



| BREAST IMAGING EXAMS | CPT CODE | EXAM CHARGE+ | SELF-PAY* PRICE |
|--|-----------------|---------------------|------------------------|
| DIGITAL SCREENING MAMMOGRAM | 77067 | \$220.00 | \$165.00 |
| 3D SCREENING MAMMOGRAM | 77063 | \$280.50 | \$210.38 |
| DIGITAL DIAGNOSTIC MAMMOGRAM BILATERAL | 77066 | \$229.90 | \$172.43 |
| DIGITAL DIAGNOSTIC MAMMOGRAM UNILATERAL | 77065 | \$185.90 | \$139.43 |
| US BREAST UNILATERAL COMPLETE | 76641 | \$154.00 | \$115.50 |
| US BREAST UNILATERAL LIMITED | 76642 | \$110.00 | \$82.50 |
| US BREAST BILATERAL COMPLETE | 76641 | \$308.00 | \$231.00 |
| US BREAST BILATERAL LIMITED | 76642 | \$220.00 | \$165.00 |
| MRI BREAST BILATERAL (WITH & W/O CONTRAST) | 77049 | \$1,962.40 | \$1,471.80 |
| 3D RECONSTRUCTION | 76377 | \$411.40 | \$308.55 |
| ABBREVIATED BREAST MRI | 90 | \$425.00 | \$425.00 |
| OBSTETRICAL ULTRASOUND EXAMS | CPT CODE | EXAM CHARGE+ | SELF-PAY* PRICE |
| US OB 1ST TRI ONE GESTATION | 76801 | \$220.00 | \$165.00 |
| US OB 1ST TRI ADDITIONAL GESTATION | 76802 | \$143.00 | \$107.25 |
| US OB >1ST TRI ONE GESTATION | 76805 | \$220.00 | \$165.00 |
| US OB >1ST TRI ADDITIONAL GESTATION | 76810 | \$160.60 | \$120.45 |
| US OB FOLLOW-UP (PER FETUS) | 76816 | \$178.20 | \$133.65 |
| US OB TRANSVAGINAL | 76817 | \$198.00 | \$148.50 |
| BIOPHYSICAL PROFILE | 76819 | \$298.10 | \$223.58 |
| NON-OBSTETRICAL ULTRASOUND EXAMS | CPT CODE | EXAM CHARGE+ | SELF-PAY* PRICE |
| US ABDOMEN, COMPLETE | 76700 | \$298.10 | \$223.58 |
| US PELVIS (NON-OB) | 76856 | \$298.10 | \$223.58 |
| US PELVIS - TRANSVAGINAL (NON-OB) | 76856/76830 | \$475.20 | \$365.40 |
| HYSTEROSONOGRAM exam + injection | 76831/58340 | \$797.50 | \$598.13 |
| US DOPPLER OVARIES | 93975 | \$608.30 | \$456.23 |
| GENERAL RADIOLOGY EXAMS | CPT CODE | EXAM CHARGE+ | SELF-PAY* PRICE |
| HYSTEOSALPINOGRAM (including injection & contrast) | 74740 | \$825.00 | \$618.75 |
| DEXA BONE DENSITY | 77080 | \$319.00 | \$239.25 |
| ABDOMEN/KUB X-RAY - ONE VIEW | 74018 | \$85.80 | \$64.35 |
| ABDOMEN X-RAY - 2 VIEWS | 74019 | \$118.80 | \$89.10 |
| CHEST X-RAY - 2 VIEWS | 71046 | \$118.80 | \$89.10 |
| COMPUTED TOMOGRAPHY EXAMS | CPT CODE | EXAM CHARGE+ | SELF-PAY* PRICE |
| CT ABDOMEN W/O CONTRAST | 74150 | \$863.50 | \$647.63 |
| CT ABDOMEN WITH CONTRAST | 74160 | \$1,303.50 | \$977.63 |
| CT ABDOMEN WITH & W/O CONTRAST | 74170 | \$1,340.90 | \$1,005.68 |
| CTA ABDOMEN & PELVIS WITH & W/O CONTRAST | 74174 | \$1,601.60 | \$1,201.20 |
| CT ABDOMEN & PELVIS W/O CONTRAST | 74176 | \$863.50 | \$647.63 |
| CT ABDOMEN & PELVIS W/ CONTRAST | 74177 | \$1,303.50 | \$977.63 |
| CT ABDOMEN & PELVIS WITH & W/O CONTRAST | 74178 | \$1,391.50 | \$1,043.63 |
| CT PELVIS W/O CONTRAST | 72192 | \$863.50 | \$647.63 |
| CT PELVIS WITH CONTRAST | 72193 | \$1,303.50 | \$977.63 |
| CT PELVIS WITH & W/O CONTRAST | 72194 | \$1,340.90 | \$1,005.68 |
| MAGNETIC RESONANCE IMAGING EXAMS | CPT CODE | EXAM CHARGE+ | SELF-PAY* PRICE |
| MRI PELVIS W/O CONTRAST | 72195 | \$808.50 | \$606.38 |
| MRI PELVIS WITH & W/O CONTRAST | 72197 | \$1,709.40 | \$1,282.05 |

*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

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ALL PRICES INCLUDE BOTH THE READING AND TECHNICAL FEES.

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