



“Keeping Quality Healthcare in the Neighborhood.”

In alignment with the Healthcare Price Transparency Act, ANHC has the imaging pricing listed below. These costs are reflective of self-pay pricing. For patients with insurance coverage, your insurance may cover all or some of these costs. Please contact your insurance carrier if you have any questions.

Category	Billing Code	Description	Cost
Abdominal	76700	Abdominal Complete	\$278.25
Retroperitoneal	76770	Renal Complete	\$262.50
Bladder	76857	Bladder w/PVR	\$194.25
Liver Elastography	91200	Liver Elastography	\$202.00
	76705	Abdomen Limited Liver	\$211.75
	76981	Organ Parenchyma	\$260.00
Female Pelvis	76856	Pelvic, Complete	\$246.75
Thyroid	76536	Thyroid	\$238.00
Testicular	76870	Scrotum	\$245.00
Small Parts	76881	Extremity/Joint	\$225.00
Breast	76441	Ultrasound Breast Complete	\$273.00
Echocardiography	93306	Echocardiogram, Complete	\$500.00
Carotid Duplex	93880	Carotid Doppler Complete	\$481.25
Cardio Scan	93978	Vascular Study	\$465.50
	93880	Carotid Doppler Complete	\$481.25
	93926	Extremity Arterial Doppler Unilateral	\$400.00
Renal Arterial Duplex	93975	Abdomen Doppler	\$530.00
Screening AAA	76706	Abdominal Aorta	\$266.00
LE Arterial Doppler	93925	Extremity Arterial Doppler Lower	\$603.75
	93926	Extremity Arterial Doppler Unilateral	\$400.00
	93930	Extremity Arterial Doppler Upper	\$483.00