

SUMMIT FAMILY CARE – DISCOUNTED IMAGING PRICING

October 2017 - Prices Subject To Change Without Notice

These Prices Are Not To Any Single Facility And May Require Travel Across The KC Metropolitan Area

BONE DENSITY		
77080	BONE DENSITY STUDY	\$44.84
77081	BONE DENSITY- RADIUS,WRIST,HEEL	\$31.61
CT		
74160	CT ABDOMEN W/CONTRAST	\$257.60
74150	CT ABDOMEN W/O CONTRAST	\$168.18
74170	CT ABDOMEN, W/WO CONTRAST	\$292.57
74176	CT ABDOMEN AND PELVIS W/O CONTRAST	\$225.71
74177	CT ABDOMEN AND PELVIS W/ CONTRAST	\$348.00
74178	CT ABDOMEN AND PELVIS W/WO CONTRAST	\$393.78
75571	CT CARDIAC SCORING	\$60.50
S8032	CT CHEST, SCREENING W/O CONTRAST (LOW DOSE)	\$114.95
71250	CT CHEST W/O CONTRAST	\$191.42
71260	CT CHEST WITH CONTRAST	\$255.90
71270	CT CHEST W/WO CONTRAST	\$306.57
70450	CT HEAD W/O CONTRAST	\$130.19
70460	CT HEAD WITH CONTRAST	\$181.61
70470	CT HEAD W/WO CONTRAST	\$214.67
73700	CT LOWER EXTREM W/O CONTRAST	\$190.17
73702	CT LOWER EXTREM W/WO CONT	\$304.04
73701	CT LOWER EXTREMITY WITH CONTRAST	\$251.76
70490	CT NECK W/O CONTRAST	\$206.89
70492	CT NECK W/WO CONTRAST	\$309.60
70491	CT NECK WITH CONTRAST	\$263.14
70480	CT ORBIT, IAC W/O CONTRAST	\$206.89
70481	CT ORBIT, IAC WITH CONTRAST	\$307.34
70482	CT ORBIT, IAC, W/WO CONTRAST	\$335.80
72192	CT PELVIS W/O CONTRAST	\$164.23
72193	CT PELVIS WITH CONTRAST	\$251.76
72194	CT PELVIS W/WO CONTRAST	\$289.56
76380	CT SINUS LIMITED STUDY	\$122.80
70487	CT SINUS WITH CONTRAST	\$188.65
70486	CT SINUS W/O CONTRAST	\$156.00
70488	CT SINUS W/WO CONTRAST	\$229.54
72125	CT SPINE, CERVICAL W/O CONTRAST	\$194.67
72126	CT SPINE, CERVICAL WITH CONTRAST	\$255.82
72127	CT SPINE, CERVICAL W/WO CONTRAST	\$300.72
72133	CT SPINE, LUMBAR W/WO CONTRAST	\$300.63
72131	CT SPINE, LUMBAR W/O CONTRAST	\$190.17
72132	CT SPINE, LUMBAR WITH CONTRAST	\$255.04
72130	CT SPINE, THORACIC W/WO CONTRAST	\$301.13
72128	CT SPINE, THORACIC W/O CONTRAST	\$190.17
72129	CT SPINE, THORACIC WITH CONTRAST	\$255.82
73201	CT UPPER EXTREMITY W/CONTRAST	\$248.24
73200	CT UPPER EXTREMITY W/O CONTRAST	\$190.17
73202	CT UPPER EXTREMITY, W/WO CONTRAST	\$308.74
74178	CT UROGRAM	\$393.78
77073	CT SCANOGRAM BONE LENGTH	\$40.62
76377	3D RECONSTRUCTION USING WORKSTATION	\$73.21
76376	3D RECONSTRUCTION W/O WORKSTATION	\$25.66
Q9967	NON-IONIC CONTRAST PER 1 CC	\$0.22
CT ANGIOGRAM		
70496	CTA HEAD W/ OR W/O CONTRAST	\$328.14
70498	CTA NECK W/ OR W/O CONTRAST	\$326.58
71275	CTA CHEST/PULMONARY ARTERIES	\$340.88
72191	CTA PELVIS W/ OR W/O CONTRAST	\$339.75
73206	CTA UPPER EXTREMITY W/ OR W/O CONTRAST	\$363.99
73706	CTA LOWER EXTREMITY W/ OR W/O CONTRAST	\$391.47
74174	CTA ABD / PELV W/ OR W/O CONTRAST	\$434.52
74175	CTA RENAL ARTERIES W/ OR W/O CONTRAST	\$342.52
75635	CTA ABD AORTA-ILIOFEMORAL W/ OR W/O CONTRAST	\$424.34
75573	CTA CARDIAC CORONARY WITH SCORING	\$384.31
75574	CTA CARDIAC FUNCTION WITH SCORING	\$375.86
Q9967	NON-IONIC CONTRAST PER 1 CC	\$0.22
XRAY		
74020	ABDOMEN, 2 VIEWS MIN	\$41.22
74000	ABDOMEN, ONE VIEW, KUB	\$26.33
74022	ABDOMEN,TWO VIEW W/ 1 VIEW CHEST	\$49.25
73050	AC JOINTS	\$39.93
73610	ANKLE, MIN 3 VIEWS	\$34.83
73600	ANKLE,TWO VIEWS	\$30.20

77072	BONE AGE STUDY	\$25.63
77075	BONE SURVEY COMP SKELETAL	\$97.30
77076	BONE SURVEY INFANT <1YR	\$106.87
77074	BONE SURVEY LIMITED	\$71.21
71035	CHEST ADDITIONAL VIEW	\$36.15
71022	CHEST W/ OBLIQUE VIEWS	\$46.86
71021	CHEST WITH APICAL LORDOTIC PROC	\$38.09
71030	CHEST, 4 OR MORE VIEWS	\$46.08
71010	CHEST, ONE VIEW	\$25.19
71020	CHEST, TWO VIEWS	\$31.23
73000	CLAVICLE	\$30.87
72220	COCCYX/SACRUM 2 VIEW MIN	\$31.01
73070	ELBOW, 2 VIEWS	\$30.45
73080	ELBOW, MIN 3 VIEWS	\$34.83
70030	EYE- DETECTION OF FOREIGN BODY	\$30.62
70150	FACIAL BONES	\$45.87
70140	FACIAL BONES LESS THAN 3 VIEWS	\$33.06
73552	FEMUR 2 VIEWS	\$30.13
73140	FINGER MIN 2 VIEWS	\$34.36
73630	FOOT,THREE VIEWS MIN	\$32.19
73620	FOOT,TWO VIEWS	\$28.63
73090	FOREARM	\$28.63
76010	FOREIGN BODY LOC,CHILD	\$29.11
73120	HAND, 2 VIEWS	\$29.02
73130	HAND, MIN 3 VIEWS	\$33.76
73502	HIP UNILATERAL 2-3 VIEWS	\$41.25
73501	HIP UNILATERAL, ONE VIEW	\$29.35
73060	HUMERUS 2 VIEW MIN	\$29.74
73564	KNEE, 4 OR MORE VIEWS	\$43.92
73560	KNEE, TWO VIEWS	\$32.47
73562	KNEE,THREE VIEWS	\$37.99
73565	KNEES BILAT STANDING, AP	\$36.39
73592	LOWER EXTREMITIES INFANT BILAT 2 VIEW MIN	\$30.20
70110	MANDIBLE 4 VIEW MIN	\$42.31
70120	MASTOIDS LESS THAN 3 VIEWS	\$37.71
70130	MASTOIDS, MIN 3 VIEWS	\$60.96
70160	NASAL BONES COMPLETE 3 VIEW MIN	\$36.10
70360	NECK, LATERAL	\$31.01
70190	OPTIC FORAMINA	\$39.01
70200	ORBITS 4 VIEW MIN	\$46.73
73650	OSCALSIS 2 VIEW MIN	\$29.80
73520	PELVIS & BIL HIPS	\$44.09
73540	PELVIS AND HIPS,INFANT/CHILD,MIN 2 VIEWS	\$43.56
72190	PELVIS COMPLETE, MIN 3 VIEWS	\$42.71
72170	PELVIS, 1 OR 2 VIEWS	\$30.51
71111	RIBS BILAT 3V AND PA CHEST	\$52.77
71110	RIBS BILATERAL,3 VIEWS	\$41.61
71101	RIBS LEFT 2V AND PA CHEST	\$40.44
71101	RIBS RIGHT 2V AND PA CHEST	\$40.44
71100	RIBS, UNILATERAL	\$33.97
72202	SACROILIAC JOINTS 3 VIEW MIN	\$36.19
73010	SCAPULA	\$33.26
72010	SCOLIOSIS SERIES, 2 VIEW	\$78.53
73030	SHOULDER, MIN 2 VIEWS	\$32.13
73020	SHOULDER, ONE VIEW	\$25.75
70210	SINUSES, ONE VIEW	\$32.98
70220	SINUSES, THREE VIEWS	\$41.53
74000	SITZMARKS STUDY (KUB ONE VIEW)	\$26.33
99070	SITZMARKS CAPSULE	\$60.50
77075	SKELETAL SURVEY	\$97.30
70250	SKULL < 4 VIEWS	\$39.92
70240	SKULL, 1 VIEW SELLA TURCICA	\$33.35
70260	SKULL, MIN 4 VIEWS	\$50.50
72052	SPINE CERVICAL - 6 OR MORE VIEWS	\$62.51
72040	SPINE, CERVICAL - 3 VIEWS OR LESS	\$36.99
72050	SPINE, CERVICAL - 4 OR 5 VIEWS	\$50.18
72100	SPINE, LUMBAR 2-3 VIEWS	\$38.95
72110	SPINE, LUMBAR (COMP W/OBLIQUES) 4 VIEW MIN	\$54.47
72120	SPINE, LUMBAR BENDING 2 OR 3 VIEWS	\$44.72
72114	SPINE, LUMBAR COMPLETE W FLEX & EXT 2-3 VIEW	\$68.99
72020	SPINE, SINGLE VIEW	\$24.29
72070	SPINE, THORACIC (AP & LAT)	\$35.04
72072	SPINE,THORACIC AP,LAT,SWIN	\$38.27
72074	SPINE,THORACIC WITH OBLIQ 4 VIEW MIN	\$43.35

71130	STERNOCLAVICULAR JOINTS 3 VIEW MIN	\$40.13
71120	STERNUM 2 VIEW MIN	\$32.70
72080	THORACOLUMBAR AP & LAT	\$37.28
73590	TIBIA & FIBULA 2 VIEW MIN	\$29.74
73660	TOE 2 VIEW MIN	\$30.86
73092	UPPER EXTREMITIES INFANT 2 VIEW MIN	\$30.20
73110	WRIST 3 VIEW MIN	\$39.13
73100	WRIST,TWO VIEWS	\$32.44

FLUORO

Fields with "+" require an injection procedure. Add the corresponding injection procedure.

Fields with "X" may require contrast. Multiply units by the unit cost.

+	73615	ARTHROGRAM ANKLE	\$109.22
x	27648	INJECTION - ANKLE ARTHROGRAPHY	\$183.22
+	73085	ARTHROGRAM ELBOW	\$109.42
x	24220	INJECTION - ELBOW ARTHROGRAM	\$182.24
+	73525	ARTHROGRAM HIP	\$112.85
x	27093	INJECTION - HIP ARTHROGRAPHY	\$213.18
+	73580	ARTHROGRAM KNEE	\$127.81
x	27370	INJECTION - KNEE ARTHROGRAM	\$175.11
+	73040	ARTHROGRAM SHOULDER	\$111.67
x	23350	INJECTION - SHOULDER ARTHROGRAM	\$148.39
+	73115	ARTHROGRAM WRIST	\$119.10
x	25246	INJECTION - WRIST ARTHROGRAM	\$185.25
+	74430	CYSTOGRAM	\$41.82
	51600	INJECTION CYSTOGRAPHY OR VOIDING URETHRO	\$206.27
	74220	ESOPHAGUS W/BARIUM	\$98.53
	76000	FLUOROSCOPY - UP TO ONE HOUR	\$52.04
	77002	FLUORO GUIDED NEEDLE PLACEMENT	\$103.17
+	74740	HYSTEROSALPINGOGRAM, SUP & INTERP	\$83.72
x	58340	INJECTION - HYSTERASALPINGOGRAPHY	\$134.09
X	74410	INTRAVENOUS PYELOGRAM W/O TOMOS	\$118.02
X	74415	INTRAVENOUS PYELOGRAM W/TOMOGRAMS	\$150.78
		(IVP's - May require up to 100cc of contrast see pricing below)	
	74270	LOWER G.I. - BARIUM ENEMA	\$166.66
	74280	LOWER GI - BARIUM ENEMA W/AIR	\$224.06
	74250	SMALL BOWEL STUDY	\$114.99
	74246	UPPER GI - STOMACH W/AIR	\$142.60
	74245	UPPER GI AND SMALL BOWEL,MULT SERIES	\$190.96
	74241	UPPER GI W/AIR CONTRAST	\$131.18
	74247	UPPER GI WITH KUB	\$156.89
	74249	UPPER GI WITH SMALL BOWEL	\$204.64
+	74450	URETHROCYSTOGRAPHY RETROGRADE	\$92.25
	51610	INJECTION FOR RETROGRADE URETHROCYSTOGRA	\$121.89
+	74455	VOIDING CYSTOURETHROGRAM	\$89.98
	51600	INJECTION CYSTOGRAPHY OR VOIDING URETHRO	\$206.27
	J1040	STEROID-DEPOMEDROL 80MG	\$47.30
	S0020	MARCAINE (BUPIVACAINE)	\$11.00
	Q9967	NON-IONIC CONTRAST PER 1 CC	\$0.22

MAMMOGRAM

	77063	SCREENING BILATERAL MAMMOGRAPHY (3D)	\$149.90
	77062	DIAGNOSTIC MAMMOGRAPHY BILATERAL (3D)	\$182.97
	77061	DIAGNOSTIC MAMMOGRAPHY UNILATERAL (3D)	\$144.02
	76641	US BREAST BILATERAL COMPLETE	\$121.98
	76641	US BREAST UNILATERAL COMPLETE	\$121.98
	76642	US BREAST BILATERAL LIMITED	\$100.67
	76642	US BREAST UNILATERAL LIMITED	\$100.67
	76377	3D RECONSTRUCTION USING WORKSTATION	\$73.21
	76376	3D RECONSTRUCTION W/O WORKSTATION	\$25.66

MRI/MRA

	74185	MRA ABDOMEN AORTA WITH RUNOFF	\$448.05
	71555	MRA CHEST W/ OR W/O CONTRAST	\$442.62
	70545	MRA HEAD W/CONTRAST	\$427.86
	70544	MRA HEAD W/O CONTRAST	\$384.04
	70546	MRA HEAD W/WO CONTRAST	\$634.26
	70547	MRA NECK W/O CONTRAST	\$384.04
	70548	MRA NECK W/CONTRAST	\$457.59
	70549	MRA NECK W/WO CONTRAST	\$634.26
	73725	MRA LOWER EXTREMITY W/ OR W/O CONTRAST	\$448.03
	72198	MRA PELVIS W/ OR W/O CONTRAST	\$446.78
	73225	MRA UPPER EXTREMITY W/ OR W/O CONTRAST	\$448.33
	74182	MRI ABDOMEN W/CONTRAST	\$504.47
	74181	MRI ABDOMEN W/O CONTRAST	\$369.88
	74183	MRI ABDOMEN W/WO CONTRAST	\$563.89
	71550	MRI BRACHIAL PLEXUS W/O CONTRAST	\$399.10

71551	MRI BRACHIAL PLEXUS W/CONTRAST	\$507.79
71552	MRI BRACHIAL PLEXUS W/WO CONTRAST	\$643.70
70552	MRI BRAIN W/ CONTRAST	\$356.83
70553	MRI BRAIN W/ AND W/O CONTRAST	\$421.73
70551	MRI BRAIN W/O CONTRAST	\$257.70
77059	MRI BREAST BILATERAL	\$593.64
76377	3D RECONSTRUCTION USING WORKSTATION	\$73.21
77058	MRI BREAST UNILATERAL	\$599.51
76377	3D RECONSTRUCTION USING WORKSTATION	\$73.21

Fields with "3D" require 3D reconstruction. Add the 3D reconstruction procedure (CPT 76377).

71551	MRI CHEST W/CONTRAST	\$507.79
71550	MRI CHEST W/O CONTRAST	\$399.10
71552	MRI CHEST W/WO CONTRAST	\$643.70
73722	MRI LOWER EXTREMITY JOINT W/CONTRAST	\$424.22
73721	MRI LOWER EXTREMITY JOINT W/O CONTRAST	\$263.02
73723	MRI LOWER EXTREMITY JOINT W/WO CONTRAST	\$524.03
73719	MRI LOWER EXTREMITY NON-JOINT W/CONTRAST	\$448.57
73718	MRI LOWER EXTREMITY NON-JOINT W/O CONTRAST	\$392.78
73720	MRI LOWER EXTREMITY NON-JOINT W/WO CONTRAST	\$558.84
70540	MRI ORBIT,FACE,NECK W/O CONTRAST	\$392.11
70543	MRI ORBIT,FACE,NECK W/WO CONTRAST	\$547.21
70542	MRI ORBIT,FACE,NECK WITH CONTRAST	\$447.01
72196	MRI PELVIS W/CONTRAST	\$456.65
72195	MRI PELVIS W/O CONTRAST	\$399.78
72197	MRI PELVIS W/WO CONTRAST	\$562.73
72197	MRI PROSTATE W/WO CONTRAST	\$562.73
72142	MRI SPINE, CERVICAL W/CONTRAST	\$361.23
72141	MRI SPINE, CERVICAL W/O CONTRAST	\$250.26
72156	MRI SPINE, CERVICAL W/ AND W/O CONTRAST	\$424.37
72149	MRI SPINE, LUMBAR W/CONTRAST	\$356.54
72148	MRI SPINE, LUMBAR W/O CONTRAST	\$248.69
72158	MRI SPINE, LUMBAR W/WO CONTRAST	\$422.41
72147	MRI SPINE, THORACIC W/CONTRAST	\$354.87
72146	MRI SPINE, THORACIC W/O CONTRAST	\$250.26
72157	MRI SPINE, THORACIC W/WO CONTRAST	\$424.75
70336	MRI TEMPOROMANDIBULAR JOINT	\$356.27
73222	MRI UPPER EXTREMITY JOINT W/CONTRAST	\$299.42
73221	MRI UPPER EXTREMITY JOINT W/O CONTRAST	\$263.02
73223	MRI UPPER EXTREMITY JOINT W/WO CONTRAST	\$521.68
73219	MRI UPPER EXTREMITY NON-JOINT W/CONTRAST	\$447.98
73218	MRI UPPER EXTREMITY NON-JOINT W/O CONTRA	\$392.49
73220	MRI UPPER EXTREMITY NON-JOINT W/WO CONTR	\$555.31
A9581	EOVIST (contrast for MRI liver studies) 10ML PER DOSE	\$28.60

NUCLEAR MEDICINE

78300	BONE SCAN, LIMITED	\$206.95
78305	BONE SCAN, MULTIPLE AREAS	\$264.46
78306	BONE SCAN, WHOLE BODY	\$288.83
78315	BONE SCAN 3 PHASE	\$397.25
78607	BRAIN IMAGING SPECT	\$403.88
78805	GALLIUM SCAN, LIMITED	\$208.98
78806	GALLIUM SCAN, WHOLE BODY	\$381.04
78264	GASTRIC EMPTYING	\$331.21
78205	LIVER SPECT	\$241.37
78215	LIVER/SPLEEN SCAN	\$221.77
78597	LUNG SCAN QUANTITATIVE PERF	\$232.43
78598	LUNG SCAN QUANTITATIVE VENT & PERF	\$350.60
78582	LUNG SCAN VENT AND PERF	\$383.89
78579	LUNG SCAN, VENT	\$211.41
78580	LUNG SCAN, PERF	\$273.96
78290	MECKEL'S DIVERTICULUM	\$379.91
78473	MUGA CARD BLD POOL	\$333.04
78700	NU RENAL SCAN	\$196.38
78070	PARATHYROID PLANAR IMAGING	\$343.35
78071	PARATHYROID PLANAR IMAGING W/SPECT	\$409.75
78226	PIPIDA INCLUDING GALLBLADDER	\$378.97
78707	RENAL FUNCTION STUDY	\$266.95
78708	RENAL FUNCTION STUDY,SINGLE	\$200.81
78709	RENAL SCAN W & W/O PHARMACEUTICALS	\$414.93
78761	TESTICLE SCAN	\$241.65
78018	THYROID METASTATIC SURVEY	\$356.80
78012	THYROID UPTAKE, SINGLE OR MULT DETERMIN	\$90.46
78013	THYROID IMAGING INCLUDING VASCULAR FLOW	\$216.79
78014	THYROID IMAGING W/SINGLE OR MULT UPTAKE	\$275.01
78320	TOMOGRAPHIC BONE SPECT	\$262.49

78740	VOIDING CYSTOURETHROGRAM NUC	\$249.88
79005	RADIOPHARM THERAPY ORAL(ie,Thyroid Therapy)	\$157.73
A9500	TC-99M SESTAMIBI	\$80.30
A9503	TC-99M MEDRONATE	\$85.80
A9512	TC-99 PERTECENETATE (charged per mCi)	\$22.00
A9584	I-123 IOFLUPANE	###
A9516	I-123 SODIUM IODIDE	\$715.00
A9517	I-131 CAPSULE	\$148.50
A9528	I-131 RADIOPHARM CAPSULE PER mCi (Diagnostic)	\$193.60
A9531	I-131 SODIUM IODIDE CAPSULE PER uCi	\$49.50
A9537	TC-99M MEBROFENIN	\$66.00
A9540	TC-99M MACROAGGREGATED ALBUMIN	\$24.20
A9541	TC-99M SULFUR COLLOID	\$121.00
A9556	GALLIUM GA-67 CITRATE (Diagnostic)	\$203.50
A9560	ULTRATAG	\$140.80
A9561	OXIDRONATE (Diagnostic)	\$17.60
A9562	TC-99M MERTRIATIDE	\$228.80
A9567	TC-99M PENTETATE	\$46.20
J1940	LASIX	\$62.70
ULTRASOUND		
76700	US ABDOMINAL, COMPLETE	\$144.87
76705	US ABDOMINAL, LIMITED	\$118.62
76641	US BREAST BILATERAL COMPLETE	\$121.98
76641	US BREAST UNILATERAL COMPLETE	\$121.98
76642	US BREAST BILATERAL LIMITED	\$100.67
76642	US BREAST UNILATERAL LIMITED	\$100.67
76801	US OB 1ST TRI ONE GESTATION	\$140.51
76802	US OB 1ST TRI ADDITIONAL GESTATION	\$75.02
76805	US OB >1ST TRI ONE GESTATION	\$160.47
76810	US OB >1ST TRI ADDITIONAL GESTATION	\$108.02
76815	US OB LIMITED ONE OR MORE FETUS	\$95.59
76816	US OB FOLLOW-UP PER FETUS	\$129.87
76817	US OB TRANSVAGINAL	\$110.39
76819	US BIOPHYSICAL PROFILE	\$100.68
76604	US CHEST	\$99.30
93975	US DOPPLER ABD, PELV, RETROPERITONEAL COMPLETE	\$274.91
93976	US DOPP ABD, PELV, RETROPERITONEAL LIMITED	\$183.46
93880	US DOPPLER CAROTID	\$226.38
93975	US DOPPLER OVARIES	\$274.91
93930	US DOPP BIL ARTERIAL UPPER EXTREMITY	\$234.50
93931	US DOPP UNI ARTERIAL UPPER EXTREMITY RIGHT	\$145.04
93931	US DOPP UNI ARTERIAL UPPER EXTREMITY LEFT	\$145.04
93925	US DOPP BIL ARTERIAL LOWER EXTREMITY	\$253.66
93926	US DOPP UNI ARTERIAL LOWER EXTREMITY RIGHT	\$171.44
93926	US DOPP UNI ARTERIAL LOWER EXTREMITY LEFT	\$171.44
76776	US DOPPLER RENAL TRANSPLANT	\$175.57
93970	US DOPPLER VENOUS LOWER EXTREMITY- BILATERAL	\$220.78
93970	US DOPPLER VENOUS UPPER EXTREMITY- BILATERAL	\$220.78
93971	US DOPPLER VENOUS LOWER EXTREMITY- LT	\$135.16
93971	US DOPPLER VENOUS LOWER EXTREMITY-RT	\$135.16
93971	US DOPPLER VENOUS UPPER EXTREMITY-LT	\$135.16
93971	US DOPPLER VENOUS UPPER EXTREMITY-RT	\$135.16
76881	US LOWER EXTREMITY COMPLETE RIGHT	\$130.54
76881	US LOWER EXTREMITY COMPLETE LEFT	\$130.54
76881	US UPPER EXTREMITY COMPLETE RIGHT	\$130.54
76881	US UPPER EXTREMITY COMPLETE LEFT	\$130.54
76882	US LOWER EXTREMITY LIMITED RIGHT	\$41.54
76882	US LOWER EXTREMITY LIMITED LEFT	\$41.54
76882	US UPPER EXTREMITY LIMITED RIGHT	\$41.54
76882	US UPPER EXTREMITY LIMITED LEFT	\$41.54
+ 76831	US HYSTEROSONOGRAM	\$267.17
76856	US PELVIS, NON-OB	\$123.37
76830	US TRANSVAGINAL, NON-OB	\$137.23
76857	US PELVIS, LIMITED	\$53.53
76872	US PROSTATE	\$105.72
76770	US RENAL	\$127.31
76775	US RENAL LIMITED	\$65.49
G0389	US AORTA SCREENING FOR AAA	\$129.25
76870	US SCROTUM & TESTES	\$75.91
76536	US THYROID,HEAD,NECK	\$129.95