

## Houston Premier Radiology

### QUALIFIED PROCEDURES

Services include: pre-op, post-op, surgeon(s), anesthesia, implants & facility fees.

Bundle ID	CPT	Procedure	Fee
	70336	MRI- TMJ (unilateral)	\$ 400.00
	70540	MRI- Orbits/Face/Neck	\$ 400.00
	70543	MRI- Orbits/Face/Neck w/wo contrast	\$ 600.00
	70551	MRI- Brain	\$ 400.00
	70553	MRI- Brain w/wo contrast	\$ 600.00
	72141	MRI- Cervical Spine	\$ 400.00
	72146	MRI- Thoracic Spine	\$ 400.00
	72148	MRI- Lumbar Spine	\$ 400.00
	72156	MRI- Cervical Spine w/wo contrast	\$ 600.00
	72157	MRI- Thoracic Spine w/wo contrast	\$ 600.00
	72158	MRI- Lumbar Spine w/wo contrast	\$ 600.00
	72195	MRI- Pelvis	\$ 400.00
	72197	MRI- Pelvis w/wo contrast	\$ 600.00
	73218	MRI- Upper Extremity	\$ 400.00
	73220	MRI- Upper Extremity w/wo contrast	\$ 600.00
	73221	MRI- Shoulder/Elbow/Wrist	\$ 400.00
	73223	MRI- Shoulder/Elbow/Wrist w/wo contrast	\$ 600.00
	73718	MRI- Lower Extremity	\$ 400.00
	73720	MRI- Lower Extremity w/wo contrast	\$ 600.00
	73721	MRI- Hip/Knee/Ankle	\$ 400.00
	73723	MRI- Hip/Knee/Ankle w/wo contrast	\$ 600.00
	74181	MRI- Abdomen	\$ 400.00
	74183	MRI- Abdomen w/wo contrast	\$ 600.00
	70544	MRA- Head	\$ 400.00
	70546	MRA- Head w/wo contrast	\$ 550.00
	70547	MRA- Neck	\$ 400.00
	70549	MRA- Neck w/wo contrast	\$ 550.00
	72198	MRA- Pelvis with and/or without contrast	\$ 550.00
	73225	MRA- Upper Extremity with and/or without contrast	\$ 550.00
	73725	MRA- Lower Extremity with and/or without contrast	\$ 550.00
	74185	MRA- Abdomen with and/or without contrast	\$ 550.00
	70450	CT- Brain	\$ 300.00
	70470	CT- Brain w/wo contrast	\$ 375.00
	70480	CT- Temporal Bones	\$ 300.00
	70482	CT- Temporal Bones w/wo contrast	\$ 375.00
	70490	CT- Soft Tissue Neck	\$ 300.00
	70492	CT- Soft Tissue Neck w/wo contrast	\$ 375.00
	71250	CT- Chest	\$ 300.00
	71270	CT- Chest w/wo contrast	\$ 375.00
	72125	CT- Cervical Spine	\$ 300.00
	72126	CT- Cervical Spine w/wo contrast	\$ 375.00
	72128	CT- Thoracic Spine	\$ 300.00
	72130	CT- Thoracic Spine w/wo contrast	\$ 375.00
	72131	CT- Lumbar Spine	\$ 300.00
	72133	CT- Lumbar Spine w/wo contrast	\$ 375.00
	72192	CT- Pelvis	\$ 300.00
	72194	CT- Pelvis w/wo contrast	\$ 375.00
	74150	CT- Abdomen	\$ 300.00
	74170	CT- Abdomen w/wo contrast	\$ 375.00
	74176	CT- Abdomen/Pelvis	\$ 400.00
	74178	CT- Abdomen/Pelvis w/wo contrast	\$ 475.00
	77080	Bone Density	\$ 100.00

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

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Bundle ID	CPT	Procedure	Fee
	93306	Echocardiogram	\$ 250.00
	76700	Ultrasound- Abdomen Complete	\$ 150.00
	76770	Ultrasound- Renal	\$ 150.00
	76705	Ultrasound- Gallbladder or Liver	\$ 150.00
	76805	Ultrasound- OB complete	\$ 150.00
	76856	Ultrasound- Pelvic Complete	\$ 150.00
	76830	Ultrasound- Transvaginal	\$ 125.00
	76870	Ultrasound- Scrotum	\$ 150.00
	76536	Ultrasound- Thyroid	\$ 150.00
	76642	Ultrasound- Breast	\$ 150.00
	93880	Ultrasound- Carotid Doppler	\$ 250.00
	93971	Ultrasound- Venous Doppler	\$ 250.00
	93923	Ultrasound- Arterial Doppler with ABI	\$ 250.00