



Patient Price List

| CPT | Procedure Description | Prompt Pay Price ⁽¹⁾ |
|-------|-------------------------------------|---------------------------------|
| 47399 | CT PROCEDURE 30MIN | \$1,096 |
| 70336 | MRI TMJ(S) | \$664 |
| 70360 | SOFT TISSUE NECK | \$88 |
| 70450 | CT HEAD/BRAIN W/O CONT | \$376 |
| 70460 | CT HEAD/BRAIN W/ CONT | \$376 |
| 70470 | CT HEAD/BRAIN W/O & W/ CONT | \$647 |
| 70480 | CT ORB/SELLA/POSTFOSSA/IAC W/O | \$376 |
| 70481 | CT ORB/SELLA/POSTFOSSA/IAC WITH | \$580 |
| 70486 | CT FACL BONES W/O CONT | \$376 |
| 70487 | CT FACL BONES W/ CONT | \$580 |
| 70490 | CT NECK W/O CONT | \$376 |
| 70491 | CT NECK W/ CONT | \$580 |
| 70492 | CT NECK W/O & W/ CONT | \$647 |
| 70496 | CTA HEAD W/O & W/ CONT | \$656 |
| 70498 | CTA NECK W/O & W/ CONT | \$656 |
| 70540 | MRI OFN W/O CONT | \$664 |
| 70542 | MRI ORBIT FACE NECK W/ CONT | \$846 |
| 70543 | MRI OFN W/O & W/ CONT | \$1,033 |
| 70544 | MRA/MRV HEAD W/O CONT | \$664 |
| 70545 | MRA/MRV HEAD W/ CONT | \$1,395 |
| 70546 | MRA/MRV HEAD W/O & W/ CONT | \$1,033 |
| 70547 | MRA NECK W/O CONT | \$664 |
| 70548 | MRA NECK W/ CONT | \$846 |
| 70549 | MRA NECK W/O & W/ CONT | \$1,033 |
| 70551 | MRI BRAIN W/O CONT | \$664 |
| 70552 | MRI BRAIN W/ CONT | \$846 |
| 70553 | MRI BRAIN W/O & W/ CONT | \$1,027 |
| 71045 | X-RAY EXAM CHEST 1 VIEW | \$88 |
| 71046 | X-RAY EXAM CHEST 2 VIEWS | \$88 |
| 71101 | RIBS UNI W/PA CHEST 3+ VIEWS | \$88 |
| 71250 | CT CHEST W/O CONT | \$376 |
| 71260 | CT CHEST W/ CONT | \$580 |
| 71270 | CT CHEST W/O & W/ CONT | \$647 |
| 71275 | CTA CHEST | \$656 |
| 71550 | MRI CHEST W/O CONT | \$664 |
| 71552 | MRI CHEST W/O & W/ CONT | \$1,033 |
| 72020 | SPINE SINGLE VIEW FLEXION/EXTENSION | \$88 |
| 72040 | SPINE CERVICAL 2-3 VIEWS | \$88 |
| 72050 | SPINE CERVICAL 4+ VWS | \$147 |
| 72072 | SPINE THORACIC 3 VWS | \$88 |
| 72100 | SPINE LUMBAR 2-3 VWS | \$88 |
| 72110 | SPINE LUMBAR 4+ VWS | \$147 |
| 72114 | LUMBAR SPINE W BEND FLEX & EXT | \$740 |

Patient Price List

| CPT | Procedure Description | Prompt Pay Price ⁽¹⁾ |
|-------|----------------------------------|---------------------------------|
| 72125 | CT C-SPINE W/O CONT | \$376 |
| 72126 | CT C-SPINE W/ CONT | \$580 |
| 72128 | CT T-SPINE W/O CONT | \$376 |
| 72129 | CT T-SPINE W/ CONT | \$580 |
| 72131 | CT L-SPINE W/O CONT | \$376 |
| 72132 | CT L-SPINE W/ CONT | \$580 |
| 72133 | CT L-SPINE W/O & W/ CONT | \$647 |
| 72141 | MRI CERVICAL SPINE W/O CONT | \$664 |
| 72142 | MRI SPINE CERVICAL W/ CONT | \$1,960 |
| 72146 | MRI THORACIC SPINE W/O CONT | \$664 |
| 72147 | MRI THORACIC SPINE W/ CONT | \$846 |
| 72148 | MRI LUMBAR SPINE W/O CONT | \$664 |
| 72149 | MRI LUMBAR SPINE W/ CONT | \$846 |
| 72156 | MRI CERVICAL SPINE W/O & W/ CONT | \$1,033 |
| 72157 | MRI THORACIC SPINE W/O & W/ CONT | \$1,033 |
| 72158 | MRI LUMBAR SPINE W/O & W/ CONT | \$1,033 |
| 72170 | PELVIS 1-2 VIEWS | \$88 |
| 72191 | CTA PELVIS | \$656 |
| 72192 | CT PELVIS W/O CONT | \$376 |
| 72193 | CT PELVIS W/ CONT | \$580 |
| 72195 | MRI PELVIS W/O CONT | \$664 |
| 72196 | MRI PELVIS W/ CONT | \$846 |
| 72197 | MRI PELVIS W/O & W/ CONT | \$1,033 |
| 73000 | CLAVICLE COMP | \$88 |
| 73030 | SHOULDER 2+ VWS | \$88 |
| 73060 | HUMERUS 2+ VWS | \$88 |
| 73070 | ELBOW 2 VWS | \$88 |
| 73080 | ELBOW COMP | \$88 |
| 73090 | FOREARM 2 VWS | \$88 |
| 73100 | WRIST 2 VWS | \$88 |
| 73110 | WRIST COMPLETE MIN 3 VIEWS | \$88 |
| 73120 | HAND 2 VWS | \$88 |
| 73130 | HAND 3+ VWS | \$88 |
| 73140 | FINGER(S) 2+ VWS | \$88 |
| 73200 | CT EXT UP W/O CONT | \$376 |
| 73201 | CT EXT UP W/ CONT | \$580 |
| 73206 | CTA EXT UP W/O & W/ CONT | \$656 |
| 73218 | MRI EXT UP W/O CONT | \$664 |
| 73220 | MRI EXT UP W/O & W/ CONT | \$1,033 |
| 73221 | MRI EXT JNT UP W/O CONT | \$664 |
| 73222 | MRI EXT JNT UP W/ CONT | \$846 |
| 73223 | MRI EXT JNT UP W/O & W/ CONT | \$1,033 |
| 73502 | X-RAY EXAM HIP UNI 2-3 VIEWS | \$88 |



Patient Price List

| CPT | Procedure Description | Prompt Pay Price ⁽¹⁾ |
|-------|-----------------------------------|---------------------------------|
| 73521 | X-RAY EXAM HIPS BI 2 VIEWS | \$88 |
| 73552 | X-RAY EXAM OF FEMUR 2/> | \$88 |
| 73560 | KNEE 1-2 VIEWS | \$88 |
| 73562 | KNEE 3 VIEWS | \$88 |
| 73564 | KNEE COMP 4 +VIEWS | \$88 |
| 73590 | TIBIA & FIBULA 2 VIEWS | \$88 |
| 73600 | ANKLE 2 VWS | \$88 |
| 73610 | ANKLE COMP | \$88 |
| 73620 | FOOT 2 VWS | \$88 |
| 73630 | FOOT COMP | \$88 |
| 73660 | TOE(S) 2+ VWS | \$88 |
| 73700 | CT EXT LWR W/O CONT | \$376 |
| 73701 | CT EXT LWR W/ CONT | \$580 |
| 73702 | CT EXT LWR W/O & W/ CONT | \$647 |
| 73706 | CTA EXT LWR W/O & W/ CONT | \$656 |
| 73718 | MRI EXT LWR W/O CONT | \$664 |
| 73720 | MRI EXT LWR W/O & W/ CONT | \$1,033 |
| 73721 | MRI EXT LWR JNT W/O CONT | \$664 |
| 73722 | MRI EXT JNT LWR W/ CONT | \$846 |
| 73723 | MRI EXT JNT LWR W/O & W/ CONT | \$1,033 |
| 74018 | X-RAY EXAM ABDOMEN 1 VIEW | \$88 |
| 74019 | X-RAY EXAM ABDOMEN 2 VIEWS | \$88 |
| 74022 | ABDOMEN W/ PA CHEST 3 VIEWS | \$147 |
| 74150 | CT ABD W/O CONT | \$376 |
| 74160 | CT ABD W/ CONT | \$580 |
| 74170 | CT ABD W/O & W/ CONT | \$647 |
| 74174 | CTA ABD AND PELVIS | \$1,573 |
| 74175 | CTA ABD | \$656 |
| 74176 | CT ABDOMEN & PELVIS W/O CONT | \$376 |
| 74177 | CT ABDOMEN & PELVIS W CONTRAST | \$580 |
| 74178 | CT ABD & PELVIS W & W/O CONT | \$647 |
| 74181 | MRI ABD W/O CONT | \$664 |
| 74182 | MRI ABD W/ CONT | \$846 |
| 74183 | MRI ABD W/O & W/ CONT | \$1,033 |
| 74230 | MODIFIED BARIUM SWALLOW | \$611 |
| 74250 | SMALL BOWEL SERIES | \$168 |
| 74300 | OR CHOLANGIO S&I | \$687 |
| 74328 | ERCP-BILIARY DUCTS | \$842 |
| 74420 | RETROGRADE PYELOGRAM | \$562 |
| 75557 | MRI CARDIAC MORPH W/O | \$1,464 |
| 75561 | MRI CARDIAC MORPH & FUNCTION W/WO | \$1,508 |
| 75571 | CT HEART W/O CONT CALC SCORING | \$119 |
| 75574 | CTA CORONARY W&W/O CALCIUM SCORE | \$955 |



Patient Price List

| CPT | Procedure Description | Prompt Pay Price ⁽¹⁾ |
|-------|--|---------------------------------|
| 75635 | CTA ABD AORTA/RUNOFF S&I | \$656 |
| 76000 | FLUOROSCOPE EXAMINATION | \$162 |
| 76098 | RAD BREAST SURG SPECIMEN | \$305 |
| 76377 | 3D RENDERING W/ POSTPROCESS | \$188 |
| 76377 | 3D RENDERING W/ POSTPROCESS | \$188 |
| 76380 | CT LIMITED EXAM | \$220 |
| 76498 | MRI LUMBAR PLEXUS W&W/O CONTRAST | \$1,535 |
| 76506 | US NEONATAL HEAD SCAN | \$121 |
| 76519 | US A-SCAN EYE W/ IOL MEASURE BIL | \$241 |
| 76536 | US SOFT TISSUE NECK/HEAD | \$187 |
| 76604 | US PLEURAL EFFUSION | \$413 |
| 76641 | US BREAST COMPLETE UNILATERAL | \$128 |
| 76642 | US BREAST LIMITED UNILATERAL | \$236 |
| 76700 | US ABD COMP | \$187 |
| 76706 | US ABDOMINAL AORTA SCREENING FOR AAA | \$497 |
| 76770 | US RETROPERITONEAL RENAL AORTA COMP | \$187 |
| 76775 | US ABDOMEN LTD/RETRO | \$187 |
| 76776 | US EXAM TRANS KIDNEY W/DOPPLER | \$457 |
| 76800 | US NEONATAL SPINAL CANAL | \$488 |
| 76801 | US OB < 14W | \$187 |
| 76805 | US OB COMP | \$187 |
| 76815 | US OB LTD/FETAL POSITION | \$121 |
| 76816 | US OB FOLLOW-UP EACH FETUS | \$577 |
| 76817 | US TRANSVAGINAL OB | \$121 |
| 76819 | US OB BIOPHYS PROFILE W/O NST | \$187 |
| 76820 | US UMBILICAL ARTERY-FETAL DOPPLER | \$166 |
| 76821 | US MID CEREBR ARTERY-FETAL DOPPLR | \$185 |
| 76830 | US TRANSVAGINAL | \$187 |
| 76856 | US PELVIC | \$187 |
| 76857 | US PELVIS LIMITED | \$390 |
| 76870 | US TESTICULAR | \$187 |
| 76872 | US PROSTATE | \$187 |
| 76881 | US XTR NON-VASC COMPLETE | \$306 |
| 76882 | US XTR NON-VASC LIMITED | \$242 |
| 76885 | US NEONATAL HIPS | \$121 |
| 76937 | US GUIDE FOR VASCULAR ACCESS | \$337 |
| 76942 | US GUIDE NDLCMT ASP INJ LOCAL S&I | \$173 |
| 76965 | US INTERSTITIAL RADIOELEMENT APPLICATION | \$763 |
| 76998 | US INTEROP GUIDE | \$682 |
| 77001 | FLUORO GUIDE VAD PLCMT | \$362 |
| 77003 | FLUORO GUIDE SPINAL NDLCMT | \$285 |
| 77012 | CT GUIDE NDLCMT S&I | \$393 |
| 77013 | CT GUIDE TISSUE ABLATION | \$954 |



Patient Price List

| CPT | Procedure Description | Prompt Pay Price ⁽¹⁾ |
|-------|------------------------------------|---------------------------------|
| 77059 | MRI BREAST BILATERAL W/O & W/ CONT | \$1,590 |
| 78452 | CARDIAC SPECT MULT REST/STRESS | \$3,800 |
| 78582 | LUNG VENTILATION | \$1,286 |
| 0042T | CT PERFUSION W CONT CBF | \$903 |
| C8900 | MRA ABDOMEN W/CONTRAST | \$1,651 |
| C8901 | MRA ABDOMEN W/O CONTRAST | \$1,276 |
| C8902 | MRA ABD W&W/O CONTRAST | \$1,720 |
| C8910 | MRA CHEST W/O CONTRAST | \$1,554 |
| C8911 | MRA CHEST W&W/O CONTRAST | \$3,677 |

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