

Grosse Pointe Physicians X-ray Center, P.C.

Fee Schedule 2021

Cash pricing is ONLY valid for patients choosing to pay in-full at the time of service. No insurance will be billed.

Please note: this is a full service (Global) fee which includes procedure & interpretation
(As of 5-1-2021 Subject to change without notice)

CT:

CPT	Description	CASH
74175	CTA ABDOMINAL AORTA	\$534
75635	CTA ABDOMINAL AORTA W RUNOFF	\$732
71275	CTA CHEST	\$500
70498	CTA CAROTIDS (NECK)	\$489
70496	CTA HEAD	\$490
71271	CT LOW DOSE LUNG SCREENING CHEST	\$257
71250	CT CHEST WO CONTRAST DIAGNOSTIC	\$261
71260	CT CHEST W CONTRAST DIAGNOSTIC	\$324
71270	CT CHEST WO & W CONTRAST DIAGNOSTIC	\$383
74176	CT ABDOMEN & PELVIS WO CONTRAST	\$330
74177	CT ABDOMEN & PELVIS W CONTRAST	\$540
74178	CT ABDOMEN & PELVIS WO & W CONTRAST	\$607
74150	CT ABDOMEN WO CONTRAST	\$246
74160	CT ABDOMEN W CONTRAST	\$408
74170	CT ABDOMEN WO & W CONTRAST	\$460
72192	CT PELVIS WO CONTRAST	\$240
72193	CT PELVIS W CONTRAST	\$399
72194	CT PELVIS WO & W CONTRAST	\$449
70470	CT HEAD WO & W CONTRAST	\$315
70450	CT HEAD WO CONTRAST	\$191
70460	CT HEAD W CONTRAST	\$269
70480	CT ORBITS WO CONTRAST- Temp Bones / IAC	\$331
70481	CT ORBITS W CONTRAST	\$369
70482	CT ORBITS W & W/O CONTRAST	\$409
70487	CT FACIAL BONES / SINUS W CONTRAST	\$276
70486	CT FACIAL BONES / SINUS WO CONTRAST	\$230
70488	CT FACIAL BONES / SINUS WO & W CONTRAST	\$336

CPT Continued CT**CASH**

70491	CT NECK W/CONTRAST	\$334
70490	CT NECK WO CONTRAST	\$272
70492	CT NECK WO & W CONTRAST	\$404
72125	CT SPINE CERVICAL WO CONTRAST	\$257
72126	CT SPINE CERVICAL W CONTRAST	\$323
72127	CT SPINE CERVICAL WO & W CONTRAST	\$380
72128	CT SPINE THORACIC WO CONTRAST	\$257
72129	CT SPINE THORACIC W CONTRAST	\$325
72130	CT SPINE THORACIC WO & W CONTRAST	\$381
72131	CT SPINE LUMBAR WO CONTRAST	\$256
72132	CT SPINE LUMBAR WCONTRAST	\$323
72133	CT SPINE LUMBAR WO & W CONTRAST	\$378
76377	CT 3D RENDERING	\$119
73700	CT LOWER EXTREMITY WO CONTRAST	\$256
73701	CT LOWER EXTREMITY W CONTRAST	\$320
73702	CT LOWER EXTREMITY WO & W CONTRAST	\$385

Mammography:**CPT Description****CASH**

77067	MAMMOGRAPHY: SCREENING BILAT DIGITAL	\$226
77065	MAMMOGRAPHY: DIAGNOSTIC UNILAT DIGITAL	\$222
77066	MAMMOGRAPHY: DIAGNOSTIC BILAT DIGITAL	\$279

Bone Density**CPT Description**

77080	DXA BONE DENSITY AXIAL SKELTON	\$65
	BODY COMPOSITION ANALYSIS	\$50

Ultrasound

CASH

CPT Description

76700	US ABDOMINAL COMPLETE	\$203
76705	US ABDOMINAL LIMITED	\$151
76706	US AORTA SCREENING AAA	\$188
76641	US BREAST, UNI COMPLETE	\$177
76642	US BREAST, UNI LIMITED	\$145
76604	US CHEST (CHEST WALL/UPPER BACK)	\$131
76882	US EXTREMITY NONVASCULAR (ie Bakers Cyst)	\$94
76770	US KIDNEY & BLADDER	\$187
76775	US KIDNEY LIMITED	\$97
{ 76856	US PELVIS NON OB	\$181
{ 76830	US TRANSVAGINAL	\$203
76857	US PELVIS LIMITED	\$80
76870	US TESTICULAR w Doppler	\$174
76536	US THYROID	\$192
{ 76801	OB US <14 WEEKS TRANSABDOMINAL	\$202
{ 76817	OB US TRANSVAGINAL	\$158
76802	OB EACH ADDITIONAL GESTATION 1st TRIMESTER	\$104
76805	OB US > 14 WEEKS TRANSABDOMINAL	\$232
76810	OB EACH ADDITIONAL GESTATION >14 WEEKS	\$152
76815	OB US LIMITED	\$139
76816	OB US FOLLOW-UP FROM PREVIOUS SCAN	\$187

Doppler

CASH

CPT Description

93978	DOPPLER: AORTA DUPLEX COMPLETE	\$312
93880	DOPPLER: CAROTID ARTERY BILATERAL	\$331
{ 93926	DOPPLER ARTERIAL LOWER EXTREMITY UNI *	\$249
{ 93925	DOPPLER ARTERIAL LOWER EXTREMITY BILATERAL *	\$420
93922	ANKLE/BRACHIAL INDEX 1-2 LEVEL BILATERAL	\$141
*	ADD A/B INDEX WITH LOWER EXT ARTERIAL DOPPLER	
93930	DOPPLER ARTERIAL UPPER EXTREMITY BILATERAL	\$342
93931	DOPPLER ARTERIAL UPPER EXTREMITY UNI	\$213
93970	DOPPLER VENOUS EXTREMITY BILATERAL	\$323
93971	DOPPLER VENOUS EXTREMITY UNI	\$202
93975	DOPPLER ABD PELVIC/RETRO	\$459
93976	DOPPLER ABDOMINAL LIMITED	\$272

X-Ray

CPT	Description	CASH
74018	ABDOMEN: 1 VIEW	\$48
74019	ABDOMEN: 2 VIEWS	\$59
74021	ABDOMEN: 3 OR MORE VIEWS	\$69
73050	ACROMIOCLAVICULAR JOINTS	\$52
74022	ACUTE ABDOMEN SERIES W/CHEST 3 VIEWS	\$80
73600	ANKLE 2 VIEWS * x2 for bilateral	\$52
73610	ANKLE COMPLETE * x2 for bilateral	\$57
77072	BONE AGE STUDIES	\$42
77073	BONE LENGTH STUDIES	\$73
73650	CALCANEUS MIN 2 VIEWS * x2 for bilateral	\$46
71045	CHEST SINGLE FRONTAL VIEW	\$42
71046	CHEST 2 VIEWS	\$54
71047	CHEST 3V	\$68
71048	CHEST 4 VIEWS or more	\$74
73000	CLAVICLE * x2 for bilateral	\$52
73070	ELBOW 2 VIEWS * x2 for bilateral	\$47
73080	ELBOW COMPLETE, MIN 3 VIEWS * x2 for bilateral	\$51
70150	FACIAL BONES 3 VIEWS	\$76
73551	FEMUR 1 VIEW * x2 for bilateral	\$48
73552	FEMUR 2 VIEWS * x2 for bilateral	\$57
73140	FINGERS MIN 2 VIEWS * x2 for bilateral	\$59
73620	FOOT 2 VIEWS * x2 for bilateral	\$46
73630	FOOT COMPLETE * x2 for bilateral	\$54
73090	FOREARM, 2 VIEWS * x2 for bilateral	\$47
73120	HAND 2 VIEWS * x2 for bilateral	\$50
73130	HAND COMPLETE * x2 for bilateral	\$57
73521	HIP, BILATERAL, W PELVIS, 2 VIEWS	\$66
73522	HIP, BILATERAL, W PELVIS 3-4 VIEWS	\$86
73523	HIP, BILATERAL, W PELVIS MIN 5 VIEWS	\$97
73501	HIP, UNI, W PELVIS, 1 VIEW	\$52
73502	HIP, UNI, W PELVIS, 2-3 VIEWS	\$74
73503	HIP, UNI, MIN of 4 VIEWS	\$92
73060	HUMERUS MIN 2 VIEWS * x2 for bilateral	\$52
76010	KIDDIEGRAM -Nose/Rectum for foreign body, child 1 view	\$47
73560	KNEE, 1-2 VIEWS * x2 for bilateral	\$55
73562	KNEE, 3 VIEWS	\$65
73564	KNEE, COMP 4 OR MORE VIEWS * x2 for bilateral	\$72
73565	KNEES, STANDING COMPARISON	\$64
73592	LOWER EXTREMITY INFANT 2 VIEW (<1 YR) * x2 for bilateral	\$50
70100	MANDIBLE <4 VIEWS	\$60
70110	MANDIBLE COMPLETE 4 OR MORE VIEWS	\$70
70120	MASTOIDS < 3 VWS	\$60
70130	MASTOID COMPLETE, MIN 3 VIEWS PER SIDE	\$99

CPT	Continued X-Ray	CASH
70160	NASAL BONES	\$60
70360	NECK SOFT TISSUE	\$50
70200	ORBITS COMPLETE	\$77
77074	OSSEOUS SURVEY: LIMITED FOR METS	\$104
77075	OSSEOUS SURVEY: COMPLETE AXIAL & APPENDICULAR	\$157
77076	OSSEOUS SURVEY: INFANT (<1 YR)	\$170
72170	PELVIS 1 OR 2 VIEWS	\$47
72190	PELVIS MIN 3 VIEWS	\$67
71110	RIBS: BILATERAL 3 VIEWS	\$71
71111	RIBS: BILATERAL W/CHEST, MIN 4 VIEWS	\$84
71100	RIBS: UNILATERAL 2 VIEWS	\$59
71101	RIBS: UNILATERAL W/CHEST MIN 3 VIEWS	\$67
72200	SACROILIAC JOINTS 1 OR 2 VWS	\$53
72202	SACROILIAC JOINTS 3 OR MORE	\$63
72220	SACRUM AND COCCYX MIN 2 VIEWS	\$52
73010	SCAPULA	\$46
70240	SELLA TURCIA	\$55
73020	SHOULDER, 1 VIEW * x2 for bilateral	\$35
73030	SHOULDER COMPLETE MIN 2 VIEWS * x2 for bilateral	\$55
70210	SINUS 1 VIEW	\$51
70220	SINUS COMPLETE MN 3 VIEWS	\$60
70250	SKULL < 4 VIEWS	\$59
70260	SKULL COMPLETE MIN 4 VIEWS	\$73
72020	SPINE: SINGLE VIEW, SPECIFY LEVEL	\$40
72040	SPINE CERVICAL 2 OR 3 VWS	\$63
72050	SPINE CERVICAL 4 or 5 VIEWS	\$83
72052	SPINE CERVICAL 6 OR MORE VIEWS	\$98
72100	SPINE LUMBAR 2 OR 3 VIEWS	\$63
72110	SPINE LUMBAR MIN 4 VIEWS	\$80
72120	SPINE LUMBAR BENDING 2 OR 3 VIEWS	\$65
72114	SPINE LUMBAR COMP MIN 6 VIEWS	\$98
72070	SPINE THORACIC 2 VIEWS	\$52
72072	SPINE THORACIC 3 VIEWS	\$63
72074	SPINE THORACIC MIN 4 VIEWS	\$71
72081	SPINE SCOLIOSIS 1 VIEW	\$69
72082	SPINE SCOLIOSIS 2-3 VIEWS	\$111
72083	SPINE SCOLIOSIS 4-5 VIEWS	\$130
72084	SPINE SCOLIOSIS MIN 6 VIEWS	\$154
71130	STERNOCLAVICULAR JOINT(S) MIN 3 VIEWS	\$66
71120	STERNUM MIN 2 VIEWS	\$54
73590	TIBIA & FIBULA, 2 VIEWS * x2 for bilateral	\$50
70328	TMJ UNI	\$55
70330	TMJ BILATERAL	\$85
73660	TOES MIN 2 VIEWS * x2 for bilateral	\$46

CPT Continued X-Ray

		CASH
73092	UPPER EXTREMITY INFANT (<1 YR) 2 VIEW * x2 for bilateral	\$50
73100	WRIST, 2 VIEWS	\$54
73110	WRIST, COMPLETE MIN 3 VIEW * x2 for bilateral	\$64

FLUOROSCOPY:**CPT Description**

		CASH
74220	ESOPHAGRAM SINGLE CONTRAST	\$159
74210	ESOPHAGUS PHARYNX/CERVICAL AREA ONLY	\$156
74240	UPPER GI inc Scout	\$199
74248	SMALL BOWEL additional when done With UGI	\$136
74250	SMALL BOWEL ONLY (not with UGI)	\$200