

Oklahoma ER Hospital

QUALIFIED PROCEDURES

Reimbursement Schedule (Non-Emergent Procedures Only)

Services include: facility, professional, and contrast materials.

Bundle ID	CPT	Procedure	Fee
	70450	CT HEAD/BRAIN W/O CONTRAST MATERIAL	\$275
	70470	CT HEAD/BRN C-/C+	\$400
	70486	CT SCAN MAXLFCL AREA C-MATRL - SINUS AREA	\$375
	70490	CT SOFT TISS NCK C-MATRL	\$275
	70491	CT SOFT TISS NCK C+ MATRL	\$375
	70496	CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	\$450
	70498	CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	\$450
	70547	MRA NCK C-MATRL	\$475
	70551	MRI BRN BRN STEM C-MATRL	\$325
	70553	MRI BRN BRN STEM C-/C+	\$500
	71250	CT THORAX W/O CONTRAST MATERIAL	\$275
	71260	CT THORAX C+ MATRL	\$375
	71270	CT THORAX C-/C+	\$400
	71275	CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	\$450
	72133	CT LUMBAR SPINE W/O & W/CONTRAST MATERIAL	\$400
	72141	MRI SPI CANAL&CNTS CRV C-MATRL	\$475
	72146	MRI SPI CANAL&CNTS THRC C-MATRL	\$475
	72148	MRI SPI CANAL&CNTS LMBR C-MATRL	\$475
	72158	MRI SPI CANAL&CNTS C-/C+ LMBR	\$500
	72195	MRI PELVIS C-MATRL	\$475
	72197	MRI PELVIS W/O & W/CONTRAST MATERIAL	\$500
	73200	CT UXTR C-MATRL	\$375
	73218	MRI UPPER EXTREMITY OTH THAN JT W/O CONTR MATRL	\$325
	73221	MRI ANY JT UXTR C-MATRL	\$475
	73700	CT LXTR C-MATRL	\$375
	73718	MRI LOWER EXTREM OTH/THN JT W/O CONTR MATRL	\$325
	73720	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; C-/C+	\$500
	73721	MRI ANY JT LXTR C-MATRL	\$475
	73723	MRI ANY JT LXTR C-/C+	\$500
	74176	Ct Abd & pelvis W/o Contrast	\$275
	74177	Ct Abdomen&pelvis W/contrast	\$375
	74178	CT ABDOMEN & PELVIS W/O CONTRST 1/> BODY RE	\$275
	74183	MRI ABD C-/C+	\$500
	76536	US SOFT TISS HEAD&NCK R-T IMG	\$225
	76700	US ABDOMINAL R-T W/IMAGE DOCUMENTATION	\$225
	76830	US TRVG	\$225
	76856	US PELVIC NONOB REAL-TIME IMG COMPLETE	\$225
	76857	US PEL NONOB B-SCAN&/R-T IMG LMTD/F-UP+C97	\$225
	76870	US SCROTUM&CNTS	\$225