

Shoppable Service	Primary Service & Ancillary Services	CPT/HCPCS Code	FY22 Charge	Self-Pay Cash Price	Estimated Minimum Allowed	Estimated Maximum Allowed
Breast Biopsy using MRI Guidance	Primary Service - Breast Biopsy using MRI Guidance	19085	\$ 5,374	\$ 4,837	\$ 1,945	\$ 4,998
	Implantable Tissue Marker	A4648	\$ 844	\$ 760	\$ 306	\$ 785
	Tissue Exam by Pathologist	88305	\$ 369	\$ 332	\$ 47	\$ 339
	Physician Services	Physician professional fee may be billed separately				
	Contrast	A9579, J7050	\$ 628	\$ 565	\$ 227	\$ 584
	Unilateral Diagnostic Mammography	77065	\$ 666	\$ 600	\$ 150	\$ 613
	Drugs	No CPT code	\$ 153	\$ 138	\$ 55	\$ 142
	Supplies	No CPT code	\$ 2,524	\$ 2,271	\$ 914	\$ 2,347
Breast Biopsy using Ultrasound Guidance	Primary Service - Breast Biopsy using Ultrasound Guidance	19083	\$ 3,842	\$ 3,458	\$ 1,391	\$ 3,573
	Tissue Exam by Pathologist	88305	\$ 369	\$ 332	\$ 47	\$ 339
	Physician Services	Physician professional fee may be billed separately				
	Implantable Tissue Marker	A4648	\$ 844	\$ 760	\$ 306	\$ 785
	Supplies	No CPT code	\$ 483	\$ 435	\$ 175	\$ 449
Breast Biopsy using Stereotactic Guidance	Primary Service - Breast Biopsy using Stereotactic Guidance	19081	\$ 4,353	\$ 3,918	\$ 1,576	\$ 4,049
	Tissue Exam by Pathologist	88305	\$ 369	\$ 332	\$ 47	\$ 339
	Physician Services	Physician professional fee may be billed separately				
	Implantable Tissue Marker	A4648, J7050	\$ 919	\$ 827	\$ 333	\$ 855
Supplies	No CPT code	\$ 885	\$ 796	\$ 320	\$ 823	
MRI of Brain including Brain Stem	Primary Service - MRI of Brain including Brain Stem, without contrast followed by with contrast	70553	\$ 4,729	\$ 4,256	\$ 420	\$ 4,350
	Physician Services	Physician professional fee may be billed separately				
	Contrast	A9579	\$ 553	\$ 497	\$ 200	\$ 514
Supplies	No CPT code	\$ 195	\$ 175	\$ 70	\$ 181	
Colonoscopy & Biopsy	Primary Service - Colonoscopy & Biopsy	45380	\$ 3,871	\$ 3,483	\$ 1,401	\$ 3,600
	Tissue Exam by Pathologist	88305	\$ 369	\$ 332	\$ 47	\$ 339
	Physician Services	Physician professional fee may be billed separately				
	Moderate Sedation Services	99153/G0500, J2250, J7040/J7030	\$ 660	\$ 594	\$ 125	\$ 614
	Other Drugs	No CPT code	\$ 107	\$ 96	\$ 39	\$ 99
	Supplies	No CPT code	\$ 562	\$ 506	\$ 204	\$ 523
Colonoscopy with Lesion Removal	Primary Service - Colonoscopy with Lesion Removal	45385	\$ 3,849	\$ 3,464	\$ 1,393	\$ 3,580
	Tissue Exam by Pathologist	88305	\$ 369	\$ 332	\$ 47	\$ 339
	Physician Services	Physician professional fee may be billed separately				
	Moderate Sedation Services	99153/G0500, J2250	\$ 584	\$ 525	\$ 97	\$ 543
	Supplies	No CPT code	\$ 987	\$ 888	\$ 357	\$ 918
	Other Drugs	No CPT code	\$ 97	\$ 88	\$ 35	\$ 90
Diagnostic Colonoscopy	Primary Service - Diagnostic Colonoscopy	45378	\$ 3,771	\$ 3,393	\$ 1,365	\$ 3,507
	Physician Services	Physician professional fee may be billed separately				
	Moderate Sedation Services	99153/G0500, J2250, J7030	\$ 660	\$ 594	\$ 125	\$ 614
	Supplies	No CPT code	\$ 207	\$ 186	\$ 75	\$ 193
Other Drugs	No CPT code	\$ 143	\$ 129	\$ 52	\$ 133	

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Computed Tomography (CT) of Pelvis	Primary - CT of Pelvis with contrast material	72193	\$ 3,010	\$ 2,709	\$ 266	\$ 2,769
	Physician Services	Physician professional fee may be billed separately				
	Contrast	Q9967	\$ 2,113	\$ 1,902	\$ 765	\$ 1,965
	Supplies	No CPT code	\$ 227	\$ 204	\$ 82	\$ 211
Mammography Screening	Primary Service - Bilateral Screening Mammography with Computer Aided Detection (CAD)	77067	\$ 564	\$ 507	\$ 159	\$ 519
	Physician Services	Physician professional fee may be billed separately				
	Bilateral Screening Digital Breast Tomosynthesis	77063	\$ 71	\$ 64	\$ 26	\$ 65
Computed Tomography (CT) of Abdomen and Pelvis	Primary Service - CT of Abdomen and Pelvis with contrast material	74177	\$ 5,367	\$ 4,830	\$ 350	\$ 4,937
	Physician Services	Physician professional fee may be billed separately				
	CT of Thorax with Contrast Material	71260	\$ 2,896	\$ 2,606	\$ 213	\$ 2,664
	Contrast	Q9967	\$ 2,113	\$ 1,902	\$ 765	\$ 1,965
	Supplies	No CPT Code	\$ 271	\$ 244	\$ 98	\$ 252
Unilateral Diagnostic Mammography	Primary Service - Unilateral Diagnostic Mammography	77065	\$ 666	\$ 600	\$ 150	\$ 613
	Physician Services	Physician professional fee may be billed separately				
	Unilateral Digital Breast Tomosynthesis	77061/G0279	\$ 53	\$ 48	\$ 19	\$ 49
Bilateral Diagnostic Mammography	Primary Service - Bilateral Diagnostic Mammography	77066	\$ 840	\$ 756	\$ 192	\$ 773
	Physician Services	Physician professional fee may be billed separately				
	Bilateral Digital Breast Tomosynthesis	77062/G0279	\$ 53	\$ 48	\$ 19	\$ 49
Breast Ultrasound	Primary Service - Breast Ultrasound	76642	\$ 691	\$ 621	\$ 87	\$ 635
	Physician Services	Physician professional fee may be billed separately				
PET Image with CT of Skull Base to Mid-Thigh	Primary Service - PET Image with CT of Skull Base to Mid-Thigh	78815	\$ 8,485	\$ 7,636	\$ 1,394	\$ 7,806
	Physician Services	Physician professional fee may be billed separately				
	Tracer	A9552	\$ 1,542	\$ 1,387	\$ 558	\$ 1,434
	Supplies	No CPT code	\$ 1,101	\$ 991	\$ 399	\$ 1,024
Dexa Scan (Nuclear imaging of bones and joints of whole body)	Primary Service - Dexa Scan	78306	\$ 2,083	\$ 1,874	\$ 433	\$ 1,916
	Physician Services	Physician professional fee may be billed separately				
	Tracer	A9503	\$ 135	\$ 122	\$ 49	\$ 126
	Supplies	No CPT code	\$ 167	\$ 150	\$ 60	\$ 155
PET CT of Whole Body	Primary Service - PET CT of Whole Body	78816	\$ 8,912	\$ 8,021	\$ 1,411	\$ 8,199
	Physician Services	Physician professional fee may be billed separately				
	Tracer	A9552	\$ 1,542	\$ 1,387	\$ 558	\$ 1,434
	Supplies	No CPT code	\$ 1,245	\$ 1,121	\$ 451	\$ 1,158
Gated Heart Planar Single	Primary Service - Gated Heart Planar Single	78472	\$ 2,689	\$ 2,420	\$ 300	\$ 2,473
	Physician Services	Physician professional fee may be billed separately				
	Tracer	A9560	\$ 682	\$ 613	\$ 247	\$ 634
	Supplies	No CPT code	\$ 242	\$ 218	\$ 88	\$ 225
Low Dose CT Scan for Lung Cancer Screening	Primary Service - Low Dose CT Scan for Lung Cancer Screening	G0297	\$ 826	\$ 743	\$ 158	\$ 759
	Physician Services	Physician professional fee may be billed separately				

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Unilateral Breast MRI	Primary Service - Unilateral Breast MRI without contrast followed by with contrast	C8905	\$ 3,404	\$ 3,064	\$ 1,232	\$ 3,132
	Physician Services	Physician professional fee may be billed separately				
	Computer-Aided Detection (CAD) of Breast MRI	C8937	\$ 163	\$ 147	\$ 59	\$ 150
	Contrast	A9579	\$ 553	\$ 497	\$ 200	\$ 514
	Supplies	No CPT code	\$ 149	\$ 134	\$ 54	\$ 139
Bilateral Breast MRI	Primary Service - Bilateral Breast MRI without contrast followed by with contrast	C8908	\$ 4,631	\$ 4,168	\$ 1,676	\$ 4,260
	Physician Services	Physician professional fee may be billed separately				
	Computer-Aided Detection (CAD) of Breast MRI	C8937	\$ 163	\$ 147	\$ 59	\$ 150
	Contrast	A9579	\$ 553	\$ 497	\$ 200	\$ 514
	Supplies	No CPT code	\$ 211	\$ 190	\$ 76	\$ 196
Covid Test <sup>1</sup>	Primary Service - Covid Test	U0003	\$ 156	\$ -	\$ 56 <sup>1</sup>	\$ 144 <sup>1</sup>

<sup>1</sup>Patients are not responsible for any COVID test cost-sharing per current government regulations. These regulations are subject to change.