

ULTRASOUND TIME OF SERVICE FEE

ULTRASOUND GENERAL	CPT CODE	TIME OF SERVICE FEE
Abdomen Complete	76700	\$165.00
Abdomen Limited	76705	\$120.00
Abdomen Retro Complete	76770	\$155.00
Abdomen Retro Limited	76770	\$100.00
Pelvic (External) Complete	76856	\$150.00
Pelvic (External) Limited	76857	\$140.00
Prostate Transabdominal	76857	\$100.00
Scrotum/Testicular	76870	\$110.00
Soft Tissue Abd Wall/Low Back	76705	\$130.00
Soft Tissue Buttocks	76857	\$130.00
Soft Tissue Thorax	76604	\$130.00
Soft Tissue Le Ue	76881	\$130.00
Thyroid	76536	\$150.00
ABDOMINAL AORTIC SCREENING		
VASCULAR		
Duplex Carotid Uni	93882	\$190.00
Duplex Carotid Bi	93880	\$240.00
Duplex Venous Uni	93971	\$180.00
Duplex Venous Bi	93970	\$260.00
Duplex Arterial Uni (Le)	93926	\$220.00
Duplex Arterial Uni (Ue)	93931	\$180.00
Duplex Arterial Bi (Le)	93925	\$260.00
Duplex Arterial Bi (Ue)	93930	\$260.00
Duplex Abi Bilateral	93922	\$280.00
Duplex Testicle/Ovary Bi	93976	\$160.00
Duplex Retro Peritoneal Bi	93975	\$160.00
CARDIOVASCULAR		
Cardiac Echo Complete	93306	\$280.00
MUSCULOSKELETAL		
Extremity Complete	76881	\$110.00
Extremity Limited	76882	\$90.00
Guidance W/ Needle Placement	76942	\$100.00
DENSITY		
Spine & Hip	77080	\$85.00

*** This fee is an all-inclusive charge. This fee includes the initial exam as well as the read from the radiologist. There are no hidden fees. You will not receive a bill. Payment is due at time of service. ***