

Advanced Imaging of Lafayette

QUALIFIED PROCEDURES

Services include: pre-op, post-op, surgeon(s), anesthesia, implants & facility fees.

Bundle ID	CPT	Procedure	Fee
	70336	MRI, temporomandibular joint(s)	\$532.06
	70540	MRI, orbit, face, and/or neck; without contrast	\$523.30
	70542	MRI, orbit, face, and/or neck; with contrast	\$633.04
	70543	MRI, orbit, face, and/or neck; without and with contrast	\$807.12
	70544	MR angiography, head; without contrast	\$512.53
	70545	MR angiography, head; with contrast	\$603.70
	70546	MR angiography, head; without and with contrast	\$782.46
	70547	MR angiography, neck; without contrast	\$512.53
	70548	MR angiography, neck; with contrast	\$603.70
	70549	MR angiography, neck; without and with contrast	\$782.00
	70551	MRI, brain (including brain stem); without contrast	\$532.55
	70552	MRI, brain (including brain stem); with contrast	\$645.32
	70553	MRI, brain (including brain stem); without and with contrast	\$822.51
	71550	MRI, chest; without contrast	\$531.02
	71551	MRI, chest; with contrast	\$641.21
	71552	MRI, chest; without and with contrast	\$815.84
	71555	MR angiography, chest; without and with contrast	\$727.16
	72141	MRI, spinal canal and contents, cervical; without contrast	\$541.27
	72142	MRI, spinal canal and contents, cervical; with contrast	\$654.60
	72146	MRI, spinal canal and contents, thoracic; without contrast	\$541.27
	72147	MRI, spinal canal and contents, thoracic; with contrast	\$647.18
	72148	MRI, spinal canal and contents, lumbar; without contrast	\$533.03
	72149	MRI, spinal canal and contents, lumbar; with contrast	\$645.32
	72156	MRI, spinal canal and contents, without and with contrast; cervical	\$838.36
	72157	MRI, spinal canal and contents, without and with contrast; thoracic	\$838.36
	72158	MRI, spinal canal and contents, without and with contrast; lumbar	\$823.45
	72159	MR angiography, spinal canal and contents, with or without contrast	\$793.43
	72195	MRI, pelvis; without contrast	\$531.48
	72196	MRI, pelvis; with contrast	\$641.24
	72197	MRI, pelvis; without and with contrast	\$815.35
	72198	MR angiography, pelvis, with or without contrast	\$723.47
	73218	MRI, upper extremity, other than joint; without contrast	\$522.34
	73219	MRI, upper extremity, other than joint; with contrast	\$633.53
	73220	MRI, upper extremity, other than joint; without and with contrast	\$807.62
	73221	MRI, any joint of upper extremity; without contrast	\$523.77
	73222	MRI, any joint of upper extremity; with contrast	\$633.53
	73223	MRI, any joint of upper extremity; without and with contrast	\$807.12
	73225	MR angiography, upper extremity, with or without contrast	\$778.17
	73718	MRI, lower extremity other than joint; without contrast	\$523.30
	73719	MRI, lower extremity other than joint; with contrast	\$633.04
	73720	MRI, lower extremity other than joint; without and with contrast	\$807.62
	73721	MRI, any joint of lower extremity; without contrast	\$523.77
	73722	MRI, any joint of lower extremity; with contrast	\$634.49
	73723	MRI, any joint of lower extremity; without and with contrast	\$807.62
	73725	MR angiography, lower extremity, with or without contrast	\$725.01
	74181	MRI, abdomen; without contrast	\$531.02
	74182	MRI, abdomen; with contrast	\$641.69
	74183	MRI, abdomen; without and with contrast	\$814.85
	74185	MRA, abdomen, without or without contrast	\$721.71
	75557	Cardiac MRI for morphology and function without contrast	\$566.15
	75559	Cardiac MRI for morphology and function with stress imaging	\$646.73
	75561	Cardiac MRI for morphology and function w/o/w contrast and further sequences	\$760.27
	75563	Cardiac MRI for morphology and function with stress imaging, further sequences	\$879.62
	76390	MR Spectroscopy	\$551.02

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

Advanced Imaging of Lafayette

QUALIFIED PROCEDURES

Services include: pre-op, post-op, surgeon(s), anesthesia, implants & facility fees.

Bundle ID	CPT	Procedure	Fee
	77021	Magnetic resonance guidance for needle placement, radiological supervision and inter	\$523.61
	77046	Magnetic resonance imaging, breast, without contrast; unilateral	\$470.52
	77047	Magnetic resonance imaging, breast, without contrast; bilateral	\$484.33
	77048	Magnetic resonance imaging, breast, without and with contrast; unilateral	\$911.08
	77049	Magnetic resonance imaging, breast, without and with contrast; bilateral	\$959.52
	77084	Magnetic image, bone marrow	\$541.76