

TIME OF SERVICE PRICING

INTERVENTIONAL SERVICES

Top Services

Charge	CPT Code	Description
\$512	62321 J3301	EPIDURAL CERVICAL OR THORACIC KENALOG 10MG PER UNIT
\$505	62323 J3301	EPIDURAL LUMBAR KENALOG 10MG PER UNIT
\$244	62270	LUMBAR PUNCTURE
\$3,732	22510 72129	VERTEBROPLASTY THORACIC CT THORACIC SPINE W CONTRAST
\$1,500	22512	ADDITIONAL VERTEBROPLASTY LEVEL
\$3,720	22511 72132	VERTEBROPLASTY LUMBAR CT LUMBAR SPINE W CONTRAST

Breast Biopsy Codes & Aspirations

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.

Charge	CPT Code	Description
\$297	76942 19000	US GUIDANCE ASPIRATION (1 SITE) ASPIR BREAST CYST
\$49	19001	ADDITIONAL CYST ASPIRATION (1 SITE)
\$1,313	19081	STEREOTACTIC BREAST BIOPSY
\$895	19082	STEREO ADDITIONAL LESION
\$1,283	19083	ULTRASOUND GUIDED BREAST BIOPSY
\$860	19084	ULTRASOUND ADDITIONAL LESION
\$1,835	19085 + A9579	MR GUIDED BREAST BIOPSY + GAD
\$1,277	19086	MR GUIDED ADDITIONAL LESION
\$199	10005	FNA THYROID BIOPSY INCLUDING US GUIDANCE
\$4,790	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 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

Interventional Radiology Pain & Back

\$222	36598	PORTOGRAM
\$1,804	36558 77001 76937	PERMACATH INSERTION FLUORO GUIDANCE US GUIDANCE VASCULAR ACCESS
\$301	36589	PERMACATH REMOVAL
\$2,168	36561 77001 76937	MEDIPOINT INSERTION (CHEST) FLUORO GUIDANCE US GUIDANCE VASCULAR ACCESS
\$2,688	36571 77001 76937	ARMPORT/PASSPORT INSERTION FLUORO GUIDANCE US GUIDANCE VASCULAR ACCESS
\$406	36590	MEDIPOINT REMOVAL
\$354	36569 77001	PICC INSERTION FLUORO GUIDANCE
\$544	49083	PARACENTESIS ABDOMINAL W IMAGING
\$342	20610 77002 J0702	STEROID INJ HIP/KNEE/SHOULDER FLOURO GUIDANCE NEEDLE PLACEMENT CELESTONE INJECTION
\$1,183	23350 77002 J0702 73222	SHOULDER ARTHROGRAM INJECTION FLOURO GUIDANCE NEEDLE PLACEMENT CELESTONE INJECTION MR UPPER JOINT W CONTRAST
\$1,315	27093 77002 J0702 73722	HIP ARTHROGRAM INJECTION FLOURO GUIDANCE NEEDLE PLACEMENT CELESTONE INJECTION MR LOW JOINT W CONTRAST