIMEN	\$691
76377	HC 3D RENDER W/INTRP POSTPROCES	\$16
76380	HC CT, LIMITED/LOCALIZED FOLLOW UP STUDY	\$88
76498	HC UNLISTED MAGNETIC RESONANCE PROC	\$96
76506	HC ECHOENCEPHALOGRAPHY, REAL TIME WITH IMAGE DOCUMENTATION	\$172
76536	HC ULTRASOUND SOFT TISSUES OF HEAD AND NECK REAL TIME W IMAGE	\$286
76604	HC ULTRASOUND CHEST REAL TIME WITH IMAGE DOCUMENTATION	\$286
76641	HC ULTRASOUND BREAST COMPLETE	\$286
76642	HC ULTRASOUND BREAST LIMITED	\$150
76700	HC ULTRASOUND ABDOMINAL REAL TIME WITH IMAGE DOCUMENTATION	\$286
76705	HC ULTRASOUND, ABDOMEN; LIMITED	\$286
76706	HC US ABDL AORTA SCREEN AAA	\$286
76770	HC ULTRASOUND RETROPERTONEAL REAL TIME WITH IMAGE DOCUMENTATION	\$286
76775	HC ULTRASOUND RETROPERTONEAL REAL TIME WITH IMAGE DOCUMENTATION	\$286
76776	HC US EXAM K TRANSPL W/DOPPLER	\$172
76801	HC OB US < 14 WKS SINGLE FETUS	\$286
76802	HC OB US < 14 WKS ADDL FETUS	\$13
76805	HC US PREG UTERUS, REAL TIME, AFTER 1ST TRIMESTER; SINGLE / FIRST GEST	\$172
76810	HC US PREG UTERUS, REAL TIME, AFTER 1ST TRIMESTER; EA ADDL GEST	\$26
76815	HC US PREG UTERUS, REALTIME, LIMITED, 1OR MORE FETUSES	\$172
76817	HC US PREG UTERUS REAL TIME TRANSVAGINAL	\$286
76819	HC FETAL BIOPHYSICAL PROFILE; W/O NON-STRESS TESTING	\$172
76830	HC ULTRASOUND, TRANSVAGINAL	\$286
76831	HC SALINE INFUSION SONOHYSTEROGRAPHY W/ COLOR FLOW DOPPLER	\$352
76856	HC US EXAM PELVIC COMPLETE	\$286
76857	HC ECHO EXAM OF PELVIS; LIMITED/FOLLOW UP	\$286
76870	HC ULTRASOUND, SCROTUM AND CONTENTS	\$286
76881	HC ULTRASOUND, COMPLETE JOINT, REAL-TIME W/ IMAGE DOCUMENTATION	\$172
76882	HC US LMTD JT/NONVASC XTR STRUX	\$286
76885	HC ULTRASOUND, INFANT HIPS, REALTIME W IMAGING DOC; DYNAMIC	\$96
76942	HC ECHO GUIDE FOR BIOPSY	\$14
76946	HC US GUIDANCE FOR AMNIOCENTESIS, IMAGING SUPERV/INTERPRET	\$8
77002	HC NEEDLE LOCALIZATION BY XRAY	\$39
77003	HC FLUOROGUIDE FOR SPINE INJECT	\$38
77012	HC CT SCAN FOR NEEDLE BIOPSY	\$41
77021	HC MRI GUIDANCE NEEDLE PLCMT S&I	\$39

Patient Price List

CPT	Procedure Description	Prompt Pay Price <sup>(1)</sup>
77046	HC MRI BREAST C- UNILATERAL	\$352
77047	HC MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT CONTRAST MATERIAL;	\$695
77049	HC MRI, BREAST, W/O & W/CONTRAST MATERIAL(S), INCL CAD IF PERF; BILATERAL	\$695
77053	HC MAMMARY DUCTOGRAM OR GALACTOGRAM SINGLE DUCT RADIOLOGICAL S&I	\$320
77054	HC MAMMARY DUCTOGRAM OR GALACTOGRAM MULTIPLE DUCTS RADIOLOGICAL	\$320
77061	HC DIGITAL BREAST TOMOSYNTHESIS; UNILATERAL	\$130
77062	HC DIGITAL BREAST TOMOSYNTHESIS; BILATERAL	\$130
77063	HC SCREENING DIGITAL BREAST TOMOSYNTHESIS, BILATERAL	\$130
77065	HC DX MAMMO INCL CAD UNI	\$138
77066	HC DX MAMMO INCL CAD BI	\$163
77067	HC SCR MAMMO BI INCL CAD	\$163
77071	HC X-RAY STRESS VIEW	\$96
77072	HC BONE AGE STUDIES	\$192
77073	HC BONE LENGTH STUDIES (ORTHOROENTGENOGRAM SCANOGRAM)	\$172
77075	HC X-RAYS BONE SURVEY COMPLETE	\$192
77076	HC RADIOLOGIC EXAMINATION OSSEOUS SURVEY INFANT	\$172
77080	HC DEXA BONE DENSITY STUDY 1 OR MORE SITES AXIAL SKELETON	\$192
77081	HC DEXA BONE DENSITY/PERIPHERAL	\$96
77085	HC DEXA BONE DENSITY STUDY	\$150
93005	HC ROUTINE ECG; TRACING ONLY	\$199
93017	HC CARDIOVASC STRESS TEST; TRACING ONLY, W/O INTERPRET/REPORT	\$335
93306	HC TTE W/DOPPLER COMPLETE	\$660
93308	HC TTE F-UP OR LMTD	\$306
93312	HC ECHO TRANSESOPHAGEAL	\$660
93320	HC DOPPLER ECHOCARDIOGRAPHY; COMPLETE	\$40
93321	HC DOPPLER ECHOCARDIOGRAPHY; FOLLOW-UP	\$18
93325	HC DOPPLER ECHOCARDIOGRAPHY COLOR FLOW MAPPING	\$34
93350	HC STRESS TTE ONLY	\$660
93880	HC EXTRACRANIAL STUDY, BILATERAL	\$321
93882	HC DUPLEX SCAN OF EXTRACRANIAL ARTERIES; UNILATERAL/LIMITED STUDY	\$150
93922	HC UPR/L XTREMITY ART 2 LEVELS	\$215
93923	HC UPR/LXTR ART STDY 3+ LVLS	\$325
93924	HC LWR XTR VASC STDY BILAT	\$404
93925	HC DUPLEX SCAN LOWER EXTREM ARTERIES, COMPLETE BILATERAL	\$430
93926	HC DUPLEX SCAN LOWER EXTREM ARTERIES; UNILATERAL/LIMITED	\$273
93930	HC DUPLEX SCAN UPPER EXTREM ARTERIES; COMPLETE BILATERAL	\$352
93931	HC DUPLEX SCAN UPPER EXTREM ARTERIES; UNILATERAL/LIMITED	\$187
93970	HC DUPLEX SCAN OF EXTREMITY VEINS INC RESP TO COMPRESSION AND OTHER	\$370
93971	HC DUPLEX SCAN EXTREMITY VEINS, UNILATERAL/LIMITED	\$241
93975	HC VASCULAR STUDY	\$437
93976	HC DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF ABDOMINAL,	\$308
93980	HC PENILE VASCULAR STUDY	\$172
93990	HC DUPLEX SCAN OF HEMODIALYSIS ACCESS	\$150



Patient Price List

CPT	Procedure Description	Prompt Pay Price <sup>(1)</sup>
C8900	HC MRA W/CONTRAST, ABDOMEN	\$588
C8901	HC MRA W/O CONTRAST, ABDOMEN	\$664
C8902	HC MRA W/O CONTRAST FOLLOWED BY CONTRAST, ABDOMEN	\$588
C8903	HC MRI W CONTRAST BREAST UNILATERAL	\$308
C8905	HC MRI W/O CONTRAST FOLLOWED BY CONTRAST, BREAST; UNILAT	\$588
C8909	HC MRA W/CONTRAST, CHEST (EXCL MYOCARDIUM)	\$588
C8910	HC MRA WO CONTRAST CHEST EXCLUDING MYOCARDIUM	\$664
C8911	HC MRA W/O CONTRAST FOLLOWED BY CONTRAST, CHEST (EXCL MYOCARDIUM)	\$695
C8914	HC MRA W/O CONTRAST FOLLOWED BY CONTRAST, LOWER EXTREMITY	\$588
C8918	HC MRA W/CONT, PELVIS	\$588
C8920	HC MRA W/O FOL W/CONT, PELVIS	\$588
G0288	HC RECON CTA FOR SURG PLAN	\$24

*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.*

<sup>(1)</sup> **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**