



Sliding Fee Discount Schedule for Uninsured Patients - Imaging Services

Effective 07/01/19

Code	Description	25% of Medicare rate	25% of Medicare rate	50% of Medicare rate	50% of Medicare rate	100% of Medicare rate
71045	RAD CHEST SINGLE VIEW AP	16.07	16.07	32.14	32.14	64.27
71046	RAD CHEST PA/LAT	190.87	190.87	381.73	381.73	763.46
74018	RAD ABDOMEN 1 VIEW	16.07	16.07	32.14	32.14	64.27
73630	RAD FOOT COMPLETE 3+ VIEWS	15.58	15.58	31.15	31.15	62.30
73130	RAD HAND 3+ VIEWS	15.58	15.58	31.15	31.15	62.30
73562	RAD KNEE 3 VIEWS	15.58	15.58	31.15	31.15	62.30
73610	RAD ANKLE COMPLETE 3+ VIEWS	15.58	15.58	31.15	31.15	62.30
73110	WRIST CMPL 3+ VIEWS	15.58	15.58	31.15	31.15	62.30
73030	RAD SHOULDER COMPLETE 2+ VIEWS	15.58	15.58	31.15	31.15	62.30
73560	RAD KNEE 1 OR 2 VIEWS	15.58	15.58	31.15	31.15	62.30
73140	RAD FINGER AP/LAT	15.58	15.58	31.15	31.15	62.30
73080	RAD ELBOW COMPLETE 3+ VIEWS	15.58	15.58	31.15	31.15	62.30
73590	RAD TIBIA/FIBULA AP/LAT	15.58	15.58	31.15	31.15	62.30
73090	RAD FOREARM AP/LAT	15.58	15.58	31.15	31.15	62.30
72100	RAD LUMBOSACRAL SPINE 2 VIEWS	28.13	28.13	56.26	56.26	112.51
74019	RAD ABD 2-VIEW	29.02	29.02	58.04	58.04	116.07
72110	RAD LUMBOSACRAL SPINE COMPLETE	28.13	28.13	56.26	56.26	112.51
73060	RAD HUMERUS AP/LAT	15.58	15.58	31.15	31.15	62.30
73565	RAD KNEES WEIGHT BEARING	15.58	15.58	31.15	31.15	62.30
77080	BD AXIAL SKELETON DEXA	28.13	28.13	56.26	56.26	112.51
72070	RAD THORACIC SPINE AP/LAT	28.13	28.13	56.26	56.26	112.51
74230	RAD SWALLOWING FUNCTION TEST	28.13	28.13	56.26	56.26	112.51
73502	X-RAY EXAM HIP UNI 2-3 VIEWS	15.58	15.58	31.15	31.15	62.30
72040	RAD CERVICAL SPINE 2 VIEW	15.58	15.58	31.15	31.15	62.30
72170	RAD PELVIS 1 OR 2 VIEWS	28.13	28.13	56.26	56.26	112.51
72050	RAD CERVICAL SPINE COMPLETE	28.13	28.13	56.26	56.26	112.51
73600	RAD ANKLE AP/LAT	15.58	15.58	31.15	31.15	62.30
73000	RAD CLAVICLE COMPLETE	15.58	15.58	31.15	31.15	62.30
73552	X-RAY EXAM OF FEMUR 2/>	15.58	15.58	31.15	31.15	62.30
73100	RAD WRIST AP/LAT	15.58	15.58	31.15	31.15	62.30
73620	RAD FOOT AP/LAT	15.58	15.58	31.15	31.15	62.30
73650	RAD OS CALCIS/HEEL	15.58	15.58	31.15	31.15	62.30
73070	RAD ELBOW AP/LAT	15.58	15.58	31.15	31.15	62.30
73660	RAD TOE	15.58	15.58	31.15	31.15	62.30
71101	RAD RIBS UNILAT W/PA CHEST	28.13	28.13	56.26	56.26	112.51
73120	RAD HAND 2 VIEWS	28.13	28.13	56.26	56.26	112.51
72190	RAD PELVIS COMPLETE	28.13	28.13	56.26	56.26	112.51
70360	RAD NECK SOFT TISSUE	15.58	15.58	31.15	31.15	62.30
74220	RAD ESOPHAGRAM	50.44	50.44	100.87	100.87	201.74
72220	RAD SACRUM/COCCYX	15.58	15.58	31.15	31.15	62.30
73521	X-RAY EXAM HIPS BI 2 VIEWS	28.13	28.13	56.26	56.26	112.51
74241	RAD UGI SERIES	50.44	50.44	100.87	100.87	201.74

72114	RAD L/S SPINE COM W/BENDING 6 OR MORE VIEWS	28.13	28.13	56.26	56.26	112.51
Nuclear Medicine		Category 1	Category 2	Category 3	Category 4	Category 5
Code	Description	25% of Medicare rate	25% of Medicare rate	50% of Medicare rate	50% of Medicare rate	100% of Medicare rate
78306	NM BONE, TOTAL BODY	88.37	88.37	176.75	176.75	353.49
78451	NM MYOCARD PERF SPECT SINGLE	307.35	307.35	614.69	614.69	1229.38
78452	NM REST/STRESS WM/EF	307.35	307.35	614.69	614.69	1229.38
CT		Category 1	Category 2	Category 3	Category 4	Category 5
Code	Description	25% of Medicare rate	25% of Medicare rate	50% of Medicare rate	50% of Medicare rate	100% of Medicare rate
74176	CT ABD & PELVIS W/O CONTRAST	57.64	57.64	115.28	115.28	230.56
75574	CT ANGIO HRT W/3D IMAGE	50.44	50.44	100.87	100.87	201.74
70450	CT HEAD/BRAIN W/O CONTRAS	28.13	28.13	56.26	56.26	112.51
70470	CT HEAD/BRAIN W/WO CONTRA	50.44	50.44	100.87	100.87	201.74
70480	CT ORBIT W/O CONTRAST	28.13	28.13	56.26	56.26	112.51
70486	CT SINUSES W/O CONTRAST	28.13	28.13	56.26	56.26	112.51
70487	CT SINUSES W/CONTRAST	50.44	50.44	100.87	100.87	201.74
70491	CT NECK W/CONTRAST	50.44	50.44	100.87	100.87	201.74
70496	CT ANGIO-HEAD	50.44	50.44	100.87	100.87	201.74
70498	CT ANGIO-NECK	50.44	50.44	100.87	100.87	201.74
71250	CT CHEST W/O CONTRAST	28.13	28.13	56.26	56.26	112.51
71260	CT CHEST W/CONTRAST	50.44	50.44	100.87	100.87	201.74
71275	CT ANGIO CHEST	50.44	50.44	100.87	100.87	201.74
72125	CT CERV SPINE W/O CONTRAST	28.13	28.13	56.26	56.26	112.51
72128	CT THOR SPINE W/O CONTRAST	28.13	28.13	56.26	56.26	112.51
72131	CT LUM SPINE W/O CONTRAST	28.13	28.13	56.26	56.26	112.51
73200	CT UPPER EXTREM W/O CONTR	28.13	28.13	56.26	56.26	112.51
73700	CT LOWER EXTREM W/O CONTR	28.13	28.13	56.26	56.26	112.51
73701	CT LOWER EXTREM W/CONTRAST	50.44	50.44	100.87	100.87	201.74
74160	CT ABDOMEN W/CONTRAST	50.44	50.44	100.87	100.87	201.74
74174	CTA ABDOMEN & PELVIS W CONTRAST	96.47	96.47	192.94	192.94	385.88
74177	CT ABD & PELVIS W/CONTRAST	96.47	96.47	192.94	192.94	385.88
74178	CT ABD & PELVIS W/O CONTRST 1+ BODY REGNS	96.47	96.47	192.94	192.94	385.88
75635	CT ABDOMEN RUNOFF	50.44	50.44	100.87	100.87	201.74
Mammography		Category 1	Category 2	Category 3	Category 4	Category 5
Code	Description	25% of Medicare rate	25% of Medicare rate	50% of Medicare rate	50% of Medicare rate	100% of Medicare rate
77065	MA MAMMOGRAPHY DX UNILAT	22.82	22.82	45.64	45.64	91.28
77066	MA MAMMOGRAPHY DX BILAT.	29.2075	29.2075	58.415	58.415	116.83
77067	MA MAMMOGRAM SCREENING BILAT.	24.1325	24.1325	48.265	48.265	96.53
Ultrasound		Category 1	Category 2	Category 3	Category 4	Category 5
Code	Description	25% of Medicare rate	25% of Medicare rate	50% of Medicare rate	50% of Medicare rate	100% of Medicare rate
76506	US HEAD	28.13	28.13	56.26	56.26	112.51
76512	SONO EYE B-SCAN	28.13	28.13	56.26	56.26	112.51
76536	FHC ULTRASOUNDTHYROID	28.13	28.13	56.26	56.26	112.51
76604	US CHEST	28.13	28.13	56.26	56.26	112.51
76642	ULTRASOUND BREAST LIMITED	15.58	15.58	31.15	31.15	62.30
76700	US ABDOMEN COMPLETE	28.13	28.13	56.26	56.26	112.51
76705	US ABDOMEN LIMITED	28.13	28.13	56.26	56.26	112.51
76775	US RETROPERITONEAL LIMITED	28.13	28.13	56.26	56.26	112.51
76801	US, OB < 14 WKS, SINGLE FETUS	28.13	28.13	56.26	56.26	112.51
76805	US, OB >= 14 WKS, SNGL FETUS	28.13	28.13	56.26	56.26	112.51

76811	US,PREG UTER,FET & MAT,+ DETL FET EXM	57.64	57.64	115.28	115.28	230.56
76815	ECHO PREG LIMITED	28.13	28.13	56.26	56.26	112.51
76816	US,PREGNANT UTERUS,F/U,TRANSABD APP	28.13	28.13	56.26	56.26	112.51
76817	US OB TRANSVAGINAL	28.13	28.13	56.26	56.26	112.51
76818	FETAL BIOPHYSICAL PROFILE	28.13	28.13	56.26	56.26	112.51
76819	BIOPHYSICAL PROFILE WO NST	28.13	28.13	56.26	56.26	112.51
76820	DOPPLER FETAL UMBILICAL ARTERY	28.13	28.13	56.26	56.26	112.51
76830	US TRANSVAGINAL NON OB	28.13	28.13	56.26	56.26	112.51
76856	US PELVIC (NON OBSTETERIC)	28.13	28.13	56.26	56.26	112.51
76870	US SCROTUM,	28.13	28.13	56.26	56.26	112.51
76882	US EXTREMITY,NONVASCULAR,LIMITED	28.13	28.13	56.26	56.26	112.51
76885	US INFANT HIP LOCAT	15.58	15.58	31.15	31.15	62.30
PET		Category 1	Category 2	Category 3	Category 4	Category 5
Code	Description	25% of Medicare rate	25% of Medicare rate	50% of Medicare rate	50% of Medicare rate	100% of Medicare rate
78815	PET IMAGE W/CT, SKULL-THIGH	343.89	343.89	687.77	687.77	1375.54
MRI		Category 1	Category 2	Category 3	Category 4	Category 5
HCPCS	Description	25% of Medicare rate	25% of Medicare rate	50% of Medicare rate	50% of Medicare rate	100% of Medicare rate
73221	MRI UPPER EXT JT W/O CONTRAST	57.64	57.64	115.28	115.28	230.56
74183	MRI ABDOMEN W/WO CONTRAST	96.47	96.47	192.94	192.94	385.88
70551	MRI BRAIN & STEM W/O CONTRAST	57.64	57.64	115.28	115.28	230.56
70553	MRI BRAIN & STEM W/WO CONTRAST	96.47	96.47	192.94	192.94	385.88
72141	MRI CERVICAL SP W/O CONTRAST	57.64	57.64	115.28	115.28	230.56
72146	MRI THORACIC SP W/O CONTRAST	57.64	57.64	115.28	115.28	230.56
72148	MRI LUMBAR SP W/O CONTRAST	57.64	57.64	115.28	115.28	230.56
72197	MRI PELVIS W/WO CONTRAST	96.47	96.47	192.94	192.94	385.88
73720	MRI LOWER EXT NON-JT W/WO CONTRAS	96.47	96.47	192.94	192.94	385.88
73721	MRI LOWER EXT JT W/O CONTRAST	57.64	57.64	115.28	115.28	230.56
74181	MRI ABDOMEN W/O CONTRAST	57.64	57.64	115.28	115.28	230.56