



2019 BASE CT SELF-PAY PRICE LIST

CPT	CT SCAN	FEE
70450	CT HEAD/BRAIN W/O CONTRAST	\$200.00
70470	CT HEAD/BRAIN - + CONTRAST	\$350.00
70486	CT MAXILLOFACIAL W/O CONTRAST	\$275.00
70487	CT MAXILLOFACIAL W/CONTRAST	\$350.00
70488	CT MAXILLOFACIAL - + CONTRAST	\$400.00
70490	CT NECK SOFT TISSUE W/O CONTRAST	\$290.00
70491	CT NECK SOFT TISSUE W/CONTRAST	\$350.00
70492	CT NECK SOFT TISSUE - +	\$400.00
70480	CT ORBIT/EAR - W/O CONTRAST	\$325.00
70481	CT ORBIT/EAR W/ CONTRAST	\$420.00
70482	CT ORBIT/EAR - + CONTRAST	\$475.00
71250	CT CHEST/THORAX W/O CONTRAST	\$275.00
71260	CT CHEST/THORAX W/ CONTRAST	\$350.00
71270	CT CHEST/THORAX - + CONTRAST	\$400.00
G0297	CT LOW DOSE LUNG CANCER SCREENING	\$350.00
72125	CT SPINE CERVICAL W/O COTNRAST	\$275.00
72126	CT SPINE CERVICAL W/CONTRAST	\$350.00
72127	CT SPINE CERVICAL - + CONTRAST	\$400.00
72128	CT SPINE THORACIC W/O CONTRAST	\$275.00
72129	CT SPINE THORACIC W/CONTRAST	\$350.00
72130	CT SPINE THORACIC - + CONTRAST	\$400.00
72131	CT SPINE LUMBOSACRAL W/O CONTRAST	\$275.00
72132	CT SPINE LUMBOSACRAL W/CONTRAST	\$350.00
72133	CT SPINE LUMBOSACRAL -+ CONTRAST	\$400.00



2

CPT	CT SCAN	FEE
72192	CT PELVIS W/O CONTRAST	\$275.00
72193	CT PELVIS W/CONTRAST	\$350.00
72194	CT PELVIS - + CONTRAST	\$400.00
74150	CT ABDOMEN W/O CONTRAST	\$275.00
74160	CT ABDOMEN W/CONTRAST	\$350.00
74170	CT ABDOMEN - + CONTRAST	\$400.00
74176	CT ABDOMEN PELVIS W/O CONTRAST	\$350.00
74177	CT ABDOMEN PELVIS W/CONTRAST	\$450.00
74178	CT ABDOMEN PELVIS - + CONTRAST	\$550.00
73200	CT UPPER EXTREMITY W/O CONTRAST	\$275.00
73201	CT UPPER EXTREMITY W/CONTRAST	\$350.00
73202	CT UPPER EXTREMITY - + CONTRAST	\$400.00
73700	CT LOWER EXTREMITY W/O CONTRAST	\$275.00
73701	CT LOWER EXTREMITY W/CONTRAST	\$350.00
73702	CT LOWER EXTREMITY - + CONTRAST	\$400.00
CPT	CT ANGIOGRAPHY	FEE
70496	CTA HEAD - + CONTRAST	\$550.00
70498	CTA NECK CAROTID - + CONTRAST	\$600.00
71275	CTA CHEST - + CONTRAST	\$600.00
74174	CTA ABDOMEN PELVIS - + CONTRAST	\$600.00
74175	CTA ABDOMEN - + CONTRAST	\$500.00
74191	CTA PELVIS - + CONTRAST	\$500.00
75635	CTA ABD AORTA EXT - + CONTRAST	\$700.00
73206	CTA UPPER EXTREMITY - + CONTRAST	\$600.00
73706	CTA LOWER EXTEMITY - + CONTRAST	\$600.00