

**IOWA DIAGNOSTIC FEES - updated 5/5/2026**

		<b>Additional Instructions</b>			
<b>Code</b>	<b>Description</b>	<b>(usually add additional fees)</b>	<b>Modality</b>	<b>Fee</b>	<b>Self-pay</b>
10005	FNA BIOPSY W/ US GUIDANCE 1ST LESION		SURG	\$315.00	\$252.00
10006	FNA BIOPSY W/ US GUIDANCE EACH ADD LES	Add fee to main code CPT 10005	SURG	\$150.00	\$120.00
10035	US PLC SOFT TISSUE LOC DEVICE, 1ST LESION		SURG	\$1,153.00	\$922.40
10036	US PLC SOFT TISSUE LOC DEVICE, EACH ADD Les	Add fee to main code CPT 10035	SURG	\$912.00	\$729.60
10160	PUNCTURE ASP OF HEMATOMA BULLA OR CYST	Add Guid fee: CPT 77002 OR 77012 OR 76942	SURG	\$322.00	\$257.60
19000	PUNC ASP OF BREAST CYST	Add Guid fee: CPT 77002 OR 77012 OR 76942	BREAST PROC	\$255.00	\$204.00
19001	<b>EACH ADD CYST</b>	Add fee to main code CPT 19000	BREAST PROC	\$76.00	\$60.80
19030	INJ PRO FOR DUCTOGRAM/GALACTOGRAM	Add Guid fee: CPT 77053 AND/OR 77054	BREAST PROC	\$410.00	\$328.00
19081	BIOPSY BREAST 1ST LESION; <b>STEREOTACTIC GUID</b>	Add fee for uni mammo CPT 77065/clip check	BREAST PROC	\$1,485.00	\$1,188.00
19082	<b>EACH ADD LESION; STEREO GUID</b>	Add fee to main code CPT 19081	BREAST PROC	\$1,197.00	\$957.60
19083	BIOPSY BREAST 1ST LESION; <b>US GUIDANCE</b>	Add fee for uni mammo CPT 77065/clip check	BREAST PROC	\$1,406.00	\$1,124.80
19084	<b>EACH ADD LESION; US GUID</b>	Add fee to main code CPT 19083	BREAST PROC	\$1,184.00	\$947.20
19085	BIOPSY BREAST 1ST LESION; <b>MR GUIDANCE</b>	Add fee for uni mammo CPT 77065/clip check	BREAST PROC	\$2,228.00	\$1,782.40
19086	<b>EACH ADD LESION MR GUID</b>	Add fee to main code CPT 19085	BREAST PROC	\$1,775.00	\$1,420.00
19281	PLACEMENT OF BREAST LOCALIZATION DEVICE 1ST LESION; <b>MAMMO GUID</b>		BREAST PROC	\$601.00	\$480.80
19282	<b>EACH ADD LESION; MAMMO GUID</b>	Add fee to main code CPT 19281	BREAST PROC	\$409.00	\$327.20
19283	PLACEMENT OF BREAST LOCALIZATION DEVICE 1ST LESION; <b>STEREO GUID</b>	Add fee for uni mammo CPT 77065/clip check	BREAST PROC	\$669.00	\$535.20
19284	<b>EACH ADD LESION; STEREO GUID</b>	Add fee to main code CPT 19283	BREAST PROC	\$513.00	\$410.40
19285	PLACEMENT OF BREAST LOCALIZATION DEVICE 1ST LESION; <b>US GUID</b>	Add fee for uni mammo CPT 77065/clip check	BREAST PROC	\$1,120.00	\$896.00
19286	<b>EACH ADD LESION; US GUID</b>	Add fee to main code CPT 19285	BREAST PROC	\$979.00	\$783.20
19287	PLACEMENT OF BREAST LOCALIZATION DEVICE 1ST LESION; <b>MR GUID</b>	Add fee for uni mammo CPT 77065/clip check	BREAST PROC	\$1,981.00	\$1,584.80
19288	<b>EACH ADD LESION; MR GUID</b>	Add fee to main code CPT 19287	BREAST PROC	\$1,514.00	\$1,211.20
20550	INJECTION TENDON SHEATH LIGAMENT TRIGGER POINTS	Add Guid fee: CPT 77002 OR 77012 OR 76942	SURG	\$146.00	\$116.80
20551	INJ SINGLE TENDON ORIGIN/INSERTION	Add Guid fee: CPT 77002 OR 77012 OR 76942	SURG	\$140.00	\$112.00
20552	INJ 1 OR MULT TRIGGER POINT 1 OR 2 MUSC	Add Guid fee: CPT 77002 OR 77012 OR 76942	SURG	\$131.00	\$104.80
20600	ARTHROCENTESIS ASP/INJ SMALL JOINT OR BURSA W/O US GUIDANCE	Add fee for Guid: CPT 77002 <b>and/or</b> J3301 for Kenalog	SURG	\$148.00	\$118.40
20604	ARTHROCENTESIS ASP/INJ SMALL JOINT OR BURSA WITH US GUIDANCE	Add fee for Guid: CPT 77002 <b>and/or</b> J3301 for Kenalog	SURG	\$225.00	\$180.00
20605	ARTHROCENTESIS ASP/INJ INTERMEDIATE JOINT OR BURSA W/O US GUIDANCE	Add fee for Guid: CPT 77002 <b>and/or</b> J3301 for Kenalog	SURG	\$151.00	\$120.80
20606	ARTHROCENTESIS ASP/INJ INTERMEDIATE JOINT OR BURSA W/ US GUIDANCE	Add fee for Guid: CPT 77002 <b>and/or</b> J3301 for Kenalog	SURG	\$243.00	\$194.40
20610	ARTHROCENTESIS ASP/INJ MAJOR JOINT OR BURSA W/O US GUIDANCE	Add fee for Guid: CPT 77002 <b>and/or</b> J3301 for Kenalog	SURG	\$179.00	\$143.20
20611	ARTHROCENTESIS ASP/INJ OF MAJOR JOINT OR BURSA W/ US GUIDANCE	Add fee for Guid: CPT 77002 <b>and/or</b> J3301 for Kenalog	SURG	\$266.00	\$212.80
20612	ASP/INJ OF GANGLION CYST(S) ANY LOCATION	Add fee for Guid: CPT 77002 OR 77012 OR 76942 <b>and/or</b> J3301 for Kenalog	SURG	\$177.00	\$141.60
23350	ARTHROGRAM SHOULDER	See cheat sheet-need additional fees added pending MR/CT or Xray arthrogram	SURG	\$396.00	\$316.80
24220	ARTHROGRAM ELBOW	See cheat sheet-need additional fees added pending MR/CT or Xray arthrogram	SURG	\$468.00	\$374.40
25246	ARTHROGRAM WRIST	See cheat sheet-need additional fees added pending MR/CT or Xray arthrogram	SURG	\$471.00	\$376.80
27093	ARTHROGRAM HIP	See cheat sheet-need additional fees added pending MR/CT or Xray arthrogram	SURG	\$581.00	\$464.80
27369	ARTHROGRAM KNEE	See cheat sheet-need additional fees added pending MR/CT or Xray arthrogram	SURG	\$457.00	\$365.60
27648	ARTHROGRAM ANKLE	See cheat sheet-need additional fees added pending MR/CT or Xray arthrogram	SURG	\$508.00	\$406.40
36415	VENIPUNCTURE	Add fee for CPT 82565-creatinine	SURG	\$14.00	\$11.20

Additional Instructions					
Code	Description	(usually add additional fees)	Modality	Fee	Self-pay
38505	BIOPSY OF LYMPH NODE (SUPERFICIAL) NEEDLE	Add Guid fee: CPT 76942; see also breast biopsy codes and 10035 if applicable	SURG	\$411.00	\$328.80
49465	PERC CONTRAST INJECT TUBE W/GUIDNCE		SURG	\$357.00	\$285.60
51600	INJECTION PROCEDURE FOR CYSTOGRAM/VCUG	Add Fee for CPT 74430 or 74455	SURG	\$501.00	\$400.80
58340	HSG or SIS (CATHETER INFUSION)	Add fee for CPT 74740/Q9967 or 76831 (Self pay discount is offered)	SURG	\$579.00	\$463.20
61070	PUNCTURE SHUNT TUBE/RES FOR ASP/INJ	Add fee for CPT 75809	NEURO	\$172.00	\$137.60
62328	SPINAL PUNC (LUMBAR) DIAGN W/ FLUORO OR CT GUID		NEURO	\$617.00	\$493.60
62329	SPINAL PUNCTURE (LUMBAR) THERAPUETIC W/ FLUORO OR CT GUID		NEURO	\$766.00	\$612.80
70030	EYE FOR DETECTION OF FOREIGN BODY		DIAG XR	\$84.00	\$67.20
70100	MANDIBLE LESS THAN 4 VIEWS		DIAG XR	\$126.00	\$100.80
70110	MANDIBLE COMPLETE MIN 4 VIEWS		DIAG XR	\$111.00	\$88.80
70140	FACIAL BONES LESS THAN 3 VIEWS		DIAG XR	\$80.00	\$64.00
70150	FACIAL BONES MIN 3 VIEWS		DIAG XR	\$118.00	\$94.40
70160	NASAL BONES COMPLETE MIN 3 VIEWS		DIAG XR	\$96.00	\$76.80
70200	ORBITS COMPLETE MIN 4 VIEWS		DIAG XR	\$120.00	\$96.00
70210	SINUSES PARANASAL LESS THAN 3 VIEWS		DIAG XR	\$82.00	\$65.60
70220	SINUSES PARANASAL MIN 3 VIEWS		DIAG XR	\$96.00	\$76.80
70240	SELLA TURCICA		DIAG XR	\$85.00	\$68.00
70250	SKULL LESS THAN 4 VIEWS W/WO STEREO		DIAG XR	\$98.00	\$78.40
70260	SKULL MIN 4 VIEWS W/WO STEREO		DIAG XR	\$116.00	\$92.80
70330	TMJ BILATERAL		DIAG XR	\$126.00	\$100.80
70336	MRI TEMPOROMANDIBULAR JOINT		MRI	\$980.00	\$784.00
70360	NECK SOFT TISSUE		DIAG XR	\$85.00	\$68.00
70450	CT HEAD/BRAIN W/O CONTRAST		CT	\$506.00	\$404.80
70460	CT HEAD/BRAIN W/CONTRAST	Add contrast fee Q9967: # mls x.50	CT	\$618.00	\$494.40
70470	CT HEAD/BRAIN W AND W/O CONTRAST	Add contrast fee Q9967: # mls x.50	CT	\$767.00	\$613.60
70471	CTA HEAD AND NECK W CONT OR W/ & W/O CONTRAST	Add contrast fee Q9967: # mls x.50	CT	\$1,019.00	\$815.20
70480	CT ORBIT/SELLA/EAR W/O CONTRAST		CT	\$563.00	\$450.40
70481	CT ORBIT/SELLA/EAR W/CONTRAST	Add contrast fee Q9967: # mls x.50	CT	\$663.00	\$530.40
70482	CT ORBIT/SELLA/EAR W AND W/O CONTRAS	Add contrast fee Q9967: # mls x.50	CT	\$767.00	\$613.60
70486	CT SINUS/MAXIOFACIAL W/O CONTRAST		CT	\$506.00	\$404.80
70487	CT SINUS/MAXIOFACIAL W/CONTRAST	Add contrast fee Q9967: # mls x.50	CT	\$618.00	\$494.40
70488	CT SINUS/MAXIOFACIAL W & W/O CONTRAST	Add contrast fee Q9967: # mls x.50	CT	\$767.00	\$613.60
70490	CT SOFT TISSUE NECK W/O CONTRAST		CT	\$506.00	\$404.80
70491	CT SOFT TISSUE NECK W/CONTRAST	Add contrast fee Q9967: # mls x.50	CT	\$618.00	\$494.40
70492	CT SOFT TISSUE NECK W&W/O CONTRAST	Add contrast fee Q9967: # mls x.50	CT	\$767.00	\$613.60
70496	CTA HEAD W &/OR W/O CONTRAST	Add contrast fee Q9967: # mls x.50	CTA	\$900.00	\$720.00
70498	CTA NECK W &/OR W/O CONTRAST	Add contrast fee Q9967: # mls x.50	CTA	\$900.00	\$720.00
70540	MRI ORBIT/FACE/NECK W/O CONTRAST		MRI	\$980.00	\$784.00
70542	MRI ORBIT/FACE/NECK W/CONTRAST	Add contrast fee A9575: # mls x 10 x \$1.00	MRI	\$1,160.00	\$928.00
70543	MRI ORBIT/FACE/NECK W & W/O CONTRAST	Add contrast fee A9575: # mls x 10 x \$1.00	MRI	\$1,400.00	\$1,120.00
70544	MRA HEAD W/O CONTRAST		MRI	\$980.00	\$784.00
70545	MRA HEAD W/CONTRAST	Add contrast fee A9575: # mls x 10 x \$1.00	MRI	\$1,160.00	\$928.00
70546	MRA HEAD W AND W/O CONTRAST	Add contrast fee A9575: # mls x 10 x \$1.00	MRI	\$1,400.00	\$1,120.00
70547	MRA NECK W/O CONTRAST		MRI	\$980.00	\$784.00
70548	MRA NECK W/CONTRAST	Add contrast fee A9575: # mls x 10 x \$1.00	MRI	\$1,160.00	\$928.00
70549	MRA NECK W AND W/O CONTRAST	Add contrast fee A9575: # mls x 10 x \$1.00	MRI	\$1,400.00	\$1,120.00
70551	MRI BRAIN W/O CONTRAST		MRI	\$980.00	\$784.00
70552	MRI BRAIN W/CONTRAST	Add contrast fee A9575: # mls x 10 x \$1.00	MRI	\$1,160.00	\$928.00
70553	MRI BRAIN W AND W/O CONTRAST	Add contrast fee A9575: # mls x 10 x \$1.00	MRI	\$1,400.00	\$1,120.00
71045	CHEST 1 VIEW		DIAG XR	\$67.00	\$53.60
71046	CHEST 2 VIEWS		DIAG XR	\$89.00	\$71.20
71047	CHEST 3 VIEWS		DIAG XR	\$101.00	\$80.80
71048	CHEST 4 OR MORE VIEWS		DIAG XR	\$112.00	\$89.60

Additional Instructions					
Code	Description	(usually add additional fees)	Modality	Fee	Self-pay
71100	RIBS UNI 2 VIEWS		DIAG XR	\$94.00	\$75.20
71101	RIBS UNI INCL POSTCHEST MIN 3 VIEWS		DIAG XR	\$102.00	\$81.60
71110	RIBS BILATERAL 3 VIEWS		DIAG XR	\$114.00	\$91.20
71111	RIBS BIL INCL POST CHEST MIN 4 VIEWS		DIAG XR	\$132.00	\$105.60
71120	STERNUM MIN 2 VIEWS		DIAG XR	\$88.00	\$70.40
71130	STERNOCLAVICULAR JOINTS MIN 3 VIEWS		DIAG XR	\$106.00	\$84.80
71250	CT CHEST W/O CONTRAST		CT	\$506.00	\$404.80
71260	CT CHEST W/CONTRAST	Add contrast fee Q9967: # mls x.50	CT	\$618.00	\$494.40
71270	CT CHEST W AND W/O CONTRAST	Add contrast fee Q9967: # mls x.50	CT	\$767.00	\$613.60
71271	CT LOW DOSE LUNG CANCER SCREENING	Self pay discount is offered	CT	\$506.00	\$404.80
71275	CT ANGIOGRAPHY CHEST W/W/OUT CONTRAST	Add contrast fee Q9967: # mls x.50	CTA	\$900.00	\$720.00
71550	MRI CHEST W/O CONTRAST		MRI	\$1,162.00	\$929.60
71551	MRI CHEST W/CONTRAST	Add contrast fee A9575: # mls x 10 x \$1.00	MRI	\$1,342.00	\$1,073.60
71552	MRI CHEST W AND W/O CONTRAST	Add contrast fee A9575: # mls x 10 x \$1.00	MRI	\$1,580.00	\$1,264.00
71555	MRA CHEST W OR W/O CONTRAST	Add contrast fee A9575: # mls x 10 x \$1.00	MRI	\$1,400.00	\$1,120.00
72020	SPINE SINGLE VIEW ANY LEVEL		DIAG XR	\$67.00	\$53.60
72040	CERVICAL SPINE 3 VIEWS OR LESS		DIAG XR	\$100.00	\$80.00
72050	CERVICAL SPINE MIN OF 4 OR 5 VIEWS		DIAG XR	\$131.00	\$104.80
72052	CERVICAL SPINE 6 OR MORE VIEWS		DIAG XR	\$146.00	\$116.80
72070	THORACIC SPINE 2 VIEWS		DIAG XR	\$85.00	\$68.00
72072	THORACIC SPINE 3 VIEWS		DIAG XR	\$95.00	\$76.00
72074	THORACIC SPINE MIN OF 4 VIEWS		DIAG XR	\$110.00	\$88.00
72080	THORACOLUMBAR SPINE 2 VIEWS		DIAG XR	\$88.00	\$70.40
72081	ENTIRE SPINE 1 VIEW (SCOLIOSIS)		DIAG XR	\$111.00	\$88.80
72082	ENTIRE SPINE 2/3 VIEWS (SCOLIOSIS)		DIAG XR	\$168.00	\$134.40
72083	ENTIRE SPINE 4/5 VIEWS (SCOLIOSIS)		DIAG XR	\$195.00	\$156.00
72084	ENTIRE SPINE (C/T/L & SACRAL-IF DONE) MIN 6 VIEWS (SCOLIOSIS)		DIAG XR	\$228.00	\$182.40
72100	LUMBAR SPINE 2 OR 3 VIEWS		DIAG XR	\$101.00	\$80.80
72110	LUMBAR SPINE MIN OF 4V /OBL		DIAG XR	\$126.00	\$100.80
72114	LUMBAR SPINE comp INCL BENDING VIEWS		DIAG XR	\$154.00	\$123.20
72120	LUMBAR SPINE BEND VIEW ONLY MIN 4 VIEWS		DIAG XR	\$124.00	\$99.20
72125	CT CERVICAL SPINE W/O CONTRAST		CT	\$506.00	\$404.80
72126	CT CERVICAL SPINE W/CONTRAST	Add contrast fee Q9967: # mls x.50	CT	\$618.00	\$494.40
72127	CT CERVICAL SPINE W AND W/O CONTRAST	Add contrast fee Q9967: # mls x.50	CT	\$767.00	\$613.60
72128	CT THORACIC SPINE W/O CONTRAST		CT	\$506.00	\$404.80
72129	CT THORACIC SPINE W/CONTRAST	Add contrast fee Q9967: # mls x.50	CT	\$618.00	\$494.40
72130	CT THORACIC SPINE W & W/O CONTRAST	Add contrast fee Q9967: # mls x.50	CT	\$767.00	\$613.60
72131	CT LUMBAR SPINE W/O CONTRAST		CT	\$506.00	\$404.80
72132	CT LUMBAR SPINE W/CONTRAST	Add contrast fee Q9967: # mls x.50	CT	\$618.00	\$494.40
72133	CT LUMBAR SPINE W & W/O CONTRAST	Add contrast fee Q9967: # mls x.50	CT	\$767.00	\$613.60
72141	MRI CERVICAL SPINE W/O CONTRAST		MRI	\$980.00	\$784.00
72142	MRI CERVICAL SPINE W/CONTRAST	Add contrast fee A9575: # mls x 10 x \$1.00	MRI	\$1,160.00	\$928.00
72146	MRI THORACIC SPINE W/O CONTRAST		MRI	\$980.00	\$784.00
72147	MRI THORACIC SPINE W/CONTRAST	Add contrast fee A9575: # mls x 10 x \$1.00	MRI	\$1,160.00	\$928.00
72148	MRI LUMBAR SPINE W/O CONTRAST		MRI	\$980.00	\$784.00
72149	MRI LUMBAR SPINE W/CONTRAST	Add contrast fee A9575: # mls x 10 x \$1.00	MRI	\$1,160.00	\$928.00
72156	MRI CERVICAL SPINE W AND W/O CONTRAST	Add contrast fee A9575: # mls x 10 x \$1.00	MRI	\$1,400.00	\$1,120.00
72157	MRI THORACIC SPINE W & W/O CONTRAST	Add contrast fee A9575: # mls x 10 x \$1.00	MRI	\$1,400.00	\$1,120.00
72158	MRI LUMBAR SPINE W & W/O CONTRAST	Add contrast fee A9575: # mls x 10 x \$1.00	MRI	\$1,400.00	\$1,120.00
72170	PELVIS 1 OR 2 VIEWS		DIAG XR	\$86.00	\$68.80
72190	PELVIS COMPLETE MIN OF 3 VIEWS		DIAG XR	\$107.00	\$85.60
72191	CTA PELVIS W&W/O CONTRAST	Add contrast fee Q9967: # mls x.50	CTA	\$900.00	\$720.00
72192	CT PELVIS W/O CONTRAST		CT	\$506.00	\$404.80
72193	CT PELVIS W/CONTRAST	Add contrast fee Q9967: # mls x.50	CT	\$618.00	\$494.40
72194	CT PELVIS W AND W/O CONTRAST	Add contrast fee Q9967: # mls x.50	CT	\$767.00	\$613.60

Additional Instructions					
Code	Description	(usually add additional fees)	Modality	Fee	Self-pay
72195	MRI PELVIS W/O CONTRAST		MRI	\$1,030.00	\$824.00
72196	MRI PELVIS W/CONTRAST	Add contrast fee A9575: # mls x 10 x \$1.00	MRI	\$1,170.00	\$936.00
72197	MRI PELVIS W AND W/O CONTRAST	Add contrast fee A9575: # mls x 10 x \$1.00	MRI	\$1,500.00	\$1,200.00
72198	MRA PELVIS W OR W/O CONTRAST	Add contrast fee A9575: # mls x 10 x \$1.00	MRI	\$1,400.00	\$1,120.00
72200	SACROILIAC JOINTS LESS THAN 3 VIEWS		DIAG XR	\$88.00	\$70.40
72202	SACROILIAC JOINTS 3 OR MORE VIEWS		DIAG XR	\$97.00	\$77.60
72220	SACRUM AND COCCYX, MIN 2 VIEWS		DIAG XR	\$86.00	\$68.80
73000	CLAVICLE COMPLETE		DIAG XR	\$81.00	\$64.80
73010	SCAPULA COMPLETE		DIAG XR	\$83.00	\$66.40
73020	SHOULDER 1 VIEW		DIAG XR	\$64.00	\$51.20
73030	SHOULDER COMPL MIN OF 2 VIEWS		DIAG XR	\$87.00	\$69.60
73040	ARTHROGRAPHY SHOULDER	See cheat sheet: Add additional fees for CPTs 23350 and Q9967	SURG	\$297.00	\$237.60
73050	AC JOINTS BILATERAL W/WEIGHTS		DIAG XR	\$95.00	\$76.00
73060	HUMERUS MIN OF 2 VIEWS		DIAG XR	\$80.00	\$64.00
73070	ELBOW 2 VIEWS		DIAG XR	\$79.00	\$63.20
73080	ELBOW COMPL MIN OF 3 VIEWS		DIAG XR	\$89.00	\$71.20
73085	ARTHROGRAPHY ELBOW	See cheat sheet: Add additional fees for CPTs 24220 and Q9967	SURG	\$274.00	\$219.20
73090	FOREARM 2 VIEWS		DIAG XR	\$74.00	\$59.20
73092	UPPER EXTREMITY- INFANT- MIN 2 VIEWS		DIAG XR	\$80.00	\$64.00
73100	WRIST 2 VIEWS		DIAG XR	\$88.00	\$70.40
73110	WRIST COMPLETE MIN 3 VIEWS		DIAG XR	\$101.00	\$80.80
73115	ARTHROGRAPHY WRIST	See cheat sheet: Add additional fees for CPTs 25246 and Q9967	SURG	\$308.00	\$246.40
73120	HAND 2 VIEW		DIAG XR	\$81.00	\$64.80
73130	HAND MIN 3 VIEWS		DIAG XR	\$95.00	\$76.00
73140	FINGER MIN OF 2 VIEWS		DIAG XR	\$95.00	\$76.00
73200	CT UPPER EXTREMITY W/O CONTRAST	(Check with tech for 3D charge on any CT MSK)	CT	\$506.00	\$404.80
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	\$494.40
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	\$613.60
73206	CTA UPPER EXTR WITH (AND/OR W/O) CONT	Add contrast fee Q9967: # mls x.50 (Check with tech for 3D charge on any CT MSK)	CTA	\$900.00	\$720.00
73218	MRI UPPER EXTR <b>NOT JOINT</b> W/O CONTRAST		MRI	\$980.00	\$784.00
73219	MRI UPPER EXTR <b>NOT JOINT</b> W/CONTRAST	Add contrast fee A9575: # mls x 10 x \$1.00	MRI	\$1,160.00	\$928.00
73220	MRI UPPR EXTR <b>NOT JOINT</b> W&W/O CONTRAST	Add contrast fee A9575: # mls x 10 x \$1.00	MRI	\$1,400.00	\$1,120.00
73221	MRI UPPER EXTR JOINT W/O CONTRAST		MRI	\$980.00	\$784.00
73222	MRI UPPER EXT JOINT W/CONTRAST	Add contrast fee A9575: # mls x 10 x \$1.00	MRI	\$1,160.00	\$928.00
73223	MRI UPPER EXTR JOINT W & W/O CONTRAST	Add contrast fee A9575: # mls x 10 x \$1.00	MRI	\$1,400.00	\$1,120.00
73225	MRA UPPER EXT W/ OR W/O CONTRAST	Add contrast fee A9575: # mls x 10 x \$1.00	MRI	\$1,400.00	\$1,120.00
73501	HIP UNI W/ PELVIS IF PERF 1 VIEW		DIAG XR	\$88.00	\$70.40
73502	HIP UNI W/ PELVIS IF PERF 2-3 VIEWS		DIAG XR	\$119.00	\$95.20
73503	HIP UNI W/ PELVIS IF PERF; 4 OR MORE VIEWS		DIAG XR	\$141.00	\$112.80
73521	HIPS BILAT 2 VIEWS W OR WO PELVIS		DIAG XR	\$99.00	\$79.20
73522	HIPS BILAT 3/4 VIEWS W OR WO PELVIS		DIAG XR	\$133.00	\$106.40
73523	HIPS BILAT MIN 5 VIEWS W OR WO PELVIS		DIAG XR	\$142.00	\$113.60
73525	ARTHROGRAPHY HIP	See cheat sheet: Add additional fees for CPTs 27093 and Q9967	SURG	\$302.00	\$241.60
73551	FEMUR 1 VIEW		DIAG XR	\$74.00	\$59.20
73552	FEMUR 2 VIEWS OR MORE		DIAG XR	\$87.00	\$69.60
73560	KNEE 1 OR 2 VIEWS		DIAG XR	\$90.00	\$72.00
73562	KNEE 3 VIEWS		DIAG XR	\$106.00	\$84.80
73564	KNEE 4 OR MORE VIEWS		DIAG XR	\$117.00	\$93.60
73565	KNEES BILAT STANDING AP		DIAG XR	\$105.00	\$84.00
73580	ARTHROGRAPHY KNEE	See cheat sheet: Add additional fees for CPTs 27369 and Q9967	SURG	\$332.00	\$265.60
73590	TIBIA AND FIBULA 2 VIEWS		DIAG XR	\$78.00	\$62.40
73592	LOWER EXTREMITY INFANT 2 VIEWS		DIAG XR	\$80.00	\$64.00

Additional Instructions					
Code	Description	(usually add additional fees)	Modality	Fee	Self-pay
73600	ANKLE 2 VIEWS		DIAG XR	\$80.00	\$64.00
73610	ANKLE MIN OF 3 VIEWS		DIAG XR	\$91.00	\$72.80
73615	ARTHROGRAPHY ANKLE	See cheat sheet: Add additional fees for CPTs 27648 and Q9967	SURG	\$305.00	\$244.00
73620	FOOT 2 VIEWS		DIAG XR	\$76.00	\$60.80
73630	FOOT COMPL MIN OF 3 VIEWS		DIAG XR	\$87.00	\$69.60
73650	CALCANEUS MIN OF 2 VIEWS		DIAG XR	\$74.00	\$59.20
73660	TOES MIN 2 VIEWS		DIAG XR	\$75.00	\$60.00
73700	CT LOWER EXTREMITY W/O CONTRAST	(Check with tech for 3D charge on any CT MSK)	CT	\$506.00	\$404.80
73701	CT LOWER EXTREMITY W/CONTRAST	Add contrast fee Q9967: # mls x.50 (Check with tech for 3D charge on any CT MSK)	CT	\$618.00	\$494.40
73702	CT LOWER EXTREMITY 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	\$613.60
73706	CTA LOWER EXTREMITY WITH (AND/OR W/O) CONT	Add contrast fee Q9967: # mls x.50	CTA	\$900.00	\$720.00
73718	MRI LOWER EXTREMITY <b>NOT JOINT</b> W/O CONTRAST		MRI	\$980.00	\$784.00
73719	MRI LOWER EXTR <b>NOT JOINT</b> W/CONTRAST	Add contrast fee A9575: # mls x 10 x \$1.00	MRI	\$1,160.00	\$928.00
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	\$1,120.00
73721	MRI LOWER EXTREMITY JOINT W/O CONTRAST		MRI	\$980.00	\$784.00
73722	MRI LOWER EXTREMITY JOINT W/CONTRAST	Add contrast fee A9575: # mls x 10 x \$1.00	MRI	\$1,160.00	\$928.00
73723	MRI LOWER EXTR JOINT W&W/O CONTRAST	Add contrast fee A9575: # mls x 10 x \$1.00	MRI	\$1,400.00	\$1,120.00
73725	MRA LOWER EXTREMITY W/ OR W/O CONTRAST	Add contrast fee A9575: # mls x 10 x \$1.00	MRI	\$1,400.00	\$1,120.00
74018	ABDOMEN 1 VIEW		DIAG XR	\$83.00	\$66.40
74019	ABDOMEN 2 VIEWS		DIAG XR	\$97.00	\$77.60
74021	ABDOMEN 3 OR MORE VIEWS		DIAG XR	\$111.00	\$88.80
74022	ABDOMEN 2 VIEWS WITH 1 VIEW CHEST		DIAG XR	\$122.00	\$97.60
74150	CT ABDOMEN W/O CONTRAST		CT	\$506.00	\$404.80
74160	CT ABDOMEN W/CONTRAST	Add contrast fee Q9967: # mls x.50	CT	\$618.00	\$494.40
74170	CT ABDOMEN W AND W/O CONTRAST	Add contrast fee Q9967: # mls x.50	CT	\$767.00	\$613.60
74174	CTA ABD & PELVIS WITH (AND/OR W/O) CONT	Add contrast fee Q9967: # mls x.50	CT	\$1,019.00	\$815.20
74175	CTA ABD WITH (AND/OR W/O) CONTRAST	Add contrast fee Q9967: # mls x.50	CT	\$900.00	\$720.00
74176	CT ABD/PELVIS W/O CONTRAST		CT	\$520.00	\$416.00
74177	CT ABD/PELVIS W/ CONTRAST	Add contrast fee Q9967: # mls x.50	CT	\$792.00	\$633.60
74178	CT ABD/PELVIS W/ AND W/O CONTRAST	Add contrast fee Q9967: # mls x.50	CT	\$868.00	\$694.40
74181	MRI ABDOMEN W/O CONTRAST	(Check with tech for 3D charge on any CT MSK)	MRI	\$980.00	\$784.00
74182	MRI ABDOMEN W/CONTRAST	Add contrast fee A9575: # mls x 10 x \$1.00	MRI	\$1,160.00	\$928.00
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 \$246/mg)	MRI	\$1,450.00	\$1,160.00
74185	MRA ABD W OR W/O CONTRAST	Add contrast fee A9575: # mls x 10 x \$1.00	MRI	\$1,400.00	\$1,120.00
74220	ESOPHOGRAM (Single Contrast)		DIAG XR	\$229.00	\$183.20
74221	ESOPHOGRAM (Double Contrast)		DIAG XR	\$257.00	\$205.60
74240	UPPER GI W/KUB (Single Contrast)		DIAG XR	\$292.00	\$233.60
74246	UPPER GI (Double contrast)		DIAG XR	\$326.00	\$260.80
74248	SMALL BOWEL FOLLOW THROUGH (See also 74240 or 74246)	*(See also 74240 or 74246) 74248 is an add-on code to an UGI	DIAG XR	\$194.00	\$155.20
74250	SMALL BOWEL (Single Contrast)		DIAG XR	\$298.00	\$238.40
74261	CT COLONOGRAPHY DIAGNOSTIC W/O CONTRAST		CT	\$1,070.00	\$856.00
74263	CT COLONOGRAPHY SCREENING		CT	\$1,678.00	\$1,342.40
74270	COLON (Single Contrast)		DIAG XR	\$386.00	\$308.80
74280	COLON (Double Contrast)		DIAG XR	\$545.00	\$436.00
74400	IVP		DIAG XR	\$308.00	\$246.40
74430	CYSTOGRAPHY	Add fee for catheter CPT 51600 and additional contrast fee Q9966 or Q9967	DIAG XR	\$104.00	\$83.20
74455	URETHROCYSTOGRAPHY	Add fee for catheter CPT 51600	SURG	\$243.00	\$194.40
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	\$1,120.00
74713	MRI FETAL IMAGING, EACH ADDITIONAL		MRI	\$633.00	\$506.40

Additional Instructions					
Code	Description	(usually add additional fees)	Modality	Fee	Self-pay
74740	HYSTEROSALPINGOGRAM	Add contrast fee for CPTs 58340 & Q9967: # mls x.50 (Self pay discount is offered)	SURG	\$229.00	\$183.20
75557	CARDIAC MRI FOR MORPH/FUCT W/O		MRI	\$980.00	\$784.00
75561	CARDIAC MRI FOR MORP AND FUNC W & WO CONT	Add contrast fee A9575: # mls x 10 x \$1.00	MRI	\$1,400.00	\$1,120.00
75565	CARDIAC MRI FOR VELOCITY FLOW (ADD ON )	Add fee to main code CPT 75557, 75559, 75561 or 75563	MRI	\$161.00	\$128.80
75571	CARDIAC CALCIUM SCORE	No self pay discount	CT	\$100.00	
75572	CT HEART WITH/WITHOUT	Add contrast fee Q9967: # mls x.50	CT	\$767.00	\$613.60
75574	CTA HEART (CCTA) CORONARY ARTERIES AND BYPASS GRAFT IF PRESENT WITH CONTRAST	Add contrast fee Q9967: # mls x.50 (See also FFR 75580 and Plaque Analysis 75577-if done)	CTA	\$1,000.00	\$800.00
75577	CTA HEART -PLAQUE ANALYSIS	Add on to CCTA	CTA	\$2,100.00	\$1,680.00
75580	CTA HEART -FFR	Add on to CCTA	CTA	\$2,000.00	\$1,600.00
75809	SHUNTOGRAM OF NONVASCULAR SHUNT	Add fee for CPT 61070	NEURO	\$241.00	\$192.80
76010	CHILD FOREIGN BODY (NOSE TO RECTUM)	Anatomy fits on one single image/otherwise order separate areas	DIAG XR	\$75.00	\$60.00
76376	3D RECONS NOT ON AN INDEPDNT WORKST	Add fee to applicable CT CPT code	CT	\$245.00	\$196.00
76377	3D RECONS REQUIRING SEP WRK STATN	Add fee to applicable CT CPT code	CT	\$380.00	\$304.00
76380	CT LIMITED OR LOCALIZED F/U		CT	\$506.00	\$404.80
76390	MR SPECTROSCOPY		MRI	\$1,160.00	\$928.00
76497	CT-WHOLE BODY MYELOMA/MONOCLONAL GAMMOPATHY	MEDICARE PRICING ONLY	CT	\$2,000.00	NO DISC
76497	CT-WHOLE BODY MYELOMA/MONOCLONAL GAMMOPATHY	COMMERCIAL INS CALL TRINA FOR PRICING-NEED PRIMARY INS	CT	<b>CALL TRINA</b>	
76498	MRI-WHOLE BODY MYELOMA/MONOCLONAL GAMMOPATHY	MEDICARE PRICING ONLY	MRI	\$4,150.00	
76498	MRI-WHOLE BODY MYELOMA/MONOCLONAL GAMMOPATHY	COMMERCIAL INS CALL TRINA FOR PRICING-NEED PRIMARY INS	MRI	<b>CALL TRINA</b>	
76498	MRI/CT-WHOLE BODY-GENETIC SCREENING	COMMERCIAL INS CALL TRINA FOR PRICING-NEED PRIMARY INS	MRI	<b>CALL TRINA</b>	
76498	BREAST MRI ABBREVIATED (MRI ABB)	No self pay discount	MRI	\$449.00	
76506	ULTRASOUND HEAD INTRACRANIAL		US	\$275.00	\$220.00
76536	ULTRASOUND HEAD AND NECK (THYROID)		US	\$275.00	\$220.00
76604	ULTRASOUND CHEST		US	\$195.00	\$156.00
76641	ULTRASOUND BREAST UNI INCL AXILLA COMP		US	\$254.00	\$203.20
76642	ULTRASOUND BREAST LIMITED		US	\$209.00	\$167.20
76700	ULTRASOUND ABDOMINAL COMPLETE		US	\$288.00	\$230.40
76705	ULTRASOUND ABDOMEN LIMITED		US	\$213.00	\$170.40
76706	ULTRASOUND AAA SCREENING	ONCE IN A LIFETIME SCREENING/SIGN ABN IF PRIOR SCREENING DONE	US	\$266.00	\$212.80
76770	ULTRASOUND RETROPERITONEAL COMPLETE		US	\$251.00	\$200.80
76775	ULTRASOUND RETROPERITONEAL LIMITED		US	\$213.00	\$170.40
76776	ULTRSOND TRANSPLNTD KIDNEY W/ DUPLX		US	\$360.00	\$288.00
76800	ULTRASOUND SPINAL CANAL AND CONTENTS		US	\$408.00	\$326.40
76801	ULTRASOUND 1ST TRI< 14 WEEKS		US	\$290.00	\$232.00
76801-TC	<b>Ank/Wauk OB-(IMAGING ONLY/NO NTERP)</b>	Clarify if TV will be done-See CPT 76817	US	\$185.00	\$148.00
76802	ULTRASOUND OB EACH ADDTL GESTATION	Add fee to main CPT 76801	US	\$162.00	\$129.60
76802-TC	<b>Ank/Wauk OB-(IMAGING ONLY/NO NTERP)</b>	Add fee to main CPT 76801	US	\$83.00	\$66.40
76805	US OB EVAL MATERNAL/FETAL 14 WKS		US	\$328.00	\$262.40
76805-TC	<b>Ank/Wauk OB-(IMAGING ONLY/NO INTERP)</b>		US	\$228.00	\$182.40
76810	US OB MAT/FETAL ADDTL GEST > 14 WKS	Add to main CPT 76805	US	\$220.00	\$176.00
76810-TC	<b>Ank/Wauk OB-(IMAGING ONLY/NO INTERP)</b>	Add to main CPT 76805	US	\$111.00	\$88.80
76815	US OB LIMITED QUICK LOOK		US	\$190.00	\$152.00
76815-TC	<b>Ank/Wauk OB-(IMAGING ONLY/NO INTERP)</b>		US	\$132.00	\$105.60
76816	US OB FOLLOW UP TRANSABDOMINAL		US	\$267.00	\$213.60
76816-TC	<b>Ank/Wauk OB-(IMAGING ONLY/NO INTERP)</b>		US	\$180.00	\$144.00



Additional Instructions					
Code	Description	(usually add additional fees)	Modality	Fee	Self-pay
78814	PET/CT LIMITED AREA	Add radiotracer fee	PET	\$3,920.00	\$3,136.00
78815	PET/CT SKULL BASE TO MID THIGH	Add radiotracer fee	PET	\$3,920.00	\$3,136.00
78816	PET/CT WHOLE BODY	Add radiotracer fee	PET	\$3,920.00	\$3,136.00
A9552	FDG (PER STUDY DOSE UP TO 45 mCi) (RADIOTRACER FOR PET)	Add to PET/CT CPT 78814-78816 (standard billed units =1)	DRUGS	\$760.00	\$608.00
A9595	PYLARIFY (PROSTATE) (RADIOTRACER FOR PET)	Add to PET/CT CPT 78815; \$760/mCi (standard dose is 9 units)	DRUGS	\$6,840.00	\$5,472.00
A9587	DOTATATE (.1mCi; take total dose and multiply by 10) (RADIOTRACER FOR PET)	Add to PET/CT CPT 78815; \$83/mCi (standard dose is 5.4=54 units)	DRUGS	\$4,482.00	\$3,585.60
82565	CREATININE BLOOD (See also 36415)	Add fee for CPT 36415	LAB	\$15.00	\$12.00
93880	DUPLEX EXTRACRANIAL ART BILAT COMPLT		US	\$457.00	\$365.60
93886	DOPPLER TRANSCRANIAL (INTRACRN) COMP		US	\$678.00	\$542.40
93888	DOPPLER TRANSCRANIAL (INTRACRANIAL) LMTD		US	\$415.00	\$332.00
93926	DUPLEX LOWER EXT ARTERIES UNI OR LIMITED		US	\$383.00	\$306.40
93970	DUPLEX EXTREMITY VEINS BILATERAL		US	\$491.00	\$392.80
93971	DUPLEX EXTREMITY VEINS UNI/LIMITED		US	\$307.00	\$245.60
93975	DUPLEX ART & VEN ABD PEL SCROTAL COMP		US	\$725.00	\$580.00
93976	DUPLEX ABD PEL SCROTAL LMTD ART & VEIN		US	\$412.00	\$329.60
93978	DUPLEX AORTA IVC ILIAC VASCULAT COMP		US	\$447.00	\$357.60
93979	DUPLEX AORTA IVC ILIAC VASC UNI/LMTD		US	\$313.00	\$250.40
99202	OFFICE OR OUTPT VISIT LEVEL 2 NEW PT		E/M	\$142.00	\$113.60
99203	OFFICE OR OUTPT VISIT LEVEL 3 NEW PT		E/M	\$207.00	\$165.60
99204	OFFICE OR OUTPT VISIT LEVEL 4 NEW PT		E/M	\$311.00	\$248.80
99211	OFFICE OR OUTPT VISIT LEVEL 1 EST PT		E/M	\$50.00	\$40.00
99212	OFFICE OR OUTPT VISIT LEVEL 2 EST PT		E/M	\$92.00	\$73.60
99213	OFFICE OR OUTPT VISIT LEVEL 3 EST PT		E/M	\$143.00	\$114.40
99214	OFFICE OR OUTPT VISIT LEVEL 4 EST PT		E/M	\$220.00	\$176.00
99215	OFFICE OR OUTPT VISIT LEVEL 5 EST PT		E/M	\$274.00	\$219.20
A9575	MRI CONTRAST GADOTERATE MEGLUMINE CLARISCAN .1 ML <b>(Multiply total mls x10 x \$1.00)</b>		DRUGS	\$1.00	\$0.80
A9581	MRI CONTRAST GADOEXTATE DISODIUM (Eovist), <b>(Multiply total mls (10) x \$19.00=\$190)</b>		DRUGS	\$19.00	\$15.20
J3301	INJECTION OF KENALOG PER 10MG <b>(Multiply total mls x \$6.00)</b>		DRUGS	\$6.00	\$4.80
J1610	MRI SUPPLY GLUCAGON (FOR ENTEROGRAPHY-Usually only 1 mg given 1 UNIT X \$246=\$246.00		DRUGS	\$246.00	\$196.80
Q9967	CT CONTRAST OMNI/LOCM 300-399MG/ML	Multiply total mls x \$.50	DRUGS	\$0.50	\$0.40
BODYCOMP	1 OR 3 STUDIES	1 STUDY=\$69 OR 3 STUDIES=\$139	MISC	1 @ \$69 OR 3 FOR \$139	