

AMRAD Evolution Imaging, LLC

QUALIFIED PROCEDURES

Services include: All professional and technical components

Bundle ID	CPT	Procedure	Fee
	70336	MRI, temporomandibular joint(s)	\$ 449.10
	70540	MRI, orbit, face, and/or neck; without contrast	\$ 449.10
	70542	MRI, orbit, face, and/or neck; with contrast	\$ 486.00
	70543	MRI, orbit, face, and/or neck; without and with contrast	\$ 522.00
	70544	MRA, head; without contrast	\$ 449.10
	70547	MRA, neck; without contrast	\$ 449.10
	70551	MRI, brain (including brain stem); without contrast	\$ 449.10
	70552	MRI, brain (including brain stem); with contrast	\$ 486.00
	70553	MRI, brain (including brain stem); without and with contrast	\$ 522.00
	71550	MRI, chest; without contrast (MUSCLES AND STERNUM; NO HEART OR LUNGS)	\$ 449.10
	71551	MRI, chest; with contrast (MUSCLES AND STERNUM, NO HEART OR LUNGS)	\$ 486.00
	71552	MRI, chest; without and with contrast (MUSCLES AND STERNUM, NO HEART OR LUNGS)	\$ 522.00
	72141	MRI, spinal canal and contents, cervical; without contrast	\$ 449.10
	72142	MRI, spinal canal and contents, cervical; with contrast	\$ 486.00
	72146	MRI, spinal canal and contents, thoracic; without contrast	\$ 449.10
	72147	MRI, spinal canal and contents, thoracic; with contrast	\$ 486.00
	72148	MRI, spinal canal and contents, lumbar; without contrast	\$ 449.10
	72149	MRI, spinal canal and contents, lumbar; with contrast	\$ 486.00
	72156	MRI, spinal canal and contents, without and with contrast; cervical	\$ 522.00
	72157	MRI, spinal canal and contents, without and with contrast; thoracic	\$ 522.00
	72158	MRI, spinal canal and contents, without and with contrast; lumbar	\$ 522.00
	72195	MRI, pelvis; without contrast (bony pelvis)	\$ 449.10
	72195	MRI, pelvis; without contrast (soft tissue pelvis)	\$ 449.10
	72196	MRI, pelvis, with contrast (bony pelvis)	\$ 486.00
	72196	MRI, pelvis; with contrast (soft tissue pelvis)	\$ 486.00
	72197	MRI, pelvis, without and with contrast (bony pelvis)	\$ 522.00
	72197	MRI, pelvis; without and with contrast (soft tissue pelvis)	\$ 522.00
	73218	MRI, upper extremity, other than joint; without contrast	\$ 449.10
	73219	MRI, upper extremity, other than joint; with contrast	\$ 486.00
	73220	MRI, upper extremity, other than joint; without and with contrast	\$ 522.00
	73221	MRI, any joint of upper extremity; without contrast	\$ 449.10
	73222	MRI, any joint of upper extremity; with contrast	\$ 486.00
	73223	MRI, any joint of upper extremity; without and with contrast	\$ 522.00
	73718	MRI, lower extremity other than joint; without contrast	\$ 449.10
	73719	MRI, lower extremity other than joint; with contrast	\$ 486.00
	73720	MRI, lower extremity other than joint; without and with contrast	\$ 522.00
	73721	MRI, any joint of lower extremity; without contrast	\$ 449.10
	73722	MRI, any joint of lower extremity; with contrast	\$ 486.00
	73723	MRI, any joint of lower extremity; without and with contrast	\$ 522.00
	74181	MRI, abdomen; without contrast	\$ 449.10
	74182	MRI, abdomen; with contrast	\$ 486.00
	74183	MRI, abdomen; without and with contrast	\$ 522.00

*This list of procedures are for review purposes only and is not a guarantee of benefits. Please refer to your Summary Plan Description.