

**SUMMIT MEDICAL CENTER
RADIOLOGY SELF PAY RATES
307-232-6600**

CPT	DESCRIPTION	PRICE
	BONE DENSITOMETRY	
77080	Bone Density/DEXA	\$ 225.00
	CT	
74177	CT Abd & Pelvis W/Contrast	\$ 530.00
74178	CT Abd & Pelvis W W/O Contrast	\$ 853.00
74176	CT Abd & Pelvis W/O Contrast	\$ 452.00
74160	CT Abd W/Contrast	\$ 530.00
74150	CT Abd W/O Contrast	\$ 225.00
74170	CT Abd W W/O Contrast	\$ 530.00
71260	CT Chest W/Contrast	\$ 530.00
71250	CT Chest W/O Contrast	\$ 225.00
71270	CT Chest W W/O Contrast	\$ 530.00
74177	CT Enterography W/Contrast	\$ 530.00
73701	CT Extremity Lower W/Contrast	\$ 530.00
73700	CT Extremity Lower W/O Contrast	\$ 225.00
73201	CT Extremity Upper W/ Contrast	\$ 530.00
73200	CT Extremity Upper W/O Contrast	\$ 225.00
70460	CT Head W/ Contrast	\$ 530.00
70450	CT Head W/O Contrast	\$ 225.00
70470	CT Head W W/O Contrast	\$ 530.00
70487	CT Max/Facial W/ Contrast	\$ 530.00
70486	CT Max/Facial W/O Contrast	\$ 225.00
70491	CT Neck W/ Contrast	\$ 530.00
70490	CT Neck W/O Contrast	\$ 225.00
70481	CT Orbit/ IAC W/ Contrast	\$ 530.00
70480	CT Orbit/ IAC W/O Contrast	\$ 225.00
70482	CT Orbit/ IAC W W/O Contrast	\$ 530.00
72193	CT Pelvis W/ Contrast	\$ 530.00
72192	CT Pelvis W/O Contrast	\$ 225.00
72194	CT Pelvis W W/O Contrast	\$ 530.00
70486	CT Sinus Complete W/O Contrast	\$ 225.00
76380	CT Sinus Limited W/O Contrast	\$ 120.00
72126	CT Spine Cervical W/ Contrast	\$ 853.00
72125	CT Spine Cervical W/O Contrast	\$ 225.00
72132	CT Spine Lumbar W/ Contrast	\$ 853.00
72131	CT Spine Lumbar W/O Contrast	\$ 225.00
72129	CT Spine Thoracic W/ Contrast	\$ 530.00
72128	CT Spine Thoracic W/O Contrast	\$ 225.00
74176	CT Stone Protocol W/O Contrast	\$ 452.00
CPT	DESCRIPTION	PRICE
	MAMMOGRAPHY	
77067	Mammogram Screening	\$ 184.00
77065	Mammogram Diagnostic Single Breast	\$ 184.00
77066	Mammogram Diagnostic Both Breasts	\$ 184.00
	MRA	
74185	MRA Abdomen W W/O Contrast	\$ 6,062.00
71555	MRA Chest W W/O Contrast	\$ 3,277.00
73725	MRA Extremity Lower W W/O Contrast	\$ 2,045.00
73225	MRA Extremity Upper W W/O Contrast	\$ 1,943.00

70545	MRA Head W/ Contrast	\$ 530.00
70544	MRA Head W/O Contrast	\$ 452.00
70546	MRA Head W W/O Contrast	\$ 853.00
70548	MRA Neck W/ Contrast	\$ 530.00
70547	MRA Neck W/O Contrast	\$ 853.00
70549	MRA Neck W W/O Contrast	\$ 853.00
72198	MRA Pelvis W W/O Contrast	\$ 3,026.00
	MRI	
74181	MRI Abdomen W/O Contrast	\$ 452.00
74183	MRI Abdomen W W/O Contrast	\$ 853.00
70551	MRI Brain W/O Contrast	\$ 452.00
70553	MRI Brain W W/O Contrast	\$ 853.00
71550	MRI Chest W/O Contrast	\$ 452.00
71552	MRI Chest W W/O Contrast	\$ 853.00
73718	MRI Extremity Lower W/O Contrast Tib/Fib, Mid/Foreft, Femur, Foreft/Toes	\$ 452.00
73720	MRI Extremity Lower W W/O Contrast Tib/Fib, Mid/Foreft, Femur, Foreft/Toes	\$ 853.00
73721	MRI Extremity Lower Joint W/O Contrast - Knee, Ankle, Mid/Hindfoot, Hip	\$ 452.00
73723	MRI Extremity Lower Joint W W/O Contrast - Knee, Ankle, Mid/Hindfoot, Hip	\$ 853.00
73218	MRI Extremity Upper W/O Contrast Brachial Plexus, Scapula, Humerus, Forearm, Hand	\$ 452.00
73220	MRI Extremity Upper W W/O Contrast Brachial Plexus, Scapula, Humerus, Forearm, Hand	\$ 853.00
73221	MRI Extremity Upper Joint W/O Contrast - Shoulder, Elbow, Wrist	\$ 452.00
73223	MRI Extremity Upper Joint W W/O Contrast - Shoulder, Elbow, Wrist	\$ 853.00
70540	MRI Orbit, Face, Neck W/O Contrast	\$ 452.00
70543	MRI Orbit, Face, Neck W W/O Contrast	\$ 853.00
72195	MRI Pelvis W/O Contrast	\$ 452.00
72197	MRI Pelvis W W/O Contrast	\$ 853.00
72141	MRI Spine Cervical W/O Contrast	\$ 452.00
72156	MRI Spine Cervical W W/O Contrast	\$ 853.00
72148	MRI Spine Lumbar W/O Contrast	\$ 452.00
72158	MRI Spine Lumbar W W/O Contrast	\$ 853.00
72146	MRI Spine Thoracic W/O Contrast	\$ 452.00
72157	MRI Spine Thoracic W W/O Contrast	\$ 853.00
70336	MRI TMJ W/O Contrast	\$ 452.00
	RADIOLOGY	
74020	ABD complete (DEC)	\$ 120.00
74000	Abdomen KUB 1 view	\$ 120.00

CPT	DESCRIPTION	PRICE
73050	AC Joints	\$ 120.00
73610	Ankle 3 views	\$ 120.00
71010	AP Chest	\$ 120.00
77072	Bone Age Studies	\$ 225.00
71035	Chest Decubitus	\$ 120.00
71022	Chest Obliques	\$ 120.00
71020	Chest PA & Lat	\$ 120.00
73000	Clavicle	\$ 120.00
73080	Elbow 3 views	\$ 120.00
70030	Eyes, Foreign Body	\$ 120.00
70150	Facial Bones Complete	\$ 225.00
73552	Femur 2 views	\$ 120.00

73140	Finger (s) 2 views	\$ 120.00
73630	Foot 3 views	\$ 120.00
73090	Forearm 2 views	\$ 120.00
73130	Hand 3 views	\$ 120.00
73650	Heel 2 views	\$ 120.00
73521	Hip Bilateral	\$ 225.00
73502	Hip Unilateral 2 views	\$ 120.00
73060	Humerus 2 views	\$ 120.00
74400	IVP	\$ 452.00
73562	Knee 3 views	\$ 120.00
70110	Mandible 4 views	\$ 225.00
70160	Nasal Bones 3 views	\$ 120.00
70200	Orbits 4 views	\$ 225.00
77074	Osseous Survey (Metastatic)	\$ 225.00
72170	Pelvis 2 views	\$ 225.00
71101	Ribs, (1) Side 3 views	\$ 225.00
71111	Ribs, (2) Sides 4 views	\$ 225.00
72220	Sacrum / Coccyx 2 views	\$ 120.00
71130	SC Joints min 3 views with flex ext.	\$ 120.00
73010	Scapula	\$ 120.00
73030	Shoulder 2 views	\$ 120.00
72202	SI Joints 3 or more views	\$ 225.00
70220	Sinuses 3 views	\$ 120.00
70260	Skull 4 views	\$ 225.00
70360	Soft Tissue Neck	\$ 120.00
72040	Spine Cervical 2 or 3 views	\$ 120.00
72050	Spine Cervical AP, Lat and Obliques 4 or 5 views	\$ 225.00
72052	Spine Cervical AP, Lat and Obliques with flex ext. 6 or more views	\$ 225.00
72100	Spine Lumbar AP & Lat	\$ 225.00
72110	Spine Lumbosacral min. 4 views	\$ 225.00
72114	Spine Lumbar Complete Bend min 6 views	\$ 225.00

CPT	DESCRIPTION	PRICE
72120	Spine Lumbar Bend only 2 or 3 views	\$ 120.00
72072	Spine Thoracic 3 views	\$ 225.00
71120	Sternum	\$ 120.00
73590	Tib / Fib 2 views	\$ 120.00
70330	TMJ Joints-Bilateral	\$ 120.00
73660	Toe (s) 2 views	\$ 120.00
73110	Wrist 3 views	\$ 120.00
	ULTRASOUND	
76700	US Abdomen Complete	\$ 225.00
76705	US Abdomen Ltd.	\$ 225.00
93880	US Bi-Carotid Dop-extracranial Artery	\$ 452.00
76818	US Biophysical profile	\$ 225.00
76857	US Bladder	\$ 225.00
76641	US Breast Complete (w/ axilla)	\$ 225.00
76642	US Breast Limited	\$ 120.00
93306	Echocardiography	\$ 899.00
93000	EKG ONLY	\$ 371.00
93925	US Extremity Arteries Bilateral	\$ 452.00
93926	US Extremity Arteries Unilateral	\$ 225.00
93970	US Extremity Veins Bilateral	\$ 452.00
93971	US Extremity Veins Unilateral	\$ 225.00
76881	US Extremity, non-vascular	\$ 225.00
76536	US Neck, Thyroid/Parathyroid	\$ 225.00

76816	US OB	\$ 225.00
76802	US OB additional gestation	\$ 124.00
76805	US OB > 14 weeks	\$ 225.00
76801	US OB < 14 weeks Pregnancy 1st Trim.	\$ 225.00
76817	US OB Transvaginal	\$ 225.00
76856	US Pelvic	\$ 225.00
76604	US Pleural Effusion Chest	\$ 225.00
76770	US Retroperitoneal Compl. (Renal & Bladder)	\$ 225.00
76775	US Retroperitoneal Ltd. (Aorta or Renal)	\$ 225.00
76870	US Scrotum & Contents	\$ 225.00
93351	US Stress Echo	\$ 899.00
76830	US Transvaginal	\$ 225.00