

## Iowa Diagnostic Fees-cheat sheet guide - updated 5/5/2026

### Fee schedule-All Fees

This document consists of all procedures performed at the Iowa Diagnostic Clinics/Midwife/OB offices

- Procedure codes are in numerical order (radiotracers are listed with the PET scans; contrast fees are at the end)

#### Column Headers

- Code
- CPT codeDescription (of CPT)
- Additional instructions=Notes that provide additional fees to possibly include
- Modality=Imagine (billing system modality)
- Fee=Standard rate charged,
- Self-pay=self pay rate for services that are eligible for a 20% discount  
(Self-pay must pay in full at time of service)

CPT Codes that are **indented** indicate they are an add-on code and a main CPT code will also need to be included in fee

Example: 19000-PUNC ASP OF BEAST CYST

19001-PUNC ASP OF BEAST CYST, **EACH ADDITIONAL**

This scenario would need the fees added together (there is also a note in the additional instructions to see guidance code)

#### Misc tips for full fee schedule:

- CPT codes that have a **TC** represent the technical component only. There would not be a radiologist interpretation/report for these procedures. (Ank OB and Waukee OB).
- There could also be other procedures with a TC if they are in a clinical trial/study.
- Contrast enhanced mammography: Pricing includes contrast administration, mammo and an estimated contrast supply amount. For exact cost of CEM-see tech and ask for total amount of contrast that will be administered. Then take the total number of mls and multiply by .50.

### Iowa Diagnostic Fees-cheat sheet guide: Breast and Women's Imaging

- Mammo CPT code fees include tomo.
- Contrast enhanced mammo fees are also inclusive of contrast administration, estimated contrast, and the mammo.
- Breast Biopsy codes are inclusive of the post mammo for clip placement.
- Indented CPT codes under breast biopsy are add on codes, meaning that fee needs to be added to the fee listed as the primary code.

### Iowa Diagnostic Fees-cheat sheet guide: CT/MRI

- Most CTs and MRIs have fees set at the same rate based on contrast status (without, with, with & without); however, some CTs/MRIs (head/neck; abd/pelvis; Cardiac CTA; TAVR/SAVR) are set at a higher rate due to combined body areas.
- Other misc items or special exams are also listed under the exclusion list (Cardiac scores/ 3D recons for MSK/whole body skeletal scans (CT or MR)

### Iowa Diagnostic Fees-cheat sheet guide: Arthrography (MR, CT, Conventional)

- Each type of arthrogram is listed in a separate column: MR CT and Conventional (last column)  
Conventional=utilizes only fluoroscopic images (No MR or CT imaging done)
- Clariscan is based on the typical .1 ml of contrast used for this procedure  
To compute a different amount of contrast used take the amount administered, and multiply by 10 and then by \$1 for the fee.
- Omni is based on the amount used for each exam: MR uses approx 8 ml, CT and conventional use approx 10 mls.  
To compute a different amount of contrast used take the amount administered multiply by .50 for the fee.  
10mls used= 10mlsx.50=\$5.00

### Iowa Diagnostic Fees-cheat sheet guide: OB Imaging

- OB Imaging sheets contain descriptions of what anatomical areas need to be visualized to meet the CPT code requirements
- CPT codes that have a TC entry represent the technical component only. There would not be a radiologist interpretation/report for these procedures. This occurs at Ank OB and Waukee OB.
- OB Imaging sheet-Ingersoll Midwives contains only global rates
- TA/TV imaging, include both fees if imaging via both approaches.

### Iowa Diagnostic Fees-cheat sheet guide: Chiro/Referring Quick Reference

- This is a list of the most commonly ordered exams (MSK focused for CT/MR/Xray)

### Iowa Diagnostic Fees-cheat sheet guide: General X-ray

- This is a list of the most commonly ordered general xray exams.