



FEE SCHEDULE

The fee schedule is offered to customers that prefer to **pay cash, in full, at time of service**. Orange County Diagnostics will not submit a claim to the insurance carrier. Therefore, any money collect will not be applied to a co-payment, deductible or coinsurance. These prices are effective August 3, 2011, and are subject to change without notice.

CT		
CT without contrast	single / double / triple study	\$ 350 / 525 / 700
CT with contrast	single / double / triple study	\$ 400 / 600 / 800
CT with & without contrast	single / double / triple study	\$ 450 / 675 / 900
CTA - Angiography		\$ 550
CT Arthrogram		\$ 650
CT Myelogram		\$ 850
DEXA BONE DENSITY		
CT Bone Density - Osteoporosis Screening		\$ 175
DEXA Bone Density - Osteoporosis Screening		\$ 175
FLUOROSCOPY		
Barium Enema		\$ 300
Esophagram		\$ 200
HSG - Hysterosalpingogram or Hysterosonogram		\$ 340
IVP - Intravenous Pyelogram		\$ 300
Myelogram		\$ 800
Small Bowel		\$ 200
Upper GI		\$ 200
VCUG- Voiding Cystourethrogram		\$ 500
MAMMOGRAPHY		
Mammography, Screening		\$ 150
Mammography, Diagnostic	Bilateral/Unilateral	\$ 180/100

10/5/2011
110A. Standard Fee Schedule

24301 Paseo De Valencia Suite 100 Laguna Woods, CA 92637 949-859-0400 Phone 949-859-01414 Fax	600 Corporate Drive , Suite 110 Ladera Ranch, CA 92694 949-364-5716 Phone 949-364-5777 Fax	27725 Santa Margarita Parkway, #101 Mission Viejo, CA 92691 949-462-3999 Phone 949-462-3777 Fax
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MRI		
MRI without contrast each body part		\$ 450
MRI with contrast each body part		\$ 500
MRI with & without contrast each body part		\$ 650
MRA - Angiography		\$ 800
MRI Arthrogram		\$ 750
MRI Breast without contrast		\$ 450
MRI Breast with & without contrast		\$1,500
MRI IV sedation		\$ 100
NUCLEAR MEDICINE: PET/CT & SPECT/CT		
Cardiac	CPT	
Myocardial Perfusion Imaging (SPECT)	78473	\$ 648.13
Blood Pool (MUGA) Scan	78472	\$ 522.47
Endocrine		
I-123 Uptake and Scan (Single Time)	78006	\$ 428.16
Radioiodine Whole Body Scan	78018	\$ 743.15
Radioiodine Therapy For Hyperthyroidism	79005	\$ 476.53
Radioiodine Therapy	79005	Call Dr for dosage
Parathyroid Scan	78803	\$ 601.61
MIBG Scan	78804	\$4,460.64
Octreoscan	78804	\$4,075.88
Gastrointestinal		
HIDA Scan	78223	\$ 497.64
HIDA Scan with Ejection Fraction	78223	\$ 497.64
Gastric Emptying Study	78264	\$ 492.67
GI Bleeding Study	78278	\$ 577.31
Liver-Spleen Scan	78215	\$ 436.12
Hemangioma (Liver SPECT) Study	78205	\$ 487.72
Meckel's Scan	78290	\$ 557.95
Infection		
WBC Scan: Whole Body	78806	\$2,232.50
WBC Scan: Localized	78805	\$1,998.98

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WBC Scan: SPECT	78807	\$2,248.97
Sulfur Colloid Bone Marrow Scan	78102	\$2,051.61
Neurology		
Brain Perfusion Imaging (SPECT)	78607	\$1,974.05
PET/CT		
PET/CT: Whole Body	78815	\$1,947.94
PET/CT: Whole Body (Melanoma)	78816	\$1,950.47
PET/CT: Brain	78608	\$1,884.06
PET/CT: Localized	78814	\$1,931.46
Pulmonary		
Pulmonary V/Q Scan	78588	\$ 575.31
Pulmonary Perfusion Quant	78580	\$ 334.46
Renal/Genitourinary		
Renogram: Triple-Phase	78707	\$ 610.38
Renogram: Triple-Phase with Lasix	78708	\$ 520.74
Renogram: Triple-Phase with ACE-I	78708	\$ 520.74
ProstaScint Scan (SPECT)	78803	\$3,652.96
Skeletal		
Bone Scan: Whole Body	78306	\$ 398.84
Bone Scan: Localized (Single Area)	78300	\$ 283.69
Bone Scan: Localized (Multiple Areas)	78305	\$ 367.51
Bone Scan: Localized (3 Phase)	78315	\$ 460.55
Bone Scan: Localized (SPECT)	78320	\$ 382.93
Quadramet or Metastron Therapy	79101	\$8,985.89
Other		
Sentinel Lymph Node Imaging	78195	\$ 627.07
ProstaScint Scan (Whole Body, 1 Day)	78802	\$3,618.04
ULTRASOUND		
Ultrasound	single / double study	\$ 200 / 300
Ultrasound OB		\$ 200
Ultrasound, single breast		\$ 100
Ultrasound – Vascular Non Extremity		\$ 300

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Ultrasound – Vascular Extremities Venous	Unilateral / Bilateral	\$ 200 / 300
Ultrasound – Vascular Extremities Arterial	Unilateral / Bilateral	\$ 250 / 350
X-RAY		
X-ray, limited views		\$ 80
X-ray, complete		\$ 100
X-ray, Metastatic / Metabolic Skelatal Bone Survey		\$ 200
BIOPSIES:		
*Breast Biopsy- Ultrasound guided , single lesion ADDITIONAL CHARGE- pathology, see comments below.		\$1,000
*Breast Biopsy- Stereotactic guided , single lesion ADDITIONAL CHARGE- pathology, see comments below.		\$1,200
*Breast Biopsy- MRI guided , single lesion ADDITIONAL CHARGE- pathology, see comments below.		\$1,500
Breast Cyst Aspiration, single lesion		\$ 400
*Thyroid Biopsy, single lesion		\$ 800

* The price for any biopsy is only for the procedure. There will be an additional charge from the lab for their services.

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