TIME OF SERVICE PRICING INTERVENTIONAL SERVICES

Top Services						
Charge	CPT Code	Description				
\$445	62321 J3301	EPIDURAL CERVICAL OR THORACIC KENALOG 10MG PER UNIT				
\$439	62323 J3301	EPIDURAL LUMBAR KENALOG 10MG PER UNIT				
\$212	62270	LUMBAR PUNCTURE				
\$3,245	22510 72129	VERTEBROPLASTY THORACIC CT THORACIC SPINE W CONTRAST				
\$1,304	22512	ADDITIONAL VERTEBROPLASTY LEVEL				
\$3,234	22511 72132	VERTEBROPLASTY LUMBAR CT LUMBAR SPINE W CONTAST				

Interventional Radiology Pain & Back

\$193	36598	PORTOGRAM			
\$1,566	36558 77001 76937	PERMACATH INSERTION FLUORO GUIDANCE US GUIDANCE VASCULAR ACCESS			
\$258	36589	PERMACATH REMOVAL			
\$1,883	36561 77001 76937	MEDIPORT INSERTION (CHEST) FLUORO GUIDANCE US GUIDANCE VASCULAR ACCESS			
\$2,335	36571 77001 76937	ARMPORT/PASSPORT INSERTION FLUORO GUIDANCE US GUIDANCE VASCULAR ACCESS			
\$350	36590	MEDIPORT REMOVAL			
\$307	36569 77001	PICC INSERTION FLUORO GUIDANCE			
\$473	49083	PARACENTESIS ABDOMINAL W IMAGING			
\$293	20610 77002 J0702	STEROID INJ HIP/KNEE/SHOULDER FLOURO GUIDANCE NEEDLE PLACEMENT CELESTONE INJECTION			
\$1,025	23350 77002 J0702 73222	SHOULDER ARTHROGRAM INJECTION FLOURO GUIDANCE NEEDLE PLACEMENT CELESTONE INJECTION MR UPPER JOINT W CONTRAST			
\$1,140	27093 77002 J0702 73722	HIP ARTHROGRAM INJECTION FLOURO GUIDANCE NEEDLE PLACEMENT CELESTONE INJECTION MR LOW JOINT 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 \$196. Fees may differ based on the care recommended by your physician and the RMI radiologist.

\$256	76942 19000	US GUIDANCE ASPIRATION (1 SITE) ASPIR BREAST CYST	
\$42	19001	ADDITONAL 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	
\$172	10005	FNA THYROID BIOPSY INCLUDING US GUIDANCE	
\$4,165	19105	CRYOABLATION W US GUIDANCE	

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 1/2023.



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Genesee Area		Lapeer Area	
(810) 732-1919		(810) 969-4700	
Novi Area (248) 536-0410	Royal Oak Area (248) 543-7226		Southgate Area (734) 281-6600