



SAMPLE
Imaging Master Fee Schedule

CPT Code	Description	Premier	Tallgrass
		Billed separately	Billed through Atlas
			Add 5%
70450	CT, Head or Brain s/contrast	\$225	\$230
70460	CT, Head or Brain c/contrast		
70470	CT, Head or Brain c/s contrast	\$300	\$280
70480	CT Orbit/IAC/FOSSA s/contrast	\$225	\$230
70481	CT ORBIT/IAC/FOSSA c/contrast		
70482	CT ORBIT/IAC/FOSSA c/s contrast	\$325	\$280
70486	CT MAXILLOFACIAL s/ contrast	\$225	\$230
70487	CT MAXILLOFACIAL c/contrast		
70488	CT MAXILLOFACIAL c/s contrast	\$325	\$280
70490	CT SOFT TISSUE NECK s/contrast	\$225	\$230
70491	CT SOFT TISSUE NECK c/contrast		
70492	CT SOFT TISSUE NECK c/s contrast	\$325	\$280
70496	CT ANGIOGRAPHY HEAD		\$400
70498	CT ANGIOGRAPHY NECK		\$400
71250	CT THORAX s/contrast	\$225	\$230
71260	CT THORAX c/contrast		
71270	CT THORAX c/s contrast	\$325	\$280
71275	CT ANGIOGRAPHY CHEST		
72125	CT CERVICAL SPINE s/contrast	\$225	\$230
72126	CT CERVICAL SPINE c/contrast		
72127	CT CERVICAL SPINE c/s contrast	\$325	\$280
72128	CT THORACIC SPINE s/contrast	\$225	\$230
72129	CT THORACIC SPINE c/contrast		
72130	CT THORACIC SPINE c/s contrast	\$325	\$280
72131	CT LUMBAR SPINE s/contrast	\$225	\$230
72132	CT LUMBAR SPINE c/contrast		
72133	CT LUMBAR SPINE c/s contrast	\$325	\$280
72191	CT ANGIOGRAPH PELVIS c/s contrast		
72192	CT PELVIS s/contrast	\$225	\$230
72193	CT PELVIS c/contrast		
72194	CT PELVIS c/s contrast	\$325	\$280
73200	CT UPPER EXTREMITY s/contrast	\$225	\$230
73201	CT UPPER EXTREMITY c/contrast		
73202	CT UPPER EXTREMITY c/s contrast	\$325	\$280
73206	CT ANGIO UPPER EXTREMITY c/s contrast		
73700	CT LOWER EXTREMITY s/contrast	\$225	\$230
73701	CT LOWER EXTREMITY c/contrast		
73702	CT LOWER EXTREMITY c/s contrast	\$325	\$280
73706	CT ANGIO LOWER EXTREMITY c/s contrast		
74150	CT ABDOMEN s/contrast	\$225	\$230
74160	CT ABDOMEN c/contrast		
74170	CT ABDOMEN c/s contrast	\$325	\$280
74175	CT ANGIO ABDOMEN c/s contrast		
74176	CT ABDOMEN & PELVIS s/contrast	\$225	\$300
74177	CT ABDOMEN & PELVIS c/contrast		

74178	CT ABDOMEN & PELVIS c/s contrast	\$325	\$325
76380	CT, LIMITED STUDY		\$230

CPT Code	Description	Premier	Tallgrass	Mid-America Ortho
		Billed	Billed through Atlas	Billed through Atlas
		separately	Add 5%	Add 5%
70336	MRI, TMJ(s) c/ and/or s/contrast		\$375	
70540	MRI ORBIT/FACE/NECK s/contrast	\$375	\$375	\$400
70542	MRI ORBIT/FACE/NECK c/contrast			\$440
70543	MRI ORBT/FACE/NECK c/s contrast	\$475	\$475	\$600
70544	MR ANGIOGRAPHY HEAD s/contrast		\$375	
70547	MR ANGIOGRAPHY NECK s/contrast	\$375	\$375	
70548	MR ANGIOGRAPHY NECK c/contrast			
70549	MR ANGIOGRAPH NECK c/s contrast			
70551	MRI BRAIN s/contrast	\$375	\$375	\$440
70552	MRI BRAIN c/contrast			\$480
70553	MRI BRAIN c/s contrast	\$475	\$475	\$600
71550	MRI CHEST s/contrast	\$375	\$375	
71551	MRI CHEST c/contrast			
71552	MRI CHEST c/s contrast	\$475	\$475	
71555	MRI ANGIO CHEST c/s contrast			
72141	MRI CERVICAL SPINE s/contrast	\$375	\$375	\$400
72142	MRI CERVICAL SPINE c/contrast			\$480
72146	MRI THORACIC SPINE s/contrast	\$375	\$375	\$400
72147	MRI THORACIC SPINE c/contrast			\$440
72148	MRI LUMBAR SPINE s/contrast	\$375	\$375	\$500
72149	MRI LUMBAR SPINE c/contrast			\$580
72156	MRI CERVICAL SPINE c/s contrast	\$475	\$475	\$600
72157	MRI THORACIC SPINE c/s contrast	\$475	\$475	\$600
72158	MRI LUMBAR SPINE c/s contrast	\$475	\$475	\$700
72195	MRI PELVIS s/contrast	\$375	\$375	
72196	MRI PELVIS c/contrast			
72197	MRI PELVIS c/s contrast	\$475	\$475	
73218	MRI UPPER EXTREMITY s/contrast	\$375	\$375	\$440
73219	MRI UPPER EXTREMITY c/contrast			\$480
73220	MRI UPPER EXTREMITY c/s contrast	\$475	\$475	\$600
73221	MRI JOINT UPPER EXTREMITY s/contrast	\$375	\$375	\$400
73222	MRI JOINT UPPER EXTREMITY c/contrast			\$440
73223	MRI JOINT UPPER EXTREMITY c/s contrast	\$475	\$475	\$600
73718	MRI LOWER EXTREMITY s/contrast	\$375	\$375	\$400
73719	MRI LOWER EXTREMITY c/contrast			\$440
73720	MRI LOWER EXTREMITY c/s contrast	\$475	\$475	\$600
73721	MRI JOINT OF LOWER EXTREMITY s/contrast	\$375	\$375	\$400
73722	MRI JOINT OF LOWER EXTREMITY c/contrast			\$440
73723	MRI JOINT LOWER EXTREMITY c/s contrast	\$475	\$475	\$600
74181	MRI ABDOMEN s/contrast	\$375	\$375	
74182	MRI ABDOMEN c/contrast			
74183	MRI ABDOMEN c/s contrast	\$475	\$475	

CPT Code	Description	Tallgrass
		Billed through Atlas
		Add 5%
76536	US Thyroid/Soft Tissue Neck	\$98.00
76604	US Chest	\$75.00
76645	US Breast, Unilateral or Bilateral	\$80.00
76700	US Abdomen, Complete	\$119.00
76705	US Abdomen, Single Organ/Quadrant (gallbladder)	\$90.00
76775	US Retroperitoneum, Complete (Renal/Aorta)	\$96.00
76801	US Pregnant Uterus < 14 Weeks	\$113.00
76802	Each Additional Gestation x	\$63.00
76805	US Pregnant Uterus > 14 Weeks	\$127.00
76810	Each Additional Gestation x	\$85.00
76811	US Pregnant Uterus, Complete	\$172.00
76812	Each Additional Gestation x	\$175.00
76815	US Pregnancy, Limited	\$79.00
76816	US Pregnancy, Follow up x	\$94.00
76817	US Pregnant Uterus Trans-Vaginal	\$89.00
76819	US Fetal Biophysical Profile w/o Stress	\$81.00
76830	US Transvaginal Only	\$105.00
76831	US Hysterosonography c/s color flow doppler	\$94.83
76856	US Pelvis Only, Complete/Non-OB	\$105.00
76857	US Pelvis, Limited	\$73.00
76870	US Scrotum	\$104.00
76872	US Transrectal	\$119.00
76873	US Prostate volume for brachytherapy	\$153.11
76880	US Extremity, Non-Vascular	\$112.00
76885	US Infant Hips, Complete	\$90.00
76886	US Infant Hips, Limited	\$84.00
93880	US Carotid, Bilateral	\$165.00
93882	US Carotid, Unilateral/Limited	\$141.00
93925	US Duplex Arterial/Graft, Lower Extremity, Bilateral	\$164.00
93926	US Duplex Arterial/Graft, Lower Extremity, Unilateral/Limited	\$104.00
93930	US Duplex Arterial/Graft, Upper Extremity, Bilateral	\$159.00
93931	US Duplex Arterial/Graft, Upper Extremity, Unilateral/Limited	\$100.00
93970	US Duplex Venous, Extremity (upper or lower), Bilateral	\$169.00
93971	US Duplex Venous, Extremity (upper or lower), Unilateral	\$107.00
93975	US Duplex, Testis & Epididymis Complete Abd & Pelvic Organs	\$222.00
93976	US Duplex, Testis & Epididymis Limited Abd & Pelvic Organs	\$185.00
93978	US Duplex, Aorta, IVC, Iliac, Graft, Complete	\$167.00
93979	US Duplex, Aorta, IVC, Iliac, Graft, Limited	\$107.00
93990	US Extremity Hemodialysis Access	\$97.00
	Bilateral renal ultrasound	\$123.00
93303	Echocardiogram Transthoracic, Complete	
93304	Echocardiogram Transthoracic, Limited	
93307	Echo Exam of Heart, Complete	

93308	Echo Exam of Heart, Limited	
93320	Doppler Echo Exam of Heart, Complete	
93321	Doppler Echo Exam of Heart, Limited	
93325	Doppler Color Flow Add-on	
36478	Endovenous Ablation Therapy of Incompetant Vein, Extremity,	\$329.00
	Inclusive of All Imaging Guidance and Monitoring,	
	Percutaneous, Laser, First Vein Treated	
36479	Second and Subsequent Veins Treated in a Single Extremity,	\$161.00
	Each Through Separate Access Sites	

CPT Code	Description	Wesley Medical Center
	Screening Mammogram	\$20.70 at time of service + ~\$80 billed by radiologist
	Diagnostic mammogram	\$46.05 at time of service + ~\$100 billed by radiologist
	If ultrasound is added to mammo	Additional \$140 (does not include radiologist)

CPT Code	Description	Ortho	Anatomi
		Atlas	Billed separately
		radiologist's fee	of service
		then add 5%	radiologist's fee (~\$20)
70030	Eye To Detect Foriegn Body	\$26.00	
70100	MANDIBLE < 4 VIEWS	\$26.00	
70150	Facial Ones	\$38.00	
70190	Optic Foramina	\$30.40	
70200	Orbits	\$39.20	
70220	Sinuses 3 + Views	\$37.20	\$56.00
70250	Skull - AP/Lat	\$32.00	
70260	Skull	\$46.00	
71010	CHEST - AP/PA	\$23.60	
71020	CHEST TWO VIEWS PA AND LAT	\$32.00	\$40.00
71023	Chest 2 View/Frnt/Flour	\$50.00	
71034	Rad Chest/Comp/Min 4 Vie/Flour	\$70.00	
71100	Ribs, Unilateral, Two Views	\$30.00	
71110	Ribs - Bilateral	\$38.40	
71111	Ribs - Bilaterl Inc	\$44.00	
71120	Sternum	\$30.80	
72010	Spine,Entire, AP/Lat	\$56.00	
72020	SPINE SINGLE	\$24.00	
72040	CERVICAL SPINE 2 Or 3 Views	\$34.00	
72050	CERVICAL SPINE MINIMUM 4 VIEWS	\$44.00	\$66.00
72052	Cerv Spl OBILS	\$56.00	
72070	Spine Thoracic 2 View	\$32.00	
72072	THORACIC SPINE	\$34.80	
72074	Spine, Thoracic Min 4 Views	\$38.40	\$71.00
72080	THORACOLUMBAR 2 VIEWS	\$32.00	
72100	SPINE LUMBOSACRAL 2 OR 3 VIEWS	\$46.00	
72110	LUMBAR SPINE MINIMUM 4 VIEWS	\$44.00	\$68.00
72114	Spine 6 Views With Bendin	\$60.00	
72170	PELVIS 1 OR 2 VIEWS	\$26.00	
72190	Pelvis Complete Min 3 Views	\$34.00	
72200	Scroiliac Joints	\$25.20	
72220	Sacrum/Coccyx	\$27.20	
73000	CLAVICLE COMPLETE	\$26.00	
73010	Scapula	\$29.20	
73020	SHLDR ONE VIEW	\$22.40	
73030	SHOULDER COMPLETE MIN 2 VIEWS	\$28.00	
73050	ACROMIOCLAVICULAR JOINT BILAT	\$32.00	
73060	HUMERUS 2 VIEWS	\$28.00	
73070	ELBOW	\$26.00	
73080	Elbow COMPLETE MIN 3 VIEW	\$28.00	
73090	FOREARM 2 VIEWS	\$24.00	
73100	WRIST 2 VIEWS	\$26.00	
73110	WRIST COMPLETE MIN 3 VIEWS	\$28.00	\$49.00
73120	HAND 2 VIEWS	\$24.00	
73130	HAND MINIMUM 3 VIEWS	\$26.00	\$41.00
73140	FINGERS MINIMUM 2 VIEWS	\$24.00	\$45.00
73500	HIP UNILATERAL 1 VIEW	\$26.00	
73501	HIP UNILATERAL W/PELVIS 1 VIEW	\$30.00	
73510	HIP UNILATERAL COMPLETE 2 VIEW	\$34.00	\$83.00
73520	Bilateral Min 2 Views Each Hip	\$42.00	
73542	Rad Sup/Interp Sac Jt Arthr	\$62.00	

73550	FEMUR TWO VIEWS	\$30.00	
73560	KNEE 1 OR 2 VIEWS	\$28.00	
73562	KNEE 3 VIEWS	\$30.00	
73564	KNEE COMPLETE 4 OR MORE VIEWS	\$42.00	\$62.00
73565	KNEE BILATERAL STANDING	\$26.00	\$36.00
73590	TIBIA AND FIBULA 2 VIEWS	\$28.00	
73600	ANKLE 2 VIEWS	\$26.00	
73610	ANKLE COMPLETE MINIMUM 3 VIEWS	\$28.00	\$42.00
73620	FOOT 2 VIEWS	\$26.00	
73630	FOOT COMPLETE MINIMUM 3 VIEWS	\$36.00	\$39.00
73650	CALCANEUS MINIMUM OF 2 VIEWS	\$28.00	
73660	TOES MINIMUM OF TWO VIEWS	\$22.00	
74000	ABDOMEN (KUB)	\$24.00	\$35.00
74022	Abdomen Complete Acute (KUB)	\$52.00	
77071	MANUAL APP OF STRESS/JOINT RAD	\$32.00	