

# Shared Medical Technology Inc.

## MRI COST COMPARISON

Code	Description	SMT	Average Cost - Other Health Systems
<b>MRI (Magnetic Resonance Imaging)</b>			
70336	TEMPOROMANDIBULAR JOINT (TMJ)	\$595	\$1,909
70540	ORBIT, FACE, AND NECK W/O CONTRAST	\$595	\$3,790
70544	ANGIOGRAPHY, HEAD W/O CONTRAST	\$595	\$3,105
70547	ANGIOGRAPHY, NECK W/O CONTRAST	\$595	\$2,373
70551	BRAIN (including brain stem) W/O CONTRAST	\$595	\$3,104
71550	CHEST (for evaluation of hilar and mediastinal lymphadenopathy) W/O CONTRAST	\$595	\$2,528
72141	SPINAL CANAL & CONTENTS, CERVICAL W/O CONTRAST	\$595	\$2,675
72146	SPINAL CANAL & CONTENTS, THORACIC W/O CONTRAST	\$595	\$3,225
72148	SPINAL CANAL & CONTENTS, LUMBAR W/O CONTRAST	\$595	\$2,888
72195	PELVIS W/O CONTRAST	\$595	\$2,208
73218	UPPER EXTREMITY, OTHER THAN JOINT W/O CONTRAST	\$595	\$2,253
73221	ANY JOINT OF UPPER EXTREMITY W/O CONTRAST	\$595	\$2,736
73718	LOWER EXTREMITY OTHER THAN JOINT W/O CONTRAST	\$595	\$2,607
73721	ANY JOINT OF LOWER EXTREMITY W/O CONTRAST	\$595	\$2,995
74181	ABDOMEN W/O CONTRAST	\$595	\$2,907
75552	CARDIAC FOR MORPHOLOGY W/O CONTRAST	\$595	Not available
75554	CARDIAC FOR FUNCTION, WITH OR W/O MORPHOLOGY, COMPLETE STUDY	\$595	Not available
75555	LIMITED STUDY	\$595	Not available
<b>CT (Computed Tomography Scan)</b>			
74176	CT ABD/PEL W/O	\$395	\$1,731
74150	CT ABD W/O	\$395	\$1,176
72192	CT pelvis W/O	\$395	\$1,332
71250	CT chest W/O	\$395	\$1,444
71271	CT LOW DOSE LUNG CANCER SCREENING	\$395	\$579
73200	CT UPPER EXTREMITY W/O CONTRAST	\$395	\$1,192
73700	CT LOWER EXTREMITY W/O CONTRAST	\$395	\$1,137

Code	Description	SMT	Average Cost - Other Health Systems
------	-------------	-----	-------------------------------------

### CT (Computed Tomography Scan)

70480	CT SELLA, ORBIT, INNER EAR, W/O CONTRAST	\$395	\$1,300
70486	CT MAXILLOFACIAL/SINUS W/O	\$395	\$1,418
70450	CT HEAD W/O	\$395	\$1,318
70490	CT SOFT TISSUE NECK W/O	\$395	\$982
72125	CT CERVICAL W/O CONTRAST	\$395	\$1,742
72128	CT THORACIC W/O CONTRAST	\$395	\$1,263
72131	CT LUMBAR W/O	\$395	\$1,365

### ULTRASOUND

76506	NEONATAL HEAD	\$190	\$713
76536	THYROID/NECK/PAROTID/PARATHYROID (mass)	\$190	\$576
76604	CHEST	\$190	\$575
76641	BREAST COMPLETE	\$190	\$770
76642	BREAST LIMITED	\$190	\$552
76700	COMPLETE ABDOMEN	\$200	\$752
76705	UPPER(limited) ABDOMEN (GB-liver only, RUQ)	\$200	\$545
76770	KIDNEY/BLADDER	\$190	\$736
76775	AORTA OR KIDNEYS ONLY	\$190	\$457
76776	KIDNEY TRANSPLANT(including doppler)	\$190	\$274
76801	OB 1ST TRIMESTER (<14 weeks)	\$200	\$689
76802	OB TWINS 1ST TRIMESTER (use in addition to 76801)	\$190	\$347
76805	COMPLETE OB 2ND /3RD TRIMESTER (>14 weeks)	\$220	\$782
76810	OB/TWINS 2ND & 3RD TRIMESTER (use in addition to	\$190	\$407
76813	NUCHAL TRANSLUCENCY (transabdominal or transvaginal)	\$190	\$893
76815	LIMITED OB (heart motion, placental location, AF/)	\$190	\$458
76816	FOLLOW UP OB (growth, AF/, organ re-evaluation)	\$190	\$524
76816-59	OB-TWINS FOLLOW-UP	\$190	\$401
76817	TRANSVAGINAL OB	\$190	\$592
76819	OB BIO-PHYSICAL PROFILE	\$200	\$527
76819-59	OB BIO-PHYSICAL PROFILE - TWINS	\$200	\$431
76820	UMBILICAL ARTERY DOPPLER	\$160	\$658
76830	TRANSVAGINAL (non-obstetrical)	\$190	\$758
76856	PELVIS	\$200	\$717
76857	FOLLOW UP PELVIS/LIMITED BLADDER ONLY (Appendix)	\$190	\$476

Make **Informed** Health Care Decisions.

Code	Description	SMT	
------	-------------	-----	--

### ULTRASOUND

76870	SCROTUM AND CONTENTS	\$190	\$613
76881	NON VASCULAR EXTREMITY (complete)	\$190	\$563
76882	NON VASCULAR EXTREMITY (limited))	\$190	\$304
76885	INFANT HIPS (dynamic)	\$190	\$726
76886	INFANT HIPS (limited-static)	\$190	\$690
76936	AV FISTULA OR PSEUDOANEURYSM COMPRESSION RE-PAIR	\$190	Not available
76937	VASCULAR ACCESS/PICC LINE	\$190	\$216
76942	GUIDANCE FOR NEEDLE BIOPSY (thoracparalbiopsylaspiration)	\$190	\$696
76946	GUIDANCE FOR AMNIOCENTESIS	\$190	\$307
76970	FOLLOW-UP STUDY (specify)	\$190	Not available
76999	UNLISTED/MISC. EXAM	\$190	\$809

### VASCULAR ULTRASOUND

93880	CAROTID	\$290	\$1,314
93922	***ABI OR SEGMENTAL PRESSURE (unilateral)	\$190	\$685
93923	***SEGMENTAL PRESSURE	\$190	\$1,055
93924	***SEGMENTAL PRESSURE W/EXERCISE	\$210	\$1,523
93925	***LOWER EXTREMITY ARTERIAL DUPLEX (bilateral)	\$220	\$1,060
93926	***LOWER EXTREMITY ARTERIAL DUPLEX (unilateral)	\$220	\$761
93930	***UPPER EXTREMITY ARTERIAL DUPLEX (bilateral)	\$220	\$1,218
93931	***UPPER EXTREMITY ARTERIAL DUPLEX (unilateral)	\$220	\$847
93970	LOWER OR UPPER VENOUS (bilateral) (Venousldvt)	\$220	\$1,271
93971	LOWER OR UPPER EXTREMITY VENOUS (unilateral)	\$220	\$811
93975	ABDOMINAL DOPPLER (complete)	\$300	\$1,388
93976	ABDOMINAL DOPPLER (limited_ie-Renal Artery)	\$220	\$929
93978	AORTA/ILIAC DUPLEX, BYPASS GRAFTS (bilateral)	\$200	\$1,051
93979	BYPASS GRAFT (unilateral)	\$200	\$981
93990	HEMODIALYSIS ACCESS	\$190	Not available

### DEXA

76075	DUAL ENERGY X-RAY ABSORPTIOMETRY (DEXA), BONE DENSITY STUDY, ONE OR MORE SITES; AXIAL SKELETON (EG, HIPS, PEL VIS, SPINE)	\$120	Not available
76076	APPENDICULAR SKELETON (PERIPHERAL) (EG, RADIUS, WRIST, HEEL)	\$120	Not available

**Code****Description****SMT****ECHOCARDIOGRAPHY**

93306-26	COMPLETE TRANSTHORACIC ECHO	\$ 360	\$1,228
93308-26	FOLLOW-UP LIMITED ECHO	\$ 290	\$538

**NUCLEAR MEDICINE**

78014	THYROID I123WITH SINGLE OR MULTIPLE UPTAKES	\$600	\$1,467
78070	PARATHYROID IMAGING	\$500	\$732
78071	PARATHYROID IMAGING WITH SPECT	\$550	\$928
78226	LIVER SCAN WITH HIDA	\$500	\$1,256
78227	HEPATOBILIARY/GB WITH EF	\$600	\$1,538
78264	GASTRIC EMPTYING STUDY	\$516	\$1,238
78300	LIMITED BONE SCAN	\$500	Not available
78305	MULTIPLE BONE SCAN	\$500	\$1,354
78306	TOTAL BONE SCAN	\$500	\$1,508
78315	3 PHASE BONE SCAN	\$500	\$2,136
78320	BONE TOMO (SPECT)	\$550	Not available
78579	LUNG VENTILATION IMAGING WITH MULTIPLE PROJECTIONS	\$650	Not available
78580	LUNG PERFUSION IMAGING	\$650	\$1,992
78582	LUNG PERFUSION AND VENTILATION	\$1,300	\$2,320
78800	TUMOR LOCALIZATION/MBI (LIMITED AREA)	\$500	\$109
78801	TUMOR LOCALIZATION/MBI (MULTIPLE AREA)	\$550	\$860

**LOCATIONS****SMT (Main Office)**

202 W/ Newton Street  
Rice Lake, WI 54868

**SMT PDC**

1700 S. 15th Street  
Prairie Du Chien, WI 53821

**SMT Wausau**

8454 Highland Drive.  
Wausau, WI 54401

**SMT South**

1458 Commercial Blvd.  
Chippewa Falls, WI 54729

**SMT Bemidji**

1422 Naylor Drive SE  
Bemidji, MN 56601

Phone: 800-352-7254 | Fax: 715-234-7354 | Email: [schedule@sharedmedtech.com](mailto:schedule@sharedmedtech.com)

If you have any questions, please call Member Services at (715) 552-4300 or (888) 203-7770 (toll-free) or visit [group-health.com](http://group-health.com).



Make **Informed** Health Care Decisions.