

Angelo MRI

Below pricing includes: reading and technical component fees.

CPT	PROCEDURE	FEE
70336	MRI, temporomandibular joint(s)	\$535.00
70540	MRI, orbit, face, and/or neck; without contrast	\$530.00
70542	MRI, orbit, face, and/or neck; with contrast	\$645.00
70543	MRI, orbit, face, and/or neck; without and with contrast	\$745.00
70544	MRA, head; without contrast	\$530.00
70547	MRA, neck; without contrast	\$530.00
70551	MRI, brain (including brain stem); without contrast	\$600.00
70552	MRI, brain (including brain stem); with contrast	\$700.00
70553	MRI, brain (including brain stem); without and with contrast	\$790.00
71550	MRI, thorax (chest) without contrast	\$530.00
71551	MRI, thorax (chest) with contrast	\$645.00
71552	MRI, chest; without and with contrast	\$745.00
72141	MRI, spinal canal and contents, cervical; without contrast	\$600.00
72142	MRI, spinal canal and contents, cervical; with contrast	\$700.00
72146	MRI, spinal canal and contents, thoracic; without contrast	\$600.00
72147	MRI, spinal canal and contents, thoracic; with contrast	\$700.00
72148	MRI, spinal canal and contents, lumbar; without contrast	\$600.00
72149	MRI, spinal canal and contents, lumbar; with contrast	\$700.00
72156	MRI, spinal canal and contents, without and with contrast; cervical	\$790.00
72157	MRI, spinal canal and contents, without and with contrast; thoracic	\$790.00
72158	MRI, spinal canal and contents, without and with contrast; lumbar	\$790.00
72195	MRI, pelvis; without contrast	\$600.00
72196	MRI, pelvis; with contrast	\$690.00
72197	MRI, pelvis; without and with contrast	\$745.00
73218	MRI, upper extremity, other than joint; without contrast	\$600.00
73219	MRI, upper extremity, other than joint; with contrast	\$690.00
73220	MRI, upper extremity, other than joint; without and with contrast	\$775.00
73221	MRI, any joint of upper extremity; without contrast	\$600.00
73222	MRI, any joint of upper extremity; with contrast	\$690.00
73223	MRI, any joint of upper extremity; without and with contrast	\$775.00
73718	MRI, lower extremity other than joint; without contrast	\$600.00
73719	MRI, lower extremity other than joint; with contrast	\$690.00
73720	MRI, lower extremity other than joint; without and with contrast	\$775.00
73721	MRI, any joint of lower extremity; without contrast	\$600.00
73722	MRI, any joint of lower extremity; with contrast	\$645.00
73723	MRI, any joint of lower extremity; without and with contrast	\$775.00
74181	MRI, abdomen; without contrast	\$600.00
74182	MRI, abdomen; with contrast	\$690.00
74183	MRI, abdomen; without and with contrast	\$775.00

*This list of procedures are for review purposes only and is not a guarantee of benefits. Please refer to your Summary Plan Description.
amended 1/25/2018