

MRI Charges

Charge Code	Department	Description	Insurance Price*	SELF PAY PRICE** effective 8/30/2020	Default HCPCS Code
3650012	CC_MRI	MRA BRAIN W/O	\$ 1,300.00	\$ 850.00	70544,TC (1 units)
3650114	CC_MRI	MRA NECK W	\$ 1,400.00	\$ 892.00	70548,TC (1 units)
3650014	CC_MRI	MRA NECK W/O	\$ 1,300.00	\$ 850.00	70547,TC (1 units)
3650113	CC_MRI	MRA NECK W/WO	\$ 1,600.00	\$ 1,020.00	70549,TC (1 units)
3650018	CC_MRI	MRI ABDOMEN W	\$ 1,400.00	\$ 892.00	74182,TC (1 units)
3650016	CC_MRI	MRI ABDOMEN W/O	\$ 1,300.00	\$ 850.00	74181,TC (1 units)
3650020	CC_MRI	MRI ABDOMEN W/WO	\$ 1,600.00	\$ 1,020.00	74183,TC (1 units)
3650108	CC_MRI	MRI ANKLE W	\$ 1,400.00	\$ 892.00	73722,TC (1 units)
3650107	CC_MRI	MRI ANKLE W/O	\$ 1,300.00	\$ 850.00	73721,TC (1 units)
3650109	CC_MRI	MRI ANKLE W/WO	\$ 1,600.00	\$ 1,020.00	73723,TC (1 units)
3650117	CC_MRI	MRI BRAIN W/ W/O AND IAC	\$ 1,600.00	\$ 1,020.00	70553,TC (1 units)
3650032	CC_MRI	MRI C SPINE W	\$ 1,400.00	\$ 892.00	72142,TC (1 units)
3650028	CC_MRI	MRI C SPINE W/O	\$ 1,300.00	\$ 850.00	72141,TC (1 units)
3650033	CC_MRI	MRI C SPINE W/WO	\$ 1,600.00	\$ 1,020.00	72156,TC (1 units)
3650024	CC_MRI	MRI CHEST W	\$ 1,400.00	\$ 892.00	71551,TC (1 units)
3650022	CC_MRI	MRI CHEST W/O	\$ 1,300.00	\$ 850.00	71550,TC (1 units)
3650026	CC_MRI	MRI CHEST W/WO	\$ 1,600.00	\$ 1,020.00	71552,TC (1 units)
3650087	CC_MRI	MRI ELBOW W	\$ 1,400.00	\$ 892.00	73222,TC (1 units)
3650086	CC_MRI	MRI ELBOW W/O	\$ 1,300.00	\$ 850.00	73221,TC (1 units)
3650088	CC_MRI	MRI ELBOW W/WO	\$ 1,600.00	\$ 1,020.00	73223,TC (1 units)
3650096	CC_MRI	MRI FEMUR W	\$ 1,400.00	\$ 892.00	73719,TC (1 units)
3650095	CC_MRI	MRI FEMUR W/O	\$ 1,300.00	\$ 850.00	73718,TC (1 units)
3650097	CC_MRI	MRI FEMUR W/WO	\$ 1,600.00	\$ 1,020.00	73720,TC (1 units)
3650111	CC_MRI	MRI FOOT W	\$ 1,400.00	\$ 892.00	73719,TC (1 units)
3650110	CC_MRI	MRI FOOT W/O	\$ 1,300.00	\$ 850.00	73718,TC (1 units)
3650112	CC_MRI	MRI FOOT W/WO	\$ 1,600.00	\$ 1,020.00	73720,TC (1 units)
3650081	CC_MRI	MRI FOREARM W	\$ 1,400.00	\$ 892.00	73219,TC (1 units)
3650080	CC_MRI	MRI FOREARM W/O	\$ 1,300.00	\$ 850.00	73218,TC (1 units)
3650082	CC_MRI	MRI FOREARM W/WO	\$ 1,600.00	\$ 1,020.00	73220,TC (1 units)
3650093	CC_MRI	MRI HAND W	\$ 1,400.00	\$ 892.00	73222,TC (1 units)
3650092	CC_MRI	MRI HAND W/O	\$ 1,300.00	\$ 850.00	73221,TC (1 units)
3650094	CC_MRI	MRI HAND W/WO	\$ 1,600.00	\$ 1,020.00	73223,TC (1 units)
3650004	CC_MRI	MRI HEAD/BRAIN W	\$ 1,400.00	\$ 892.00	70552,TC (1 units)
3650002	CC_MRI	MRI HEAD/BRAIN W/O	\$ 1,300.00	\$ 850.00	70551,TC (1 units)
3650006	CC_MRI	MRI HEAD/BRAIN W/WO	\$ 1,600.00	\$ 1,020.00	70553,TC (1 units)
3650102	CC_MRI	MRI HIP W	\$ 1,400.00	\$ 892.00	73722,TC (1 units)
3650101	CC_MRI	MRI HIP W/O	\$ 1,300.00	\$ 850.00	73721,TC (1 units)
3650103	CC_MRI	MRI HIP W/WO	\$ 1,600.00	\$ 1,020.00	73723,TC (1 units)
3650078	CC_MRI	MRI HUMERUS W	\$ 1,400.00	\$ 892.00	73219,TC (1 units)
3650077	CC_MRI	MRI HUMERUS W/O	\$ 1,300.00	\$ 850.00	73218,TC (1 units)
3650079	CC_MRI	MRI HUMERUS W/WO	\$ 1,600.00	\$ 1,020.00	73220,TC (1 units)

3650105	CC_MRI	MRI KNEE W	\$ 1,400.00	\$ 892.00	73722,TC (1 units)
3650104	CC_MRI	MRI KNEE W/O	\$ 1,300.00	\$ 850.00	73721,TC (1 units)
3650106	CC_MRI	MRI KNEE W/WO	\$ 1,600.00	\$ 1,020.00	73723,TC (1 units)
3650072	CC_MRI	MRI LOWER EXT JOINT W	\$ 1,400.00	\$ 892.00	73722,TC (1 units)
3650070	CC_MRI	MRI LOWER EXT JOINT W/O	\$ 1,300.00	\$ 850.00	73721,TC (1 units)
3650074	CC_MRI	MRI LOWER EXT JOINT W/WO	\$ 1,600.00	\$ 1,020.00	73723,TC (1 units)
3650066	CC_MRI	MRI LOWER EXT WO JOINT W	\$ 1,400.00	\$ 892.00	73719,TC (1 units)
3650064	CC_MRI	MRI LOWER EXT WO JT W/O	\$ 1,300.00	\$ 850.00	73718,TC (1 units)
3650068	CC_MRI	MRI LOWER EXT WO JT W/WO	\$ 1,600.00	\$ 1,020.00	73720,TC (1 units)
3650040	CC_MRI	MRI LUMBAR W	\$ 1,400.00	\$ 892.00	72149,TC (1 units)
3650038	CC_MRI	MRI LUMBAR W/O	\$ 1,300.00	\$ 850.00	72148,TC (1 units)
3650042	CC_MRI	MRI LUMBAR W/WO	\$ 1,600.00	\$ 1,020.00	72158,TC (1 units)
3650008	CC_MRI	MRI ORBITS, FACE, NECK W/O COI	\$ 1,300.00	\$ 850.00	70540,TC (1 units)
3650007	CC_MRI	MRI ORBITS/FACE/NECK W	\$ 1,400.00	\$ 892.00	70542,TC (1 units)
3650009	CC_MRI	MRI ORBITS/FACE/NECK W/WO	\$ 1,600.00	\$ 1,020.00	70543,TC (1 units)
3650046	CC_MRI	MRI PELVIS W	\$ 1,400.00	\$ 892.00	72196,TC (1 units)
3650044	CC_MRI	MRI PELVIS W/O	\$ 1,300.00	\$ 850.00	72195,TC (1 units)
3650048	CC_MRI	MRI PELVIS W/WO	\$ 1,600.00	\$ 1,020.00	72197,TC (1 units)
3650010	CC_MRI	MRI PITUITARY W/O	\$ 1,300.00	\$ 850.00	70554,TC (1 units)
3650084	CC_MRI	MRI SHOULDER W	\$ 1,400.00	\$ 892.00	73222,TC (1 units)
3650083	CC_MRI	MRI SHOULDER W/O	\$ 1,300.00	\$ 850.00	73221,TC (1 units)
3650085	CC_MRI	MRI SHOULDER W/WO	\$ 1,600.00	\$ 1,020.00	73223,TC (1 units)
3650036	CC_MRI	MRI THORACIC W	\$ 1,400.00	\$ 892.00	72147,TC (1 units)
3650034	CC_MRI	MRI THORACIC W/O	\$ 1,300.00	\$ 850.00	72146,TC (1 units)
3650037	CC_MRI	MRI THORACIC W/WO	\$ 1,600.00	\$ 1,020.00	72157,TC (1 units)
3650099	CC_MRI	MRI TIB/FIB W	\$ 1,400.00	\$ 892.00	73719,TC (1 units)
3650098	CC_MRI	MRI TIB/FIB W/O	\$ 1,300.00	\$ 850.00	73718,TC (1 units)
3650100	CC_MRI	MRI TIB/FIB W/WO	\$ 1,600.00	\$ 1,020.00	73720,TC (1 units)
3650076	CC_MRI	MRI TM JOINTS	\$ 1,300.00	\$ 850.00	70336,TC (1 units)
3650058	CC_MRI	MRI UPPER EXT JOINT W	\$ 1,400.00	\$ 892.00	73222,TC (1 units)
3650056	CC_MRI	MRI UPPER EXT JOINT W/O	\$ 1,300.00	\$ 850.00	73221,TC (1 units)
3650062	CC_MRI	MRI UPPER EXT JOINT W/WO	\$ 1,600.00	\$ 1,020.00	73223,TC (1 units)
3650116	CC_MRI	MRI UPPER EXT NON-JOINT W/O	\$ 1,300.00	\$ 850.00	73218,TC (1 units)
3650115	CC_MRI	MRI UPPER EXT NON-JOINT W/WO	\$ 1,600.00	\$ 1,020.00	73220,TC (1 units)
3650052	CC_MRI	MRI UPPER EXT WO JOINT W	\$ 1,400.00	\$ 892.00	73219,TC (1 units)
3650050	CC_MRI	MRI UPPER EXT WO JT W/O	\$ 1,300.00	\$ 850.00	73218,TC (1 units)
3650054	CC_MRI	MRI UPPER EXT WO JT W/WO	\$ 1,600.00	\$ 1,020.00	73220,TC (1 units)
3650090	CC_MRI	MRI WRIST W	\$ 1,400.00	\$ 892.00	73222,TC (1 units)
3650089	CC_MRI	MRI WRIST W/O	\$ 1,300.00	\$ 850.00	73221,TC (1 units)
3650091	CC_MRI	MRI WRIST W/WO	\$ 1,600.00	\$ 1,020.00	73223,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.