

Time of Service Pricing

Diagnostic Imaging

Top Services

Description	CPT Code	Charge
2D DIGITAL MAMM SCREENING	77067	\$169
CHEST 2 VIEWS	71046	\$40
US ABDOMEN COMPLETE	76700	\$153
US PELVIC	76856	\$137
US TRANSVAG PELVIC	76830	\$152
LUMBOSACRAL 4 VIEWS	72110	\$64
DEXA HIPS PELVIS SPINE	77080	\$52
MR LOW JOINT W/O CONTRAST	73721	\$294
MR LUMBAR W/O CONTRAST	72148	\$279
US BREAST LIMITED (NOT ALL 4 QUADRANTS)	76642	\$110
CT ABD AND PELVIS W CONTRAST	74177 + Q9967	\$464

Breast

2D DIGITAL MAMM SCREENING	77067	\$169
2D MAMM SCREENING W 3D TOMOSYNTHESIS	77067+77063	\$238
DIGITAL MAMM DIAGNOSTIC	77066	\$210
DIGITAL MAMM UNILATERAL	77065	\$166
US BREAST UNILATERAL COMPLETE	76641	\$134
US BREAST LIMITED	76642	\$110
MR BREAST BILATERAL W/WO CONTRAST	77049 +0159T +A9585	\$710
MR BREAST SCREENING ONLY	77049 +0159T +A9585	\$395

CT

CT ABDOMEN W CONTRAST	74160 + Q9967	\$324
CT ABDOMEN WO CONTRAST	74150	\$187
CT ABDOMEN WO/W CONTRAST	74170 + Q9967	\$363
CT ABD AND PELVIS WO CONTRAST	74176	\$250
CT ABD AND PELVIS W CONTRAST	74177+ Q9967	\$464
CT ABD AND PEL W AND W CONTRAST	74178 + Q9967	\$475
CT CERVICAL SPINE WO CONTRAST	72125	\$211
CT CHEST W CONTRAST	71260 + Q9967	\$274
CT CHEST WO CONTRAST	71250	\$202
CT CHEST W/WO CONTRAST	71270 + Q9967	\$321
CT ENTEROGRAPHY & 3D RECONS	74177CE+Q9967+76377	\$514
CT FACE/SINUS WITHOUT CONTRAST	70486	\$173
CT HEAD/BRAIN WO CONTRAST	70450	\$144
CT HEAD/BRAIN WO/W CONTRAST	70470 + Q9967	\$268
CT LOWER EXTREMITY WO CONTRAST	73700	\$207
CT LUMBAR SPINE WO CONTRAST	72131	\$204
CT NECK W CONTRAST	70491 + Q9967	\$282
CT NECK WO/W CONTRAST	70492 + Q9967	\$333
CT PELVIS W CONTRAST	72193 + Q9967	\$319
CT PELVIS WO CONTRAST	72192	\$181
CT PELVIS WO/W CONTRAST	72194 + Q9967	\$350
CT UPPER EXTREMITY WO CONTRAST	73200	\$207
CTA CHEST W/WO	71275 + Q9967	\$401
CCTA CORONARY ARTERIES	75574	\$454
CT LUNG SCREENING	G0297	\$293
CT CARDIAC SCORING	75571	\$101

Ultrasound

Description	CPT Code	Charge
US ABD SINGLE ORGAN (GB ETC)	76705	\$114
US ABDOMEN COMPLETE	76700	\$153
US EXTREMITY NONVASCULAR COMPLETE	76881	\$126
US EXTREMITY NONVASCULAR LIMITED	76882	\$72
US KIDNEY\AORTA	76770	\$141
US OB <14 WEEKS	76801	\$154
US ABD SINGLE ORGAN (GB ETC)	76705	\$114
US ABDOMEN COMPLETE	76700	\$153
US EXTREMITY NONVASCULAR COMPLETE	76881	\$126
US EXTREMITY NONVASCULAR LIMITED	76882	\$72
US KIDNEY\AORTA	76770	\$141
US OB <14 WEEKS	76801	\$154
US OB =>14 WEEKS	76805	\$178
US PELVIC	76856	\$137

Nuclear Medicine

SPOT BONE SCAN	78300 + A9503	\$343
3 PHASE BONE SCAN	78315 + A9503	\$490
TOTAL BODY BONE SCAN	78306 + A9503	\$436
HIDA SCAN W PHARM INTERVENTION	78227 + A9510 + J2805	\$742
MUGA SCAN	78472 + A9560	\$322
PARATHYROID IMAGING	78070 + A9500	\$573
SPECT PARATHYROID	78071 + A9500	\$603
THYROID UPTAKE\SCAN SINGLE DETERM	78014 + A9516	\$392

MRI

MR ABD OR ADRENAL GLANDS W/WO CONT	74183 + A9585	\$587
MR ABD OR ADRENAL GLANDS WO CONT	74181	\$349
MR BRAIN IAC OR PITUITARY W/WO CO	70553 + A9585	\$528
MR BRAIN IAC OR PITUITARY WO CONT	70551	\$286
MR CERVICAL W/O CONTRAST	72141	\$279
MR CERVICAL W/WO CONTRAST	72156 + A9585	\$530
MR CHEST W/O CONTRAST	71550	\$387
MR LOW EXT W/O CONTRAST	73718	\$378
MR LOW EXT W/WO CONTRAST	73720 + A9585	\$585
MR LOW JOINT W/O CONTRAST	73721	\$294
MR LOW JOINT W/WO CONTRAST	73723 + A9585	\$639
MR LUMBAR W/O CONTRAST	72148	\$279
MR LUMBAR W/WO CONTRAST	72158 + A9585	\$529
MR ORB FC NK W/WO CONTRAST	70543 + A9585	\$559
MR PELVIS W/WO CONTRAST	72197 + A9585	\$586
MR THORACIC W/O CONTRAST	72146	\$279
MR THORACIC W/WO CONTRAST	72157 + A9585	\$531
MR UP EXT W/O CONTRAST	73218	\$381
MR UP EXT W/WO CONTRAST	73220 + A9585	\$676
MR UP JNT W/O CONTRAST	73221	\$294
MR UP JNT W/WO CONTRAST	73223 + A9585	\$640
MRA ABDOMEN	74185 + A9585	\$557
MRA HEAD W/O CONTRAST	70544	\$370



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Diagnostic Services

Dopplers

Description	CPT Code	Charge
VENOUS DOPPLER BILATERAL	93970	\$244
VENOUS DOPPLER UNILATERAL	93971	\$149
PRESSURE MEASUREMENT DOPPLER	93923	\$169
ARTERIAL LOWER EXT UNIL	93926	\$173
ARTERIAL LOWER EXT BILAT	93925	\$323
DOPP ABD, PEL, SCROTAL LIMITED	93976	\$193
CAROTID DOPPLER BILATERAL	93880	\$249

Diagnostic Testing

ABDOMEN 1 VIEW	74018	\$35
ABDOMEN 3 OR MORE VIEWS	74021	\$50
ANKLE COMPLETE	73610	\$41
BARIUM ENEMA AIR CONTRAST	74280	\$280
BONE AGE STUDY	77072	\$30
BONE SURVEY LIMITED	77074	\$84
CALCANEUS MINIMUM 2 VIEWS	73650	\$34
CERVICAL 2 OR 3 VIEWS	72040	\$46
CERVICAL MULTIPLE VIEWS	72052	\$75
CHEST 1 VIEW	71045	\$31
CHEST 2 VIEWS	71046	\$40
CHEST 4 VIEWS	71048	\$54
CLAVICLE COMPLETE	73000	\$36
DEXA HIPS PELVIS SPINE	77080	\$52
ELBOW COMPLETE	73080	\$39
ESOPHOGRAM	74220	\$120
FACIAL BONES	70150	\$55
FINGER(S) MINIMUM 2 VIEWS	73140	\$42
FOOT COMPLETE	73630	\$39
FOREARM 2 VIEWS	73090	\$35
FOREIGN BODY SCREENING EYE	70030	\$37
HAND MINIMUM 3 VIEWS	73130	\$42
HIP UNILATERAL 1 VIEW	73501	\$38
HIP UNILATERAL 2-3 VIEWS	73502	\$53
HIP UNILATERAL 4 VIEWS	73503	\$66
HIP BILATERAL 2 VIEWS	73521	\$47
HIP BILATERAL 3-4 VIEWS	73522	\$62
HIP 5 VIEWS	73523	\$72
HUMERUS MINIMUM 2 VIEWS	73060	\$37
HYSTEROSALPINGOGRAPHY RAD S&I	74740 + 58340	\$298
KNEE COMPLETE	73564	\$51
LUMBOSACRAL 2 OR 3 VIEWS	72100	\$46
LUMBOSACRAL 4 VIEWS	72110	\$64
LUMBOSACRAL COMPLETE W/ BENDING VIEW	72114	\$76
NASAL BONES	70160	\$43
PELVIS 1-2 VIEWS OR POSTURAL STU	72170	\$41
RIBS BILATERAL	71110	\$52
RIBS UNILATERAL 2 VIEWS	71100	\$43
RIBS UNIL W PA CHEST MIN 3 VIEWS	71101	\$49

Diagnostic Testing, contin.

Description	CPT Code	Charge
SACROILIAC JOINTS	72202	\$50
SACRUM AND COCCYX	72220	\$38
SHOULDER COMPLETE	73030	\$38
SI JOINTS < 3 VIEWS	72200	\$38
SINUSES MIN 3 VIEWS	70220	\$49
SKULL MIN 4 VIEWS	70260	\$60
SMALL BOWEL SERIES	74250	\$139
THORACIC SPINE 2 VIEWS	72070	\$43
THORACIC SPINE 3 VIEWS	72072	\$45
TIBIA/FIBULA 2 VIEWS	73590	\$36
TOE(S) MINIMUM 2 VIEWS	73660	\$36
UPPER GI AIR WITH KUB	74247	\$189
UPPER GI AIR WITH SMALL BOWEL	74249	\$246
WRIST COMPLETE	73110	\$45

PET/CT

PET BRAIN METABOLISM	78608 + A9552	\$1,912
PET CT SKULL BASE TO MIDTHIGH	78815 + A9552	\$1,974
PET CT WHOLE BODY	78816 + A9552	\$1,976
PET TUMOR LIMITED	78814 + A9552	\$1,958

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 1/2019.**



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Time of Service Pricing

Interventional Services

Interventional Radiology Pain & Back

Charge	CPT Code	Charge Description
\$348	62321 J3301	INJ DX SUBSTANCE CERVICAL OR THORACIC (EPIDURAL) KENALOG 10MG PER UNIT
\$344	62323 J3301	INJ DX SUBSTANCE LUMBAR SPINE (EPIDURAL) KENALOG 10MG PER UNIT
\$199	62270	LUMBAR PUNCTURE
\$2,462	22510 72129	VERTEBROPLASTY THORACIC CT THORACIC SPINE W CONTRAST
\$1,183	22512	ADDITIONAL VERTEBRAL BODY
\$2,437	22511 72132	VERTEBROPLASTY LUMBAR CT LUMBAR SPINE W CONTRAST

Interventional Radiology Pain & Back

\$145	36598	PORTOGRAM
\$1,109	36558 77001 76937	PERMACATH INSERTION FLUORO GUIDANCE CENTRAL VEN DEV US GUIDANCE VASCULAR ACCESS
\$213	36589	PERMACATH REMOVAL
\$1,498	36561 77001 76937	MEDIPOINT INSERTION (CHEST) FLUORO GUIDANCE CENTRAL VEN DEV US GUIDANCE VASCULAR ACCESS
\$1,723	36571 77001 76937	ARMPORT/PASSPORT INSERTION FLUORO GUIDANCE CENTRAL VEN DEV US GUIDANCE VASCULAR ACCESS
\$287	36590	MEDIPOINT REMOVAL
\$490	36573	PICC INSERTION FLUORO GUIDANCE CENTRAL VEN DEV
\$372	49083	PARACENTESIS ABDOMINAL W IMAGING
\$233	20610 77002 J0702	STEROID INJ HIP/KNEE/SHOULDER FLUORO GUIDANCE NEEDLE INJECTION CELESTONE INJECTION
\$785	23350 77002 J0702 73222	SHOULDER ARTHROGRAM INJECTION FLUORO GUIDANCE NEEDLE PLACEMENT CELESTONE INJECTION MR UP JNT W CONTRAST
\$867	27093 77002 J0702 73722	HIP ARTHROGRAM INJECTION FLUORO GUIDANCE NEEDLE PLACEMENT CELESTONE INJECTION MR LOW JOINT W CONTRAST

Breast Biopsy Codes & Aspirations

Charge	CPT Code	Charge Description
Biopsy fees below are ESTIMATED based on typical biopsy services provided at RMI. If a post aspiration or biopsy mammogram is performed there will be an additional fee of \$166. Fees may differ based on the care recommended by your physician and the RMI radiologist.		
\$217	76942 19000	US GUIDANCE ASPIRATION (1 SITE) ASPIR BREAST CYST
\$35	19001	ADDITIONAL CYSTS (EACH ONE)
\$855	19081	STEREOTACTIC BREAST BIOPSY
\$703	19082	STEREO ADDITIONAL LESION
\$832	19083	ULTRASOUND GUIDED BREAST BIOPSY
\$674	19084	ULTRASOUND ADDITIONAL LESION
\$1,238	19085 + A9579	MR GUIDED BREAST BIOPSY + GAD
\$1,000	19086	MR GUIDED ADDITIONAL LESION
\$161	10005	US GUIDANCE FNA THYROID
\$3,636	19105	CRYOABLATION W US GUIDANCE

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