



GENERAL RADIOLOGY	CPT CODE	EXAM CHARGE+	SELF-PAY* PRICE
CHEST, TWO VIEWS	71046	\$118.80	\$89.10
RIBS, UNILATERAL	71100	\$193.60	\$145.20
RIBS BILATERAL (3 VIEWS)	71111	\$298.10	\$223.58
FACIAL BONES (LESS THAN 3 VIEWS)	70140	\$102.30	\$76.73
SOFT TISSUE NECK, LATERAL	70360	\$84.70	\$63.53
ABDOMEN, ONE VIEW, KUB	74018	\$85.80	\$64.35
ESOPHAGUS W/ BARIUM	74220	\$202.40	\$151.80
UPPER GI DOUBLE CONTRAST WITH SMALL BOWEL	74246/74248	\$485.10	\$363.83
VOIDING CYSTOURETHROGRAM + injection charge	74455/51600	\$990.00	\$742.50
SPINE, CERVICAL - 3 VIEWS OR LESS	72040	\$141.90	\$106.43
SPINE, THORACIC (AP & LAT)	72070	\$130.90	\$98.18
SPINE, LUMBAR (2-3 VIEWS)	72100	\$141.90	\$106.43
PELVIS (1 OR 2 VIEWS)	72170	\$84.70	\$63.53
HIP UNILATERAL (2-3 VIEWS)	73502	\$112.20	\$84.15
PELVIS & BILATERAL HIP (3-4 VIEWS)	73522	\$138.60	\$103.95
HUMERUS (2 VIEW MIN)	73060	\$105.60	\$79.20
FOREARM	73090	\$112.20	\$84.15
WRIST (2 VIEWS)	73100	\$101.20	\$75.90
HAND (2 VIEWS)	73120	\$112.20	\$84.15
ELBOW (2 VIEWS)	73070	\$112.20	\$84.15
FEMUR (2 VIEWS)	73552	\$105.60	\$79.20
TIBIA & FIBULA (2 VIEWS MIN)	73590	\$112.20	\$84.15
KNEE (2 VIEWS)	73560	\$112.20	\$84.15
ANKLE (2 VIEWS)	73600	\$101.20	\$75.90
FOOT (2 VIEWS)	73620	\$101.20	\$75.90
BONE AGE STUDY	77072	\$112.20	\$84.15
ENTIRE SPINE	72081	\$112.20	\$84.15
COMPUTED TOMOGRAPHY	CPT CODE	EXAM CHARGE+	SELF-PAY* PRICE
CT HEAD W/O CONTRAST	70450	\$863.50	\$647.63
CT HEAD WITH & W/O CONTRAST	70470	\$1,120.90	\$840.68
CT SINUS W/O CONTRAST (CORONAL)	70486	\$468.60	\$351.45
CT NECK WITH & W/O CONTRAST	70492	\$1,230.90	\$923.18
CT NECK W/O CONTRAST	70490	\$863.50	\$647.63
ULTRASOUND	CPT CODE	EXAM CHARGE+	SELF-PAY* PRICE
US ABDOMINAL, COMPLETE	76700	\$298.10	\$223.58
US RETROPERITONEUM (RENAL)	76770	\$298.10	\$223.58
US DOPPER ABD, PELV, RETROPERTONEAL	93975	\$608.30	\$456.23
US THYROID, HEAD, NECK	76536	\$236.50	\$177.38
US SCROTUM & TESTES	76870	\$236.50	\$177.38
BREAST ULTRASOUND UNILATERAL, LIMITED	76642	\$110.00	\$82.50
US PELVIS, NON-OB	76856	\$298.10	\$223.58

\*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

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ALL PRICES INCLUDE BOTH THE READING AND TECHNICAL FEES.

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