

TIME OF SERVICE PRICING

INTERVENTIONAL SERVICES

Top Services

| Charge | CPT Code | Description |
|---------|----------------|---|
| \$512 | 62321 J3301 | EPIDURAL CERVICAL OR THORACIC KENALOG 10MG PER UNIT |
| \$505 | 62323 J3301 | EPIDURAL LUMBAR KENALOG 10MG PER UNIT |
| \$244 | 62270 | LUMBAR PUNCTURE |
| \$3,732 | 22510 72129 | VERTEBROPLASTY THORACIC CT THORACIC SPINE W CONTRAST |
| \$1,500 | 22512 | ADDITIONAL VERTEBROPLASTY LEVEL |
| \$3,720 | 22511 72132 | VERTEBROPLASTY LUMBAR CT LUMBAR SPINE W CONTRAST |

Breast Biopsy Codes & Aspirations

| Charge | CPT Code | Description |
|---|----------------|--|
| Biopsy fees below are ESTIMATED based on typical biopsy services provided at RMI. If a post aspiration or biopsy mammogram is performed there will be an additional fee of \$196. Fees may differ based on the care recommended by your physician and the RMI radiologist. | | |
| \$297 | 76942 19000 | US GUIDANCE ASPIRATION (1 SITE) ASPIR BREAST CYST |
| \$49 | 19001 | ADDITIONAL CYST ASPIRATION (1 SITE) |
| \$1,313 | 19081 | STEREOTACTIC BREAST BIOPSY |
| \$895 | 19082 | STEREO ADDITIONAL LESION |
| \$1,283 | 19083 | ULTRASOUND GUIDED BREAST BIOPSY |
| \$860 | 19084 | ULTRASOUND ADDITIONAL LESION |
| \$1,835 | 19085 + A9579 | MR GUIDED BREAST BIOPSY + GAD |
| \$1,277 | 19086 | MR GUIDED ADDITIONAL LESION |
| \$199 | 10005 | FNA THYROID BIOPSY INCLUDING US GUIDANCE |
| \$4,790 | 19105 | CRYOABLATION W US GUIDANCE |

This is a list of our most commonly used procedures. Please be aware, RMI offers time of service (TOS) pricing on ALL services for our patients in place of billing insurance. Patients may choose TOS pricing if they have a high deductible or they are having a procedure they know their insurance will not cover. TOS also includes the radiologist reading fee. If opting to bill through insurance, RMI offers standard payment options for the balance. Prices are subject to change without notification.
Discounts are only good on the date of service when paid in full.
Effective 2/2025.

Interventional Radiology Pain & Back

| | | |
|---------|----------------------------------|---|
| \$222 | 36598 | PORTOGRAM |
| \$1,804 | 36558 77001 76937 | PERMACATH INSERTION FLUORO GUIDANCE US GUIDANCE VASCULAR ACCESS |
| \$301 | 36589 | PERMACATH REMOVAL |
| \$2,168 | 36561 77001 76937 | MEDIPOINT INSERTION (CHEST) FLUORO GUIDANCE US GUIDANCE VASCULAR ACCESS |
| \$2,688 | 36571 77001 76937 | ARMPORT/PASSPORT INSERTION FLUORO GUIDANCE US GUIDANCE VASCULAR ACCESS |
| \$406 | 36590 | MEDIPOINT REMOVAL |
| \$354 | 36569 77001 | PICC INSERTION FLUORO GUIDANCE |
| \$544 | 49083 | PARACENTESIS ABDOMINAL W IMAGING |
| \$342 | 20610 77002 J0702 | STEROID INJ HIP/KNEE/SHOULDER FLUORO GUIDANCE NEEDLE PLACEMENT CELESTONE INJECTION |
| \$1,183 | 23350 77002 J0702 73222 | SHOULDER ARTHROGRAM INJECTION FLUORO GUIDANCE NEEDLE PLACEMENT CELESTONE INJECTION MR UPPER JOINT W CONTRAST |
| \$1,315 | 27093 77002 J0702 73722 | HIP ARTHROGRAM INJECTION FLUORO GUIDANCE NEEDLE PLACEMENT CELESTONE INJECTION MR LOW JOINT W CONTRAST |



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