

OPEN MRI

Allentown



New 7/2019

CAT SCAN

1146 S. Cedar Crest Blvd.
Allentown, PA 18103
CONFIDENTIAL

CPT	Procedure	Self-Pay Price w/Read
	CT without Contrast (unless specified below)	\$325.00
	CT with Contrast (unless specified below)	\$450.00
	CT with/without Contrast	\$475.00
70450	CT Brain/Head without Contrast	\$300.00
70480	CT Paranasal Sinus (Orbit, IAC's, Mastoid etc.)	\$300.00
70486	CT Maxillofacial (Sinus)	\$300.00
70492	CT Soft Tissue Neck w/wo Contrast	\$350.00
71250	CT Chest without Contrast	\$250.00
71270	CT Chest w/wo Contrast	\$375.00
74176	CT Abdomen/Pelvis w/o Contrast	\$475.00
74178	CT Abdomen/Pelvis w/wo Contrast	\$525.00
G0297	CT Lung Cancer Screening	\$300.00

MRI

CPT	Procedure	Self-Pay Price w/Read
	MRI without Contrast (unless specified below)	\$450.00
	MRI with/without Contrast (unless specified below)	\$625.00
70544	MRA Brain/Head (COW)	\$525.00
70547	MRA Neck without Contrast	\$350.00
74185	MRA Abdomen-Renal w/wo Contrast	\$525.00
70551	MRI Brain/Head without Contrast	\$550.00
70553	MRI Brain/Head w/wo Contrast	\$700.00
71550	MRI Chest without Contrast	\$500.00
71552	MRI Chest w/wo Contrast	\$700.00
72141	MRI Cervical Spine without Contrast	\$450.00
72156	MRI Cervical Spine w/wo Contrast	\$550.00
72146	MRI Thoracic Spine without Contrast	\$450.00
72157	MRI Thoracic Spine w/wo Contrast	\$575.00
72148	MRI Lumbar Spine without Contrast	\$450.00
72158	MRI Lumbar Spine w/wo Contrast	\$625.00
72195	MRI Pelvis without Contrast	\$475.00
72197	MRI Pelvis w/wo Contrast	\$675.00
73218	MRI Upper Extremity – non-joint – w/wo Contrast	\$475.00
73220	MRI Upper Extremity – non-joint – w/Contrast	\$650.00
73221	MRI Upper Extremity – joint – w/o Contrast	\$450.00
73222	MRI Upper Extremity – joint – w/Contrast	\$525.00
73223	MRI Upper Extremity – joint – w/wo Contrast	\$625.00

ULTRASOUND

CPT	Procedure	Description	Prep	Self-Pay Price
76377	3D with Interpretation			\$ 225.00
76536	Thyroid/Soft Tissue Neck	A survey of the entire gland including the Isthmus. Color doppler is used to document flow throughout the gland. Any area requested can be examined to rule out masses or fluid collections.		\$ 175.00
76604	Chest/lung			\$ 150.00
76642	Breast Ultrasound Limited	Either single or bilateral study of the breast and axillary region. We prefer prior mammogram results for any patient over 35 prior to coming for their breast ultrasounds, unless contraindicated. This information aids our staff in performing the most thorough exam possible.		\$ 175.00
76700	Abdomen Complete* (see 93976)	A full study of the spleen, pancreas, liver, and gallbladder with survey images of the kidneys and aorta. Duplex doppler is used to examine the portal vein.	NPO 8 hours prior to study	\$ 200.00
76705	Abdomen Limited: Single Organ		NPO 8 hours prior to study	\$ 150.00
76706	Abdominal Aorta (AAA)	Screening for abdominal aortic aneurysm	NPO 8 hours prior to study	\$ 200.00
76770	Retroperitoneum (Kidneys) Complete	Complete exam of both kidneys including color doppler.	16 Oz. of water, 1 hour prior to study	\$ 225.00
76775	Retroperitoneum (Kidneys) Limited			\$ 200.00
76801	OB - First Trimester (Single Fetus)	An in depth survey of the fetus including body measurements, brain anatomy, heart, stomach, kidneys, urinary bladder, upper and lower extremities, facial features, umbilical cord, placenta and fluid volume. The uterus and ovaries are examined when gestational age permits.		\$ 200.00
76802	OB - Additional Fetus			\$ 125.00

CPT	Procedure	Description	Prep	Self-Pay Price
76811	OM - Pregnancy Complete	2nd and 3rd Trimester only		\$ 250.00
76812	with 76811 Additional Fetus	An in depth survey of the fetus including body measurements, brain anatomy, heart, stomach, kidneys, urinary bladder, upper and lower extremities, facial features, umbilical cord, placenta and fluid volume. The uterus and ovaries are examined when gestational age permits.		\$ 125.00
76819	OB- Biophysical Profile			\$ 250.00
76830	Transvaginal	Used in combination with the pelvic ultrasound where indicated. A more detailed look at the same structures as listed above.		\$ 175.00
76856	Pelvic Complete - non OB	Complete survey of the uterus, endometrium, cervix, ovaries, and adnexas with corresponding measurements.	32oz. Of water, 1 hour prior to study; no VOID	\$ 175.00
76857	Pelvic Limited - non OB		32oz. Of water, 1 hour prior to study; no VOID	\$ 150.00
76870	Scrotum and Contents* (see 93976)	This study includes both testes, the epididymis, the pampiniform plexus, and the scrotum. Color doppler and duplex doppler are used in the study.		\$ 200.00
76881	Extremity Non-Vascular	A basic study of the venous system to rule out deep vein thrombosis. A basic study of the deep arteries to rule out peripheral vascular disease. More in depth studies should be referred to a vascular lab.		\$ 225.00
76882	MSK Extremity Limited			\$ 150.00
93306	Echo Color Flow Doppler			\$ 275.00
93307	Echocardiography			\$ 250.00
93880	Carotid Doppler Duplex	A detailed study of the common, internal and external carotid arteries including the vertebral artery bilaterally. This exam includes both color and duplex doppler with grading of any stenosis.		\$ 250.00
93925	Lower Extremity Arterial Doppler - Bilateral (NO ABI)			\$ 250.00

93926	Lower Extremity Arterial - Unilateral			\$ 200.00
CPT	Procedure	Description	Prep	Self-Pay Price
93930	Upper Extremity Arterial - Bilateral			\$ 250.00
93931	Upper Extremity Arterial Doppler- Unilateral			\$ 200.00
93970	Extremity Venous - Bilateral			\$ 275.00
93971	Extremity Venous - Unilateral			\$ 200.00
93975	Added Duplex with Abdomen, Pelvis, Retro., Scrotum Complete	duplex scan of arterial inflow and venous outflow		\$ 375.00
93976	Added Duplex with Abdomen, Pelvis, Retro., Scrotum Limited	duplex scan of arterial inflow and venous outflow		\$ 350.00
			Includes a summary report completed by the Ultrasound Technologist that will be sent directly to the PCP	
	NEW SCREENING PACKAGE	\$175.00		
	Carotid	Hx of smoking, High Blood Pressure, TIA, dizziness: Stroke screening		
	Aorta	Experiencing abdominal pain with exercise; pulsing abdomen		
	Peripheral Arterial Disease (PAD)	pain in calf/leg when walking; cold lower extremities; color change in toes		

X-RAY

CPT	Procedure	Self-Pay Price w/Read
74018	ABDOMEN (KUB) SINGLE VIEW	\$50.00
74019	ABDOMEN 2 VIEW	\$55.00
73600	ANKLE 2 VIEW	\$40.00
73610	ANKLE 3 VIEW	\$45.00
77072	BONE AGE	\$40.00
77075	BONE SURVEY COMPLETE	\$150.00
73650	CALCANEUS	\$35.00
72040	CERVICAL 2-3 VIEWS	\$50.00
72050	CERVICAL COMPLETE 4-5 VIEWS	\$65.00
72052	CERVICAL W/ FLEX AND EXT 6 or more VIEWS	\$75.00
71048	CHEST COMPLETE 4 VIEW	\$55.00
71047	CHEST 3 VIEW	\$50.00
71046	CHEST PA&LATERAL 2 VIEW	\$45.00
73000	CLAVICAL	\$35.00
73070	ELBOW; 2 VIEW	\$40.00
73080	ELBOW; 3 VIEWS	\$45.00
70140	FACIAL BONES 2 VIEWS	\$50.00
70150	FACIAL BONES; COMPLETE	\$50.00
73550	FEMUR	\$50.00
73140	FINGERS	\$40.00
73630	FOOT COMPLETE 3 VIEWS	\$50.00
73620	FOOT 2 VIEW	\$45.00
73090	FOREARM	\$45.00
73120	HAND; 2 VIEW	\$45.00
73130	HAND; COMPLETE minimum 3 VIEWS	\$50.00
73502	HIP w/PELVIS UNILATERAL 2-3 VIEWS	\$55.00
73503	HIP W/PELVIS 4 VIEWS	\$60.00
73521	HIP BILATERAL W/PELVIS 2 VIEWS	\$65.00
73522	HIP BILATERAL W/PELVIS 3-4 VIEWS	\$70.00
73551	FEMUR 1 VIEW	\$40.00
73060	HUMERUS; 2 VIEWS	\$40.00
73560	KNEE AP&LAT 1 or 2 VIEWS	\$45.00
73562	KNEE -3 VIEWS	\$45.00
73564	KNEE COMPLETE 4 or 5 VIEWS	\$60.00
73565	KNEES; BILATERAL STANDING; ANTER/POSTERIOR	\$50.00
77073	LEG LENGTH	\$55.00
72100	LUMBAR 2/3 VIEWS	\$50.00
72110	LUMBAR COMPLETE	\$65.00
72114	LUMBAR COMPLETE W/BENDING	\$75.00
70110	MANDIBLE; COMPLETE	\$45.00
70160	NASAL BONES; COMPLETE	\$45.00

CPT	Procedure	Self-Pay Price w/Read
70030	ORBITS; FOREIGN BODY	\$35.00
72170	PELVIS 1 VIEW	\$50.00
71110	RIBS; BILATERAL	\$50.00
71100	RIBS; UNILATERAL	\$45.00
72220	SACRUM/COCCYX	\$45.00
73010	SCAPULA	\$60.00
72069	SCOLIOSIS	\$40.00
72090	SCOLIOSIS S&E	\$60.00
73050	SHOULDER; AC JOINTS	\$40.00
73030	SHOULDER; COMPLETE	\$50.00
72200	SI JOINTS	\$40.00
70220	SINUS; COMPLETE	\$75.00
70250	SKULL; AP/LAT	\$65.00
70260	SKULL; COMPLETE	\$75.00
70360	SOFT TISSUE NECK	\$40.00
71130	STERNO/CLAVICULAR JOINTS	\$40.00
71120	STERNUM; 2 VIEWS	\$40.00
72070	THORACIC; 2 VIEW	\$55.00
73590	TIBIA/FIBULA; 2 VIEWS	\$45.00
70330	TMJ	\$65.00
73660	TOE; 2 VIEWS	\$40.00
73100	WRIST; 2 VIEWS	\$40.00
73110	WRIST; COMPLETE	\$45.00