

TIME OF SERVICE PRICING

DIAGNOSTIC IMAGING

Top Services

Description	CPT Code	Charge
2D MAMM SCREENING W 3D TOMOSYNTHESIS	77067 + 77063	\$334
2D DIGITAL MAMM SCREENING	77067	\$237
CHEST 2 VIEWS	71046	\$75
US ABDOMEN COMPLETE	76700	\$214
US PELVIC	76856	\$195
US TRANSVAG PELVIC	76830	\$220
LUMBOSACRAL 4 VIEWS	72110	\$95
DEXA HIPS PELVIS SPINE	77080	\$71
MR LOW JOINT WO CONTRAST	73721	\$396
MR LUMBAR WO CONTRAST	72148	\$377
US BREAST LIMITED (NOT ALL 4 QUADRANTS)	76642	\$157
CT ABD AND PELVIS W CONTRAST	74177 + Q9967	\$617

Breast

2D DIGITAL MAMM SCREENING	77067	\$237
2D MAMM SCREENING W 3D TOMOSYNTHESIS	77067 + 77063	\$334
DIGITAL MAMM DIAGNOSTIC W 3D TOMO	77066 + 77062	\$427
MAMM UNILATERAL W 3D TOMOSYNTHESIS	77065 + 77061	\$334
US BREAST UNILATERAL COMPLETE	76641	\$190
US BREAST LIMITED	76642	\$157
MR BREAST BILATERAL W/WO CONTRAST W CAD	77049 + A9585	\$817
MR BREAST SCREENING ONLY	77049S + A9585	\$450

CT

CT ABDOMEN W CONTRAST	74160 + Q9967	\$480
CT ABDOMEN WO CONTRAST	74150	\$259
CT ABDOMEN WO/W CONTRAST	74170 + Q9967	\$549
CT ABD AND PELVIS WO CONTRAST	74176	\$347
CT ABD AND PELVIS W CONTRAST	74177 + Q9967	\$617
CT ABD AND PEL WO/W CONTRAST	74178 + Q9967	\$688
CT CERVICAL SPINE WO CONTRAST	72125	\$287
CT CHEST W CONTRAST	71260 + Q9967	\$374
CT CHEST WO CONTRAST	71250	\$274
CT CHEST W/WO CONTRAST	71270 + Q9967	\$436
CT ENTEROGRAPHY & 3D RECONS	74177CE + Q9967 + 76377	\$751
CT FACE/SINUS WITHOUT CONTRAST	70486	\$243
CT HEAD/BRAIN WO CONTRAST	70450	\$201
CT HEAD/BRAIN WO/W CONTRAST	70470 + Q9967	\$365
CT LOWER EXTREMITY WO CONTRAST*	73700	\$280
CT LUMBAR SPINE WO CONTRAST	72131	\$280
CT NECK W CONTRAST	70491 + Q9967	\$386
CT NECK WO/W CONTRAST	70492 + Q9967	\$461
CT PELVIS W CONTRAST	72193 + Q9967	\$472
CT PELVIS WO CONTRAST	72192	\$252
CT PELVIS WO/W CONTRAST	72194 + Q9967	\$520
CT UPPER EXTREMITY WO CONTRAST*	73200	\$312
CTA CHEST W/WO CONTRAST	71275 + Q9967	\$567
CCTA CTA CORONARY ARTERIES	75574 + Q9967	\$639
CT LUNG SCREENING	71271	\$250
CT CARDIAC SCORING	75571	\$85

* 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	\$163
US ABDOMEN COMPLETE	76700	\$214
US EXTREMITY NOVASCULAR COMPLETE	76881	\$145
US EXTREMITY NOVASCULAR LIMITED	76882	\$101
US KIDNEY/AORTA	76770	\$199
US OB <14 WEEKS	76801	\$217
US OB =>14 WEEKS	76805	\$249
US PELVIC	76856	\$195

Nuclear Medicine

SPOT BONE SCAN	78300 + A9503	\$446
3 PHASE BONE SCAN	78315 + A9503	\$650
TOTAL BODY BONE SCAN	78306 + A9503	\$570
HIDA SCAN W PHARM INTERVENTION	78227 + A9510 + J2805	\$957
MUGA SCAN	78472 + A9560	\$532
PARATHYROID IMAGING	78070 + A9500	\$659
SPECT PARATHYROID	78071 + A9500	\$769
THYROID UPTAKE/SCAN SINGLE DETERM	78014 + A9516	\$488

MRI

MR ABD OR ADRENAL GLANDS W/WO CON	74183 + A9585	\$745
MR ABD OR ADRENAL GLANDS WO CONT	74181	\$402
MR BRAIN IAC OR PITUITARY W/WO CO	70553 + A9585	\$700
MR BRAIN IAC OR PITUITARY WO CONT	70551	\$386
MR CERVICAL WO CONTRAST	72141	\$375
MR CERVICAL W/WO CONTRAST	72156 + A9585	\$704
MR CHEST WO CONTRAST	71550	\$685
MR LOW EXT WO CONTRAST*	73718	\$446
MR LOW EXT W/WO CONTRAST*	73720 + A9585	\$743
MR LOW JOINT WO CONTRAST*	73721	\$396
MR LOW JOINT W/WO CONTRAST*	73723 + A9585	\$849
MR LUMBAR WO CONTRAST	72148	\$377
MR LUMBAR W/WO CONTRAST	72158 + A9585	\$703
MR ORBIT/FACE/NECK W/WO CONTRAST	70543 + A9585	\$742
MR PELVIS W/WO CONTRAST	72197 + A9585	\$743
MR THORACIC WO CONTRAST	72146	\$375
MR THORACIC W/WO CONTRAST	72157 + A9585	\$705
MR UPPER EXT WO CONTRAST*	73218	\$610
MR UPPER EXT W/WO *	73220 + A9585	\$896
MR UPPER JNT WO CONTRAST*	73221	\$397
MR UPPER JNT W/WO CONTRAST*	73223 + A9585	\$850
MRA ABDOMEN	74185 + A9585	\$739
MRA HEAD WO CONTRAST	70544	\$434



TIME OF SERVICE PRICING

DIAGNOSTIC IMAGING

Dopplers

Description	CPT Code	Charge
VENOUS DOPPLER BILATERAL	93970	\$344
VENOUS DOPPLER UNILATERAL	93971	\$219
PRESSURE MEASUREMENT DOPPLER	93923	\$234
ARTERIAL LOWER EXT UNILATERAL	93926	\$264
ARTERIAL LOWER EXT BILATERAL	93925	\$447
DOPPLER ABDOMEN, PELVIS, SCROTAL LIMITED	93976	\$289
CAROTID DOPPLER BILATERAL	93880	\$351

Diagnostic Testing

ABDOMEN 1 VIEW	74018	\$56
ABDOMEN 3 OR MORE VIEWS	74021	\$80
ANKLE COMPLETE	73610	\$68
BARIUM ENEMA AIR CONTRAST	74280	\$408
BONE AGE STUDY	77072	\$49
BONE SURVEY LIMITED	77074	\$120
CALCANEUS MINIMUM 2 VIEWS	73650	\$53
CERVICAL 2 OR 3 VIEWS	72040	\$73
CERVICAL 6 OR MORE VIEWS	72052	\$114
CHEST 1 VIEW	71045	\$49
CHEST 2 VIEWS	71046	\$63
CHEST 4 OR MORE VIEWS	71048	\$86
CLAVICLE COMPLETE	73000	\$60
DEXA HIPS PELVIS SPINE	77080	\$71
ELBOW COMPLETE	73080	\$60
ESOPHOGRAM	74220	\$181
FACIAL BONES	70150	\$87
FINGER(S) MINIMUM 2 VIEWS	73140	\$71
FOOT COMPLETE	73630	\$64
FOREARM 2 VIEWS	73090	\$55
FOREIGN BODY SCREENING EYE	70030	\$60
HAND MINIMUM 3 VIEWS	73130	\$68
HIP UNILATERAL 1 VIEW	73501	\$61
HIP UNILATERAL 2-3 VIEWS	73502	\$87
HIP UNILATERAL 4 VIEWS	73503	\$110
HIP BILATERAL 2 VIEWS	73521	\$76
HIP BILATERAL 3-4 VIEWS	73522	\$99
HIP 5 VIEWS	73523	\$114
HUMERUS MINIMUM 2 VIEWS	73060	\$60
HYSTEROSALPINGOGRAPHY	74740 + 58340	\$630
KNEE COMPLETE	73564	\$86
LUMBOSACRAL 2 OR 3 VIEWS	72100	\$74
LUMBOSACRAL 4 VIEWS	72110	\$95
LUMBOSACRAL COMPLETE W/ BENDING VIEW	72114	\$114
NASAL BONES	70160	\$71
PELVIS 1-2 VIEWS OR POSTURAL STU	72170	\$52
RIBS BILATERAL	71110	\$81
RIBS UNILATERAL 2 VIEWS	71100	\$68
RIBS UNIL W PA CHEST MIN 3VIEWS	71101	\$79

Diagnostic Testing (Continued)

Description	CPT Code	Charge
SACROILIAC JOINTS	72202	\$73
SACRUM AND COCCYX	72220	\$60
SHOULDER COMPLETE	73030	\$64
SI JOINTS < 3 VIEWS	72200	\$61
SINUSES MIN 3 VIEWS	70220	\$70
SKULL MIN 4 VIEWS	70260	\$82
SMALL BOWEL SERIES W/WO KUB	74250	\$225
THORACIC SPINE 2 VIEWS	72070	\$61
THORACIC SPINE 3 VIEW	72072	\$73
TIBIA/FIBULA 2 VIEWS	73590	\$59
TOE(S) MINIMUM 2 VIEWS	73660	\$55
UPPER GI AIR W/WO KUB SINGLE CONTRAST	74240	\$227
UPPER GI AIR W/WO KUB DOUBLE CONTRAST	74246	\$258
SMALL BOWEL SERIES W/WO KUB	74250	\$221
WRIST COMPLETE	73110	\$75

PET/CT

PET BRAIN METABOLISM	78608 + A9552	\$2,976
PET CT SKULL BASE TO MIDTHIGH	78815 + A9552	\$2,949
PET CT WHOLE BODY	78816 + A9552	\$2,949
PET TUMOR LIMITED	78814 + A9552	\$2,976

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 5/2024.



Clearly. Better. Choice.

rmipc.net

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

Petoskey
(231) 439-9700