

RADIOLOGY - X-RAY - COMPUTERIZED AXIAL TOMMOGRAPHY - MAGNETIC RESONENCE IMAGING

For the Time Period : 10/01/16 and 09/30/2017

IF YOU ARE COVERED BY HEALTH INSURANCE , YOU ARE STRONGLY ENCOURAGED TO CONSULT WITH YOUR HEALTH INSURER TO DETERMINE ACCURATE INFORMATION ABOUT YOUR FINACIAL RESPONSIBILITY FOR A PARTICULAR HEALTH CARE SERVICE PROVIDED AT THIS HEALTHCARE FACILITY. IF YOU ARE NOT COVERED BY HEALTH INSURANCE YOU ARE STRONGLY ENCOURAGED TO CONTACT THE BUSINESS OFFICE AT (719)584-4508 OR TOLL FREE AT 800-543-4046 TO DISCUSS PAYMENT OPTIONS PRIOR TO RECEIVING A HEALTH CARE SERVICE FROM THIS HEALTH CARE FACILITY SINCE POSTED HEALTHCARE SERVICES MAY NOT REFLECT THE ACTUAL AMOUNT OF YOUR FINANCIAL RESPONSIBILITY.

Note:

1. The pricing on this page is for Radiology studies only. It is not combined pricing with other testing
2. Charging is based on the Length of Stay, amount of supplies used, therapies provided, testing given as well as other care provided
3. This pricing is an average charge and not intended to be the exact charge for any particular patient
4. ***The average charge shown is an estimate and that actual charges for the service depend on the circumstances at the time the service is provided and the patient.***
5. Any discount is negotiated by the insurance provider. Most insurance providers should be able to tell their members what financial responsibility they will have.
6. Patients without insurance are able to receive a discount equal to the insurance provider with the lowest negotiated discount

CPT	Description	Average Charge
70030	X-RAY EYE FOR FOREIGN BODY	\$ 962.29
70110	X-RAY EXAM OF JAW 4 VIEWS OR MORE	\$ 1,281.48
70130	X-RAY EXAM OF MASTOIDS	\$ 928.40
70140	X-RAY EXAM OF FACIAL BONES	\$ 1,890.00
70150	X-RAY EXAM OF FACIAL BONES	\$ 1,206.61
70160	X-RAY EXAM OF NASAL BONES	\$ 1,358.79
70200	X-RAY EXAM OF EYE SOCKETS	\$ 978.33
70210	X-RAY EXAM OF SINUSES	\$ 738.41

70220	X-RAY EXAM OF SINUSES	\$	1,423.83
70250	X-RAY EXAM OF SKULL	\$	956.44
70260	X-RAY EXAM OF SKULL	\$	1,696.50
70330	X-RAY EXAM OF JAW JOINTS	\$	1,084.57
70360	X-RAY EXAM OF NECK	\$	799.40
70450	CT HEAD/BRAIN W/OUT DYE	\$	4,319.53
70460	CT HEAD/BRAIN W/DYE	\$	4,593.10
70470	CT HEAD/BRAIN W/OUT W/DYE	\$	8,297.09
70480	CT ORBIT/EAR/FOSSA W/OUT DYE	\$	4,208.60
70481	CT ORBIT/EAR/FOSSA W/DYE	\$	6,512.00
70482	CT ORBIT/EAR/FOSSA W/OUT AND W/DYE	\$	9,745.11
70486	CT MAXILLOFACIAL W/OUT DYE	\$	3,912.76
70487	CT MAXILLOFACIAL W/DYE	\$	5,757.21
70488	CT MAXILLOFACIAL W/OUT AND W/DYE	\$	9,071.17
70490	CT SOFT TISSUE NECK W/OUT DYE	\$	3,322.59
70491	CT SOFT TISSUE NECK W/DYE	\$	5,566.45
70492	CT SFT TSUE NCK W/O W/DYE	\$	8,865.71
70496	CT ANGIOGRAPHY HEAD	\$	8,314.62
70498	CT ANGIOGRAPHY NECK	\$	8,238.72
70540	MRI ORBIT, FACE, NECK W/OUT DYE	\$	2,682.00
70542	MRI ORBIT, FACE, NECK W/DYE	\$	3,635.00
70543	MRI ORBT, FACE, NECK W/OUT AND W/DYE	\$	4,071.78
70544	MR ANGIOGRAPHY HEAD W/OUT DYE	\$	2,541.68
70546	MR ANGIOGRAPH HEAD W/OUT AND W/DYE	\$	2,190.00
70547	MR ANGIOGRAPHY NECK W/OUT DYE	\$	2,656.50
70548	MR ANGIOGRAPHY NECK W/DYE	\$	1,506.00
70549	MR ANGIOGRAPH NECK W/OUT AND W/DYE	\$	4,525.67
70551	MRI BRAIN STEM W/OUT DYE	\$	2,411.22
70552	MRI BRAIN STEM W/DYE	\$	2,783.41
70553	MRI BRAIN STEM W/OUT AND W/DYE	\$	3,720.56
71010	CHEST X-RAY 1 VIEW FRONTAL	\$	808.75
71020	CHEST X-RAY 2 VIEWS FRONTAL	\$	985.97
71035	CHEST X-RAY SPECIAL VIEWS	\$	674.85
71110	X-RAY EXAM RIBS BILATERAL 3 VIEWS	\$	1,525.00

71111	X-RAY EXAM RIBS, CHEST 4 VIEWS OR MORE	\$	1,358.71
71120	X-RAY EXAM BREASTBONE 2 VIEWS OR MORE	\$	870.31
71130	X-RAY STRENOCLAVIC JT 3 VIEWS OR MORE	\$	731.00
71250	CT THORAX W/OUT DYE	\$	2,877.72
71260	CT THORAX W/DYE	\$	5,696.92
71270	CT THORAX W/OUT AND W/DYE	\$	5,854.25
71275	CT ANGIOGRAPHY CHEST	\$	8,267.87
71550	MRI CHEST W/OUT DYE	\$	1,973.91
71552	MRI CHEST W/OUT AND W/DYE	\$	3,418.50
72020	X-RAY EXAM OF SPINE 1 VIEW	\$	691.00
72040	X-RAY EXAM NECK SPINE 2-3 VIEWS	\$	1,200.53
72050	X-RAY EXAM NECK SPINE 4-5 VIEWS	\$	1,646.78
72052	X-RAY EXAM NECK SPINE 6 VIEWS OR MORE	\$	1,597.59
72070	X-RAY EXAM THORAC SPINE 2 VIEWS	\$	1,181.49
72072	X-RAY EXAM THORAC SPINE 3VIEWS	\$	1,284.97
72074	X-RAY EXAM THORAC SPINE 4 VIEWS OR MORE	\$	145.00
72080	X-RAY EXAM THORACOLUMBAR 2 VIEWS OR MORE	\$	805.00
72081	X-RAY EXAM ENTIRE SPINE 1 VIEW	\$	349.00
72082	X-RAY EXAM ENTIRE SPINE 2-3 VIEWS	\$	701.75
72100	X-RAY EXAM LUMBAR SACRAL SPINE 2-3 VIEWS	\$	1,178.09
72110	X-RAY EXAM LUMBAR SACRAL SPINE 4 VIEWS OR MORE	\$	1,432.01
72114	X-RAY EXAM LUMBAR SACRAL SPINE - BENDING	\$	1,963.22
72120	X-RAY BENDING ONLY LUMBAR-SACRAL SPINE	\$	602.75
72125	CT NECK SPINE W/OUT DYE	\$	6,954.73
72126	CT NECK SPINE W/DYE	\$	7,084.94
72128	CT CHEST SPINE W/OUT DYE	\$	5,529.47
72129	CT CHEST SPINE W/DYE	\$	7,098.67
72131	CT LUMBAR SPINE W/OUT DYE	\$	4,689.67
72132	CT LUMBAR SPINE W/DYE	\$	7,071.22
72133	CT LUMBAR SPINE W/OUT AND W/DYE	\$	1,390.00
72141	MRI NECK SPINE W/OUT DYE	\$	2,223.06
72142	MRI NECK SPINE W/DYE	\$	2,513.14
72146	MRI CHEST SPINE W/OUT DYE	\$	2,256.86
72147	MRI CHEST SPINE W/DYE	\$	3,461.00

72148	MRI LUMBAR SPINE W/OUT DYE	\$	2,226.05
72149	MRI LUMBAR SPINE W/DYE	\$	2,168.00
72156	MRI NECK SPINE W/OUT AND W/DYE	\$	3,997.52
72157	MRI CHEST SPINE W/OUT AND W/DYE	\$	4,115.85
72158	MRI LUMBAR SPINE W/OUT AND W/DYE	\$	4,408.49
72170	X-RAY EXAM OF PELVIS	\$	885.00
72191	CT ANGIOGRAPH PELV W/OUT AND W/DYE	\$	8,319.00
72192	CT PELVIS W/OUT DYE	\$	5,402.93
72193	CT PELVIS W/DYE	\$	5,251.71
72194	CT PELVIS W/OUT AND W/DYE	\$	6,290.00
72195	MRI PELVIS W/OUT DYE	\$	2,105.22
72197	MRI PELVIS W/OUT AND W/DYE	\$	3,537.03
72202	X-RAY EXAM SI JOINTS 3 VIEWS OR MORE	\$	705.84
72220	X-RAY EXAM SACRUM TAILBONE	\$	846.06
72295	X-RAY OF LOWER SPINE DISK	\$	7,742.00
73050	X-RAY EXAM OF SHOULDERS	\$	1,042.00
73085	CONTRAST X-RAY OF ELBOW	\$	534.71
73200	CT UPPER EXTREMITY W/OUT DYE	\$	3,734.34
73201	CT UPPER EXTREMITY W/DYE	\$	6,359.71
73202	CT UPPR EXTREMITY W/OUT AND W/DYE	\$	6,810.67
73206	CT ANGIO UPR EXTRM W/OUT AND W/DYE	\$	8,240.92
73218	MRI UPPER EXTREMITY W/OUT DYE	\$	2,303.62
73219	MRI UPPER EXTREMITY W/DYE	\$	1,824.00
73220	MRI UPPR EXTREMITY W/OUT AND W/DYE	\$	3,487.87
73221	MRI JOINT UPR EXTREM W/OUT DYE	\$	2,051.69
73222	MRI JOINT UPR EXTREM W/DYE	\$	3,915.04
73223	MRI JOINT UPR EXTR W/OUT AND W/DYE	\$	3,980.10
73501	X-RAY EXAM HIP UNILATERAL 1 VIEW	\$	533.74
73523	X-RAY EXAM HIPS BILATERAL 5 VIEWS OR MORE	\$	736.65
73525	CONTRAST X-RAY OF HIP	\$	718.91
73562	X-RAY EXAM OF KNEE 3 VIEWS	\$	746.00
73564	X-RAY EXAM KNEE 4 VIEWS OR MORE	\$	758.00
73565	X-RAY EXAM OF KNEES	\$	781.50
73700	CT LOWER EXTREMITY W/OUT DYE	\$	4,747.50

73701	CT LOWER EXTREMITY W/DYE	\$	6,427.25
73706	CT ANGIO LWR EXTR W/OUT AND W/DYE	\$	8,272.15
73718	MRI LOWER EXTREMITY W/OUT DYE	\$	2,185.10
73719	MRI LOWER EXTREMITY W/DYE	\$	1,737.00
73720	MRI LWR EXTREMITY W/OUT AND W/DYE	\$	4,206.83
73721	MRI JNT OF LWR EXTRE W/OUT DYE	\$	2,089.51
73722	MRI JOINT OF LOWER EXTREMITY(S) W/DYE	\$	3,147.00
73723	MRI JOINT LOWER EXTREMITY W/OUT AND W/DYE	\$	3,452.81
74000	X-RAY EXAM OF ABDOMEN	\$	809.58
74020	X-RAY EXAM OF ABDOMEN	\$	1,679.60
74022	X-RAY EXAM SERIES ABDOMEN	\$	1,535.88
74150	CT ABDOMEN W/OUT DYE	\$	3,165.25
74160	CT ABDOMEN W/DYE	\$	6,382.02
74170	CT ABDOMEN W/OUT AND W/DYE	\$	5,981.60
74174	CT ANGIOGRAPHY ABDOMEN/PELVIS W/OUT AND W/DYE	\$	12,437.00
74175	CT ANGIOGRAPHY ABDOMEN W/OUT AND W/DYE	\$	8,208.27
74176	CT ABDOMEN/PELVIS W/OUT CONTRAST	\$	7,976.17
74177	CT ABDOMEN/PELVIS W/CONTRAST	\$	9,759.49
74178	CT ABDOMEN/PELVIS 1 OR MORE REGIONS	\$	10,027.88
74181	MRI ABDOMEN W/OUT DYE	\$	2,677.28
74183	MRI ABDOMEN W/OUT AND W/DYE	\$	3,690.34
74220	CONTRAST X-RAY ESOPHAGUS	\$	927.27
74230	CINE/VIDEO X-RAY THROAT/ESOPHAGUS	\$	852.89
74240	X-RAY UPPER GI DELAY W/OUT KUB	\$	916.00
74246	CONTRAST X-RAY UPPER GASTROINTESTINAL TRACT	\$	1,594.31
74249	CONTRAST X-RAY UPPER GASTROINTESTIAL TRACT	\$	2,226.00
74250	X-RAY EXAM OF SMALL BOWEL	\$	905.33
74270	CONTRAST X-RAY EXAM OF COLON	\$	1,685.26
74280	CONTRAST X-RAY EXAM OF COLON	\$	2,273.50
74300	X-RAY BILE DUCTS/PANCREAS	\$	743.78
74328	X-RAY BILE DUCT ENDOSCOPY	\$	689.75
74340	X-RAY GUIDANCE FOR GASTROINTESTINAL TUBE	\$	1,336.00
74360	X-RAY GUIDANCE FOR GASTROINTESTINAL DILATION	\$	700.00
74400	CONTRST X-RAY URINARY TRACT	\$	1,744.13

74420	CONTRST X-RAY URINARY TRACT	\$	1,127.68
74430	CONTRAST X-RAY BLADDER	\$	705.54
74450	X-RAY URETHRA/BLADDER	\$	599.38
74455	X-RAY URETHRA/BLADDER	\$	706.63
74740	X-RAY FEMALE GENITAL TRACT	\$	1,906.00
75561	CARDIAC MRI FOR MORPH W/DYE	\$	4,740.00
75563	CARDIAC MRI W/STRESS IMAGING W/DYE	\$	5,533.32
75572	CT HEART W/3D IMAGE	\$	1,083.00
75574	CT ANGIOGRAM HEART W/3D IMAGE	\$	9,578.84
75625	CONTRAST EXAM ABDOMINAL AORTA	\$	5,844.00
75630	X-RAY AORTA LEG ARTERIES	\$	5,844.00
75635	CT ANGIO ABDOMINAL ARTERIES	\$	8,233.87
75710	ARTERY X-RAYS ARM/LEG	\$	4,206.00
75716	ARTERY X-RAYS ARMS/LEGS	\$	5,941.67
75978	REPAIR VENOUS BLOCKAGE	\$	5,354.00
75984	XRAY CONTROL CATHETER CHANGE	\$	4,050.00
76000	FLUOROSCOPE EXAMINATION	\$	639.70
76010	X-RAY NOSE TO RECTUM	\$	1,142.97
76376	3D RENDER W/INTERPRETATION POSTPROCESS	\$	175.00
76506	ECHO EXAM OF HEAD	\$	796.67
76536	US (ULTRASOUND)EXAM OF HEAD AND NECK	\$	1,613.06
76604	US (ULTRASOUND)EXAM CHEST	\$	259.73
76641	ULTRASOUND BREAST COMPLETE	\$	1,438.16
76642	ULTRASOUND BREAST LIMITED	\$	1,411.00
76700	US (ULTRASOUND)EXAM ABDOM COMPLETE	\$	1,836.94
76705	ECHO EXAM OF ABDOMEN	\$	1,201.61
76706	US (ULTRASOUND) ABDOMINALL AORTA SCREEN AAA	\$	1,205.03
76775	US (ULTRASOUND) EXAM ABDOMINAL BACK WALL LIMITED STUDY	\$	1,179.79
76800	US (ULTRASOUND) EXAM SPINAL CANAL	\$	867.60
76801	OB US (ULTRASOUND) LESS THAN 14 WKS SINGLE FETUS	\$	1,319.81
76802	OB US (ULTRASOUND) LESS THAN 14 WKS ADDL FETUS	\$	706.00
76805	OB US (ULTRASOUND)GREATER THAN OR EQUAL TO 14 WKS SNGL FETUS	\$	1,691.71
76810	OB US (ULTRASOUND) GREATER THAN OR EQUAL TO 14 WKS ADDL FETUS	\$	1,216.00
76815	OB US (ULTRASOUND) LIMITED FETUS(S)	\$	1,041.81

76816	OB US (ULTRASOUND) FOLLOW-UP PER FETUS	\$	1,026.00
76817	TRANSVAGINAL US (ULTRASOUND) OBSTETRIC	\$	1,239.16
76819	FETAL BIOPHYS PROFILE W/O NST(NON-STRESS TESTING)	\$	2,182.87
76820	UMBILICAL ARTERY ECHOCARDIOGRAM	\$	231.00
76830	TRANSVAGINAL US (ULTRASOUND) NON-OB	\$	1,816.71
76856	US (ULTRASOUND) EXAM PELVIC COMPLETE	\$	1,809.12
76857	US (ULTRASOUND) EXAM PELVIC LIMITED	\$	561.87
76870	US (ULTRASOUND) EXAM SCROTUM	\$	2,021.73
76882	US (ULTRASOUND)XTREMITY NON-VASCULAR LIMITED	\$	1,503.77
76885	US (ULTRASOUND) EXAM INFANT HIPS DYNAMIC	\$	107.00
76942	ECHO(ULTRASONIC) GUIDANCE FOR BIOPSY	\$	1,293.17
76998	US (ULTRASOUND) GUIDE INTRAOP	\$	1,220.00
77001	FLUOROSCOPIC GUIDANCE FOR CENTRAL VEIN ACCESS DEVICE	\$	872.00
77002	FLUOROSCOPIC GUIDANCE FOR NEEDLE LOCALIZATION	\$	686.84
77003	FLUOROSCOPIC GUIDANCE FOR SPINE INJECTION	\$	711.41
77012	CT GUIDANCE FOR BIOPSY	\$	5,338.92
77066	DIAGNOSTIC MAMMOGRAPHY; COMPUTER AIDED DETECTION, BILATERAL	\$	1,128.00
77067	SCREENING MAMMOGRAPHY; COMPUTER AIDED DETECTION, BILATERAL	\$	740.00
77063	SCREENING BREAST TOMOSYNTHESIS ADDED TO SCREENING OR DIAGNOSTIC MAMMOGRAM	\$	1,116.43
77072	X-RAYS FOR BONE AGE	\$	678.38
77073	X-RAYS BONE LENGTH STUDIES	\$	1,026.11
77074	X-RAYS BONE SURVEY LIMITED	\$	1,509.83
77080	DXA BONE DENSITY AXIAL (DUAL ENERGY XRAY ABSORBTIOMETRY BONE DENISITY)	\$	330.67
77081	DXA BONE DENSITY/PERIPHERAL (DUAL ENERGY XRAY ABSORBTIOMETRY BONE DENISITY)	\$	419.55
78014	THYROID IMAGING W/BLOOD FLOW	\$	2,627.55
78018	THYROID MET IMAGING BODY	\$	2,480.67
78070	PARATHYROID PLANAR IMAGING	\$	1,831.30
78215	LIVER AND SPLEEN IMAGING	\$	2,278.00
78226	HEPATOBIILIARY SYSTEM IMAGING	\$	2,502.00
78227	HEPATOBIILIARY SYSTEM IMAGING W/DRUG	\$	2,714.80
78264	GASTRIC EMPTYING IMAGING STUDY	\$	2,198.31
78278	ACUTE GI BLOOD LOSS IMAGING	\$	3,548.00
78306	BONE IMAGING WHOLE BODY	\$	3,320.06
78315	BONE IMAGING 3 PHASE	\$	3,247.02

78452	HEART MUSCLE IMAGE SPECT(MYOCARDIO PERFUSION IMAGING TOMOGRAPHIC) MULTIPLE STUDIES	\$	2,340.89
78472	GATED(CARDIAC BLOOD POOL) HEART PLANAR SINGLE STUDY	\$	2,389.00
78580	LUNG PERFUSION IMAGING	\$	1,896.56
78582	LUNG VENTILATED PERFUSION IMAGING	\$	3,625.99
78630	CEREBROSPINAL FLUID SCAN	\$	6,723.67
78645	CSF(CEREBROSPINAL FLUID) SHUNT EVALUATION	\$	1,413.44
78707	KIDNEY IMAGING FLOW/FUNCT IMAGE W/O DRUG	\$	2,362.00
78708	KIDNEY IMAGING FLOW/FUNCT IMAGE W/DRUG	\$	1,593.96
78804	TUMOR IMAGING WHOLE BODY	\$	3,371.00
79005	NUCLEAR RX(RADIOPHARMACEUTICAL) ORAL ADMIN	\$	1,883.88