

Shoppable Service	Primary Service & Ancillary Services	CPT/HCPCS Code	Average Gross Charge (based on actual billing)	Self-Pay Cash Price	Estimated Minimum Allowed	Estimated Maximum Allowed
Breast Biopsy using MRI Guidance	Primary Service - Breast Biopsy using MRI Guidance	19085	\$ 5,794	\$ 5,214	\$ 298	\$ 5,330
	Implantable Tissue Marker	A4648	\$ 385	\$ 346	\$ 137	\$ 358
	Tissue Exam by Pathologist	88305	\$ 505	\$ 455	\$ 47	\$ 465
	Physician Services	Physician professional fee may be billed separately				
	Contrast	A9579, J7050	\$ 536	\$ 482	\$ 190	\$ 498
	Unilateral Diagnostic Mammography	77065	\$ 653	\$ 588	\$ 150	\$ 601
	Drugs	No CPT code	\$ 148	\$ 134	\$ 53	\$ 138
	Supplies	No CPT code	\$ 2,450	\$ 2,205	\$ 870	\$ 2,278
Breast Biopsy using Ultrasound Guidance	Primary Service - Breast Biopsy using Ultrasound Guidance	19083	\$ 3,842	\$ 3,458	\$ 257	\$ 3,534
	Tissue Exam by Pathologist	88305	\$ 434	\$ 391	\$ 47	\$ 399
	Physician Services	Physician professional fee may be billed separately				
	Implantable Tissue Marker	A4648	\$ 544	\$ 489	\$ 193	\$ 506
	Supplies	No CPT code	\$ 469	\$ 422	\$ 166	\$ 436
Breast Biopsy using Stereotactic Guidance	Primary Service - Breast Biopsy using Stereotactic Guidance	19081	\$ 4,186	\$ 3,767	\$ 273	\$ 3,851
	Tissue Exam by Pathologist	88305	\$ 384	\$ 346	\$ 47	\$ 354
	Physician Services	Physician professional fee may be billed separately				
	Implantable Tissue Marker	A4648, J7050	\$ 449	\$ 404	\$ 159	\$ 418
	Supplies	No CPT code	\$ 859	\$ 773	\$ 305	\$ 799
MRI of Brain including Brain Stem	Primary Service - MRI of Brain including Brain Stem, without contrast followed by with contrast	70553	\$ 4,724	\$ 4,251	\$ 420	\$ 4,346
	Physician Services	Physician professional fee may be billed separately				
	Contrast	A9579	\$ 450	\$ 405	\$ 160	\$ 419
	Supplies	No CPT code	\$ 189	\$ 170	\$ 67	\$ 175
Colonoscopy & Biopsy	Primary Service - Colonoscopy & Biopsy	45380	\$ 3,722	\$ 3,350	\$ 332	\$ 3,424
	Tissue Exam by Pathologist	88305	\$ 856	\$ 770	\$ 47	\$ 787
	Physician Services	Physician professional fee may be billed separately				
	Moderate Sedation Services	99153/G0500, J2250, J7040/J7030	\$ 796	\$ 716	\$ 57	\$ 733
	Other Drugs	No CPT code	\$ 103	\$ 92	\$ 36	\$ 95
	Supplies	No CPT code	\$ 546	\$ 492	\$ 194	\$ 508
Colonoscopy with Lesion Removal	Primary Service - Colonoscopy with Lesion Removal	45385	\$ 3,701	\$ 3,331	\$ 421	\$ 3,405
	Tissue Exam by Pathologist	88305	\$ 778	\$ 701	\$ 47	\$ 716
	Physician Services	Physician professional fee may be billed separately				
	Moderate Sedation Services	99153/G0500, J2250	\$ 817	\$ 735	\$ 34	\$ 752
	Supplies	No CPT code	\$ 958	\$ 863	\$ 340	\$ 891
	Other Drugs	No CPT code	\$ 94	\$ 85	\$ 33	\$ 88
Diagnostic Colonoscopy	Primary Service - Diagnostic Colonoscopy	45378	\$ 3,626	\$ 3,263	\$ 153	\$ 3,335
	Physician Services	Physician professional fee may be billed separately				
	Moderate Sedation Services	99153/G0500, J2250, J7030	\$ 788	\$ 709	\$ 68	\$ 726
	Supplies	No CPT code	\$ 201	\$ 181	\$ 71	\$ 187
	Other Drugs	No CPT code	\$ 138	\$ 124	\$ 49	\$ 128

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Computed Tomography (CT) of Pelvis	Primary - CT of Pelvis with contrast material	72193	\$ 2,951	\$ 2,655	\$ 266	\$ 2,714
	Physician Services	Physician professional fee may be billed separately				
	Contrast	Q9967	\$ 1,896	\$ 1,707	\$ 673	\$ 1,764
	Supplies	No CPT code	\$ 220	\$ 198	\$ 78	\$ 204
Mammography Screening	Primary Service - Bilateral Screening Mammography with Computer-Aided Detection (CAD)	77067	\$ 553	\$ 497	\$ 159	\$ 509
	Physician Services	Physician professional fee may be billed separately				
	Bilateral Screening Digital Breast Tomosynthesis	77063	\$ 59	\$ 53	\$ 21	\$ 54
Computed Tomography (CT) of Abdomen and Pelvis	Primary Service - CT of Abdomen and Pelvis with contrast material	74177	\$ 5,262	\$ 4,735	\$ 350	\$ 4,841
	Physician Services	Physician professional fee may be billed separately				
	CT of Thorax with Contrast Material	71260	\$ 2,839	\$ 2,555	\$ 213	\$ 2,612
	Contrast	Q9967	\$ 2,031	\$ 1,828	\$ 721	\$ 1,889
	Supplies	No CPT Code	\$ 263	\$ 236	\$ 93	\$ 244
Unilateral Diagnostic Mammography	Primary Service - Unilateral Diagnostic Mammography	77065	\$ 669	\$ 602	\$ 150	\$ 616
	Physician Services	Physician professional fee may be billed separately				
	Unilateral Digital Breast Tomosynthesis	77061/G0279	\$ 51	\$ 46	\$ 18	\$ 47
Bilateral Diagnostic Mammography	Primary Service - Bilateral Diagnostic Mammography	77066	\$ 825	\$ 743	\$ 192	\$ 759
	Physician Services	Physician professional fee may be billed separately				
	Bilateral Digital Breast Tomosynthesis	77062/G0279	\$ 51	\$ 46	\$ 18	\$ 47
Breast Ultrasound	Primary Service - Breast Ultrasound	76642	\$ 642	\$ 578	\$ 87	\$ 591
	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	\$ 8,159	\$ 7,343	\$ 1,394	\$ 7,506
	Physician Services	Physician professional fee may be billed separately				
	Tracer	A9552	\$ 1,482	\$ 1,334	\$ 526	\$ 1,378
	Supplies	No CPT code	\$ 1,069	\$ 962	\$ 380	\$ 994
Dexa Scan (Nuclear imaging of bones and joints of whole body)	Primary Service - Dexa Scan	78306	\$ 1,884	\$ 1,696	\$ 433	\$ 1,734
	Physician Services	Physician professional fee may be billed separately				
	Tracer	A9503	\$ 130	\$ 117	\$ 46	\$ 121
	Supplies	No CPT code	\$ 162	\$ 146	\$ 58	\$ 151
PET CT of Whole Body	Primary Service - PET CT of Whole Body	78816	\$ 8,569	\$ 7,712	\$ 1,411	\$ 7,884
	Physician Services	Physician professional fee may be billed separately				
	Tracer	A9552	\$ 1,482	\$ 1,334	\$ 526	\$ 1,378
	Supplies	No CPT code	\$ 1,209	\$ 1,088	\$ 429	\$ 1,125
Gated Heart Planar Single	Primary Service - Gated Heart Planar Single	78472	\$ 2,309	\$ 2,078	\$ 300	\$ 2,124
	Physician Services	Physician professional fee may be billed separately				
	Tracer	A9560	\$ 664	\$ 597	\$ 236	\$ 617
	Supplies	No CPT code	\$ 235	\$ 211	\$ 83	\$ 218

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Low Dose CT Scan of Chest for Lung Cancer Screening	Primary Service - Low Dose CT Scan of Chest for Lung Cancer Screening Physician Services	71271	\$ 809	\$ 728	\$ 287	\$ 745
		Physician professional fee may be billed separately				
Unilateral Breast MRI	Primary Service - Unilateral Breast MRI without contrast followed by with contrast Physician Services Computer-Aided Detection (CAD) of Breast MRI Contrast Supplies	C8905	\$ 3,404	\$ 3,064	\$ 1,208	\$ 3,166
		Physician professional fee may be billed separately				
		C8937	\$ 163	\$ 147	\$ 58	\$ 152
		A9579	\$ 399	\$ 359	\$ 141	\$ 371
		No CPT code	\$ 145	\$ 130	\$ 51	\$ 135
Bilateral Breast MRI	Primary Service - Bilateral Breast MRI without contrast followed by with contrast Physician Services Computer-Aided Detection (CAD) of Breast MRI Contrast Supplies	C8908	\$ 4,631	\$ 4,168	\$ 1,644	\$ 4,307
		Physician professional fee may be billed separately				
		C8937	\$ 163	\$ 147	\$ 58	\$ 152
		A9579	\$ 434	\$ 391	\$ 154	\$ 404
		No CPT code	\$ 205	\$ 184	\$ 73	\$ 190
Covid Test	Primary Service - Covid Test	U0003	\$ 150	\$ -	\$ 98	\$ 138