



BREAST IMAGING EXAMS	CPT CODE	EXAM CHARGE+	SELF-PAY* PRICE
DIGITAL SCREENING MAMMOGRAM	77067	\$200.00	\$150.00
3D SCREENING MAMMOGRAM	77063	\$255.00	\$191.25
DIGITAL DIAGNOSTIC MAMMOGRAM BILATERAL	77066	\$209.00	\$156.75
DIGITAL DIAGNOSTIC MAMMOGRAM UNILATERAL	77065	\$169.00	\$126.75
US BREAST UNILATERAL COMPLETE	76641	\$140.00	\$105.00
US BREAST UNILATERAL LIMITED	76642	\$100.00	\$75.00
US BREAST BILATERAL COMPLETE	76641	\$280.00	\$210.00
US BREAST BILATERAL LIMITED	76642	\$200.00	\$150.00
MRI BREAST BILATERAL (WITH & W/O CONTRAST)	77049	\$1,849.60	\$1,387.20
3D RECONSTRUCTION	76377	\$374.00	\$280.50
OBSTETRICAL ULTRASOUND EXAMS	CPT CODE	EXAM CHARGE+	SELF-PAY* PRICE
US OB 1ST TRI ONE GESTATION	76801	\$200.00	\$150.00
US OB 1ST TRI ADDITIONAL GESTATION	76802	\$130.00	\$97.50
US OB >1ST TRI ONE GESTATION	76805	\$200.00	\$150.00
US OB >1ST TRI ADDITIONAL GESTATION	76810	\$146.00	\$109.50
US OB FOLLOW-UP (PER FETUS)	76816	\$162.00	\$121.50
US OB TRANSVAGINAL	76817	\$180.00	\$135.00
BIOPHYSICAL PROFILE	76819	\$271.00	\$203.25
NON-OBSTETRICAL ULTRASOUND EXAMS	CPT CODE	EXAM CHARGE+	SELF-PAY* PRICE
US ABDOMEN, COMPLETE	76700	\$271.00	\$203.25
US PELVIS (NON-OB)	76856	\$271.00	\$203.25
US PELVIS - TRANSVAGINAL (NON-OB)	76856/76830	\$432.00	\$324.00
HYSTEROSONOGRAM exam + injection	76831/58340	\$932.00	\$699.00
US DOPPLER OVARIES	93975	\$553.00	\$414.75
GENERAL RADIOLOGY EXAMS	CPT CODE	EXAM CHARGE+	SELF-PAY* PRICE
HYSTEOSALPINOGRAM (including injection & contrast)	74740	\$750.00	\$562.50
DEXA BONE DENSITY	77080	\$290.00	\$217.50
ABDOMEN/KUB X-RAY - ONE VIEW	74018	\$78.00	\$58.50
ABDOMEN X-RAY - 2 VIEWS	74019	\$108.00	\$81.00
CHEST X-RAY - 2 VIEWS	71046	\$108.00	\$81.00
COMPUTED TOMOGRAPHY EXAMS	CPT CODE	EXAM CHARGE+	SELF-PAY* PRICE
CT ABDOMEN W/O CONTRAST	74150	\$785.00	\$588.75
CT ABDOMEN WITH CONTRAST	74160	\$1,185.00	\$888.75
CT ABDOMEN WITH & W/O CONTRAST	74170	\$1,219.00	\$914.25
CTA ABDOMEN & PELVIS WITH & W/O CONTRAST	74174	\$1,456.00	\$1,092.00
CT ABDOMEN & PELVIS W/O CONTRAST	74176	\$785.00	\$588.75
CT ABDOMEN & PELVIS W/ CONTRAST	74177	\$1,185.00	\$888.75
CT ABDOMEN & PELVIS WITH & W/O CONTRAST	74178	\$1,265.00	\$948.75
CT PELVIS W/O CONTRAST	72192	\$785.00	\$588.75
CT PELVIS WITH CONTRAST	72193	\$1,185.00	\$888.75
CT PELVIS WITH & W/O CONTRAST	72194	\$1,219.00	\$914.25
MAGNETIC RESONANCE IMAGING EXAMS	CPT CODE	EXAM CHARGE+	SELF-PAY* PRICE
MRI PELVIS W/O CONTRAST	72195	\$735.00	\$551.25
MRI PELVIS WITH & W/O CONTRAST	72197	\$1,619.00	\$1,214.00

*Self-Pay patients do not have or are not using insurance. For Self-Pay patients only, 25% discount given if paid in full at the time of service.

+Prices are subject to change. Multiple exams may be charged, per CPT. Insured patient responsibility varies depending on benefits.

Diagnostic Imaging Centers accepts cash, credit, debit or CareCredit payments at the time of service.

SCHEDULING

Phone: 913-344-9989 | 816-444-9989

Fax: 913-344-9957 | 816-444-9957

www.dic-KC.com

ALL PRICES INCLUDE BOTH THE READING AND TECHNICAL FEES.

CALL OUR BILLING OFFICE FOR ADDITIONAL QUOTES : 913-319-8450

Updated 3/2021