

IOWA DIAGNOSTIC FEES - updated 5/5/2026

BREAST AND WOMEN'S IMAGING

MAMMO (tomo included)		CONTRAST ENHANCED MAMMOGRAPHY CEM: includes contrast supply, administration & mammo	
CPT	Fee	CPT	Fee
77067-Screening	\$457.00	N/A: Screening not FDA approved for CEM	
77066-Diagnostic bilat	\$538.00	77066/96374/Q9967 (bilateral)	\$554.00
77065-Diagnostic unilat	\$447.00	77065/96374/Q9967 (unilateral)	\$463.00

MRI		US-Breast (usually limited); code for each breast		DEXA (verify if postmenopausal)	
CPT	Fee	CPT	Fee	CPT	Fee
77049-Breast bilat w/ and/or without contrast	\$1,400.00	76642-limited	\$209.00	77080-Dexa	\$247.00
76498-Abbreviated breast MRI (patient pay/no self pay discount)	\$449.00	76641-complete (implant eval)	\$254.00		

BREAST BIOPSY (includes clips, specimen, biopsy and guidance fee for post mammo for clip placement)

CPT	Fee
19081-Stereotactic guided, 1st les	\$1,797.00
19082-Stereotactic guid, each additional lesion	\$1,197.00
19083-US guided, 1st lesion	\$1,718.00
19084-US guided, each additional lesion	\$1,184.00
19085-MR guided 1st lesion	\$2,540.00
19086-MR guided, each additional lesion	\$1,775.00

HYSTEROSALPINGOGRAM (HSG)

Done for fertility testing/post essure placement

If Dr. Cooper or Mintzer perform the administration of contrast we will bill only for the interp (no discount provided for this service)

CPT	Fee	CPT	Fee	
58340-contrast administration	\$579.00	No code for admin	\$0.00	
74740-interpretation	\$229.00	74740-interp	\$229.00	
Q9967-10mls *Apprx*	\$5.00	Q9967-10 mls *	\$5.00	Contrast=.50/ml (10mls is for estimate only)
Estimated cost:	\$813.00	Estimated cost:	\$234.00	

HYSTEROSONOGRAM/SONOHYSTEROGRAM (SIS)

Done for uterine bleeding, fibroids, etc

****May also do TA and/or TV US prior to SIS**

CPT	Fee	CPT	Fee
58340 -saline administration	\$579.00	76856-Transabdominal	\$246.00
76831 - interpretation	\$295.00	76830-Transvaginal	\$295.00
Estimated cost:	\$874.00	TATVUS (both TA andTV)	\$541.00

ULTRASOUNDS-*Need to clarify if approach will be transabdominal, transvaginal or both

CPT	FEE	CPT	Fee	CPT	Fee
76856-Transabdominal	\$246.00	76801-OB US<14 wks	\$290.00	76815-OB limited	\$190.00
76830-Transvaginal	\$295.00	76805-OB US>14 wks	\$328.00	76816-OB follow up	\$267.00
TATVUS (both TA and TV)	\$541.00	76817-OB transvag	\$231.00		