



**2019 BASE ULTRASOUND SELF-PAY PRICE LIST:**

<b>CPT</b>	<b>ULTRASOUND</b>	<b>FEE</b>
76700	ABDOMINAL COMPLETE U/S	\$200.00
76700/93975	ABDOMINAL COMPLETE U/S WITH DOPPLER	\$450.00
76705	ABDOMINAL LIMITED U/S	\$140.00
76705/93976	ABDOMINAL LIMITED U/S WITH DOPPLER	\$350.00
76705	ABDOMINAL WALL/LOWER BACK U/S	\$140.00
76705/93975	ABDOMINAL WALL/LOWER BACK U/S WITH DOPPLER	\$350.00
93922	ABI (ANKLE/BRACHIAL INDICES)	\$160.00
76775	AORTA ILIAC IVC U/S	\$155.00
93976	ARTERIAL DUPLEX SCAN LIMITED U/S	\$325.00
93925	ARTERIAL LOWER EXTREMITY COMPLETE DUPLEX SCAN	\$400.00
93926	ARTERIAL LOWER EXTREMITY LIMITED SCAN	\$275.00
93930	ARTERIAL UPPER EXTREMITY COMPLETE U/S	\$400.00
93931	ARTERIAL UPPER EXTREMITY LIMITED SCAN	\$275.00
93923	ARTERY EXTREMITY MULT LE U/S	\$250.00
93924	ARTERY LOWER EXTREMITY U/S	\$310.00
76645	BREAST(S) U/S	\$160.00
93880	CAROTID DUPLEX COMPLETE STUDY	\$320.00
76604	CHEST/UPPER BACK SOFT TISSUE U/S	\$150.00
93978	DUPLEX AORTA IVC ILIAC COMPLETE	\$250.00
93979	DUPLEX AORTA IVC ILIAC LIMITED	\$150.00
93975	DUPLEX ARTERIAL SCAN COMPLETE	\$500.00
93970	DUPLEX EXTREMITY VEINS COMPLETE SCAN	\$350.00
93971	DUPLEX EXTREMITY VEINS LIMITED SCAN	\$250.00
93882	DUPLEX SCAN EXTRGRAN ARTERIES	\$250.00
93306	ECHOCARDIOGRAM	\$400.00
93350	ECHOCARDIOGRAPHY TRANTHORAC I R	\$300.00
76536	FACE/HEAD/NECK SOFT TISSUE	\$150.00
76536/93975	FACE/HEAD/NECK WITH DOPPLER	\$450.00
76805	OB UTERUS 14 WEEKS	\$125.00
76856	PELVIC COMPLETE U/S	\$175.00
76856/93975	PELVIC COMPLETE U/S WITH DOPPLER	\$350.00
76857	PELVIC LIMITED/BLADDER U/S	\$130.00
76857/93976	PELVIC LIMITED/BLADDER U/S WITH DOPPLER	\$275.00
76770	RENAL COMPLETE U/S	\$200.00
76770/93975	RENAL COMPLETE U/S WITH DOPPLER	\$450.00
76775	RENAL ABDOMEN AORTA LIMITED U/S	\$155.00



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76870	TESTICULAR/SCOTUM CONTENTS U/S	\$170.00
76870/93975	TESTICULAR/SCOTUM CONTENTS U/S WITH DOPPLER	\$325.00
76536	THYROID/HEAD/NECK U/S	\$150.00
76811	TRANSABDOMINAL APPROACH	\$250.00
76830	TRANSVAGINAL U/S	\$175.00
76830/93975	TRANSVAGINAL U/S WITH DOPPLER	\$350.00
76882	UPPER OR LOWER EXTREMITY SOFT TISSUE/ AXILLA	\$60.00
76882/39378	UPPER OR LOWER EXTREMITY SOFT TISSUE/ AXILLA WITH DOPPLER	\$360.00
93975	DUPLEX COLOR COMPLETE *DOPPLER	\$300.00
93976	DUPLEX COLOR LIMITED *DOPPLER	\$200.00