

RAI Uninsured Fees w/ CPT Codes

CPT CODE	EXAM DESCRIPTION	No Insurance Fee	CPT CODE	EXAM DESCRIPTION	No Insurance Fee
<i>DIAGNOSTIC X-RAY</i>					
70110	Mandible, complete	\$ 45.00	73010	Scapula, complete	\$ 30.00
70130	Mastoids, complete	\$ 60.00	73020	Shoulder, single view	\$ 30.00
70150	Facial Bones, complete	\$ 50.00	73030	Shoulder, complete	\$ 35.00
70160	Nasal Bones, complete	\$ 35.00	73050	Acromioclavicular joints w & w/o weight	\$ 40.00
70200	Orbits, complete	\$ 50.00	73060	Humerus	\$ 35.00
70030	Orbits for foreign body	\$ 30.00	73070	Elbow, two views	\$ 30.00
70210	Sinuses < 3 vw	\$ 35.00	73080	Elbow, complete	\$ 40.00
70220	Sinuses, complete	\$ 45.00	73090	Forearm	\$ 30.00
70240	Sella Turcica	\$ 35.00	73092	Upper extremity infant, min 2 vws	\$ 30.00
70250	Skull < 4 vw	\$ 40.00	73100	Wrist, two views	\$ 30.00
70260	Skull, complete	\$ 55.00	73110	Wrist complete, three views	\$ 40.00
70330	T-M Joints, complete	\$ 55.00	Mod 22	Navicular view	\$ 28.00
70360	Neck, soft tissue	\$ 30.00	73120	Hand, 2 views	\$ 30.00
71010	Chest, single view	\$ 30.00	73130	Hand, 3 views	\$ 35.00
71020	Chest, two views, PA&Lat	\$ 35.00	73140	Fingers	\$ 35.00
71021	Chest, PA, Lat w/AP Lordotic	\$ 45.00	77072	Bone age	\$ 25.00
71022	Chest w/obliques	\$ 50.00	77073	Bone length study/Scanogram	\$ 45.00
71035	Chest w/decub	\$ 40.00	77074	Bone (skeletal) Survey	\$ 75.00
71030	Chest, multiple views	\$ 55.00	73040	Shoulder Arthrogram	\$ 120.00
71100	Ribs, unilateral	\$ 40.00	23350	Injection	\$ 160.00
71110	Ribs, bilateral	\$ 45.00	73510	Hip, unilateral, min 2 vw	\$ 40.00
71101	Ribs, Uni. W/ PA Chest min 3vw	\$ 45.00	73520	Hips, bilateral w/pelvis	\$ 45.00
71111	Ribs, Bi w/PA Chest min 4 vw	\$ 60.00	73540	Infant Pelvis & Hips, min 2 vw	\$ 40.00
71120	Sternum	\$ 40.00	73550	Femur	\$ 35.00
71130	Sterno-clavicular joints	\$ 45.00	73560	Knee, 2 vw	\$ 30.00
72020	Spine - AP only (C/D/L)	\$ 30.00	73562	Knee, min 3 vw	\$ 40.00
72040	Cervical Spine - AP & Lat	\$ 40.00	73564	Knee, complete	\$ 45.00
72050	Cervical spine, min 4 vw	\$ 60.00	73565	Bilat Knees Standing AP	\$ 35.00
72052	Cervical spine, >4 vw w/obl incl flexion or extension	\$ 75.00	73590	Tibia & Fibula	\$ 30.00
72069	Scoliosis Survey, single vw standing	\$ 40.00	73592	Lower Extremity Infant, min 2 vws	\$ 35.00
72080	Thoracolumbar AP & Lat	\$ 40.00	77076	Osseous Screening Infant	\$ 105.00
72090	Scoliosis - supine & erect vws	\$ 50.00	73600	Ankle, two views	\$ 30.00
72070	Thoracic spine	\$ 40.00	73610	Ankle, complete, min 3 vw	\$ 35.00
72072	Thoracic w swimmers	\$ 45.00	73620	Foot, 2 vw	\$ 30.00
72100	Lumbosacral Spine, AP & Lat	\$ 45.00	73630	Foot, complete	\$ 35.00
72110	Lumbosacral Spine, comp. W/obl	\$ 55.00	73650	Os Calcis, complete	\$ 30.00
72114	LS Spine w/ Bending Views	\$ 80.00	73660	Toes	\$ 30.00
72170	Pelvis, single view	\$ 30.00	74000	Abdomen, single view	\$ 30.00
72190	Pelvis, multiple views	\$ 45.00	74010	Abdomen, AP w/addit vw	\$ 45.00
72202	Sacroiliac joints	\$ 40.00	74020	Abdomen, complete w/erect & decub	\$ 45.00
72220	Sacrum and Coccyx	\$ 35.00	74022	Abdomen complete w/ PA chest	\$ 55.00
73000	Clavicle, complete	\$ 30.00		aka obstructive series	

RAI Uninsured Fees w/ CPT Codes

CPT CODE	EXAM DESCRIPTION	No Insurance Fee	CPT CODE	EXAM DESCRIPTION	No Insurance Fee
<b>CT</b>					
70450	Head w/o contrast	\$ 245.00	76380	CT Limited/Localized follow-up study	\$ 175.00
70460	Head w/ contrast	\$ 315.00	<b>CTA</b>		
70470	Head w & w/o contrast	\$ 380.00	75571	Calcium Scoring CT Heart w/o contrast	\$ 99.00
70480	Orbits, Sella, Inner Ear (IAC's) w/o contrast	\$ 290.00	74175	CTA Abdomen w/o&wcontrast	\$ 550.00
70481	Orbits, Sella, Inner Ear (IAC's) w/contrast	\$ 425.00	75635	CTA Aorta-Iliofemoral w/o&wcontrast	\$ 580.00
70482	Orbits, Sella, Inner Ear(IAC's)w&w/o contrast	\$ 465.00	71275	CTA Chest w/o&wcontrast [non coronary]	\$ 550.00
70486	Maxillofacial Area w/o contrast	\$ 280.00	70496	CTA Head w/o&wcontrast	\$ 540.00
70486	with axials & coronals	\$ 280.00	73706	CTA Lower Extremity w/o&wcontrast	\$ 550.00
70487	Maxillofacial Area w/contrast	\$ 380.00	70498	CTA Neck (Carotids) w/o&wcontrast	\$ 540.00
70487	with axials & coronals	\$ 380.00	72191	CTA Pelvis w/o&wcontrast	\$ 495.00
70488	Maxillofacial Area w&w/o contrast	\$ 465.00	73206	CTA Upper Extremity w/o&wcontrast	\$ 545.00
70490	Soft Tissue Neck w/o contrast	\$ 290.00	<b>CT DENTAL SCAN</b>		
70491	Soft Tissue Neck w/contrast	\$ 375.00	70486	Dental Scan/Arch ( <i>Patient must pay on DOS</i> )	\$325.00
70492	Soft Tissue Neck w&w/o contrast	\$ 455.00	<b>FLUOROSCOPY</b>		
71250	Chest w/o contrast	\$ 285.00	74210	Cerv. Esoph. W/ fluoro	\$ 85.00
71260	Chest w/contrast	\$ 385.00	74220	Esophagram with fluoro	\$ 95.00
71270	Chest w&w/o contrast	\$ 460.00	74240	Upper GI	\$ 120.00
72125	Cervical Spine w/o contrast	\$ 285.00	74241	Upper GI with prelim	\$ 125.00
72126	Cervical Spine w/contrast	\$ 380.00	74245	Upper GI with Small bowel	\$ 190.00
72127	Cervical Spine w&w/o contrast	\$ 455.00	74247	High Dens Air Cont UGI	\$ 140.00
72128	Thoracic Spine w/o contrast	\$ 285.00	74249	High Dens Air Cont UGISB	\$ 205.00
72129	Thoracic Spine w/contrast	\$ 380.00	74250	Small Bowel Series	\$ 115.00
72130	Thoracic Spine w&w/o contrast	\$ 455.00	74270	Barium Enema with KUB	\$ 140.00
72131	Lumbar Spine w/o contrast	\$ 285.00	74280	High Density BE with Air	\$ 215.00
72132	Lumbar Spine w/contrast	\$ 380.00	76000	Fluoroscopy	\$ 105.00
72133	Lumbar Spine w&w/o contrast	\$ 455.00	<b>MISCELLANEOUS</b>		
72192	Pelvis w/o contrast	\$ 280.00	76140	Consult Outside Film	\$ 195.00
72193	Pelvis w/contrast	\$ 365.00	99070	Misc Supplies	\$ 50.00
72194	Pelvis w&w/o contrast	\$ 450.00	?????	Non Ionic Contrast 50 ML	\$ 60.00
73200	Upper Extremity w/o contrast	\$ 280.00	S8037	MRCP (w and or w/o contrast)	\$ 730.00
73201	Upper Extremity w/contrast	\$ 365.00	<b>IVP</b>		
73202	Upper Extremity w&w/o contrast	\$ 450.00	74400	Urogram, intravenous	\$ 120.00
73700	Lower Extremity w/o contrast	\$ 280.00			
73701	Lower Extremity w/contrast	\$ 365.00			
73702	Lower Extremity w&w/o contrast	\$ 450.00			
74150	Abdomen w/o contrast	\$ 285.00			
74160	Abdomen w/ contrast	\$ 405.00			
74170	Abdomen w & w/o contrast	\$ 460.00			
74176	Abdomen and Pelvis w/o contrast	\$ 190.00			
74177	Abdomen and Pelvis with contrast	\$ 295.00			
74178	Abdomen and Pelvis w/&w/o contrast	\$ 375.00			

RAI Uninsured Fees w/ CPT Codes

CPT CODE	EXAM DESCRIPTION	No Insurance Fee	CPT CODE	EXAM DESCRIPTION	No Insurance Fee
<i>MRI</i>					
70336	TMJ's	\$ 475.00	73225	MRA Upper Extremity	\$ 580.00
70540	Orbits, Face, Neck w/o contrast	\$ 465.00	73718	Lower Ext.(non joint, includes foot)w/o contrast	\$ 468.00
70542	Orbits, Face, Neck w/contrast	\$ 570.00	73719	Lower Ext.(non joint, includes foot) w/contrast	\$ 570.00
70543	Orbits, Face, Neck w&w/o cont	\$ 725.00	73720	Lower Ext. (non joint, includes foot)w&w/o contrast	\$ 725.00
70544	MRA Head w/o contrast	\$ 460.00	73721	Lower Ext. (hip, knee, ankle)w/o contrast	\$ 465.00
70545	MRA Head w/contrast	\$ 550.00	73722	Lower Ext.(hip, knee, ankle) w/contrast	\$ 570.00
70546	MRA Headw&w/o contrast	\$ 705.00	73723	Lower Ext. (hip, knee, ankle) w&w/o contrast	\$ 725.00
70547	MRA Neck w/o contrast	\$ 460.00	73725	MR Angiography Lower Extremity	\$ 580.00
70548	MRA Neck w/contrast	\$ 550.00	74181	[MRCP] Abdomen w/o contrast	\$ 475.00
70549	MRA Neck w & w/o contrast	\$ 705.00	74182	Abdomen w/contrast	\$ 575.00
70551	Brain w/o contrast	\$ 475.00	74183	Abdomen w&w/o contrast	\$ 730.00
70552	Brain w/contrast	\$ 580.00	74185	MRA abdomen	\$ 580.00
70553	Brain w&w/o contrast	\$ 735.00	77058	Breast Unilateral w and or w/o contrast	\$ 770.00
71550	Chest (Mediastinum) w/o contrast	\$ 470.00	77059	Breast Bilateral w and or w/o contrast	\$ 867.38
71551	Chest w/contrast	\$ 575.00	<i>ARTHROGRAMS</i>		
71552	Chest w&w/o contrast	\$ 730.00	77003	Hip Arthrogram Fluoro Guidance Only	\$80.00
71555	Chest Angiography	\$ 580.00	73701	Knee/Ankle CT Arthrogram	\$400.00
72141	Cervical Spine w/o contrast	\$ 480.00	77002	Knee/Shoulder/Wrist/Elbow/Ankle Arthrogram	\$80.00
72142	Cervical Spine w/contrast	\$ 585.00	n/a	Fluoro Guidance Only	TBD
72156	Cervical Spine w&w/o contrast	\$ 745.00	n/a	Any Arthrogram Injection	\$ 195.00
72146	Thoracic Spine w/o contrast	\$ 480.00	27648	Arthrogram Injection-ANKLE	\$ 195.00
72147	Thoracic Spine w/contrast	\$ 585.00	27370	Arthrogram Injection- KNEE	\$ 195.00
72157	Thoracic Spine w&w/o contrast	\$ 745.00	23350	Arthrogram Injection- WRIST	\$ 195.00
72148	Lumbar Spine w/o contrast	\$ 475.00	24220	Arthrogram Injection- ELBOW	\$ 195.00
72149	Lumbar Spine w/contrast	\$ 580.00	27093	Arthrogram Injection- HIP	\$ 195.00
72158	Lumbar Spine w&w/o contrast	\$ 735.00			
72159	MRA Spine	\$ 580.00			
72195	Pelvis w/o contrast	\$ 475.00			
72196	Pelvis, with contrast	\$ 575.00			
72197	Pelvis w&w/o contrast	\$ 730.00			
72198	MRA Pelvis	\$ 580.00			
73218	Upper Ext. (non joint, includes hand) w/o contrast	\$ 465.00			
73219	Upper Ext. (non joint, includes hand) w/contrast	\$ 570.00			
73220	Upper Ext. (non joint, includes hand)w&w/o contrast	\$ 725.00			
73221	Upper Ext.(Shoulder, elbow, wrist) w/o contrast	\$ 465.00			
73222	Upper Ext.(Shoulder, elbow, wrist)w/contrast	\$ 570.00			
73223	Upper Ext.(Shoulder, elbow, wrist)w&w/o contrast	\$ 725.00			

RAI Uninsured Fees w/ CPT Codes

CPT CODE	EXAM DESCRIPTION	No Insurance Fee	CPT CODE	EXAM DESCRIPTION	No Insurance Fee
<b>ULTRASOUND</b>			<b>MAMMOGRAPHY</b>		
76536	Head/Neck (thyroid)	\$ 125.00	G0202	Digital Screening	\$ 145.00
76604	Chest	\$ 95.00	G0204	Digital Diagnostic	\$ 170.00
76645	Breast/Breasts	\$ 100.00	G0206	Digital Unilateral	\$ 135.00
76700	Abdomen (all abdominal organs)	\$ 150.00	77051	Diagnostic CAD	\$ 15.00
76705	Abdomen, Ltd.	\$ 115.00	77052	Screening CAD	\$ 15.00
76770	Renal (Complete)	\$ 145.00	ModGH	Screening Mammo converted to Diag	no charge
76775	Renal Ltd./Aorta/Nodes	\$ 125.00	<b>BONE DENSITOMETRY</b>		
76805	Pregnancy	\$ 160.00	77080	Bone Densitometry	\$ 80.00
76810	Pregnancy Multiple	\$ 115.00			
76815	Pregnancy Ltd.	\$ 100.00			
76801	Pregnancy < 14 wks	\$ 145.00			
76802	Pregnancy < 14 wks add gest	\$ 85.00			
76817	Pregnant Transvaginal	\$ 110.00			
76830	Trans/Endovaginal - Pelvis	\$ 135.00			
76856	Pelvic, Non-obstetric	\$ 135.00			
76857	Pelvic, Limited	\$ 95.00			
76870	Scrotum/Testicles	\$ 135.00			
76881	Extremity (non-ven/vas)soft tissues, muscles	\$ 140.00			
76882	Extrem(non-ven/vas)soft tissue anatomic specific	\$ 45.00			
76942	US Guide for needle placement (ie injection)	\$ 205.00			
93880	Carotid Doppler Bilateral	\$ 205.00			
93970	Venous Extrem. Dopp. Bilat.	\$ 210.00			
93971	Venous Extrem. Dopp. Unilat.	\$ 135.00			
93976	Doppler, Limited	\$ 240.00			
93978	Aorta and IVC - Dopp. (extra)	\$ 210.00			
19000	Puncture Aspiration Cyst	\$ 115.00			
19001	Aspiration each additional cyst	\$ 30.00			
19100	Biopsy Breast Needle Core	\$ 140.00			
10022	Biopsy Thyroid Fine Needle	\$ 202.00			
76942	US Guidance (biopsy tissue)	\$ 205.00			
99241	Office Consult	\$ 155.00			
99242	Office Consult expanded	\$ 280.00			
76999	Unlisted US exam. Hysterosonogram	\$ 575.00			