

ROCKY MOUNTAIN RADIOLOGISTS and RMR CRAIG PROF
PROFESSIONAL COMPONENT FEES

CODE	DESCRIPTION	FULL FEE	SELF PAY FEE
10005	IR BX FNA W US GUIDANCE 1ST LESION	\$ 229.00	\$ 114.50
10006	IR BX FNA W US GUIDE EACH ADDED LESION	\$ 155.00	\$ 77.50
10007	IR BX FNA W FLUORO GUIDE 1ST LESION	\$ 290.00	\$ 145.00
10008	IR BX FNA W FLUORO GUIDE EACH ADDED LESION	\$ 190.00	\$ 95.00
10009	IR BX FNA W CT GUIDE 1ST LESION	\$ 350.00	\$ 175.00
10010	IR BX FNA W CT GUIDE EACH ADDED LESION	\$ 260.00	\$ 130.00
10030	IR PLACE DRAIN SUBCUTANEOUS & SOFT TISSUE ALL COMPONENTS	\$ 400.00	\$ 200.00
10035	IR PLACE SOFT TISSUE LOCALIZATION DEVICE #1 ALL COMPONENTS	\$ 300.00	\$ 150.00
10036	IR PLACE SOFT TISSUE LOCALIZATION DEVICE EA ADDED ALL COMPONENTS	\$ 175.00	\$ 87.50
10120	IR REMOVE FOREIGN BODY SUBCUTANEOUS TISSUES SIMPLE	\$ 213.50	\$ 106.75
10160	IR PUNCTURE ASPIRATION ABSCESS HEMATOMA BULLA CYST	\$ 196.50	\$ 98.25
19000	IR ASPIRATE 1ST BREAST CYST	\$ 184.50	\$ 92.25
19001	IR ASPIRATE EACH ADDED BREAST CYST	\$ 69.00	\$ 55.20
19020	IR INCISION & DRAIN BREAST DEEP ABSCESS	\$ 806.50	\$ 403.25
19030	IR INJECT BREAST GALACTOGRAM DUCTOGRAM	\$ 229.00	\$ 114.50
19081	IR BX BREAST INCL CLIP SPECIMEN W/STEREO GUIDANCE 1ST LESION	\$ 850.00	\$ 425.00
19082	IR BX BREAST INCL CLIP SPECIMEN W/STEREO GUIDANCE EA ADDED	\$ 475.00	\$ 237.50
19083	IR BX BREAST INCL CLIP SPECIMEN W/ULTRASOUND GUIDANCE 1ST LESION	\$ 800.00	\$ 400.00
19084	IR BX BREAST INCL CLIP SPECIMEN W/ULTRASOUND GUIDANCE EA ADDED	\$ 440.00	\$ 220.00
19085	IR BX BREAST INCL CLIP SPECIMEN W/MR GUIDANCE 1ST LESION	\$ 925.00	\$ 462.50
19086	IR BX BREAST INCL CLIP SPECIMEN W/MR GUIDANCE EA ADDED	\$ 520.00	\$ 260.00
19281	IR BREAST PLACE WIRE/CLIP/NEEDLE/SEED W/MAMMO GUIDANCE 1ST LESION	\$ 500.00	\$ 250.00
19282	IR BREAST PLACE WIRE/CLIP/NEEDLE/SEED W/MAMMO GUIDANCE EA ADDED	\$ 275.00	\$ 137.50
19283	IR BREAST PLACE WIRE/CLIP/NEEDLE/SEED W/STEREO GUIDANCE 1ST LESION	\$ 525.00	\$ 262.50
19284	IR BREAST PLACE WIRE/CLIP/NEEDLE/SEED PLACEMENT W/STEREO EA ADDED LES	\$ 288.00	\$ 144.00
19285	IR BREAST PLACE WIRE/CLIP/NEEDLE/SEED W/US GUIDANCE 1ST LESION	\$ 450.00	\$ 225.00
19286	IR BREAST PLACE WIRE/CLIP/NEEDLE/SEED W/US GUIDANCE EA ADDED	\$ 280.00	\$ 140.00
19287	IR BREAST PLACE WIRE/CLIP/NEEDLE/SEED W/MR GUIDANCE 1ST LESION	\$ 565.00	\$ 282.50
19288	IR BREAST PLACE WIRE/CLIP/NEEDLE/SEED W/MR GUIDANCE EA ADDED	\$ 310.00	\$ 155.00
20206	IR BX CORE MUSCLE	\$ 253.50	\$ 126.75
20220	IR BX CORE BONE SUPERFICIAL	\$ 295.50	\$ 147.75
20225	IR BX CORE BONE DEEP	\$ 535.50	\$ 267.75
20500	IR INJECT SINUS TRACT THERAPEUTIC	\$ 571.50	\$ 285.75
20501	IR INJECT SINUS TRACT ABSCESS FISTULA INCL TUBE PLACEMENT	\$ 148.50	\$ 74.25
20550	IR INJECT TENDON SHEATH OR LIGAMENT PAIN MANAGEMENT	\$ 130.00	\$ 65.00
20600	IR ARTHROCENTESIS SM JOINT WO US	\$ 113.50	\$ 56.75
20604	IR ARTHROCENTESIS SM JOINT WITH US ALL COMPONENTS	\$ 140.00	\$ 70.00
20605	IR ARTHROCENTESIS MED JOINT WO US	\$ 123.00	\$ 61.50
20606	IR ARTHROCENTESIS MED JOINT WITH US ALL COMPONENTS	\$ 158.00	\$ 79.00
20610	IR ARTHROCENTESIS LG JOINT WO US	\$ 146.50	\$ 73.25
20611	IR ARTHROCENTESIS LG JOINT WITH US ALL COMPONENTS	\$ 186.00	\$ 93.00
21116	IR INJECT ARTHROGRAM TM JOINT	\$ 190.50	\$ 95.25
21550	IR BX CORE SOFT TISSUE NECK OR THORAX	\$ 302.50	\$ 151.25
21925	IR BX CORE SOFT TISSUE BACK DEEP	\$ 746.00	\$ 373.00
22510	IR VERTEBROPLASTY 1ST CERVICAL OR THORACIC ALL COMPONENTS	\$ 1,375.00	\$ 687.50

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CODE	DESCRIPTION	FULL FEE	SELF PAY FEE
22511	IR VERTEBROPLASTY 1ST LUMBAR ALL COMPONENTS	\$ 1,289.00	\$ 644.50
22512	IR VERTEBROPLASTY EACH ADDED ALL COMPONENTS	\$ 626.00	\$ 313.00
22513	IR KYPHOPLASTY 1ST THORACIC ALL COMPONENTS	\$ 1,569.00	\$ 784.50
22514	IR KYPHOPLASTY 1ST LUMBAR ALL COMPONENTS	\$ 1,466.00	\$ 733.00
22515	IR KYPHOPLASTY EACH ADDED ALL COMPONENTS	\$ 655.00	\$ 327.50
23065	IR BX CORE SOFT TISSUE SHOULDER AREA SUPERFICIAL	\$ 379.00	\$ 189.50
23350	IR INJECT ARTHROGRAM SHOULDER	\$ 178.00	\$ 89.00
24220	IR INJECT ARTHROGRAM ELBOW	\$ 198.00	\$ 99.00
25246	IR INJECT ARTHROGRAM WRIST	\$ 211.00	\$ 105.50
27093	IR INJECT ARTHROGRAM HIP WO ANESTHESIA	\$ 212.00	\$ 106.00
27095	IR INJECT ARTHROGRAM HIP W ANESTHESIA	\$ 250.00	\$ 125.00
27096	IR INJECT ARTHROGRAM/STEROID SACROILIAC JOINT ALL COMPONENTS	\$ 313.00	\$ 156.50
27323	IR BX CORE SOFT TISSUE THIGH KNEE SUPERFICIAL	\$ 525.50	\$ 262.75
27369	IR INJECT ARTHROGRAM KNEE CT/MR ARTHROGRAPHY	\$ 127.00	\$ 63.50
27648	IR INJECT ARTHROGRAM ANKLE	\$ 185.50	\$ 92.75
31630	IR DILATE BRONCHIAL TUBE	\$ 882.50	\$ 441.25
32400	IR BX CORE PLEURA	\$ 356.50	\$ 178.25
32405	IR BX CORE LUNG OR MEDIASTINUM	\$ 484.00	\$ 242.00
32550	IR INSERT TUNNEL PLEURAL CATH	\$ 824.00	\$ 412.00
32552	IR REMOVE INDWELLING TUNNEL PLEURAL CATH	\$ 534.50	\$ 267.25
32555	IR THORACENTESIS ALL COMPONENTS	\$ 495.00	\$ 247.50
32557	IR INSERT PLEURAL DRAIN PERCUTANEOUS CATH ALL COMPONENTS	\$ 730.00	\$ 365.00
32560	IR INSTILL AGENT FOR PLEURODESIS VIA CHEST TUBE	\$ 341.00	\$ 170.50
32561	IR INSTILL AGENT FOR FIBRINOLYSIS INITIAL DAY	\$ 360.50	\$ 180.25
32562	IR INSTILL AGENT FOR FIBRINOLYSIS SUBSEQENT DAY	\$ 206.00	\$ 103.00
33010	IR PERICARDIOCENTESIS INITIAL	\$ 485.00	\$ 242.50
33015	IR TUBE PERICARDIOSTOMY	\$ 1,650.00	\$ 825.00
33880	IR REPAIR OF THORACIC AORTA W SUBCLAVIAN OCCLUSION PERCUTANEOUS	\$ 3,500.00	\$ 1,750.00
33881	IR REPAIR OF THORACIC AORTA WO SUBCLAVIAN OCCLUSION PERCUTANEOUS	\$ 3,300.00	\$ 1,650.00
34701	IR ANEURYSM REPAIR AORTO-AORTIC NON-RUPTURED PERCUTANEOUS	\$ 2,750.00	\$ 1,375.00
34702	R ANEURYSM REPAIR AORTO-AORTIC DISSECTION/RUPTURED PERCUTANEOUS	\$ 3,500.00	\$ 1,750.00
34703	IR ANEURYSM REPAIR AORTO-UNI ILIAC NON-RUPTURED PERCUTANEOUS	\$ 3,200.00	\$ 1,600.00
34704	IR ANEURYSM REPAIR AORTO-UNI ILIAC DISSECTION/RUPTURED PERCUTANEOUS	\$ 4,900.00	\$ 2,450.00
34705	IR ANEURYSM REPAIR AORTO-BI ILIAC NON-RUPTURED PERCUTANEOUS	\$ 3,300.00	\$ 1,650.00
34706	IR ANEURYSM REPAIR AORTO-BI ILIAC DISSECTION/RUPTURED PERCUTANEOUS	\$ 5,000.00	\$ 2,500.00
34707	IR ANEURYSM REPAIR ILIO-ILIAC NON-RUPTURED PERCUTANEOUS	\$ 2,600.00	\$ 1,300.00
34708	IR ANEURYSM REPAIR ILIO-ILIAC DISSECTION/RUPTURED PERCUTANEOUS	\$ 3,550.00	\$ 1,775.00
34709	IR ANEURYSM REPAIR ADD-ON PLACE EXTENSION	\$ 750.00	\$ 375.00
34710	IR ANEURYSM REPAIR DELAYED PLACEMENT INITIAL DISTAL OR PROX EXTENSION	\$ 1,750.00	\$ 875.00
34711	IR ANEURYSM REPAIR ADD ON DELAYED EACH DISTAL OR PROX EXTENSION	\$ 675.00	\$ 337.50
34712	IR ANEURYSM REPAIR TRANSCATH DELIVERY OF ENDOGRAFT FIXATION	\$ 1,500.00	\$ 750.00
36000	IR INTRODUCTION OF NEEDLE OR INTRACATH VEIN	\$ 53.50	\$ 42.80
36002	IR INJECTION FOR PERCUTANEOUS TX OF EXTREMITY PSEUDOANEURYSM	\$ 407.50	\$ 203.75
36005	IR INJECTION FOR CONTRAST VENOGRAPHY	\$ 241.00	\$ 120.50
36010	IR INTRODUCTION OF CATH SUPERIOR OR INFERIOR VENA CAVA	\$ 455.50	\$ 227.75

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CODE	DESCRIPTION	FULL FEE	SELF PAY FEE
36011	IR SELECTIVE CATH PLACEMENT VENOUS 1ST ORDER BRANCH	\$ 348.00	\$ 174.00
36012	IR SELECTIVE CATH PLACEMENT VENOUS 2ND ORDER OR HIGHER	\$ 686.00	\$ 343.00
36013	IR INTRODUCTION OF CATH RT HEART OR MAIN PULMONARY ARTERY	\$ 527.50	\$ 263.75
36014	IR SELECTIVE CATH PLACEMENT LT OR RT PULMONARY ARTERY	\$ 670.50	\$ 335.25
36015	IR SELECTIVE CATH PLACEMENT SEGMENTAL OR SUBSEGMENTAL PULMONARY AF	\$ 735.00	\$ 367.50
36100	IR INTRODUCTION OF CATH CAROTID OR VERTEBRAL ARTERY	\$ 552.00	\$ 276.00
36140	IR INTRODUCTION OF CATH UPPER OR LOWER EXTREMITY ARTERY	\$ 320.00	\$ 160.00
36160	IR INTRODUCTION OF CATH AORTIC TRANSLUMBAR	\$ 504.50	\$ 252.25
36200	IR INTRODUCTION OF CATH AORTA	\$ 595.50	\$ 297.75
36215	IR NON HEAD/NECK SELECT CATH ARTERY EA 1ST ORDER THORACIC/BRACHEOCE	\$ 948.50	\$ 474.25
36216	IR NON HEAD/NECK SELECT CATH ARTERY FIRST 2ND ORDER THORACIC/BRACHEC	\$ 1,058.00	\$ 529.00
36217	IR NON HEAD/NECK SELECT CATH ARTERY FIRST 3RD ORDER OR MORE THORACIC	\$ 1,170.00	\$ 585.00
36218	IR NON HEAD/NECK SELECT CATH ARTERY ADDED 2ND/3RD ORDER & BEYOND THC	\$ 246.50	\$ 123.25
36245	IR NON RENAL SELECT CATH ARTERY EA 1ST ORDER ABD/PELVIS/LOWER LIMB	\$ 852.00	\$ 426.00
36246	IR NON RENAL SELECT CATH ARTERY FIRST 2ND ORDER ABD/PELVIS/LOWER LIMB	\$ 976.50	\$ 488.25
36247	IR NON RENAL SELECT CATH ARTERY FIRST 3RD ORDER OR MORE ABD/PELVIS/LO	\$ 1,198.00	\$ 599.00
36248	IR NON RENAL SELECT CATH ARTERY EA ADDED 2ND/3RD ORDER & BEYOND ABD/F	\$ 233.00	\$ 116.50
36251	IR RENAL ARTERY UNILAT SELECT CATH 1ST ORDER W/ANGIOGRAM ALL COMPONE	\$ 950.00	\$ 475.00
36252	IR RENAL ARTERY BILAT SELECT CATH 1ST ORDER W/ANGIOGRAM ALL COMPONE	\$ 1,500.00	\$ 750.00
36253	IR RENAL ARTERY UNILAT SELECT CATH 2ND ORDER OR HIGHER W/ANGIOGRAM A	\$ 1,800.00	\$ 900.00
36254	IR RENAL ARTERY BILAT SELECT CATH 2ND OR HIGHER W/ANGIOGRAM ALL COMPC	\$ 2,200.00	\$ 1,100.00
36475	IR RADIOFREQUENCY ABLATION EXTREMITY VEIN FIRST VEIN ALL COMPONENTS	\$ 700.00	\$ 350.00
36476	IR RADIOFREQUENCY ABLATION EXTREMITY VEIN EACH ADDED VEIN IN SINGLE EX	\$ 325.00	\$ 162.50
36481	IR PERCUTANROUS PORTAL VEIN CATH BY ANY METHOD	\$ 1,203.00	\$ 601.50
36500	IR VENOUS CATH SELECTIVE ORGAN SAMPLING EACH INCL CATH PLACEMENT	\$ 707.50	\$ 353.75
36556	IR CVC CENTRAL INSERTION NON TUNNELED > 5 YEARS OLD	\$ 548.50	\$ 274.25
36558	IR CVC CENTRAL INSERTION TUNNELED WO PORT/PUMP > 5 YEARS OLD	\$ 989.00	\$ 494.50
36561	IR CVC CENTRAL INSERTION TUNNELED W PORT > 5 YEARS OLD	\$ 1,175.00	\$ 587.50
36565	IR CVC CENTRAL INSERTION TUNNELED W/2 CATHS VIA 2 ACCESSES WO PORT/PUI	\$ 1,162.00	\$ 581.00
36573	IR CVC PICC INSERT >5 YRS OLD NO PORT/PUMP ALL COMPONENTS	\$ 300.00	\$ 150.00
36575	IR CVC REPAIR TUNNELED/NONTUNNELED WO PORT/PUMP CENTRAL OR PERIPHEF	\$ 185.50	\$ 92.75
36576	IR CVC REPAIR TUNNELED/NONTUNNELED W PORT/PUMP CENTRAL OR PERIPHERA	\$ 704.50	\$ 352.25
36578	IR CVC REPLACE CATH ONLY W PORT/PUMP CENTRAL OR PERIPHERAL SITE	\$ 705.50	\$ 352.75
36580	IR CVC REPLACE COMPLETE CENTRAL LINE WO PORT/PUMP	\$ 237.00	\$ 118.50
36581	IR CVC REPLACE TUNNELED WO PORT/PUMP SAME ACCESS SITE	\$ 714.00	\$ 357.00
36582	IR CVC REPLACE TUNNELED LINE W PORT	\$ 750.00	\$ 375.00
36584	IR CVC REPLACE PICC NO PORT/PUMP SAME ACCESS ALL COMPONENTS	\$ 241.00	\$ 120.50
36585	IR CVC REPLACE COMPLETE PICC LINE W PORT THRU SAME ACCESS	\$ 820.00	\$ 410.00
36589	IR CVC REMOVE TUNNELED CVC WO PORT	\$ 495.00	\$ 247.50
36590	IR CVC REMOVE TUNNELED W PORT/PUMP	\$ 674.50	\$ 337.25
36593	IR CVC DE clot BY THROMOLYTIC IMPLANTED VASCULAR DEVICE/CATH	\$ 152.50	\$ 76.25
36597	IR CVC REPOSITION UNDER FLUORO (chg fluoro also)	\$ 215.50	\$ 107.75
36598	IR CVC EVAL INCLUDING CONTRAST INJECTION/FLUORO/IMAGES/INTERP	\$ 463.50	\$ 231.75
36620	IR CATH OR CANNULATION ARTERIAL FOR SAMPLING MONITORING PERCUTANEOL	\$ 168.00	\$ 84.00
36860	IR CVC CANNULA DE clotTING WO BALLOON CATH	\$ 463.50	\$ 231.75

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CODE	DESCRIPTION	FULL FEE	SELF PAY FEE
36861	IR CVC CANNULA DECLOTTING W BALLOON CATH	\$ 224.50	\$ 112.25
36901	IR AV SHUNT DIAGNOSTIC EVAL INCL ALL COMPONENTS	\$ 400.00	\$ 200.00
36902	IR AV SHUNT BALLOON ANGIOPLASTY ALL COMPONENTS	\$ 750.00	\$ 375.00
36903	IR AV SHUNT STENT PERIPHERAL SEGMENT ALL COMPONENTS	\$ 825.00	\$ 412.50
36904	IR AV SHUNT THROMBECTOMY ALL COMPONENTS	\$ 1,100.00	\$ 550.00
36905	IR AV SHUNT THROMBECTOMY ALL COMPONENTS	\$ 1,300.00	\$ 650.00
36906	IR AV SHUNT THROMBECTOMY & STENT ALL COMPONENTS	\$ 1,500.00	\$ 750.00
36907	IR AV SHUNT ADD-ON ANGIOPLASTY CENTRAL SEGMENT ALL COMPONENTS	\$ 300.00	\$ 150.00
36908	IR AV SHUNT ADD-ON STENT PLACEMENT(S) CENTRAL SEGMENT ALL COMPONENTS	\$ 450.00	\$ 225.00
36909	IR AV SHUNT ADD-ON EMBOLIZATION ALL COMPONENTS	\$ 425.00	\$ 212.50
37184	IR MECHANICAL THROMBECTOMY ARTERIAL/GRAFT INITIAL VESSEL	\$ 1,532.50	\$ 766.25
37186	IR MECHANICAL THROMBECTOMY ARTERIAL ADDED VESSEL	\$ 861.00	\$ 430.50
37187	IR MECHANICAL THROMBECTOMY VEIN(S) INITIAL DAY	\$ 1,584.00	\$ 792.00
37188	IR MECHANICAL THROMBECTOMY VEIN(S) REPEAT SUBSEQUENT DAYS	\$ 1,145.50	\$ 572.75
37191	IR INSERT VENA CAVA FILTER ALL COMPONENTS	\$ 2,000.00	\$ 1,000.00
37192	IR REPOSITION VENA CAVA FILTER ALL COMPONENTS	\$ 2,200.00	\$ 1,100.00
37193	IR RETRIEVE/REMOVE VENA CAVA FILTER ALL COMPONENTS	\$ 2,100.00	\$ 1,050.00
37197	IR TRANSCATH RETRIEVAL OF INTRAVASCULAR FOREIGN BODY ALL COMPONENTS	\$ 1,025.00	\$ 512.50
37200	IR BX CORE TRANSCATHETER	\$ 909.50	\$ 454.75
37202	IR TRANSCATH THERAPY INFUSION OTHER THAN THROMBOLYSIS	\$ 1,204.00	\$ 602.00
37211	IR TRANSCATH THERAPY ARTERY INITIAL DAY	\$ 3,550.00	\$ 1,775.00
37212	IR TRANSCATH THERAPY VEIN INITIAL DAY	\$ 3,500.00	\$ 1,750.00
37213	IR TRANSCATH THERAPY ARTERY OR VEIN SUBSEQUENT DAYS	\$ 900.00	\$ 450.00
37214	IR CESSATION OF THROMBOLYSIS TX INCL CATH REMOVAL/CLOSURE	\$ 350.00	\$ 175.00
37220	IR REVASCULARIZATION ILIAC ANGIOPLASTY INITIAL VESSEL ALL COMPONENTS	\$ 1,275.00	\$ 637.50
37221	IR REVASCULARIZATION ILIAC STENT W/WO ANGIOPLASTY UNILAT INITIAL ALL COM	\$ 1,250.00	\$ 625.00
37236	IR STENT PLACEMENT, ARTERY, INCL GUIDANCE & ANGIOPLASTY INITIAL VESSEL	\$ 1,270.00	\$ 635.00
37237	IR STENT PLACEMENT, ARTERY, INCL GUIDANCE & ANGIOPLASTY ADDED VESSEL	\$ 635.00	\$ 317.50
37238	IR STENT PLACEMENT, VEIN, INCL GUIDANCE & ANGIOPLASTY INITIAL VESSEL	\$ 1,250.00	\$ 625.00
37239	IR STENT PLACEMENT, VEIN, INCL GUIDANCE & ANGIOPLASTY ADDED VESSEL	\$ 625.00	\$ 312.50
37241	IR VASC EMBOLIZE VEIN (NON CNS) NON HEMORRHAGE(AVM) W/GUIDANCE	\$ 1,950.00	\$ 975.00
37242	IR VASC EMBOLIZE ARTERY (NON CNS) NON HEMORRHAGE(AVM) W/GUIDANCE	\$ 2,050.00	\$ 1,025.00
37243	IR VASC EMBOLIZE FOR TUMOR, ORGAN ISCHEMIA OR INFARCT (NON CNS)	\$ 2,300.00	\$ 1,150.00
37244	IR VASC EMBOLIZE ARTERY OR VEIN (NON CNS)HEMORRHAGE W/GUIDANCE	\$ 2,500.00	\$ 1,250.00
37246	IR BALLOON ANGIOPLASTY 1ST ARTERY INCL GUIDE	\$ 900.00	\$ 450.00
37247	IR BALLOON ANGIOPLASTY EACH ADDED ARTERY	\$ 400.00	\$ 200.00
37248	IR BALLOON ANGIOPLASTY 1ST VEIN INCL GUIDE	\$ 800.00	\$ 400.00
37249	IR BALLOON ANGIO EACH ADDED VEIN " "	\$ 350.00	\$ 175.00
37252	IR US INTRAVASCULAR INCL IMAGES #1 INITIAL VESSEL	\$ 300.00	\$ 150.00
37253	IR US INTRAVASCULAR INCL IMAGES #2 EACH ADDED VESSEL	\$ 200.00	\$ 100.00
38220	IR BX ASPIRATION BONE MARROW	\$ 202.00	\$ 101.00
38221	IR BX CORE(S) BONE MARROW	\$ 245.00	\$ 122.50
38222	IR BX CORE(S) & ASPIRATION(S) BONE MARROW	\$ 250.00	\$ 125.00
38505	IR BX CORE LYMPH NODE, SUPERFICIAL	\$ 199.00	\$ 99.50
38790	IR INJECT FOR LYMPHANGIOGRAPHY	\$ 323.50	\$ 161.75

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38792	IR INJECT RADIOACTIVE TRACER FOR ID OF SENTINEL NODE	\$ 99.00	\$ 79.20
42400	IR BX CORE SALIVARY GLAND	\$ 206.00	\$ 103.00
42550	IR INJECT FOR SIALOGRAPHY	\$ 162.50	\$ 81.25
43215	IR REMOVE FOREIGN BODY ESOPHAGUS	\$ 647.50	\$ 323.75
43761	IR REPOSITION GASTRIC FEEDING TUBE THRU DUODENUM	\$ 335.50	\$ 167.75
44500	IR INTROD LONG GI TUBE	\$ 184.50	\$ 92.25
47000	IR BX CORE LIVER	\$ 356.50	\$ 178.25
47380	IR ABLATION LIVER OPEN 1 OR MORE TUMORS RADIOFREQUENCY	\$ 4,019.00	\$ 2,009.50
47382	IR ABLATION LIVER 1 OR MORE TUMORS RADIOFREQUENCY	\$ 2,773.00	\$ 1,386.50
47490	IR CHOLECYSTOSTOMY INCL GUIDANCE	\$ 1,446.00	\$ 723.00
47531	IR CHOLANGIOGRAM EXISTING ASSESS ALL COMPONENTS (T-TUBE)	\$ 275.00	\$ 137.50
47532	IR CHOLANGIOGRAM NEW ACCESS ALL COMPONENTS	\$ 600.00	\$ 300.00
47533	IR PLACE BILIARY DRAIN EXTERNAL ALL COMPONENTS	\$ 975.00	\$ 487.50
47534	IR PLACE BILIARY DRAIN INTERNAL-EXTERNAL ALL COMPONENTS	\$ 1,275.00	\$ 637.50
47535	IR CONVERT BILIARY DRAIN EXTERNAL TO INTERNAL-EXTERNAL ALL COMPONENTS	\$ 898.00	\$ 449.00
47536	IR CHANGE BILIARY CATH ALL COMPONENTS	\$ 650.00	\$ 325.00
47537	IR REMOVE BILIARY CATH ALL COMPONENTS	\$ 320.00	\$ 160.00
47538	IR PLACE BILIARY STENT THRU EXISTING ACCESS ALL COMPONENTS	\$ 1,032.00	\$ 516.00
47539	IR PLACE BILIARY STENT NEW ACCESS ALL COMPONENTS	\$ 1,400.00	\$ 700.00
47540	IR PLACE BILIARY STENT PLUS INTERNAL-EXTERNAL CATH ALL COMPONENTS	\$ 1,670.00	\$ 835.00
47541	IR ACCESS BILIARY TREE PRE SURG ALL COMPONENTS	\$ 890.00	\$ 445.00
47542	IR BALLOON DILATION BILE DUCT ADD ON CODE	\$ 425.00	\$ 212.50
47543	IR BIOPSY BILE DUCT ADD ON CODE	\$ 535.00	\$ 267.50
47544	IR REMOVE BILIARY STONE OR DEBRIS ADD ON CODE	\$ 665.00	\$ 332.50
47801	IR ENDOSCOPIC PLACEMENT CHOLEDOCHAL STENT	\$ 2,752.00	\$ 1,376.00
48102	IR BX CORE PANCREAS	\$ 737.50	\$ 368.75
49083	IR ABDOMINAL PARACENTESIS ALL COMPONENTS	\$ 385.00	\$ 192.50
49180	IR BX CORE ABDOMINAL OR RETROPERITONEAL MASS	\$ 366.50	\$ 183.25
49400	IR INJECT CONTRAST OR AIR PERITONEAL CAVITY	\$ 328.50	\$ 164.25
49405	IR PLACE DRAIN ABSCESS/FLUID COLLECTION IN ABD ORGAN ALL COMPONENTS	\$ 950.00	\$ 475.00
49406	IR PLACE DRAIN ABSCESS/FLUID COLLECTION PERITONEAL RETROPERITONEAL AL	\$ 925.00	\$ 462.50
49411	IR PLACE TUMOR MARKER(S) INTRA ABD PELVIS FOR THERAPY GUIDANCE	\$ 485.00	\$ 242.50
49418	IR PLACE PERCUTANEOUS TUNNEL CATH INTRAPERITONEAL ALL COMPONENTS	\$ 900.00	\$ 450.00
49421	IR PLACE OPEN SURG TUNNEL INTRAPERITONEAL CATH	\$ 1,263.00	\$ 631.50
49422	IR REMOVE TUNNEL INTRAPERITONEAL CATH	\$ 700.00	\$ 350.00
49423	IR CHANGE PREVIOUSLY PLACED ABSCESS OR CYST DRAINAGE CATH	\$ 314.00	\$ 157.00
49424	IR INJECT TO ASSESS ABSCESS CYST VIA PREVIOUSLY PLACED CATH	\$ 168.00	\$ 84.00
49440	IR PLACE GASTROSTOMY TUBE ALL COMPONENTS	\$ 902.00	\$ 451.00
49441	IR PLACE DUODENOSTOMY JEJUNOSTOMY TUBE ALL COMPONENTS	\$ 956.00	\$ 478.00
49446	IR CONVERT GASTROSTOMY TO GASTRO-JEJUNOSTOMY ALL COMPONENTS	\$ 557.00	\$ 278.50
49450	IR CHANGE GASTRO OR CECOSTOMY TUBE ALL COMPONENTS	\$ 241.00	\$ 120.50
49451	IR CHANGE DUODENOSTOMY/JEJUNOSTOMY TUBE ALL COMPONENTS	\$ 327.00	\$ 163.50
49452	IR CHANGE GASTRO-JEJUNOSTOMY TUBE ALL COMPONENTS	\$ 513.50	\$ 256.75
49460	IR REMOVE OBSTRUCTION GASTROSTOMY/DUODENOSTOMY/JEJUNOSTOMY	\$ 190.50	\$ 95.25
49465	IR INJECTION CONTRAST & EVAL OF GASTROSTOMY/DUODENOSTOMY	\$ 164.00	\$ 82.00

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ROCKY MOUNTAIN RADIOLOGISTS and RMR CRAIG PROF
PROFESSIONAL COMPONENT FEES

CODE	DESCRIPTION	FULL FEE	SELF PAY FEE
50200	IR BX CORE RENAL	\$ 526.50	\$ 263.25
50382	IR REMOVE/SNARE & REPLACE URETERAL STENT PERCUTANTOUS ALL COMPONEN	\$ 1,164.00	\$ 582.00
50384	IR REMOVE/SNARE URETERAL STENT PERCUTANEOUS ALL COMPONENTS	\$ 600.00	\$ 300.00
50387	IR CHANGE TRANSNEPHRIC INTERNAL/EXTERNAL STENT ALL COMPONENTS	\$ 378.00	\$ 189.00
50389	IR REMOVE NEPHROSTOMY TUBE ALL COMPONENTS	\$ 208.00	\$ 104.00
50396	IR MANOMETRIC STUDY THRU CATH	\$ 250.00	\$ 125.00
50430	IR GU PLACE NEPHROSTOGRAM NEW ACCESS ALL COMPONENTS	\$ 520.00	\$ 260.00
50431	IR GU PLACE NEPHROSTOGRAM THRU EXISTING ACCESS ALL COMPONENTS	\$ 210.00	\$ 105.00
50432	IR GU PLACE NEPHROSTOMY TUBE ALL COMPONENTS	\$ 660.00	\$ 330.00
50433	IR GU PLACE NEPHROURETERAL TUBE ALL COMPONENTS	\$ 855.00	\$ 427.50
50434	IR GU CONVERT NEPHROSTOMY TO NEPHROURETERAL TUBE ALL COMPONENTS	\$ 658.00	\$ 329.00
50435	IR GU CHANGE NEPHROSTOMY TUBE ALL COMPONENTS	\$ 320.00	\$ 160.00
50436	IR GU TRACT DILATION PRE SURG EXISTING ACCESS ALL COMPONENTS	\$ 475.00	\$ 237.50
50437	IR GI TRACT DILATION PRE SURG NEW ACCESS ALL COMPONENTS	\$ 800.00	\$ 400.00
50592	IR ABLATION RENAL 1 OR MORE TUMORS UNILAT RADIOFREQUENCY	\$ 1,256.50	\$ 628.25
50593	IR ABLATION RENAL 1 OR MORE TUMORS UNILAT CRYOTHERAPY	\$ 1,125.00	\$ 562.50
50684	IR INJECT URETEROGRAPHY/URETEROPYELOGRAPHY THRU INDWELLING CATH	\$ 147.50	\$ 73.75
50688	IR CHANGE URETEROSTOMY TUBE OR STENT VIA ILEAL CONDUIT	\$ 307.00	\$ 153.50
50690	IR INJECT FOR EVAL ILEAL CONDUIT AND/OR URETEROPYELOGRAPHY	\$ 162.50	\$ 81.25
50693	IR GU PLACE URETERAL STENT THRU EXISTING TRACT ALL COMPONENTS	\$ 685.00	\$ 342.50
50694	IR GU PLACE URETERAL STENT NEW ACCESS ALL COMPONENTS	\$ 885.00	\$ 442.50
50695	IR GU PLACE URETERAL STENT NEW ACCESS W NEPHROSTOMY TUBE ALL COMPO	\$ 1,100.00	\$ 550.00
50706	IR GU ADD ON- BALLOON DILATATION URETERAL STRICTURE INCL GUIDANCE	\$ 590.00	\$ 295.00
50961	IR REMOVE RENAL STONE	\$ 1,059.00	\$ 529.50
51040	IR PLACE SUPERPUBIC URINARY CATH	\$ 924.00	\$ 462.00
51600	XR INJECT CYSTOGRAM/VOIDING CYSTOGRAM	\$ 121.50	\$ 60.75
51610	XR INJECT RETROGRADE URETHROGRAM/CYSTOGRAM (MALE)	\$ 145.00	\$ 72.50
51705	IR CHANGE URINARY CATH/CYSTOSTOMY TUBE SUPRAPUBIC	\$ 275.00	\$ 137.50
55700	IR BX CORE PROSTATE	\$ 421.50	\$ 210.75
55720	IR DRAIN PROSTATE ABSCESS	\$ 1,100.00	\$ 550.00
58340	XR INJECT HYSTEROSALPINGIOGRAM	\$ 175.00	\$ 87.50
58345	IR PLACE TRANSCERVICAL CATH FALLOPIAN TUBE	\$ 930.00	\$ 465.00
58740	IR SALPINGOLYSIS	\$ 1,355.50	\$ 677.75
60100	IR BX CORE THYROID	\$ 237.00	\$ 118.50
60300	IR ASPIRATE OR INJECT THYROID CYST	\$ 207.00	\$ 103.50
61050	IR CISTERNAL OR LAT CERVIAL PUNCTURE WO INJECTION	\$ 423.50	\$ 211.75
61055	IR CISTERNAL OR LAT CERVICAL PUNCTURE W INJECTION DIAG OR TREATMENT	\$ 566.00	\$ 283.00
61626	IR TRANSCATH EMBOLIZATION HEAD OR NECK NON CNS	\$ 3,107.50	\$ 1,553.75
62267	IR ASPIRATION INTERVERTEBRAL DISC OR PARAVERTEBRAL TISSUE	\$ 477.50	\$ 238.75
62270	IR SPINAL PUNCTURE LUMBAR DIAGNOSTIC	\$ 272.00	\$ 136.00
62272	IR SPINAL PUNCTURE THERAPEUTIC DRAINAGE OF SPINAL FLUID	\$ 328.50	\$ 164.25
62273	IR SPINAL PUNCTURE EPIDURAL LUMBAR FOR BLOOD PATCH	\$ 375.00	\$ 187.50
62284	IR INJECT MYELOGRAM FOR CT	\$ 406.50	\$ 203.25
62290	IR INJECTION DISCOGRAPHY EACH LEVEL LUMBAR	\$ 579.00	\$ 289.50
62291	IR INJECTION DISCOGRAPHY EACH LEVEL CERVIAL OR THORACIC	\$ 557.50	\$ 278.75

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ROCKY MOUNTAIN RADIOLOGISTS and RMR CRAIG PROF
PROFESSIONAL COMPONENT FEES

CODE	DESCRIPTION	FULL FEE	SELF PAY FEE
62302	IR MYELOGRAM CERVICAL INJECTION/FLUORO/INTERPRETATION	\$ 381.00	\$ 190.50
62303	IR MYELOGRAM THORACIC INJECTION/FLUORO/INTERPRETATION	\$ 387.00	\$ 193.50
62304	IR MYELOGRAM LUMBOSACRAL INJECTION/FLUORO/INTERPRETATION	\$ 375.00	\$ 187.50
62305	IR MYELOGRAM 2+ REGIONS INJECTION/FLUORO/INTERPRETATION	\$ 391.00	\$ 195.50
62321	IR INJECT SPINE CERV THOR DIAG OR THERAPEUTIC INCL GUIDANCE	\$ 250.00	\$ 125.00
62323	IR INJECT SPINE LUMBAR SACRAL DIAG OR THERAPEUTIC INCL GUIDANCE	\$ 240.00	\$ 120.00
64450	IR PERIPHERAL NERVE BLOCK TEMPORARY	\$ 175.00	\$ 87.50
64479	IR INJECT TRANSFORAMINAL CERVICAL OR THORACIC 1 LEVEL 1 SIDE	\$ 475.00	\$ 237.50
64480	IR INJECT TRANSFORAMINAL CERVICAL OR THORACIC EA ADDED LEVEL 1 SIDE	\$ 275.00	\$ 137.50
64483	IR INJECT TRANSFORAMINAL LUMBAR OR SACRAL 1 LEVEL 1 SIDE	\$ 390.00	\$ 195.00
64484	IR INJECT TRANSFORAMINAL LUMBAR OR SACRAL EA ADDED LEVEL 1 SIDE	\$ 250.00	\$ 125.00
64490	IR INJECT FACET JOINT CERVICAL OR THORACIC 1ST LEVEL 1 SIDE	\$ 515.00	\$ 257.50
64491	IR INJECT FACET JOINT CERVICAL OR THORACIC 2ND LEVEL 1 SIDE	\$ 341.00	\$ 170.50
64492	IR INJECT FACET JOINT CERVICAL OR THORACIC 3RD & ADDL LEVELS 1 SIDE	\$ 343.00	\$ 171.50
64493	IR INJECT FACET JOINT LUMBAR OR SACRAL 1ST LEVEL 1 SIDE	\$ 438.00	\$ 219.00
64494	IR INJECT FACET JOINT LUMBAR OR SACRAL 2ND LEVEL 1 SIDE	\$ 279.00	\$ 139.50
64495	IR INJECT FACET JOINT LUMBAR OR SACRAL 3RD & ADDL LEVELS 1 SIDE	\$ 281.00	\$ 140.50
64530	IR INJECT ANESTHETIC CELIAC PLEXUS	\$ 326.50	\$ 163.25
64680	IR DESTRUCTION BY NEUROLYTIC AGENT CELIAC PLEXUS	\$ 511.50	\$ 255.75
74742	IR S&I CATHETERIZATION OF FALLOPIAN TUBE	\$ 116.50	\$ 58.25
78466.26	NM MYOCARDIAL IMAGING INFARCT PLANAR	\$ 108.00	\$ 54.00
96420	IR CHEMO INTRA-ARTERIAL PUSH CHEMO/INFUSED BEADS (TACE)	\$ 250.00	\$ 125.00
96450	IR CHEMOTHERAPY ADMIN INTRATHECAL INCL LUMBAR PUNCTURE	\$ 450.00	\$ 225.00
99152	MODERATE SEDATION INITIAL 15 MIN 5 YRS & OLDER	\$ 35.00	\$ 31.50
99201	EM NEW PT PROBLEM FOCUSED HX STRAIGHTFWARD DECISION MAKING	\$ 65.00	\$ 52.00
99212	EM ESTAB PT PROBLEM FOCUSED HX STRAIGHFWD DECISION MAKING	\$ 64.00	\$ 51.20
99241	EM NEW & ESTAB CONSULT PROB FOCUSED HX STRAIGHTFWD DECISION	\$ 115.00	\$ 57.50
0042T	CT CEREBRAL PERFUSION W CONTRAST & POST PROCESSING	\$ 280.00	\$ 140.00
11100	IR BX CORE SUBCUTANEOUS TISSUE	\$ 154.50	\$ 77.25
36595	IR CVC MECHANICAL REMOVAL PERICATH OBSTRUCTION VIA SEPARATE VENOUS /	\$ 670.50	\$ 335.25
36596	IR CVC MECHANICAL REMOVAL INTRAUMIMAL OBSTRUCTION THRU DEVICE LUMEN	\$ 161.50	\$ 80.75
37182	IR TIPS INSERTION ALL COMPONENTS	\$ 3,120.00	\$ 1,560.00
37183	IR TIPS REVISION ALL COMPONENTS	\$ 1,462.00	\$ 731.00
38792B	IR INJECT BREAST RADIOACTIVE TRACER FOR ID OF SENTINEL NODE.	\$ 99.00	\$ 79.20
43752	IR INTROD GI TUBE W FLUORO	\$ 113.00	\$ 56.50
62268	IR ASPIRATION SPINAL CORD CYST OR SYRINX	\$ 983.50	\$ 491.75
70030-26	XR EYE FOREIGN BODY	\$ 40.00	\$ 36.00
70100-26	XR MANDIBLE LESS THAN 4 VIEWS	\$ 40.00	\$ 36.00
70110-26	XR MANDIBLE 4 OR MORE VIEWS	\$ 51.50	\$ 41.20
70130-26	XR MASTOIDS MIN 3 VIEWS	\$ 67.00	\$ 53.60
70134-26	XR SKULL AUDITORY CANALS	\$ 67.00	\$ 53.60
70140-26	XR FACIAL BONES 1 OR 2 VIEWS	\$ 34.00	\$ 30.60
70150-26	XR FACIAL BONES MIN 3 VIEWS	\$ 53.50	\$ 42.80
70160-26	XR NASAL BONES MIN 3 VIEWS	\$ 43.50	\$ 39.15
70190-26	XR OPTIC FORAMNA	\$ 40.00	\$ 36.00

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ROCKY MOUNTAIN RADIOLOGISTS and RMR CRAIG PROF
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CODE	DESCRIPTION	FULL FEE	SELF PAY FEE
70200-26	XR ORBITS MIN OF 4 VIEWS	\$ 53.50	\$ 42.80
70210-26	XR SINUSES PARANASAL LESS THAN 3 VIEWS	\$ 33.00	\$ 29.70
70220-26	XR SINUSES PARANASAL 3 OR MORE VIEWS	\$ 47.50	\$ 42.75
70240-26	XR SELLA TURCICA	\$ 38.00	\$ 34.20
70250-26	XR SKULL LESS THAN 4 VIEWS	\$ 40.00	\$ 36.00
70260-26	XR SKULL MIN OF 4 VIEWS	\$ 67.00	\$ 53.60
70300-26	XR OCCLUSAL 1 VIEW	\$ 27.00	\$ 24.30
70328-26	XR TM JOINT OPEN CLOSED UNILAT	\$ 29.00	\$ 26.10
70330-26	XR TM JOINTS OPEN CLOSED BILAT	\$ 35.00	\$ 31.50
70332-26	IR S&I ARTHROGRAM TM JOINT	\$ 107.00	\$ 53.50
70336-26	MRI TM JOINT(S)	\$ 320.00	\$ 160.00
70355-26	XR ORTHOPANTOGRAM/MANDIBLE	\$ 40.00	\$ 36.00
70360-26	XR NECK SOFT TISSUE	\$ 34.00	\$ 30.60
70390-26	XR S&I SIALOGRAPHY	\$ 79.50	\$ 63.60
70450-26	CT BRAIN WO CONTRAST	\$ 197.00	\$ 98.50
70460-26	CT BRAIN W CONTRAST	\$ 237.00	\$ 118.50
70470-26	CT BRAIN W&WO CONTRAST	\$ 256.50	\$ 128.25
70480-26	CT ORBITS SELLA PETROUS TEMPORAL POSTERIOR FOSSA EAR WO CONTRAST	\$ 248.00	\$ 124.00
70481-26	CT ORBITS SELLS PETROUS TEMPORAL POSTERIOR FOSSA EAR W CONTRAST	\$ 266.00	\$ 133.00
70482-26	CT ORBITS SELLA PETROUS TEMPORAL POSTERIOR FOSSA EAR W&WO CONTRAS	\$ 280.00	\$ 140.00
70486-26	CT SINUS OR FACIAL BONE WO CONTRAST	\$ 232.00	\$ 116.00
70487-26	CT SINUS OR FACIAL BONE W CONTRAST	\$ 237.00	\$ 118.50
70488-26	CT SINUS OR FACIAL BONE W&WO CONTRAST	\$ 265.00	\$ 132.50
70490-26	CT NECK SOFT TISSUE/THYROID WO CONTRAST	\$ 243.00	\$ 121.50
70491-26	CT NECK SOFT TISSUE/THYROID W CONTRAST	\$ 268.00	\$ 134.00
70492-26	CT NECK SOFT TISSUE/THYROID W&WO CONTRAST	\$ 274.00	\$ 137.00
70496-26	CTA HEAD W OR W&WO CONTRAST	\$ 314.00	\$ 157.00
70498-26	CTA NECK W OR W&WO CONTRAST	\$ 315.00	\$ 157.50
70540-26	MRI FACE ORBIT NECK SOFT TISSUE WO CONTRAST	\$ 299.00	\$ 149.50
70542-26	MRI FACE ORBIT NECK SOFT TISSUE W CONTRAST	\$ 325.00	\$ 162.50
70543-26	MRI FACE ORBIT NECK SOFT TISSUE W&WO CONTRAST	\$ 335.00	\$ 167.50
70544-26	MRA HEAD WO CONTRAST	\$ 231.00	\$ 115.50
70545-26	MRA HEAD W CONTRAST	\$ 237.00	\$ 118.50
70546-26	MRA HEAD W&WO CONTRAST	\$ 342.00	\$ 171.00
70547-26	MRA NECK WO CONTRAST	\$ 229.00	\$ 114.50
70548-26	MRA NECK W CONTRAST	\$ 238.00	\$ 119.00
70549-26	MRA NECK W&WO CONTRAST	\$ 341.00	\$ 170.50
70551-26	MRI BRAIN WO CONTRAST	\$ 310.00	\$ 155.00
70552-26	MRI BRAIN W CONTRAST	\$ 347.00	\$ 173.50
70553-26	MRI BRAIN W&WO CONTRAST	\$ 460.00	\$ 230.00
70554-26	MRI BRAIN FUNCTIONAL INCL TEST SEL & TECH ADMIN OF FUNCTION	\$ 345.00	\$ 172.50
71045-26	XR CHEST SINGLE VIEW	\$ 38.00	\$ 34.20
71046-26	XR CHEST 2 VIEWS	\$ 41.00	\$ 36.90
71047-26	XR CHEST 3 VIEWS	\$ 49.50	\$ 44.55
71048-26	XR CHEST 4 OR MORE VIEWS	\$ 61.00	\$ 48.80

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CODE	DESCRIPTION	FULL FEE	SELF PAY FEE
71100-26	XR RIBS UNILAT WO PA CHEST	\$ 44.50	\$ 40.05
71101-26	XR RIBS UNILAT W/PA CHEST	\$ 51.50	\$ 41.20
71110-26	XR RIBS BILAT WO PA CHEST	\$ 46.50	\$ 41.85
71111-26	XR RIBS BILAT W/PA CHEST	\$ 59.50	\$ 47.60
71120-26	XR STERNUM	\$ 39.00	\$ 35.10
71130-26	XR STERNOCLAVICULAR JOINTS MIN 3 VIEWS	\$ 38.00	\$ 34.20
71250-26	CT CHEST WO CONTRAST	\$ 245.00	\$ 122.50
71260-26	CT CHEST W CONTRAST	\$ 265.00	\$ 132.50
71270-26	CT CHEST W&WO CONTRAST	\$ 286.00	\$ 143.00
71275-26	CTA CHEST W OR W&WO CONTRAST	\$ 327.00	\$ 163.50
71551-26	MRI CHEST W CONTRAST	\$ 246.00	\$ 123.00
71552-26	MRI CHEST W&WO CONTRAST	\$ 321.00	\$ 160.50
71555-26	MRA CHEST	\$ 346.00	\$ 173.00
72020-26	XR SPINE 1 VIEW OF CERV, THOR, OR LUMBAR	\$ 31.00	\$ 27.90
72040-26	XR SPINE CERVICAL 2 OR 3 VIEWS	\$ 44.00	\$ 39.60
72050-26	XR SPINE CERVICAL 4 OR 5 VIEWS	\$ 64.00	\$ 51.20
72052-26	XR SPINE CERVICAL 6 OR MORE VIEWS	\$ 70.00	\$ 56.00
72070-26	XR SPINE THORACIC 2 VIEWS	\$ 43.00	\$ 38.70
72072-26	XR SPINE THORACIC 3 VIEWS	\$ 46.50	\$ 41.85
72074-26	XR SPINE THORACIC MIN 4 VIEWS	\$ 47.50	\$ 42.75
72080-26	XR SPINE THORACOLUMBAR JUNCTION 2 VIEWS	\$ 44.50	\$ 40.05
72081-26	XR SPINE T & L 1 VIEW	\$ 40.00	\$ 36.00
72082-26	XR SPINE T & L 2-3 VIEWS	\$ 44.50	\$ 40.05
72083-26	XR SPINE T & L 4-5 VIEWS	\$ 50.00	\$ 40.00
72084-26	XR SPINE T & L 6 OR MORE VIEWS	\$ 55.00	\$ 44.00
72100-26	XR SPINR LUMNST 2 OR 3 VIEWS	\$ 47.50	\$ 42.75
72110-26	XR SPINE LUMBAR MIN 4 VIEWS	\$ 62.00	\$ 49.60
72114-26	XR SPINE LUMBAR INCL BENDING MIN 6 VIEWS	\$ 79.00	\$ 63.20
72120-26	XR SPINE LUMBAR BENDING ONLY 2 OR 3 VIEWS	\$ 43.00	\$ 38.70
72125-26	CT CERVICAL SPINE WO CONTRAST	\$ 264.00	\$ 132.00
72126-26	CT CERVICAL SPINE W CONTRAST	\$ 289.00	\$ 144.50
72127-26	CT CERVICAL SPINE W&WO CONTRAST	\$ 299.00	\$ 149.50
72128-26	CT THORACIC SPINE WO CONTRAST	\$ 268.00	\$ 134.00
72129-26	CT THORACIC SPINE W CONTRAST	\$ 287.00	\$ 143.50
72130-26	CT THORACIC SPINE W&WO CONTRAST	\$ 298.00	\$ 149.00
72131-26	CT LUMBAR SPINE WO CONTRAST	\$ 269.00	\$ 134.50
72132-26	CT LUMBAR SPINE W CONTRAST	\$ 288.00	\$ 144.00
72133-26	CT LUMBAR SPINE W&WO CONTRAST	\$ 305.00	\$ 152.50
72141-26	MRI CERVICAL SPINE WO CONTRAST	\$ 311.00	\$ 155.50
72142-26	MRI CERVICAL SPINE W CONTRAST	\$ 386.00	\$ 193.00
72146-26	MRI THORACIC SPINE WO CONTRAST	\$ 312.00	\$ 156.00
72147-26	MRI THORACIC SPINE W CONTRAST	\$ 385.00	\$ 192.50
72148-26	MRI LUMBAR SPINE WO CONTRAST	\$ 296.00	\$ 148.00
72149-26	MRI LUMBAR SPINE W CONTRAST	\$ 357.50	\$ 178.75
72156-26	MRI CERVICAL SPINE W&WO CONTRAST	\$ 417.00	\$ 208.50

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PROFESSIONAL COMPONENT FEES

CODE	DESCRIPTION	FULL FEE	SELF PAY FEE
72157-26	MRI THORACIC SPINE W&WO CONTRAST	\$ 418.00	\$ 209.00
72158-26	MRI LUMBAR SPINE W&WO CONTRAST	\$ 393.00	\$ 196.50
72159-26	MRA SPINAL CANAL	\$ 345.00	\$ 172.50
72170-26	XR PELVIS 1 OR 2 VIEWS	\$ 39.00	\$ 35.10
72190-26	XR PELVIS COMPLETE MIN 3 VIEWS	\$ 41.00	\$ 36.90
72191-26	CTA PELVIS W OR W&WO CONTRAST	\$ 297.00	\$ 148.50
72192-26	CT PELVIS WO CONTRAST	\$ 204.00	\$ 102.00
72193-26	CT PELVIS W CONTRAST	\$ 231.00	\$ 115.50
72194-26	CT PELVIS W&WO CONTRAST	\$ 247.00	\$ 123.50
72195-26	MRI PELVIS WO CONTRAST	\$ 207.00	\$ 103.50
72196-26	MRI PELVIS W CONTRAST	\$ 257.00	\$ 128.50
72197-26	MRI PELVIS W&WO CONTRAST	\$ 326.00	\$ 163.00
72198-26	MRA PELVIS	\$ 357.00	\$ 178.50
72200-26	XR SACRO-ILIAC JOINTS LESS THAN 3 VIEWS	\$ 32.00	\$ 28.80
72202-26	XR SACRO-ILIAC JOINT 3 OR MORE VIEWS	\$ 41.00	\$ 36.90
72220-26	XR SPINE COCCYX &/OR SACRUM MIN 2 VIEWS	\$ 34.00	\$ 30.60
72240-26	IR S&I MYELOGRAM CERVICAL	\$ 156.50	\$ 78.25
72255-26	IR S&I MYELOGRAM THORACIC	\$ 154.50	\$ 77.25
72270-26	IR S&I MYELOGRAM 2 OR MORE REGIONS	\$ 257.50	\$ 128.75
72285-26	IR S&I DISCOGRAPHY CERVICAL THORACIC	\$ 166.00	\$ 83.00
72295-26	IR S&I DISCOGRAPHY LUMBAR	\$ 176.00	\$ 88.00
73000-26	XR CLAVICLE COMPLETE	\$ 34.00	\$ 30.60
73010-26	XR SCAPULA COMPLETE	\$ 34.00	\$ 30.60
73020-26	XR SHOULDER 1 VIEW	\$ 31.00	\$ 27.90
73030-26	XR SHOULDER MIN 2 VIEWS	\$ 37.00	\$ 33.30
73040-26	IR S&I ARTHROGRAM SHOULDER	\$ 110.00	\$ 55.00
73050-26	XR AC JOINTS BILAT W OR WO WEIGHTS	\$ 34.00	\$ 30.60
73060-26	XR HUMERUS MIN 2 VIEWS	\$ 34.00	\$ 30.60
73070-26	XR ELBOW 2 VIEWS	\$ 31.00	\$ 27.90
73080-26	XR ELBOW MIN 2 VIEWS	\$ 34.00	\$ 30.60
73085-26	IR S&I ARTHROGRAM ELBOW	\$ 84.50	\$ 67.60
73090-26	XR FOREARM 2 VIEWS	\$ 34.00	\$ 30.60
73092-26	XR UPPER EXTREMITY PEDS MIN 2 VIEWS	\$ 34.00	\$ 30.60
73100-26	XR WRIST 2 VIEWS	\$ 33.00	\$ 29.70
73110-26	XR WRIST MIN 3 VIEWS	\$ 34.00	\$ 30.60
73115-26	IR S&I ARTHROGRAM WRIST	\$ 102.00	\$ 51.00
73120-26	XR HAND 2 VIEWS	\$ 33.00	\$ 29.70
73130-26	XR HAND MIN 3 VIEWS	\$ 34.00	\$ 30.60
73140-26	XR FINGER(S) MIN 2 VIEWS	\$ 28.00	\$ 25.20
73200-26	CT UPPER EXTREMITY WO CONTRAST	\$ 206.00	\$ 103.00
73201-26	CT UPPER EXTREMITY W CONTRAST	\$ 233.00	\$ 116.50
73202-26	CT UPPER EXTREMITY W&WO CONTRAST	\$ 250.00	\$ 125.00
73206-26	CTA UPPER EXTREMITY W OR W&WO CONTRAST UNILAT	\$ 294.00	\$ 147.00
73218-26	MRI EXTREMITY UPPER NON JOINT WO CONTRAST	\$ 200.00	\$ 100.00
73219-26	MRI EXTREMITY UPPER NON JOINT W CONTRAST	\$ 260.00	\$ 130.00

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CODE	DESCRIPTION	FULL FEE	SELF PAY FEE
73220-26	MRI EXTREMITY UPPER NON JOINT W&WO CONTRAST	\$ 304.00	\$ 152.00
73221-26	MRI EXTREMITY UPPER JOINT WO CONTRAST	\$ 212.00	\$ 106.00
73222-26	MRI EXTREMITY UPPER JOINT W CONTRAST	\$ 244.00	\$ 122.00
73223-26	MRI EXTREMITY UPPER JOINT W&WO CONTRAST	\$ 299.00	\$ 149.50
73225-26	MRA UPPER EXTREMITY	\$ 348.00	\$ 174.00
73501-26	XR HIP UNILAT W OR WO PELVIS 1 VIEW	\$ 34.00	\$ 30.60
73502-26	XR HIP UNILAT W OR WO PELVIS 2-3 VIEWS	\$ 45.00	\$ 40.50
73503-26	XR HIP UNILAT W OR WO PELVIS 4 VIEWS	\$ 49.50	\$ 44.55
73521-26	XR HIPS BILAT W OR WO PELVIS 2 VIEWS	\$ 46.00	\$ 41.40
73522-26	XR HIPS BILAT W OR WO PELVIS 3-4 VIEWS	\$ 48.00	\$ 43.20
73523-26	XR HIPS BILAT W OR WO PELVIS 5 VIEWS	\$ 50.00	\$ 40.00
73525-26	IR S&I ARTHROGRAM HIP	\$ 111.00	\$ 55.50
73551-26	XR FEMUR 1 VIEW	\$ 31.00	\$ 27.90
73552-26	XR FEMUR 2 VIEWS	\$ 34.00	\$ 30.60
73560-26	XR KNEE 1-2 VIEWS	\$ 31.00	\$ 27.90
73562-26	XR KNEE 3 VIEWS	\$ 38.00	\$ 34.20
73564-26	XR KNEE 4 OR MORE VIEWS	\$ 43.00	\$ 38.70
73565-26	XR BOTH KNEES STANDING AP	\$ 34.00	\$ 30.60
73580-26	IR S&I ARTHROGRAM KNEE	\$ 109.00	\$ 54.50
73590-26	XR TIBIA FIBULA 2 VIEWS	\$ 34.00	\$ 30.60
73592-26	XR LOWER EXTREMITY PEDS MIN 2 VIEWS	\$ 34.00	\$ 30.60
73600-26	XR ANKLE 2 VIEWS	\$ 33.00	\$ 29.70
73610-26	XR ANKLE MIN 3 VIEWS	\$ 34.00	\$ 30.60
73615-26	IR S&I ARTHROGRAM ANKLE	\$ 110.00	\$ 55.00
73620-26	XR FOOT 2 VIEWS	\$ 33.00	\$ 29.70
73630-26	XR FOOT MIN 3 VIEWS	\$ 34.00	\$ 30.60
73650-26	XR OSCALCIS/CALCANEUS MIN 2 VIEWS	\$ 30.00	\$ 27.00
73660-26	XR TOE(S) MIN 2 VIEWS	\$ 28.00	\$ 25.20
73700-26	CT LOWER EXREMITY WO CONTRAST	\$ 207.00	\$ 103.50
73701-26	CT LOWER EXREMITY W CONTRAST	\$ 234.00	\$ 117.00
73702-26	CT LOWER EXTREMITY W&WO CONTRAST	\$ 251.00	\$ 125.50
73706-26	CTA LOWER EXTREMITY W OR W&WO CONTRAST UNLAT	\$ 316.00	\$ 158.00
73718-26	MRI EXTREMITY LOWER NON JOINT WO CONTRAST	\$ 231.00	\$ 115.50
73719-26	MRI EXTREMITY LOWER NON JOINT W CONTRAST	\$ 248.00	\$ 124.00
73720-26	MRI EXTREMITY LOWER NON JOINT W&WO CONTRAST	\$ 303.00	\$ 151.50
73721-26	MRI EXTREMITY LOWER JOINT WO CONTRAST	\$ 218.00	\$ 109.00
73722-26	MRI EXTREMITY LOWER JOINT W CONTRAST	\$ 244.00	\$ 122.00
73723-26	MRI EXTREMITY LOWER JOINT W&WO CONTRAST	\$ 300.00	\$ 150.00
73725-26	MRA LOWER EXTREMITY	\$ 353.00	\$ 176.50
74018-26	XR ABDOMEN 1 VIEW	\$ 34.00	\$ 30.60
74019-26	XR ABDOMEN 2 VIEWS	\$ 42.00	\$ 37.80
74021-26	XR ABDOMEN 3 OR MORE VIEWS	\$ 50.50	\$ 40.40
74022-26	XR ACUTE ABD SERIES,3 VWS	\$ 68.00	\$ 54.40
74150-26	CT ABDOMEN WO CONTRAST	\$ 244.00	\$ 122.00
74160-26	CT ABDOMEN W CONTRAST	\$ 262.50	\$ 131.25

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ROCKY MOUNTAIN RADIOLOGISTS and RMR CRAIG PROF
PROFESSIONAL COMPONENT FEES

CODE	DESCRIPTION	FULL FEE	SELF PAY FEE
74170-26	CT ABDOMEN W&WO CONTRAST	\$ 280.00	\$ 140.00
74174-26	CTA ABDOMEN & PELVIS W OR W&WO CONTRAST	\$ 400.00	\$ 200.00
74175-26	CTA ABDOMEN W OR W&WO CONTRAST	\$ 309.00	\$ 154.50
74176-26	CT ABDOMEN & PELVIS WO CONTRAST	\$ 350.00	\$ 175.00
74177-26	CT ABDOMEN & PELVIS W CONTRAST	\$ 375.00	\$ 187.50
74178-26	CT ABDOMEN & PELVIS W&WO CONTRAST	\$ 425.00	\$ 212.50
74181-26	MRI ABDOMEN WO CONTRAST (including MRCP)	\$ 217.00	\$ 108.50
74182-26	MRI ABDOMEN W CONTRAST	\$ 246.00	\$ 123.00
74183-26	MRI ABDOMEN W&WO CONTRAST	\$ 325.50	\$ 162.75
74185-26	MRA ABDOMEN	\$ 354.00	\$ 177.00
74190-26	IR S&I PERITONEOGRAM	\$ 82.50	\$ 66.00
74220-26	XR ESOPHAGRAM/BARIUM SWALLOW	\$ 88.00	\$ 70.40
74240-26	XR UPPER GI SERIES WO KUB	\$ 128.50	\$ 64.25
74241-26	XR UPPER GI SERIES W KUB	\$ 135.00	\$ 67.50
74245-26	XR UPPER GI W SMALL BOWEL	\$ 168.00	\$ 84.00
74246-26	XR UPPER GI W AIR CONTRAST WO KUB	\$ 147.00	\$ 73.50
74247-26	XR UPPER GI W AIR CONTRAST W KUB	\$ 154.50	\$ 77.25
74249-26	XR UPPER GI W AIR W SMALL BOWEL	\$ 176.00	\$ 88.00
74250-26	XR SMALL BOWEL SERIES	\$ 90.50	\$ 72.40
74251-26	IR SMALL BOWEL VIA ENTEROCLYSIS TUBE	\$ 134.00	\$ 67.00
74261-26	CT COLONOSCOPY DIAGNOSTIC WO CONTRAST INCL 3D	\$ 257.00	\$ 128.50
74262-26	CT COLONOSCOPY DIAGNOSTIC W OR W&WO CONTRAST INCL D3	\$ 440.00	\$ 220.00
74263-26	CT COLONOSCOPY SCREENING INCL 3D	\$ 144.00	\$ 72.00
74270-26	XR CONTRAST ENEMA	\$ 135.00	\$ 67.50
74280-26	XR CONTRAST ENEMA W AIR CONTRAST	\$ 190.50	\$ 95.25
74290-26	XR GALLBLADDER SERIES (ORAL CHOLECYSTOGRAM)	\$ 64.00	\$ 51.20
74291-26	XR REPEAT GALLBLADDER SERIES 2ND DAY	\$ 35.00	\$ 31.50
74300-26	XR CHOLANGIOGRAM OPERATIVE	\$ 76.00	\$ 60.80
74301-26	XR CHOLANGIOGRAM OPERATIVE ADDED SET	\$ 41.00	\$ 36.90
74328-26-52	XR ERCP BILIARY DUCT INTERP FILMS	\$ 136.00	\$ 68.00
74329-26-52	XR ERCP PANCREATIC DUCT INTERP FILMS	\$ 136.00	\$ 68.00
74330-26-52	XR ERCP COMBINED BILIARY& PANCREATIC INTERP FILMS	\$ 136.00	\$ 68.00
74340-26	IR S&I INTROD LONG GI TUBE	\$ 109.00	\$ 54.50
74355-26	IR S&I PERCUTANTOUS PLACEMENT ENTEROCLYSIS TUBE	\$ 125.50	\$ 62.75
74400-26	XR UROGRAPHY IV W OR WO TOMOGRAPHY	\$ 125.00	\$ 62.50
74410-26	XR IVP WO TOMO INFUSION OR BOLUS	\$ 107.00	\$ 53.50
74415-26	XR IVP W TOMO INFUSION OR BOLUS	\$ 141.00	\$ 70.50
74420-26	XR RETROGRADE UROGRAPHY	\$ 69.00	\$ 55.20
74425-26	IR S&I ANTEGRADE NEPHROSTOGRAM/PYELOSTOGRAM/LOOPOGRAM	\$ 80.50	\$ 64.40
74430-26	XR S&I CYSTOGRAM	\$ 65.00	\$ 52.00
74440-26	IR S&I VASOGRAPHY VESICULOGRAPHY OR EPIDIDYMOGRAPHY	\$ 69.00	\$ 55.20
74450-26	XR S&I RETROGRADE URETHROGRAM/CYSTOGRAM (MALE)	\$ 65.00	\$ 52.00
74455-26	XR S&I- VOIDING CYSTOGRAM	\$ 66.00	\$ 52.80
74485-26	IR S&I DILATION OF URETER(S)	\$ 102.00	\$ 51.00
74740-26	XR S&I HYSTEROSALPINGIOGRAM	\$ 70.00	\$ 56.00

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CODE	DESCRIPTION	FULL FEE	SELF PAY FEE
75557-26	MRI CARDIAC WO CONTRAST MORPHOLOGY/FUNCTION	\$ 365.50	\$ 182.75
75561-26	MRI CARDIAC W&WO CONTRAST MORPHOLOGY/FUNCTION	\$ 380.00	\$ 190.00
75571-26	CT CALCIUM SCORING INTERP	\$ 60.00	\$ 48.00
75600-26	IR S&I AORTOGRAPHY THORACIC WO SERIALOGRAPHY	\$ 133.00	\$ 66.50
75605-26	IR S&I AORTOGRAPHY THORACIC BY SERIALOGRAPHY	\$ 198.00	\$ 99.00
75625-26	IR S&I AORTOGRAPHY ABDOMINAL BY SERIALOGRAPHY	\$ 241.00	\$ 120.50
75630-26	IR S&I AORTOGRAPHY ABD PLUS BILAT ILIOFEMORAL BY SERIALOGRAPHY	\$ 348.00	\$ 174.00
75635-26	CTA ABDOMINAL AORTA W RUNOFFS W OR W&WO CONTRAST	\$ 380.00	\$ 190.00
75705-26	IR S&I ANGIOGRAPHY SPINAL SELECTIVE	\$ 411.00	\$ 205.50
75710-26	IR S&I ANGIOGRAPHY EXTREMITY UNILAT	\$ 175.00	\$ 87.50
75716-26	IR S&I ANGIOGRAPHY EXTREMITY BILAT	\$ 278.00	\$ 139.00
75726-26	IR S&I ANGIOGRAPHY VISCERAL SELECTIVE/SUPRASELECTIVE W OR WO FLUSH	\$ 239.00	\$ 119.50
75736-26	IR S&I ANGIOGRAPHY PELVIC SELECTIVE OR SUPRASELECTIVE	\$ 220.50	\$ 110.25
75741-26	IR S&I ANGIOGRAPHY PULMONARY UNILAT SELECTIVE	\$ 269.00	\$ 134.50
75743-26	IR S&I ANGIOGRAPHY PULMONARY BILAT SELECTIVE	\$ 295.50	\$ 147.75
75756-26	IR S&I ANGIOGRAPHY INTERNAL MAMMARY	\$ 230.00	\$ 115.00
75774-26	IR S&I ANGIOGRAPHY SELECTIVE EA ADDED ARTERY	\$ 75.00	\$ 60.00
75807-26	IR S&I LYMPHANGIOGRAPHY	\$ 168.00	\$ 84.00
75820-26	IR S&I VENOGRAPHY EXTREMITY UNILAT	\$ 95.00	\$ 76.00
75822-26	IR S&I VENOGRAPHY EXTREMITY BILAT	\$ 184.50	\$ 92.25
75825-26	IR S&I VENOGRAPHY INFERIOR VENA CAVA WITH SERIALOGRAPHY	\$ 278.00	\$ 139.00
75827-26	IR S&I VENOGRAPHY SUPERIOR VENA CAVA W SERIALOGRAPHY	\$ 278.00	\$ 139.00
75831-26	IR S&I VENOGRAPHY UNILAT RENAL SELECTIVE	\$ 283.00	\$ 141.50
75833-26	IR S&I VENOGRAPHY BILAT RENAL SELECTIVE	\$ 329.50	\$ 164.75
75860-26	IR S&I VENOGRAPHY SINUS OR JUGULAR CATH	\$ 168.00	\$ 84.00
75885-26	IR S&I PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY W EVAL W PRESSURES	\$ 274.00	\$ 137.00
75887-26	IR S&I PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WO EVAL WO PRESSURES	\$ 221.50	\$ 110.75
75889-26	IR S&I HEPATIC VENOGRAPHY WEDGED OR FREE W HEMODYNAMIC EVAL	\$ 223.50	\$ 111.75
75891-26	IR S&I HEPATIC VENOGRAPHY WEDGED OR FREE WO HEMODYNAMIC EVAL	\$ 175.00	\$ 87.50
75893-26	IR S&I VENOUS SAMPLING THROUGH CATH W OR WO ANGIOGRAPHY	\$ 146.50	\$ 73.25
75896-26	IR S&I TRANSCATH THERAPY INFUSION OTHER THAN FOR THROMBOLYSIS	\$ 214.00	\$ 107.00
75898-26	IR S&I ANGIO THRU EXISTING CATH FU OF THERAPY/EMBOLIZ/INFUSION	\$ 279.00	\$ 139.50
75901	IR CVC S&I MECHANICAL REMOVAL PERICATH OBSTRUCTION VIA SEPARATE VENO	\$ 84.50	\$ 67.60
75902	IR CVC S&I MECHANICAL REMOVAL INTRALUMINAL OBST THRU LUMEN DEVICE	\$ 69.00	\$ 55.20
75945-26	IR S&I INTRAVASCULAR ULTRASOUND NON CORONARY INITIAL VESSEL	\$ 83.50	\$ 66.80
75946-26	IR S&I INTRAVASCULAR ULTRASOUND NON CORONARY EA ADDL VESSEL	\$ 80.50	\$ 64.40
75956-26	IR S&I REPAIR OF THORACIC AORTA W SUBCLAVIAN OCCLUSION	\$ 700.00	\$ 350.00
75957-26	IR S&I REPAIR OF THORACIC AORTA WO SUBCLAVIAN OCCLUSION	\$ 750.00	\$ 375.00
75962-26	IR S&I TRANSLUM BALLOON ANGIOPLASTY PERIPHERAL ARTERY	\$ 201.00	\$ 100.50
75964-26	IR S&I TRANSLUM BALLOON ANGIOPLASTY EA ADDL PERIPHERAL ARTERY	\$ 84.50	\$ 67.60
75966-26	IR S&I TRANSLUM BALLOON ANGIOPLASTY RENAL OR OTHER VISCERAL ARTERY	\$ 307.00	\$ 153.50
75968-26	IR S&I TRANSLUM BALLOON ANGIOPLASTY EA ADDL VISCERAL ARTERY	\$ 83.50	\$ 66.80
75970-26	IR BX S&I TRANSCATHETER BIOPSY	\$ 121.50	\$ 60.75
75978-26	IR S&I TRANSLUMINAL BALLOON ANGIOPLASTY VENOUS	\$ 183.50	\$ 91.75
75989-26	IR S&I FLUORO/US/CT GUIDANCE PERCUT DRAIN ABSCESS OR SPECIMEN COLLECT	\$ 326.50	\$ 163.25

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CODE	DESCRIPTION	FULL FEE	SELF PAY FEE
75994-26	IR S&I TRANSLUMINAL ATHERECTOMY RENAL OR VISCERAL ARTERY	\$ 224.50	\$ 112.25
76000-26	XR FLUOROSCOPY UP TO 1 HOUR QUALIFIED PROVIDER TIME	\$ 46.50	\$ 41.85
76000-26	FXR FLUOROSCOPY UP TO 1 HR PROVIDER TIME	\$ 57.50	\$ 46.00
76010-26	XR NOSE TO RECTUM FOR FOREIGN BODY	\$ 34.00	\$ 30.60
76080-26	IR S&I FISTULA SINUS TRACT STUDY	\$ 112.50	\$ 56.25
76098-26	IR BREAST SURGICAL SPECIMENT RADIOGRAPHY	\$ 47.50	\$ 42.75
76100-26	XR TOMOGRAPHY SINGLE PLANE EXCLUDING RENAL	\$ 110.00	\$ 55.00
76125-26	XR CINERADIOGRAPHY TO COMPLIMENT EXAM	\$ 44.50	\$ 40.05
76377-26	CT RECON 3D ON IWK STATION W CONCURRENT PHYSICIAN SUPERVISION	\$ 129.00	\$ 64.50
76377-26	MRI 3D RECON W WKSTATION W/CONCURR PHYSICIAN SUPERVISION	\$ 129.00	\$ 64.50
76380-26	CT LIMITED FOR LOCALIZED FU STUDY	\$ 149.00	\$ 74.50
76390-26	MRI MAGNETIC RESONANCE SPECTROSCOPY	\$ 190.00	\$ 95.00
76498-26	MRI SKELETAL SURVEY	\$ 150.00	\$ 75.00
76506-26	US ECHOENCEPHALOGRAM	\$ 139.00	\$ 69.50
76536-26	US THYROID/NECK OR HEAD	\$ 148.50	\$ 74.25
76604-26	US CHEST	\$ 120.50	\$ 60.25
76641-26	US BREAST UNILAT COMPLETE 4 QUADRANTS & AXILLA IF PERFORMED	\$ 110.00	\$ 55.00
76642-26	US BREAST LIMITED	\$ 102.00	\$ 51.00
76700-26	US ABDOMEN COMPLETE	\$ 183.00	\$ 91.50
76705-26	US ABDOMEN LIMITED	\$ 111.00	\$ 55.50
76706-26	US ABD AORTA SCREENING	\$ 85.00	\$ 68.00
76770-26	US RETROPERITONEAL COMPLETE	\$ 160.00	\$ 80.00
76775-26	US RETROPERITONEAL LIMITED	\$ 111.00	\$ 55.50
76776-26	US TRANSPLANTED KIDNEY W DOPPLER & IMAGES	\$ 155.50	\$ 77.75
76800-26	US SPINAL CANAL & CONTENTS	\$ 191.50	\$ 95.75
76801-26	US PREGNANCY SINGLE GEST < 14 WKS	\$ 202.00	\$ 101.00
76802-26	US PREGNANCY EA ADDL GEST < 14 WKS	\$ 148.50	\$ 74.25
76805-26	US PREGNANCY SINGLE GEST >=14 WKS	\$ 194.00	\$ 97.00
76810-26	US PREGNANCY EA ADDL GEST >= 14 WKS	\$ 178.00	\$ 89.00
76811-26	US PREGNANCY FETAL ANATOMIC SINGLE GESTATION	\$ 346.00	\$ 173.00
76812-26	US PREGNENCY FETAL ANATOMIC EA ADDL GEST	\$ 322.50	\$ 161.25
76815-26	US PREGNANCY LIMITED	\$ 127.50	\$ 63.75
76816-26	US PREGNANCY REPEAT OR F/U EA FETUS	\$ 113.50	\$ 56.75
76817-26	US PREGNENCY TRANSVAGINAL	\$ 132.00	\$ 66.00
76818-26	US FETAL BIOPHYSICAN PROFILE W/NON STRESS TESTING	\$ 152.50	\$ 76.25
76819-26	US FETAL BIOPHYSICAL PROFILE W/O NON STRESS TESTING	\$ 121.50	\$ 60.75
76820-26	US DOPPLER VELOCIMETRY FETAL UMBILICAL ARTERY	\$ 99.00	\$ 79.20
76830-26	US PELVIS TRANSVAGINAL COMPLETE	\$ 175.00	\$ 87.50
76831-26	IR SALINE INFUSION SONOHYSTEROGRAPHY	\$ 125.00	\$ 62.50
76856-26	US PELVIS TRANSABDOMINAL COMPLETE	\$ 161.00	\$ 80.50
76857-26	US PELVIS LIMITED	\$ 80.50	\$ 64.40
76870-26	US SCROTUM/TESTICULAR	\$ 139.00	\$ 69.50
76872-26	US TRANSRECTAL	\$ 142.00	\$ 71.00
76873-26	US PROSTATE VOLUME FOR BRACHYTHERAPY TX PLANNING	\$ 164.00	\$ 82.00
76881-26	US EXTREMITY NONVASCULAR COMPLETE	\$ 110.00	\$ 55.00

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76882-26	US EXTREMITY NONVASCULAR LTD	\$ 75.00	\$ 60.00
76885-26	US INFANT HIPS W DYNAMIC PROVIDER MANIPULATION	\$ 108.00	\$ 54.00
76930-26	IR US GUIDE FOR PERICARDIOCENTESIS	\$ 148.50	\$ 74.25
76936-26	US GUIDED COMPRESSION AV FISTULA/PSEUDOANEURYSM INCL EVAL	\$ 389.00	\$ 194.50
76936-26	IR COMPRESSION FOR AV FISTULA	\$ 389.00	\$ 194.50
76937-26	IR US GUIDE FOR VASCULAR ACCESS	\$ 65.00	\$ 52.00
76940-26	IR US GUIDE MONITORING PARENCHYMAL TISSUE ABLATION	\$ 631.50	\$ 315.75
76942-26	IR US GUIDE FOR NEEDLE PLACEMENT	\$ 163.00	\$ 81.50
76998-26	US SURGICAL SUPPORT PROVIDED BY RADIOLOGIST	\$ 224.50	\$ 112.25
77001-26	IR CVC FLUORO GUIDANCE/PLACEMENT W/ FINAL IMAGE	\$ 164.00	\$ 82.00
77002-26	IR FLUORO GUIDE FOR NEEDLE PLACEMENT	\$ 133.00	\$ 66.50
77003-26	IR FLUORO GUIDE FOR SPINE/PARASPINAL NEEDLE CATH PLACEMENT	\$ 132.00	\$ 66.00
77011-26	IR CT GUIDE FOR STEREOTACTIC LOCALIZATION	\$ 184.50	\$ 92.25
77011-26	CT GUIDANCE FOR STEREOTACTIC LOCALIZATION BRAIN	\$ 225.00	\$ 112.50
77012-26	IR CT GUIDE FOR NEEDLE PLACEMENT	\$ 233.00	\$ 116.50
77013-26	IR CT GUIDE FOR MONITORING OF PARENCHYMAL TISSUE ABLATION	\$ 711.00	\$ 355.50
77046-26	MRI BREAST WO UNILAT	\$ 150.00	\$ 75.00
77047-26	MRI BREAST WO BILAT	\$ 175.00	\$ 87.50
77048-26	MRI BREAST W&WO W/CAD WHEN PERFORMED UNILAT	\$ 225.00	\$ 112.50
77049-26	MRI BREAST W&WO W/CAD WHEN PERFORMED BILAT	\$ 235.00	\$ 117.50
77053-26	IR S&I BREAST GALACTOGRAM DUCTOGRAM SINGLE DUCT	\$ 79.50	\$ 63.60
77054-26	IR S&I BREAST GALACTOGRAM DUCTOGRAM MULTIPLE DUCTS	\$ 151.50	\$ 75.75
77061-26	XR BREAST TOMO DIAG UNILAT	\$ 45.00	\$ 40.50
77062-26	XR BREAST TOMO DIAG BILAT	\$ 48.00	\$ 43.20
77063-26	XR BREAST TOMO SCREENING BILAT OR UNILAT	\$ 48.00	\$ 43.20
77065-26	XR MAMMOGRAM+/-CAD DIAG UNILAT	\$ 65.00	\$ 52.00
77066-26	XR MAMMOGRAM+/-CAD DIAG BILAT	\$ 80.00	\$ 64.00
77067-26	XR MAMMOGRAM+/-CAD SCREENING BILAT	\$ 70.00	\$ 56.00
77072-26	XR SKELETON BONE AGE	\$ 40.00	\$ 36.00
77073-26	XR LEG LENGTHS/BONE LENGTHS	\$ 46.50	\$ 41.85
77074-26	XR SKELETAL SURVEY LIMITED	\$ 85.50	\$ 68.40
77075-26	XR SKELETAL SURVEY COMPLETE AXIAL AND APPENDICULAR	\$ 106.00	\$ 53.00
77076-26	XR PEDIATRIC TRAUMA SERIES	\$ 52.00	\$ 41.60
77077-26	XR JOINT SURVEY 1 VW 2 OR MORE JOINTS	\$ 63.00	\$ 50.40
77080-26	DXA AXIAL SKELETON 1 OR MORE SITES	\$ 82.50	\$ 66.00
77081-26	DXA APPENDICULAR SKELETON	\$ 71.00	\$ 56.80
77084-26	MRI BONE MARROW BLOOD SUPPLY	\$ 310.00	\$ 155.00
78012-26	NM THYROID UPTAKE SINGLE OR MULTIPLE	\$ 69.00	\$ 55.20
78013-26	NM THYROID IMAGING INCL VASCULAR FLOW IF DONE	\$ 121.00	\$ 60.50
78014-26	NM THYROID IMAGE W UPTAKE INCL VASCULAR FLOW IF DONE	\$ 140.00	\$ 70.00
78018-26	NM THYROID CA METASTASIS WHOLE BODY IMAGING	\$ 264.00	\$ 132.00
78020-26	NM THYROID CA UPTAKE	\$ 80.00	\$ 64.00
78070-26	NM PARATHYROID PLANAR IMAGING W OR WO SUBTRACTION	\$ 214.00	\$ 107.00
78071-26	NM PARATHYROID PLANAR IMAGING W OR WO SUBTRACTION W SPECT	\$ 240.00	\$ 120.00
78103-26	NM BONE MARROW IMAGING LIMITED AREA	\$ 148.50	\$ 74.25

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CODE	DESCRIPTION	FULL FEE	SELF PAY FEE
78104-26	NM BONE MARROW IMAGING WHOLE BODY	\$ 196.00	\$ 98.00
78185-26	NM SPLEEN IMAGING W OR WO FLOW	\$ 90.50	\$ 72.40
78195-26	NM LYMPHATICS/LYMPH GLAND IMAGING	\$ 218.50	\$ 109.25
78201-26	NM LIVER IMAGING WITHOUT FLOW	\$ 65.00	\$ 52.00
78202-26	NM LIVER IMAGING STATIC W VASCULAR FLOW	\$ 101.00	\$ 50.50
78205-26	NM LIVER IMAGING SPECT	\$ 215.00	\$ 107.50
78206-26	NM LIVER IMAGING SPECT W VASCULAR FLOW	\$ 242.00	\$ 121.00
78215-26	NM LIVER SPLEEN SCAN STATIC	\$ 148.50	\$ 74.25
78216-26	NM LIVER SPLEEN SCAN W VASCULAR FLOW	\$ 146.00	\$ 73.00
78226-26	NM HEPATOBILIARY IMAGING INCL GALLBLADDER WHEN PRESENT	\$ 150.00	\$ 75.00
78227-26	NM HEPATOBILIARY IMAGING W PHARM QUANTITATIVE MEASURES	\$ 184.50	\$ 92.25
78264-26	NM GASTRIC EMPTYING STUDY	\$ 152.50	\$ 76.25
78265-26	NM GASTRIC EMPTYING STUDY WITH SMALL BOWEL SINGLE DAY	\$ 154.00	\$ 77.00
78266-26	NM GASTRIC EMPTYING STUDY W SMALL BOWEL & COLON MULTIPLE DAYS	\$ 160.00	\$ 80.00
78270-26	NM VITAMIN B12 ABSORPTION	\$ 55.00	\$ 44.00
78278-26	NM GI BLOOD LOSS TAGGED RBC	\$ 193.00	\$ 96.50
78290-26	NM MECKELS SCAN	\$ 181.00	\$ 90.50
78300-26	NM BONE IMAGING LIMITED	\$ 148.50	\$ 74.25
78305-26	NM BONE IMAGING MULT AREAS	\$ 190.50	\$ 95.25
78306-26	NM BONE IMAGING WHOLE BODY	\$ 203.00	\$ 101.50
78315-26	NM BONE IMAGING 3 PHASE	\$ 198.00	\$ 99.00
78320-26	NM BONE IMAGING SPECT	\$ 218.50	\$ 109.25
78445-26	NM NONCARDIAC VASCULAR FLOW VEIN OR ARTERY	\$ 142.00	\$ 71.00
78457-26	NM RADIONUCLIDE VENOGRAM UNILATERAL	\$ 197.50	\$ 98.75
78472-26	NM CARDIAC BLOOD POOL IMAGING REST	\$ 191.50	\$ 95.75
78473-26	NM CARDIAC BLOOD POOL REST & STRESS	\$ 287.50	\$ 143.75
78481-26	NM VENTRICULOGRAM 1ST PASS SINGLE REST OR STRESS	\$ 202.00	\$ 101.00
78496-26	NM VENTRICULAR EJECTION FRACTION 1ST PASS RVEF	\$ 109.00	\$ 54.50
78579-26	NM PULMONARY VENTILATION IMAGING (AEROSOL OR GAS)	\$ 110.00	\$ 55.00
78580-26	NM PULMONARY PERFUSION IMAGING	\$ 158.00	\$ 79.00
78582-26	NM PULMONARY VENTILATION & PERFUSION IMAGING	\$ 200.00	\$ 100.00
78597-26	NM QUANTITATIVE DIFFERENTIAL PULMONARY PERFUSION	\$ 175.00	\$ 87.50
78598-26	NM QUANTITATIVE DIFFERENTIAL PULMONARY PERFUSION & VENTILATION	\$ 195.00	\$ 97.50
78600-26	NM BRAIN IMAGING LESS THAN 4 STATIC VIEWS	\$ 119.50	\$ 59.75
78601-26	NM BRAIN IMAGING LESS THAN 4 STATIC VIEWS W VASCULAR FLOW	\$ 137.00	\$ 68.50
78605-26	NM BRAIN IMAGING MIN 4 STATIC VIEWS	\$ 132.00	\$ 66.00
78606-26	NM BRAIN IMAGING MIN 4 STATIC VIEWS W VASCULAR FLOW	\$ 147.50	\$ 73.75
78607-26	NM BRAIN IMAGING SPECT	\$ 261.50	\$ 130.75
78610-26	NM BRAIN IMAGING VASCULAR FLOW ONLY	\$ 101.00	\$ 50.50
78630-26	NM CSF CISTERNOGRAPHY IMAGING ONLY	\$ 201.00	\$ 100.50
78645-26	NM CSF FLOW SHUNT EVALUATION	\$ 106.00	\$ 53.00
78650-26	NM CSF LEAKAGE & LOCALIZATION	\$ 148.50	\$ 74.25
78660-26	NM DACTOSYSTOGRAPHY	\$ 98.00	\$ 78.40
78700-26	NM KIDNEY IMAGING MORPHOLOGY	\$ 72.00	\$ 57.60
78707-26	NN KIDNEY IMAGING W VASCULAR FLOW & FUNCTION	\$ 203.00	\$ 101.50

Disclaimer: Fees may differ for services covered by our contracted health insurances.

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Applicable copays and deductibles may apply.

ROCKY MOUNTAIN RADIOLOGISTS and RMR CRAIG PROF
PROFESSIONAL COMPONENT FEES

CODE	DESCRIPTION	FULL FEE	SELF PAY FEE
78708-26	NM Kidney Image w/Pharm. Intervention-Lasix w/flow & function	\$ 225.50	\$ 112.75
78709-26	NM Kidney Image w/Pharm. Intervention-Captopril w/flow & function	\$ 257.50	\$ 128.75
78725-26	NM Renal G.F.R. (function study w/o intervention)	\$ 102.00	\$ 51.00
78740-26	NM Ureteral Reflux Study (cystogram)	\$ 147.00	\$ 73.50
78761-26	NM Testicular Imaging w/Flow	\$ 170.00	\$ 85.00
78800-26	NM TUMOR LOCALIZATION LIMITED AREA NON SPECT	\$ 129.00	\$ 64.50
78801-26	NM TUMOR LOCALIZATION MULT AREAS NON SPECT	\$ 184.50	\$ 92.25
78802-26	NM TUMOR LOCALIZATION WHOLE BODY NON SPECT SINGLE DAY	\$ 151.50	\$ 75.75
78803-26	NM TUMOR LOCALIZATION SPECT	\$ 195.00	\$ 97.50
78804-26	NM TUMOR LOC OR RADIOPHARM DISTRIBUTION WHOLE BODY MULT DAYS	\$ 251.50	\$ 125.75
78805-26	NM LOCALIZE INFLAMMATION/INFECTION LTD AREA	\$ 181.50	\$ 90.75
78806-26	NM LOCALIZE INFLAMMATION/INFECTION WHOLE BODY SINGLE DAY	\$ 220.50	\$ 110.25
78807-26	NM LOCALIZE INFLAMMATORY PROCESS SPECT	\$ 158.00	\$ 79.00
79005-26	NM RADIOPHARMACEUTICAL TX ORAL ADMIN	\$ 344.00	\$ 172.00
79101-26	NM RADIOPHARMACEUTIAL TX IV ADMIN	\$ 375.00	\$ 187.50
79445-26	IR INJECT ARTERIAL RADIATION THERAPY SPHERES (SIRT)	\$ 255.00	\$ 127.50
93451-26	IR RIGHT HEART CATH INCL ANGIOGRAM ALL COMPONENTS	\$ 500.00	\$ 250.00
93880-26	US DUPLEX EXTRACRANIAL COMPLETE BILATERAL	\$ 215.00	\$ 107.50
93882-26	US DUPLEX EXTRACRANIAL LIMITED	\$ 127.00	\$ 63.50
93888-26	US DOPPLER INTRACRANIAL ARTERIES LTD	\$ 175.00	\$ 87.50
93892-26	US DOPPLER INTRACRAN ARTERIES EMBOLI WO MICROBUBBLE INJECTION	\$ 235.00	\$ 117.50
93925-26	US ARTERIAL DOPPLER LOWER EXTREMITY BILAT	\$ 197.00	\$ 98.50
93926-26	US ARTERIAL DOPPLER LOWER EXTREMITY UNILAT OR F/U	\$ 108.00	\$ 54.00
93930-26	US ARTERIAL DOPPLER UPPER EXTREMITY BILAT	\$ 176.00	\$ 88.00
93931-26	US ARTERIAL DOPPLER UPPER EXTREMITY UNILAT OR FU	\$ 88.00	\$ 70.40
93970-26	US VEIN DOPPLER EXTREMITY BILAT	\$ 218.00	\$ 109.00
93971-26	US VEIN DOPPLER EXTREMITY UNILAT OR LTD	\$ 126.00	\$ 63.00
93975-26	US ABD/PELVIS DUPLEX ARTERIAL & VENOUS 1 OR MORE ORGANS COMPLETE	\$ 311.00	\$ 155.50
93976-26	US ABD/PELVIS DUPLEX ARTERIAL OR VENOUS 1 OR MORE ORGANS LTD	\$ 213.00	\$ 106.50
93978-26	US DUPLEX AORTA IVC ILIAC OR BYPASS GRAFT COMPLETE	\$ 145.00	\$ 72.50
93979-26	US DUPLEX AORTA IVC ILIAC OR BYPASS GRAFT LTD	\$ 75.00	\$ 60.00
93990-26	US DUPLEX HEMODIALYSIS ACCESS ARTERIAL & VENOUS	\$ 48.50	\$ 43.65
96420	IR CHEMOTHERAPY ADMIN INTRA ARTERIAL PUSH TECHNIQUE	\$ 194.00	\$ 97.00
G0106-26	XR CONTRAST ENEMA FAILED SCREENING COLONOSCOPY	\$ 150.00	\$ 75.00
G0122-26	XR CONTRAST ENEMA COLORECTAL SCREENING	\$ 135.00	\$ 67.50
G0279-26	XR BREAST TOMO DX	\$ 48.00	\$ 43.20
G0297-26	CT LOW DOSE LUNG CA SCREENING	\$ 150.00	\$ 75.00
G0365-26	US VESSEL MAPPING PRE OP CREATION HEMODIALYSIS ACCESS	\$ 48.50	\$ 43.65

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