

ENVISION IMAGING OF TULSA

CPT	CPT Description	Pricing
CT		
70450	CT, head or brain; without contrast	\$300.00
70460	CT, head or brain; with contrast	\$325.00
70470	CT, head or brain; without and with contrast	\$375.00
70480	CT, temporal bones; without contrast	\$300.00
70481	CT, temporal bones; with contrast	\$325.00
70482	CT, temporal bones; without and with contrast	\$375.00
70486	CT, maxillofacial area; without contrast	\$300.00
70487	CT, maxillofacial area; with contrast	\$325.00
70488	CT, maxillofacial area; without and with contrast	\$375.00
70490	CT, soft tissue neck; without contrast	\$300.00
70491	CT, soft tissue neck; with contrast	\$325.00
70492	CT, soft tissue neck; without and with contrast	\$375.00
70496	CTA, head, with and without contrast	\$375.00
70498	CTA, neck, with and without contrast	\$375.00
71250	CT, thorax; without contrast	\$300.00
71260	CT, thorax; with contrast	\$325.00
71270	CT, thorax; without and with contrast	\$375.00
71275	CTA, chest (noncoronary), with and without contrast	\$375.00
72125	CT, cervical spine; without contrast	\$300.00
72126	CT, cervical spine; with contrast	\$325.00
72127	CT, cervical spine; without and with contrast	\$375.00
72128	CT, thoracic spine; without contrast	\$300.00
72129	CT, thoracic spine; with contrast	\$325.00
72130	CT, thoracic spine; without and with contrast	\$375.00
72131	CT, lumbar spine; without contrast	\$300.00
72132	CT, lumbar spine; with contrast	\$325.00
72133	CT, lumbar spine; without and with contrast	\$375.00
72191	CTA, pelvis, with and without contrast	\$375.00
72192	CT, pelvis; without contrast	\$300.00
72193	CT, pelvis; with contrast	\$325.00
72194	CT, pelvis; without and with contrast	\$375.00
73200	CT, upper extremity; without contrast	\$300.00
73201	CT, upper extremity; with contrast	\$325.00
73202	CT, upper extremity; without and with contrast	\$375.00
73206	CTA, upper extremity, with and without contrast	\$375.00
73700	CT, lower extremity; without contrast	\$300.00
73701	CT, lower extremity; with contrast	\$325.00
73702	CT, lower extremity; without and with contrast	\$375.00
73706	CTA, lower extremity, with and without contrast	\$375.00
74150	CT, abdomen; without contrast	\$300.00
74160	CT, abdomen; with contrast	\$325.00
74170	CT, abdomen; without and with contrast	\$375.00
74174	CTA, abdomen and pelvis, with and without contrast	\$475.00
74175	CTA, abdomen, with and without contrast	\$375.00
74176	CT, abdomen and pelvis; without contrast	\$375.00
74177	CT, abdomen and pelvis; with contrast	\$425.00
74178	CT, abdomen and pelvis; without and with contrast	\$475.00
75635	CTA, abdominal aorta, with and without contrast	\$375.00
76380	CT, limited or localized follow-up study	\$300.00
76497	Unlisted CT procedure	\$300.00

*This list of procedures is for review purposes only and is not a guarantee of benefits. Please refer to your Summary Plan Description.

MRI		
70336	MRI, temporomandibular joint(s)	\$600.00
70540	MRI, orbit, face, and/or neck; without contrast material	\$600.00
70542	MRI, orbit, face, and/or neck; with contrast	\$650.00
70543	MRI, orbit, face, and/or neck; without and with contrast	\$750.00
70544	MRA, head; without contrast	\$750.00
70545	MRA, head; with contrast	\$750.00
70546	MRA, head; without and with contrast	\$750.00
70547	MRA, neck; without contrast	\$750.00
70548	MRA, neck; with contrast	\$750.00
70549	MRA, neck; without and with contrast	\$750.00
70551	MRI, brain (including brain stem); without contrast	\$600.00
70552	MRI, brain (including brain stem); with contrast	\$650.00
70553	MRI, brain (including brain stem); without and with contrast	\$750.00
71550	MRI, chest; without contrast	\$600.00
71551	MRI, chest; with contrast	\$650.00
71552	MRI, chest; without and with contrast	\$750.00
72141	MRI, spinal canal and contents, cervical; without contrast	\$600.00
72142	MRI, spinal canal and contents, cervical; with contrast	\$650.00
72146	MRI, spinal canal and contents, thoracic; without contrast	\$600.00
72147	MRI, spinal canal and contents, thoracic; with contrast	\$650.00
72148	MRI, spinal canal and contents, lumbar; without contrast	\$600.00
72149	MRI, spinal canal and contents, lumbar; with contrast	\$650.00
72156	MRI, spinal canal and contents, w/o & w/contrast, cervical	\$750.00
72157	MRI, spinal canal and contents, w/o & w/contrast, thoracic	\$750.00
72158	MRI, spinal canal and contents, w/o & w/contrast, lumbar	\$750.00
72159	MRA, spinal canal and contents, with or without contrast	\$750.00
72195	MRI, pelvis; without contrast	\$600.00
72196	MRI, pelvis; with contrast	\$650.00
72197	MRI, pelvis; without and with contrast	\$750.00
72198	MRA, pelvis, with or without contrast	\$750.00
73218	MRI, upper extremity, non-joint; without contrast	\$600.00
73219	MRI, upper extremity, non-joint; with contrast	\$650.00
73220	MRI, upper extremity, non-joint; without and with contrast	\$750.00
73221	MRI, upper extremity, joint; without contrast	\$600.00
73222	MRI, upper extremity, joint; with contrast	\$650.00
73223	MRI, upper extremity, joint; without and with contrast	\$750.00
73225	MRA, upper extremity, with or without contrast	\$750.00
73718	MRI, lower extremity, non-joint; without contrast	\$600.00
73719	MRI, lower extremity, non-joint; with contrast	\$650.00
73720	MRI, lower extremity, non-joint; without and with contrast	\$750.00
73721	MRI, lower extremity, joint, without contrast	\$600.00
73722	MRI, lower extremity, joint, with contrast	\$650.00
73723	MRI, lower extremity, joint, without and with contrast	\$750.00
74181	MRI, abdomen; without contrast	\$600.00
74182	MRI, abdomen; with contrast	\$650.00
74183	MRI, abdomen; without and with contrast	\$750.00
74185	MRA, abdomen, with or without contrast	\$750.00
76498	Unlisted MRI procedure	\$600.00
Ultrasounds		
76506	Ultrasound, head	\$135.00
76536	Ultrasound, soft tissues of head and neck	\$135.00
76604	Ultrasound, chest	\$135.00
76700	Ultrasound, abdominal; complete	\$175.00

*This list of procedures is for review purposes only and is not a guarantee of benefits. Please refer to your Summary Plan Description.

76705	Ultrasound, abdominal; limited	\$135.00
76770	Ultrasound, retroperitoneal; complete	\$175.00
76775	Ultrasound, retroperitoneal; limited	\$135.00
76776	Ultrasound, transplanted kidney	\$135.00
76800	Ultrasound, spinal canal and contents	\$135.00
76801	Ultrasound, pregnant uterus, first trimester; single gestation	\$135.00
76802	Ultrasound, pregnant uterus, first trimester; ea add'l gestation	\$135.00
76805	Ultrasound, pregnant uterus, > first trimester; single gestation	\$135.00
76811	Ultrasound, pregnant uterus, first trimester w/fetal exam	\$175.00
76815	Ultrasound, pregnant uterus, limited	\$135.00
76816	Ultrasound, pregnant uterus, follow-up	\$135.00
76817	Ultrasound, pregnant uterus, transvaginal	\$135.00
76819	Fetal biophysical profile; without non-stress testing	\$135.00
76830	Ultrasound, transvaginal	\$135.00
76831	Saline infusion sonohysterography (SIS), with color flow Doppler	\$135.00
76856	Ultrasound, pelvic; complete	\$175.00
76857	Ultrasound, pelvic; limited or follow-up	\$135.00
76870	Ultrasound, scrotum and contents	\$135.00
76881	Ultrasound, extremity, nonvascular; complete	\$175.00
76882	Ultrasound, extremity, nonvascular; limited	\$135.00
76942	Ultrasound guidance for needle placement	\$135.00
76999	Unlisted ultrasound procedure	\$135.00
93880	Ultrasound exam, Carotid Arteries – Bilateral	\$250.00
93970	Duplex scan of extremity veins; complete bilateral study	\$250.00
93971	Duplex scan of extremity veins; unilateral or limited study	\$250.00
93975	Duplex scan of arterial inflow & venous outflow; complete study	\$250.00
93976	Duplex scan of arterial inflow & venous outflow; limited study	\$250.00
93978	Duplex scan of aorta study; complete study	\$250.00
93979	Duplex scan of aorta study; limited study	\$250.00
G0389	Ultrasound; abdominal aortic aneurysm screening	\$175.00
Misc Modality/Cpt		
72240	Myelography, cervical	\$175.00
72255	Myelography, thoracic	\$175.00
72265	Myelography, lumbosacral	\$175.00
72270	Myelography, two or more regions	\$175.00
73040	X-Ray, shoulder, arthrography	\$175.00
73085	X-Ray, elbow, arthrography	\$175.00
73115	X-Ray, wrist arthrography	\$175.00
73525	X-Ray, hip arthrography	\$175.00
73580	X-Ray, knee arthrography	\$175.00
73615	X-Ray, ankle arthrography	\$175.00
77002	Fluoroscopic guidance for needle placement	\$175.00
23350	Injection procedure for shoulder arthrography or enhanced CT/MRI	\$175.00
24220	Injection procedure for elbow arthrography	\$175.00
25246	Injection procedure for wrist arthrography	\$175.00
27093	Injection procedure for hip arthrography; without anesthesia	\$175.00
27370	Injection procedure for knee arthrography	\$175.00
27648	Injection procedure for ankle arthrography	\$175.00
62284	Injection procedure for myelography and/or CT, spinal	\$250.00
62302	Cervical Myelogram including Injection	\$425.00
62303	Thoracic Myelogram including Injection	\$425.00
62304	Lumbar Myelogram including Injection	\$425.00

*This list of procedures is for review purposes only and is not a guarantee of benefits. Please refer to your Summary Plan Description.

62305	Two or more Myelogram regions including Injection (eg, Lumbar/Thoracic, Cervical/Thoracic, Cervical/Lumbar, Thoracic/Lumbar, Cervical/Thoracic/Lumbar)	\$425.00
-------	--	----------