

**NORTHERN OKLAHOMA DIAGNOSTIC IMAGING**

Services include the reading.

CPT	CPT Description	Pricing
<b>MRI</b>		
70336	MRI, temporomandibular, joint(s) (TMJ)	\$625.00
70540	MRI, orbit, face, and/or neck; without contrast	\$625.00
70543	MRI, orbit, face, and/or neck; without and with contrast	\$725.00
70544	MRA, head; without contrast	\$625.00
70545	MRA, head; with contrast	\$700.00
70546	MRA, head; without and with contrast	\$725.00
70547	MRA, neck; without contrast	\$625.00
70549	MRA, neck; without and with contrast	\$725.00
70551	MRI, brain (including brain stem); without contrast	\$625.00
70553	MRI, brain (including brain stem); without and with contrast	\$725.00
71550	MRI, chest; without contrast	\$625.00
71552	MRI, chest; without and with contrast	\$725.00
72141	MRI, spinal canal and contents, cervical; without contrast	\$625.00
72146	MRI, spinal canal and contents, thoracic; without contrast	\$600.00
72148	MRI, spinal canal and contents, lumbar; without contrast	\$525.00
72156	MRI, spinal canal and contents, without and with contrast; cervical	\$650.00
72157	MRI, spinal canal and contents, without and with contrast; thoracic	\$650.00
72158	MRI, spinal canal and contents, without and with contrast; lumbar	\$650.00
72195	MRI, pelvis; without contrast	\$625.00
72197	MRI, pelvis; without and with contrast	\$725.00
73218	MRI, upper extremity, other than joint; without contrast	\$625.00
73220	MRI, upper extremity, other than joint; without and with contrast	\$725.00
73221	MRI, any joint of upper extremity; without contrast	\$625.00
73222	MRI, any joint of upper extremity; with contrast	\$700.00
73223	MRI, any joint of upper extremity; without and with contrast	\$725.00
73718	MRI, lower extremity other than joint; without contrast	\$625.00
73720	MRI, lower extremity other than joint; without and with contrast	\$725.00
73721	MRI, any joint of lower extremity; without contrast	\$625.00
73722	MRI, any joint of lower extremity; with contrast	\$700.00
73723	MRI, any joint of lower extremity; without and with contrast	\$725.00
74183	MRI, abdomen; without and with contrast	\$725.00

\* 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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