

**IOWA DIAGNOSTIC FEES EFFECTIVE 9/1/2022**

<b>Code</b>	<b>Description</b>	<b>Additional Instructions (usually add additional fees)</b>	<b>Modality</b>	<b>Current Fee</b>
10005	FNA BIOPSY W/ US GUIDANCE 1ST LESION		SURG	\$315.00
10006	FNA BIOPSY W/ US GUIDANCE EACH ADDITIONAL LESION	Add fee to main code CPT 10005	SURG	\$150.00
10035	US PLC SOFT TISSUE LOCALIZATION DEVICE, 1ST LESION		SURG	\$1,153.00
10160	PUNCTURE ASPIRATION OF HEMATOMA BULLA OR CYST	Add Guid fee: CPT 77002 OR 77012 OR 76942	SURG	\$322.00
19000	PUNC ASP OF BREAST CYST	Add Guid fee: CPT 77002 OR 77012 OR 76942	BREAST PROC	\$255.00
19001	PUNC ASP OF BEAST CYST, EACH ADD	Add fee to main code CPT 19000	BREAST PROC	\$76.00
19030	INJ PRO FOR DUCTOGRAM/GALACTOGRAM	Add Guid fee: CPT 77053 AND/OR 77054	BREAST PROC	\$410.00
19081	BIOPSY BREAST 1ST LESION; <b>STEREOTACTIC GUIDANCE</b>	Add fee for uni mammo CPT 77065/clip check	BREAST PROC	\$1,485.00
19082	BIOPSY BREAST <b>EACH ADD LESION</b> ; STEREOTACTIC GUID	Add fee to main code CPT 19081	BREAST PROC	\$1,197.00
19083	BIOPSY BREAST 1ST LESION; <b>US GUIDANCE</b>	Add fee for uni mammo CPT 77065/clip check	BREAST PROC	\$1,406.00
19084	BIOPSY BREAST <b>EACH ADD LESION</b> ; US GUIDANCE	Add fee to main code CPT 19083	BREAST PROC	\$1,184.00
19085	BIOPSY BREAST 1ST LESION; <b>MR GUIDANCE</b>	Add fee for uni mammo CPT 77065/clip check	BREAST PROC	\$2,228.00
19086	BIOPSY BREAST <b>EACH ADD LESION</b> MR GUIDANCE	Add fee to main code CPT 19085	BREAST PROC	\$1,775.00
19281	PLACEMENT OF BREAST LOCALIZATION DEVICE 1ST LESION; <b>MAMMO GUIDANCE</b>		BREAST PROC	\$601.00
19282	PLACEMENT OF BREAST LOCALIZATION DEVICE <b>EACH ADDITIONAL LESION</b> ; MAMMO GUIDANCE	Add fee to main code CPT 19281	BREAST PROC	\$409.00
19283	PLACEMENT OF BREAST LOCALIZATION DEVICE PERC 1ST LESION; <b>STEREOTACTIC GUIDANCE</b>	Add fee for uni mammo CPT 77065/clip check	BREAST PROC	\$669.00
19284	PLACEMENT OF BREAST LOCALIZATION DEVICE PERC <b>EACH ADDITIONAL LESION</b> ; STEREOTACTIC GUIDANCE	Add fee to main code CPT 19284	BREAST PROC	\$513.00
19285	PLACEMENT OF BREAST LOCALIZATION DEVICE PERC 1ST LESION; <b>US GUIDANCE</b>	Add fee for uni mammo CPT 77065/clip check	BREAST PROC	\$1,120.00
19286	PLACEMENT OF BREAST LOCALIZATION DEVICE PERC <b>EACH ADDITIONAL LESION</b> ; US GUIDANCE	Add fee to main code CPT 19285	BREAST PROC	\$979.00
19287	PLACEMENT OF BREAST LOCALIZATION DEVICE PERC 1ST LESION; <b>MR GUIDANCE</b>	Add fee for uni mammo CPT 77065/clip check	BREAST PROC	\$1,981.00
19288	PLACEMENT OF BREAST LOCALIZATION DEVICE PERC EACH ADDITIONAL LESION; MR GUIDANCE	Add fee to main code CPT 19287	BREAST PROC	\$1,514.00
20550	INJECTION TENDON SHEATH, LIGAMENT, TRIGGER POINTS	Add Guid fee: CPT 77002 OR 77012 OR 76942	SURG	\$146.00
20551	INJECTION, SINGLE TENDON ORIGIN/INSERTION	Add Guid fee: CPT 77002 OR 77012 OR 76942	SURG	\$140.00
20552	NJX 1/MLT TRIGGER POINT 1/2 MUSC	Add Guid fee: CPT 77002 OR 77012 OR 76942	SURG	\$131.00
20600	ARTHROCNTS ASPIR&/NJX SM JT/BURSA W/O US GUIDANCE	Add fee for Guid: CPT 77002 OR 77012 OR 76942 <b>and/or</b> J3301 for Kenalog	SURG	\$129.00
20604	ARTHROCENTESIS/ASP AND/OR JOINT INJ SMALL JOINT OR BURSA WITH US GUIDANCE	Add fee for Guid: CPT 77002 OR 77012 OR 76942 <b>and/or</b> J3301 for Kenalog	SURG	\$206.00
20605	ARTHROCNTS ASPIR&/NJX INTRM JT/BURSA W/O GUID	Add fee for Guid: CPT 77002 OR 77012 OR 76942 <b>and/or</b> J3301 for Kenalog	SURG	\$142.00
20606	ARTHROCENTESIS, ASP, INJECT OF INTERMEDIATE JOINT OR BURSA W/ US GUIDANCE	Add fee for Guid: CPT 77002 OR 77012 OR 76942 <b>and/or</b> J3301 for Kenalog	SURG	\$208.00
20610	ARTHROCENTESIS, ASP/INJ, MAJOR JT W/O US GUID	Add fee for Guid: CPT 77002 OR 77012 OR 76942 <b>and/or</b> J3301 for Kenalog	SURG	\$155.00
20611	ARTHROCENTESIS, ASP AND/OR INJECTION OF MAJOR JOINT OR BURSA W/ US GUIDANCE	Add fee for Guid: CPT 77002 OR 77012 OR 76942 <b>and/or</b> J3301 for Kenalog	SURG	\$251.00
20612	ASPIRATION AND/OR INJECTION OF GANGLION CYST(S) ANY LOCATION	Add fee for Guid: CPT 77002 OR 77012 OR 76942 <b>and/or</b> J3301 for Kenalog	SURG	\$155.00
23350	ARTHROGRAM, SHOULDER	See cheat sheet-need additional fees added pending MR or Xray arthrogram	SURG	\$391.00
24220	ARTHROGRAM, ELBOW	See cheat sheet-need additional fees added pending MR or Xray arthrogram	SURG	\$448.00

Code	Description	Additional Instructions (usually add additional fees)	Modality	Current Fee
25246	ARTHROGRAM, WRIST	See cheat sheet-need additional fees added pending MR or Xray arthrogram	SURG	\$462.00
27093	ARTHROGRAM, HIP, W/O ANESTHESIA	See cheat sheet-need additional fees added pending MR or Xray arthrogram	SURG	\$553.00
27369	ARTHROGRAM, KNEE	See cheat sheet-need additional fees added pending MR or Xray arthrogram	SURG	\$409.00
27648	ARTHROGRAM, ANKLE	See cheat sheet-need additional fees added pending MR or Xray arthrogram	SURG	\$508.00
36415	VENIPUNCTURE	Add fee for CPT 82565-creatinine	SURG	\$5.00
38505	BIOPSY OF LYMPH NODE, SUPERFICIAL NEEDLE	Add Guid fee: CPT 77002 OR 77012 OR 76942	SURG	\$274.00
49465	PERC CONTRAST INJECT TUBE W/GUIDNCE		SURG	\$357.00
51600	INJECTION PROCEDURE FOR CYSTOGRAM/VUCUG	Add Fee for CPT 74400 or 74455	SURG	\$501.00
58340	HSG or SIS (CATHETER INFUSION)	Add fee for CPT 74740/Q9967 or 76831 (Self pay discount is offered)	SURG	\$579.00
61070	PUNCTURE SHUNT TUBE/RES FOR ASP/INJ	Add fee for CPT 75809	NEURO	\$172.00
62328	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC WITH FLUORO OR CT GUID		NEURO	\$617.00
62329	SPINAL PUNCTURE, LUMBAR, THERAPUETIC WITH FLUORO OR CT GUID		NEURO	\$766.00
70030	EYE, FOR DETECTION OF FOREIGN BODY		DIAG XR	\$84.00
70100	MANDIBLE LESS THAN 4 VIEWS		DIAG XR	\$126.00
70110	MANDIBLE, COMPLETE, MIN 4 VIEWS		DIAG XR	\$111.00
70140	FACIAL BONES, LESS THAN 3 VIEWS		DIAG XR	\$80.00
70150	FACIAL BONES, MINIMUM 3 VIEWS		DIAG XR	\$118.00
70160	NASAL BONES, COMPLETE, MIN 3 VIEWS		DIAG XR	\$96.00
70200	ORBITS, COMPLETE, MINIMUM 4 VIEWS		DIAG XR	\$120.00
70210	SINUSES, PARANASAL, LESS THAN 3 VIEW		DIAG XR	\$82.00
70220	SINUSES, PARANASAL, MIN 3 VIEWS		DIAG XR	\$96.00
70240	SELLA TURCICA		DIAG XR	\$85.00
70250	SKULL, LESS THAN 4 VIEWS, W/WO STERE		DIAG XR	\$98.00
70260	SKULL, MINIMUM 4 VIEWS, W/WO STEREO		DIAG XR	\$116.00
70330	TMJ BILATERAL		DIAG XR	\$126.00
70336	MRI TEMPOROMANDIBULAR JOINT		MRI	\$980.00
70360	NECK SOFT TISSUE		DIAG XR	\$85.00
70450	CT HEAD/BRAIN W/O CONTRAST		CT	\$506.00
70460	CT HEAD/BRAIN W/CONTRAST	Add contrast fee Q9967: # mls x.50	CT	\$618.00
70470	CT HEAD/BRAIN W AND W/O CONTRAST	Add contrast fee Q9967: # mls x.50	CT	\$767.00
70480	CT ORBIT/SELLA/EAR W/O CONTRAST		CT	\$506.00
70481	CT ORBIT/SELLA/EAR W/CONTRAST	Add contrast fee Q9967: # mls x.50	CT	\$618.00
70482	CT ORBIT/SELLA/EAR W AND W/O CONTRAS	Add contrast fee Q9967: # mls x.50	CT	\$767.00
70486	CT SINUS/MAXIOFACIAL W/O CONTRAST		CT	\$506.00
70487	CT SINUS/MAXIOFACIAL W/CONTRAST	Add contrast fee Q9967: # mls x.50	CT	\$618.00
70488	CT SINUS/MAXIOFACIAL W&W/O CONTRAST	Add contrast fee Q9967: # mls x.50	CT	\$767.00
70490	CT SOFT TISSUE NECK W/O CONTRAST		CT	\$506.00
70491	CT SOFT TISSUE NECK W/CONTRAST	Add contrast fee Q9967: # mls x.50	CT	\$618.00
70492	CT SOFT TISSUE NECK W&W/O CONTRAST	Add contrast fee Q9967: # mls x.50	CT	\$767.00
70496	CT ANGIOGRAPHY HEAD W&W/O CONTRAST	Add contrast fee Q9967: # mls x.50	CTA	\$900.00
70498	CT ANGIOGRAPHY NECK W&W/O CONTRAST	Add contrast fee Q9967: # mls x.50	CTA	\$900.00
70540	MRI ORBIT/FACE/NECK W/O CONTRAST		MRI	\$980.00
70542	MRI ORBIT/FACE/NECK W/CONTRAST	Add contrast fee A9575: # mls x 10 x \$1.00	MRI	\$1,160.00
70543	MRI ORBIT/FACE/NECK W&W/O CONTRAST	Add contrast fee A9575: # mls x 10 x \$1.00	MRI	\$1,400.00
70544	MRA HEAD W/O CONTRAST		MRI	\$980.00
70545	MRA HEAD W/CONTRAST	Add contrast fee A9575: # mls x 10 x \$1.00	MRI	\$1,160.00
70546	MRA HEAD W AND W/O CONTRAST	Add contrast fee A9575: # mls x 10 x \$1.00	MRI	\$1,400.00
70547	MRA NECK W/O CONTRAST		MRI	\$980.00
70548	MRA NECK W/CONTRAST	Add contrast fee A9575: # mls x 10 x \$1.00	MRI	\$1,160.00

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70549	MRA NECK W AND W/O CONTRAST	Add contrast fee A9575: # mls x 10 x \$1.00	MRI	\$1,400.00
70551	MRI BRAIN W/O CONTRAST		MRI	\$980.00
70552	MRI BRAIN W/CONTRAST	Add contrast fee A9575: # mls x 10 x \$1.00	MRI	\$1,160.00
70553	MRI BRAIN W AND W/O CONTRAST	Add contrast fee A9575: # mls x 10 x \$1.00	MRI	\$1,400.00
71045	CHEST 1 VIEW		DIAG XR	\$67.00
71046	CHEST 2 VIEWS		DIAG XR	\$89.00
71047	CHEST 3 VIEWS		DIAG XR	\$101.00
71048	CHEST 4 OR MORE VIEWS		DIAG XR	\$112.00
71100	RIBS, UNILATERAL, 2 VIEWS		DIAG XR	\$94.00
71101	RIBS UNI INCL POSTCHEST MIN 3 VIEWS		DIAG XR	\$102.00
71110	RIBS, BILATERAL, 3 VIEWS		DIAG XR	\$114.00
71111	RIBS BIL INCL POST CHEST MIN 4 VIEWS		DIAG XR	\$132.00
71120	STERNUM, MINIMUM 2 VIEWS		DIAG XR	\$88.00
71130	STERNOCLAVICULAR JOINTS MIN 3 VIEWS		DIAG XR	\$106.00
71250	CT CHEST W/O CONTRAST		CT	\$506.00
71260	CT CHEST W/CONTRAST	Add contrast fee Q9967: # mls x.50	CT	\$618.00
71270	CT CHEST W AND W/O CONTRAST	Add contrast fee Q9967: # mls x.50	CT	\$767.00
71271	CT LOW DOSE LUNG CANCER SCREENING	Self pay discount is offered	CT	\$506.00
71275	CT ANGIOGRAPHY CHEST W/W/OUT CONTRAST	Add contrast fee Q9967: # mls x.50	CTA	\$900.00
71550	MRI CHEST W/O CONTRAST		MRI	\$1,162.00
71551	MRI CHEST W/CONTRAST	Add contrast fee A9575: # mls x 10 x \$1.00	MRI	\$1,342.00
71552	MRI CHEST W AND W/O CONTRAST	Add contrast fee A9575: # mls x 10 x \$1.00	MRI	\$1,580.00
71555	MRA CHEST WITH OR W/O CONTRAST	Add contrast fee A9575: # mls x 10 x \$1.00	MRI	\$1,400.00
72020	SPINE SINGLE VIEW ANY LEVEL		DIAG XR	\$67.00
72040	C SPINE 3 VIEWS OR LESS		DIAG XR	\$100.00
72050	C SPINE MIN OF 4 OR 5 VIEWS		DIAG XR	\$131.00
72052	C SPINE 6 OR MORE VIEWS		DIAG XR	\$146.00
72070	THORACIC SPINE 2 VIEWS		DIAG XR	\$85.00
72072	THORACIC SPINE, 3 VIEWS		DIAG XR	\$95.00
72074	THORACIC MIN OF 4 VIEWS		DIAG XR	\$110.00
72080	THORACOLUMBAR SPINE, 2 VIEWS		DIAG XR	\$88.00
72081	ENTIRE SPINE 1 VIEW		DIAG XR	\$111.00
72082	SCOLIOSIS ENTIRE SPINE 2/3 VIEWS		DIAG XR	\$168.00
72083	ENTIRE SPINE 4/5 VIEWS		DIAG XR	\$195.00
72084	RADIOLOGIC EXAM ENTIRE THORACIC AND LUMBAR INC SKULL, CERV, & SACRAL IF DONE MIN 6 VIEWS		DIAG XR	\$228.00
72100	L SPINE 2 OR 3 VIEWS		DIAG XR	\$101.00
72110	L SPINE MIN OF 4V /OBL		DIAG XR	\$126.00
72114	L SPINE COMPLETE INCL BENDING VIEWS		DIAG XR	\$154.00
72120	L SPINE BEND VIEW ONLY MIN 4 VIEWS		DIAG XR	\$124.00
72125	CT C SPINE W/O CONTRAST		CT	\$506.00
72126	CT C SPINE W/CONTRAST	Add contrast fee Q9967: # mls x.50	CT	\$618.00
72127	CT C SPINE W AND W/O CONTRAST	Add contrast fee Q9967: # mls x.50	CT	\$767.00
72128	CT THORACIC SPINE W/O CONTRAST		CT	\$506.00
72129	CT THORACIC SPINE W/CONTRAST	Add contrast fee Q9967: # mls x.50	CT	\$618.00
72130	CT THORACIC SPINE W & W/O CONTRAST	Add contrast fee Q9967: # mls x.50	CT	\$767.00
72131	CT LUMBAR SPINE W/O CONTRAST		CT	\$506.00
72132	CT LUMBAR SPINE W/CONTRAST	Add contrast fee Q9967: # mls x.50	CT	\$618.00
72133	CT LUMBAR SPINE W & W/O CONTRAST	Add contrast fee Q9967: # mls x.50	CT	\$767.00
72141	MRI C SPINE W/O CONTRAST		MRI	\$980.00
72142	MRI C SPINE W/CONTRAST	Add contrast fee A9575: # mls x 10 x \$1.00	MRI	\$1,160.00

Code	Description	Additional Instructions (usually add additional fees)	Modality	Current Fee
72146	MRI THORACIC SPINE W/O CONTRAST		MRI	\$980.00
72147	MRI THORACIC SPINE W/CONTRAST	Add contrast fee A9575: # mls x 10 x \$1.00	MRI	\$1,160.00
72148	MRI LUMBAR SPINE W/O CONTRAST		MRI	\$980.00
72149	MRI LUMBAR SPINE W/CONTRAST	Add contrast fee A9575: # mls x 10 x \$1.00	MRI	\$1,160.00
72156	MRI C SPINE W AND W/O CONTRAST	Add contrast fee A9575: # mls x 10 x \$1.00	MRI	\$1,400.00
72157	MRI THORACIC SPINE W & W/O CONTRAST	Add contrast fee A9575: # mls x 10 x \$1.00	MRI	\$1,400.00
72158	MRI LUMBAR SPINE W & W/O CONTRAST	Add contrast fee A9575: # mls x 10 x \$1.00	MRI	\$1,400.00
72170	PELVIS 1 OR 2 VIEWS		DIAG XR	\$86.00
72190	PELVIS COMPLETE MIN OF 3 VIEWS		DIAG XR	\$107.00
72191	CT ANGIOGRAPHY PELVIS W&W/O CONTRAST	Add contrast fee Q9967: # mls x.50	CTA	\$900.00
72192	CT PELVIS W/O CONTRAST		CT	\$506.00
72193	CT PELVIS W/CONTRAST	Add contrast fee Q9967: # mls x.50	CT	\$618.00
72194	CT PELVIS W AND W/O CONTRAST	Add contrast fee Q9967: # mls x.50	CT	\$767.00
72195	MRI PELVIS W/O CONTRAST		MRI	\$980.00
72196	MRI PELVIS W/CONTRAST	Add contrast fee A9575: # mls x 10 x \$1.00	MRI	\$1,160.00
72197	MRI PELVIS W AND W/O CONTRAST	Add contrast fee A9575: # mls x 10 x \$1.00	MRI	\$1,400.00
72198	MR ANGIOGRAPHY PELVIS W OR W/O CONTR	Add contrast fee A9575: # mls x 10 x \$1.00	MRI	\$1,400.00
72200	SACROILIAC JOINTS LESS THAN 3 VIEWS		DIAG XR	\$88.00
72202	SACROILIAC JOINTS 3 OR MORE VIEWS		DIAG XR	\$97.00
72220	SACRUM AND COCCYX, MIN 2 VIEWS		DIAG XR	\$86.00
73000	CLAVICLE COMPLETE		DIAG XR	\$81.00
73010	SCAPULA, COMPLETE		DIAG XR	\$83.00
73020	SHOULDER 1 VIEW		DIAG XR	\$64.00
73030	SHOULDER COMPL MIN OF 2 VIEWS		DIAG XR	\$87.00
73040	ARTHROGRAM SHOULDER	See cheat sheet: Add additional fees for CPTs 23350 and Q9967	SURG	\$297.00
73050	AC JOINTS BILATERAL W/WEIGHTS		DIAG XR	\$95.00
73060	HUMERUS MIN OF 2 VIEWS		DIAG XR	\$80.00
73070	ELBOW 2 VIEWS		DIAG XR	\$79.00
73080	ELBOW COMPL MIN OF 3 VIEWS		DIAG XR	\$89.00
73085	ARTHROGRAM ELBOW	See cheat sheet: Add additional fees for CPTs 24220 and Q9967	SURG	\$274.00
73090	FOREARM 2 VIEWS		DIAG XR	\$74.00
73092	UPPER EXTREMITY, INFANT, MIN 2 VIEWS		DIAG XR	\$80.00
73100	WRIST, 2 VIEWS		DIAG XR	\$88.00
73110	WRIST, COMPLETE, MINIMUM 3 VIEWS		DIAG XR	\$101.00
73115	ARTHROGRAM WRIST	See cheat sheet: Add additional fees for CPTs 25246 and Q9967	SURG	\$308.00
73120	HAND 2 VIEW		DIAG XR	\$81.00
73130	HAND MIN 3 VIEWS		DIAG XR	\$95.00
73140	FINGER MIN OF 2 VIEWS		DIAG XR	\$95.00
73200	CT UPPER EXTREMITY W/O CONTRAST	(Check with tech for 3D charge on any CT MSK)	CT	\$506.00
73201	CT UPPER EXTREMITY W/ CONTRAST	Add contrast fee Q9967: # mls x.50 (Check with tech for 3D charge on any CT MSK)	CT	\$618.00
73202	CT UPPER EXTREMITY W & W/O CONTRAST	Add contrast fee Q9967: # mls x.50 (Check with tech for 3D charge on any CT MSK)	CT	\$767.00
73206	CT ANGIOGRAPHY UPPER EXTR W&W/O CONT	Add contrast fee Q9967: # mls x.50 (Check with tech for 3D charge on any CT MSK)	CTA	\$900.00
73218	MRI UPPER EXTR <b>NOT JOINT</b> W/O CONTRAST		MRI	\$980.00
73219	MRI UPPER EXTR <b>NOT JOINT</b> W/CONTRAST	Add contrast fee A9575: # mls x 10 x \$1.00	MRI	\$1,160.00
73220	MRI UPPR EXTR <b>NOT JOINT</b> W&W/O CONTRA	Add contrast fee A9575: # mls x 10 x \$1.00	MRI	\$1,400.00
73221	MRI UPPER EXTR JOINT W/O CONTRAST		MRI	\$980.00
73222	MRI UPPER EXT JOINT W/CONTRAST	Add contrast fee A9575: # mls x 10 x \$1.00	MRI	\$1,160.00
73223	MRI UPPER EXTR JOINT W & W/O CONTRAS	Add contrast fee A9575: # mls x 10 x \$1.00	MRI	\$1,400.00

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73225	MAGNETIC RESONANCE ANGIOGRAPHY; UPPER EXT W/ OR W/O CONT	Add contrast fee A9575: # mls x 10 x \$1.00	MRI	\$1,400.00
73501	HIP UNILATERAL WITH PELVIS IF PERF; 1 VIEW		DIAG XR	\$88.00
73502	HIP UNILATERAL WITH PELVIS IF PERF 2-3 VIEWS		DIAG XR	\$119.00
73503	HIP UNILATERAL WITH PELVIS IF PERF; 4 OR MORE VIEWS		DIAG XR	\$141.00
73521	HIPS BILAT 2 VIEWS W OR WO PELVIS		DIAG XR	\$99.00
73522	HIPS BILAT 3/4 VIEWS W OR WO PELVIS		DIAG XR	\$133.00
73523	HIPS BILAT MIN 5 VIEWS W OR WO PELVIS		DIAG XR	\$142.00
73525	HIP ARTHROGRAPHY	See cheat sheet: Add additional fees for CPTs 27093 and Q9967	SURG	\$302.00
73551	FEMUR 1 VIEW		DIAG XR	\$74.00
73552	FEMUR 2 VIEWS OR MORE		DIAG XR	\$87.00
73560	KNEE 1 OR 2 VIEWS		DIAG XR	\$90.00
73562	KNEE 3 VIEWS		DIAG XR	\$106.00
73564	KNEE 4 OR MORE VIEWS		DIAG XR	\$117.00
73565	BOTH KNEES STANDING AP		DIAG XR	\$105.00
73580	ARTHROGRAM KNEE		SURG	\$332.00
73590	TIBIA AND FIBULA, 2 VIEWS		DIAG XR	\$78.00
73592	LOWER EXTREMITY INFANT 2 VIEWS		DIAG XR	\$80.00
73600	ANKLE 2 VIEWS		DIAG XR	\$80.00
73610	ANKLE MIN OF 3 VIEWS		DIAG XR	\$91.00
73615	RADIOLOGICAL ARTHROGRAPHY	See cheat sheet: Add additional fees for CPTs 27648 and Q9967	SURG	\$305.00
73620	FOOT 2 VIEWS		DIAG XR	\$76.00
73630	FOOT COMPL MIN OF 3 VIEWS		DIAG XR	\$87.00
73650	CALCANEUS MIN OF 2 VIEWS		DIAG XR	\$74.00
73660	TOES, MINIMUM 2 VIEWS		DIAG XR	\$75.00
73700	CT LOWER EXTR W/O CONTRAST	(Check with tech for 3D charge on any CT MSK)	CT	\$506.00
73701	CT LOWER EXTR W/CONTRAST	Add contrast fee Q9967: # mls x.50 (Check with tech for 3D charge on any CT MSK)	CT	\$618.00
73702	CT LOWER EXTR W AND W/O CONTRAST	Add contrast fee Q9967: # mls x.50 (Check with tech for 3D charge on any CT MSK)	CT	\$767.00
73706	CT ANGIOGRAPHY LOW EXTR W&W/O CONTRA	Add contrast fee Q9967: # mls x.50	CTA	\$900.00
73718	MRI LOWER EXTR <b>NOT JOINT</b> W/O CONTRAS		MRI	\$980.00
73719	MRI LOWER EXTR <b>NOT JOINT</b> W/CONTRAST	Add contrast fee A9575: # mls x 10 x \$1.00	MRI	\$1,160.00
73720	MRI LOWER EXTR <b>NOT JOINT</b> W&W/O CONTR	Add contrast fee A9575: # mls x 10 x \$1.00	MRI	\$1,400.00
73721	MRI LOWER EXTR JOINT W/O CONTRAST		MRI	\$980.00
73722	MRI LOWER EXTR JOINT W/CONTRAST	Add contrast fee A9575: # mls x 10 x \$1.00	MRI	\$1,160.00
73723	MRI LOWER EXTR JOINT W&W/O CONTRAST	Add contrast fee A9575: # mls x 10 x \$1.00	MRI	\$1,400.00
73725	MR ANGIOGRAPHY LOWEXT W/ OR W/O CON	Add contrast fee A9575: # mls x 10 x \$1.00	MRI	\$1,400.00
74018	ABDOMEN 1 VIEW		DIAG XR	\$83.00
74019	ABDOMEN 2 VIEWS		DIAG XR	\$97.00
74021	ABDOMEN 3 OR MORE VIEWS		DIAG XR	\$111.00
74022	ABDOMEN ACUTE ABD SERIES WITH SINGLE VIEW CHEST		DIAG XR	\$122.00
74150	CT ABDOMEN W/O CONTRAST		CT	\$506.00
74160	CT ABDOMEN W/CONTRAST	Add contrast fee Q9967: # mls x.50	CT	\$618.00
74170	CT ABDOMEN W AND W/O CONTRAST	Add contrast fee Q9967: # mls x.50	CT	\$767.00
74174	CT ANGIOGRAPHY ABD AND PELVIS WITH (AND/OR W/O) CONT IF PERFORMED	Add contrast fee Q9967: # mls x.50	CT	\$1,019.00
74175	CT ANGIOGRAPHY ABD W & W/O CONTRAST	Add contrast fee Q9967: # mls x.50	CT	\$900.00
74176	CT ABD/PELVIS W/O CONTRAST		CT	\$520.00
74177	CT ABD/PELVIS W/ CONTRAST	Add contrast fee Q9967: # mls x.50	CT	\$792.00

Code	Description	Additional Instructions (usually add additional fees)	Modality	Current Fee
74178	CT ABD/PELVIS W/ AND W/O CONTRAST	Add contrast fee Q9967: # mls x.50	CT	\$868.00
74181	MRI ABDOMEN W/O CONTRAST	(Check with tech for 3D charge on any CT MSK)	MRI	\$980.00
74182	MRI ABDOMEN W/CONTRAST	Add contrast fee A9575: # mls x 10 x \$1.00	MRI	\$1,160.00
74183	MRI ABDOMEN W AND W/O CONTRAST	Add contrast fee A9575: # mls x 10 x \$1.00 (If MRI enterography check with tech if glucagon will be given/see fee for J1610 \$228/mg)	MRI	\$1,400.00
74185	MR ANGIOGRAPHY ABD W OR W/O CONTRAST	Add contrast fee A9575: # mls x 10 x \$1.00	MRI	\$1,400.00
74220	ESOPHOGRAM (Single Contrast)		DIAG XR	\$229.00
74221	ESOPHOGRAM (Double Contrast)		DIAG XR	\$257.00
74240	UPPER GI W/KUB (Single Contrast)		DIAG XR	\$292.00
74246	UPPER GI (Double contrast)		DIAG XR	\$326.00
74248	SMALL BOWEL FOLLOW THROUGH (See also 74240 or 74246)		DIAG XR	\$194.00
74250	SMALL BOWEL (Single Contrast)		DIAG XR	\$298.00
74261	CT COLONOGRAPHY DIAGNOSTIC INC IMAGING POSTPROCESSING W/O CONTRAST		CT	\$1,070.00
74263	CT COLONOGRAPHY SCREENING		CT	\$1,670.00
74270	COLON (Single Contrast)		DIAG XR	\$386.00
74280	COLON (Double Contrast)		DIAG XR	\$545.00
74400	IVP		DIAG XR	\$308.00
74455	URETHROCYSTOGRAPHY		SURG	\$243.00
74712	MRI FETAL INC PLACENTAL AND MATERNAL IMAGING SINGLE OR FIRST GEST	Add contrast fee A9575: # mls x 10 x \$1.00 (if applicable)	MRI	\$1,400.00
74713	MRI FETAL IMAGING, EACH ADDITIONAL		MRI	\$633.00
74740	HYSTEOSALPINGOGRAM	Add contrast fee for CPTs 58340 & Q9967: # mls x.50 (Self pay discount is offered)	SURG	\$229.00
75557	CARDIAC MRI FOR MORPH/FUCT W/O		MRI	\$980.00
75561	CARDIAC MRI FOR MORP AND FUNC W & WO CONT	Add contrast fee A9575: # mls x 10 x \$1.00	MRI	\$1,400.00
75565	CARDIAC MRI FOR VELOCITY FLOW (ADD ON )	Add fee to main code CPT 75565	MRI	\$161.00
75571	CT HEART W/O CONTRAST WITH QUANT EVAL OF CORONARY CALCIUM (CARDIAC SCORE)	(No self pay discount)	CT	\$99.00
75572	CT HEART WITH/WITHOUT	Add contrast fee Q9967: # mls x.50	CT	\$767.00
75574	CT ANGIOGRAPHY HEART CORONARY ARTERIES AND BYPASS GRAFT IF PRESENT WITH CONTRAST	Add contrast fee Q9967: # mls x.50	CTA	\$900.00
75809	SHUNTOGRAM OF NONVASCULAR SHUNT	Add fee for CPT 61070	NEURO	\$241.00
76010	CHILD FOREIGN BODYNOSE TO RECTUM		DIAG XR	\$75.00
75574	CTA HEART CORONARY ART AND BYPASS GRAFTS WITH CONTRAST	Add contrast fee Q9967: # mls x.50	CT	\$900.00
76376	3D RECONS NOT ON AN INDEPDNT WORKST	Add fee to applicable CT CPT code	CT	\$245.00
76377	3D RECONS REQUIRING SEP WRK STATN	Add fee to applicable CT CPT code	CT	\$380.00
76380	CT LIMITED OR LOCALIZED F/U		CT	\$506.00
76390	MR SPECTROSCOPY		MRI	\$1,160.00
76498	BREAST MRI ABBREVIATED	No self pay discount	MRI	\$499.00
76506	ULTRASOUND HEADINTRACRANIAL		US	\$275.00
76536	ULTRASOUND HEAD AND NECKTHYROID		US	\$275.00
76604	ULTRASOUND CHEST		US	\$195.00
76641	ULTRASOUND BREAST UNILATERAL, INCL AXILLA COMPLETE		US	\$254.00
76642	US BREAST LIMITED		US	\$209.00
76700	ULTRASOUND ABDOMINAL COMPLETE		US	\$288.00
76705	ULTRASOUND ABDOMENLIMITED		US	\$213.00
76706	US AAA SCREENING		US	\$266.00
76770	ULTRASOUND RETROPERITONEAL COMPLETE		US	\$251.00
76775	ULTRASOUND RETROPERITONEALLIMITED		US	\$213.00

Code	Description	Additional Instructions (usually add additional fees)	Modality	Current Fee
76776	ULTRASOUND TRANSPLNTRD KIDNEY W/ DUPLX		US	\$360.00
76800	ULTRASOUND SPINAL CANAL AND CONTENTS		US	\$330.00
76801	ULTRASOUND 1ST TRI< 14 WEEKS		US	\$290.00
76801-TC	<b>Ank OB-(IMAGING ONLY/No INTERP)</b>	Clarify if TV will be done-See CPT 76817	US	\$185.00
76802	ULTRASOUND OB EACH ADDTL GESTATION	Add fee to main CPT 76802	US	\$162.00
76802-TC	<b>Ank OB-(IMAGING ONLY/No INTERP)</b>	Add fee to main CPT 76802	US	\$83.00
76805	US OB EVAL MATERNAL/FETAL 14 WKS		US	\$328.00
76805-TC	<b>Ank OB-(IMAGING ONLY/No INTERP)</b>		US	\$228.00
76810	US OB MAT/FETAL ADDTL GEST > 14 WKS	Add to main CPT 76805	US	\$220.00
76810-TC	<b>Ank OB-(IMAGING ONLY/No INTERP)</b>	Add to main CPT 76805	US	\$111.00
76811 - TC	OB US DETAILED 1ST GEST - MIDWIVES (IMAGING ONLY/No INTERP)		US	\$180.00
76812 -TC	OB US DETAILED EACH ADD GEST - MIDWIVES (IMAGING ONLY/No INTERP)		US	\$233.00
76813 -TC	OB US NUCHAL LUCENCY 1ST GEST-MIDWIVES (IMAGING ONLY/No INTERP)		US	\$134.00
76814 -TC	OB US NUCHAL LUCENCY EACH ADD GEST-MIDWIVES (IMAGING ONLY/No INTERP)		US	\$61.00
76815	US OB LIMITED QUICK LOOK		US	\$190.00
76815-TC	<b>Ank OB-(IMAGING ONLY/No INTERP)</b>		US	\$132.00
76816	US OB FOLLOW UP TRANSABDOMINAL		US	\$267.00
76817-TC	<b>Ank OB-(IMAGING ONLY/No INTERP)</b>		US	\$152.00
76817	US OB TRANSVAGINAL	Clarify if TA will be done-See also fee for CPT 76805	US	\$231.00
76817-TC	<b>Ank OB-(IMAGING ONLY/No INTERP)</b>	Clarify if TA will be done-See also fee for CPT 76805	US	\$152.00
76819	FETAL BIOP PROF W/O STRESS TESTING		US	\$210.00
76819-TC	<b>Ank OB-(IMAGING ONLY/No INTERP)</b>		US	\$130.00
76830	ULTRASOUND TRANSVAGINAL	Clarify if TA will be done-See also fee for CPT 76856	US	\$295.00
76830-TC	<b>Ank OB-(IMAGING ONLY/No INTERP)</b>	Clarify if TA will be done-See also fee for CPT 76856	US	\$221.00
76831	HYSTEROSONOGRAPHY	Add fee for CPT 58340	US	\$295.00
76831-TC	<b>Ank OB-(IMAGING ONLY/No INTERP)</b>		US	\$221.00
76856	ULTRASOUND PELVIS,COMPLETE	Clarify if TA will be done-See also fee for CPT 76830	US	\$246.00
76856-TC	<b>Ank OB-(IMAGING ONLY/No INTERP)</b>	Clarify if TA will be done-See also fee for CPT 76830	US	\$184.00
76857	ULTRASOUND PELVIS,LTD OR F/U		US	\$192.00
76857-TC	<b>Ank OB-(IMAGING ONLY/No INTERP)</b>		US	\$149.00
76870	ULTRASOUND SCROTUM AND TESTICLE		US	\$272.00
76872	ULTRASOUND TRANSRECTAL		US	\$450.00
76881	COMPLETE EXTREMITY US		US	\$248.00
76882	ULTRASOUND EXTREMITY NONVAS LMTD		US	\$131.00
76885	ULTRASOUND OF INFANT HIPS MANIPUL		US	\$316.00
76942	ULTRASOUND GUIDANCE NEEDLE PLCMNT	See fee for additional surgical CPT code	SURG	\$389.00
77002	FLUOROSCOPIC GUIDANEEDLE PLACEMENT	See fee for additional surgical CPT code	SURG	\$262.00
77003	FLUORO GUID/LOC OF NEEDLE SPINE	See fee for additional surgical CPT code	SURG	\$238.00
77012	CT GUIDANCE NEEDLE PLACEMENT	See fee for additional surgical CPT code	SURG	\$638.00
77046	MRI BREAST W/O UNI		MRI	\$980.00
77047	MRI BREAST W/O CONT BILAT		MRI	\$980.00
77048	MRI BREAST W/ AND W/O CONT & CAD UNI	Add contrast fee A9575: # mls x 10 x \$1.00	MRI	\$1,400.00
77049	MRI BREAST W/ AND W/O CONT & CAD BILAT	Add contrast fee A9575: # mls x 10 x \$1.00	MRI	\$1,400.00
77053	MAMMARY DUCT/GALACTOGRM SINGLE DUCT	Add fee for additional CPT code 19030	BREAST PROC	\$215.00
77054	MAMMARY DUCTOGRAM OR GALACTOGRAM MULT DUCTS	Add fee for additional CPT code 19030 and main CPT 77053	BREAST PROC	\$294.00
77061	BREAST TOMOSYNTHESIS UNILATERAL DIAGNOSTIC	Add fee for mammo CPT 77065	MAMMO	\$135.00

Code	Description	Additional Instructions (usually add additional fees)	Modality	Current Fee
77062	BREAST TOMOSYNTHESIS BILATERAL DIAGNOSTIC	Add fee for mammo CPT 77066	MAMMO	\$135.00
77063	BREAST TOMOSYNTHESIS, SCREENING BILATERAL	Add fee for mammo CPT 77067	MAMMO	\$135.00
G0279	BREAST TOMOSYNTHESIS DIAGNOSTIC	Add fee for mammo CPT 77066 or 77065	MAMMO	\$135.00
77065	MAMMOGRAM DIAGNOSTIC UNILATERAL	Add fee for tomo CPT G0279 or 77061	MAMMO	\$312.00
77066	MAMMOGRAM DIAGNOSTIC BILATERAL	Add fee for tomo CPT G0279 or 77062	MAMMO	\$403.00
77067	SCREENING MAMMOGRAM	Add fee for tomo CPT 77063	MAMMO	\$322.00
77072	BONE AGE STUDIES		DIAG XR	\$69.00
77073	BONE LENGTH STUDIES		DIAG XR	\$116.00
77074	RADIOLOGIC EXAM OSSEOUS SURV LMTD		DIAG XR	\$160.00
77075	RADIOLOGIC EXAM OSSEOUS SURV COMPLET		DIAG XR	\$237.00
77076	RADIOLOGIC EXAM OSSEOUS SURV INFANT		DIAG XR	\$252.00
77077	JOINT SURVEY SINGLE VIEW 2/MORE JNTS		DIAG XR	\$112.00
77080	DXA SCAN BONE MINERAL DENSITY		DIAG XR	\$247.00
77081	DEXA 1 OR MORE SITES; APPENDICULAR SKELETON-RADIUS HEEL WRIST		DIAG XR	\$105.00
82565	CREATININE BLOOD (See also 36415)	Add fee for CPT 36415	LAB	\$15.00
93880	DUPLEX EXTRACRANIAL ART BILAT COMPLT		US	\$457.00
93886	INTRACRANIAL COMPLETE		US	\$678.00
93888	INTRACRANIAL LIMITED		US	\$415.00
93926	DUPLEX LOWER EXT UNI OR LIMITED		US	\$383.00
93970	DUPLEX EXTREMITY VEINS BILATERAL		US	\$491.00
93971	DUPLEX EXTREMITY VEINS UNI/LIMITED		US	\$307.00
93975	DUPLEX ART/VEN ABDPEL SCROTAL COMPLT		US	\$725.00
93976	DUPLEX ABD PEL SCROTAL LMTD ART/VEIN		US	\$412.00
93978	DUPLEX AORTA IVC ILIAC VASCULAT COMP		US	\$447.00
93979	DUPLEX AORTA IVC ILIAC VASC UNI/LMTD		US	\$313.00
99202	OFFICE OR OUTPT VISIT LEVEL 2 NEW PT		E/M	\$142.00
99203	OFFICE OR OUTPT VISIT LEVEL 3 NEW PT		E/M	\$181.00
99204	OFFICE OR OUTPT VISIT LEVEL 4 NEW PT		E/M	\$295.00
99211	OFFICE OR OUTPT VISIT LEVEL 1 EST PT		E/M	\$50.00
99212	OFF OUTPT VISIT LEVEL 2 EST PT		E/M	\$92.00
99213	OFFICE OR OUTPT VISIT LEVEL 3 EST PT		E/M	\$143.00
99214	OFFICE OR OUTPT VISIT LEVEL 4 EST PT		E/M	\$187.00
99215	OFFICE OR OUTPT VISIT LEVEL 5 EST PT		E/M	\$261.00
A9575	INJECTION GADOTERATE MEGLUMI CLARISCAN .1 ML	Multiply total mls x10 x \$1.00	DRUGS	\$1.00
A9581	INJECTION GADOXTATE DISODIUM (Eovist), 1ML	Multiply total mls x \$19.00	DRUGS	\$19.00
J3301	INJECTION KENALOG PER 10MG	Multiply total mls x \$6.00	DRUGS	\$6.00
J1610	INJECTION GLUCAGON (MRI ENTEROGRAPHY-CHECK WITH TECH)	Usually only 1 mg given	DRUGS	\$228.00
Q9967	LOCM 300399MG/ML IODINE PER ML	Multiply total mls x \$.50	DRUGS	\$0.50