

MRI Now Kerrville

Below pricing includes: reading and technical component fees.

CPT	PROCEDURE	FEE
Closed MRI's		
70336	MRI, temporomandibular joint(s)	\$525.00
70540	MRI, orbit, face, and/or neck; without contrast	\$525.00
70542	MRI, orbit, face, and/or neck; with contrast	\$675.00
70543	MRI, orbit, face, and/or neck; without and with contrast	\$875.00
70544	MR angiography, head; without contrast	\$525.00
70545	MR angiography, head; with contrast	\$675.00
70546	MR angiography, head; without and with contrast	\$875.00
70547	MR angiography, neck; without contrast	\$525.00
70548	MR angiography, neck; with contrast	\$675.00
70549	MR angiography, neck; without and with contrast	\$875.00
70551	MRI, brain (including brain stem); without contrast	\$525.00
70552	MRI, brain (including brain stem); with contrast	\$675.00
70553	MRI, brain (including brain stem); without and with contrast	\$875.00
71550	MRI, chest; without contrast	\$525.00
71551	MRI, chest; with contrast	\$675.00
71552	MRI, chest; without and with contrast	\$875.00
71555	MR angiography, chest, with or without contrast	\$525.00
72141	MRI, spinal canal and contents, cervical; without contrast	\$525.00
72142	MRI, spinal canal and contents, cervical; with contrast	\$675.00
72146	MRI, spinal canal and contents, thoracic; without contrast	\$525.00
72147	MRI, spinal canal and contents, thoracic; with contrast	\$675.00
72148	MRI, spinal canal and contents, lumbar; without contrast	\$525.00
72149	MRI, spinal canal and contents, lumbar; with contrast	\$675.00
72156	MRI, spinal canal and contents, without and with contrast; cervical	\$875.00
72157	MRI, spinal canal and contents, without and with contrast; thoracic	\$875.00
72158	MRI, spinal canal and contents, without and with contrast; lumbar	\$875.00
72195	MRI, pelvis; without contrast	\$525.00
72196	MRI, pelvis; with contrast	\$675.00
72197	MRI, pelvis; without and with contrast	\$875.00
72198	MR angiography, pelvis, with or without contrast	\$525.00
73218	MRI, upper extremity, other than joint; without contrast	\$525.00
73219	MRI, upper extremity, other than joint; with contrast	\$675.00
73220	MRI, upper extremity, other than joint; without and with contrast	\$875.00
73221	MRI, any joint of upper extremity; without contrast	\$525.00
73222	MRI, any joint of upper extremity; with contrast	\$675.00
73223	MRI, any joint of upper extremity; without and with contrast	\$875.00
73225	MR angiography, upper extremity, with or without contrast	\$525.00
73718	MRI, lower extremity other than joint; without contrast	\$525.00
73719	MRI, lower extremity other than joint; with contrast	\$675.00
73720	MRI, lower extremity other than joint; without and with contrast	\$875.00
73721	MRI, any joint of lower extremity; without contrast	\$525.00
73722	MRI, any joint of lower extremity; with contrast	\$675.00
73723	MRI, any joint of lower extremity; without and with contrast	\$875.00
73725	MR angiography, lower extremity, with or without contrast	\$525.00
74181	MRI, abdomen; without contrast	\$525.00
74182	MRI, abdomen; with contrast	\$675.00
74183	MRI, abdomen; without and with contrast	\$875.00
74185	MR angiography, abdomen, with or without contrast	\$525.00

*This list of procedures are for review purposes only and is not a guarantee of benefits. Please refer to your Summary Plan Description.

Ultrasounds		
76536	Ultrasound, soft tissues of head and neck	\$200.00
76604	Ultrasound, chest (includes mediastinum)	\$200.00
76700	Ultrasound, abdominal; complete	\$200.00
76705	Ultrasound, abdominal; limited	\$200.00
76770	Ultrasound, retroperitoneal (eg, renal, aorta, nodes); complete	\$200.00
76775	Ultrasound, retroperitoneal (eg, renal, aorta, nodes); limited	\$200.00
76800	Ultrasound, spinal canal and contents	\$200.00
76801	Ultrasound, pregnant uterus, first trimester; single or first gestation	\$200.00
76805	Ultrasound, pregnant uterus, after first trimester; single or first gestation	\$200.00
76810	Ultrasound, pregnant uterus, after first trimester; each additional gestation	\$130.00
76811	Ultrasound, pregnant uterus, fetal and maternal evaluation; single or first gestation	\$200.00
76812	Ultrasound, pregnant uterus, fetal and maternal evaluation; each additional gestation	\$130.00
76813	Ultrasound, pregnant uterus, first trimester fetal measurement; single or first gestation	\$200.00
76814	Ultrasound, pregnant uterus, first trimester fetal measurement; each additional gestation	\$130.00
76815	Ultrasound, pregnant uterus, limited, one or more fetuses	\$200.00
76817	Ultrasound, pregnant uterus, transvaginal	\$200.00
76830	Ultrasound, transvaginal	\$200.00
76856	Ultrasound, pelvic (nonobstetric); complete	\$200.00
76857	Ultrasound, pelvic (nonobstetric); limited or follow-up	\$200.00
76870	Ultrasound, scrotum and contents	\$200.00
76872	Ultrasound, transrectal	\$200.00
76881	Ultrasound, extremity, nonvascular; complete	\$200.00
76882	Ultrasound, extremity, nonvascular; limited	\$200.00
93880	Duplex scan of extracranial arteries; complete bilateral study	\$200.00
93922	Limited bilateral noninvasive physiologic studies of upper/lower extremity arteries	\$200.00
93923	Complete bilateral noninvasive physiologic studies of upper/lower extremity arteries, 3+ levels	\$200.00
93925	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study	\$200.00
93926	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study	\$200.00
93930	Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study	\$200.00
93931	Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study	\$200.00
93970	Duplex scan of extremity veins; complete bilateral study	\$200.00
93971	Duplex scan of extremity veins; unilateral or limited study	\$200.00
93975	Duplex scan of inflow and outflow of abdominal, pelvic, scrotal; complete study	\$200.00
93976	Duplex scan of inflow and outflow of abdominal, pelvic, scrotal; limited study	\$200.00

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