

**HealthCheck Screening Diagnostic
QUALIFIED PROCEDURES**

(Effective 01/01/2018)

Services to include the technical, and professional components.

CPT	PROCEDURE	FEE
Ultrasounds		
51798	Measurement of urine and/or bladder capacity by ultrasound	\$29.00
76536	Ultrasound, soft tissues of head and neck	\$165.00
76700	Ultrasound, abdominal; complete	\$165.00
76705	Ultrasound, abdominal; limited	\$145.00
76770	Ultrasound, retroperitoneal (eg, renal, aorta, nodes); complete	\$165.00
76775	Ultrasound, retroperitoneal (eg, renal, aorta, nodes); limited	\$145.00
76830	Ultrasound, transvaginal	\$165.00
76856	Ultrasound, pelvic (nonobstetric); complete	\$165.00
76857	Ultrasound, pelvic (nonobstetric); limited or follow-up	\$165.00
76870	Ultrasound, scrotum and contents	\$165.00
76881	Ultrasound, extremity, nonvascular; complete	\$165.00
76882	Ultrasound, extremity, nonvascular; limited	\$145.00
93306	Echocardiography, transthoracic, complete, with spectral Doppler	\$349.00
93308	Echocardiography, transthoracic, follow-up or limited study	\$299.00
93880	Duplex scan of extracranial arteries; complete bilateral study	\$299.00
93925	Duplex scan of lower extremity arteries; complete bilateral study	\$299.00
93926	Duplex scan of lower extremity arteries; unilateral or limited study	\$299.00
93970	Duplex scan of extremity veins; complete bilateral study	\$299.00
93971	Duplex scan of extremity veins; unilateral or limited study	\$299.00
93975	Duplex scan of arterial inflow/venous outflow of abdominal; complete study	\$299.00
93976	Duplex scan of arterial inflow/venous outflow of abdominal; limited study	\$299.00
MRI		
70336	MRI, temporomandibular joint(s)	\$599.00
70540	MRI, orbit, face, and/or neck; without contrast	\$599.00
70542	MRI, orbit, face, and/or neck; with contrast	\$649.00
70543	MRI, orbit, face, and/or neck; without and with contrast	\$749.00
70544	MRA, head; without contrast	\$749.00
70547	MRA, neck; without contrast	\$749.00
70551	MRI, brain (including brain stem); without contrast	\$599.00
70552	MRI, brain (including brain stem); with contrast	\$649.00
70553	MRI, brain (including brain stem); without and with contrast	\$749.00
71550	MRI, chest; without contrast	\$599.00
71552	MRI, chest; without and with contrast	\$749.00
72141	MRI, spinal canal and contents, cervical; without contrast	\$599.00
72142	MRI, spinal canal and contents, cervical; with contrast	\$649.00
72146	MRI, spinal canal and contents, thoracic; without contrast	\$599.00
72147	MRI, spinal canal and contents, thoracic; with contrast	\$649.00
72148	MRI, spinal canal and contents, lumbar; without contrast	\$599.00
72149	MRI, spinal canal and contents, lumbar; with contrast	\$649.00
72156	MRI, spinal canal and contents, without and with contrast; cervical	\$749.00
72157	MRI, spinal canal and contents, without and with contrast; thoracic	\$749.00
72158	MRI, spinal canal and contents, without and with contrast; lumbar	\$749.00
72195	MRI, pelvis; without contrast	\$599.00
72196	MRI, pelvis; with contrast	\$649.00
72197	MRI, pelvis; without and with contrast	\$749.00

73218	MRI, upper extremity, other than joint; without contrast	\$599.00
73219	MRI, upper extremity, other than joint; with contrast	\$649.00
73220	MRI, upper extremity, other than joint; without and with contrast	\$749.00
73221	MRI, any joint of upper extremity; without contrast	\$599.00
73222	MRI, any joint of upper extremity; with contrast	\$649.00
73223	MRI, any joint of upper extremity; without and with contrast	\$749.00
73718	MRI, lower extremity other than joint; without contrast	\$599.00
73719	MRI, lower extremity other than joint; with contrast	\$649.00
73720	MRI, lower extremity other than joint; without and with contrast	\$749.00
73721	MRI, any joint of lower extremity; without contrast	\$599.00
73722	MRI, any joint of lower extremity; with contrast	\$649.00
73723	MRI, any joint of lower extremity; without and with contrast	\$749.00
74181	MRI, abdomen; without contrast	\$599.00
74183	MRI, abdomen; without and with contrast	\$749.00
73222/23350	MRI Shoulder Arthrogram; with contrast	\$1,025.00
73222/24220	MRI Elbow Arthrogram; with contrast	\$1,025.00
73222/25246	MRI Wrist Arthrogram; with contrast	\$1,025.00
73222/27093	MRI Hip Arthrogram; with contrast	\$925.00
73222/27370	MRI Knee Arthrogram; with contrast	\$925.00
73222/27648	MRI Ankle Arthrogram; with contrast	\$925.00
CT Scans		
70450	CT, head or brain; without contrast	\$299.00
70460	CT, head or brain; with contrast	\$349.00
70470	CT, head or brain; without and with contrast	\$399.00
70480	CT, outer, middle, or inner ear; without contrast	\$299.00
70481	CT, outer, middle, or inner ear; with contrast	\$349.00
70482	CT, outer, middle, or inner ear; without and with contrast	\$399.00
70486	CT, maxillofacial area; without contrast	\$299.00
70487	CT, maxillofacial area; with contrast	\$349.00
70488	CT, maxillofacial area; without and with contrast	\$399.00
70490	CT, soft tissue neck; without contrast	\$299.00
70491	CT, soft tissue neck; with contrast	\$349.00
70492	CT, soft tissue neck; without and with contrast	\$399.00
70496	CTA, head, with and without contrast	\$399.00
70498	CTA, neck, with and without contrast	\$399.00
71250	CT, thorax; without contrast	\$299.00
71260	CT, thorax; with contrast	\$349.00
71270	CT, thorax; without and with contrast	\$399.00
71275	CTA, chest (noncoronary), with and without contrast	\$399.00
72125	CT, cervical spine; without contrast	\$299.00
72126	CT, cervical spine; with contrast	\$349.00
72127	CT, cervical spine; without and with contrast	\$399.00
72128	CT, thoracic spine; without contrast	\$299.00
72129	CT, thoracic spine; with contrast	\$349.00
72130	CT, thoracic spine; without and with contrast	\$399.00
72131	CT, lumbar spine; without contrast	\$299.00
72132	CT, lumbar spine; with contrast	\$349.00
72133	CT, lumbar spine; without and with contrast	\$399.00
72191	CTA, pelvis, with and without contrast	\$399.00
72192	CT, pelvis; without contrast	\$299.00
72193	CT, pelvis; with contrast	\$349.00
72194	CT, pelvis; without and with contrast	\$399.00
73200	CT, upper extremity; without contrast	\$299.00

73201	CT, upper extremity; with contrast	\$349.00
73202	CT, upper extremity; without and with contrast	\$399.00
73700	CT, lower extremity; without contrast	\$299.00
73701	CT, lower extremity; with contrast	\$349.00
73702	CT, lower extremity; without and with contrast	\$399.00
74150	CT, abdomen; without contrast	\$479.00
74160	CT, abdomen; with contrast	\$449.00
74170	CT, abdomen; without and with contrast	\$499.00
74174	CTA, abdomen and pelvis, with and without contrast	\$499.00
74175	CTA, abdomen, with and without contrast	\$499.00
74176	CT, abdomen and pelvis; without contrast	\$399.00
74177	CT, abdomen and pelvis; with contrast	\$449.00
74178	CT, abdomen and pelvis; without and with contrast	\$499.00
74261	CT, colonography, diagnostic; without contrast	\$1,190.00
75571	CT, heart, without contrast, with evaluation of coronary calcium	\$199.00
Other		
10022	Fine needle aspiration; with imaging guidance	\$275.00
88173	Cytopathology, evaluation of fine needle aspirate; interpretation and report	\$150.00
76536	Ultrasound, soft tissues of head and neck	\$165.00
10022	Fine needle aspiration; with imaging guidance	\$275.00
76942	Ultrasonic guidance for needle placement	\$95.00
60100	Biopsy thyroid, percutaneous core needle	\$200.00
88173	Cytopathology, evaluation of fine needle aspirate; interpretation and report	\$150.00
27096	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance	\$900.00
62320	Injection(s), interlaminar epidural, cervical or thoracic; without imaging guidance	\$1,100.00
62322	Injection(s), interlaminar epidural, lumbar; without imaging guidance	\$700.00
72240	Myelography, cervical, radiological supervision and interpretation	\$250.00
72255	Myelography, thoracic, radiological supervision and interpretation	\$250.00
72265	Myelography, lumbosacral, radiological supervision and interpretation	\$250.00
62284	Injection procedure for myelography and/or computed tomography, lumbar	\$300.00
76536/10022/ 76942/88173	Thyroid fine needle aspiration with guidance, interpretation, pathology	\$559.00
60100/76942/ 88173	Thyroid core biopsy with guidance, interpretation, pathology	\$560.00
Physical Therapy *See Plan for Limitations*		
97110	*Therapeutic procedure, each 15 minutes; therapeutic exercises	\$80.00