

CPT/HCPCS CODE	Procedure Description	Prompt Pay Price ⁽¹⁾
76377	3D RENDERING W/ POSTPROCESS	\$163
74022	ABDOMEN W/ PA CHEST 3 VIEWS	\$128
73600	ANKLE 2 VWS	\$76
73610	ANKLE COMP	\$76
78452	CARDIAC SPECT MULT REST/STRESS	\$3,304
78451	CARDIAC SPECT STRESS ONLY	\$1,819
73000	CLAVICLE COMP	\$76
74178	CT ABD & PELVIS W & W/O CONT	\$563
74160	CT ABD W/ CONT	\$505
74170	CT ABD W/O & W/ CONT	\$563
74150	CT ABD W/O CONT	\$327
74177	CT ABDOMEN & PELVIS W CONTRAST	\$505
74176	CT ABDOMEN & PELVIS W/O CONT	\$327
71260	CT CHEST W/ CONT	\$505
71270	CT CHEST W/O & W/ CONT	\$563
71250	CT CHEST W/O CONT	\$327
72126	CT C-SPINE W/ CONT	\$505
72125	CT C-SPINE W/O CONT	\$327
73701	CT EXT LWR W/ CONT	\$505
73700	CT EXT LWR W/O CONT	\$327
73201	CT EXT UP W/ CONT	\$505
73202	CT EXT UP W/O & W/ CONT	\$563
73200	CT EXT UP W/O CONT	\$327
70487	CT FACL BONES W/ CONT	\$505
70486	CT FACL BONES W/O CONT	\$327
77012	CT GUIDE NDL PLCMT S&I	\$342
77013	CT GUIDE TISSUE ABLATION	\$868
70460	CT HEAD/BRAIN W/ CONT	\$327
70470	CT HEAD/BRAIN W/O & W/ CONT	\$563
70450	CT HEAD/BRAIN W/O CONT	\$327
75571	CT HEART W/O CONT CALC SCORING	\$79
76380	CT LIMITED EXAM	\$191
72132	CT L-SPINE W/ CONT	\$505
72131	CT L-SPINE W/O CONT	\$327
70491	CT NECK W/ CONT	\$505
70490	CT NECK W/O CONT	\$327
70480	CT ORB/SELLA/POSTFOSSA/IAC W/O	\$327
70481	CT ORB/SELLA/POSTFOSSA/IAC WITH	\$505
72193	CT PELVIS W/ CONT	\$505
72194	CT PELVIS W/O & W/ CONT	\$563
72192	CT PELVIS W/O CONT	\$327
72129	CT T-SPINE W/ CONT	\$505
72128	CT T-SPINE W/O CONT	\$327
74175	CTA ABD	\$570

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74174	CTA ABD AND PELVIS	\$1,368
75635	CTA ABD AORTA/RUNOFF S&I	\$570
71275	CTA CHEST	\$570
75574	CTA CORONARY W&W/O CALCIUM SCORE	\$1,194
73706	CTA EXT LWR W/O & W/ CONT	\$570
73206	CTA EXT UP W/O & W/ CONT	\$570
70496	CTA HEAD W/O & W/ CONT	\$570
70498	CTA NECK W/O & W/ CONT	\$570
72191	CTA PELVIS	\$570
77061	DIGITAL BRST TOMOSYSTHESIS UNIL DIAG	\$43
73070	ELBOW 2 VWS	\$76
73080	ELBOW COMP	\$76
73140	FINGER(S) 2+ VWS	\$76
77003	FLURO GUIDE SPINAL NDL PLCMT	\$248
77001	FLURO GUIDE VAD PLCMT	\$377
73630	FOOT COMP	\$76
73090	FOREARM 2 VWS	\$76
73120	HAND 2 VWS	\$76
73130	HAND 3+ VWS	\$76
73600	HC ANKLE 2 VWS	\$255
73000	HC CLAVICLE COMP	\$291
77334	HC COLLIMATORS/IRIS APERTURES	\$629
73070	HC ELBOW 2 VWS	\$246
76098	HC RAD BREAST SURG SPECIMEN	\$254
77373	HC SBRT DELIVERY MAX 5 SESSIONS	\$8,914
72020	HC SPINE SINGLE VIEW FLEXION/EXTENSION	\$313
73660	HC TOE(S) 2+ VWS	\$223
73100	HC WRIST 2 VWS	\$302
73060	HUMERUS 2+ VWS	\$76
78708	KIDNEY FUNCT STDY W/PHARM	\$1,884
73560	KNEE 1-2 VIEWS	\$76
73562	KNEE 3 VIEWS	\$76
73564	KNEE COMP 4 +VIEWS	\$76
74230	MODIFIED BARIUM SWALLOW	\$641
70548	MRA NECK W/ CONT	\$736
70549	MRA NECK W/O & W/ CONT	\$898
70547	MRA NECK W/O CONT	\$578
70545	MRA/MRV HEAD W/ CONT	\$1,213
70546	MRA/MRV HEAD W/O & W/ CONT	\$898
70544	MRA/MRV HEAD W/O CONT	\$578
74182	MRI ABD W/ CONT	\$736
74183	MRI ABD W/O & W/ CONT	\$898
74181	MRI ABD W/O CONT	\$578
70552	MRI BRAIN W/ CONT	\$736

CPT/HCPCS CODE	Procedure Description	Prompt Pay Price ⁽¹⁾
70553	MRI BRAIN W/O & W/ CONT	\$893
70551	MRI BRAIN W/O CONT	\$578
77059	MRI BREAST W/O CONTRAST	\$1,385
75561	MRI CARDIAC MORPH & FUNCTION W/WO	\$1,619
72156	MRI CERVICAL SPINE W/O & W/ CONT	\$898
72141	MRI CERVICAL SPINE W/O CONT	\$578
71552	MRI CHEST W/O & W/ CONT	\$898
71550	MRI CHEST W/O CONT	\$578
73722	MRI EXT JNT LWR W/ CONT	\$736
73723	MRI EXT JNT LWR W/O & W/ CONT	\$898
73222	MRI EXT JNT UP W/ CONT	\$736
73223	MRI EXT JNT UP W/O & W/ CONT	\$898
73221	MRI EXT JNT UP W/O CONT	\$578
73721	MRI EXT LWR JNT W/O CONT	\$578
73719	MRI EXT LWR W/ CONT	\$736
73720	MRI EXT LWR W/O & W/ CONT	\$898
73718	MRI EXT LWR W/O CONT	\$578
73219	MRI EXT UP W/ CONT	\$736
73220	MRI EXT UP W/O & W/ CONT	\$898
73218	MRI EXT UP W/O CONT	\$578
76498	MRI LUMBAR PLEXUS W&W/O CONTRAST	\$1,919
76498	MRI LUMBAR PLEXUS W/O	\$1,919
72149	MRI LUMBAR SPINE W/ CONT	\$736
72148	MRI LUMBAR SPINE W/O CONT	\$578
72158	MRI LUMBAR SPINE W/O & W/ CONT	\$898
70543	MRI OFN W/O & W/ CONT	\$898
70540	MRI OFN W/O CONT	\$578
72196	MRI PELVIS W/ CONT	\$736
72195	MRI PELVIS W/O CONT	\$578
72197	MRI PELVIS W/O & W/ CONT	\$898
72142	MRI SPINE CERVICAL W/ CONT	\$1,704
72147	MRI THORACIC SPINE W/ CONT	\$736
72157	MRI THORACIC SPINE W/O & W/ CONT	\$898
72146	MRI THORACIC SPINE W/O CONT	\$578
70336	MRI TMJ(S)	\$578
72170	PELVIS 1-2 VIEWS	\$76
76098	RAD BREAST SURG SPECIMEN	\$254
74420	RETROGRADE PYELOGRAM	\$538
71101	RIBS UNI W/PA CHEST 3+ VIEWS	\$76
73030	SHOULDER 2+ VWS	\$76
76080	SINUS TRACT STUDY S&I	\$387
72040	SPINE CERVICAL 2-3 VIEWS	\$76
72050	SPINE CERVICAL 4+ VWS	\$128
72100	SPINE LUMBAR 2-3 VWS	\$76

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72110	SPINE LUMBAR 4+ VWS	\$128
72020	SPINE SINGLE VIEW FLEXION/EXTENSION	\$76
72072	SPINE THORACIC 3 VWS	\$76
73590	TIBIA & FIBULA 2 VIEWS	\$76
73660	TOE(S) 2+ VWS	\$76
76700	US ABD COMP	\$163
76775	US ABDOMEN LTD/RETRO	\$163
76705	US ABDOMEN REALTIME W/IMAGE DOC COMP	\$597
76706	US ABDOMINAL AORTA SCREENING FOR AAA	\$621
76519	US A-SCAN EYE W/ IOL MEASURE BIL	\$254
76641	US BREAST COMPLETE UNILATERAL	\$111
76642	US BREAST LIMITED UNILATERAL	\$205
76776	US EXAM TRANS KIDNEY W/DOPPLER	\$397
76937	US GUIDE FOR VASCULAR ACCESS	\$377
76942	US GUIDE NDL PLCMT ASP INJ LOCAL S&I	\$150
76998	US INTEROP GUIDE	\$803
76965	US INTERSTITIAL RADIOELEMENT APPLICATION	\$663
76821	US MID CEREBR ARTERY-FETAL DOPPLR	\$205
76506	US NEONATAL HEAD SCAN	\$105
76885	US NEONATAL HIPS	\$105
76800	US NEONATAL SPINAL CANAL	\$582
76801	US OB < 14W	\$163
76819	US OB BIOPHYS PROFILE W/O NST	\$163
76805	US OB COMP	\$163
76812	US OB DETAILED ADDL FETUS	\$314
76816	US OB FOLLOW-UP EACH FETUS	\$663
76815	US OB LTD/FETAL POSITION	\$105
76856	US PELVIC	\$163
76857	US PELVIS LIMITED	\$339
76604	US PLEURAL EFFUSION	\$359
76872	US PROSTATE	\$163
76770	US RETROPERITONEAL RENAL AORTA COMP	\$163
76536	US SOFT TISSUE NECK/HEAD	\$163
76870	US TESTICULAR	\$163
76830	US TRANSVAGINAL	\$163
76817	US TRANSVAGINAL OB	\$105
76820	US UMBILICAL ARTERY-FETAL DOPPLER	\$184
76881	US XTR NON-VASC COMPLETE	\$266
76882	US XTR NON-VASC LMTD	\$210
73100	WRIST 2 VWS	\$76
73110	WRIST COMPLETE MIN 3 VIEWS	\$76
72082	X-RAY EXAM ENTIRE SPI 2/3 VW	\$76
73502	X-RAY EXAM HIP UNI 2-3 VIEWS	\$76
73521	X-RAY EXAM HIPS BI 2 VIEWS	\$76

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73522	X-RAY EXAM HIPS BI 3-4 VIEWS	\$76
73551	X-RAY EXAM OF FEMUR 1	\$76
73552	X-RAY EXAM OF FEMUR 2/>	\$76

The above prices are for laboratory procedures performed at HonorHealth facilities and do not include physicians' fees. Please contact your physicians' offices and health insurance provider directly for price information.

⁽¹⁾ **Prompt Pay Price** is the average price a self-pay patient will pay when paid-in-full in advance of having this procedure. This price is also available for emergency services, with no inpatient admission, if paid-in-full within 14 days of hospital visit.

HonorHealth Outpatient Medical Imaging Centers

Glendale Health & Infusion Center

X-Ray • Ultrasound • Infusions
6220 W. Bell Rd., Suite 110
Glendale, AZ 85308
(602) 547-7200

Anthem Outpatient Medical Imaging

X-Rays ONLY
3648 W. Anthem Way, Bldg. A-100
Anthem, AZ 85086
(623) 434-6474

Deer Valley Outpatient Medical Imaging

X-Ray • Dexa • Ultrasound • CT • MRI
19636 N. 27th Ave. Suite LL1
Phoenix, AZ 85027
(623) 445-6400

John C. Lincoln Outpatient Medical Imaging

X-Ray • Dexa • Ultrasound • CT • MRI
9250 N. Third St. Suite 1002
Phoenix, AZ 85020
(602) 331-7890

Sonoran Health

X-Ray • Dexa • Ultrasound • CT • MRI
33423 N. 32nd Ave
Phoenix, AZ 85035
(623) 474-1610

Tatum Outpatient Medical Imaging

X-Ray • Ultrasound • CT • MRI
18404 N. Tatum Blvd. Suite 103
Phoenix, AZ 85032
(602) 485-7490

Breast Health & Research Center

Mammograms • Ultrasound • MRI
19646 N. 27th Ave., Suite 205
Phoenix, AZ 85027
(623) 780-HOPE (4673)