

Time of Service Pricing

Diagnostic Imaging

Top Services

Description	CPT Code	Charge
2D MAMM SCREENING W 3D TOMOSYNTHESIS	77067 + 77063	\$260
2D DIGITAL MAMM SCREENING	77067	\$185
CHEST 2 VIEWS	71046	\$43
US ABDOMEN COMPLETE	76700	\$165
US PELVIC	76856	\$149
US TRANSVAG PELVIC	76830	\$166
LUMBOSACRAL 4 VIEWS	72110	\$70
DEXA HIPS PELVIS SPINE	77080	\$55
MR LOW JOINT WO CONTRAST	73721	\$316
MR LUMBAR WO CONTRAST	72148	\$299
US BREAST LIMITED (NOT ALL 4 QUADRANTS)	76642	\$119
CT ABD AND PELVIS W CONTRAST	74177 + Q9967	\$464

Breast

2D DIGITAL MAMM SCREENING	77067	\$185
2D MAMM SCREENING W 3D TOMOSYNTHESIS	77067 + 77063	\$260
DIGITAL MAMM DIAGNOSTIC	77066	\$229
MAMM UNILATERAL	77065	\$184
US BREAST UNILATERAL COMPLETE	76641	\$145
US BREAST LIMITED	76642	\$119
MR BREAST BILATERAL W/WO CONTRAST W CAD	77049 + A9585	\$710
MR BREAST SCREENING ONLY	77049S + A9585	\$395

CT

CT ABDOMEN W CONTRAST	74160 + Q9967	\$353
CT ABDOMEN WO CONTRAST	74150	\$203
CT ABDOMEN WO/W CONTRAST	74170 + Q9967	\$477
CT ABD AND PELVIS WO CONTRAST	74176	\$272
CT ABD AND PELVIS W CONTRAST	74177 + Q9967	\$464
CT ABD AND PEL WO/W CONTRAST	74178 + Q9967	\$517
CT CERVICAL SPINE WO CONTRAST	72125	\$249
CT CHEST W CONTRAST	71260 + Q9967	\$296
CT CHEST WO CONTRAST	71250	\$215
CT CHEST W/WO CONTRAST	71270 + Q9967	\$345
CT ENTEROGRAPHY & 3D RECONS	74177CE + Q9967 + 76377	\$559
CT FACE/SINUS WITHOUT CONTRAST	70486	\$189
CT HEAD/BRAIN WO CONTRAST	70450	\$157
CT HEAD/BRAIN WO/W CONTRAST	70470 + Q9967	\$289
CT LOWER EXTREMITY WO CONTRAST*	73700	\$243
CT LUMBAR SPINE WO CONTRAST	72131	\$243
CT NECK W CONTRAST	70491 + Q9967	\$304
CT NECK WO/W CONTRAST	70492 + Q9967	\$361
CT PELVIS W CONTRAST	72193 + Q9967	\$347
CT PELVIS WO CONTRAST	72192	\$197
CT PELVIS WO/W CONTRAST	72194 + Q9967	\$389
CT UPPER EXTREMITY WO CONTRAST*	73200	\$243
CTA CHEST W/WO CONTRAST	71275 + Q9967	\$438
CCTA CTA CORONARY ARTERIES	75574 + Q9967	\$560
CT LUNG SCREENING	G0297	\$321
CT CARDIAC SCORING	75571	\$75

* LOW JOINT — HIP, KNEE, ANKLE
 UPPER JOINT — SHOULDER, ELBOW, WRIST
 LOWER EXTREMITY — FEMUR, TIBIA/FIBULA, FOOT
 UPPER EXTREMITY — HUMERUS, RADIUS/ULNA, HAND

Ultrasound

Description	CPT Code	Charge
US ABD SINGLE ORGAN (GB ETC)	76705	\$123
US ABDOMEN COMPLETE	76700	\$165
US EXTREMITY NOVASCULAR COMPLETE	76881	\$126
US EXTREMITY NOVASCULAR LIMITED	76882	\$78
US KIDNEY/AORTA	76770	\$153
US OB < 14 WEEKS	76801	\$167
US OB => 14 WEEKS	76805	\$191
US PELVIC	76856	\$149

Nuclear Medicine

SPOT BONE SCAN	78300 + A9503	\$354
3 PHASE BONE SCAN	78315 + A9503	\$514
TOTAL BODY BONE SCAN	78306 + A9503	\$453
HIDA SCAN W PHARM INTERVENTION	78227 + A9510 + J2805	\$793
MUGA SCAN	78472 + A9560	\$430
PARATHYROID IMAGING	78070 + A9500	\$573
SPECT PARATHYROID	78071 + A9500	\$622
THYROID UPTAKE/SCAN SINGLE DETERM	78014 + A9516	\$409

MRI

MR ABD OR ADRENAL GLANDS W/WO CON	74183 + A9585	\$600
MR ABD OR ADRENAL GLANDS WO CONT	74181	\$349
MR BRAIN IAC OR PITUITARY W/WO CO	70553 + A9585	\$562
MR BRAIN IAC OR PITUITARY WO CONT	70551	\$307
MR CERVICAL WO CONTRAST	72141	\$299
MR CERVICAL W/WO CONTRAST	72156 + A9585	\$565
MR CHEST WO CONTRAST	71550	\$548
MR LOW EXT WO CONTRAST*	73718	\$378
MR LOW EXT W/WO CONTRAST*	73720 + A9585	\$598
MR LOW JOINT WO CONTRAST*	73721	\$316
MR LOW JOINT W/WO CONTRAST*	73723 + A9585	\$682
MR LUMBAR WO CONTRAST	72148	\$299
MR LUMBAR W/WO CONTRAST	72158 + A9585	\$564
MR ORBIT/FACE/NECK W/WO CONTRAST	70543 + A9585	\$596
MR PELVIS W/WO CONTRAST	72197 + A9585	\$600
MR THORACIC WO CONTRAST	72146	\$299
MR THORACIC W/WO CONTRAST	72157 + A9585	\$567
MR UPPER EXT WO CONTRAST*	73218	\$486
MR UPPER EXT W/WO *	73220 + A9585	\$720
MR UPPER JNT WO CONTRAST*	73221	\$316
MR UPPER JNT W/WO CONTRAST*	73223 + A9585	\$684
MRA ABDOMEN	74185 + A9585	\$595
MRA HEAD WO CONTRAST	70544	\$377



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Dopplers

Description	CPT Code	Charge
VENOUS DOPPLER BILATERAL	93970	\$265
VENOUS DOPPLER UNILATERAL	93971	\$165
PRESSURE MEASUREMENT DOPPLER	93923	\$182
ARTERIAL LOWER EXT UNILATERAL	93926	\$205
ARTERIAL LOWER EXT BILATERAL	93925	\$348
DOPPLER ABDOMEN, PELVIS, SCROTAL LIMITED	93976	\$223
CAROTID DOPPLER BILATERAL	93880	\$274

Diagnostic Testing

ABDOMEN 1 VIEW	74018	\$39
ABDOMEN 3 OR MORE VIEWS	74021	\$55
ANKLE COMPLETE	73610	\$46
BARIUM ENEMA AIR CONTRAST	74280	\$308
BONE AGE STUDY	77072	\$33
BONE SURVEY LIMITED	77074	\$92
CALCANEUS MINIMUM 2 VIEWS	73650	\$41
CERVICAL 2 OR 3 VIEWS	72040	\$50
CERVICAL 6 OR MORE VIEWS	72052	\$52
CHEST 1 VIEW	71045	\$34
CHEST 2 VIEWS	71046	\$43
CHEST 4 OR MORE VIEWS	71048	\$59
CLAVICLE COMPLETE	73000	\$40
DEXA HIPS PELVIS SPINE	77080	\$55
ELBOW COMPLETE	73080	\$41
ESOPHOGRAM	74220	\$131
FACIAL BONES	70150	\$60
FINGER(S) MINIMUM 2 VIEWS	73140	\$46
FOOT COMPLETE	73630	\$43
FOREARM 2 VIEWS	73090	\$38
FOREIGN BODY SCREENING EYE	70030	\$40
HAND MINIMUM 3 VIEWS	73130	\$46
HIP UNILATERAL 1 VIEW	73501	\$42
HIP UNILATERAL 2-3 VIEWS	73502	\$59
HIP UNILATERAL 4 VIEWS	73503	\$73
HIP BILATERAL 2 VIEWS	73521	\$52
HIP BILATERAL 3-4 VIEWS	73522	\$68
HIP 5 VIEWS	73523	\$80
HUMERUS MINIMUM 2 VIEWS	73060	\$41
HYSTEOSALPINGOGRAPHY	74740 + 58340	\$352
KNEE COMPLETE	73564	\$57
LUMBOSACRAL 2 OR 3 VIEWS	72100	\$50
LUMBOSACRAL 4 VIEWS	72110	\$70
LUMBOSACRAL COMPLETE W/ BENDING VIEW	72114	\$79
NASAL BONES	70160	\$47
PELVIS 1-2 VIEWS OR POSTURAL STU	72170	\$45
RIBS BILATERAL	71110	\$56
RIBS UNILATERAL 2 VIEWS	71100	\$47
RIBS UNIL W PA CHEST MIN 3VIEWS	71101	\$54

Diagnostic Testing (Continued)

Description	CPT Code	Charge
SACROILIAC JOINTS	72202	\$48
SACRUM AND COCCYX	72220	\$42
SHOULDER COMPLETE	73030	\$41
SI JOINTS < 3 VIEWS	72200	\$42
SINUSES MIN 3 VIEWS	70220	\$53
SKULL MIN 4 VIEWS	70260	\$65
SMALL BOWEL SERIES W/WO KUB	74250	\$153
THORACIC SPINE 2 VIEWS	72070	\$47
THORACIC SPINE 3 VIEW	72072	\$49
TIBIA/FIBULA 2 VIEWS	73590	\$40
TOE(S) MINIMUM 2 VIEWS	73660	\$39
UPPER GI AIR W/WO KUB SINGLE CONTRAST	74240	\$166
UPPER GI AIR W/WO KUB DOUBLE CONTRAST	74246	\$185
SMALL BOWEL SERIES W/WO KUB	74250	\$153
WRIST COMPLETE	73110	\$50

PET/CT

PET BRAIN METABOLISM	78608 + A9552	\$2,037
PET CT SKULL BASE TO MIDTHIGH	78815 + A9552	\$2,097
PET CT WHOLE BODY	78816 + A9552	\$2,099
PET TUMOR LIMITED	78814 + A9552	\$2,081

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. 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 3/2020.



Genesee Area
(810) 732-1919

Lapeer Area
(810) 969-4700

Novi Area
(248) 536-0410

Royal Oak Area
(248) 543-7226

Southgate Area
(734) 281-6600

Time of Service Pricing

Interventional Services

Top Services

Charge	CPT Code	Description
\$375	62321 J3301	EPIDURAL CERVICAL OR THORACIC KENALOG 10MG PER UNIT
\$372	62323 J3301	EPIDURAL LUMBAR KENALOG 10MG PER UNIT
\$203	62270	LUMBAR PUNCTURE
\$2,700	22510 72129	VERTEBROPLASTY THORACIC CT THORACIC SPINE W CONTRAST
\$1,229	22512	ADDITIONAL VERTEBROPLASTY LEVEL
\$2,675	22511 72132	VERTEBROPLASTY LUMBAR CT LUMBAR SPINE W CONTRAST

Breast Biopsy Codes & Aspirations

Charge	CPT Code	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 \$181. Fees may differ based on the care recommended by your physician and the RMI radiologist.		
\$236	76942 19000	US GUIDANCE ASPIRATION (1 SITE) ASPIR BREAST CYST
\$37	19001	ADDITIONAL CYST ASPIRATION (1 SITE)
\$942	19081	STEREOTACTIC BREAST BIOPSY
\$778	19082	STEREO ADDITIONAL LESION
\$916	19083	ULTRASOUND GUIDED BREAST BIOPSY
\$747	19084	ULTRASOUND ADDITIONAL LESION
\$1,369	19085 + A9579	MR GUIDED BREAST BIOPSY + GAD
\$1,109	19086	MR GUIDED ADDITIONAL LESION
\$163	10005	FNA THYROID BIOPSY INCLUDING US GUIDANCE
\$3,636	19105	CRYOABLATION W US GUIDANCE

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Interventional Radiology Pain & Back

\$159	36598	PORTOGRAM
\$1,212	36558 77001 76937	PERMACATH INSERTION FLUORO GUIDANCE US GUIDANCE VASCULAR ACCESS
\$226	36589	PERMACATH REMOVAL
\$1,639	36561 77001 76937	MEDIPOINT INSERTION (CHEST) FLUORO GUIDANCE US GUIDANCE VASCULAR ACCESS
\$1,892	36571 77001 76937	ARMPOINT/PASSPORT INSERTION FLUORO GUIDANCE US GUIDANCE VASCULAR ACCESS
\$305	36590	MEDIPOINT REMOVAL
\$250	36569 77001	PICC INSERTION FLUORO GUIDANCE
\$405	49083	PARACENTESIS ABDOMINAL W IMAGING
\$248	20610 77002 J0702	STEROID INJ HIP/KNEE/SHOULDER FLUORO GUIDANCE NEEDLE PLACEMENT CELESTONE INJECTION
\$862	23350 77002 J0702 73222	SHOULDER ARTHROGRAM INJECTION FLUORO GUIDANCE NEEDLE PLACEMENT CELESTONE INJECTION MR UPPER JOINT W CONTRAST
\$946	27093 77002 J0702 73722	HIP ARTHROGRAM INJECTION FLUORO GUIDANCE NEEDLE PLACEMENT CELESTONE INJECTION MR LOW JOINT W CONTRAST



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