Charleston Imaging Center: 2026 Self-Pay Rates

2157 Rich St, Suite 101, North Charleston, SC 29405 | Phone (843) 414-7026 | Fax (888) 818-8707 | contact@direct-llc.com | Mon–Fri, 9:00 am – 6:00 pm

All prices include the exam and the physician's interpretation. There is no separate reading fee. Fully IDTF & IAC accredited.

Nuclear Imaging & Cardiac Stress Testing

Exam	CPT	Self-Pay Rate
Nuclear Stress Test w/ Imaging (routine)	78452 + 93015	**$800**
Pharmacologic Stress Add-On (Lexiscan, if unable to walk)	A9500 + J2785	**+$75**
Cardiac Stress Test (stress only, no imaging)	93015	**$100**
Resting 12-Lead EKG	93010	**$25**
Cardiac Blood Pool (MUGA)	78472 + A9560	**$600**
Right Ventricular EF (billed with MUGA)	78496	**$60**
Amyloidosis Study	78803 + A9538	**$650**

Echocardiography

Exam	CPT	Self-Pay Rate
Echocardiogram (Echo)	93306	**$450**
Stress Echo, Complete (rest & stress)	93350	**$694**
Stress Echo w/ Continuous ECG (rest & stress)	93351	**$752**
Contrast Enhancing Agent Add-On (e.g., Lumason), any echo or stress echo, only if needed or ordered	—	**+$235**

Example: echocardiogram with contrast, $450 + $235 = $685. Complete stress echo with contrast, $694 + $235 = $929.

Vascular Ultrasound

Exam	CPT	Self-Pay Rate
Carotid Duplex	93880	**$265**
ABI (Ankle-Brachial Index)	93922	**$210**
Aorta Duplex	93978	**$248**
AAA Screening	76706	**$120**
Arterial, Bilateral Lower	93925	**$337**
Arterial, Unilateral Lower	93926	**$178**
Arterial, Bilateral Upper	93930	**$300**
Arterial, Unilateral Upper	93931	**$169**
Venous Reflux, Bilateral (Lower or Upper)	93970	**$240**
Venous Reflux, Unilateral (Lower or Upper)	93971	**$210**
Renal Artery	93975	**$367**
Duplex Scan, Hemodialysis Access	93990	**$178**

General Ultrasound

Exam	CPT	Self-Pay Rate
Abdomen, Complete	76700	**$240**
RUQ (Right Upper Quadrant / Gallbladder)	76705	**$210**
Renal (Kidneys)	76770	**$210**
Bladder (Pre/Post Void)	76857	**$65**
Thyroid / Soft Tissue Neck	76536	**$210**
Transabdominal Pelvic	76856	**$240**
Transvaginal	76830	**$240**
Scrotum & Testicle (complete)	76870	**$450**
Scrotum & Testicle with Doppler (combined)	76870 + 93976	**$795**
Soft Tissue, Groin	76705	**$106**
Extremity, Non-Vascular Soft Tissue (Complete)	76881	**$118**
Extremity, Non-Vascular Soft Tissue (Limited)	76882	**$70**

How to Schedule

1. A physician's order is required. Fax your order to **(888) 818-8707** or email it to **contact@direct-llc.com**.
2. Someone from our team will reach out to schedule your appointment, even on weekends and after hours. You can also call (843) 414-7026.
3. Results are sent directly to your referring physician.