

## National University of Health Sciences Department of Diagnostic Imaging Fee Schedule

CPT Codes	Radiology Series	Fee
70220	SINUSES, PARANASAL, COMPLETE, MINIMUM 3 VIEWS	\$85.00
71020	CHEST, SEE 71046	\$90.00
71046	CHEST, 2 VIEWS	\$90.00
71100	RIBS, UNILATERAL, 2 VIEWS	\$85.00
71101	RIBS, UNILATERAL INCLUDING POSTEROANTERIOR CHEST, MINIMUM 3 VIEWS	\$95.00
71111	RIBS, BILATERAL, INCLUDING POSTEROANTERIOR CHEST, MINIMUM 4 VIEWS	\$175.00
71120	STERNUM, MINIMUM 2 VIEWS	\$75.00
72040	SPINE CERVICAL 2/3 VIEWS	\$90.00
72050	SPINE CERVICAL MIN 4 VIEWS	\$110.00
72052	DAVIS SERIES 7 VIEWS	\$145.00
72070	SPINE, THORACIC, 2 VIEWS	\$100.00
72072	SPINE, THORACIC, 3 VIEWS	\$115.00
72074	SPINE, THORACIC, MINIMUM 4 VIEWS	\$125.00
72080	SPINE, THORACOLUMBAR, JUNCTION, MINIMUM 2 VIEWS	\$75.00
72081	SPINE, ENTIRE THORACIC AND LUMBAR, INCLUDING SKULL, CERVICAL AND SACRAL SPINE, 1 VIEW	\$55.00
72082	SPINE, ENTIRE THORACIC AND LUMBAR, INCLUDING SKULL, CERVICAL AND SACRAL SPINE, 2/3 VIEWS	\$150.00
72083	SPINE, ENTIRE THORACIC AND LUMBAR, INCLUDING SKULL, CERVICAL AND SACRAL SPINE, 4/5 VIEWS	\$150.00
72084	SPINE, FULL, MINIMUM 6 VIEWS	\$150.00
72100	SPINE, LUMBOSACRAL, 2/3 VIEWS	\$99.00
72110	SPINE, LUMBOSACRAL, MINIMUM 4 VIEWS	\$125.00
72114	SPINE, LUMBOSACRAL, COMPLETE, INCLUDING BENDING VIEWS, MINIMUM 6 VIEWS	\$145.00
72120	SPINE, LUMBOSACRAL, BENDING VIEWS ONLY, 2/3 VIEWS	\$100.00
72170	PELVIS 1/2 VIEWS	\$30.00
72190	PELVIS, COMPLETE, MINIMUM 3 VIEWS	\$100.00
72202	SACROILIAC JOINTS, 3 OR MORE VIEWS	\$110.00
72220	SACRUM AND COCCYX, MINIMUM 2 VIEWS	\$90.00
73000	CLAVICAL, COMPLETE	\$90.00
73030	SHOULDER, COMPLETE, MINIMUM 2 VIEWS	\$95.00
73050	ACROMIOCLAVICULAR JOINTS, BILATERAL, WITH OR WITHOUT WEIGHTED DISTRACTION	\$110.00
73080	ELBOW, COMPLETE, MINIMUM 3 VIEWS	\$95.00

73090	FOREARM, 2 VIEWS	\$95.00
73110	WRIST, COMPLETE, MINIMUM 3 VIEWS	\$95.00
73130	HAND 2 OR MORE VIEWS	\$95.00
73140	FINGER(S), MINIMUM 2 VIEWS	\$75.00
73501	HIP, UNILATERAL, WITH PELVIS 1 VIEW	\$80.00
73502	HIP, UNILATERAL, WITH PELVIS 2/3 VIEWS	\$100.00
73521	HIPS, BILATERAL, WITH PELVIS, 2 VIEWS	\$95.00
73522	HIPS, BILATERAL, WITH PELVIS, 3/4 VIEWS	\$110.00
73523	HIPS, BILATERAL, WITH PELVIS, MINIMUM 5 VIEWS	\$135.00
73564	KNEE, COMPLETE, 4 OR MORE VIEWS	\$100.00
73590	TIBIA AND FIBULA, 2 VIEWS	\$85.00
73610	ANKLE, COMPLETE, MINIMUM 3 VIEWS	\$85.00
73630	FOOT, COMPLETE, MINIMUM 3 VIEWS	\$85.00
73650	HEEL, CALCANEUS, MINIMUM 2 VIEWS	\$75.00
73660	CALCANEUS, TOE(S), MINIMUM 2 VIEWS	\$65.00
74018	RADIOLOGIC EXAMINATION, ABDOMEN, 1 VIEW	\$90.00
76140	CONSULTATION ON X-RAY EXAMINATION MADE ELSEWHERE	\$20.00
76856	DIAGNOSTIC ULTRASOUND, EXTREMITY PELVIC/HIP	\$210.00
76881	DIAGNOSTIC ULTRASOUND, EXTREMITY COMPREHENSIVE	\$190.00
76882	DIAGNOSTIC ULTRASOUND, EXTREMITY, LIMITED	\$75.00
76970	DIAGNOSTIC ULTRASOUND, FOLLOW UP STUDY	\$165.00
N/A	XRAY COPIES - COST PER IMAGE	\$6.00