

MRI Charges

Procedure Description	*Price With Insurance	**Price With Self-Pay	Default HCPCS Code
MRI FOOT W	\$ 1,400.00	\$ 1,050.00	73719,TC (1 units)
MRI HEAD/BRAIN W/O	\$ 1,300.00	\$ 975.00	70551,TC (1 units)
MRI HEAD/BRAIN W	\$ 1,400.00	\$ 1,050.00	70552,TC (1 units)
MRI HEAD/BRAIN W/WO	\$ 1,600.00	\$ 1,200.00	70553,TC (1 units)
MRI ORBITS/FACE/NECK W	\$ 1,400.00	\$ 1,050.00	70542,TC (1 units)
MRI ORBITS/FACE/NECK W/WO	\$ 1,600.00	\$ 1,200.00	70543,TC (1 units)
MRA BRAIN W/O	\$ 1,300.00	\$ 975.00	70544,TC (1 units)
MRA NECK W/O	\$ 1,300.00	\$ 975.00	70547,TC (1 units)
MRI ABDOMEN W/O	\$ 1,300.00	\$ 975.00	74181,TC (1 units)
MRI ABDOMEN W	\$ 1,400.00	\$ 1,050.00	74182,TC (1 units)
MRI ABDOMEN W/WO	\$ 1,600.00	\$ 1,200.00	74183,TC (1 units)
MRI CHEST W/O	\$ 1,300.00	\$ 975.00	71550,TC (1 units)
MRI CHEST W	\$ 1,400.00	\$ 1,050.00	71551,TC (1 units)
MRI CHEST W/WO	\$ 1,600.00	\$ 1,200.00	71552,TC (1 units)
MRI C SPINE W/O	\$ 1,300.00	\$ 975.00	72141,TC (1 units)
MRI C SPINE W	\$ 1,400.00	\$ 1,050.00	72142,TC (1 units)
MRI C SPINE W/WO	\$ 1,600.00	\$ 1,200.00	72156,TC (1 units)
MRI THORACIC W/O	\$ 1,300.00	\$ 975.00	72146,TC (1 units)
MRI THORACIC W	\$ 1,400.00	\$ 1,050.00	72147,TC (1 units)
MRI THORACIC W/WO	\$ 1,600.00	\$ 1,200.00	72157,TC (1 units)
MRI LUMBAR W/O	\$ 1,300.00	\$ 975.00	72148,TC (1 units)
MRI LUMBAR W	\$ 1,400.00	\$ 1,050.00	72149,TC (1 units)
MRI LUMBAR W/WO	\$ 1,600.00	\$ 1,200.00	72158,TC (1 units)
MRI PELVIS W/O	\$ 1,300.00	\$ 975.00	72195,TC (1 units)
MRI PELVIS W	\$ 1,400.00	\$ 1,050.00	72196,TC (1 units)
MRI PELVIS W/WO	\$ 1,600.00	\$ 1,200.00	72197,TC (1 units)
MRI UPPER EXT WO JT W/O	\$ 1,300.00	\$ 975.00	73218,TC (1 units)
MRI UPPER EXT WO JOINT W	\$ 1,400.00	\$ 1,050.00	73219,TC (1 units)
MRI UPPER EXT WO JT W/WO	\$ 1,600.00	\$ 1,200.00	73220,TC (1 units)
MRI UPPER EXT JOINT W/O	\$ 1,300.00	\$ 975.00	73221,TC (1 units)
MRI UPPER EXT JOINT W	\$ 1,400.00	\$ 1,050.00	73222,TC (1 units)
MRI UPPER EXT JOINT W/WO	\$ 1,600.00	\$ 1,200.00	73223,TC (1 units)
MRI LOWER EXT WO JT W/O	\$ 1,300.00	\$ 975.00	73718,TC (1 units)
MRI LOWER EXT WO JOINT W	\$ 1,400.00	\$ 1,050.00	73719,TC (1 units)
MRI LOWER EXT WO JT W/WO	\$ 1,600.00	\$ 1,200.00	73720,TC (1 units)
MRI LOWER EXT JOINT W/O	\$ 1,300.00	\$ 975.00	73721,TC (1 units)
MRI LOWER EXT JOINT W	\$ 1,400.00	\$ 1,050.00	73722,TC (1 units)
MRI LOWER EXT JOINT W/WO	\$ 1,600.00	\$ 1,200.00	73723,TC (1 units)
MRI TM JOINTS	\$ 1,300.00	\$ 975.00	70336,TC (1 units)
MRI HUMERUS W/O	\$ 1,300.00	\$ 975.00	73218,TC (1 units)
MRI HUMERUS W	\$ 1,400.00	\$ 1,050.00	73219,TC (1 units)
MRI HUMERUS W/WO	\$ 1,600.00	\$ 1,200.00	73220,TC (1 units)
MRI FOREARM W/O	\$ 1,300.00	\$ 975.00	73218,TC (1 units)
MRI FOREARM W	\$ 1,400.00	\$ 1,050.00	73219,TC (1 units)

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MRI FOREARM W/WO	\$ 1,600.00	\$ 1,200.00	73220,TC (1 units)
MRI SHOULDER W/O	\$ 1,300.00	\$ 975.00	73221,TC (1 units)
MRI SHOULDER W	\$ 1,400.00	\$ 1,050.00	73222,TC (1 units)
MRI SHOULDER W/WO	\$ 1,600.00	\$ 1,200.00	73223,TC (1 units)
MRI ELBOW W/O	\$ 1,300.00	\$ 975.00	73221,TC (1 units)
MRI ELBOW W	\$ 1,400.00	\$ 1,050.00	73222,TC (1 units)
MRI ELBOW W/WO	\$ 1,600.00	\$ 1,200.00	73223,TC (1 units)
MRI WRIST W/O	\$ 1,300.00	\$ 975.00	73221,TC (1 units)
MRI WRIST W	\$ 1,400.00	\$ 1,050.00	73222,TC (1 units)
MRI WRIST W/WO	\$ 1,600.00	\$ 1,200.00	73223,TC (1 units)
MRI HAND W/O	\$ 1,300.00	\$ 975.00	73221,TC (1 units)
MRI HAND W	\$ 1,400.00	\$ 1,050.00	73222,TC (1 units)
MRI HAND W/WO	\$ 1,600.00	\$ 1,200.00	73223,TC (1 units)
MRI FEMUR W/O	\$ 1,300.00	\$ 975.00	73718,TC (1 units)
MRI FEMUR W	\$ 1,400.00	\$ 1,050.00	73719,TC (1 units)
MRI FEMUR W/WO	\$ 1,600.00	\$ 1,200.00	73720,TC (1 units)
MRI TIB/FIB W/O	\$ 1,300.00	\$ 975.00	73718,TC (1 units)
MRI TIB/FIB W	\$ 1,400.00	\$ 1,050.00	73719,TC (1 units)
MRI TIB/FIB W/WO	\$ 1,600.00	\$ 1,200.00	73720,TC (1 units)
MRI HIP W/O	\$ 1,300.00	\$ 975.00	73721,TC (1 units)
MRI HIP W	\$ 1,400.00	\$ 1,050.00	73722,TC (1 units)
MRI HIP W/WO	\$ 1,600.00	\$ 1,200.00	73723,TC (1 units)
MRI KNEE W	\$ 1,400.00	\$ 1,050.00	73722,TC (1 units)
MRI KNEE W/WO	\$ 1,600.00	\$ 1,200.00	73723,TC (1 units)
MRI ANKLE W/O	\$ 1,300.00	\$ 975.00	73721,TC (1 units)
MRI ANKLE W	\$ 1,400.00	\$ 1,050.00	73722,TC (1 units)
MRI ANKLE W/WO	\$ 1,600.00	\$ 1,200.00	73723,TC (1 units)
MRI FOOT W/O	\$ 1,300.00	\$ 975.00	73718,TC (1 units)
MRI FOOT W/WO	\$ 1,600.00	\$ 1,200.00	73720,TC (1 units)
MRA NECK W/WO	\$ 1,600.00	\$ 1,200.00	70549,TC (1 units)
MRA NECK W	\$ 1,400.00	\$ 1,050.00	70548,TC (1 units)
MRI UPPER EXT NON-JOINT W/WO	\$ 1,600.00	\$ 1,200.00	73220,TC (1 units)
MRI UPPER EXT NON-JOINT W/O CONTRAST	\$ 1,300.00	\$ 975.00	73218,TC (1 units)
MRI BRAIN W/ W/O AND IAC	\$ 1,600.00	\$ 1,200.00	70553,TC (1 units)
MRI KNEE W/O	\$ 1,300.00	\$ 975.00	73721,TC (1 units)
MRI ORBITS, FACE, NECK W/O CONTRAST	\$ 1,300.00	\$ 975.00	70540,TC (1 units)
MRI PITUITARY W/O	\$ 1,300.00	\$ 975.00	70554,TC (1 units)

**\*Insurance Pricing:** This is the amount Pioneers Medical Center will bill a patient's insurance company. The patient will be responsible for any co-insurance or deductible based on their personal insurance plan. This cost **does not** include the Radiologist's fee.

**\*\*Self-Pay Pricing: No other discounts are available.** Non-insured patients or patients who prefer not to have their insurance billed. Patient must pay for the charge at the time of service and understands this amount **will not** be billed to insurance. This cost **does not** include the Radiologist's fee.