



MEDICAL CARE

"Medical Care with a Heart."

Revised 12/24

Gray Office
132 Old Gray Station Road

Johnson City Office
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Elizabethton Office
1500 West Elk Avenue

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	\$700
74178	CT ABDOMEN & PELVIS W/WO CONTRAST	\$750
74176	CT ABDOMEN & PELVIS WO CONTRAST	\$500
74160	CT ABDOMEN W CONTRAST	\$600
74170	CT ABDOMEN W/WO CONTRAST	\$650
74150	CT ABDOMEN WO CONTRAST	\$500
70496	CT ANGIO HEAD W/WO CONTRAST	\$1,000
70498	CT ANGIO NECK W/WO CONTRAST	\$1,000
71260	CT CHEST W CONTRAST	\$550
71270	CT CHEST W/WO CONTRAST	\$600
71271	CT CHEST SMOKER SCREENING	\$500
71250	CT CHEST/THORAX WO CONTRAST	\$500
72127	CT C-SPINE W/WO CONTRAST	\$550
72125	CT C-SPINE WO CONTRAST	\$500
70450	CT HEAD	\$400
70460	CT HEAD W CONTRAST	\$450
70470	CT HEAD W/WO CONTRAST	\$500
72132	CT L-SPINE W CONTRAST	\$500
73700	CT LOWER EXTREMITY	\$500
73701	CT LOWER EXTREMITY W CONTRAST	\$550
73702	CT LOWER EXTREMITY W/WO	\$600
72132	CT L-SPINE WITH	\$500
72133	CT L-SPINE W/WO CONTRAST	\$550
72131	CT L-SPINE WO CONTRAST	\$500

CPT Code	Description of Service	Flat-Rate Radiology Prices
70487	CT MAXILLOFACIAL W CONTRAST	\$500
70488	CT MAXILLOFACIAL W/WO CONTRAST	\$550
70491	CT NECK WITH CONTRAST	\$550
70492	CT NECK W/WO CONTRAST	\$600
70490	CT NECK WO CONTRAST	\$500
70480	CT ORBIT SELLA EAR WO CONTRAST	\$500
70481	CT ORBIT W CONTRAST	\$550
70482	CT ORBIT W/WO CONTRAST	\$600
72193	CT PELVIS W CONTRAST	\$550
72194	CT PELVIS W/WO CONTRAST	\$600
72192	CT PELVIS WO CONTRAST	\$500
70486	CT SINUS MAXILLOFACIAL	\$500
72128	CT T-SPINE W/O CONTRAST	\$500
72130	CT T-SPINE W/WO CONTRAST	\$600
73201	CT UPPER EXTREMITY W CONTRAST	\$550
73202	CT UPPER EXTREMITY W/WO CONTRAST	\$600
73200	CT UPPER EXTREMITY WO CONTRAST	\$500
74175	CTA ABDOMEN	\$800
74174	CTA ABDOMEN & PELVIS W/ CONTRAST	\$1,000
75635	CTA ABDOMEN/PELVIS W/RUNOFF	\$1,200
71275	CTA CHEST	\$800
70486	CTA HEAD	\$500
70498	CTA NECK	\$1,000
73206	CTA UPPER EXTREMITY	\$1,000
77080	DEXA FULL/LARGE BONE	\$150
77085	DEXA VFA VERTEBRAL ASSESSMENT	\$150
93306	ECHO SPECTRAL & COLOR DOPPLER	\$800
77066	MAMMO DIAGNOSTIC BILATERAL/CAD	\$300
77065	MAMMO DIAGNOSTIC UNILATERAL/CAD	\$250

CPT Code	Description of Service	Flat-Rate Radiology Prices
77067	MAMMO SCREENING BILATERAL/CAD	\$250
77063	3D/TOMO MAMMOGRAM	\$75
70544	MRA HEAD WO CONTRAST	\$1,000
70547	MRA NECK WO CONTRAST	\$1,000
74182	MRI ABDOMEN WITH	\$1,000
74183	MRI ABDOMEN W/WO CONTRAST	\$1,6000
74181	MRI ABDOMEN WO CONTRAST	\$800
74185	MRI ANGIO ABDOMEN W/WO CONTRAST	\$950
70553	MRI BRAIN W/WO CONTRAST	\$900
70551	MRI BRAIN WO CONTRAST	\$1,500
77046	MRI BREAST UNILATERAL W/O (IMPLANT RUPTURE)	\$850
77048	MRI BREAST UNILATERAL W/WO	\$800
77047	MRI BREAST BILATERAL W/O (IMPLANT RUPTURE)	\$1,000
77049	MRI BREAST BILATERAL W/WO	\$1,500
72141	MRI C-SPINE W/O CONTRAST	\$800
72142	MRI C-SPINE WITH CONTRAST	\$850
72156	MRI C-SPINE WO/ WITH SEQUENCES	\$1,500
73723	MRI JOINT LOWER EXTREM W/WO CONTRAST	\$1,200
73721	MRI LOWER EXTRE JOINT WO CONTRAST	\$800
73718	MRI LOWER EXTRE NOT JOINT WO CONTRAST	\$800
73720	MRI LOWER EXTREMITY W/WO CONTRAST	\$1,400
72149	MRI L-SPINE W CONTRAST	\$850
72148	MRI L-SPINE WO CONTRAST	\$800
72158	MRI L-SPINE W/WO CONTRAST	\$1,500
70543	MRI ORBIT FACE NECK W/WO CONTRAST	\$1,500
70540	MRI ORBITS/FACE/NECK W/O	\$800
72195	MRI PELVIS WO CONTRAST	\$800
72197	MRI PELVIS W/WO CONTRAST	\$1,400
72157	MRI SPINAL CANAL W/WO CONTRAST	\$1,500

CPT Code	Description of Service	Flat-Rate Radiology Prices
72147	MRI T-SPINE W	\$850
72146	MRI T-SPINE WO CONTRAST	\$800
73221	MRI UPPER EXTREMITY JOINT WO CONTRAST	\$1,000
73218	MRI UPPER EXTREMITY NON JOINT WO CONTRAST	\$800
73220	MRI UPPER EXTREMITY W/WO CONTRAST	\$1,200
76706	ULTRASOUND AA ANEURYSM SCREENING	\$175
76705	ULTRASOUND ABDOMEN LIMITED	\$200
76700	ULTRASOUND ABDOMINAL	\$250
93922	ULTRASOUND ANKLE BRACHIAL INDEX	\$200
93925	ULTRASOUND ARTERIAL DOPPLER LOWER BILATERAL	\$300
93926	ULTRASOUND ARTERIAL DOPPLER UNILATERAL	\$250
51798	ULTRASOUND BLADDER	\$150
76641	ULTRASOUND BREAST	\$200
76642	ULTRASOUND BREAST LIMITED	\$150
93880	ULTRASOUND CAROTID DOPPLER	\$500
76881	ULTRASOUND EXTREMITY/NON-VASCULAR	\$175
76856	ULTRASOUND PELVIC COMPLETE	\$200
76857	ULTRASOUND PELVIC LIMITED	\$150
76770	ULTRASOUND RENAL	\$250
76870	ULTRASOUND SCROTUM/TESTICULAR	\$200
76536	ULTRASOUND THYROID HEAD NECK	\$200
76830	ULTRASOUND TRANSVAGINAL	\$250
93970	ULTRASOUND VENOUS DOPPLER BILATERAL	\$450
93971	ULTRASOUND VENOUS DOPPLER-UNILATERAL	\$300
74019	XRAY ABDOMEN 2 VIEWS W/INTERP	\$75
74021	XRAY ABDOMEN 3 OR MORE VIEWS W/INTERP	\$100
73050	XRAY AC JOINS BILATERAL	\$80
73610	XRAY ANKLE W/INTERP	\$75
77072	XRAY BONE AGE STUDIES	\$50

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73650	XRAY CALCANEUS W/INTERP	\$60
72040	XRAY CERVICAL SPINE 2-3 VIEWS	\$75
72050	XRAY CERVICAL SPINE 4-5 VIEWS	\$100
71045	XRAY CHEST 1 VIEW	\$50
71046	XRAY CHEST 2 VIEWS W/INTERP	\$100
71101	XRAY CHEST AND RIBS	\$100
73000	XRAY CLAVICAL W/INTERP	\$75
73070	XRAY ELBOW 2 VIEWS	\$50
73080	XRAY ELBOW 3 OR MORE VIEWS	\$75
70150	XRAY FACIAL COMPLETE W/INTERP	\$80
73551	XRAY FEMUR 1 VIEW	\$50
73552	XRAY FEMUR 2 OR MORE VIEWS	\$75
73140	XRAY FINGER W/INTERP	\$75
73630	XRAY FOOT W/INTERP	\$75
73090	XRAY FOREARM W/INTERP	\$60
73130	XRAY HAND W/INTERP	\$80
73501	XRAY HIP UNILATERAL 1 VIEW	\$50
73502	XRAY HIP UNILATERAL 2-3 VIEWS	\$100
73503	XRAY HIP UNILATERAL 4 OR MORE VIEWS	\$100
73521	XRAY HIPS BILATERAL 2 VIEWS	\$75
73522	XRAY HIPS BILATERAL 3-4 VIEWS	\$100
73523	XRAY HIPS BILATERAL MORE THAN 4 VIEWS	\$100
73060	XRAY HUMERUS W/INTERP	\$60
73560	XRAY KNEE 1-2 VIEWS W/INTERP	\$75
73562	XRAY KNEE 3 VIEWS	\$100
73564	XRAY KNEE MORE THAN 4 VIEWS W/INTERP	\$100
73565	XRAY KNEES BILATERAL	\$100
74018	XRAY KUB 1 VIEW W/INTERP	\$60
72100	XRAY LUMBAR SPINE 2-3 V W/INTERP	\$75
72110	XRAY LUMBAR SPINE 4 VW W/INTERP	\$100

CPT Code	Description of Service	Flat-Rate Radiology Prices
70110	XRAY MANDIBLE 4 VIEWS W/INTERP	\$60
70160	XRAY NASAL BONES W/INTERP	\$75
70360	XRAY NECK SOFT TISSUE	\$60
70200	XRAY ORBITALS W/INTERP	\$75
77074	XRAY OSSEOUS SURVEY LIMITED	\$200
72170	XRAY PELVIS W/INTERP	\$75
71100	XRAY RIB 2 VIEWS W/INTERP	\$75
72200	XRAY S.I. JOINTS W/INTERP	\$75
72220	XRAY SACRUM COCCYX	\$75
73010	XRAY SCAPULA COMPLETE	\$60
73030	XRAY SHOULDER W/INTERP	\$100
70210	XRAY SINUS SERIES W/INTERP	\$75
70250	XRAY SKULL 4 VIEWS W/INTERP	\$75
72020	XRAY SPINE 1 VIEW	\$60
71120	XRAY STERNUM W/INTERP	\$75
72083	THORACIC & LUMBAR COMBO	\$110
72072	XRAY THORACIC SPINE 3 VIEWS	\$80
73590	XRAY TIBIA/FIBULA 2 VIEWS W/INTERP	\$60
70330	XRAY TMJ BILATERAL	\$75
73660	XRAY TOE W/INTERP	\$60
73100	XRAY WRIST 2 VIEWS	\$60
73110	XRAY WRIST 3 VIEWS W/INTERP	\$75