

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 CONTRAST

Interventional Radiology Pain & Back

\$193	36598	PORTOGRAM
\$1,568	36558 77001 76937	PERMACATH INSERTION FLUORO GUIDANCE US GUIDANCE VASCULAR ACCESS
\$258	36589	PERMACATH REMOVAL
\$1,885	36561 77001 76937	MEDIPOINT INSERTION (CHEST) FLUORO GUIDANCE US GUIDANCE VASCULAR ACCESS
\$2,337	36571 77001 76937	ARMPOINT/PASSPORT INSERTION FLUORO GUIDANCE US GUIDANCE VASCULAR ACCESS
\$353	36590	MEDIPOINT REMOVAL
\$307	36569 77001	PICC INSERTION FLUORO GUIDANCE
\$473	49083	PARACENTESIS ABDOMINAL W IMAGING
\$297	20610 77002 J0702	STEROID INJ HIP/KNEE/SHOULDER FLUORO GUIDANCE NEEDLE PLACEMENT CELESTONE INJECTION
\$1,028	23350 77002 J0702 73222	SHOULDER ARTHROGRAM INJECTION FLUORO GUIDANCE NEEDLE PLACEMENT CELESTONE INJECTION MR UPPER JOINT W CONTRAST
\$1,143	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	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.		
\$258	76942 19000	US GUIDANCE ASPIRATION (1 SITE) 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
\$173	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 1/2024.



Clearly. Better. Choice.
rmipc.net

Genesee Area Lapeer Area
(810) 732-1919 (810) 969-4700

Novi Area Royal Oak Area Southgate Area
(248) 536-0410 (248) 543-7226 (734) 281-6600