

# TIME OF SERVICE PRICING

## DIAGNOSTIC IMAGING

### Top Services

| Description                             | CPT Code      | Charge |
|---|---------------|--------|
| 2D MAMM SCREENING W 3D TOMOSYNTHESIS    | 77067 + 77063 | \$289  |
| 2D DIGITAL MAMM SCREENING               | 77067         | \$206  |
| CHEST 2 VIEWS                           | 71046         | \$52   |
| US ABDOMEN COMPLETE                     | 76700         | \$186  |
| US PELVIC                               | 76856         | \$168  |
| US TRANSVAG PELVIC                      | 76830         | \$190  |
| LUMBOSACRAL 4 VIEWS                     | 72110         | \$78   |
| DEXA HIPS PELVIS SPINE                  | 77080         | \$60   |
| MR LOW JOINT WO CONTRAST                | 73721         | \$344  |
| MR LUMBAR WO CONTRAST                   | 72148         | \$327  |
| US BREAST LIMITED (NOT ALL 4 QUADRANTS) | 76642         | \$134  |
| CT ABD AND PELVIS W CONTRAST            | 74177 + Q9967 | \$536  |

### Breast

|   |                |       |
|---|----------------|-------|
| 2D DIGITAL MAMM SCREENING               | 77067          | \$206 |
| 2D MAMM SCREENING W 3D TOMOSYNTHESIS    | 77067 + 77063  | \$289 |
| DIGITAL MAMM DIAGNOSTIC W 3D TOMO       | 77066 + 77062  | \$370 |
| MAMM UNILATERAL W 3D TOMOSYNTHESIS      | 77065 + 77061  | \$287 |
| US BREAST UNILATERAL COMPLETE           | 76641          | \$163 |
| US BREAST LIMITED                       | 76642          | \$134 |
| MR BREAST BILATERAL W/WO CONTRAST W CAD | 77049 + A9585  | \$710 |
| MR BREAST SCREENING ONLY                | 77049S + A9585 | \$375 |

### CT

|                                 |                         |       |
|---------------------------------|-------------------------|-------|
| CT ABDOMEN W CONTRAST           | 74160 + Q9967           | \$416 |
| CT ABDOMEN WO CONTRAST          | 74150                   | \$224 |
| CT ABDOMEN WO/W CONTRAST        | 74170 + Q9967           | \$477 |
| CT ABD AND PELVIS WO CONTRAST   | 74176                   | \$301 |
| CT ABD AND PELVIS W CONTRAST    | 74177 + Q9967           | \$536 |
| CT ABD AND PEL WO/W CONTRAST    | 74178 + Q9967           | \$598 |
| CT CERVICAL SPINE WO CONTRAST   | 72125                   | \$249 |
| CT CHEST W CONTRAST             | 71260 + Q9967           | \$325 |
| CT CHEST WO CONTRAST            | 71250                   | \$238 |
| CT CHEST W/WO CONTRAST          | 71270 + Q9967           | \$379 |
| CT ENTEROGRAPHY & 3D RECONS     | 74177CE + Q9967 + 76377 | \$645 |
| CT FACE/SINUS WITHOUT CONTRAST  | 70486                   | \$210 |
| CT HEAD/BRAIN WO CONTRAST       | 70450                   | \$174 |
| CT HEAD/BRAIN WO/W CONTRAST     | 70470 + Q9967           | \$317 |
| CT LOWER EXTREMITY WO CONTRAST* | 73700                   | \$243 |
| CT LUMBAR SPINE WO CONTRAST     | 72131                   | \$243 |
| CT NECK W CONTRAST              | 70491 + Q9967           | \$335 |
| CT NECK WO/W CONTRAST           | 70492 + Q9967           | \$400 |
| CT PELVIS W CONTRAST            | 72193 + Q9967           | \$409 |
| CT PELVIS WO CONTRAST           | 72192                   | \$219 |
| CT PELVIS WO/W CONTRAST         | 72194 + Q9967           | \$452 |
| CT UPPER EXTREMITY WO CONTRAST* | 73200                   | \$271 |
| CTA CHEST W/WO CONTRAST         | 71275 + Q9967           | \$491 |
| CCTA CTA CORONARY ARTERIES      | 75574 + Q9967           | \$450 |
| CT LUNG SCREENING               | 71271                   | \$199 |
| 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    | \$140  |
| US ABDOMEN COMPLETE              | 76700    | \$186  |
| US EXTREMITY NOVASCULAR COMPLETE | 76881    | \$126  |
| US EXTREMITY NOVASCULAR LIMITED  | 76882    | \$86   |
| US KIDNEY/AORTA                  | 76770    | \$172  |
| US OB <14 WEEKS                  | 76801    | \$186  |
| US OB =>14 WEEKS                 | 76805    | \$214  |
| US PELVIC                        | 76856    | \$168  |

### Nuclear Medicine

|                                   |                       |       |
|-----------------------------------|-----------------------|-------|
| SPOT BONE SCAN                    | 78300 + A9503         | \$387 |
| 3 PHASE BONE SCAN                 | 78315 + A9503         | \$565 |
| TOTAL BODY BONE SCAN              | 78306 + A9503         | \$495 |
| HIDA SCAN W PHARM INTERVENTION    | 78227 + A9510 + J2805 | \$793 |
| MUGA SCAN                         | 78472 + A9560         | \$462 |
| PARATHYROID IMAGING               | 78070 + A9500         | \$573 |
| SPECT PARATHYROID                 | 78071 + A9500         | \$668 |
| THYROID UPTAKE/SCAN SINGLE DETERM | 78014 + A9516         | \$424 |

### MRI

|                                   |               |       |
|-----------------------------------|---------------|-------|
| MR ABD OR ADRENAL GLANDS W/WO CON | 74183 + A9585 | \$647 |
| MR ABD OR ADRENAL GLANDS WO CONT  | 74181         | \$349 |
| MR BRAIN IAC OR PITUITARY W/WO CO | 70553 + A9585 | \$608 |
| MR BRAIN IAC OR PITUITARY WO CONT | 70551         | \$335 |
| MR CERVICAL WO CONTRAST           | 72141         | \$326 |
| MR CERVICAL W/WO CONTRAST         | 72156 + A9585 | \$612 |
| MR CHEST WO CONTRAST              | 71550         | \$595 |
| MR LOW EXT WO CONTRAST*           | 73718         | \$387 |
| MR LOW EXT W/WO CONTRAST*         | 73720 + A9585 | \$646 |
| MR LOW JOINT WO CONTRAST*         | 73721         | \$344 |
| MR LOW JOINT W/WO CONTRAST*       | 73723 + A9585 | \$738 |
| MR LUMBAR WO CONTRAST             | 72148         | \$327 |
| MR LUMBAR W/WO CONTRAST           | 72158 + A9585 | \$611 |
| MR ORBIT/FACE/NECK W/WO CONTRAST  | 70543 + A9585 | \$645 |
| MR PELVIS W/WO CONTRAST           | 72197 + A9585 | \$646 |
| MR THORACIC WO CONTRAST           | 72146         | \$326 |
| MR THORACIC W/WO CONTRAST         | 72157 + A9585 | \$613 |
| MR UPPER EXT WO CONTRAST*         | 73218         | \$530 |
| MR UPPER EXT W/WO *               | 73220 + A9585 | \$779 |
| MR UPPER JNT WO CONTRAST*         | 73221         | \$345 |
| MR UPPER JNT W/WO CONTRAST*       | 73223 + A9585 | \$739 |
| MRA ABDOMEN                       | 74185 + A9585 | \$642 |
| MRA HEAD WO CONTRAST              | 70544         | \$377 |



# TIME OF SERVICE PRICING

## DIAGNOSTIC IMAGING

### Dopplers

| Description                              | CPT Code | Charge |
|--|----------|--------|
| VENOUS DOPPLER BILATERAL                 | 93970    | \$299  |
| VENOUS DOPPLER UNILATERAL                | 93971    | \$188  |
| PRESSURE MEASUREMENT DOPPLER             | 93923    | \$202  |
| ARTERIAL LOWER EXT UNILATERAL            | 93926    | \$229  |
| ARTERIAL LOWER EXT BILATERAL             | 93925    | \$388  |
| DOPPLER ABDOMEN, PELVIS, SCROTAL LIMITED | 93976    | \$251  |
| CAROTID DOPPLER BILATERAL                | 93880    | \$305  |

### Diagnostic Testing

|                                      |               |       |
|--------------------------------------|---------------|-------|
| ABDOMEN 1 VIEW                       | 74018         | \$46  |
| ABDOMEN 3 OR MORE VIEWS              | 74021         | \$66  |
| ANKLE COMPLETE                       | 73610         | \$56  |
| BARIUM ENEMA AIR CONTRAST            | 74280         | \$351 |
| BONE AGE STUDY                       | 77072         | \$40  |
| BONE SURVEY LIMITED                  | 77074         | \$99  |
| CALCANEUS MINIMUM 2 VIEWS            | 73650         | \$44  |
| CERVICAL 2 OR 3 VIEWS                | 72040         | \$60  |
| CERVICAL 6 OR MORE VIEWS             | 72052         | \$95  |
| CHEST 1 VIEW                         | 71045         | \$40  |
| CHEST 2 VIEWS                        | 71046         | \$52  |
| CHEST 4 OR MORE VIEWS                | 71048         | \$70  |
| CLAVICLE COMPLETE                    | 73000         | \$49  |
| DEXA HIPS PELVIS SPINE               | 77080         | \$60  |
| ELBOW COMPLETE                       | 73080         | \$49  |
| ESOPHOGRAM                           | 74220         | \$155 |
| FACIAL BONES                         | 70150         | \$72  |
| FINGER(S) MINIMUM 2 VIEWS            | 73140         | \$57  |
| FOOT COMPLETE                        | 73630         | \$53  |
| FOREARM 2 VIEWS                      | 73090         | \$45  |
| FOREIGN BODY SCREENING EYE           | 70030         | \$49  |
| HAND MINIMUM 3 VIEWS                 | 73130         | \$56  |
| HIP UNILATERAL 1 VIEW                | 73501         | \$49  |
| HIP UNILATERAL 2-3 VIEWS             | 73502         | \$71  |
| HIP UNILATERAL 4 VIEWS               | 73503         | \$90  |
| HIP BILATERAL 2 VIEWS                | 73521         | \$63  |
| HIP BILATERAL 3-4 VIEWS              | 73522         | \$82  |
| HIP 5 VIEWS                          | 73523         | \$94  |
| HUMERUS MINIMUM 2 VIEWS              | 73060         | \$49  |
| HYSTEROSALPINGOGRAPHY                | 74740 + 58340 | \$509 |
| KNEE COMPLETE                        | 73564         | \$70  |
| LUMBOSACRAL 2 OR 3 VIEWS             | 72100         | \$61  |
| LUMBOSACRAL 4 VIEWS                  | 72110         | \$78  |
| LUMBOSACRAL COMPLETE W/ BENDING VIEW | 72114         | \$95  |
| NASAL BONES                          | 70160         | \$56  |
| PELVIS 1-2 VIEWS OR POSTURAL STU     | 72170         | \$45  |
| RIBS BILATERAL                       | 71110         | \$67  |
| RIBS UNILATERAL 2 VIEWS              | 71100         | \$56  |
| RIBS UNIL W PA CHEST MIN 3VIEWS      | 71101         | \$65  |

### Diagnostic Testing (Continued)

| Description                           | CPT Code | Charge |
|---------------------------------------|----------|--------|
| SACROILIAC JOINTS                     | 72202    | \$60   |
| SACRUM AND COCCYX                     | 72220    | \$49   |
| SHOULDER COMPLETE                     | 73030    | \$53   |
| SI JOINTS < 3 VIEWS                   | 72200    | \$50   |
| SINUSES MIN 3 VIEWS                   | 70220    | \$58   |
| SKULL MIN 4 VIEWS                     | 70260    | \$69   |
| SMALL BOWEL SERIES W/WO KUB           | 74250    | \$192  |
| THORACIC SPINE 2 VIEWS                | 72070    | \$50   |
| THORACIC SPINE 3 VIEW                 | 72072    | \$60   |
| TIBIA/FIBULA 2 VIEWS                  | 73590    | \$48   |
| TOE(S) MINIMUM 2 VIEWS                | 73660    | \$45   |
| UPPER GI AIR W/WO KUB SINGLE CONTRAST | 74240    | \$192  |
| UPPER GI AIR W/WO KUB DOUBLE CONTRAST | 74246    | \$220  |
| SMALL BOWEL SERIES W/WO KUB           | 74250    | \$192  |
| WRIST COMPLETE                        | 73110    | \$62   |

### 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 2/2022.



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   |
|---------|----------------|---|
| \$445   | 62321<br>J3301 | EPIDURAL CERVICAL OR THORACIC<br>KENALOG 10MG PER UNIT  |
| \$439   | 62323<br>J3301 | EPIDURAL LUMBAR<br>KENALOG 10MG PER UNIT                |
| \$212   | 62270          | LUMBAR PUNCTURE   |
| \$3,245 | 22510<br>72129 | VERTEBROPLASTY THORACIC<br>CT THORACIC SPINE W CONTRAST |
| \$1,304 | 22512          | ADDITIONAL VERTEBROPLASTY LEVEL                         |
| \$3,234 | 22511<br>72132 | VERTEBROPLASTY LUMBAR<br>CT LUMBAR SPINE W CONTRAST     |

### Breast Biopsy Codes & Aspirations

| Charge  | CPT Code       | Description  |
|---|----------------|--|
| <b>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 \$196. Fees may differ based on the care recommended by your physician and the RMI radiologist.</b> |                |  |
| \$278   | 76942<br>19000 | US GUIDANCE ASPIRATION (1 SITE)<br>ASPIR BREAST CYST |
| \$42  | 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                         |
| \$1,396   | 19085 + A9579  | MR GUIDED BREAST BIOPSY + GAD                        |
| \$1,110   | 19086          | MR GUIDED ADDITIONAL LESION                          |
| \$164   | 10005          | FNA THYROID BIOPSY INCLUDING US GUIDANCE             |
| \$4,165   | 19105          | CRYOABLATION W US GUIDANCE                           |

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### Interventional Radiology Pain & Back

|         |                                  |   |
|---------|----------------------------------|---|
| \$189   | 36598                            | PORTOGRAM   |
| \$1,546 | 36558<br>77001<br>76937          | PERMACATH INSERTION<br>FLUORO GUIDANCE<br>US GUIDANCE VASCULAR ACCESS   |
| \$258   | 36589                            | PERMACATH REMOVAL   |
| \$1,877 | 36561<br>77001<br>76937          | MEDIPOINT INSERTION (CHEST)<br>FLUORO GUIDANCE<br>US GUIDANCE VASCULAR ACCESS   |
| \$2,329 | 36571<br>77001<br>76937          | ARMPORT/PASSPORT INSERTION<br>FLUORO GUIDANCE<br>US GUIDANCE VASCULAR ACCESS  |
| \$248   | 36590                            | MEDIPOINT REMOVAL   |
| \$303   | 36569<br>77001                   | PICC INSERTION<br>FLUORO GUIDANCE   |
| \$473   | 49083                            | PARACENTESIS ABDOMINAL W IMAGING  |
| \$288   | 20610<br>77002<br>J0702          | STEROID INJ HIP/KNEE/SHOULDER<br>FLOURO GUIDANCE NEEDLE PLACEMENT<br>CELESTONE INJECTION                              |
| \$1,012 | 23350<br>77002<br>J0702<br>73222 | SHOULDER ARTHROGRAM INJECTION<br>FLOURO GUIDANCE NEEDLE PLACEMENT<br>CELESTONE INJECTION<br>MR UPPER JOINT W CONTRAST |
| \$1,125 | 27093<br>77002<br>J0702<br>73722 | HIP ARTHROGRAM INJECTION<br>FLOURO GUIDANCE NEEDLE PLACEMENT<br>CELESTONE INJECTION<br>MR LOW JOINT W CONTRAST        |



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