

**IOWA DIAGNOSTIC FEES - updated 5/5/2026**

**Referring physician/Chiro office quick reference**

\*Self pay patients receive a 20% cash discount (of the global rate) listed.

\*Full Payment is required at the time of service.

<b>CPT</b>	<b>CPT Description</b>	<b>Global</b>	<b>Self-pay</b>
70200	Orbits complete min 4 views	\$120.00	\$96.00
72040	Cervical spine 2 or 3 views	\$100.00	\$80.00
72050	Cervical spine min 4 views	\$131.00	\$104.80
72052	Cervical spine complete w/ flexion and extension	\$146.00	\$116.80
72072	Thoracic spine 3 views	\$95.00	\$76.00
72082	Spine- entire (scoliosis eval) 2-3 views	\$168.00	\$134.40
72100	Lumbar spine 2 or 3 views	\$101.00	\$80.80
72110	Lumbar spine min 4 views	\$126.00	\$100.80
72114	Lumbar spine comp, inc bending views, min 6 views	\$154.00	\$123.20
73030	Shoulder complete 2 views	\$87.00	\$69.60
73060	Humerus min 2 views	\$80.00	\$64.00
73070	Elbow 2 views	\$79.00	\$63.20
73080	Elbow complete min 3 views	\$89.00	\$71.20
73090	Forearm 2 views	\$74.00	\$59.20
73120	Hand, 2 view	\$81.00	\$64.80
73100	Wrist, 2 views	\$88.00	\$70.40
73110	wrist, 3 views	\$101.00	\$80.80
73140	Finger min 2 views	\$95.00	\$76.00
72170	Pelvic 1 or 2 views	\$86.00	\$68.80
72190	Pelvic complete min 3 views	\$107.00	\$85.60
73564	Knee 4 views	\$117.00	\$93.60
73590	Tibia and Fibula 2 views	\$78.00	\$62.40
73610	Ankle min 3 views	\$91.00	\$72.80
73630	Foot complete min 3 views	\$87.00	\$69.60
71046	Chest 2 views	\$89.00	\$71.20
71100	Ribs unilateral 2 views	\$94.00	\$75.20
71110	Ribs bilateral 3 views	\$114.00	\$91.20
74019	Abdomen 2 view	\$97.00	\$77.60
72141, 72146, 72148	MRI spine (any level); <b>w/o contrast</b>	\$980.00	\$784.00
72142, 72147, 72149	MRI spine (any level); <b>w/ contrast*</b>	\$1,160.00	\$928.00
72156, 72157, 72158	MRI spine (any level); <b>w &amp; w/o contrast*</b>	\$1,400.00	\$1,120.00
72125, 72128, 72131	CT spine(any level); <b>w/o contrast</b>	\$506.00	\$404.80
72126, 72129, 72132	CT spine(any level); <b>w/ contrast*</b>	\$618.00	\$494.40
72127, 72130, 72133	CT spine (any); <b>w/ &amp; w/o contrast*</b>	\$767.00	\$613.60
73218 (non joint)/73221 (joint)	MRI upper extr Joint <b>OR</b> NON-joint; <b>w/o contrast</b>	\$980.00	\$784.00
73219 (non joint)/73222 (joint)	MRI upper extr Joint <b>OR</b> NON-joint <b>w/ contrast*</b>	\$1,160.00	\$928.00
73220 (non joint)/73223 (joint)	MRI upper extr Joint <b>OR</b> NON-joint; <b>w/ &amp; w/o contrast*</b>	\$1,400.00	\$1,120.00
73718 (non joint)/73721 (joint)	MRI lower extr Joint <b>OR</b> NON-joint; <b>w/o contrast</b>	\$980.00	\$784.00
73719 (non joint)/73722 (joint)	MRI lower extr Joint <b>OR</b> NON-joint; <b>w/ contrast*</b>	\$1,160.00	\$928.00
73720 (non joint)/73723 (joint)	MRI lower extr Joint <b>OR</b> NON-joint; <b>w/ &amp; w/o contrast*</b>	\$1,400.00	\$1,120.00

Please note:

\*MRIs which utilize IV contrast will have an additional contrast fee of apprx \$220.00

\*CT's which utilize IV contrast will have an additional contrast fee of apprx \$75.00