

Patient Price List

CPT	Procedure Description	Prompt Pay Price ⁽¹⁾
70110	HC X-RAY EXAM, MANDIBLE; COMPLETE, MIN 4 VIEWS	\$870
70140	HC X-RAY EXAM, FACIAL BONES; <3 VIEWS	\$657
70150	HC X-RAY EXAM, FACIAL BONES; COMPLETE, MIN 3 VIEWS	\$877
70160	HC X-RAY EXAM, NASAL BONES, COMPLETE, MIN 3 VIEWS	\$616
70200	HC X-RAY EXAM; ORBITS, COMPLETE, MIN 4 VIEWS	\$856
70210	HC X-RAY EXAM, SINUSES, PARANASAL, <3 VIEWS	\$415
70220	HC X-RAY EXAM, SINUSES, PARANASAL, COMPLETE, MIN 3 VIEWS	\$759
70250	HC RADIOLOGICAL EXAM SKULL <4 VIEWS	\$572
70260	HC X-RAY EXAM, SKULL; COMPLETE, MIN 4 VIEWS	\$781
70330	HC X-RAY EXAM, TEMPOROMANDIBULAR JOINT; BILATERAL	\$2,950
70360	HC X-RAY EXAM, NECK; SOFT TISSUE	\$364
71045	HC RADIOLOGIC EXAM, CHEST; SINGLE VIEW	\$318
71046	HC RADIOLOGIC EXAM, CHEST; 2 VIEWS	\$393
71047	HC RADIOLOGIC EXAM, CHEST; 3 VIEWS	\$468
71100	HC X-RAY EXAM, RIBS, UNILATERAL; 2 VIEWS	\$459
71101	HC X-RAY EXAM, RIBS, UNILATERAL; INCL POSTANTERIOR CHEST, MIN 3 VIEWS	\$579
71110	HC X-RAY EXAM, RIBS, BILATERAL; 3 VIEWS	\$708
71111	HC X-RAY EXAM, RIBS, BILATERAL; INCL POSTEROANTERIOR CHEST, MIN 4 VIEWS	\$959
71120	HC X-RAY EXAM, STERNUM; MIN 2 VIEWS	\$515
71130	HC RADIOLOGIC EXAM; STERNOCLAVICULAR JOINT OR JOINTS, MINIMUM OF 3	\$596
72020	HC X-RAY EXAM, SPINE, SINGLE VIEW, SPECIFY LEVEL	\$477
72040	HC RADIOLOGIC EXAMINATION, SPINE, CERVICAL; 2 OR 3 VIEWS	\$537
72050	HC RADIOLOGIC EXAMINATION, SPINE, CERVICAL; 4-5 VIEWS	\$761
72052	HC RADIOLOGIC EXAMINATION, SPINE, CERVICAL; 6 OR MORE VIEWS	\$986
72070	HC X-RAY EXAM SPINE; THORACIC, 2 VIEWS	\$581
72072	HC X-RAY EXAM, SPINE; THORACIC, 3 VIEWS	\$621
72074	HC X-RAY EXAM, SPINE; THORACIC, MIN 4 VIEWS	\$628
72080	HC X-RAY EXAM SPINE; THORACOLUMBAR, 2 VIEWS	\$505
72082	HC X-RAY EXAM ENTIRE SPI 2/3 VW	\$725
72100	HC X-RAY EXAM SPINE, LUMBOSACRAL; 2 - 3 VIEWS	\$540
72110	HC X-RAY EXAM SPINE, LUMBOSACRAL; MIN 4 VIEWS	\$691
72114	HC X-RAY EXAM L-S SPINE BENDING	\$1,026
72170	HC X-RAY EXAM PELVIS; 1OR 2 VIEWS	\$467
72190	HC X-RAY EXAM, PELVIS; COMPLETE, MIN 3 VIEWS	\$1,085
72202	HC X-RAY EXAM, SACROILIAC JOINTS; 3 OR MORE VIEWS	\$481
72220	HC X-RAY EXAM, SACRUM AND COCCYX, MIN 2 VIEWS	\$515
73000	HC X-RAY EXAM, CLAVICLE; COMPLETE	\$507
73010	HC X-RAY EXAM; SCAPULA, COMPLETE	\$379
73020	HC X-RAY EXAM, SHOULDER; 1 VIEW	\$422
73030	HC X-RAY EXAM, SHOULDER; COMPLETE, MIN 2 VIEWS	\$521
73050	HC X-RAY EXAM, ACROMIOCLAVICULAR JOINTS, BILATERAL	\$419
73060	HC X-RAY EXAM HUMERUS, MIN 2 VIEWS	\$525
73070	HC X-RAY EXAM, ELBOW; 2 VIEWS	\$432



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73080	HC X-RAY EXAM ELBOW; COMPLETE, MIN 3 VIEWS	\$511
73090	HC X-RAY EXAM FOREARM; 2 VIEWS	\$511
73092	HC X-RAY EXAM OF ARM, INFANT	\$501
73100	HC X-RAY EXAM WRIST; 2 VIEWS	\$497
73110	HC X-RAY EXAM WRIST, COMPLETE; MIN 3 VIEWS	\$519
73120	HC X-RAY EXAM, HAND; 2 VIEWS	\$420
73130	HC X-RAY EXAM OF HAND, MIN 3 VIEWS	\$535
73140	HC X-RAY EXAM, FINGER(S); MIN 2 VIEWS	\$367
73501	HC RADIOLOGIC EXAM, HIP, UNILATERAL, WITH PELVIS WHEN PERFORMED; 1	\$535
73502	HC RADIOLOGIC EXAM, HIP, UNILATERAL, WITH PELVIS WHEN PERFORMED; 2-3	\$566
73521	HC RADIOLOGIC EXAM, HIPS, BILATERAL, WITH PELVIS WHEN PERFORMED; 2	\$653
73522	HC RADIOLOGIC EXAM, HIPS, BILATERAL, WITH PELVIS WHEN PERFORMED; 3-4	\$702
73523	HC X-RAY EXAM HIPS BI 5/> VIEWS	\$875
73551	HC RADIOLOGIC EXAM, FEMUR; 1 VIEW	\$419
73552	HC RADIOLOGIC EXAM, FEMUR; MINIMUM 2 VIEWS	\$456
73560	HC X-RAY EXAM KNEE; 1 OR 2 VIEWS	\$466
73562	HC X-RAY EXAM KNEE; 3 VIEWS	\$523
73564	HC X-RAY EXAM KNEE; COMPLETE, 4 OR MORE VIEWS	\$554
73565	HC X-RAY EXAM, KNEE; BOTH KNEES, STANDING, ANTEROPOSTERIOR	\$480
73590	HC X-RAY EXAM TIBIA & FIBULA; TWO VIEWS	\$535
73592	HC X-RAY EXAM; LOWER EXTREMITY, INFANT, MIN 2 VIEWS	\$817
73600	HC X-RAY EXAM ANKLE; 2 VIEWS	\$452
73610	HC X-RAY EXAM ANKLE; COMPLETE, MIN 3 VIEWS	\$579
73620	HC X-RAY EXAM FOOT; 2 VIEWS	\$501
73630	HC X-RAY EXAM FOOT; COMPLETE, MIN 3 VIEWS	\$601
73650	HC X-RAY EXAM CALCANEUS; MIN 2 VIEWS	\$577
73660	HC X-RAY EXAM, TOE(S), MIN 2 VIEWS	\$341
74018	HC RADIOLOGIC EXAM, ABDOMEN; 1 VIEW	\$397
74019	HC RADIOLOGIC EXAM, ABDOMEN; 2 VIEWS	\$422
74021	HC RADIOLOGIC EXAM, ABDOMEN, 3 OR MORE VIEWS	\$458
74022	HC X-RAY EXAM ABDOMEN; COMPLETE ACUTE ABDOMEN SERIES	\$538
76536	HC ULTRASOUND SOFT TISSUES OF HEAD AND NECK REAL TIME W IMAGE	\$608
76700	HC ULTRASOUND ABDOMINAL REAL TIME WITH IMAGE DOCUMENTATION	\$1,207
76705	HC ULTRASOUND, ABDOMEN; LIMITED	\$924
76706	HC US ABDL AORTA SCREEN AAA	\$808
76770	HC ULTRASOUND RETROPERTONEAL REAL TIME WITH IMAGE DOCUMENTATION	\$905
76775	HC ULTRASOUND RETROPERTONEAL REAL TIME WITH IMAGE DOCUMENTATION	\$857
76801	HC OB US < 14 WKS SINGLE FETUS	\$1,195
76802	HC OB US < 14 WKS ADDL FETUS	\$571
76830	HC ULTRASOUND, TRANSVAGINAL	\$842
76856	HC US EXAM PELVIC COMPLETE	\$820
76857	HC ECHO EXAM OF PELVIS; LIMITED/FOLLOW UP	\$326
76870	HC ULTRASOUND, SCROTUM AND CONTENTS	\$885



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76882	HC US LMTD JT/NONVASC XTR STRUX	\$326
77071	HC X-RAY STRESS VIEW	\$260
77072	HC BONE AGE STUDIES	\$283
77075	HC X-RAYS BONE SURVEY COMPLETE	\$1,280
77076	HC RADIOLOGIC EXAMINATION OSSEOUS SURVEY INFANT	\$1,179
93880	HC EXTRACRANIAL STUDY, BILATERAL	\$1,569
93882	HC DUPLEX SCAN OF EXTRACRANIAL ARTERIES; UNILATERAL/LIMITED STUDY	\$1,053
93922	HC UPR/L XTREMITY ART 2 LEVELS	\$749
93923	HC UPR/LXTR ART STDY 3+ LVLS	\$773
93925	HC DUPLEX SCAN LOWER EXTREM ARTERIES, COMPLETE BILATERAL	\$927
93926	HC DUPLEX SCAN LOWER EXTREM ARTERIES; UNILATERAL/LIMITED	\$904
93930	HC DUPLEX SCAN UPPER EXTREM ARTERIES; COMPLETE BILATERAL	\$1,605
93931	HC DUPLEX SCAN UPPER EXTREM ARTERIES; UNILATERAL/LIMITED	\$791
93970	HC DUPLEX SCAN OF EXTREMITY VEINS INC RESP TO COMPRESSION AND OTHER	\$903
93971	HC DUPLEX SCAN EXTREMITY VEINS, UNILATERAL/LIMITED	\$874
93975	HC VASCULAR STUDY	\$1,433
93976	HC DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF ABDOMINAL,	\$1,122
93980	HC PENILE VASCULAR STUDY	\$1,058
93990	HC DUPLEX SCAN OF HEMODIALYSIS ACCESS	\$547

The above prices are for radiological procedures performed at HonorHealth Outpatient Medical Imaging Centers. Prices listed do not include professional fees for services of hospital based Radiologists.

⁽¹⁾ **Prompt Pay Price** is the average price a self-pay patient will pay when paid-in-full in advance of having this procedure.

*Not all services provided at all locations.

Glendale Health & Infusion Center

X-Ray • Ultrasound • Infusions

6220 W. Bell Rd., Suite 110, Glendale, AZ 85308

T: 602.547.7200

Happy Valley Outpatient Medical Imaging

X-Ray • Ultrasound

10230 W. Happy Valley Pkwy., Ste. 100, Peoria, AZ 85383

T: 602.943.4269