

2025 X-RAY SONOCARE SELF PAY RATES

74018	ABDOMEN 1 VIEW	\$49
74019	ABDOMEN 2 VIEW	\$60
74021	ABDOMEN 3 OR MORE VIEW	\$68
73600	ANKLE 2 VIEW	\$53
73610	ANKLE COMPLETE	\$60
73565	BOTH KNEES STANDING	\$64
72052	C SPINE COMPLETE W/ FLEX EXT	\$103
72050	C SPINE COMPLETE MIN 4 VIEW	\$86
72040	C SPINE 2 VIEWS	\$65
71045	CHEST 1 VIEW	\$43
71046	CHEST2 VIEW	\$54
71047	CHEST 3 VIEW	\$68
71048	CHEST 4 OR MORE VIEW	\$74
73000	CLAVICAL	\$53
77080	DEXA (SPINE, HIPS, PELVIS)	\$66
77081	DEXA (WRIST, HEEL)	\$53
73070	ELBOW 2 VIEW	\$47
73080	ELBOW 3 VIEW	\$52
70150	FACIAL BONE 3 OR MORE VIEW	\$78
70140	FACIAL BONE 2 VIEW	\$53
73140	FINGERS	\$58
73650	FOOT CALCANEUS{HEEL)	\$47
73630	FOOT COMPLETE	\$54
73620	FOOT2VIEW	\$47
73090	FOREARM	\$48
73120	HAND2 VIEW	\$50
73130	HAND3VIEW	\$58
73501	HIP UNI W/ PELVIS 1 VIEW	\$53
73502	HIP UNI W/ PELVIS 2 OR 3 VIEW	\$76
73503	HIP UNI W/ PELVIS MIN 4 VIEW	\$95
73521	HIPS BILATW/ PELVIS 2 VIEW	\$66
73522	HIPS BILATW/ PELVIS 3 OR 4 VIEW	\$86
73523	HIPS BILAT W/ PELVIS MIN 5 VIEW	\$101
73551	FEMUR 1 VIEW	\$49
73552	FEMUR MIN 2 VIEW	\$58
73060	HUMERUS AP & LAT	\$52
73562	KNEE COMPLETE 3 OR 4 VIEW	\$64
73564	KNEE 4 OR MORE VIEW	\$73
73560	KNEE 1 OR 2 VIEW	\$55
73592	LOW EXT INFANT	\$49
72110	LUMBAR COMPLETE 4 VIEW	\$88
72114	LUMBAR W/ FLEX & EXT	\$100
72120	LUMBAR BENDING VIEWS ONLY	\$73
72100	LUMBAR 2 VIEW AP & LAT	\$62

70110	MANDIBLE COMPLETE	\$88
70120	MASTOIDS (STYLOID)	\$61

CPT: DESCRIPTION OF CPT: RATE

70130	MASTOIDS COMPLETE	\$101
70160	NASAL BONES COMPLETE	\$61
70360	NECK SOFT TISSUE	\$52
70190	OPTIC FORAMINA	\$62
70200	ORBITS COMPLETE	\$78
70030	ORBITS FOR FOREIGN BODY	\$50
70220	PARANASAL SINUSES COMPLETE	\$67
72170	PELVIS 1 OR 2 VIEW	\$56
72190	PELVIS COMPLETE MIN 3 VIEWS	\$68
71101	RIBS & PA CHEST 3 VIEW	\$67
71110	RIBS BILAT	\$71
71100	RIBS UNI	\$59
72200	SACROILIAC JOINTS LESS THAN 3 VIEW	\$53
72202	SACROILIAC JOINTS 3 VIEWS	\$64
72220	SACRUM & COCCYX	\$53
73010	SCAPULA COMPLETE	\$55
73030	SHOULBER COMPLETE	\$54
73020	SHOULDER 1 VIEW	\$41
70210	SINUS 1 TO 3 VIEW	\$54
70250	SKULL LIMITED	\$65
70260	SKULL COMPLETE	\$82
72070	TORACIC 2 VIEW AP & LAT	\$59
72074	THORACIC 4 VIEW	\$58
72080	THORACO LUMBAR AP & LAT	\$58
72081	SPINE ENTIRE THORACIC & LUMBAR 1 VIEW INCLUDING SKULL CERVICAL AND SACRAL IF PERFORMED	\$70
72082	SPINE ENTIRE THORACIC & LUMBAR 2 OR 3 VIEWS INCLUDING SKULL CERVICAL AND SACRAL IF PERFORMED	\$114
72083	SPINE ENTIRE THORACIC & LUMBAR 4 OR 5 VIEWS INCLUDING SKULL CERVICAL AND SACRAL IF PERFORMED	\$132
72084	SPINE ENTIRE THORACIC & LUMBAR MIN OF 6 VIEWS INCLDING SKULL CERVICAL AND SACRAL SPINE IF PERFORMED	\$157
73590	TIBIA FIBULA AP & LAT	\$50
73660	TOES	\$49
73092	UPPER EXT INFANT	\$49
73100	WRIST 2 VIEW AP & LAT	\$55
73110	WRIST COMPLETE 3 TO 4 VIEW	\$65
71130	STERNOCLAVICULAR JOINT OR JOINTS MIN 3VIEWS	\$55

2025 ULTRASOUNDS SONOCARE SELF PAYRATES**DESCRIPTION OF CPT**

AAA SCREENING	76706	\$120
ABDOMEN	76700	\$240
ABI	93922	\$210
AORTA	93978	\$248
ARTERIAL BILAT LOWER	93925	\$337
ARTERIAL BILAT UPPER	93930	\$300
ARTERIAL UNI LOWER	93926	\$178
ARTERIAL UNI UPPER	93931	\$169
BLADDER	76857	\$65
CAROTID	93880	\$265
ECHO	93306	\$450
ECHO STRAIN	93356	\$66
EXTREMITY NON VASCULAR SOFT TISSUE COMPLETE	76881	\$118
EXTREMITY NON VASCULAR SOFT TISSUE LIMITED	76882	\$70
RENAL	76770	\$210
RENAL ARTERY	93975	\$367
RUQ	76705	\$210
SOFT TISSUE GROIN	76705	\$106
SCROTAL AND TESTICLE TOGETHER	93976/76870	\$450
SCROTAL WITH DOPPLER	93976	\$390
TESTICLE	76870	\$210
THYROID/SOFT TISSUE NECK	76536	\$210
TRANSABDOMINAL PELVIC	76856	\$240
TRANSVAGINAL	76830	\$240
VENOUS BILAT LOW OR UPP	93970	\$240
VENOUS UNI LOW OR UPP	93971	\$210
POST VOIDING	51798	\$13
DUPLEX SCAN OF HEMODIALYSIS ACCESS	93990	\$178
93350-ECHO TTHRC R-T 2D wrwo M-MODE COMPLETE REST&ST	93350	\$244
93351-ECHO TTHRC R-T 2D wrwo M-MODE REST&STRS CONT ECG	93351	\$302

