



MEDICAL CARE

"Medical Care with a Heart."

Revised 01/23

Gray Office
132 Old Gray Station Road

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Hampton Office
437 Highway 321

www.medicalcarepllc.com

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RADIOLOGY AND IMAGING PRICE LIST

CPT Code	Description of Service	Flat-Rate Radiology Prices
74177	CT ABDOMEN & PELVIS W CONTRAST	\$500
74178	CT ABDOMEN & PELVIS W/WO CONTRAST	\$550
74176	CT ABDOMEN & PELVIS WO CONTRAST	\$450
74160	CT ABDOMEN W CONTRAST	\$450
74170	CT ABDOMEN W/WO CONTRAST	\$450
74150	CT ABDOMEN WO CONTRAST	\$350
70496	CT ANGIO HEAD W/WO CONTRAST	\$500
70498	CT ANGIO NECK W/WO CONTRAST	\$500
71260	CT CHEST W CONTRAST	\$450
71270	CT CHEST W/WO CONTRAST	\$500
71271	CT CHEST SMOKER SCREENING	\$400
71250	CT CHEST/THORAX WO CONTRAST	\$400
72127	CT C-SPINE W/WO CONTRAST	\$400
72125	CT C-SPINE WO CONTRAST	\$350
70450	CT HEAD	\$400
70460	CT HEAD W CONTRAST	\$450
70470	CT HEAD W/WO CONTRAST	\$500
72132	CT L-SPINE W CONTRAST	\$350
73700	CT LOWER EXTREMITY	\$400
73701	CT LOWER EXTREMITY W CONTRAST	\$450
73702	CT LOWER EXTREMITY W/WO	\$500
72132	CT L-SPINE WITH	\$350
72133	CT L-SPINE W/WO CONTRAST	\$400
72131	CT L-SPINE WO CONTRAST	\$350

CPT Code	Description of Service	Flat-Rate Radiology Prices
70487	CT MAXILLOFACIAL W CONTRAST	\$450
70488	CT MAXILLOFACIAL W/WO CONTRAST	\$500
70491	CT NECK WITH CONTRAST	\$450
70492	CT NECK W/WO CONTRAST	\$500
70490	CT NECK WO CONTRAST	\$350
70480	CT ORBIT SELLA EAR WO CONTRAST	\$350
70481	CT ORBIT W CONTRAST	\$450
70482	CT ORBIT W/WO CONTRAST	\$500
72193	CT PELVIS W CONTRAST	\$500
72194	CT PELVIS W/WO CONTRAST	\$550
72192	CT PELVIS WO CONTRAST	\$450
70486	CT SINUS MAXILLOFACIAL	\$350
72128	CT T-SPINE W/O CONTRAST	\$350
72130	CT T-SPINE W/WO CONTRAST	\$400
73201	CT UPPER EXTREMITY W CONTRAST	\$650
73202	CT UPPER EXTREMITY W/WO CONTRAST	\$500
73200	CT UPPER EXTREMITY WO CONTRAST	\$400
74175	CTA ABDOMEN	\$650
74174	CTA ABDOMEN & PELVIS W/ CONTRAST	\$600
73201	CTA ABDOMEN/PELVIS W/RUNOFF	\$450
71275	CTA CHEST	\$650
70486	CTA HEAD	\$350
70498	CTA NECK	\$500
73201	CTA UPPER EXTREMITY	\$450
77080	DEXA FULL/LARGE BONE	\$100
77085	DEXA VFA VERTEBRAL ASSESSMENT	\$125
93306TC	ECHO SPECTRAL & COLOR DOPPLER	\$350
77066	MAMMO DIAGNOSTIC BILATERAL/CAD	\$175
77065	MAMMO DIAGNOSTIC UNILATERAL/CAD	\$150

CPT Code	Description of Service	Flat-Rate Radiology Prices
77067	MAMMO SCREENING BILATERAL/CAD	\$150
77063	3D/TOMO MAMMOGRAM	\$75
70544	MRA HEAD WO CONTRAST	\$800
70547	MRA NECK WO CONTRAST	\$850
74182	MRI ABDOMEN WITH	\$850
74183	MRI ABDOMEN W/WO CONTRAST	\$850
74181	MRI ABDOMEN WO CONTRAST	\$800
74185	MRI ANGIO ABDOMEN W/WO CONTRAST	\$850
73722	MRI ARTHRO LOWER EXTREMITY JOINT W CONTRAST	\$650
73222	MRI ARTHRO UPPER EXTREMITY JOINT W CONTRAST	\$650
70552	MRI BRAIN W CONTRAST	\$850
70553	MRI BRAIN W/WO CONTRAST	\$850
70551	MRI BRAIN WO CONTRAST	\$800
77046	MRI BREAST UNILATERAL W/O (IMPLANT RUPTURE)	\$800
77048	MRI BREAST UNILATERAL W/WO	\$800
77047	MRI BREAST BILATERAL W/O (IMPLANT RUPTURE)	\$850
77049	MRI BREAST BILATERAL W/WO	\$850
72141	MRI C-SPINE W/O CONTRAST	\$800
72142	MRI C-SPINE WITH CONTRAST	\$850
72156	MRI C-SPINE WO/ WITH SEQUENCES	\$850
73723	MRI JOINT LOWER EXTREM W/WO CONTRAST	\$650
73721	MRI LOWER EXTRE JOINT WO CONTRAST	\$600
73718	MRI LOWER EXTRE NOT JOINT WO CONTRAST	\$600
73720	MRI LOWER EXTREMITY W/WO CONTRAST	\$700
72149	MRI L-SPINE W CONTRAST	\$850
72148	MRI L-SPINE WO CONTRAST	\$800
72158	MRI L-SPINE W/WO CONTRAST	\$850

CPT Code	Description of Service	Flat-Rate Radiology Prices
70543	MRI ORBIT FACE NECK W/WO CONTRAST	\$850
70540	MRI ORBITS/FACE/NECK W/O	\$800
72195	MRI PELVIS WO CONTRAST	\$800
72197	MRI PELVIS W/WO CONTRAST	\$850
72157	MRI SPINAL CANAL W/WO CONTRAST	\$850
72147	MRI T-SPINE W	\$800
72146	MRI T-SPINE WO CONTRAST	\$800
73221	MRI UPPER EXTREMITY JOINT WO CONTRAST	\$600
73218	MRI UPPER EXTREMITY NON JOINT WO CONTRAST	\$600
73220	MRI UPPER EXTREMITY W/WO CONTRAST	\$700
76706	ULTRASOUND AA ANEURYSM SCREENING	\$125
76705	ULTRASOUND ABDOMEN LIMITED	\$140
76700	ULTRASOUND ABDOMINAL	\$200
93922	ULTRASOUND ANKLE BRACHIAL INDEX	\$125
93925	ULTRASOUND ARTERIAL DOPPLER LOWER BILATERAL	\$225
93926	ULTRASOUND ARTERIAL DOPPLER UNILATERAL	\$200
51798	ULTRASOUND BLADDER	\$75
76641	ULTRASOUND BREAST	\$150
76642	ULTRASOUND BREAST LIMITED	\$125
93880	ULTRASOUND CAROTID DOPPLER	\$250
76881	ULTRASOUND EXTREMITY/NON-VASCULAR	\$150
76856	ULTRASOUND PELVIC COMPLETE	\$150
76857	ULTRASOUND PELVIC LIMITED	\$120
76770	ULTRASOUND RENAL	\$165
76870	ULTRASOUND SCROTUM/TESTICULAR	\$135
76536	ULTRASOUND THYROID HEAD NECK	\$150
76830	ULTRASOUND TRANSVAGINAL	\$150
93970	ULTRASOUND VENOUS DOPPLER BILATERAL	\$225

CPT Code	Description of Service	Flat-Rate Radiology Prices
93971	ULTRASOUND VENOUS DOPPLER-UNILATERAL	\$175
74019	XRAY ABDOMEN 2 VIEWS W/INTERP	\$55
74021	XRAY ABDOMEN 3 OR MORE VIEWS W/INTERP	\$60
73050	XRAY AC JOINS BILATERAL	\$55
73610	XRAY ANKLE W/INTERP	\$50
77072	XRAY BONE AGE STUDIES	\$42
73650	XRAY CALCANEUS W/INTERP	\$45
72040	XRAY CERVICAL SPINE 2-3 VIEWS	\$65
72050	XRAY CERVICAL SPINE 4-5 VIEWS	\$75
71045	XRAY CHEST 1 VIEW	\$40
71046	XRAY CHEST 2 VIEWS W/INTERP	\$50
71101	XRAY CHEST AND RIBS	\$65
73000	XRAY CLAVICAL W/INTERP	\$50
73070	XRAY ELBOW 2 VIEWS	\$45
73080	XRAY ELBOW 3 OR MORE VIEWS	\$55
70150	XRAY FACIAL COMPLETE W/INTERP	\$50
73551	XRAY FEMUR 1 VIEW	\$45
73552	XRAY FEMUR 2 OR MORE VIEWS	\$45
73140	XRAY FINGER W/INTERP	\$35
73630	XRAY FOOT W/INTERP	\$50
73090	XRAY FOREARM W/INTERP	\$45
73130	XRAY HAND W/INTERP	\$50
73501	XRAY HIP UNILATERAL 1 VIEW	\$45
73502	XRAY HIP UNILATERAL 2-3 VIEWS	\$50
73503	XRAY HIP UNILATERAL 4 OR MORE VIEWS	\$55
73521	XRAY HIPS BILATERAL 2 VIEWS	\$65
73522	XRAY HIPS BILATERAL 3-4 VIEWS	\$75
73523	XRAY HIPS BILATERAL MORE THAN 4 VIEWS	\$80
73060	XRAY HUMERUS W/INTERP	\$45

CPT Code	Description of Service	Flat-Rate Radiology Prices
73560	XRAY KNEE 1-2 VIEWS W/INTERP	\$45
73562	XRAY KNEE 3 VIEWS	\$60
73564	XRAY KNEE MORE THAN 4 VIEWS W/INTERP	\$75
73565	XRAY KNEES BILATERAL	\$80
74018	XRAY KUB 1 VIEW W/INTERP	\$45
72100	XRAY LUMBAR SPINE 2-3 V W/INTERP	\$55
72110	XRAY LUMBAR SPINE 4 VW W/INTERP	\$75
70110	XRAY MANDIBLE 4 VIEWS W/INTERP	\$45
70120	XRAY MASTOIDS 3 VIEWS ONE SIDE	\$50
70160	XRAY NASAL BONES W/INTERP	\$35
70360	XRAY NECK SOFT TISSUE	\$35
70200	XRAY ORBITALS W/INTERP	\$55
77074	XRAY OSSEOUS SURVEY LIMITED	\$160
72170	XRAY PELVIS W/INTERP	\$45
71100	XRAY RIB 2 VIEWS W/INTERP	\$55
72200	XRAY S.I. JOINTS W/INTERP	\$45
72220	XRAY SACRUM COCCYX	\$45
73010	XRAY SCAPULA COMPLETE	\$45
73030	XRAY SHOULDER W/INTERP	\$55
70210	XRAY SINUS SERIES W/INTERP	\$40
70250	XRAY SKULL 4 VIEWS W/INTERP	\$45
72020	XRAY SPINE 1 VIEW	\$45
71120	XRAY STERNUM W/INTERP	\$40
72083	THORACIC & LUMBAR COMBO	\$110
72072	XRAY THORACIC SPINE 3 VIEWS	\$75
73590	XRAY TIBIA/FIBULA 2 VIEWS W/INTERP	\$45
70330	XRAY TMJ BILATERAL	\$65
73660	XRAY TOE W/INTERP	\$45
73100	XRAY WRIST 2 VIEWS	\$45
73110	XRAY WRIST 3 VIEWS W/INTERP	\$55