

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	\$53
US ABDOMEN COMPLETE	76700	\$186
US PELVIC	76856	\$168
US TRANSVAG PELVIC	76830	\$190
LUMBOSACRAL 4 VIEWS	72110	\$80
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	\$395

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	\$222
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	\$87
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



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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 (Continued)

Description	CPT Code	Charge
SACROILIAC JOINTS	72202	\$61
SACRUM AND COCCYX	72220	\$51
SHOULDER COMPLETE	73030	\$54
SI JOINTS < 3 VIEWS	72200	\$52
SINUSES MIN 3 VIEWS	70220	\$59
SKULL MIN 4 VIEWS	70260	\$70
SMALL BOWEL SERIES W/WO KUB	74250	\$196
THORACIC SPINE 2 VIEWS	72070	\$52
THORACIC SPINE 3 VIEW	72072	\$61
TIBIA/FIBULA 2 VIEWS	73590	\$49
TOE(S) MINIMUM 2 VIEWS	73660	\$46
UPPER GI AIR W/WO KUB SINGLE CONTRAST	74240	\$197
UPPER GI AIR W/WO KUB DOUBLE CONTRAST	74246	\$224
SMALL BOWEL SERIES W/WO KUB	74250	\$192
WRIST COMPLETE	73110	\$64

Diagnostic Testing

ABDOMEN 1 VIEW	74018	\$47
ABDOMEN 3 OR MORE VIEWS	74021	\$68
ANKLE COMPLETE	73610	\$58
BARIUM ENEMA AIR CONTRAST	74280	\$355
BONE AGE STUDY	77072	\$40
BONE SURVEY LIMITED	77074	\$99
CALCANEUS MINIMUM 2 VIEWS	73650	\$45
CERVICAL 2 OR 3 VIEWS	72040	\$62
CERVICAL 6 OR MORE VIEWS	72052	\$97
CHEST 1 VIEW	71045	\$41
CHEST 2 VIEWS	71046	\$53
CHEST 4 OR MORE VIEWS	71048	\$72
CLAVICLE COMPLETE	73000	\$50
DEXA HIPS PELVIS SPINE	77080	\$60
ELBOW COMPLETE	73080	\$51
ESOPHOGRAM	74220	\$157
FACIAL BONES	70150	\$74
FINGER(S) MINIMUM 2 VIEWS	73140	\$59
FOOT COMPLETE	73630	\$54
FOREARM 2 VIEWS	73090	\$46
FOREIGN BODY SCREENING EYE	70030	\$51
HAND MINIMUM 3 VIEWS	73130	\$57
HIP UNILATERAL 1 VIEW	73501	\$51
HIP UNILATERAL 2-3 VIEWS	73502	\$73
HIP UNILATERAL 4 VIEWS	73503	\$92
HIP BILATERAL 2 VIEWS	73521	\$65
HIP BILATERAL 3-4 VIEWS	73522	\$84
HIP 5 VIEWS	73523	\$96
HUMERUS MINIMUM 2 VIEWS	73060	\$50
HYSTEOSALPINGOGRAPHY	74740 + 58340	\$548
KNEE COMPLETE	73564	\$72
LUMBOSACRAL 2 OR 3 VIEWS	72100	\$62
LUMBOSACRAL 4 VIEWS	72110	\$80
LUMBOSACRAL COMPLETE W/ BENDING VIEW	72114	\$97
NASAL BONES	70160	\$60
PELVIS 1-2 VIEWS OR POSTURAL STU	72170	\$45
RIBS BILATERAL	71110	\$69
RIBS UNILATERAL 2 VIEWS	71100	\$58
RIBS UNIL W PA CHEST MIN 3VIEWS	71101	\$66

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 1/2023.



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