



NOVELLO IMAGING
Healthcare Reimagined.

CASH PRICING AT TIME OF SERVICE DIAGNOSTIC IMAGING

ALWAYS ONLY ONE BILL, NOT TWO!

Phone: 231.714.4306
Fax: 231.714.0077

4290 Copper Ridge Dr.,
Suite 100,
Traverse City, MI 49684

NOTE: This is a list of our commonly used procedures. Please call our office for further studies and pricing.

CT

Description	CPT Code	Charge	Description	CPT Code	Charge
CT Head/Brain w/o Contrast	70450	\$ 215.00	CT Pelvis w/o Contrast	72192	\$ 270.00
CT Head/Brain w/o /w Contrast	70470	\$ 350.00	CT Pelvis w/ Contrast	72193	\$ 470.00
CT Face/Sinus w/o Contrast	70486	\$ 260.00	CT Upper Ext. w/o Contrast	73200	\$ 330.00
CT Neck w/ Contrast	70491	\$ 375.00	CTA Upper Extremity	73206	\$ 605.00
CTA Head	70496	\$ 555.00	CT Lower Ext. w/o Contrast	73700	\$ 260.00
CTA Neck	70498	\$ 555.00	CTA Lower Extremity	73706	\$ 655.00
CT Chest w/o Contrast	71250	\$ 270.00	CT Abdomen w/o Contrast	74150	\$ 280.00
CT Chest w/ Contrast	71260	\$ 335.00	CT Abdomen w/ Contrast	74160	\$ 480.00
CT Lung Cancer Screening	71271	\$ 275.00	CT Abd And Pelvis w/o Contrast	74176	\$ 370.00
CTA Thoracic Aorta	71275	\$ 565.00	CTA Abdomen/Pelvis	74174	\$ 770.00
CT Cervical Spine w/o Contrast	72125	\$ 265.00	CT Abd And Pelvis w/ Contrast	74177	\$ 620.00
CT Thoracic Spine w/o Contrast	72128	\$ 260.00	CT Abdomen And Pelvis w/ & w/o Contrast	74178	\$ 695.00
CT Lumbar Spine w/o Contrast	72131	\$ 260.00	CT Calcium Scoring	75571	\$ 150.00
			CTA Abdominal Aorta Run Off	75635	\$ 820.00

MRI

Description	CPT Code	Charge	Description	CPT Code	Charge
MRI Orbit, Face, & Neck w/o contrast	70540	\$ 460.00	MRI UE (other than joint) w/ & w/o contrast	73220	\$ 840.00
MRI Orbit, Face & Neck w/ & w/o contrast	70543	\$ 690.00	MRI UE (joint) w/o contrast	73221	\$ 410.00
MRA Head w/o contrast	70544	\$ 435.00	MRI UE (joint) w/ & w/o contrast	73223	\$ 795.00
MRA Neck w/ & w/o contrast	70549	\$ 695.00	MRI LE (other than joint) w/o contrast	73718	\$ 455.00
MRI Brain w/o contrast	70551	\$ 400.00	MRI LE (other than joint) w/ & w/o contrast	73720	\$ 690.00
MRI Brain w/ & w/o contrast	70553	\$ 650.00	MRI LE (joint) w/o contrast	73721	\$ 410.00
MRI Spinal Canal, Cervical w/o contrast	72141	\$ 390.00	MRCP	74181	\$ 400.00
MRI Spinal Canal, Thoracic w/o contrast	72146	\$ 390.00	MRI Abdomen w/o contrast	74181	\$ 400.00
MRI Spinal Canal, Lumbar w/o contrast	72148	\$ 390.00	MRI Kidneys, Liver, Pancreas w/ & w/o contrast	74183	\$ 690.00
MRI Spinal Canal, Cervical w/ & w/o contrast	72156	\$ 650.00	MRI Abdomen w/ & w/o contrast	74183	\$ 690.00
MRI Spinal Canal, Thoracic w/ & w/o contrast	72157	\$ 655.00			
MRI Spinal Canal, Lumbar w/ & w/o contrast	72158	\$ 650.00			
MRI Pelvis w/o contrast	72195	\$ 470.00			
MRI Pelvis w/ or w/o contrast	72197	\$ 680.00			
MRI UE (other than joint) w/o contrast	73218	\$ 620.00			

*Upper extremity - Humerus, forearm, and hand
Upper Joint - Shoulder, elbow, and wrist
Lower Extremity - Femur, tibia/fibula, and foot
Lower Joint - Hip, knee, and ankle



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Ultrasound

Description	CPT Code	Charge	Description	CPT Code	Charge
US Thyroid	76536	\$ 220.00	US Transvaginal	76830	\$ 260.00
US Abdomen Complete	76700	\$ 230.00	USV Testicular w/ Doppler	76870/93976	\$ 505.00
US Ruq/Luq	76705	\$ 175.00	US Extremity Nonvascular Limited	76882	\$ 110.00
US Aorta Screening	76706	\$ 210.00	Carotid Doppler Bilateral	93880	\$ 370.00
US Renal/Bladder	76770	\$ 215.00	USV Artery Duplex Bilateral	93925	\$ 470.00
US Renal	76775	\$ 115.00	USV Artery Duplex Unilateral	93926	\$ 280.00
USV Renal Artery Duplex	76775/93976	\$ 420.00	Venous Doppler Bilateral	93970	\$ 365.00
US OB < 14WKS	76801	\$ 230.00	Venous Doppler Unilateral	93971	\$ 230.00
US OB = > 14WKS	76805	\$ 265.00			

X-Rays

Description	CPT Code	Charge	Description	CPT Code	Charge
Facial Bones	70150	\$95.00	Humerus Minimum 2 Views	73060	\$65.00
Nasal Bones	70160	\$75.00	Elbow Complete	73080	\$65.00
Sinuses Min 3 Views	70220	\$75.00	Forearm 2 Views	73090	\$60.00
Skull Min 4 Views	70260	\$90.00	Wrist Complete	73110	\$80.00
Chest 2 Views	71046	\$65.00	Hand Minimum 3 Views	73130	\$70.00
Ribs Unil w/ Pa Chest Min 3 Views	71101	\$85.00	Finger(S) Minimum 2 Views	73140	\$75.00
Ribs Bilateral	71110	\$85.00	Hip Unilateral 2-3 Views	73502	\$90.00
Cervical Spine 2 Or 3 Views	72040	\$80.00	Hip Bilateral 2 Views	73521	\$80.00
Cervical Spine Min 4 Views	72050	\$105.00	Knee Complete	73564	\$90.00
Cervical Spine Complete w/ Bending View	72052	\$120.00	Tibia/Fibula 2 Views	73590	\$65.00
Thoracic Spine 3 Views	72070	\$65.00	Ankle Complete	73610	\$75.00
Lumbar Spine 2 Or 3 Views	72100	\$80.00	Foot Complete	73630	\$70.00
Lumbar Spine 4 Views	72110	\$100.00	Calcaneus Minimum 2 Views	73650	\$60.00
Lumbar Spine Complete w/ Bending View	72114	\$120.00	Toe(s) Minimum 2 Views	73660	\$80.00
Pelvis 1 View	72170	\$55.00	Abdomen 1 View	74018	\$60.00
Si Joints < 3 Views	72200	\$65.00	Abdomen 2 Views	74019	\$75.00
Sacroiliac Joints	72202	\$80.00	Abdominal Series w/ Pa Chest	74022	\$100.00
Sacrum And Coccyx	72220	\$65.00	Bone Age Study	77072	\$55.00
Clavical Complete	73000	\$65.00	Bone Survey Limited	77074	\$130.00
Shoulder Complete	73030	\$70.00			

This is a list of our most commonly used procedures. Please be aware, Novello Imaging offers cash pricing on ALL services for our patients in place of billing insurance. Patients may choose cash pricing if they have a high deductible or they are having a procedure they know their insurance will not cover. The cash pricing also includes the radiologist reading fee. These cash price discounts are only good on the date of service when paid in full. Prices are subject to change without notification.