



# IMAGING ORDERING GUIDE

Guide also available online at [hhc.org/services/imaging](http://hhc.org/services/imaging)



**TO SCHEDULE AN EXAM**

**Call Central Scheduling: (478) 329-3200 or (866) 605-7565**

**Physician Orders Fax: (478) 542-7928**



# Introduction

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Houston Healthcare is committed to providing the highest quality imaging services. We perform nearly 189,000 of diagnostic and screening studies each year with our facilities offering same-day or next-day appointments.

**Services offered:** CT, MRI, ultrasound, nuclear medicine, breast imaging, and interventional radiology. 3D image reconstruction is performed where indicated.

**Radiologists:** Houston Healthcare contracts with board-certified, fellowship-trained radiologists who offer sub-specialized diagnostic and interventional imaging services and are available around-the-clock for consultation.

**Equipment:** Houston Healthcare offers patients the most advanced, safest and most precise imaging technology, with more than 16 pieces of equipment fully accredited by the American College of Radiology (ACR).

This ordering guide was created to assist physicians when ordering a study with Houston Healthcare. The guide includes common indications with recommendations for the most appropriate examination. Our goal is to provide patients with the most appropriate, complete and safest imaging exam. When ordering a radiology exam, it is important to include any pertinent patient history as well as signs or symptoms, which will help us to ensure that exams are appropriate for each patient's specific condition.



**High Tech 3T MRI**



**Low radiation dose Flash CT**
















**3D image reconstruction**

*Disclaimer: The Imaging Ordering Guide is intended as a guide to assist in the selection of imaging exams. Selection of appropriate imaging exams should be dictated by the severity and complexity of a patient's clinical condition. This guide does not consider imaging studies necessary to evaluate any co-existing diseases or other medical consequences of the patient's condition. The ultimate decision regarding the appropriateness of any specific radiologic exam must be made by the referring physician and radiologist in light of all circumstances presented in an individual case.*

# Index

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|   |   |
|---|---|
|    | I. Imaging at Houston Healthcare                      |
|    | II. Choosing CT or MRI                                |
|    | III. CT   |
|    | IV. CTA   |
|    | V. MRI  |
|    | VI. MRA   |
|    | VII. Ultrasound                                       |
|   | VIII. Ultrasound Guided Procedures                    |
|  | IX. Nuclear Medicine                                  |
|  | X. Nuclear Medicine Consultation and Therapy Services |
|  | XI. PET Imaging                                       |
|  | XII. Mammography Ordering Decision Tree               |
|  | XIII. Radiation Safety                                |

# Imaging at Houston Healthcare

**Imaging locations:** For hours of operation or to schedule an appointment, please call Central Scheduling at (478) 329-3200.


| LOCATION                                | ADDRESS  | DAYS OF OPERATION<br><i>(Not all services all days)</i> | X-RAY | CT | MRI | US | BREAST IMAGING | NUCLEAR MEDICINE |
|---|--|---|-------|----|-----|----|----------------|------------------|
| <b>Houston Healthcare-Warner Robins</b> | 1601 Watson Boulevard<br>Warner Robins, GA 31093                 | 24 hours  | X     | X  | X   | X  |                | X                |
| <b>Houston Healthcare-Perry</b>         | 1120 Morningside Drive<br>Perry, GA 31069                        | 24 hours  | X     | X  | X   | X  | X              |                  |
| <b>Pavilion Diagnostic Center</b>       | 233 North Houston Road<br>Suite 140-I<br>Warner Robins, GA 31093 | Mon-Fri: 6:30 am - 5 pm<br>Sat: 7:30 am - 12 noon       | X     | X  |     | X  | X              |                  |

Central Scheduling: (478) 329-3200




# Choosing CT or MRI

This page is intended to assist the ordering physician in choosing the appropriate exam when CT and MRI are both being considered. Please refer to Section VII of this guide for additional information on radiation safety.


| NEUROLOGIC IMAGING  |                   |   |   |
|---|-------------------|---|---|
| Area of Concern   | Body Part         | CT  | MRI   |
| Head and Neck<br> | Brain             | CT head without contrast for initial evaluation of trauma/hemorrhage                        | MRI brain with and without contrast for evaluation of infection, inflammation, seizures and neoplasm. If MRI contraindicated then a CT head with and without contrast.<br><br>MRI brain without contrast for acute stroke, TIA, dementia or patients with contraindications for contrast or renal failure |
|   | Soft tissue neck  | CT soft tissue neck with contrast for evaluation of all neck pathology                      | MRI soft tissue neck with and without contrast if recommended after initial CT  |
|   | Paranasal sinuses | CT sinuses without contrast for initial sinus evaluation                                    | MRI sinuses with and without contrast for evaluation of sinus neoplasm or invasive inflammatory process if recommended after initial CT   |
|   | Face              | CT facial bones without contrast for initial evaluation of all pathologies including trauma | Consider MRI soft tissue face if recommended after initial CT   |
|   | Orbits            | CT orbits without contrast for trauma evaluation or with contrast if MRI contraindicated    | MRI orbits with and without contrast for initial evaluation infection, inflammation, neoplasm   |

**NEUROLOGIC IMAGING (CONT)**

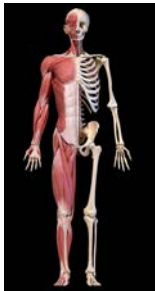
| Area of Concern  | Body Part   | CT  | MRI  |
|--|---|---|--|
| Head and Neck (contd)<br><br> | Pituitary   | CT pituitary with and without contrast only if MRI contraindicated CT head without contrast for initial evaluation of trauma/hemorrhage   | MRI brain and pituitary gland for all suspected pituitary/sellar suprasellar and cavernous sinus pathology   |
|  | Temporal bone   | CT temporal bones without contrast for evaluation of the ossicles and other bony structures. Initial evaluation for all congenital, infectious, inflammatory and neoplastic processes | MRI internal auditory canals with and without contrast for hearing loss, tinnitus, and initial evaluation of children or if recommended following initial CT   |
|  | Neck vessels, Circle of Willis and intracranial circulation | CTA head/neck with and without contrast if there is a contraindication to MRI or for additional evaluation subsequent to initial MRA  | MRA head without contrast for intra-cranial circulation—Circle of Willis<br><br>MRA head with and without contrast for patients with aneurysm “coils” (MR compatible)<br><br>MRA neck with and without contrast for evaluation of the neck vessels<br><br>MRV head with contrast for evaluation of the intracranial veins and dural venous sinuses |
|  | Temporomandibular joints (TMJ)                              | CT not usually indicated, please check with radiology   | MRI TMJ without contrast   |




## NEUROLOGIC IMAGING (CONT)

| Area of Concern  | Body Part       | CT  | MRI  |
|--|-----------------|---|--|
| Spine<br> | Spine           | CT spine without contrast for initial spine trauma evaluation.<br><br>For all other indications, consider MRI | MRI spine with and without contrast for evaluation of infection, inflammation, neoplasm and post operative spine (for lumbar spine only)<br><br>MRI without contrast for initial evaluation of neck and back pain with/without radiculopathy, or after initial CT for trauma<br><br>If MRI is contraindicated then a CT without contrast should be performed |
|  | Brachial plexus | CT not indicated  | MRI brachial plexus for any suspicious brachial plexus pathology with and without contrast for suspected infection or neoplasm   |


## MUSCULOSKELETAL IMAGING

|   |                 |  |   |
|---|-----------------|--|---|
| Musculoskeletal<br> | Musculoskeletal | CT is utilized under certain circumstances in evaluation of the bony structures and is usually requested specifically by the orthopedic surgeon.<br><br>For most musculoskeletal issues, MRI is the imaging procedure of choice. | MRI is the most accurate examination available for joints and the surrounding tendons, ligaments and cartilage. It is especially helpful for any sports-related injuries. MRI is also helpful for persistent unexplained joint pain in the elderly as it is very sensitive in the detection of occult fracture in patients with osteopenia or osteoporosis. |
|---|-----------------|--|---|


VASCULAR IMAGING

| Area of Concern   | Body Part             | CT   | MRI |
|---|-----------------------|--|-----|
| <p>Aorta/vascular</p>  | <p>Aorta/vascular</p> | <p>There are many specific CTA or MRA studies that can be ordered for the vascular system. For upper and lower extremity vascular imaging either MRA or CTA may be ordered. Consult with radiology for help in deciding between CTA and MRA.</p> <ul style="list-style-type: none"> <li>• CTA aortic endograft protocol</li> <li>• CTA coronary arteries</li> <li>• CT calcium scoring</li> <li>• CTA renal donor</li> <li>• CTA/MRA upper extremity</li> <li>• CTA/MRA lower extremity (runoff)</li> <li>• CTA/MRA abdominal aorta</li> <li>• CTA/MRA chest/aorta</li> <li>• CTA/MRA mesenteric ischemia</li> <li>• CTA/MRA pelvis</li> </ul> |     |


## BODY IMAGING

| Area of Concern  | Body Part       | CT  | MRI   |
|--|-----------------|---|---|
| Chest<br> | Lungs           | <p>CT chest with contrast for initial evaluation of lung disease, and for follow up of a known malignancy</p> <p>CT PE protocol when looking for PE</p> <p>High resolution chest CT-only for interstitial lung disease</p> <p>CT chest without contrast to follow up pulmonary nodules and lung cancer screening for high risk patients</p> | <p>Unless directed by a radiologist, it is not recommended to order an MRI for evaluation of lungs or initial evaluation of mediastinal pathology. A radiologist may recommend an MRI of the chest subsequent to CT for further evaluation.</p> |
|  | Coronary artery | <p>CTA for detailed evaluation of the coronary arteries, coronary artery disease or coronary artery anomalies</p> <p>Cardiac CT for evaluation of heart and valves</p> <p>CT calcium scoring for risk stratification of coronary artery disease</p>   | <p>Cardiac MRI for evaluation of myocardial infarction, cardiac viability, cardiac function or morphology</p>   |

**BODY IMAGING (CONT)**

| Area of Concern   | Body Part          | CT   | MRI   |
|---|--------------------|--|---|
|   | Abdomen/<br>pelvis | For generalized screening of abdominal pain, order CT abd/pelvis with IV and oral contrast. For more specific concerns, see individual organs below.   |   |
|  | Liver/biliary      | CT dual phase liver protocol with contrast for workup of the liver for suspected mass, lesion or other abnormality. Consider MRI first.  | If there is a known liver lesion or biliary system lesion, it is best to order an MRI/MRCP liver/pancreas. If MRI is contraindicated, order CT dual phase liver protocol with contrast.   |
|   | Pancreas           | For initial workup of the pancreas ( <i>mass or worsening pancreatitis</i> ), order a CT dual phase pancreatic protocol with contrast  | MRI/MRCP of pancreas for young patients and for cystic or solid pancreatic lesions  |
|   | Spleen             | If there is no known abnormality but there is a concern and a general screen is needed, order a CT abdomen with contrast   | If there is a known splenic lesion it is best to order an MRI abdomen with and without contrast   |
|   | Kidneys            | <p>CT renal stone protocol if there is concern for renal stone</p> <p>CT renal mass protocol (<i>CT abdomen and pelvis with and without contrast</i>) for characterization of a known renal mass</p> <p>CTU for full evaluation of the collecting system, ureters and bladder in case of hematuria (<i>adult only</i>)</p> | <p>MRI renal protocol for young patients or if there is a known renal lesion for which characterization is required</p> <p>MRU for full evaluation of the collecting system, ureters and bladder in case of hematuria (<i>pediatric patients</i>)</p> |

## BODY IMAGING (CONT)

| Area of Concern   | Body Part             | CT   | MRI |
|---|-----------------------|--|-----|
|  | Abdomen/pelvis (cont) |  |     |
|   | Adrenal glands        | MRI adrenal protocol for evaluation of known adrenal gland pathology. If MRI is contraindicated, a CT adrenal protocol is recommended. In certain cases CT may be better than MRI – consult radiology.   |     |
|   | Bowel                 | CT enterography for evaluation of small bowel focal or diffuse pathology. MR enterography is an alternative.   |     |
|   | Uterus/ovaries        | If US of pelvis with transvaginal imaging finds suspicious lesions, MRI of the pelvis with and without contrast for evaluation of the uterus and ovaries<br><br>CT scan of abdomen and pelvis is better for staging of a known ovarian or uterine cancer |     |
|   | Bladder               | CT urogram for evaluation of bladder pathology ( <i>adult only</i> )   |     |

## CT AND CTA CODING GUIDE

### CHEST

71250 w/o contrast  
71260 w/contrast  
71270 CT Chest w/ and w/o contrast  
71271 lung cancer screening  
71275 CTA w/ and w/o contrast

### ABDOMEN

74150 w/o contrast  
74160 w/contrast  
74170 w/ and w/o contrast  
74175 CTA w/ and w/o contrast

### ABDOMEN AND PELVIS

74176 w/o contrast  
74177 w/contrast  
74178 w/ and w/o contrast  
74174 CTA w/ and w/o contrast

### PELVIS

72192 w/o contrast  
72193 w/contrast  
72194 w/ and w/o contrast  
72191 CTA pelvis w/ and w/o contrast

### ORBITS/IAC

70480 w/o contrast  
70481 w/contrast  
70482 w/ and w/o contrast

### SINUS

70486 w/o contrast

### MAXILLOFACIAL

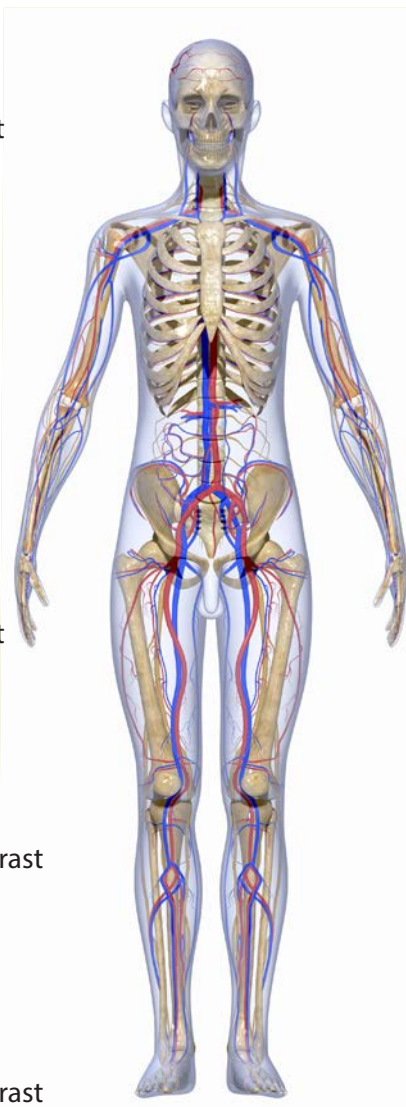
70486 w/o contrast  
70487 w/contrast  
70488 w/ and w/o contrast

### UPPER EXTREMITY

73200 w/o contrast  
73201 w/contrast  
73202 CT w/ and w/o contrast

### LOWER EXTREMITY

73700 w/o contrast  
73701 w/contrast  
73702 CT w/ and w/o contrast



### HEAD/BRAIN

70450 w/o contrast  
70460 w/contrast  
70470 w/ and w/o contrast  
70496 CTA w/ and w/o contrast

### NECK/SOFT TISSUE

70490 w/o contrast  
70491 w/contrast  
70492 w/ and w/o contrast  
70498 neck CTA w/contrast

### CERVICAL SPINE

72125 w/o contrast  
72126 w/contrast (myelogram)  
72127 CT w/ and w/o contrast

### THORACIC SPINE

72128 w/o contrast  
72129 w/contrast  
72130 w/ and w/o contrast

### LUMBAR SPINE

72131 w/o contrast  
72132 w/contrast (myelogram)  
72133 w/ and w/o contrast

### STONE PROTOCOL

74176 abdomen and pelvis w/o contrast

### CT UROGRAM

74178 abdomen and pelvis w/ and w/o contrast

### CT ENTEROGRAPHY

74177 abdomen and pelvis w/contrast

# CT Premedication for Patients with Contrast Allergy

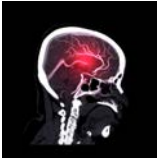
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- Patients with history of mild or moderate prior allergic reaction to iodinated contrast (such as hives, rash, pruritis, itchy or scratchy throat, or throat tightness or hoarseness without dyspnea) must be pre-medicated prior to IV contrast CT scan (not oral contrast).
- Patients with prior history of physiologic reactions to iodinated contrast (such as nausea, vomiting, isolated chest pain, vasovagal reaction or dizziness) and patients with history of shellfish allergy do not require premedication.
- For patients with prior history of severe life threatening reaction to iodinated contrast (such as anaphylactic shock or laryngeal edema), speak with a radiologist before ordering the exam. Consider non contrast CT (no IV and no oral iodinated contrast) or alternate imaging modality. A barium-based oral contrast should be used if deemed necessary in this group.

## Prededication Protocol

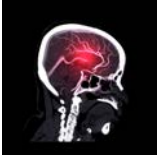
- Prednisone: 50 mg PO (three doses total) to be taken 13 hours, 6 hours and 1 hour prior to exam
- Diphenhydramine (Benadryl): 50 mg PO to be taken 1 hour prior to exam

## CT


| Area of Concern  | Body Part | Reason for Exam   | Oral Prep | IV Contrast | Exam to be Ordered                  | CPT Code |
|--|-----------|---|-----------|-------------|-------------------------------------|----------|
| Neuro  |           | <p><b>GENERAL GUIDELINES</b></p> <ul style="list-style-type: none"> <li>No IV contrast specifically requested by physician</li> <li>History of <b>severe</b> contrast allergy (<i>for mild or moderate contrast allergies, pre-medication is recommended</i>)</li> <li>GFR &lt;40 ml/min, unless benefit outweighs risk</li> <li>Pre radio-iodine treatment for thyroid cancer/ Graves' disease (<i>CT contrast is to be avoided at least six weeks before treatment and also in the following six weeks.</i>)</li> <li>Please note that a neck CT without contrast is fairly limited and alternatives may be considered</li> </ul> | No        | No          | CT to be performed without contrast |          |
| Head<br> | Brain     | <ul style="list-style-type: none"> <li>Headache</li> <li>Hemorrhage, including suspected subarachnoid hemorrhage</li> <li>Syncope</li> <li>Dementia</li> <li>Stroke, CVA, TIA</li> <li>Head injury</li> <li>Hydrocephalus follow-up, normal pressure hydrocephalus</li> <li>Any other general indication not listed in this guide</li> </ul>  | No        | No          | Head CT without contrast            | 70450    |



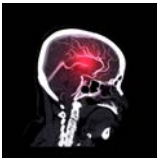

## CT (CONT)

| CT (CONT)  |  |  |           |             |   |          |  |
|--|--|--|-----------|-------------|---|----------|--|
| Area of Concern  | Body Part  | Reason for Exam  | Oral Prep | IV Contrast | Exam to be Ordered  | CPT Code |  |
| Head (cont)<br><br> | Brain (cont)   | Metastases, mass, tumor<br>Abscess, infection<br>Chronic subdural hematoma   | No        | Yes         | Head CT with and without contrast                                     | 70470    |  |
|  |  | Vascular malformation<br>Venous sinus thrombosis<br>Seizures, vertigo  | No        | Yes         | Head CT with and without contrast.<br>Also consider MRI, if feasible. | 70470    |  |
|  |  | Recent non-contrast head CT and for above indications  | No        | Yes         | Head CT with contrast only  | 70460    |  |
|  | Temporal Bones (orbit, sella, posterior fossa, outer/middle/inner ear) | <i>Avoid requesting both with and without contrast to limit radiation dose to patient</i>  |           |             |   |          |  |
|  |  | Hearing loss<br>Mastoiditis; contrast not required except if suspicion of abscess<br>Cholesteatoma, middle ear infection<br>Injury, fracture temporal bones<br>Superior semicircular canal dehiscence<br>Otosclerosis<br>Pre-operative assessment of ear | No        | No          | CT temporal bones without contrast                                    | 70480    |  |
|  |  | Tinnitus<br>Glomus tumor ( <i>paraganglioma</i> )<br>Internal auditory canal mass, "acoustic neuroma"  | No        | Yes         | CT temporal bone with contrast. However, consider MRI first.          | 70481    |  |
|  |  | Abscess near mastoid or ear  | No        | Yes         | CT temporal bone with contrast  | 70481    |  |


## CT (CONT)

| Area of Concern  | Body Part  | Reason for Exam   | Oral Prep | IV Contrast              | Exam to be Ordered          | CPT Code |
|--|--|---|-----------|--------------------------|-----------------------------|----------|
| Head (cont)<br> | Face   | <ul style="list-style-type: none"> <li>• Facial injury</li> <li>• Cyst or odontogenic mass</li> <li>• Pre-operative evaluation of maxilla, mandible</li> </ul>  | No        |                          | CT without contrast         | 70486    |
|  |  | Cancer of maxillofacial region  | No        | Yes                      | CT with contrast            | 70487    |
|  |  | Sinusitis<br>Nasal septum deviation<br>Post-nasal drip, polyps, allergies   | No        |                          | CT sinuses without contrast | 70486    |
|  |  | Cancer of sinuses   | No        | Yes                      | CT sinuses with contrast    | 70487    |
|  | Orbits   | <b>Please avoid requesting CT orbits both with and without contrast to reduce radiation dose to eyes.</b> <ul style="list-style-type: none"> <li>• Mass, tumor</li> <li>• Infection, abscess, cellulitis</li> </ul> | No        | Yes                      | CT orbits with contrast     | 70481    |
| Neck   | <b>Routinely performed with contrast to improve sensitivity. Please note the limited sensitivity of a non-contrast neck CT and consider alternatives such as MRI.</b> <ul style="list-style-type: none"> <li>• Exception is if thyroid mass effect on trachea is desired to be assessed, then order CT neck without contrast</li> <li>• Please note that a "CT cervical spine without contrast" should be considered if symptoms are neck pain instead of CT neck</li> </ul> | No  | No        | CT neck without contrast | 70490                       |          |


## CT (CONT)

| CT (CONT)   |                       |  |           |             |   |          |
|---|-----------------------|--|-----------|-------------|---|----------|
| Area of Concern   | Body Part             | Reason for Exam  | Oral Prep | IV Contrast | Exam to be Ordered  | CPT Code |
| Head (cont)<br>  | Neck (cont)           | <ul style="list-style-type: none"> <li>Lymphadenopathy, lymphoma</li> <li>Mass in neck, dysphagia</li> <li>Infections of the neck including dental infection</li> <li>Abscess</li> </ul>   | No        | Yes         | CT neck with contrast   | 70491    |
|   |                       | <ul style="list-style-type: none"> <li>Vocal cord paralysis</li> <li>Hoarseness</li> </ul>   | No        | Yes         | CT neck with contrast<br><i>(with phonation views)</i>          | 70491    |
| Chest/thorax<br> | High resolution chest | Interstitial lung disease <i>(do not use for nodule or mass)</i><br><br><i>*This technique samples the lung parenchyma-only order if concern for ILD</i>   | No        | No          | Chest CT without contrast<br><b>(high resolution technique)</b> | 71250    |
|   | General chest         | <ul style="list-style-type: none"> <li>Pulmonary nodule/mass initial workup</li> <li>Lung cancer follow-up</li> <li>Metastatic workup</li> <li>Pneumonia, cough, hemoptysis</li> <li>Sternal dehiscence or any other osseous abnormality, please consult MSK radiology</li> </ul>  | No        | Yes         | Chest CT with contrast<br><b>(routine protocol)</b>             | 71260    |
|   | General chest         | <ul style="list-style-type: none"> <li>Chest pain R/O pulmonary embolism <b>(specify PE protocol)</b></li> <li>Shortness of breath <b>(if concern for PE, please specify)</b></li> <li>Chest pain; if concern for dissection or aneurysm, please see CTA under vascular</li> </ul> | No        | Yes         | Chest CT with contrast<br><b>(PE protocol)</b>                  | 71260    |
|   | General chest         | <ul style="list-style-type: none"> <li>SVC occlusion</li> <li>Upper extremity edema <i>(do not order thoracic outlet protocol)</i></li> </ul>  | No        | Yes         | Chest CT with contrast<br><b>(venous phase protocol)</b>        | 71260    |
|   | General chest         | Follow up a known lung nodule<br>Screening for lung cancer in high risk patients   | No        | Yes         | Chest CT without contrast<br><b>(low-dose protocol)</b>         | 71250    |


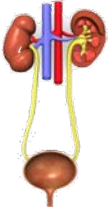
## CT (CONT)

| Area of Concern  | Body Part           | Reason for Exam  | Oral Prep | IV Contrast | Exam to be Ordered                     | CPT Code |
|--|---------------------|--|-----------|-------------|--|----------|
| Abdomen<br> | Abdomen;<br>general | <ul style="list-style-type: none"> <li>• <b>No IV contrast specifically requested by physician</b></li> <li>• History of severe contrast allergy (<i>for mild or moderate contrast allergies, pre-medication is recommended</i>)</li> <li>• GFR &lt;40 ml/min, unless benefit outweighs risk – refer to CIN policy or contact radiology with questions</li> <li>• Pre radio-iodine treatment for thyroid cancer/ Graves' disease (<i>CT contrast is to be avoided at least six weeks before treatment and also in the following six weeks.</i>)</li> <li>• Hematocrit drop, retroperitoneal hemorrhage or FU for hematoma or hemorrhage</li> </ul>   | Possible  | No          | CT abdomen and pelvis without contrast | 74176    |
|  |                     | <ul style="list-style-type: none"> <li>• Abdominal pain</li> <li>• Appendicitis</li> <li>• Diverticulitis</li> <li>• Injury</li> <li>• Injury follow-up</li> <li>• Anastomotic leak</li> <li>• Fever, including FUO</li> <li>• Suspected <b>acute massive</b> abdominal-pelvic hemorrhage</li> <li>• Metastatic survey and follow up (<i>if dx of breast, RCC, Isle cell tumor, sarcoma, melanoma or carcinoid, order dual phase liver</i>)</li> <li>• Lymphoma (<i>diagnosis, staging or follow-up</i>)</li> <li>• Suspected intra-abdominal mass, non-localized</li> <li>• Intra-abdominal abscess or fluid collection</li> <li>• Any other general indication not listed in this guide</li> </ul> <ul style="list-style-type: none"> <li>• Weight loss</li> <li>• Abdominal pain</li> <li>• Post-op abdomen</li> <li>• Colitis</li> <li>• Bowel perforation</li> <li>• Bowel obstruction</li> </ul> | Yes       | Yes         | CT abdomen and pelvis with contrast    | 74177    |

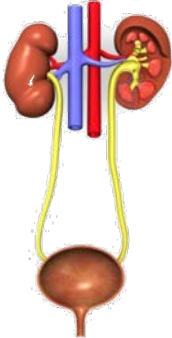
## CT (CONT)

| Area of Concern   | Body Part | Reason for Exam   | Oral Prep  | IV Contrast | Exam to be Ordered   | CPT Code |
|---|-----------|---|------------|-------------|--|----------|
| Abdomen (cont)<br> | Liver     | <ul style="list-style-type: none"> <li>• HCC surveillance</li> <li>• Hypervascular metastasis (<i>from primary breast, melanoma, renal cell, carcinoid, islet cell tumors and sarcoma</i>)</li> <li>• Cirrhosis</li> <li>• Hepatitis</li> <li>• Characterization of a focal liver lesion or mass seen on US or routine CT (<i>consider MRI first, order CT only if MRI is contraindicated</i>)</li> <li>• Post-RFA</li> <li>• Post-segmental resection evaluation</li> <li>• Post-transplant evaluation</li> <li>• Pre-op liver transplant and segmental liver resection</li> </ul> | Yes        | Yes         | CT abdomen with contrast<br><b>(dual phase liver protocol)</b> | 74160    |
|   |           | <ul style="list-style-type: none"> <li>• Abnormal LFTs</li> <li>• Splenic lesion (<i>consider MRI if known splenic lesion</i>)</li> </ul>   | Yes        | Yes         | CT abdomen with contrast<br><b>(routine protocol)</b>          | 74160    |
|   | Pancreas  | <ul style="list-style-type: none"> <li>• Pancreatic cancer staging or restaging</li> <li>• Acute pancreatitis (<i>initial scan, or known pancreatitis with worsening condition</i>)</li> <li>• Suspected pancreatic mass</li> <li>• Suspected pancreatic neuro-endocrine (<i>islet cell</i>) tumor</li> </ul>   | Yes, water | Yes         | CT abdomen with contrast<br><b>(dual phase pancreas)</b>       | 74160    |
|   |           | <ul style="list-style-type: none"> <li>• Chronic pancreatitis</li> <li>• Pancreatic pseudocyst follow-up</li> <li>• Follow-up pancreatitis</li> <li>• Follow-up non-resectable stage 4 pancreatic cancer</li> </ul>   | Yes        | Yes         | CT abdomen with contrast<br><b>(routine protocol)</b>          | 74160    |





## CT (CONT)

| Area of Concern   | Body Part   | Reason for Exam   | Oral Prep        | IV Contrast | Exam to be Ordered   | CPT Code |
|---|-------------|---|------------------|-------------|--|----------|
| Abdomen and pelvis<br>                                   | Bowel       | <ul style="list-style-type: none"> <li>• Suspected small bowel tumor</li> <li>• Crohn's disease (IBD)</li> <li>• Questionable small bowel thickening seen on routine CT</li> <li>• Celiac sprue</li> <li>• Unexplained iron deficiency anemia</li> <li>• GI bleed, if upper endoscopy and colonoscopy is negative</li> <li>• Suspected small bowel ischemia</li> <li>• Malabsorption</li> </ul> | Yes<br>(VoLumen) | Yes         | CT abdomen and pelvis with contrast<br><b>(CT enterography)</b>  | 74177    |
|   |             | <ul style="list-style-type: none"> <li>• Non-specific GI symptoms</li> <li>• Change in bowel habits</li> <li>• Irritable bowel syndrome</li> <li>• Bowel obstruction</li> <li>• Diarrhea</li> <li>• Constipation</li> <li>• Gastric mass</li> <li>• Distention/bloating</li> </ul>  | Yes              | Yes         | CT abdomen and pelvis with contrast<br><b>(routine protocol)</b> | 74177    |
|   |             | <ul style="list-style-type: none"> <li>• Groin hernia</li> <li>• Evaluate Hartman's pouch for anastomotic leak</li> </ul>   | Yes              | Yes         | CT pelvis with contrast  | 72193    |
| Genitourinary<br><i>(kidney, bladder, adrenal)</i><br> | Renal stone | <ul style="list-style-type: none"> <li>• Renal stone</li> <li>• Post-lithotripsy follow-up</li> <li>• Flank pain suspected stone disease</li> </ul>   | No               | No          | CT renal stone search  | 74176    |

## CT (CONT)



| CT (CONT)   |   |   |  |             |  |  |
|---|---|---|--|-------------|--|--|
| Area of Concern   | Body Part                                     | Reason for Exam   | Oral Prep  | IV Contrast | Exam to be Ordered   | CPT Code   |
|  | Renal   | <ul style="list-style-type: none"> <li>Suspected renal mass</li> <li>Post-partial nephrectomy follow-up</li> <li>Characterization of a focal renal mass, complex cyst or indeterminate lesion seen on US or routine abdominal or chest CT</li> </ul>  | Yes  | Yes         | CT abdomen with and without contrast<br><b>(renal mass protocol)</b>   | 74170  |
|   | Adrenal                                       | <ul style="list-style-type: none"> <li>Characterization of an adrenal nodule</li> <li>Adrenal hemorrhage</li> <li>Pheochromocytoma</li> <li>Conn's syndrome</li> </ul>  | Yes  | Yes         | CT abdomen with and without contrast<br><b>(adrenal pancreas)</b>  | 74170  |
|   | Urinary system<br><i>(kidneys to bladder)</i> | <ul style="list-style-type: none"> <li>Bladder cancer</li> <li>Microscopic or gross hematuria</li> <li>Evaluation for urinary tract anomalies</li> <li>Post cystectomy evaluation</li> </ul>  | Yes, water   | Yes         | CT urogram with 3-D reconstruction (adult only) –<br><br>Order two exams:<br>1) CT abdomen/pelvis with and without contrast(CTU)<br>AND<br>2) 3-D reconstruction | 74178  |
|   |   | <ul style="list-style-type: none"> <li>Suspected bladder injury (<i>CT cystogram</i>)</li> <li>Colo-vesicle fistula; rectal contrast per radiologist discretion (<i>consider MRI first</i>)</li> <li>Recto-vaginal fistula; rectal contrast per radiologist discretion (<i>consider MRI first</i>)</li> </ul> | No   | No          | CT pelvis without contrast   | 72192  |
|   |   | Renal donor evaluation  | No   | Yes         | CTA abdomen/pelvis with and without contrast<br><b>(donor protocol)</b>  | 74174  |
|   |   | <ul style="list-style-type: none"> <li>Recurrent UTIs</li> <li>Pyelonephritis</li> </ul>  | <ul style="list-style-type: none"> <li>Renal abscess</li> <li>Psoas abscess</li> </ul> | Yes         | Yes  | CT abdomen and pelvis with contrast<br><b>(routine protocol)</b> |

## CT (CONT)

| Area of Concern  | Body Part                    | Reason for Exam                                     | Oral Prep | IV Contrast | Exam to be Ordered   | CPT Code |
|--|------------------------------|---|-----------|-------------|--|----------|
| Upper extremities<br>             | Finger                       | • Fracture  | No        | No          | CT upper extremity without contrast<br><i>(specify area)</i> | 73200    |
|  | Hand                         | • Fusion  |           |             |  |          |
|  | Wrist                        | • Non-union/malunion                                |           |             |  |          |
|  | Forearm                      |   |           |             |  |          |
|                                   | Humerus                      | • Infection   | No        | Yes         | CT upper extremity with contrast<br><i>(specify area)</i>    | 73201    |
|  | Shoulder                     | • Tumor/mass/cancer/mets                            |           |             |  |          |
|  | Clavicle                     |   |           |             |  |          |
|  | Scapula                      | • Groin hernia                                      | Yes       | Yes         | CT pelvis with contrast                                      | 72193    |
|  |                              | • Evaluate Hartman's pouch for anastomotic leak     |           |             |  |          |
|  | Sternoclavicular joint       | • Fracture  | No        | No          | CT chest without contrast                                    | 71250    |
|  |                              | • Non-union/malunion                                |           |             |  |          |
| Pelvis and lower extremities<br> | Foot                         | • Fracture  | No        | No          | CT lower extremity without contrast                          | 73700    |
|  | Ankle                        | • Non-union/malunion                                |           |             |  |          |
|                                  | Calf ( <i>tibia/fibula</i> ) | • Arthritis   |           |             |  |          |
|  | Knee                         | • Patello femoral malalignment ( <i>bilateral</i> ) |           |             |  |          |
|  | Thigh ( <i>femur</i> )       | • Anteversion/malrotation ( <i>bilateral</i> )      |           |             |  |          |
|  | Hip                          | • Infection   | No        | Yes         | CT lower extremity with contrast                             | 73701    |
|  | Bony pelvis                  | • Tumor/mass/cancer/mets                            |           |             |  |          |




## CT (CONT)


| CT (CONT)   |  |  |           |             |   |  |
|---|--|--|-----------|-------------|---|--|
| Area of Concern   | Body Part  | Reason for Exam  | Oral Prep | IV Contrast | Exam to be Ordered  | CPT Code   |
| Back<br><br>             | Spine  | <b>It is not routine to perform pre- and post-contrast scans of the spine to minimize radiation dose to patient.</b>   |           |             |   |  |
|   |  | <ul style="list-style-type: none"> <li>Neck pain (<i>non-vascular symptoms</i>)</li> <li>Spinal stenosis</li> <li>Degenerative disc disease</li> <li>Radiculopathy, disc herniation</li> <li>Cord compression – please consider MRI first</li> </ul> | No        | No          | CT spine without contrast<br>• Cervical<br>• Thoracic<br>• Lumbar   | 72125<br>72128<br>72131  |
|   |  | <ul style="list-style-type: none"> <li>Infection – MRI is preferable, but if high suspicion of abscess order CT with contrast</li> </ul>   | No        | Yes         | CT spine without contrast<br>• Cervical<br>• Thoracic<br>• Lumbar   | 72126<br>72129<br>72132  |
| CT arthrography<br><br> | Hip<br>Knee<br>Ankle<br>Shoulder<br>Elbow<br>Wrist | <ul style="list-style-type: none"> <li>Cartilage abnormality</li> <li>Meniscus abnormality</li> <li>Labrum abnormality</li> <li>Loose bodies</li> </ul>  | No        | Yes         | CT with contrast<br><br>1) CT with contrast lower extremity<br>OR<br>upper extremity<br><br>2) Fluoro guided arthrogram<br><br>3) Injection - choose code:<br>• Hip* ( <i>w/o anesthesia</i> )<br>• Knee<br>• Ankle<br>• Shoulder<br>• Elbow<br>• Wrist | 73701<br>OR<br>73201<br><br>77002<br><br>27093*<br>27369<br>27648<br>23350<br>24220<br>25246 |




## CTA

| Area of Concern  | Body Part   | Reason for Exam  | Oral Prep | IV Contrast            | Exam to be Ordered                         | CPT Code |
|--|---|--|-----------|------------------------|--|----------|
| Head and neck<br> |   | <b>CTA head and neck is performed only with contrast; a non-contrast head CT is obtained if one has not been recently performed.</b>         |           |                        |  |          |
|  |   | <ul style="list-style-type: none"> <li>Acute stroke</li> </ul>   |           |                        | Follow stroke protocol with stroke service |          |
|  | Head  | <ul style="list-style-type: none"> <li>Intracranial stenosis, occlusion</li> <li>Vascular malformation</li> <li>Cerebral aneurysm</li> </ul> | No        | Yes                    | CTA head with contrast                     | 70496    |
| Neck   | <ul style="list-style-type: none"> <li>Carotid stenosis in neck</li> <li>Vertebrobasilar insufficiency</li> <li>Pre-carotid endarterectomy</li> <li>Neck vascular dissection</li> <li>Neck vascular injury</li> </ul> | No   | Yes       | CTA neck with contrast | 70498                                      |          |

## CTA (CONT)


| Area of Concern  | Body Part  | Reason for Exam  | Oral Prep | IV Contrast               | Exam to be Ordered  | CPT Code        |
|--|--|--|-----------|---------------------------|---|-----------------|
| Chest, abdomen and pelvis<br> | Chest  | <ul style="list-style-type: none"> <li>• Thoracic aortic aneurysm</li> <li>• Aortic coarctation</li> <li>• Pre-thoracic aortic stent graft planning</li> </ul> | No        | Yes                       | CTA chest with contrast   | 71275           |
|  |  | <ul style="list-style-type: none"> <li>• Thoracic aortic stent graft follow-up</li> <li>• Thoracic trauma suspected vascular injury</li> </ul>                 | No        | Yes                       | CTA chest with and without contrast   | 71275           |
|  | Chest and abdomen  | <ul style="list-style-type: none"> <li>• Aortic dissection (<i>diagnosis or follow-up</i>)</li> </ul>  | No        | Yes                       | CTA chest and abdomen with and without contrast<br><b>(dissection protocol)</b> | 71275 and 74175 |
|  |  | <ul style="list-style-type: none"> <li>• Thoraco-abdominal aneurysms</li> <li>• Takayasu arteritis</li> </ul>  | No        | Yes                       | CTA chest and abdomen with contrast   | 71275 and 74175 |
|  | Chest, abdomen and pelvis  | <ul style="list-style-type: none"> <li>• Pre operative evaluation for breast flap reconstruction</li> </ul>  | No        | Yes                       | CTA chest, abdomen and pelvis<br><b>(DIEP flap protocol)</b><br>Order 2 exams   | 71275<br>74174  |
| Abdomen  | <ul style="list-style-type: none"> <li>• Celiac, SMA hepatic, gastric or GDA aneurysm or pseudoaneurysm</li> <li>• Renal artery aneurysm or pseudoaneurysm</li> <li>• Renal artery stenosis</li> <li>• Renal vein thrombosis (<i>specify to add venous phase</i>)</li> <li>• Median arcuate ligament syndrome</li> <li>• SMA syndrome</li> </ul> | No   | Yes       | CTA abdomen with contrast | 74175   |                 |

## CTA (CONT)


| Area of Concern   | Body Part          | Reason for Exam  | Oral Prep | IV Contrast | Exam to be Ordered  | CPT Code |
|---|--------------------|--|-----------|-------------|---|----------|
|  | Abdomen and pelvis | <ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm or pseudoaneurysm (<i>screening, f/u or pre-graft planning</i>)</li> <li>• Iliac aneurysm or pseudoaneurysm (<i>external or internal</i>)</li> <li>• Common femoral aneurysm or pseudoaneurysm</li> </ul>                             | No        | Yes         | CTA abdomen and pelvis with contrast                                    | 74174    |
|   |                    | <ul style="list-style-type: none"> <li>• Abdominal aortic stent graft follow-up</li> <li>• Aorta-femoral bypass graft evaluation</li> </ul>  | No        | Yes         | CTA abdomen and pelvis with and without contrast                        | 74174    |
|   |                    | <ul style="list-style-type: none"> <li>• Renal donor evaluation</li> </ul>   | No        | Yes         | CTA abdomen/pelvis with and without contrast<br><b>(donor protocol)</b> | 74174    |
|   |                    | <ul style="list-style-type: none"> <li>• Peripheral vascular disease (<i>claudication, absent peripheral pulse, ischemic ulcer, abnormal ankle-brachial index</i>)</li> <li>• Lower extremity thromboembolism</li> <li>• Femoro-popliteal bypass graft evaluation</li> <li>• Aortic occlusion</li> </ul> | No        | Yes         | CTA abdomen and pelvis with run-off                                     | 74174    |
|   |                    | <ul style="list-style-type: none"> <li>• IVC thrombosis</li> <li>• Iliac thrombosis</li> </ul>   | Yes       | Yes         | CT abdomen and pelvis with contrast<br><i>(venous phase)</i>            | 74177    |



## MRI


| Area of Concern   | Body Part | Reason for Exam  | Oral Prep | IV Contrast | Exam to be Ordered   | CPT Code |
|---|-----------|--|-----------|-------------|--|----------|
| Head<br><br> | Brain     | <ul style="list-style-type: none"> <li>• Headache without focal symptoms</li> <li>• Stroke, CVA, TIA</li> <li>• Dizziness and giddiness</li> <li>• Seizures (<i>children</i>)</li> <li>• Alzheimer's, dementia, memory loss</li> <li>• Injury (<i>please specify</i>)</li> <li>• Mental status changes, confusion</li> </ul>   | No        | No          | MRI brain without contrast   | 70551    |
|   |           | <ul style="list-style-type: none"> <li>• Cranial nerve lesions</li> <li>• Dizziness, vertigo</li> <li>• IAC/hearing loss</li> </ul>  | No        | Yes         | MRI IAC ( <i>internal auditory canal</i> ) with and without gadolinium including brain | 70553    |
|   |           | <ul style="list-style-type: none"> <li>• Multiple sclerosis</li> <li>• Tumor/mass/cancer/mets</li> <li>• Headache with focal symptoms</li> <li>• Vascular lesions</li> <li>• Neurofibromatosis</li> <li>• HIV</li> <li>• Seizures (adult new onset)</li> <li>• Infection</li> <li>• Vision changes</li> <li>• Mets</li> <li>• Pituitary lesion, elevated prolactin (<i>Please add comment: pituitary</i>)</li> </ul> | No        | Yes         | MRI brain with and without contrast  | 70553    |

## MRI (CONT)


| Area of Concern   | Body Part    | Reason for Exam   | Oral Prep | IV Contrast | Exam to be Ordered                             | CPT Code |
|---|--------------|---|-----------|-------------|--|----------|
|  | Brain (cont) | <ul style="list-style-type: none"> <li>• Trigeminal neuralgia</li> </ul>  | No        | Yes         | MRI brain with and without contrast            | 70553    |
|   | Orbits       | <ul style="list-style-type: none"> <li>• Optic neuritis</li> </ul>  | No        | Yes         | MRI orbits/face/neck with and without contrast | 70543    |
|   |              | <ul style="list-style-type: none"> <li>• Grave's disease</li> <li>• Trauma</li> </ul>   | No        | No          | MRI orbits/face/neck without contrast          | 70540    |
|   |              | <ul style="list-style-type: none"> <li>• Exophthalmos, proptosis</li> <li>• Tumor/mass/cancer/mets</li> <li>• Pseudotumor</li> <li>• Vascular lesions</li> </ul>                | No        | Yes         | MRI orbits/face/neck with and without contrast | 70543    |
|   | Neck         | <ul style="list-style-type: none"> <li>• Infection</li> <li>• Tumor/mass/cancer/mets</li> <li>• Pain</li> <li>• Vocal cord paralysis</li> </ul>                                 | No        | Yes         | MRI orbits/face/neck with and without contrast | 70543    |
|   | Skull base   | <ul style="list-style-type: none"> <li>• Skull base for tumor or other reason (<i>please request specifically skull base evaluation and provide detailed reason</i>)</li> </ul> | No        | Yes         | MRI brain with and without contrast            | 70553    |




## MRI (CONT)

| Area of Concern  | Body Part      | Reason for Exam   | Oral Prep  | IV Contrast | Exam to be Ordered | CPT Code                                     |       |
|--|----------------|---|--|-------------|--------------------|--|-------|
| Spine<br> | Cervical spine | <ul style="list-style-type: none"> <li>• Cervicalgia</li> <li>• Disc herniation</li> <li>• Arm/shoulder pain and/ or weakness</li> </ul>  | <ul style="list-style-type: none"> <li>• Degenerative disease</li> <li>• Radiculopathy</li> <li>• Neck pain</li> </ul>   | No          | No                 | MRI cervical spine without contrast          | 72141 |
|  |                | <ul style="list-style-type: none"> <li>• Multiple sclerosis</li> <li>• History of malignancy</li> <li>• Discitis</li> <li>• Osteomyelitis</li> <li>• Post op</li> </ul>   | <ul style="list-style-type: none"> <li>• Myelopathy</li> <li>• Syrinx</li> <li>• Tumor/mass/cancer/ mets</li> <li>• Vascular lesions, AVM</li> </ul>   | No          | Yes                | MRI cervical spine with and without contrast | 72156 |
|  | Thoracic spine | <ul style="list-style-type: none"> <li>• Back pain (<i>thoracic spine pain/backache</i>)</li> <li>• Radiculopathy</li> <li>• Degenerative disease</li> <li>• Injury (<i>specify</i>)</li> </ul>                                   | <ul style="list-style-type: none"> <li>• Disc herniation</li> <li>• Vertebroplasty planning (<i>with no hx malig</i>)</li> <li>• Compression Fx (no hx malig/mets)</li> </ul>  | No          | No                 | MRI thoracic spine without contrast          | 72146 |
|  |                | <ul style="list-style-type: none"> <li>• Multiple sclerosis</li> <li>• Myelopathy</li> <li>• Tumor/mass/cancer/ mets</li> <li>• Syrinx</li> <li>• History of malignancy</li> <li>• Vascular lesions</li> <li>• Post op</li> </ul> | <ul style="list-style-type: none"> <li>• Compression Fx (<i>with hx malig/mets</i>)</li> <li>• AVM</li> <li>• Discitis</li> <li>• Vertebroplasty planning (<i>with hx malig</i>)</li> <li>• Osteomyelitis</li> </ul> | No          | Yes                | MRI thoracic spine with and without contrast | 72157 |


## MRI (CONT)

| Area of Concern   | Body Part         | Reason for Exam   | Oral Prep  | IV Contrast | Exam to be Ordered | CPT Code  |                             |
|---|-------------------|---|--|-------------|--------------------|---|-----------------------------|
| Spine (cont)<br> | Lumbar spine      | <ul style="list-style-type: none"> <li>• Back pain</li> <li>• Compression fx (<i>no hx malig/mets</i>)</li> <li>• Degenerative disease</li> <li>• Radiculopathy</li> <li>• Disc herniation</li> </ul> | <ul style="list-style-type: none"> <li>• Injury (<i>specify</i>)</li> <li>• Sciatica</li> <li>• Vertebroplasty planning (with no hx malig)</li> <li>• Spondylolisthesis</li> <li>• Stenosis</li> </ul> | No          | No                 | MRI lumbar spine without contrast   | 72148                       |
|   |                   | <ul style="list-style-type: none"> <li>• Post-op</li> <li>• Discitis</li> <li>• Tumor/mass/cancer/mets</li> <li>• Osteomyelitis</li> </ul>  | <ul style="list-style-type: none"> <li>• Compression fx (<i>hx malig/mets</i>)</li> <li>• Vertebroplasty (<i>with hx malig</i>)</li> </ul>   | No          | Yes                | MRI lumbar spine with and without contrast                                | 72158                       |
|   | Brachial plexus   | <ul style="list-style-type: none"> <li>• Injury, plexopathy</li> </ul>  |  | No          | No                 | MRI brachial plexus without contrast                                      | 73218 (MRI upper extremity) |
|   |                   | <ul style="list-style-type: none"> <li>• Tumor/mass/cancer/mets</li> <li>• Plexitis (<i>viral, radiation, autoimmune</i>)</li> </ul>  |  | No          | Yes                | MRI brachial plexus with and without contrast ( <i>specify side L/R</i> ) | 73220 (MRI upper extremity) |
|   | Chest-mediastinum | <ul style="list-style-type: none"> <li>• Tumor/mass/cancer/mets in chest</li> </ul> <b>(Contact Radiologist for approval.)</b>  |  | No          | Yes                | MRI chest/mediastinum with and without contrast                           | 71552                       |


## MRI (CONT)

| Area of Concern   | Body Part                                  | Reason for Exam  | Oral Prep  | IV Contrast | Exam to be Ordered  | CPT Code                              |       |
|---|--|--|--|-------------|---|---------------------------------------|-------|
| Abdomen and pelvis<br> | Abdomen                                    | <ul style="list-style-type: none"> <li>• MRCP (<i>biliary pancreatic ducts</i>)</li> <li>• Adrenal adenoma</li> <li>• Adrenal mass (<i>not adenoma</i>)</li> <li>• Hemangioma</li> </ul>   | <ul style="list-style-type: none"> <li>• Liver, kidney, pancreas mass</li> <li>• Pre liver transplant</li> <li>• Tumor/mass/cancer/mets</li> </ul> | No          | No  | MRCP                                  | 74181 |
|   |  |  |  | No          | Yes   | MRI abdomen with and without contrast | 74183 |
|   | Pelvis                                     | <ul style="list-style-type: none"> <li>• Tumor/mass/cancer/mets</li> <li>• Pre/post fibroid embolization</li> <li>• Abscess</li> <li>• Fibroid</li> <li>• Ulcer - GI related, fistula, sinus tract</li> <li>• Adenomyosis</li> <li>• Urethral diverticulum</li> <li>• Hip/pelvis pain</li> </ul> | <ul style="list-style-type: none"> <li>• Sports hernia</li> </ul>  | No          | Yes   | MRI pelvis with and without contrast  | 72197 |
|   |  |  |  | No          | No  | MRI pelvis without contrast           | 72195 |
|   | Abdomen and pelvis<br><br>MRI enterography | <ul style="list-style-type: none"> <li>• GI bleed</li> <li>• Small bowel masses</li> <li>• Crohn's disease/inflammatory</li> <li>• Celiac disease</li> <li>• Bowel disease</li> <li>• Suspected partial SBO (<i>small bowel obstruction</i>)</li> </ul>  | Yes  | Yes         | <b>Order 2 exams:</b><br>MRI abdomen with and without contrast<br>AND<br>MRI pelvis with and without contrast | 74183<br><br>72197                    |       |


## MRI (CONT)

| Area of Concern  | Body Part | Reason for Exam  | Exam to be Ordered   | CPT Code   |                                       |
|--|-----------|--|--|--|---------------------------------------|
| Upper extremity<br> | Shoulder  | <ul style="list-style-type: none"> <li>• Pain</li> <li>• Internal derangement</li> <li>• Impingement</li> <li>• Rotator cuff tear</li> <li>• Labral tear/repair</li> </ul> | <ul style="list-style-type: none"> <li>• Osteoarthritis</li> <li>• Arthritis</li> <li>• Dislocation</li> <li>• Trauma</li> </ul> | MRI shoulder without contrast - routine<br><i>(specify side L/R)</i><br><br>MRI shoulder with contrast | 73221<br><br>73222                    |
|  |           | <ul style="list-style-type: none"> <li>• Tumor/mass/cancer/mets</li> <li>• Osteomyelitis, septic arthritis</li> </ul>  | <ul style="list-style-type: none"> <li>• Infection</li> <li>• Inflammatory arthritis</li> </ul>                                  | MRI shoulder with and without contrast<br><i>(specify side L/R)</i>                                    | 73223                                 |
|  |           | <ul style="list-style-type: none"> <li>• Rotator cuff tear</li> <li>• Tendon tear</li> <li>• Labral tear</li> <li>• SLAP tear</li> </ul>                                   |  | MRI shoulder - direct arthrogram<br><i>(specify side L/R)</i>  | 73222<br>AND<br>73040<br>AND<br>23350 |
|  |           | <ul style="list-style-type: none"> <li>• Rotator cuff tear</li> <li>• Labral tear</li> <li>• SLAP tear</li> </ul>  |  | MRI shoulder - indirect arthrogram<br><i>(specify side L/R)</i>  | 73222                                 |


## MRI (CONT)

| Area of Concern   | Body Part               | Reason for Exam   | Exam to be Ordered  | CPT Code   |       |
|---|-------------------------|---|---|--|-------|
| Upper extremity (cont)<br> | Clavicle                | <ul style="list-style-type: none"> <li>• Trauma</li> <li>• Arthritis</li> </ul>   | <ul style="list-style-type: none"> <li>• Pain</li> <li>• Postoperative</li> </ul> | MRI chest without contrast ( <i>specify side L/R</i> )                             | 71550 |
|   |                         | <ul style="list-style-type: none"> <li>• Tumor/mass/cancer/mets</li> <li>• Infection</li> <li>• Pain with history of cancer</li> </ul>                      |   | MRI chest with and without contrast ( <i>specify side L/R</i> )                    | 71552 |
|   | Sternoclavicular joint  | <ul style="list-style-type: none"> <li>• Trauma</li> <li>• Arthritis</li> </ul>   | <ul style="list-style-type: none"> <li>• Pain</li> <li>• Postoperative</li> </ul> | MRI sternoclavicular joint without contrast ( <i>include both sides</i> )          | 73221 |
|   |                         | <ul style="list-style-type: none"> <li>• Pain with history of cancer</li> <li>• Tumor/mass/cancer/mets</li> <li>• Infection</li> </ul>                      |   | MRI sternoclavicular joint with and without contrast ( <i>include both sides</i> ) | 73223 |
|   | Acromioclavicular joint | <ul style="list-style-type: none"> <li>• Trauma</li> <li>• Arthritis</li> </ul>   | <ul style="list-style-type: none"> <li>• Pain</li> <li>• Postoperative</li> </ul> | MRI acromioclavicular joint without contrast ( <i>specify side L/R</i> )           | 73221 |
|   |                         | <ul style="list-style-type: none"> <li>• Pain with history of cancer</li> <li>• Tumor/mass/cancer/mets</li> <li>• Infection</li> <li>• Synovitis</li> </ul> |   | MRI acromioclavicular joint with and without contrast ( <i>specify side L/R</i> )  | 73223 |


## MRI (CONT)

| Area of Concern   | Body Part | Reason for Exam  | Exam to be Ordered   | CPT Code   |                                       |
|---|-----------|--|--|--|---------------------------------------|
| Upper extremity (cont)<br> | Scapula   | <ul style="list-style-type: none"> <li>Trauma</li> <li>Arthritis</li> </ul>  | <ul style="list-style-type: none"> <li>Pain</li> <li>Postoperative</li> </ul>                            | MRI scapula without contrast<br><i>(specify side L/R)</i>          | 73218                                 |
|   |           | <ul style="list-style-type: none"> <li>Pain with history of cancer</li> <li>Tumor/mass/cancer/mets</li> </ul>                    | <ul style="list-style-type: none"> <li>Infection</li> <li>Synovitis</li> </ul>                           | MRI scapula with and without contrast<br><i>(specify side L/R)</i> | 73220                                 |
|   | Humerus   | <ul style="list-style-type: none"> <li>Trauma</li> <li>Pain</li> <li>Muscle tear/strain</li> </ul>                               | <ul style="list-style-type: none"> <li>Tendon tear</li> <li>Tendinopathy</li> <li>Neuropathy</li> </ul>  | MRI humerus without contrast<br><i>(specify side L/R)</i>          | 73218                                 |
|   |           | <ul style="list-style-type: none"> <li>Tumor/mass/cancer/mets</li> <li>Infection</li> </ul>                                      |  | MRI humerus with and without contrast<br><i>(specify side L/R)</i> | 73220                                 |
|   | Elbow     | <ul style="list-style-type: none"> <li>Pain</li> <li>Internal derangement</li> <li>Epicondylitis</li> <li>Tendon Tear</li> </ul> | <ul style="list-style-type: none"> <li>Ulnar neuritis</li> <li>Osteoarthritis</li> <li>Trauma</li> </ul> | MRI elbow without contrast<br><i>(specify side L/R)</i>            | 73221                                 |
|   |           | <ul style="list-style-type: none"> <li>Tumor/mass/cancer/mets</li> <li>Lump</li> </ul>   | <ul style="list-style-type: none"> <li>Infection</li> <li>Pain with history of cancer</li> </ul>         | MRI elbow with and without contrast<br><i>(specify side L/R)</i>   | 73223                                 |
|   |           | <ul style="list-style-type: none"> <li>Pain</li> <li>Internal derangement</li> <li>Capsular tear</li> </ul>                      | <ul style="list-style-type: none"> <li>Ligament tear</li> <li>Postoperative</li> </ul>                   | MRI elbow-direct arthrogram<br><i>(specify side L/R)</i>           | 73222<br>AND<br>73085<br>AND<br>24220 |

## MRI (CONT)


| Area of Concern   | Body Part | Reason for Exam   | Exam to be Ordered  | CPT Code  |                                       |
|---|-----------|---|---|---|---------------------------------------|
| Upper extremity (cont)<br> | Forearm   | <ul style="list-style-type: none"> <li>• Trauma</li> <li>• Arthritis</li> </ul>   | <ul style="list-style-type: none"> <li>• Muscle tear</li> <li>• Tendon tear</li> </ul>  | MRI forearm without contrast ( <i>specify side L/R</i> )          | 73218                                 |
|   |           | <ul style="list-style-type: none"> <li>• Pain with history of cancer</li> <li>• Tumor/mass/cancer/mets</li> <li>• Infection</li> </ul>                  |   | MRI forearm with and without contrast ( <i>specify side L/R</i> ) | 73220                                 |
|   | Wrist     | <ul style="list-style-type: none"> <li>• Pain</li> <li>• Ligament tear</li> <li>• Triangular Fibrocartilage/TFCC tear</li> <li>• Tendon tear</li> </ul> | <ul style="list-style-type: none"> <li>• Tendinopathy/tendinosis</li> <li>• Osteoarthritis/arthritis</li> <li>• Carpal tunnel syndrome</li> <li>• Trauma</li> <li>• Avascular necrosis</li> </ul> | MRI wrist without contrast ( <i>specify side L/R</i> )            | 73221                                 |
|   |           | <ul style="list-style-type: none"> <li>• Tumor/mass/cancer/mets</li> <li>• Infection</li> <li>• Neuroma</li> </ul>                                      |   | MRI wrist with and without contrast ( <i>specify side L/R</i> )   | 73223                                 |
|   |           | <ul style="list-style-type: none"> <li>• Pain</li> <li>• Ligament tear</li> <li>• Triangular Fibrocartilage/TFCC tear</li> <li>• Impingement</li> </ul> |   | MRI wrist - direct arthrogram ( <i>specify side L/R</i> )         | 73222<br>AND<br>73115<br>AND<br>25246 |
|   |           |   |   |   |                                       |

## MRI (CONT)


| Area of Concern   | Body Part   | Reason for Exam  | Exam to be Ordered  | CPT Code   |                                       |
|---|-------------|--|---|--|---------------------------------------|
| Upper extremity (cont)<br> | Hand        | <ul style="list-style-type: none"> <li>• Pain</li> <li>• Ligament tear</li> <li>• Tendon tear</li> </ul>                                   | <ul style="list-style-type: none"> <li>• Degenerative Joint Disease/DJD</li> <li>• Osteoarthritis/ arthritis</li> <li>• Trauma</li> </ul> | MRI hand without contrast<br><i>(specify side L/R) (if finger, specify which digit)</i>          | 73218                                 |
|   |             | <ul style="list-style-type: none"> <li>• Tumor/mass/cancer/ mets</li> <li>• Infection</li> </ul>   | <ul style="list-style-type: none"> <li>• Ganglion cyst</li> <li>• Neuroma</li> </ul>  | MRI hand with and without contrast<br><i>(specify side L/R) (if finger, specify which digit)</i> | 73220                                 |
|   |             | <ul style="list-style-type: none"> <li>• Ligament tear</li> <li>• Gamekeeper's thumb</li> <li>• Radial collateral ligament tear</li> </ul> |   | MRI hand - direct arthrogram<br><i>(specify side L/R) (if finger, specify which digit)</i>       | 73222<br>AND<br>73115<br>AND<br>25246 |
| Bony pelvis   | Bony pelvis | <ul style="list-style-type: none"> <li>• Trauma</li> <li>• Muscle tear/strain</li> </ul>   | <ul style="list-style-type: none"> <li>• Tendon tear</li> <li>• Sacral fracture</li> </ul>  | MRI bony pelvis without contrast   | 72195                                 |
|   |             | <ul style="list-style-type: none"> <li>• Pubalgia</li> <li>• Sports hernia</li> </ul>  |   | MRI pelvis athletic pubalgia/sports hernia without contrast                                      | 72195                                 |
|   |             | <ul style="list-style-type: none"> <li>• Pain</li> <li>• Pain with history of cancer</li> <li>• Tumor/mass/cancer/ mets</li> </ul>         | <ul style="list-style-type: none"> <li>• Infection</li> <li>• Postoperative</li> </ul>  | MRI bony pelvis with and without contrast  | 72197                                 |




## MRI (CONT)

| Area of Concern  | Body Part | Reason for Exam   | Exam to be Ordered  | CPT Code   |                                       |
|--|-----------|---|---|--|---------------------------------------|
| Lower extremity<br> | Hip       | <ul style="list-style-type: none"> <li>• Pain</li> <li>• Internal derangement</li> <li>• Labral tear/repair</li> <li>• Arthritis</li> </ul>     | <ul style="list-style-type: none"> <li>• Avascular necrosis/<br/>Osteonecrosis</li> <li>• Trauma</li> </ul> | MRI hip without contrast ( <i>specify side L/R</i> )                     | 73721                                 |
|  |           | <ul style="list-style-type: none"> <li>• Tumor/mass/cancer/<br/>mets</li> <li>• Infection</li> </ul>  | <ul style="list-style-type: none"> <li>• Myositis</li> <li>• Bursitis</li> </ul>                            | MRI hip with and without contrast<br>( <i>specify side L/R</i> )         | 73723                                 |
|  |           | <ul style="list-style-type: none"> <li>• Labral tear</li> <li>• Tendon tear</li> <li>• Hip dysplasia</li> <li>• Cartilage tear</li> </ul>       |   | MRI hip - direct arthogram<br>( <i>specify side L/R</i> )                | 73722<br>AND<br>73525<br>AND<br>27093 |
|  |           | <ul style="list-style-type: none"> <li>• Labral tear</li> <li>• Tendon tear</li> </ul>  | <ul style="list-style-type: none"> <li>• Hip dysplasia</li> <li>• Cartilage tear</li> </ul>                 | MRI hip - indirect arthogram<br>( <i>specify side L/R</i> )              | 73722                                 |
|  | Femur     | <ul style="list-style-type: none"> <li>• Trauma</li> <li>• Muscle tear</li> <li>• Muscle strain</li> </ul>                                      |   | MRI femur/thigh without contrast<br>( <i>specify side L/R</i> )          | 73718                                 |
|  |           | <ul style="list-style-type: none"> <li>• Pain with history of<br/>cancer</li> <li>• Tumor/mass/cancer/<br/>mets</li> <li>• Infection</li> </ul> | <ul style="list-style-type: none"> <li>• Myositis</li> <li>• Postoperative</li> </ul>                       | MRI femur/thigh with and without contrast<br>( <i>specify side L/R</i> ) | 73720                                 |


## MRI (CONT)

| Area of Concern   | Body Part | Reason for Exam  | Exam to be Ordered   | CPT Code  |       |
|---|-----------|--|--|---|-------|
| Lower extremity (cont)<br> | Knee      | <ul style="list-style-type: none"> <li>• Pain</li> <li>• Internal derangement</li> <li>• Tendon tear</li> <li>• Ligament tear</li> <li>• Swelling</li> <li>• Degenerative Joint Disease/DJD</li> </ul> | <ul style="list-style-type: none"> <li>• Arthritis</li> <li>• Avascular necrosis/osteonecrosis</li> <li>• Osteochondritis dessicans</li> <li>• Trauma</li> </ul> | MRI knee without contrast<br><i>(specify side L/R)</i>      | 73721 |
|   |           | <ul style="list-style-type: none"> <li>• Tumor/mass/cancer/mets</li> <li>• Infection</li> <li>• Pain with history of cancer</li> </ul>   | MRI knee with and without contrast<br><i>(specify side L/R)</i>  | 73723   |       |
|   |           | <ul style="list-style-type: none"> <li>• Pain</li> <li>• Internal derangement</li> <li>• Capsular tear</li> <li>• Osteochondral defect</li> </ul>  | MRI knee - direct arthrogram<br><i>(specify side L/R)</i>  | 73222<br>AND<br>73580<br>AND<br>27369                       |       |
|   |           | <ul style="list-style-type: none"> <li>• Pain</li> <li>• Internal derangement</li> </ul>   | <ul style="list-style-type: none"> <li>• Capsular tear</li> <li>• Osteochondral defect</li> </ul>  | MRI knee - indirect arthrogram<br><i>(specify side L/R)</i> | 73722 |



## MRI (CONT)

| Area of Concern   | Body Part | Reason for Exam  |   | Exam to be Ordered  | CPT Code |
|---|-----------|--|---|---|----------|
| Lower extremity (cont)<br> | Lower leg | <ul style="list-style-type: none"> <li>• Trauma</li> <li>• Muscle tear</li> </ul>  | <ul style="list-style-type: none"> <li>• Muscle strain</li> </ul>   | MRI lower leg ( <i>specify side L/R</i> )                           | 73718    |
|   |           | <ul style="list-style-type: none"> <li>• Pain</li> <li>• Pain with history of cancer</li> <li>• Metastasis</li> <li>• Tumor/mass/cancer/mets</li> </ul>  | <ul style="list-style-type: none"> <li>• Lump</li> <li>• Infection</li> <li>• Osteomyelitis</li> <li>• Abscess</li> </ul>   | MRI lower leg with and without contrast ( <i>specify side L/R</i> ) | 73720    |
|   | Ankle     | <ul style="list-style-type: none"> <li>• Pain</li> <li>• Ligament tear</li> <li>• Tendon tear</li> <li>• Posterior tibial tendon tear</li> <li>• Achilles tendon tear</li> <li>• Extensor tendon tear</li> </ul> | <ul style="list-style-type: none"> <li>• Avascular necrosis</li> <li>• Plantar fasciitis</li> <li>• Trauma</li> <li>• Degenerative Joint Disease/DJD</li> <li>• Osteoarthritis/arthritis</li> </ul> | MRI ankle without contrast ( <i>specify side L/R</i> )              | 73721    |
|   |           | <ul style="list-style-type: none"> <li>• Tumor/mass/cancer/mets</li> <li>• Infection</li> </ul>  | <ul style="list-style-type: none"> <li>• Ganglion cyst</li> <li>• Neuroma</li> </ul>  | MRI ankle with and without contrast ( <i>specify side L/R</i> )     | 73723    |
|   |           |  |   |   |          |

## MRI (CONT)


| Area of Concern   | Body Part | Reason for Exam   | Exam to be Ordered  | CPT Code |
|---|-----------|---|---|----------|
| Lower extremity (cont)<br> | Calcaneus | <ul style="list-style-type: none"> <li>• Trauma</li> <li>• Muscle/tendon tear</li> </ul>  | MRI ankle/hind foot without contrast                                | 73718    |
|   |           | <ul style="list-style-type: none"> <li>• Pain with history of cancer</li> <li>• Tumor/mass/cancer/mets</li> <li>• Infection</li> <li>• Myositis</li> </ul>  | MRI ankle/hind foot with and without contrast                       | 73720    |
|   | Foot      | <ul style="list-style-type: none"> <li>• Pain</li> <li>• Ligament tear</li> <li>• Tendon tear</li> <li>• Calcific tendonitis</li> <li>• Degenerative Joint Disease/DJD</li> <li>• Osteoarthritis/arthritis</li> <li>• Trauma</li> </ul> | MRI forefoot without contrast<br><i>(specify side L/R)</i>          | 73718    |
|   |           | <ul style="list-style-type: none"> <li>• Tumor/mass/cancer/mets</li> <li>• Infection</li> <li>• Ganglion cyst</li> <li>• Morton's neuroma</li> </ul>  | MRI forefoot with and without contrast<br><i>(specify side L/R)</i> | 73720    |

## MRA (MRI ANGIOGRAPHY)


| Area of Concern  | Body Part               | Reason for Exam  | Oral Prep | IV Contrast | Exam to be Ordered   | CPT Code       |
|--|-------------------------|--|-----------|-------------|--|----------------|
|                             | Brain<br>(MRA-arterial) | <ul style="list-style-type: none"> <li>Stroke, CVA, TIA</li> <li>Aneurysm</li> <li>Follow up to aneurysm coiling</li> </ul>  | No        | No          | MRA brain without contrast   | 70544          |
|  |                         |  | No        | Yes         | MRA brain with and without contrast  | 70456          |
|  | Brain<br>(MRV-venous)   | <ul style="list-style-type: none"> <li>Venous thrombosis</li> </ul>  | No        | Yes         | MRA <b>with</b> contrast   | 70545          |
|  |                         |  |           |             | If contraindications ( <i>allergy, pregnancy</i> ), order <b>without</b> contrast.                         | 70544          |
|  | Neck                    | <ul style="list-style-type: none"> <li>Stroke, CVA, TIA</li> <li>Occlusion and stenosis or precerebral arteries, carotid artery</li> <li>Dissection</li> </ul>                                     | No        | Yes         | MRA neck with and without contrast   | 70549          |
| MRI angiography (MRA)<br> | Chest                   | <ul style="list-style-type: none"> <li>Thoracic aneurysm without rupture</li> <li>Vascular anomalies</li> <li>Thoracic aorta (<i>other than dissection</i>)</li> <li>Subclavian vessels</li> </ul> | No        | Yes         | MRA chest with or without contrast   | 71555          |
|  |                         | <ul style="list-style-type: none"> <li>Aortic dissection</li> </ul>  | No        | Yes         | <b>Order 2 exams:</b><br>MRA chest with or without contrast<br>AND<br>MRA abdomen with or without contrast | 71555<br>74185 |
|  | Arch and great vessels  | <ul style="list-style-type: none"> <li>Occlusion and stenosis or precerebral arteries, carotid artery</li> <li>Stroke, CVA, TIA</li> </ul>   | No        | Yes         | MRA neck with and without contrast   | 70549          |

Central Scheduling: (478) 329-3200

## MRA (MRI ANGIOGRAPHY) (CONT)

| Area of Concern   | Body Part              | Reason for Exam  | Oral Prep | IV Contrast | Exam to be Ordered   | CPT Code           |
|---|------------------------|--|-----------|-------------|--|--------------------|
| MRI angiography (MRA) (cont)<br> | Abdomen (MRA-arterial) | <ul style="list-style-type: none"> <li>• AAA (<i>abdominal aortic aneurysm</i>)</li> <li>• Pre kidney transplant</li> <li>• HTN</li> <li>• Renal mass-evaluation/pre-op</li> </ul>     | No        | Yes         | MRA abdomen with or without contrast   | 74185              |
|   |                        | <ul style="list-style-type: none"> <li>• Abdominal aortic dissection</li> <li>• Uncontrolled blood pressure</li> <li>• Mesenteric ischemia</li> <li>• Renal artery stenosis</li> </ul> |           |             |  |                    |
|   |                        | <ul style="list-style-type: none"> <li>• Renal mass-evaluation/pre-op</li> </ul>   | No        | Yes         | <b>Order 2 exams to be scheduled at different times):</b><br><br>MRI abdomen with <b>AND</b> without contrast<br><br>MRA abdomen with <b>OR</b> without contrast | 74183<br><br>74185 |
|   | Abdomen (MRV-venous)   | <ul style="list-style-type: none"> <li>• Venous thrombosis</li> <li>• Venous pathology</li> </ul>  | No        | Yes         | MRV abdomen with or without contrast   | 74185              |
|   | Pelvis                 | <ul style="list-style-type: none"> <li>• AVM (<i>arteriovenous malformation</i>)</li> <li>• May thurner</li> </ul>   | No        | Yes         | MRA pelvis with or without contrast  | 72198              |
|   |                        | <ul style="list-style-type: none"> <li>• Pelvic congestion</li> </ul>  | No        | Yes         | <b>Order 2 exams:</b><br><br>MRA pelvis with <b>OR</b> without contrast<br><br>MRA pelvis with <b>AND</b> without contrast                                       | 72198<br><br>72197 |

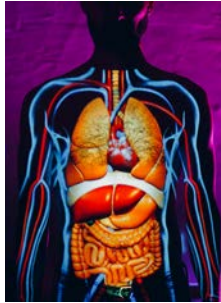
## MRA (MRI ANGIOGRAPHY) (CONT)

| Area of Concern   | Body Part       | Reason for Exam   | Oral Prep | IV Contrast | Exam to be Ordered   | CPT Code                               |
|---|-----------------|---|-----------|-------------|--|--|
|  | Lower extremity | <ul style="list-style-type: none"> <li>• Claudication</li> <li>• Cold foot</li> <li>• Pain</li> </ul> | No        | Yes         | <p><b>Order 3 exams:</b></p> <p>MRA abdomen with or without contrast</p> <p>MRA lower extremity with or without contrast LEFT</p> <p>AND</p> <p>MRA lower extremity with or without contrast RIGHT</p> | <p>74185</p> <p>73725</p> <p>73725</p> |

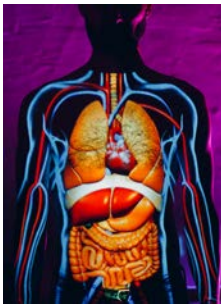




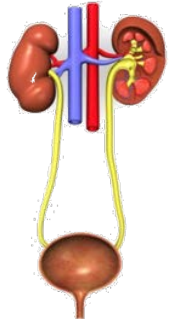
## ULTRASOUND

| Area of Concern  | Body Part  | Reason for Exam  |   | Exam to be Ordered                               | Preparation   | CPT Code        |
|--|--|--|---|--|---|-----------------|
| Abdomen<br> | Pancreas, aorta, IVC, liver, GB, CBD bilateral kidneys, spleen   | <ul style="list-style-type: none"> <li>• Abdominal mass</li> <li>• Splenomegaly</li> <li>• Fatty liver</li> <li>• Hepatomegaly</li> <li>• Gallstones</li> <li>• Cirrhosis or hepatic disease</li> <li>• Cholecystitis</li> <li>• Abdominal distension</li> <li>• Leukopenia</li> <li>• Ascites</li> </ul>                          | <ul style="list-style-type: none"> <li>• Jaundice</li> <li>• Personal history of cancer</li> <li>• Pancreatitis/pseudoaneurysm</li> <li>• Metastasis</li> <li>• Nausea/vomiting</li> <li>• Abnormal diagnostic test</li> <li>• Abdominal pain - generalized</li> <li>• Epigastric pain</li> </ul> | <b>US abdomen complete without Doppler</b>       | NPO 6 hours prior                                     | 76700           |
|  |  | <ul style="list-style-type: none"> <li>• TIPS</li> <li>• Recanalized umbilical vein</li> <li>• Mesenteric ischemia</li> <li>• Splenic vein thrombosis</li> <li>• Portal vein thrombosis</li> </ul>   | <ul style="list-style-type: none"> <li>• Post prandial abdominal pain</li> <li>• Budd-Chiari</li> <li>• Portal hypertension</li> <li>• Jaundice</li> <li>• Elevated LFTs</li> <li>• Hemangioma</li> </ul>   | <b>US abdomen complete with complete Doppler</b> | NPO 6 hours prior                                     | 93975 AND 76700 |
|  | <ul style="list-style-type: none"> <li>• RUQ: (pancreas, liver, GB, CBD and RT kidney)</li> <li>• Single organ</li> <li>• 4 quadrants</li> <li>• Area of concern scanned by request</li> </ul> | <ul style="list-style-type: none"> <li>• Abnormal CT finding</li> <li>• Gallstones/GERD</li> <li>• Evaluate mass</li> <li>• Ascites</li> <li>• Abnormal LFTs</li> <li>• Liver cyst</li> <li>• Splenomegaly (if MD requests spleen only)</li> <li>• Biliary disease</li> <li>• Cirrosis</li> <li>• Pancreatic pseudocyst</li> </ul> | <ul style="list-style-type: none"> <li>• Hepatitis</li> <li>• Thrombocytosis</li> <li>• Hyperbilirubinemia</li> <li>• Nausea/vomiting - attn GB</li> <li>• RUQ pain</li> </ul>  | <b>US abdomen limited without Doppler</b>        | NOP 6 hours prior<br><br>NPO 6 hours prior<br>No prep | 76705           |

ULTRASOUND (CONT)

| Area of Concern   | Body Part       | Reason for Exam   | Exam to be Ordered  | Preparation  | CPT Code                                     |
|---|-----------------|---|---|--|--|
| Abdomen (cont)<br> | RUQ vasculature | <ul style="list-style-type: none"> <li>• Portal hypertension</li> <li>• Budd-Chiari</li> <li>• TIPS</li> <li>• Varices</li> <li>• Jaundice</li> </ul> | <ul style="list-style-type: none"> <li>• Mesenteric ischemia</li> <li>• Recanalized umbilical vein</li> <li>• Portal vein thrombosis</li> </ul> | <b>US abdomen limited with complete Doppler</b><br><br>Done only if the patient has had a recent ultrasound or CT and evaluating the vasculature is the only concern ( <i>includes Doppler evaluation only</i> ) | NPO 6 hours prior<br><br>76705 AND 93975     |
|   | Liver Tx        | <ul style="list-style-type: none"> <li>• Post liver Tx</li> <li>• Arterial patency of Liver Tx</li> </ul>   |   | <b>US abdomen limited with complete Doppler</b><br><br>Done only if the patient has had a recent ultrasound or CT and evaluating the vasculature is the only concern ( <i>includes Doppler evaluation only</i> ) | NOP 6 hours prior<br><br>76775 AND 93975     |
|   | Abdomen         | <ul style="list-style-type: none"> <li>• IVC filter patency</li> </ul>  |   | <b>US abdomen limited with limited Doppler</b>   | No prep<br><br>76705/ 93975/ 93978           |
|   | Aorta           | <ul style="list-style-type: none"> <li>• AAA/follow up AAA</li> <li>• Family history of AAA</li> <li>• Abdominal pulsations</li> </ul>                | <ul style="list-style-type: none"> <li>• Pulsatile aorta</li> <li>• Bruit</li> <li>• Ectasia</li> </ul>   | <b>US aorta</b><br>Scanned only for AAA  | NOP 6 hours<br><br>76775-dx 76706-scrn 93978 |
|   | Abdominal wall  | <ul style="list-style-type: none"> <li>• Seroma</li> <li>• Abscess</li> <li>• Lipoma</li> </ul>   | <ul style="list-style-type: none"> <li>• Fluid collection</li> <li>• Lump/bump</li> <li>• Hematoma</li> </ul>                                   | <b>US abdominal wall</b><br><i>(includes area of concern only)</i>   | No prep<br><br>76705                         |

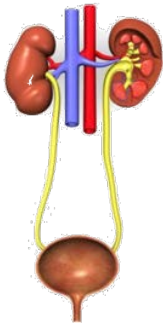
## ULTRASOUND (CONT)

| Area of Concern  | Body Part   | Reason for Exam   |  | Exam to be Ordered                                 | Preparation   | CPT Code        |
|--|---|---|--|--|---|-----------------|
| Urinary tract<br> | Bilateral kidneys and bladder                     | <ul style="list-style-type: none"> <li>• Hydronephrosis/obstruction</li> <li>• Renal cancer</li> <li>• Neurogenic bladder</li> <li>• Dialysis</li> <li>• Pyelonephritis/cystitis/UTI</li> <li>• Renal stone</li> <li>• Flank pain</li> <li>• Nocturia frequency</li> <li>• Vesicoureteral reflux</li> </ul>             | <ul style="list-style-type: none"> <li>• Elevated labs (BUN/CR)</li> <li>• Hematuria</li> <li>• Post void residual</li> <li>• Urinary retention</li> <li>• Bladder diverticula</li> <li>• Renal failure</li> <li>• Trauma/hematoma</li> <li>• Renal cyst/mass</li> </ul> | <b>US renal with bladder complete</b>              | Drink 12 ounces of water one (1) hour prior to exam                 | 76770           |
|  | Bilateral kidneys, bladder, and renal vasculature | <ul style="list-style-type: none"> <li>• Hypertension</li> <li>• Renal vein and artery patency</li> <li>• Renal artery stenosis</li> <li>• Renal artery aneurysm</li> <li>• Renal vein thrombosis</li> </ul>  |  | <b>US renal with bladder complete with Doppler</b> | NPO 6 hours AND drink 12 ounces of water one (1) hour prior to exam | 76770 AND 93975 |
|  | Kidneys only                                      | <ul style="list-style-type: none"> <li>• Hydronephrosis</li> <li>• Incomplete bladder emptying</li> <li>• Renal tumor/cancer</li> <li>• Proteinuria</li> <li>• UTI</li> <li>• Hematuria</li> <li>• Urinary retention</li> <li>• Angiomyolipoma</li> <li>• Hypercalcemia</li> <li>• Polycystic kidney disease</li> </ul> | <ul style="list-style-type: none"> <li>• Renal lesion/cyst</li> <li>• Chronic kidney disease</li> <li>• Potential donor</li> <li>• Neurogenic bladder obstructive uropathy</li> <li>• Horseshoe kidney nephrectomy</li> </ul>  | <b>US renal</b>                                    | Drink 12 ounces of water one (1) hour prior to exam                 | 76775           |

Central Scheduling: (478) 329-3200


ULTRASOUND

ULTRASOUND (CONT)

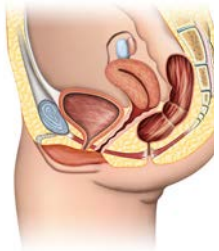
| Area of Concern   | Body Part  | Reason for Exam   | Exam to be Ordered  | Preparation   | CPT Code   |
|---|--|---|---|---|--|
| Urinary tract (cont)<br> | Kidney transplant and bladder                    | <ul style="list-style-type: none"> <li>• Post renal transplant evaluation</li> <li>• Elevated labs (<i>creatinine</i>)</li> <li>• Rejection</li> <li>• Poor renal function</li> <li>• Hydronephrosis</li> <li>• Pain over transplant site</li> <li>• Mass/cyst</li> </ul> | <ul style="list-style-type: none"> <li>• Pre-transplant evaluation</li> <li>• Post void residual</li> <li>• Hematuria</li> <li>• Renal artery stenosis</li> <li>• Urinoma</li> <li>• Renal artery/vein patency</li> <li>• Lymphocele</li> </ul> | <b>US renal with bladder</b>  | Drink 12 ounces of water one (1) hour prior to exam<br><br>76776<br>AND<br>93976<br>AND<br>76775 |
|   | Bilateral kidneys, kidney transplant and bladder | <ul style="list-style-type: none"> <li>• Mass</li> <li>• Hydronephrosis</li> <li>• Hematuria</li> </ul>   | <ul style="list-style-type: none"> <li>• Native kidney size</li> <li>• Flank pain</li> <li>• Renal stones</li> </ul>  | <b>US renal and bladder transplant with native kidneys</b>                            | Drink 12 ounces of water one (1) hour prior to exam<br><br>76776                                 |
|   | Prostate   | <ul style="list-style-type: none"> <li>• Elevated PSA</li> <li>• Urinary frequency</li> <li>• Mass/nodule</li> <li>• Family history prostate cancer</li> </ul>  | <ul style="list-style-type: none"> <li>• Prostatitis</li> <li>• Hematuria</li> <li>• Enlarged prostate</li> <li>• Abnormal physical exam</li> </ul>   | <b>US prostate without Doppler</b><br><i>(transrectal ultrasound of the prostate)</i> | Fleet enema 1-2 hours prior to exam. Eat normal meals.<br><br>76872                              |



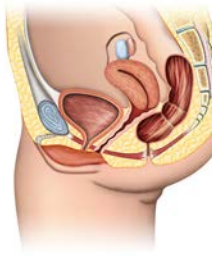
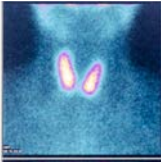
ULTRASOUND (CONT)

| Area of Concern   | Body Part           | Reason for Exam  | Exam to be Ordered   | Preparation   | CPT Code        |
|---|---------------------|--|--|---|-----------------|
| Pelvis (cont)<br>NON-OBSTETRIC<br><br> | Appendix            | <ul style="list-style-type: none"> <li>• Appendicitis</li> <li>• RLQ pain</li> <li>• Pelvic pain/cyst/mass</li> </ul>  | <b>US pelvic limited without Doppler</b><br><i>(area of appendix scanned only for appy or RLQ)</i>   | No prep   | 76857           |
|   | Bladder only        | <ul style="list-style-type: none"> <li>• Post void residual</li> <li>• Bladder mass</li> <li>• Bladder jets</li> <li>• Bladder volume</li> <li>• Noctuna frequency</li> <li>• UTI</li> <li>• Polyuria</li> <li>• Bladder cancer</li> </ul> | <b>US pelvic limited without Doppler</b><br><i>(OB patients of 13 week gestation looking for ovarian pathology without a concern for ovarian torsion)</i><br>DOES NOT INCLUDE FETAL ULTRASOUND<br>Scanned for bladder only | Drink 16-20 ounces of fluids one (1) hour prior to exam and DO NOT void | 76857           |
|   | RLQ or LLQ          | <ul style="list-style-type: none"> <li>• RLQ pain or LLQ pain</li> <li>• Pelvic pain</li> <li>• Torsion</li> </ul>   | <b>US pelvic limited with complete Doppler</b><br><i>(limited ultrasound for OB patients over 13 weeks gestation with a concern for torsion)</i><br>DOES NOT INCLUDE FETAL ULTRASOUND                                      | No prep   | 76857 AND 93975 |
|   | Pelvis: superficial | <ul style="list-style-type: none"> <li>• Seroma</li> <li>• Edema</li> <li>• Hematoma</li> <li>• Post C-section Inflammation</li> <li>• Fluid collection</li> <li>• Lump/bump</li> <li>• Abscess</li> </ul>                                 | <b>US pelvis superficial</b>   | No prep   | 76857           |

## ULTRASOUND (CONT)

| Area of Concern   | Body Part | Reason for Exam  | Exam to be Ordered  | Preparation   | CPT Code                  |
|---|-----------|--|---|---|---------------------------|
| Pelvis (cont)<br>NON-OBSTETRIC<br><br> | Ovaries   | Follow up only for above indications to a recent CT or ultrasound  | <b>US transvaginal non-OB with complete Doppler</b><br><i>Scanned as follow up to a recent CT or ultrasound only when Doppler evaluation of the ovaries is needed to rule out ovarian torsion</i> | Empty bladder   | 76830<br>AND<br>9395      |
|   |           | Follow up only for above indications to a recent CT or ultrasound  | <b>US transvaginal without Doppler</b><br><i>Scanned as follow up to a recent CT or ultrasound only</i>   | Empty bladder   | 76830                     |
|   | Uterus    | <ul style="list-style-type: none"> <li>• Postmenopausal bleeding</li> <li>• Synechiae</li> <li>• Polyp</li> <li>• Focal/diffuse endometrial</li> <li>• Abnormal uterine bleeding</li> <li>• Abnormality</li> <li>• Uterine myoma</li> <li>• Congenital abnormality of</li> <li>• Infertility</li> <li>• Uterus</li> <li>• Recurrent miscarriage</li> </ul> | <b>Hysterosonography with transvag</b><br><i>Includes transvaginal ultrasound only and sonohysterogram</i>  | <b>Only performed</b><br>Day 1-10 and not bleeding. May take Motrin/Tylenol evening prior to exam and eat light breakfast. Bladder must be empty. | 58340,<br>76830,<br>76831 |

ULTRASOUND (CONT)

| Area of Concern  | Body Part   | Reason for Exam   | Exam to be Ordered   | Preparation  | CPT Code                           |
|--|---|---|--|--|------------------------------------|
| Pelvis (cont)<br> | Uterus, bilateral ovaries, endometrium, cervix, bilateral adnexas, gestational sac size, crown rump length, fetal heart tones and gestational age | <ul style="list-style-type: none"> <li>• Pain</li> <li>• Ectopic</li> <li>• Miscarriage</li> <li>• Viability</li> <li>• Vaginal bleeding</li> </ul>   | <b>US OB &lt;14 weeks with transvag with complete Doppler</b> <ul style="list-style-type: none"> <li>• EC up to 13 weeks gestation: through the EC</li> <li>• EC over 13 weeks gestation: Must be ordered and scanned in fetal imaging</li> <li>• IP &amp; OP: must go to fetal imaging</li> </ul> | Drink 32 ounces of fluids one (1) hour prior to exam and DO NOT void<br><br>EC patients only – no prep unless transvaginal US is NOT ordered                     | 76801<br>AND<br>76817<br><br>93975 |
| Small parts<br>  | Bilateral thyroid and isthmus   | <ul style="list-style-type: none"> <li>• Nodule/mass</li> <li>• Abnormal lab test</li> <li>• Cyst</li> <li>• Thyroid cancer</li> <li>• Endocrine disorder</li> <li>• Goiter</li> <li>• Weight gain/neck pain</li> </ul> | <ul style="list-style-type: none"> <li>• Hyper/hypothyroidism</li> <li>• Enlarged thyroid</li> <li>• Abnormal CT/MRI/nuclear scan</li> <li>• Thyromegaly</li> <li>• Hashimotos disease</li> </ul>  | <b>US thyroid</b>  | No prep<br><br>76536               |
|  | Bilateral thyroid and parathyroid   | <ul style="list-style-type: none"> <li>• Parathyroid adenomas</li> <li>• Elevated calcium levels</li> </ul>   | <b>US thyroid (includes parathyroid)</b>   | No prep  | 76536                              |
|  | Thyroid bed and lateral aspect of the neck bilaterally  | <ul style="list-style-type: none"> <li>• Thyroid cancer</li> <li>• Post thyroidectomy</li> <li>• Lymph nodes</li> <li>• Abnormal nuclear scan</li> <li>• Palpable mass</li> </ul>                                       | <ul style="list-style-type: none"> <li>• Increased lab values</li> <li>• Follow up</li> <li>• Residual thyroid tissue</li> <li>• Cysts</li> </ul>  | <b>US post thyroidectomy</b><br><i>(Please indicate if the patient has a history of thyroid cancer and if the scan is to be read by a specific radiologist.)</i> | No prep<br><br>76536               |



## ULTRASOUND (CONT)

| Area of Concern | Body Part  | Reason for Exam  | Exam to be Ordered  | Preparation   | CPT Code                      |       |
|-----------------|------------|--|---|---|-------------------------------|-------|
| Miscellaneous   | Scrotum    | <ul style="list-style-type: none"> <li>• Pain</li> <li>• Torsion</li> <li>• Varicocele</li> <li>• Mass/cyst</li> <li>• Epididymitis</li> <li>• Tenderness</li> <li>• Atrophy</li> <li>• Lump spermatocele</li> </ul> | <ul style="list-style-type: none"> <li>• Trauma</li> <li>• Hydrocele</li> <li>• Undescended testes</li> <li>• Swelling</li> <li>• Microcalcifications</li> <li>• Infertility</li> </ul> | <b>US scrotum with complete Doppler</b><br><i>(includes bilateral scrotal ultrasound with Doppler)</i>          | No prep<br><br>76870<br>93975 |       |
|                 | Breast     | <ul style="list-style-type: none"> <li>• Lump/mass in breast</li> </ul>  | <b>US breast (left/right/bilateral)</b><br><i>Must be performed in the mammography department</i><br>58340, 76830, 76831  |   |                               |       |
|                 | Chest wall | <ul style="list-style-type: none"> <li>• Pleural effusion</li> <li>• Loculated fluid</li> <li>• Superficial mass</li> </ul>  | <b>US chest without Doppler</b><br><i>(includes pleural area or area of concern on the chest)</i>   | No prep   | 76604                         |       |
|                 | Axilla     | <ul style="list-style-type: none"> <li>• Lump/bump</li> <li>• Hematoma</li> <li>• Mass</li> <li>• Lipoma</li> </ul>  | <ul style="list-style-type: none"> <li>• Lymph node</li> <li>• Abscess</li> <li>• Fluid collection</li> </ul>   | <b>US axilla (left/right)</b><br><i>(includes area of abnormality)</i>  | No prep                       | 76882 |
|                 | Chest wall | <ul style="list-style-type: none"> <li>• Fluid collection</li> <li>• Swelling/edema/cellulitis</li> <li>• Abscess</li> <li>• Lump/bump</li> </ul>  | <ul style="list-style-type: none"> <li>• Mass</li> <li>• Lipoma</li> <li>• Lymph node</li> <li>• Hematoma</li> </ul>  | <b>US chest wall</b><br><i>(includes superficial area of interest - for example, PIC line site for abscess)</i> | No prep                       | 76604 |

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ULTRASOUND

**ULTRASOUND (CONT)**


| Area of Concern      | Body Part         | Reason for Exam  | Exam to be Ordered   | Preparation   | CPT Code |       |
|----------------------|-------------------|--|--|---|----------|-------|
| Miscellaneous (cont) | Face              | <ul style="list-style-type: none"> <li>• Swelling/edema/ cellulitis</li> <li>• Lymph node</li> <li>• Mass</li> <li>• Hematoma</li> </ul>       | <ul style="list-style-type: none"> <li>• Abscess</li> <li>• Lipoma</li> <li>• Fluid collection</li> <li>• Lump/bump</li> </ul> | <p><b>US face</b><br/> <i>(includes superficial area of interest on the face - for example, red lump on the cheek)</i></p>  | No prep  | 76536 |
|                      | Buttocks          | <ul style="list-style-type: none"> <li>• Mass</li> <li>• Hematoma</li> <li>• Swelling/edema/ cellulitis</li> <li>• Fluid collection</li> </ul> | <ul style="list-style-type: none"> <li>• Lump/bump</li> <li>• Lipoma</li> <li>• Abscess</li> </ul>                             | <p><b>US buttocks</b><br/> <i>(includes superficial area of interest on the buttocks for the indications provided - for example, after a fall)</i></p>  | No prep  | 76857 |
|                      | Middle/lower back | <ul style="list-style-type: none"> <li>• Mass</li> <li>• Fluid collection</li> <li>• Abscess</li> </ul>  | <ul style="list-style-type: none"> <li>• Lump/bump</li> <li>• Hematoma</li> <li>• Lipoma</li> </ul>                            | <p><b>US middle/lower back superficial</b><br/> <i>(includes superficial area of interest on the mid to lower back for the indications provided - for example, inflamed area of concern after an insect bite)</i></p> | No prep  | 76705 |
|                      | Upper back        | <ul style="list-style-type: none"> <li>• Abscess</li> <li>• Hematoma</li> <li>• Fluid collection</li> <li>• Lipoma</li> </ul>                  | <ul style="list-style-type: none"> <li>• Lump/bump</li> <li>• Hematoma</li> </ul>  | <p><b>US upper back superficial</b><br/> <i>(includes superficial area on the upper back for indications provided - for example, palpable lump by the shoulder blade)</i></p>   | No prep  | 76604 |

## ULTRASOUND (CONT)


| Area of Concern      | Body Part       | Reason for Exam   | Exam to be Ordered  | Preparation   | CPT Code              |       |
|----------------------|-----------------|---|---|---|-----------------------|-------|
| Miscellaneous (cont) | Head            | <ul style="list-style-type: none"> <li>• Mass</li> <li>• Hematoma</li> <li>• Lymph node</li> <li>• Fluid collection</li> </ul>  | <ul style="list-style-type: none"> <li>• Lump/bump</li> <li>• Lipoma</li> <li>• Abscess</li> </ul>                  | <b>US soft tissue head</b><br><i>(includes superficial area on the head for the indications provided - for example, lump after trauma)</i>  | No prep               | 76536 |
|                      | Neck            | <ul style="list-style-type: none"> <li>• Mass</li> <li>• Hematoma</li> <li>• Lump/bump</li> <li>• Fluid collection</li> </ul>   | <ul style="list-style-type: none"> <li>• Lymphadenopathy</li> <li>• Lipoma</li> <li>• Abscess</li> </ul>            | <b>US soft tissue neck/US neck</b><br><i>(includes superficial area on the neck for the indications provided - for example, lump on physical exam with question of enlarged lymph node)</i> | No prep               | 76536 |
|                      | Spine           | <ul style="list-style-type: none"> <li>• Mass</li> <li>• Lipoma</li> <li>• Fluid collection</li> </ul>                          | <ul style="list-style-type: none"> <li>• Lump/bump</li> <li>• Hematoma</li> <li>• Abscess</li> </ul>                | <b>US spine</b><br><i>(includes imaging over the spine for the indications provided - for example, at epidural injection site)</i>  | No prep               | 76800 |
| Vascular             | Transcranial    | <ul style="list-style-type: none"> <li>• Vasospasm</li> <li>• Sickle cell disease</li> <li>• Subarachnoid hemorrhage</li> </ul> | <b>US transcranial Doppler complete</b><br><i>(includes MCA, ACA, PCA, vertebral arteries and basilar arteries)</i> | No prep   | 93886<br>(at RO only) |       |
|                      | Temporal artery | <ul style="list-style-type: none"> <li>• Temporal arteries</li> </ul>   | <b>US transcranial Doppler limited</b><br><i>(includes bilateral temporal arteries)</i>                             | No prep   | 93888<br>(at RO only) |       |




ULTRASOUND (CONT)

| Area of Concern  | Body Part       | Reason for Exam   | Exam to be Ordered   | Preparation | CPT Code  |
|--|-----------------|---|--|-------------|---|
| Vascular (cont)<br> | Carotid         | <ul style="list-style-type: none"> <li>• Vertigo/dizziness</li> <li>• Aphasia</li> <li>• TIA/CVA</li> <li>• Bruit</li> <li>• Headache</li> <li>• Carotid trauma</li> <li>• Hyperlipidemia</li> <li>• Hypercholesterolemia</li> <li>• Carotid artery disease</li> <li>• Carotid artery stenosis</li> <li>• Valvular heart disease</li> <li>• Weakness</li> <li>• Stroke</li> <li>• Difference in arm blood pressure</li> <li>• Amaurosis fugax</li> <li>• Memory loss/confusion</li> <li>• Visual disturbance</li> <li>• Peripheral vascular disease</li> <li>• Hypertension</li> <li>• Occlusion carotid pulsative tenitis dysathria</li> </ul> | <p><b>Carotid duplex</b><br/> <i>(includes bilateral carotids)</i><br/>                     Performed in the outpatient center only. Must be performed in vascular lab if:</p> <ul style="list-style-type: none"> <li>• Patient has prior carotid US in vascular lab</li> <li>• Indication is for intimal thickening</li> <li>• Patient is going for carotid surgery</li> <li>• Patient is inpatient</li> </ul>  | No prep     | 93880 complete<br><br>93882 unilateral or limited |
|  | Lower extremity | <ul style="list-style-type: none"> <li>• Leg edema/swelling</li> <li>• Post surgical evaluation</li> <li>• Calf pain</li> <li>• Trauma</li> <li>• DVT/follow up DVT</li> <li>• Positive homan sign</li> <li>• Varicose veins</li> <li>• History of long plane/ car trip</li> <li>• Pulmonary embolus</li> <li>• Venous reflux</li> </ul>  | <p><b>Lower extremity venous duplex unilateral/bilateral</b><br/> <i>(includes venous Doppler imaging of unilateral or bilateral lower extremities as indicated)</i></p> <ul style="list-style-type: none"> <li>• Done in the outpatient center only. If the patient has a prior lower extremity venous duplex ultrasound in the vascular lab the exam must be performed in the vascular lab.</li> <li>• All inpatient lower extremity venous duplex exams must be performed in the vascular lab.</li> </ul> | No prep     | 93971 unilateral<br><br>93970 bilateral           |


## ULTRASOUND (CONT)

| Area of Concern  | Body Part              | Reason for Exam   | Exam to be Ordered |
|--|------------------------|---|--------------------|
| Vascular (cont)<br><br> | Lower extremity (cont) | <b>Lower extremity arterial Doppler</b>                     |                    |
|  |                        | <b>Lower extremity arterial duplex unilateral/bilateral</b> |                    |
|  | Upper extremity        | <b>Upper extremity venous duplex unilateral/bilateral</b>   |                    |
|  |                        | <b>Upper extremity arterial Doppler bilateral</b>           |                    |
|  | Venous mapping         | <b>Venous mapping</b>                                       |                    |


ULTRASOUND (CONT)

| Area of Concern  | Body Part | Reason for Exam  | Exam to be Ordered  | Preparation | CPT Code |
|--|-----------|--|---|-------------|----------|
| Musculoskeletal<br> | Shoulder  | <ul style="list-style-type: none"> <li>• Mass/swelling/lump</li> <li>• Abscess</li> <li>• Cyst</li> <li>• Fluid</li> </ul>   | <b>US shoulder</b>  | No prep     | 76882    |
|  | Axilla    | <ul style="list-style-type: none"> <li>• Lump/bump</li> <li>• Hematoma</li> <li>• Mass</li> <li>• Lipoma</li> <li>• Lymph node</li> <li>• Abscess</li> <li>• Fluid collection</li> </ul> | <b>US axilla (left/right)</b><br><i>(includes area of concern in the axilla area)</i>     | No prep     | 76882    |
|  | Upper arm | <ul style="list-style-type: none"> <li>• Mass/swelling/lump</li> <li>• Cyst</li> <li>• DST bicep abnormality</li> <li>• Abscess</li> <li>• Muscle abnormality</li> </ul>                 | <b>US upper extremity limited</b><br><i>(US upper arm complete not needed)</i>            | No prep     | 76882    |
|  | Elbow     | <ul style="list-style-type: none"> <li>• Mass/swelling/lump</li> <li>• Cyst</li> <li>• Bursitis</li> <li>• Fluid collection</li> <li>• Abscess</li> </ul>                                | <b>US elbow</b>   | No prep     | 76882    |
|  | Forearm   | <ul style="list-style-type: none"> <li>• Mass/swelling/lump</li> <li>• Fluid</li> <li>• Muscle injury</li> <li>• Abscess</li> <li>• Cyst</li> </ul>                                      | <b>US forearm</b><br><b>US upper extremity</b><br><i>(US forearm complete not needed)</i> | No prep     | 76882    |

## ULTRASOUND (CONT)

| Area of Concern   | Body Part      | Reason for Exam   | Exam to be Ordered   | Preparation   | CPT Code             |
|---|----------------|---|--|---|----------------------|
| Musculoskeletal (cont)<br><br> | Wrist          | <ul style="list-style-type: none"> <li>• Mass/swelling/lump</li> <li>• Carpal tunnel</li> <li>• Fluid</li> <li>• Bursitis</li> </ul>                    | <ul style="list-style-type: none"> <li>• Ganglion</li> <li>• Tenosynovitis</li> <li>• Abscess</li> <li>• Tendon/ligament injury</li> </ul> | <b>US wrist limited</b><br><i>(US wrist complete not needed)</i>  | No prep<br><br>76882 |
|   | Hand/finger    | <ul style="list-style-type: none"> <li>• Tendon/ligament injury</li> <li>• Gamekeeper's thumb</li> <li>• Mass/swelling/lump</li> <li>• Fluid</li> </ul> | <ul style="list-style-type: none"> <li>• Pulley injury</li> <li>• Tenosynovitis</li> <li>• Cyst</li> <li>• Abscess</li> </ul>              | <b>US hand/finger limited</b><br><i>(US hand/finger complete not needed)</i>  | No prep<br><br>76882 |
|   | Abdominal wall | <ul style="list-style-type: none"> <li>• Ventral hernia</li> <li>• Abscess</li> <li>• Mass</li> </ul>   | <ul style="list-style-type: none"> <li>• Fluid collection</li> <li>• Lymph node</li> </ul>   | <b>US abdominal wall soft tissue</b>  | No prep<br><br>76705 |
|   | Groin          | <ul style="list-style-type: none"> <li>• Hernia</li> <li>• Cyst</li> <li>• Hematoma</li> <li>• Abscess</li> </ul>                                       | <ul style="list-style-type: none"> <li>• Lymph node</li> <li>• Fluid collection</li> <li>• Mass/swelling/lump</li> </ul>                   | <b>US groin unilateral soft tissue</b><br><i>(if bilateral, must place 2 orders)</i><br><br><i>(for hernia, includes US and dynamic maneuvers)</i><br><br><i>(indication of pseudoaneurysm must be ordered and performed in the vascular lab)</i> | No prep<br><br>76882 |

ULTRASOUND (CONT)

| Area of Concern   | Body Part | Reason for Exam  | Exam to be Ordered  | Preparation  | CPT Code         |
|---|-----------|--|---|--|------------------|
| Musculoskeletal (cont)<br> | Hip       | <ul style="list-style-type: none"> <li>• Effusion</li> <li>• Gluteal tendon injury</li> <li>• Trochanteric bursitis</li> </ul>           | <ul style="list-style-type: none"> <li>• Mass/swelling/lump</li> <li>• Snapping hip - iliopsoas tendon</li> </ul> | <b>US adult hip limited</b><br><i>(US hip complete not needed)</i>                 | No prep<br>76882 |
|   | Thigh     | <ul style="list-style-type: none"> <li>• Mass/swelling/lump</li> <li>• Tendon injury</li> </ul>  | <ul style="list-style-type: none"> <li>• Muscle abnormality</li> </ul>  | <b>US thigh limited</b><br><i>(US thigh complete not needed)</i>                   | No prep<br>76882 |
|   | Knee      | <ul style="list-style-type: none"> <li>• Baker’s cyst</li> <li>• Joint effusion</li> <li>• Patella tendon injury</li> </ul>              | <ul style="list-style-type: none"> <li>• Quadriceps tendon injury</li> <li>• Mass/swelling/lump</li> </ul>        | <b>US knee limited</b>   | No prep<br>76882 |
|   | Lower leg | <ul style="list-style-type: none"> <li>• Mass/swelling/lump</li> <li>• Fluid</li> <li>• Muscle abnormality</li> <li>• Abscess</li> </ul> | <ul style="list-style-type: none"> <li>• Cyst</li> <li>• Fascial tear/muscle herniation</li> </ul>                | <b>US lower leg limited</b><br><i>(US lower leg complete not needed)</i>           | No prep<br>76882 |
|   | Ankle     | <ul style="list-style-type: none"> <li>• Tendon injury</li> <li>• Ligament injury</li> </ul>   |   | <b>US ankle complete</b><br><i>(please specify tendon or ligament of interest)</i> | No prep<br>76881 |
|   |           | <ul style="list-style-type: none"> <li>• Cyst</li> <li>• Achilles tendon</li> </ul>  | <ul style="list-style-type: none"> <li>• Mass/swelling/lump</li> <li>• Tendon/ligament injury</li> </ul>          | <b>US ankle limited</b><br><i>(please specify tendon or ligament of interest)</i>  | No prep<br>76882 |
|   | Foot      | <ul style="list-style-type: none"> <li>• Tendon injury</li> </ul>  |   | <b>US foot complete</b>  | No prep<br>76881 |
|   |           | <ul style="list-style-type: none"> <li>• Mass/swelling/lump</li> <li>• Plantar plate</li> </ul>  | <ul style="list-style-type: none"> <li>• Neuroma</li> <li>• Fascia</li> </ul>                                     | <b>US foot limited</b>   | No prep<br>76882 |



## ULTRASOUND-GUIDED PROCEDURES

| Area of Concern | Reason for Exam  | Exam to be Ordered  | Preparation  | CPT Code |
|-----------------|--|---|--|----------|
| Paracentesis    | <ul style="list-style-type: none"> <li>• Ascites</li> </ul>  | <p><b>US guided paracentesis</b><br/> <i>(Please indicate if the test is diagnostic or therapeutic. If diagnostic, please indicate what labs fluid will be sent for.)</i></p> <p><b>Contact Interventional Radiology (478) 542-7765.</b></p>  | No prep  | 49083    |
| Thoracentesis   | <ul style="list-style-type: none"> <li>• Pleural effusion</li> <li>• Drainage</li> </ul>   | <p><b>US guided thoracentesis</b><br/> <i>(Please indicate if the test is diagnostic or therapeutic. If diagnostic, please indicate what labs fluid will be sent for and if a drain is to be left in place.)</i></p> <p><b>Contact Interventional Radiology (478) 542-7765.</b></p> | No prep  | 32555    |
| Biopsy          | <ul style="list-style-type: none"> <li>• Lymph node Bx - fna</li> <li>• Thyroid Bx - fna</li> </ul>  | <p><b>US guided biopsy</b><br/> <i>(Please indicate if any additional testing is needed. For example, flow cytometry on a lymph node Bx.)</i></p> <p><b>Contact Interventional Radiology (478) 542-7765.</b></p>  | If conscious, sedation is given. Patient must be NPO after midnight. | 76942    |
|                 | <ul style="list-style-type: none"> <li>• Abdominal Bx</li> <li>• Liver Bx (random and mass)</li> <li>• Renal Bx (function and mass)</li> </ul> |   |  |          |

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**ULTRASOUND-GUIDED PROCEDURES (CONT)**

| Area of Concern   | Reason for Exam   | Exam to be Ordered  | Preparation  | CPT Code                         |
|-------------------|---|---|--|----------------------------------|
| Aspiration        | <ul style="list-style-type: none"> <li>• Fluid collection</li> <li>• Seroma</li> <li>• Hematoma</li> <li>• Neuroma</li> <li>• Abscess</li> </ul>  | <p><b>US guided aspiration</b><br/><i>(Please indicate what labs you would like the fluid to be sent for if the test is diagnostic.)</i></p>  |  | 76942                            |
| Drainage          | <ul style="list-style-type: none"> <li>• Abscess</li> <li>• Pleurx cath placement</li> </ul>  | <p><b>US guided drainage</b><br/><i>(Please indicate what labs you would like the fluid to be sent for if the test is diagnostic.)</i></p> <p><b>Contact Interventional Radiology (478) 542-7765.</b></p> |  | 49405                            |
| Hysterosonography | <ul style="list-style-type: none"> <li>• Postmenopausal bleeding</li> <li>• Recurrent miscarriage</li> <li>• Polyp</li> <li>• Synechiae</li> <li>• Abnormal uterine bleeding</li> <li>• Focal/diffuse endometrial</li> <li>• Uterine myoma</li> <li>• Abnormality</li> <li>• Infertility</li> <li>• Congenital abnormality of uterus</li> </ul> | <p><b>Hysterosonography with transvag</b><br/><i>(includes transvaginal ultrasound only and sonohysterogram)</i></p>  | <p>Only performed between day 1-10. Patient must not be bleeding. Patient may take Motrin or Tylenol prior to the exam and have a light breakfast. Patient must have an empty bladder.</p> | <p>58340<br/>76830<br/>76831</p> |

## NUCLEAR MEDICINE

| Area of Concern | Body Part | Reason for Exam  | Exam to be Ordered   | CPT Code                                    |
|-----------------|-----------|--|--|---|
| Musculoskeletal |           | <ul style="list-style-type: none"> <li>• Primary or metastatic cancer – initial evaluation or follow up</li> <li>• Evaluation abnormal findings by other imaging modalities</li> <li>• Pathologic fracture</li> <li>• Pain of suspected musculoskeletal etiology</li> <li>• Arthritis and sacroiliitis</li> <li>• Evaluation abnormal lab tumor marker, elevated alkaline phosphatase</li> <li>• Unexplained bone or back pain</li> <li>• Stress fractures, any body site</li> <li>• Paget’s disease</li> <li>• Osteoid osteoma</li> </ul> | Bone scan - whole body   | 78306                                       |
|                 |           | <ul style="list-style-type: none"> <li>• Pars stress injury-spondylolysis</li> <li>• Osteoporotic fractures</li> <li>• Vertebral fracture (aging)</li> <li>• Evaluation abnormal findings by other imaging modalities</li> <li>• Sports injury in children/athletes</li> </ul>   | Bone scan - whole body with SPECT                              | 78306<br>78320<br>(add on charge for SPECT) |
|                 |           | <ul style="list-style-type: none"> <li>• Stress or occult fractures (<i>limited area</i>)</li> <li>• Osteomyelitis</li> <li>• Reflex sympathetic dystrophy (RSD)</li> <li>• Loosening hardware or prosthesis</li> </ul>  | Bone scan ( <i>3 phase</i> ) - with flow whole body or limited | 78315                                       |
|                 |           | <ul style="list-style-type: none"> <li>• Musculoskeletal trauma (<i>limited area</i>)</li> <li>• Prosthetic joint evaluation for loosening or infection</li> <li>• Avascular necrosis</li> <li>• Non-union fractures</li> <li>• Charcot’s joint</li> <li>• Stress fractures, any body</li> <li>• Limited area specific pain of suspected musculoskeletal etiology</li> </ul>   | Limited bone scan  | 78300                                       |

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**NUCLEAR MEDICINE (CONT)**

| <b>Area of Concern</b>        | <b>Body Part</b>   | <b>Reason for Exam</b>  | <b>Exam to be Ordered</b>                                  | <b>CPT Code</b>                                 |
|-------------------------------|--|---|--|---|
| Musculoskeletal <i>(cont)</i> |  | <ul style="list-style-type: none"> <li>• Spondylolysis or spondylolisthesis</li> <li>• Painful prosthesis</li> <li>• Pseudoarthrosis (painful spine post fusion/instrumentation)</li> <li>• Spinal fractures in pediatric patients</li> </ul>   | Limited bone scan with SPECT<br><i>(if indicated)</i>      | 78300<br>78320<br><br>(add on charge for SPECT) |
| Endocrine                     | Parathyroid  | <ul style="list-style-type: none"> <li>• Primary hyperparathyroidism</li> <li>• Hypercalcemia</li> <li>• Parathyroid adenoma localization</li> </ul>  | Parathyroid scan planar or Parathyroid SPECT               | 78070<br>78071                                  |
|                               | Thyroid <i>(Clinic Radioactive Iodine Treatment I-131)</i> | <ul style="list-style-type: none"> <li>• Thyroid cancer</li> <li>• Hyperthyroidism</li> </ul>   | I-131 Radioactive Iodine Treatment (oral)<br>*Up to 33 mCi | 79005   |
|                               | Iodine I23<br>Thyroid imaging and uptake                   | <ul style="list-style-type: none"> <li>• Determination of thyroid size, function and position</li> <li>• Evaluation of functional status of thyroid nodules/mass</li> <li>• Multinodular thyroid gland</li> <li>• Evaluate for hyperthyroidism, Graves disease,</li> <li>• Toxic nodular goiter</li> <li>• Abnormal thyroid lab results</li> <li>• Subacute thyroiditis</li> <li>• Evaluation of patients with history of head and neck irradiation</li> <li>• Clarification of thyroid nodule/hyperthyroidism</li> <li>• Detection of substernal thyroid tissue</li> </ul> | Thyroid scan with Uptake                                   | 78012   |

## NUCLEAR MEDICINE (CONT)

| Area of Concern         | Body Part  | Reason for Exam   | Exam to be Ordered    | CPT Code |
|-------------------------|--|---|-----------------------|----------|
| Endocrine <i>(cont)</i> | Thyroid uptake<br><i>(single/multiple)</i>                           | • Hyperthyroidism   | Thyroid uptake        | 78012    |
|                         | Radioactive I-131 body scan<br><i>(thyroid cancer patients only)</i> | • Thyroid cancer - initial or follow up (hormonal withdrawal) | I-131 whole body scan | 78018    |

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NUCLEAR MEDICINE (CONT)

| Area of Concern | Body Part                      | Reason for Exam  | Exam to be Ordered  | CPT Code   |       |
|-----------------|--------------------------------|--|---|--|-------|
| Cardiovascular  | Left ventricular (LV) function | <ul style="list-style-type: none"> <li>• Cardiomyopathy</li> <li>• Evaluate cardio toxic effects of chemotherapy</li> <li>• Quantify LVEF in CHF</li> <li>• Evaluate regional wall motion abnormality and LVEF in patients with CAD</li> </ul> | MUGA Scan   | 78472  |       |
|                 | Myocardial stress testing      | <ul style="list-style-type: none"> <li>• Chest pain</li> <li>• Post CABG</li> <li>• CAD</li> <li>• Diabetes</li> <li>• Abnormal EKG</li> <li>• Hypertension</li> </ul>   | <ul style="list-style-type: none"> <li>• Post myocardial infarction</li> <li>• Hypercholesterolemia</li> <li>• Shortness of breath</li> <li>• Coronary stenosis</li> <li>• Post stent</li> <li>• Pre-operative clearance</li> </ul> | Myocardial perfusion imaging SPECT<br><b>**Physician must specify exercise or pharmacologic (Lexiscan) stress test MPI on prescription**</b> | 78452 |
|                 |                                | <ul style="list-style-type: none"> <li>• Myocardial viability imaging (see PET section)</li> </ul>   |   | PET MPI  | 78492 |

## NUCLEAR MEDICINE (CONT)

| Area of Concern   | Body Part | Reason for Exam   | Exam to be Ordered  | CPT Code  |   |
|---|-----------|---|---|---|---|
| Pulmonary   | Lung      | <ul style="list-style-type: none"> <li>Acute or chronic pulmonary embolus (<i>renal insufficiency, allergy to iodine</i>)</li> <li>Pulmonary hypertension (chronic PE)</li> </ul> | Lung scan - aerosol and perfusion<br>Perfusion only   | 78582<br>78580  |   |
|   |           | <ul style="list-style-type: none"> <li>Planned lung resection</li> <li>Radiation therapy</li> </ul>   | Quantitative lung scan - perfusion  | 78598   |   |
|   | GI        | General abdomen   | <ul style="list-style-type: none"> <li>Abdominal pain</li> <li>Feeling of fullness</li> <li>Nausea, vomiting</li> </ul> | <ul style="list-style-type: none"> <li>Dumping syndrome</li> <li>Gastroparesis</li> <li>Gastric outlet obstruction</li> </ul> | Gastric emptying scan<br>Liquid and solid |
| <ul style="list-style-type: none"> <li>GI bleeding/GI hemorrhage (<i>labeled RBCs</i>)</li> </ul> |           |   |   | Gastrointestinal bleeding scan  | 78278                                     |
| <ul style="list-style-type: none"> <li>Meckel's diverticulum</li> </ul>                           |           |   |   | Meckels scan  | 78290                                     |
| Liver/spleen  |           | <ul style="list-style-type: none"> <li>Accessory spleen</li> <li>Trauma to liver or spleen</li> </ul>   |   | Heat damaged RBCs with SPECT  | 78206                                     |
| Liver   |           | <ul style="list-style-type: none"> <li>Specified or unspecified disorders of the liver</li> <li>Cavernous hemangioma</li> </ul>   |   | Ultra Tag RBC<br>Liver imaging SPECT with vascular flow   | 78205                                     |

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**NUCLEAR MEDICINE (CONT)**

| <b>Area of Concern</b> | <b>Body Part</b> | <b>Reason for Exam</b>  | <b>Exam to be Ordered</b>  | <b>CPT Code</b> |
|------------------------|------------------|---|--|-----------------|
| GI ( <i>cont</i> )     | Hepatobiliary    | <ul style="list-style-type: none"> <li>• Acute cholecystitis</li> <li>• Evaluate bile leak</li> <li>• Chronic cholecystitis</li> </ul>            | Hepatobiliary system imaging<br>( <i>gallbladder scan, HIDA scan</i> )                               | 78226           |
|                        |                  | <ul style="list-style-type: none"> <li>• Gallbladder motor function/functional gallbladder disorder<br/>(<i>chronic cholecystitis</i>)</li> </ul> | Hepatobiliary system imaging with pharmacologic intervention<br>( <i>gallbladder scan with CCK</i> ) | 78227           |
| Genitourinary          |                  | <ul style="list-style-type: none"> <li>• Evaluate renal perfusion and split function only</li> </ul>  | Renal scan flow and function<br>( <i>no lasix</i> )  | 78707           |
|                        |                  | <ul style="list-style-type: none"> <li>• Hydronephrosis</li> <li>• Urinary tract obstruction</li> <li>• Functional analysis (UPJ)</li> </ul>      | Renal scan diuresis ( <i>lasix</i> )   | 78708           |
|                        |                  | <ul style="list-style-type: none"> <li>• Renovascular HTN/renal artery stenosis</li> </ul>  | Captopril renal scan   | 78708           |



## NUCLEAR MEDICINE (CONT)

| Area of Concern | Body Part | Reason for Exam   | Exam to be Ordered  | CPT Code  |
|-----------------|-----------|---|---|---|
| Neurologic      | Brain     | • Brain death   | Brain DEATH   | 78610   |
|                 |           | • Normal pressure hydrocephalus<br>• Pre-chemo subarachnoid space patency   | Cisternogram*   | 78630 and<br>62311  |
| Infection       | Any       | <ul style="list-style-type: none"> <li>• Infection</li> <li>• Osteomyelitis</li> <li>• Infection of prosthetic joint</li> <li>• Evaluation of vascular graft infection</li> <li>• Renal infection</li> <li>• Abscess detection</li> <li>• Inflammatory bowel disease</li> </ul> | Ceretec White Blood Cell scan<br>(or In-111 WBC) with SPECT | Limited<br>78805<br><br>Whole Body<br>78806<br><br>SPECT<br>78807 |

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**NUCLEAR MEDICINE (CONT)**

| <b>Area of Concern</b> | <b>Body Part</b>                 | <b>Reason for Exam</b>   | <b>Exam to be Ordered</b>                     | <b>CPT Code</b> |
|------------------------|----------------------------------|--|---|-----------------|
| Oncology               |                                  | <ul style="list-style-type: none"> <li>• Primary and metastatic neuroendocrine tumors bearing somatostatin receptors (<i>Carcinoid, pheochromocytoma, medullary thyroid cancer</i>)</li> </ul> | Octreotide scan*                              | 78803 and 78804 |
|                        |                                  | <ul style="list-style-type: none"> <li>• Pheochromocytoma</li> <li>• Neuroblastoma</li> </ul>  | I-123 MIGB*                                   | 78803 and 78804 |
| Lymphatics             | Sentinel node ( <i>mapping</i> ) | <ul style="list-style-type: none"> <li>• Melanoma</li> <li>• Breast cancer</li> </ul>  | Sentinel node lymphoscintigraphy with imaging | 78195 and 38792 |
|                        |                                  | <ul style="list-style-type: none"> <li>• Breast cancer</li> </ul>  | Sentinel node injection only                  | 38792           |

## NUCLEAR MEDICINE CONSULTATION AND THERAPY SERVICES

| Diagnosis | Reason for Exam   | Exam to be Ordered   | CPT Code |
|-----------|---|--|----------|
| Endocrine | <ul style="list-style-type: none"> <li>• Thyroid cancer</li> </ul>  | I-131 Therapy for thyroid cancer ( <i>radiopharmaceutical therapy, by oral administration</i> )  | 79005    |
|           | <ul style="list-style-type: none"> <li>• Hyperthyroidism/autonomously functioning thyroid tissue</li> </ul> | I-131 Therapy for hyperthyroidism ( <i>radiopharmaceutical therapy, by oral administration</i> ) | 79005    |

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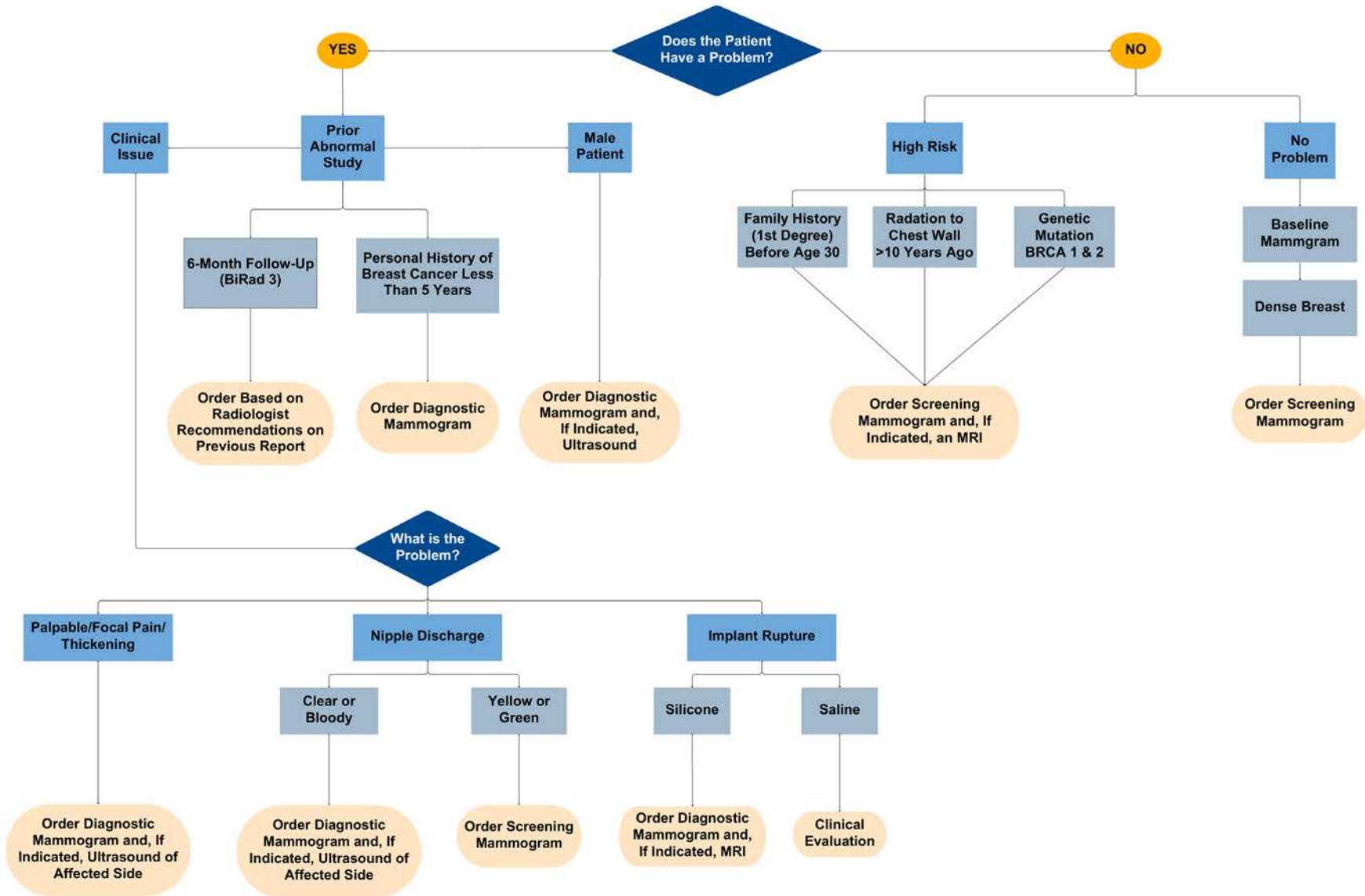
## PET IMAGING

| Area of Concern | Reason for Exam  | Exam to be Ordered                  |                         | CPT Code       |
|-----------------|--|-------------------------------------|-------------------------|----------------|
| Brain           | <ul style="list-style-type: none"> <li>Epilepsy, tumor recurrence FTD (<i>frontotemporal dementia</i>) vs. SDAT (<i>senile dementia of the Alzheimer's type</i>)</li> </ul>  | Brain imaging, perfusion evaluation |                         | 78609          |
|                 |  | Brain imaging, metabolic evaluation |                         | 78608          |
| Heart           | <ul style="list-style-type: none"> <li>Coronary artery disease</li> <li>Risk assessment for major surgery after myocardial infarction</li> <li>For patients with large body habitus</li> </ul>   | Myocardial perfusion stress         |                         | 78492          |
|                 | <ul style="list-style-type: none"> <li>Assessment of myocardial viability: differentiating ischaemia from scar, and predicting improvement</li> </ul>  | Myocardial viability                |                         | 78459          |
| Tumor           | <ul style="list-style-type: none"> <li>Diagnosis                             <ul style="list-style-type: none"> <li>Clarify abnormal CT</li> <li>Determine biopsy site/location</li> <li>Determine benign vs. malignant pulmonary nodule masses or adenopathy</li> </ul> </li> <li>Staging (<i>all cancer types except prostate</i>)</li> <li>Restaging (<i>most cancer types including prostate</i>)</li> </ul> | PET/CT Imaging                      | Skull base to mid-thigh | 78815          |
|                 |  |                                     | Whole body              | 78816          |
| Bone            | <ul style="list-style-type: none"> <li>Evaluation of metastatic cancer to the bone</li> <li>(Includes CMS patients under PET registry)</li> </ul>  | F-18 bone scan                      | Whole body              | 78816<br>A9552 |

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# HOUSTON HEALTHCARE MAMMOGRAPHY WORKFLOW



Central Scheduling: (478) 329-3200





## RADIATION SAFETY

### Radiation Dose

Houston Healthcare’s Radiology Department works in conjunction with radiologists and technologists to minimize radiation dose in our imaging exams. We place special emphasis on attaining the most optimal images while minimizing radiation exposure. Most imaging procedures are relatively low dose and can be compared to the average natural background dose that everyone receives from radon, cosmic and terrestrial sources, which is on average 3 milliSieverts (mSv), or 300 millirem (mrem).

Houston Healthcare subscribes to the Image Wisely campaign’s practices of using the lowest possible dose for each exam to limit exposure to radiation. For more information, please visit [www.imagewisely.org](http://www.imagewisely.org).

IMAGE WISELY

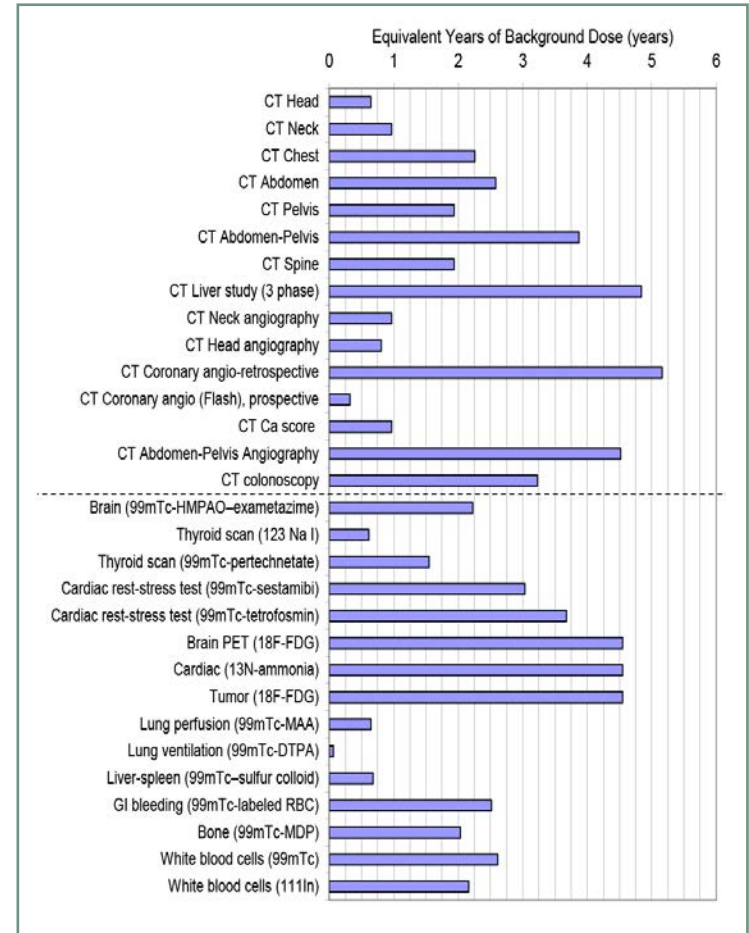
### Radiation Safety in Children’s Imaging

Houston Healthcare subscribes to the Image Gently campaign’s practices of gentle imaging for pediatric patients and using the lowest possible dose for each exam to limit a child’s exposure to radiation. For more information, please visit [www.imagegently.org](http://www.imagegently.org).

IMAGE GENTLY

### Radiation Dose

Imaging procedures using X-rays (i.e. CT) or radiopharmaceuticals involve a radiation dose. This chart shows average radiation doses per exam, though the doses will vary by patient size. Dose from an exam is specific to patient body size, since it takes more X-rays or more of a radiopharmaceutical to create a useable, high quality image for larger patients.



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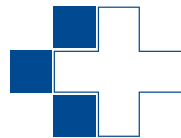
# **IMAGING ORDERING GUIDE**

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## **TO SCHEDULE AN EXAM**

**Call Central Scheduling: (478) 329-3200 or (866) 605-7565**

**Physician Orders Fax: (478) 542-7928**



**HOUSTON HEALTHCARE**