

Time of Service Pricing

Diagnostic Imaging



Top Ten Services

Description	CPT Code	TOS Charge
DIGITAL MAMM SCREENING	G0202	\$125
CHEST 2 VIEWS	71020	\$32
US ABDOMEN COMPLETE	76700	\$141
US PELVIC	76856	\$127
US TRANSVAG PELVIC	76830	\$140
US BREAST (INCLUDING AXILLA) UNILATERAL	76641	\$124
LUMBOSACRAL 4 VIEWS	72110	\$56
DEXA HIPS PELVIS SPINE	77080	\$47
ABDOMEN 1 VIEW	74000	\$27
MRI LOW JOINT W/O CONTRAST	73721	\$270

Nuclear Medicine

SPOT BONE SCAN	78300 + A9503	\$272
3 PHASE BONE SCAN	78315 + A9503	\$345
TOTAL BODY BONE SCAN	78306 + A9503	\$354
HIDA SCAN W PHARM INTERVENTION	78227 + A9510 + J2805	\$707
MUGA SCAN	78472 + A9560	\$304
PARATHYROID IMAGING	78070 + A9500	\$507
SPECT PARATHYROID	78071 + A9500	\$574
THYROID UPTAKE\SCAN SINGLE DETERM	78014 + A9516	\$385

CT

CT ABDOMEN W CONTRAST	74160 + Q9967	\$299
CT ABDOMEN WO CONTRAST	74150	\$172
CT ABDOMEN WO/W CONTRAST	74170 + Q9967	\$335
CT ABD AND PELVIS WO CONTRAST	74176	\$231
CT ABD AND PELVIS W CONTRAST	74177 + Q9967	\$391
CT ABD AND PEL WO AND W CONTRAST	74178 + Q9967	\$439
CT CERVICAL SPINE WO CONTRAST	72125	\$189
CT CHEST W CONTRAST	71260 + Q9967	\$297
CT CHEST WO CONTRAST	71250	\$186
CT CHEST W/WO CONTRAST	71270 + Q9967	\$348
CT ENTEROGRAPHY	74177CE	\$391
CT FACE/SINUS WITHOUT CONTRAST	70486	\$159
CT HEAD/BRAIN WO CONTRAST	70450	\$133
CT HEAD/BRAIN WO/W CONTRAST	70470 + Q9967	\$255
CT LOWER EXTREMITY WO CONTRAST	73700	\$185
CT LUMBAR SPINE WO CONTRAST	72131	\$185
CT NECK W CONTRAST	70491 + Q9967	\$304
CT NECK WO/W CONTRAST	70492 + Q9967	\$352
CT PELVIS W CONTRAST	72193 + Q9967	\$293
CT PELVIS WO CONTRAST	72192	\$293
CT PELVIS WO/W CONTRAST	72194 + Q9967	\$331
CT UPPER EXTREMITY WO CONTRAST	73200	\$185
CTA CHEST W/WO	71275 + Q9967	\$379
CCTA CORONARY ARTERIES	75574	\$435
CT LUNG SCREENING	S0832	\$287

Ultrasound

US ABD SINGLE ORGAN (GB ETC)	76705	\$105
US ABDOMEN COMPLETE	76700	\$141
US EXTREMITY NONVASCULAR COMPLETE	76881	\$135
US EXTREMITY NONVASCULAR LIMITED	76882	\$42
US KIDNEY\AORTA	76770	\$130
US OB <14 WEEKS	76801	\$143

Ultrasound, cont.

Description	CPT Code	TOS Charge
US OB =>14 WEEKS	76805	\$164
US PELVIC	76856	\$127
US PROSTATE	76872	\$109
US SCROTUM	76870	\$79
US SOFT TISSUE NECK/THYROID	76536	\$133
US TRANSVAG PELVIC	76830	\$140

Breast

DIGITAL MAMM SCREENING	G0202	\$125
DIGITAL MAMM DIAGNOSTIC	G0204	\$193
DIGITAL MAMM UNILATERAL	G0206	\$152
US BREAST UNILATERAL COMPLETE	76641	\$124
US BREAST LIMITED	76642	\$102
MR BREAST BILATERAL W/WO CONTRAST	77059 +0159T +A9585	\$648
MRI BREAST SCREENING ONLY	77059 +0159T +A9585	\$395

MRI

MR ABD OR ADRENAL GLANDS W/WO CONT	74183 + A9585	\$607
MR ABD OR ADRENAL GLANDS WO CONT	74181	\$337
MR BRAIN IAC OR PITUITARY W/WO CO	70553 + A9585	\$503
MR BRAIN IAC OR PITUITARY WO CONT	70551	\$264
MR CERVICAL W/O CONTRAST	72141	\$257
MR CERVICAL W/WO CONTRAST	72156 + A9585	\$505
MR CHEST W/O CONTRAST	71550	\$337
MR LOW EXT W/O CONTRAST	73718	\$331
MR LOW EXT W/WO CONTRAST	73720 + A9585	\$642
MR LOW JOINT W/O CONTRAST	73721	\$270
MR LOW JOINT W/WO CONTRAST	73723 + A9585	\$606
MR LUMBAR W/O CONTRAST	72148	\$256
MR LUMBAR W/WO CONTRAST	72158 + A9585	\$504
MR ORB FC NK W/WO CONTRAST	70543 + A9585	\$546
MR PELVIS W/WO CONTRAST	72197 + A9585	\$646
MR THORACIC W/O CONTRAST	72146	\$257
MR THORACIC W/WO CONTRAST	72157 + A9585	\$506
MR UP EXT W/O CONTRAST	73218	\$331
MR UP EXT W/WO CONTRAST	73220 + A9585	\$639
MR UP JNT W/O CONTRAST	73221	\$270
MR UP JNT W/WO CONTRAST	73223	\$606
MRA ABDOMEN	74185 + A9585	\$529
MRA HEAD W/O CONTRAST	70544	\$322

This is a list of our most commonly used procedures. Please be aware, RMI offers time of service (TOS) pricing on ALL services for our patients in place of billing insurance. Patients may choose TOS pricing if they have a high deductible or they are having a procedure they know their insurance will not cover. TOS also includes the radiologist reading fee. These prices are only good on the date of service when paid in full. If opting to bill through insurance, RMI offers standard payment options for the balance. Prices are subject to change without notification. **Discounts are only good on the date of service when paid in full. Effective 7/2017.**

Time of Service Pricing

Diagnostic Services

Dopplers

Description	CPT Code	TOS Charge
VENOUS DOPPLER BILATERAL	93970	\$224
VENOUS DOPPLER UNILATERAL	93971	\$136
PRESSURE MEASUREMENT DOPPLER	93923	\$156
ARTERIAL LOWER EXT UNIL	93926	\$154
ARTERIAL LOWER EXT BILAT	93925	\$293
DOPP ABD, PEL, SCROTAL LIMITED	93976	\$173
CAROTID DOPPLER BILATERAL	93880	\$230

Diagnostic Testing

ABDOMEN 1 VIEW	74000	\$27
ABDOMEN COMPLETE	74020	\$43
ANKLE COMPLETE	73610	\$36
BARIUM ENEMA AIR CONTRAST	74280	\$184
BONE AGE STUDY	77072	\$26
BONE SURVEY LIMITED	77074	\$74
CALCANEUS MINIMUM 2 VIEWS	73650	\$31
CERVICAL 2 OR 3 VIEWS	72040	\$38
CERVICAL MULTIPLE VIEWS	72052	\$64
CHEST 1 VIEW	71010	\$26
CHEST 2 VIEWS	71020	\$32
CHEST 4 VIEWS	71030	\$48
CHEST SPECIAL VIEW	71035	\$37
CLAVICLE COMPLETE	73000	\$32
DEXA HIPS PELVIS SPINE	77080	\$47
ELBOW COMPLETE	73080	\$36
ESOPHOGRAM	74220	\$100
FACIAL BONES	70150	\$47
FINGER(S) MINIMUM 2 VIEWS	73140	\$36
FOOT COMPLETE	73630	\$33
FOREARM 2 VIEWS	73090	\$30
FOREIGN BODY SCREENING EYE	70030	\$32
HAND MINIMUM 3 VIEWS	73130	\$35
HIP UNILATERAL 1 VIEW	73501	\$34
HIP UNILATERAL 2-3 VIEWS	73502	\$47
HIP UNILATERAL 4 VIEWS	73503	\$59
HIP BILATERAL 2 VIEWS	73521	\$45
HIP BILATERAL 3-4 VIEWS	73522	\$56
HIP 5 VIEWS	73523	\$65
HUMERUS MINIMUM 2 VIEWS	73060	\$33
HYSTEROSALPINGOGRAPHY RAD S&I	74740 + 58340	\$222
KNEE COMPLETE	73564	\$45
LUMBOSACRAL 2 OR 3 VIEWS	72100	\$40
LUMBOSACRAL 4 VIEWS	72110	\$56
LUMBOSACRAL COMPLETE W/ BENDING VIEW	72114	\$71
NASAL BONES	70160	\$37
PELVIS 1-2 VIEWS OR POSTURAL STU	72170	\$36
RIBS BILATERAL	71110	\$43
RIBS UNILATERAL 2 VIEWS	71100	\$38
RIBS UNIL W PA CHEST MIN 3 VIEWS	71101	\$42

Diagnostic Testing, contin.

Description	CPT Code	TOS Charge
SACROILIAC JOINTS	72202	\$38
SACRUM AND COCCYX	72220	\$32
SHOULDER COMPLETE	73030	\$33
SI JOINTS < 3 VIEWS	72200	\$32
SINUSES MIN 3 VIEWS	70220	\$43
SKULL MIN 4 VIEWS	70260	\$52
SMALL BOWEL SERIES	74250	\$118
THORACIC SPINE 2 VIEWS	72070	\$39
THORACIC SPINE 3 VIEWS	72072	\$39
TIBIA/FIBULA 2 VIEWS	73590	\$33
TOE(S) MINIMUM 2 VIEWS	73660	\$32
UPPER GI AIR WITH KUB	74247	\$161
UPPER GI AIR WITH SMALL BOWEL	74249	\$209
WRIST COMPLETE	73110	\$40

PET/CT

Description	CPT Code	TOS Charge
PET BRAIN METABOLISM	78608 + A9552	\$1,803
PET CT SKULL BASE TO MIDTHIGH	78815 + A9552	\$1,860
PET CT WHOLE BODY	78816 + A9552	\$1,862
PET TUMOR LIMITED	78814 + A9552	\$1,847

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Time of Service Pricing

Interventional Services

Interventional Radiology Pain & Back

TOS Charge	CPT Code	Charge Description
\$323	62321 J3301	INJ DX SUBSTANCE CERVICAL OR THORACIC (EPIDURAL) KENALOG 10MG PER UNIT
\$317	62323 J3301	INJ DX SUBSTANCE LUMBAR SPINE (EPIDURAL) KENALOG 10MG PER UNIT
\$184	62270	LUMBAR PUNCTURE
\$2,184	22510 72129	VERTEBROPLASTY THORACIC CT THORACIC SPINE W CONTRAST
\$1,092	22512	ADDITIONAL VERTEBRAL BODY
\$2,163	22511 72132	VERTEBROPLASTY LUMBAR CT LUMBAR SPINE W CONTRAST

Interventional Radiology Pain & Back

\$128	36598	PORTOGRAM
\$956	36558 77001 76937	PERMACATH INSERTION FLUORO GUIDANCE CENTRAL VEN DEV US GUIDANCE VASCULAR ACCESS
\$195	36589	PERMACATH REMOVAL
\$1,380	36561 77001 76937	MEDIPOINT INSERTION (CHEST) FLUORO GUIDANCE CENTRAL VEN DEV US GUIDANCE VASCULAR ACCESS
\$1,519	36571 77001 76937	ARMPORT/PASSPORT INSERTION FLUORO GUIDANCE CENTRAL VEN DEV US GUIDANCE VASCULAR ACCESS
\$264	36590	MEDIPOINT REMOVAL
\$384	36569 77001	PICC INSERTION FLUORO GUIDANCE CENTRAL VEN DEV
\$339	49083	PARACENTESIS ABDOMINAL W IMAGING
\$213	20610 77002 J0702	STERIOD INJ HIP/KNEE/SHOULDER FLURO GUIDANCE NEEDLE INJECTION CELESTONE INJECTION
\$721	23350 77002 J0702 73222	SHOULDER ARTHROGRAM INJECTION FLURO GUIDANCE NEEDLE PLACEMENT CELESTONE INJECTION MR UP JNT W CONTRAST

Breast Biopsy Codes & Aspirations

TOS Charge	CPT Code	Charge Description
Biopsy fees below are ESTIMATED based on typical biopsy services provided at RMI. Fees may differ based on the care recommended by your physician and the RMI radiologist.		
\$352	76942 19000 G0206	US GUIDANCE ASPIRATION (1 SITE) ASPIR BREAST CYST DIGITAL MAMM UNILATERAL
\$32	19001	ADDITIONAL CYSTS (EACH ONE)
\$791	19081	STEREOTACTIC BREAST BIOPSY
\$649	19082	STEREO ADDITIONAL LESION
\$908	19083 G0206	ULTRASOUND GUIDED BREAST BIOPSY DIGITAL MAMM UNILATERAL
\$624	19084	ULTRASOUND ADDITIONAL LESION
\$1,372	19085 + A9579 G0206	MR GUIDED BREAST BIOPSY + GAD DIGITAL MAMM UNILATERAL
\$924	19086	MR GUIDED ADDITIONAL LESION
\$233	76942 10022	US GUIDANCE FNA THYROID
\$2,650	19105	CRYOABLATION W US GUIDANCE

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