



Andrea Woodroof, M.D.
Phone: 606-219-4184
Fax: 606-678-8368



CT Scans * Full Body Ultrasound * Bone Density (DEXA) Scans * Breast Imaging

CT Exam Rates

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CPT Code	Exam Type	Price (\$)
70450	Head or Brain w/o Contrast	350
70460	Head or Brain with Contrast	450
70470	Head or Brain with and w/o Contrast	535
70486	Facial or Sinuses w/o Contrast	395
70487	Facial or Sinuses with Contrast	455
70488	Facial or Sinuses with and w/o Contrast	550
70490	Soft Tissue Neck w/o Contrast	395
70491	Soft Tissue Neck with Contrast	500
70492	Soft Tissue Neck with and w/o Contrast	550
71250	Chest / Thorax w/o Contrast	450
71260	Chest / Thorax with Contrast	550
71270	Chest / Thorax with and w/o Contrast	650
71260	Chest PE Protocol with 3D with Contrast	625
72125	Cervical Spine w/o Contrast	450
72126	Cervical Spine with Contrast	550
72127	Cervical Spine with and w/o Contrast	650
72128	Thoracic Spine w/o Contrast	480
72131	Lumbar w/o Contrast	450
72192	Pelvis w/o Contrast	450
72193	Pelvis with Contrast	550
72194	Pelvis with and w/o Contrast	650

Locations:

100 Sarahs Ln, Somerset, KY 42503
38 Dr. Joe T. Pettet Dr., Russell Springs, KY 42642

www.SomersetFamilyImaging.com
www.KentuckyBreastCare.com

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CPT Code	Exam Type	Price (\$)
73200	Upper Extremity w/o Contrast	395
73201	Upper Extremity with Contrast	450
73202	Upper Extremity with and w/o Contrast	550
73700	Lower Extremity w/o Contrast	395
73701	Lower Extremity with Contrast	450
73702	Lower Extremity with and w/o Contrast	550
74150	Abdomen w/o Contrast	450
74160	Abdomen with Contrast	525
74170	Abdomen with and w/o Contrast	650
74176	Abdomen and Pelvis w/o Contrast	490
74177	Abdomen and Pelvis with Contrast	650
74178	Abdomen and Pelvis with and w/o Contrast	760
70496	CT Angiogram Head	600
70498	CT Angiogram Neck	575
71275	CT Angiogram Chest	625
72191	CT Angiogram Pelvis	600
73206	CT Angiogram Upper Extremity	550
73706	CT Angiogram Lower Extremity	545
74175	CT Angiogram Abdomen	625
74174	CT Angiogram Abdomen and Pelvis	750
76376	3D Rendering	200
76377	3D Rendering/Independent Workstation	300

NOTE: Using Contrast will show masses that Non-Contrast Studies will miss. The American College of Radiology recommends using Contrast to evaluate organs and potential organ lesions. Angiograms include reconstructed images and MIPs (maximal intensity projections)

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Ultrasound Exam Rates

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CPT Code	Exam Type	Price (\$)
76536	Soft Tissue Neck/Thyroid	145
76641 + 76642	Breast with Physical Exam	200
76700	Abdomen, Complete	200
76705	Abdomen, Limited (Single Organ/Quadrant)	150
76856	Transabdominal Pelvic Ultrasound	150
76830	Transvaginal (TVUS)	150
76870	Scrotum	250
76881	Extremity, Nonvascular	165
76882	Axilla Ultrasound	150
93970	Venous Doppler Bilateral	285
93971	Venous Doppler Unilateral	200
93925	Duplex Scan Lower Extremity Arteries, Bilateral	330
93926	Duplex Scan Lower Extremity Arteries, Unilateral	220
93930	Duplex Scan Upper Extremity Arteries, Bilateral	330
93931	Duplex Scan Upper Extremity Arteries, Unilateral	220
93880	Carotid Artery Doppler, Bilateral	300
93882	Carotid Artery Doppler, Unilateral	200
G0389	Screening Abdominal Aorta Aneurysm	285
	Limited Soft Tissue Exams for Palpable Abnormality	
76604	Chest Wall	100
76705	Abdominal Wall	100
76857	Pelvic Wall	100
76775	Lower Back	100
76604	Upper Back	100

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DEXA (Bone Density) Exam Rates

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CPT Code	Exam Type	Price (\$)
77080	Hip & Spine	220
77081	Forearm	80
77086	Vert Fracture Assess	65
77085 + 77086	DEXA & Vertebral Fracture Assessment	160

Breast Services Rates

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CPT Code	Exam Type	Price (\$)
G0202	2D Screening Mammogram	204
G0202 + 77063	3D Screening Mammogram (Tomosynthesis)	274
G0204	Diagnostic Mammogram Bilateral	290
G0206	Diagnostic Mammogram Unilateral	215
19081	Stereotactic Biopsy	1,462
19083	Ultrasound Guided Biopsy	1,462
G0204 + 96375 + 77063	Contrast-Enhanced Mammography 2D/3D/Contrast	345
G0204 + 96374	Contrast-Enhanced 2D Mammography 2D/Contrast	270

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