

Sliding Fee Discount Schedule for Uninsured Patients - Radiology
Effective 01/01/21

Radiology		Category 1	Category 2	Category 3	Category 4	Category 5
Code	Description	25% of Medicare rate	25% of Medicare rate2	50% of Medicare rate	75% of Medicare rate	100% of Medicare rate
71045	RAD CHEST SINGLE VIEW AP	20.23	20.23	40.45	40.45	80.9
71046	RAD CHEST PA/LAT	20.23	20.23	40.45	40.45	80.9
74018	RAD ABDOMEN 1 VIEW	20.23	20.23	40.45	40.45	80.9
73630	RAD FOOT COMPLETE 3+ VIEWS	20.23	20.23	40.45	40.45	80.9
73130	RAD HAND 3+ VIEWS	20.23	20.23	40.45	40.45	80.9
73562	RAD KNEE 3 VIEWS	20.23	20.23	40.45	40.45	80.9
73610	RAD ANKLE COMPLETE 3+ VIEWS	20.23	20.23	40.45	40.45	80.9
73110	WRIST CMPL 3+ VIEWS	20.23	20.23	40.45	40.45	80.9
73030	RAD SHOULDER COMPLETE 2+ VIEWS	20.23	20.23	40.45	40.45	80.9
73560	RAD KNEE 1 OR 2 VIEWS	20.23	20.23	40.45	40.45	80.9
73140	RAD FINGER AP/LAT	20.23	20.23	40.45	40.45	80.9
73080	RAD ELBOW COMPLETE 3+ VIEWS	20.23	20.23	40.45	40.45	80.9
73590	RAD TIBIA/FIBULA AP/LAT	20.23	20.23	40.45	40.45	80.9
73090	RAD FOREARM AP/LAT	20.23	20.23	40.45	40.45	80.9
72100	RAD LUMBOSACRAL SPINE 2 VIEWS	27.24	27.24	54.485	54.49	108.97
74019	RAD ABD 2-VIEW	27.24	27.24	54.485	54.49	108.97
72110	RAD LUMBOSACRAL SPINE COMPLETE	27.24	27.24	54.485	54.49	108.97
73060	RAD HUMERUS AP/LAT	20.23	20.23	40.45	40.45	80.9
73565	RAD KNEES WEIGHT BEARING	20.23	20.23	40.45	40.45	80.9
77080	BD AXIAL SKELETON DEXA	27.24	27.24	54.485	54.49	108.97
72070	RAD THORACIC SPINE AP/LAT	27.24	27.24	54.485	54.49	108.97
74230	RAD SWALLOWING FUNCTION TEST	44.64	44.64	89.275	89.28	178.55
73502	X-RAY EXAM HIP UNI 2-3 VIEWS	20.23	20.23	40.45	40.45	80.9
72040	RAD CERVICAL SPINE 2 VIEW	20.23	20.23	40.45	40.45	80.9
72170	RAD PELVIS 1 OR 2 VIEWS	27.24	27.24	54.485	54.49	108.97
72050	RAD CERVICAL SPINE COMPLETE	27.24	27.24	54.485	54.49	108.97
73600	RAD ANKLE AP/LAT	20.23	20.23	40.45	40.45	80.9
73000	RAD CLAVICLE COMPLETE	20.23	20.23	40.45	40.45	80.9
73552	X-RAY EXAM OF FEMUR 2/>	20.23	20.23	40.45	40.45	80.9
73100	RAD WRIST AP/LAT	20.23	20.23	40.45	40.45	80.9
73620	RAD FOOT AP/LAT	20.23	20.23	40.45	40.45	80.9
73650	RAD OS CALCIS/HEEL	20.23	20.23	40.45	40.45	80.9
73070	RAD ELBOW AP/LAT	20.23	20.23	40.45	40.45	80.9
73660	RAD TOE	20.23	20.23	40.45	40.45	80.9
71101	RAD RIBS UNILAT W/PA CHEST	27.24	27.24	54.485	54.49	108.97
73120	RAD HAND 2 VIEWS	27.24	27.24	54.485	54.49	108.97
72190	RAD PELVIS COMPLETE	27.24	27.24	54.485	54.49	108.97
70360	RAD NECK SOFT TISSUE	20.23	20.23	40.45	40.45	80.9
74220	RAD ESOPHAGRAM	44.64	44.64	89.275	89.28	178.55
72220	RAD SACRUM/COCCYX	20.23	20.23	40.45	40.45	80.9
73521	X-RAY EXAM HIP BI 2 VIEWS	27.24	27.24	54.485	54.49	108.97
74241	RAD UGI SERIES	#N/A	#N/A	#N/A	#N/A	#N/A
72114	RAD L/S SPINE COM W/BENDING 6 OR MORE VIEWS	27.24	27.24	54.485	54.49	108.97

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Nuclear Medicine		Category 1	Category 2	Category 3	Category 4	Category 5
Code	Description	25% of Medicare rate	25% of Medicare rate	50% of Medicare rate	50% of Medicare rate	100% of Medicare rate
78306	NM BONE, TOTAL BODY	94.28	94.28	188.56	188.56	377.12
78451	NM MYOCARD PERF SPECT SINGLE	326.49	326.49	652.97	652.97	1305.94
78452	NM REST/STRESS WM/EF	326.49	326.49	652.97	652.97	1305.94
CT		Category 1	Category 2	Category 3	Category 4	Category 5
Code	Description	25% of Medicare rate	25% of Medicare rate	50% of Medicare rate	50% of Medicare rate	100% of Medicare rate
74176	CT ABD & PELVIS W/O CONTRAST	57.53	57.53	115.07	115.07	230.13
75574	CT ANGIO HRT W/3D IMAGE	44.64	44.64	89.28	89.28	178.55
70450	CT HEAD/BRAIN W/O CONTRAS	27.24	27.24	54.49	54.49	108.97
70470	CT HEAD/BRAIN W/WO CONTRA	44.64	44.64	89.28	89.28	178.55
70480	CT ORBIT W/O CONTRAST	27.24	27.24	54.49	54.49	108.97
70486	CT SINUSES W/O CONTRAST	27.24	27.24	54.49	54.49	108.97
70487	CT SINUSES W/CONTRAST	44.64	44.64	89.28	89.28	178.55
70491	CT NECK W/CONTRAST	44.64	44.64	89.28	89.28	178.55
70496	CT ANGIO-HEAD	44.64	44.64	89.28	89.28	178.55
70498	CT ANGIO-NECK	44.64	44.64	89.28	89.28	178.55
71250	CT CHEST W/O CONTRAST	27.24	27.24	54.49	54.49	108.97
71260	CT CHEST W/CONTRAST	44.64	44.64	89.28	89.28	178.55
71275	CT ANGIO CHEST	44.64	44.64	89.28	89.28	178.55
72125	CT CERV SPINE W/O CONTRAST	27.24	27.24	54.49	54.49	108.97
72128	CT THOR SPINE W/O CONTRAST	27.24	27.24	54.49	54.49	108.97
72131	CT LUM SPINE W/O CONTRAST	27.24	27.24	54.49	54.49	108.97
73200	CT UPPER EXTREM W/O CONTR	27.24	27.24	54.49	54.49	108.97
73700	CT LOWER EXTREM W/O CONTR	27.24	27.24	54.49	54.49	108.97
73701	CT LOWER EXTREM W/CONTRAST	44.64	44.64	89.28	89.28	178.55
74160	CT ABDOMEN W/CONTRAST	44.64	44.64	89.28	89.28	178.55
74174	CTA ABDOMEN & PELVIS W CONTRAST	92.03	92.03	184.06	184.06	368.12
74177	CT ABD & PELVIS W/CONTRAST	92.03	92.03	184.06	184.06	368.12
74178	CT ABD & PELVIS W/O CONTRST 1+ BODY REGNS	92.03	92.03	184.06	184.06	368.12
75635	CT ABDOMEN RUNOFF	44.64	44.64	89.28	89.28	178.55
Mammography		Category 1	Category 2	Category 3	Category 4	Category 5
Code	Description	25% of Medicare rate	25% of Medicare rate	50% of Medicare rate	50% of Medicare rate	100% of Medicare rate
77065	MA MAMMOGRAPHY DX UNILAT	0	0	0	0	0
77066	MA MAMMOGRAPHY DX BILAT.	0	0	0	0	0
77067	MA MAMMOGRAM SCREENING BILAT.	0	0	0	0	0
Ultrasound		Category 1	Category 2	Category 3	Category 4	Category 5
Code	Description	25% of Medicare rate	25% of Medicare rate	50% of Medicare rate	50% of Medicare rate	100% of Medicare rate
76506	US HEAD	27.24	27.24	54.49	54.49	108.97
76512	SONO EYE B-SCAN	27.24	27.24	54.49	54.49	108.97
76536	FHC ULTRASOUNDTHYROID	27.24	27.24	54.49	54.49	108.97
76604	US CHEST	27.24	27.24	54.49	54.49	108.97
76642	ULTRASOUND BREAST LIMITED	20.23	20.23	40.45	40.45	80.9
76700	US ABDOMEN COMPLETE	27.24	27.24	54.49	54.49	108.97
76705	US ABDOMEN LIMITED	27.24	27.24	54.49	54.49	108.97

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76775	US RETROPERITONEAL LIMITED	27.24	27.24	54.49	54.49	108.97
76801	US, OB < 14 WKS, SINGLE FETUS	27.24	27.24	54.49	54.49	108.97
76805	US, OB >= 14 WKS, SNGL FETUS	27.24	27.24	54.49	54.49	108.97
76811	US,PREG UTER,FET & MAT,+ DETL FET EXM	57.53	57.53	115.07	115.07	230.13
76815	ECHO PREG LIMITED	27.24	27.24	54.49	54.49	108.97
76816	US,PREGNANT UTERUS,F/U,TRANSABD APP	27.24	27.24	54.49	54.49	108.97
76817	US OB TRANSVAGINAL	27.24	27.24	54.49	54.49	108.97
76818	FETAL BIOPHYSICAL PROFILE	27.24	27.24	54.49	54.49	108.97
76819	BIOPHYSICAL PROFILE WO NST	27.24	27.24	54.49	54.49	108.97
76820	DOPPLER FETAL UMBILICAL ARTERY	27.24	27.24	54.49	54.49	108.97
76830	US TRANSVAGINAL NON OB	27.24	27.24	54.49	54.49	108.97
76856	US PELVIC (NON OBSTETERIC)	27.24	27.24	54.49	54.49	108.97
76870	US SCROTUM,	27.24	27.24	54.49	54.49	108.97
76882	US EXTREMITY, NONVASCULAR, LIMITED	27.24	27.24	54.49	54.49	108.97
76885	US INFANT HIP LOCAT	20.23	20.23	40.45	40.45	80.9
	PET	Category 1	Category 2	Category 3	Category 4	Category 5
Code	Description	25% of Medicare rate	25% of Medicare rate	50% of Medicare rate	50% of Medicare rate	100% of Medicare rate
78815	PET IMAGE W/CT, SKULL-THIGH	370.09	370.09	740.17	740.17	1480.34
	MRI	Category 1	Category 2	Category 3	Category 4	Category 5
HCPCS	Description	25% of Medicare rate	25% of Medicare rate	50% of Medicare rate	50% of Medicare rate	100% of Medicare rate
73221	MRI UPPER EXT JT W/O CONTRAST	57.53	57.53	115.07	115.07	230.13
74183	MRI ABDOMEN W/WO CONTRAST	92.03	92.03	184.06	184.06	368.12
70551	MRI BRAIN & STEM W/O CONTRAST	57.53	57.53	115.07	115.07	230.13
70553	MRI BRAIN & STEM W/WO CONTRAST	92.03	92.03	184.06	184.06	368.12
72141	MRI CERVICAL SP W/O CONTRAST	57.53	57.53	115.07	115.07	230.13
72146	MRI THORACIC SP W/O CONTRAST	57.53	57.53	115.07	115.07	230.13
72148	MRI LUMBAR SP W/O CONTRAST	57.53	57.53	115.07	115.07	230.13
72197	MRI PELVIS W/WO CONTRAST	92.03	92.03	184.06	184.06	368.12
73720	MRI LOWER EXT NON-JT W/WO CONTRAS	92.03	92.03	184.06	184.06	368.12
73721	MRI LOWER EXT JT W/O CONTRAST	57.53	57.53	115.07	115.07	230.13
74181	MRI ABDOMEN W/O CONTRAST	57.53	57.53	115.065	115.07	230.13