

# Providence Imaging Center

[www.provimaging.org](http://www.provimaging.org)

| <b>cpt</b> | <b>Procedure</b>                    | <b>PIC 2022<br/>undiscounted<br/>price</b> |
|------------|-------------------------------------|--------------------------------------------|
| 77067      | MAM TOMOSYN SCREENING BILATERAL     | \$526                                      |
| 71046      | XR CHEST PA AND LATERAL             | \$197                                      |
| 77080      | DEXA BONE DENSITY STUDY             | \$431                                      |
| 77066      | DIAGNOSTIC MAMMOGRAM BILATERAL      | \$446                                      |
| 70553      | MRI BRAIN WITH AND WITHOUT CONTRAST | \$3,249                                    |
| 77065      | DIAGNOSTIC MAMMOGRAM UNILATERAL     | \$347                                      |
| 76700      | ULTRASOUND COMPLETE ABDOMINAL EXAM  | \$2,365                                    |
| 76642      | US BREAST LIMITED UNILATERAL        | \$1,104                                    |
| 78815      | PET WITH CT - SKULL TO MID-THIGH    | \$6,854                                    |
| 71250      | CT THORAX WITHOUT CONTRAST          | \$1,400                                    |

<https://go.dhss.ak.local/pub/home/dph/VitalStats/Pages/transparency.aspx>

The undiscounted prices for health care services described in this list may be higher or lower than the amount an individual will pay

You will be provided with an estimate of anticipated charges for our nonemergency care upon request.

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