



For RAI Hamilton and Lawrenceville Imaging Centers ONLY

**RADIOLOGY AFFILIATES FEE SCHEDULE Effective JAN 2015 revised 11/01/16**

CPT CODE	EXAM DESCRIPTION	Uninsured Prompt Pay fee	Standard Fee	CPT CODE	EXAM DESCRIPTION	Uninsured Prompt Pay fee	Standard Fee
<b>CT</b>							
70450	Head w/o contrast	\$ 225.00	\$ 735.00	74177	Abdomen and Pelvis with contrast	\$ 380.00	\$ 885.00
70460	Head w/ contrast	\$ 300.00	\$ 795.00	74178	Abdomen and Pelvis w/&w/o contrast	\$ 485.00	\$ 1,118.00
70470	Head w & w/o contrast	\$ 350.00	\$ 895.00	76380	CT Limited/Localized follow-up study	\$ 185.00	\$ 600.00
70480	Orbits, Sella, Inner Ear (IAC's) w/o contrast	\$ 290.00	\$ 805.00	<b>CTA</b>			
70481	Orbits, Sella, Inner Ear (IAC's) w/contrast	\$ 425.00	\$ 935.00	75571	Calcium Scoring Employee Discount Available	\$ 49.00	\$ 99.00
70482	Orbits, Sella, Inner Ear(IAC's)w&w/o contrast	\$ 465.00	\$ 1,125.00	G0297	Lung Cancer Screening	\$ 99.00	\$ 930.00
70486	with axials & coronals	\$ 280.00	\$ 780.00		Calcium Score & Lung Combo	\$150.00	
				74174	CTA Abdomen and Pelvis w/o&wcontrast	\$ 585.00	\$ 2,215.00
70487	Maxillofacial Area w/contrast with axials & coronals	\$ 380.00	\$ 925.00	74175	CTA Abdomen w/o&wcontrast	\$ 485.00	\$ 1,750.00
				75635	CTA Aorta-Iliofemoral w/o&wcontrast	\$ 510.00	\$ 2,100.00
70488	Maxillofacial Area w&w/o contrast	\$ 450.00	\$ 1,120.00	71275	CTA Chest w/o&wcontrast [non coronary]	\$ 485.00	\$ 1,165.00
70490	Soft Tissue Neck w/o contrast	\$ 290.00	\$ 800.00	70496	CTA Head w/o&wcontrast	\$ 475.00	\$ 1,400.00
70491	Soft Tissue Neck w/contrast	\$ 350.00	\$ 935.00	73706	CTA Lower Extremity w/o&wcontrast	\$ 485.00	\$ 1,751.00
70492	Soft Tissue Neck w&w/o contrast	\$ 425.00	\$ 1,125.00	70498	CTA Neck (Carotids) w/o&wcontrast	\$ 475.00	\$ 1,400.00
71250	Chest w/o contrast	\$ 285.00	\$ 930.00	72191	CTA Pelvis w/o&wcontrast	\$ 480.00	\$ 1,700.00
71260	Chest w/contrast	\$ 350.00	\$ 1,090.00	73206	CTA Upper Extremity w/o&wcontrast	\$ 480.00	\$ 1,650.00
71270	Chest w&w/o contrast	\$ 450.00	\$ 1,340.00	<b>CT DENTAL SCAN</b>			
72125	Cervical Spine w/o contrast	\$ 285.00	\$ 930.00	70486	<b>Dr SCALIA&amp; Dr. DAVID KIM Dental Scan/Arch (Due on DOS)</b>	\$187.50	\$187.50
72126	Cervical Spine w/contrast	\$ 375.00	\$ 1,090.00	70486	Dental Scan/Arch ( <i>Patient must pay on DOS</i> )	\$325.00	\$325.00
72127	Cervical Spine w&w/o contrast	\$ 425.00	\$ 1,320.00	<b>FLUOROSCOPY</b>			
72128	Thoracic Spine w/o contrast	\$ 285.00	\$ 930.00	74210	Cerv. Esoph. W/ fluoro	\$ 90.00	\$ 210.00
72129	Thoracic Spine w/contrast	\$ 350.00	\$ 1,090.00	74220	Esophagram with fluoro	\$ 110.00	\$ 225.00
72130	Thoracic Spine w&w/o contrast	\$ 425.00	\$ 1,360.00	74240	Upper GI	\$ 125.00	\$ 295.00
72131	Lumbar Spine w/o contrast	\$ 285.00	\$ 935.00	74241	Upper GI with prelim	\$ 135.00	\$ 300.00
72132	Lumbar Spine w/contrast	\$ 350.00	\$ 1,090.00	74245	Upper GI with Small bowel	\$ 210.00	\$ 450.00
72133	Lumbar Spine w&w/o contrast	\$ 425.00	\$ 1,320.00	74247	High Dens Air Cont UGI	\$ 140.00	\$ 325.00
72192	Pelvis w/o contrast	\$ 280.00	\$ 920.00	74249	High Dens Air Cont UGISB	\$ 210.00	\$ 475.00
72193	Pelvis w/contrast	\$ 350.00	\$ 1,050.00	74250	Small Bowel Series	\$ 125.00	\$ 240.00
72194	Pelvis w&w/o contrast	\$ 450.00	\$ 1,265.00	74270	Barium Enema with KUB	\$ 145.00	\$ 325.00
73200	Upper Extremity w/o contrast	\$ 280.00	\$ 800.00	74280	High Density BE with Air	\$ 225.00	\$ 445.00
73201	Upper Extremity w/contrast	\$ 350.00	\$ 935.00	76000	Fluoroscopy	\$ 90.00	\$ 195.00
73202	Upper Extremity w&w/o contrast	\$ 450.00	\$ 1,135.00	<b>MISC</b>			
73700	Lower Extremity w/o contrast	\$ 280.00	\$ 800.00	76140	Consult Outside Film	\$ 195.00	\$ 195.00
73701	Lower Extremity w/contrast	\$ 350.00	\$ 930.00	99070	Misc Supplies	\$ 50.00	\$ 50.00
73702	Lower Extremity w&w/o contrast	\$ 450.00	\$ 1,130.00	?????	Non Ionic Contrast 50 ML	\$ 60.00	\$ 60.00
74150	Abdomen w/o contrast	\$ 285.00	\$ 905.00	S8037	MRCP (w and or w/o contrast)	\$ 730.00	\$ 1,635.00
74160	Abdomen w/ contrast	\$ 375.00	\$ 1,070.00	<b>IVP</b>			
74170	Abdomen w & w/o contrast	\$ 460.00	\$ 1,295.00	74400	Urogram, intravenous	\$ 130.00	\$ 295.00
74176	Abdomen and Pelvis w/o contrast	\$ 250.00	\$ 560.00				

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**RADIOLOGY AFFILIATES FEE SCHEDULE Effective JAN 2017 revised 09/06/2017**

CPT CODE	EXAM DESCRIPTION	Uninsured Prompt Pay fee	Standard Fee	CPT CODE	EXAM DESCRIPTION	Uninsured Prompt Pay fee	Standard Fee
<b>ULTRASOUND</b>				<b>MAMMOGRAPHY</b>			
76536	Head/Neck (thyroid)	\$ 135.00	\$ 270.00	77061	Digital Breast Tomo Unilateral Diagnostic	\$ 50.00	\$ 168.00
76604	Chest [not to evaluate aorta]	\$ 100.00	\$ 255.00	77062	Digital Breast Tomo Bilateral Diagnostic	\$ 50.00	\$ 240.00
76641	Breast Complete (Screening ALL 4 Quads)	\$ 110.00	\$ 480.00	77063	Screening Digital Tomosynthesis Bilat	\$ 50.00	\$ 240.00
76642	Breast Limited (Lump)	\$ 90.00	\$ 400.00	77065	Diagnostic w CAD Unilat	\$ 165.00	\$ 446.00
76700	Abdomen, Complete	\$ 155.00	\$ 380.00	77066	Diagnostic w CAD Bilat	\$ 205.00	\$ 566.00
76705	Abdomen, Ltd.	\$ 120.00	\$ 275.00	77067	Screening w CAD	\$ 205.00	\$ 458.00
76706	US Abdom Aorta Screening	\$ 325.00	\$ 325.00	ModGH	Screening Mammo converted to Diag	no related charge	
76770	Renal (w/aorta,nodes) <u>or</u> renal/bladder	\$ 150.00	\$ 380.00				
76775	Renal Ltd. (kidney only)	\$ 125.00	\$ 275.00				
76805	Pregnancy	\$ 165.00	\$ 425.00	<b>BONE DENSITOMETRY</b>			
76810	Pregnancy Multiple	\$ 115.00	\$ 310.00	77080	Bone Densitometry	\$ 110.00	\$ 440.00
76815	Pregnancy Ltd.	\$ 105.00	\$ 285.00				
76801	Pregnancy < 14 wks	\$ 145.00	\$ 300.00				
76802	Pregnancy < 14 wks add gest	\$ 85.00	\$ 235.00	<b>ULTRASOUND CONTINUED</b>			
76817	Pregnant Transvaginal	\$ 150.00	\$ 315.00	10022	Biopsy Thyroid Fine Needle	\$ 155.00	\$ 202.00
76830	Trans/Endovaginal - Pelvis	\$ 145.00	\$ 305.00	76942	US Guidance (biopsy tissue/IV Needle placement)	\$ 225.00	\$ 480.00
76856	Pelvic, Non-obstetric	\$ 145.00	\$ 305.00	76999	Unlisted US exam. Hysterosonogram	\$ 575.00	\$ 575.00
76857	Pelvic, Limited	\$ 95.00	\$ 310.00	99241	Office Consult	\$ 155.00	\$ 155.00
76870	Scrotum/Testicles	\$ 145.00	\$ 300.00	99242	Office Consult expanded	\$ 280.00	\$ 280.00
76881	Extremity (non-ven/vas)soft tissues, muscles	\$ 135.00	\$ 385.00				
76882	Extrem(non-ven/vas)soft tissue anatomic specific	\$ 45.00	\$ 100.00				
76942	US Guide for needle placement (ie injection)	\$ 225.00	\$ 480.00				
93880	Carotid Doppler Bilateral	\$ 210.00	\$ 630.00				
93925	US Duplex lower extremity arteries, complete b/l	\$ 215.00	\$ 350.00				
93926	US Duplex lower extremity arteries, uni/ or limited	\$ 140.00	\$ 280.00				
93931	Uni upper Extrem [Radial Artery post cath-vascular]	\$ 140.00	\$ 350.00				
93970	Venous Extrem. Dopp. Bilat.	\$ 215.00	\$ 610.00				
93971	Venous Extrem. Dopp. Unilat.	\$ 150.00	\$ 430.00				
93976	Doppler, Limited	\$ 245.00	\$ 600.00				
93978	Aorta and IVC - Dopp. (extra)	\$ 215.00	\$ 555.00				
93979	Abdominal Aorta -	\$ 130.00	\$ 390.00				
19000	Puncture Aspiration Cyst	\$ 120.00	\$ 140.00				
19001	Aspiration each additional cyst	\$ 30.00	\$ 145.00				
19083	Biopsy, breast, clip, specimen, guidance	\$ 750.00	\$ 2,000.00				
19100	Biopsy Breast Needle Core	\$ 165.00	\$ 405.00				
19102	Biopsy, breast, needle core, imaging guidance	\$ 240.00	\$ 725.00				
19285	Guided breast clip placement	\$ 555.00	\$ 1,900.00				

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**RADIOLOGY AFFILIATES FEE SCHEDULE Effective JAN 2015 revised 01/13/2015**

CPT CODE	EXAM DESCRIPTION	Uninsured Prompt Pay fee	Standard Fee	CPT CODE	EXAM DESCRIPTION	Uninsured Prompt Pay fee	Standard Fee
<b>MRI</b>							
70336	TMJ's	\$ 475.00	\$1,650.00	73225	MRA Upper Extremity	\$ 680.00	\$1,835.00
70540	Orbits, Face, Neck w/o contrast	\$ 465.00	\$1,625.00	73718	Lower Ext.(non joint, includes foot)w/o contrast	\$ 465.00	\$1,625.00
70542	Orbits, Face, Neck w/contrast	\$ 580.00	\$1,950.00	73719	Lower Ext.(non joint, includes foot) w/contrast	\$ 625.00	\$1,950.00
70543	Orbits, Face, Neck w&w/o cont	\$ 725.00	\$3,554.00	73720	Lower Ext. (non joint, includes foot)w&w/o contrast	\$ 725.00	\$3,450.00
70544	MRA Head w/o contrast	\$ 460.00	\$1,600.00	73721	Lower Ext. (hip, knee, ankle)w/o contrast	\$ 465.00	\$1,625.00
70545	MRA Head w/contrast	\$ 565.00	\$1,600.00	73722	Lower Ext.(hip, knee, ankle) w/contrast	\$ 585.00	\$1,950.00
70546	MRA Headw&w/o contrast	\$ 710.00	\$3,075.00	73723	Lower Ext. (hip, knee, ankle) w&w/o contrast	\$ 720.00	\$3,450.00
70547	MRA Neck w/o contrast	\$ 460.00	\$1,600.00	73725	MR Angiography Lower Extremity	\$ 625.00	\$1,700.00
70548	MRA Neck w/contrast	\$ 565.00	\$1,600.00	74181	[MRCP] Abdomen w/o contrast	\$ 470.00	\$1,635.00
70549	MRA Neck w & w/o contrast	\$ 710.00	\$3,059.00	74182	Abdomen w/contrast	\$ 590.00	\$2,009.00
70551	Brain w/o contrast	\$ 475.00	\$1,650.00	74183	Abdomen w&w/o contrast	\$ 725.00	\$3,450.00
70552	Brain w/contrast	\$ 580.00	\$2,000.00	74185	MRA abdomen	\$ 625.00	\$1,700.00
70553	Brain w&w/o contrast	\$ 730.00	\$3,525.00	77058	Breast Unilateral w and or w/o contrast	\$695.00	\$2,500.00
71550	Chest (Mediastinum) w/o contrast	\$ 475.00	\$1,635.00	77059	Breast Bilateral w and or w/o contrast	\$ 695.00	\$3,275.00
71551	Chest w/contrast	\$ 595.00	\$1,950.00		MR Scoliosis (Lawrenceville Only) Betz Patients	\$850.00	
71552	Chest w&w/o contrast	\$ 725.00	\$3,450.00	<b>NOTE: All arthrograms have 2 charges plus the MR or CT - FLUORO 77002 AND INJECTION CODE</b>			
71555	Chest Angiography	\$ 625.00	\$1,700.00				
72141	Cervical Spine w/o contrast	\$ 475.00	\$1,675.00				
72142	Cervical Spine w/contrast	\$ 600.00	\$2,000.00				
72156	Cervical Spine w&w/o contrast	\$ 745.00	\$3,550.00				
72146	Thoracic Spine w/o contrast	\$ 475.00	\$1,825.00				
72147	Thoracic Spine w/contrast	\$ 595.00	\$2,190.00				
72157	Thoracic Spine w&w/o contrast	\$ 740.00	\$3,550.00				
72148	Lumbar Spine w/o contrast	\$ 470.00	\$1,800.00				
72149	Lumbar Spine w/contrast	\$ 595.00	\$2,000.00				
72158	Lumbar Spine w&w/o contrast	\$ 735.00	\$3,525.00	<b>ARTHROGRAM</b>			
72159	MRA Spine	\$ 695.00	\$2,035.00	73701	Knee/Ankle CT Arthrogram	\$345.00	\$930.00
72195	Pelvis w/o contrast	\$ 475.00	\$1,635.00	77002	ARTHRO FLUORO Knee/Shoulder/Wrist/Elbow/Ankle/Hip	\$85.00	\$175.00
72196	Pelvis, with contrast	\$ 595.00	\$1,950.00	n/a	Fluoro guidance only	to be determined	
72197	Pelvis w&w/o contrast	\$ 725.00	\$3,450.00	n/a	Any Arthrogram Injection	\$ 195.00	\$ 485.50
72198	MRA Pelvis	\$ 625.00	\$1,950.00	27648	Arthrogram Injection-ANKLE	\$ 185.00	\$ 334.50
73218	Upper Ext. (non joint, includes hand) w/o contrast	\$ 465.00	\$1,625.00	27370	Arthrogram Injection- KNEE	\$ 190.00	\$ 357.00
73219	Upper Ext. (non joint, includes hand) w/contrast	\$ 585.00	\$2,200.00	23350	Arthrogram Injection- SHOULDER	\$ 170.00	\$ 334.50
73220	Upper Ext. (non joint, includes hand)w&w/o contrast	\$ 725.00	\$3,450.00	24220	Arthrogram Injection- ELBOW	\$ 185.00	\$ 402.00
73221	Upper Ext.(Shoulder, elbow, wrist) w/o contrast	\$ 465.00	\$1,625.00	25246	Arthrogram Injection- WRIST	\$ 185.00	\$ 402.00
73222	Upper Ext.(Shoulder, elbow, wrist)w/contrast	\$ 585.00	\$1,950.00	27093	Arthrogram Injection- HIP	\$ 215.00	\$ 402.00
73223	Upper Ext.(Shoulder, elbow, wrist)w&w/o contrast	\$ 725.00	\$3,450.00				