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## 2021 CPT Code Exam Ordering Guide

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HEAD/NECK & NEURO	EXAM TO ORDER	SYMPTOMS/CONCERNS	CPT CODE
	MRI brain - post fossa w/ & w/o contrast (IAC w/ & w/o)	<ul style="list-style-type: none"> <li>• Bell's Palsy</li> <li>• Vertigo</li> <li>• Hearing loss</li> </ul>	70553
	MRI brain (pituitary protocol) w/ & w/o contrast	<ul style="list-style-type: none"> <li>• Hormone abnormalities</li> <li>• Pituitary</li> </ul>	70553
	MRI brain (seizure protocol) w/ & w/o contrast	<ul style="list-style-type: none"> <li>• Seizures - multiple early onset</li> </ul>	70553
	MRI brain and orbits w/ & w/o contrast	<ul style="list-style-type: none"> <li>• Loss of vision</li> <li>• Optic neuritis</li> <li>• Ocular mass or tumor</li> <li>• Visual disturbance</li> </ul>	70553, 70543
	MRI brain w/ & w/o contrast	<ul style="list-style-type: none"> <li>• Brain tumor</li> <li>• Headaches (depends on associated clinical history)</li> <li>• Multiple sclerosis</li> <li>• Dizziness</li> <li>• Meningitis</li> <li>• Metastatic brain disease</li> <li>• Seizures</li> </ul>	70553
	MRI brain w/o contrast	<ul style="list-style-type: none"> <li>• Ataxia</li> <li>• Dementia</li> <li>• Traumatic brain injury (chronic)</li> <li>• CVA</li> <li>• Headaches (depends on associated clinical history)</li> </ul>	70551
	MRI brain w/o contrast and MRA or MRV	<ul style="list-style-type: none"> <li>• Personal or family history of aneurysm</li> <li>• Severe headache</li> <li>• Subarachnoid hemorrhage</li> </ul>	70551, 70544
	MRI (facial bones, orbits, neck soft tissue) w/ & w/o contrast	<ul style="list-style-type: none"> <li>• Tumor, mass, swelling, or infection of the soft tissue neck</li> </ul>	70543

ABDOMEN & PELVIS	EXAM TO ORDER	SYMPTOMS/CONCERNS	CPT CODE
	MRI abdomen w/ & w/o contrast	<ul style="list-style-type: none"> <li>• Abdominal pain</li> <li>• Any complaint related to liver, spleen, pancreas or kidneys</li> </ul>	<b>74183</b>
	MRA abdomen w/ or w/o contrast	<ul style="list-style-type: none"> <li>• Hypertension</li> <li>• Renal artery stenosis</li> </ul>	<b>74185</b>
	MRI abdomen w/ & w/o contrast w/ MRCP	<ul style="list-style-type: none"> <li>• Gall stones</li> <li>• Cholangitis</li> <li>• Biliary tumor or pancreatitis</li> <li>• Common bile duct or gallbladder concerns</li> <li>• Pancreatic duct</li> </ul>	<b>74183, 76377</b>
	MRI abdomen and pelvis w/ & w/o contrast	<ul style="list-style-type: none"> <li>• Crohn's disease</li> <li>• Inflammatory bowel disease</li> <li>• Ischemic bowel disease</li> </ul>	<b>74183</b> Abdomen w/ & w/o <b>72197</b> Pelvis w/ & w/o
	MRI pelvis w/o contrast	<ul style="list-style-type: none"> <li>• Coccyx fracture</li> <li>• Pubic arthralgia</li> <li>• Sacroiliitis</li> <li>• Stress fracture (Pelvis)</li> <li>• Pelvic fracture</li> <li>• Sacral fracture</li> <li>• Sports hernia</li> </ul>	<b>72195</b>
	MRI pelvis and prostate gland w/ & w/o contrast	<ul style="list-style-type: none"> <li>• Prostate cancer screening, staging or follow up</li> </ul>	<b>72197</b>

	EXAM TO ORDER	SYMPTOMS/CONCERNS	CPT CODE
PELVIS	MRI pelvis female GYN w/ & w/o contrast	<ul style="list-style-type: none"> <li>• Adenomyosis</li> <li>• Dermoid</li> <li>• Fibroid</li> <li>• Infection or tumor</li> <li>• Post menopausal bleeding</li> <li>• Uterine mass</li> <li>• Cervical cancer</li> <li>• Family history of uterine or ovarian malignant tumor</li> <li>• Ovarian disease</li> <li>• UFE planning</li> <li>• Vaginal cancer</li> </ul>	72197
	MRI pelvis w/ & w/o contrast	<ul style="list-style-type: none"> <li>• Non-gynecological tumor or infection</li> <li>• Non-specific pelvic pain</li> </ul>	72197
SPINE	MRI cervical spine w/ & w/o contrast	<ul style="list-style-type: none"> <li>• Demyelination, Infection</li> <li>• MS</li> <li>• Suspected tumor of cervical spinal cord</li> </ul>	72156
	MRI cervical spine w/o contrast	<ul style="list-style-type: none"> <li>• Benign cervical spine</li> <li>• Cervical neck pain</li> <li>• Compression fracture (Cervical Spine)</li> <li>• Degenerative disc disease</li> <li>• Disk herniation</li> <li>• Radiculopathy</li> </ul>	72141
	MRI lumbar spine w/ & w/o contrast  <i>*If prior lumbar surgery (within 10 years), r/o infection, or bone mets then MRI lumbar spine w/ &amp; w/o contrast.</i>	<ul style="list-style-type: none"> <li>• Malignancy</li> <li>• Failed back syndrome</li> <li>• Pathologic compression fracture (Lumbar Spine)</li> </ul>	72158

	<b>EXAM TO ORDER</b>	<b>SYMPTOMS/CONCERNS</b>	<b>CPT CODE</b>
<b>SPINE</b>	MRI lumbar spine w/o contrast	<ul style="list-style-type: none"> <li>• Compression fracture</li> <li>• Disk herniation</li> <li>• Radiculopathy</li> </ul>	<ul style="list-style-type: none"> <li>• Degenerative disk disease</li> <li>• Low back pain &gt; 6 weeks</li> <li>• Sciatica</li> </ul> <p><b>72148</b></p>
	MRI thoracic spine w/o contrast	<ul style="list-style-type: none"> <li>• Compression fracture benign (Thoracic Spine)</li> <li>• Degenerative disk disease</li> <li>• Thoracic back pain</li> </ul>	<ul style="list-style-type: none"> <li>• Disk herniation</li> </ul> <p><b>72146</b></p>
	MRI thoracic spine w/o & w/contrast	<ul style="list-style-type: none"> <li>• Demyelinating disease</li> <li>• Infection</li> </ul>	<ul style="list-style-type: none"> <li>• Thoracic tumor</li> </ul> <p><b>72157</b></p>
<b>ARTHROGRAM</b>	MRI arthrogram, Knee	<ul style="list-style-type: none"> <li>• Knee pain with concern for unstable osteochondral lesion</li> <li>• Knee pain with prior arthroscopy</li> </ul>	<p><b>73722</b> MRI joint LOWER extremity w/ contrast  <b>27369</b> Arthro injection  <b>77002</b> Fluoro guidance</p>
	MRI arthrogram, Shoulder	<ul style="list-style-type: none"> <li>• Shoulder pain after dislocation or concern for labral tear</li> <li>• Shoulder pain after rotator cuff or labral repair</li> </ul>	<p><b>73222</b> MRI joint UPPER extremity w/ contrast  <b>23350</b> Arthro injection  <b>77002</b> Fluoro guidance</p>

	<b>EXAM TO ORDER</b>	<b>SYMPTOMS/CONCERNS</b>	<b>CPT CODE</b>
<b>EXTREMITY UPPER</b>	MRI (joint) UPPER extremity w/o contrast	<ul style="list-style-type: none"> <li>• Evaluate for bony or soft tissue pathology</li> <li>• Internal derangement occult</li> <li>• Joint pain</li> </ul>	<b>73221</b>
	MRI (non joint) UPPER extremity w/o contrast	<ul style="list-style-type: none"> <li>• Fracture to non-joint extremity</li> <li>• Myositis</li> <li>• Soft tissue injury</li> <li>• Lipoma</li> <li>• Nonspecific pain</li> <li>• Stress response</li> </ul>	<b>73218</b>
	MRI (non joint) UPPER extremity w/ & w/o contrast	<ul style="list-style-type: none"> <li>• Contrast indicated for tumor or infection of extremity only</li> </ul>	<b>73220</b>
<b>EXTREMITY LOWER</b>	MRI (joint) LOWER extremity w/o contrast	<ul style="list-style-type: none"> <li>• Evaluate for bony or soft tissue pathology</li> <li>• Internal derangement occult</li> <li>• Joint pain</li> </ul>	<b>73721</b>
	MRI (non joint) LOWER extremity w/o contrast	<ul style="list-style-type: none"> <li>• Fracture to non-joint extremity</li> <li>• Myositis</li> <li>• Soft tissue injury</li> <li>• Lipoma</li> <li>• Nonspecific pain</li> <li>• Stress response</li> </ul>	<b>73718</b>
	MRI (non joint) LOWER extremity w/ & w/o contrast	<ul style="list-style-type: none"> <li>• Contrast indicated for tumor or infection of extremity only</li> </ul>	<b>73720</b>

# MRI ANATOMY - CPT CODES

## SPINE, CERVICAL

wo	72141
w/wo	72156

## SPINE, THORACIC

wo	72146
w/wo	72157

## SPINE, LUMBAR

wo	72148
w/wo	72158

## UPPER EXTREMITY

### NON JOINT (HUMERUS, FOREARM, HAND)

wo	73218
w/wo	73220

### JOINT (SHOULDER, ELBOW, WRIST)

wo	73221
w/wo	73223

### MRI ARTHROGRAM

Shoulder	23350, 77002, 73222
Elbow	24220, 77002, 73222
Wrist	25246, 77002, 73222

## LOWER EXTREMITY

### NON JOINT(THIGH, CALF, FOOT)

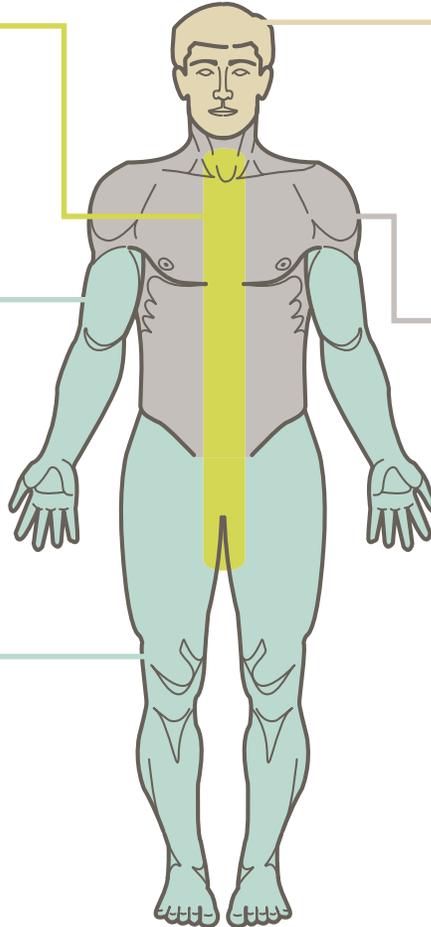
wo	73718
w/wo	73720

### JOINT(HIP, KNEE, ANKLE)

wo	73721
w/wo	73723

### MRI ARTHROGRAM

Hip	27093, 77002, 73722
Knee	27370, 77002, 73722
Ankle	27648, 77002, 73722



## BRAIN

wo	70551
w/wo	70553
Brain MRA (wo)	70544

## ORBITS/FACE (PITUITARY, IACS)

wo	70540
w/wo	70543
TMJ (wo)	70336

## PETROUS/TEMPORAL BONE (IAC)

wo	70480
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## NECK, SOFT TISSUE

wo	70540
w/wo	70543
MR Angio (w/)	70549

## COMBINATION CODES

Brain MRI & MRA	70553, 70544
Brain & Orbits w/wo	70553, 70543

## CHEST

wo	71550
w/wo	71552
Chest MRA (for Brachial Plexus)	71555

## ABDOMEN

wo	74181
w/wo	74183
Abdomen MRA (w/wo)	74185

## PELVIS

wo	72195
w/wo	72197

## BREAST

w/wo	77048
Unilateral	77048
Bilateral	77049

## ABBREVIATION KEY

wo	= without IV contrast
w/	= with IV contrast
w/wo	= with & without IV contrast

\*These CPT codes represent the most commonly ordered CT exams. For any coding inquiry not listed please call your Marketing Team Member at 858 658 6500.

HEAD/NECK & NEURO	EXAM TO ORDER	SYMPTOMS/CONCERNS	CPT CODE
	CT head, brain w/ & w/o contrast	<ul style="list-style-type: none"> <li>• Ataxia</li> <li>• CVA</li> <li>• Headaches</li> </ul> (Contrast - depends on associated clinical history) <ul style="list-style-type: none"> <li>• Brain tumor</li> <li>• Dementia</li> </ul>	<b>70470</b>
	CT head, brain w/o contrast	<ul style="list-style-type: none"> <li>• Ataxia</li> <li>• Dementia</li> <li>• Normal pressure hydrocephalus (NPH)</li> </ul> (Contrast - depends on associated clinical history) <ul style="list-style-type: none"> <li>• CVA</li> <li>• Headaches</li> <li>• Traumatic brain injury (acute)</li> </ul>	<b>70450</b>
	CT maxillofacial w/o contrast	<ul style="list-style-type: none"> <li>• Possible fracture</li> </ul> <ul style="list-style-type: none"> <li>• Trauma</li> </ul>	<b>70486</b>
	CT orbit w/o contrast	<ul style="list-style-type: none"> <li>• Fracture</li> <li>• Trauma</li> </ul> <ul style="list-style-type: none"> <li>• Swelling</li> </ul>	<b>70480</b>
	CT sinus w/o contrast	<ul style="list-style-type: none"> <li>• Facial pain</li> </ul> <ul style="list-style-type: none"> <li>• Sinusitis</li> </ul>	<b>70486</b>
	CT soft tissue neck w/ contrast	<ul style="list-style-type: none"> <li>• Lymphadenopathy</li> <li>• Swelling</li> </ul> <ul style="list-style-type: none"> <li>• Mass</li> </ul>	<b>70491</b>
	CT soft tissue neck w/o contrast	<ul style="list-style-type: none"> <li>• Contraindication to iodine (consider MRI)</li> <li>• Salivary gland stone</li> </ul>	<b>70490</b>
	CT temporal bones w/o contrast	<ul style="list-style-type: none"> <li>• Earache</li> <li>• Hearing loss</li> </ul> <ul style="list-style-type: none"> <li>• Cholesteatoma</li> </ul>	<b>70480</b>

	<b>EXAM TO ORDER</b>	<b>SYMPTOMS/CONCERNS</b>	<b>CPT CODE</b>
<b>CHEST</b>	CT angiography chest	<ul style="list-style-type: none"> <li>• Pulmonary embolism</li> <li>• Elevated D-Dimer</li> <li>• Aneurysm</li> <li>• Ascending aorta or aortic arch dissection</li> <li>• Chest pain</li> <li>• Dyspnea</li> </ul>	<b>71275</b>
	CT chest high-resolution chest w/o contrast	<ul style="list-style-type: none"> <li>• Interstitial lung disease</li> </ul>	<b>71250</b>
	CT low dose lung screening	<ul style="list-style-type: none"> <li>• Low dose lung cancer screening</li> <li>• Asymptomatic patients only</li> <li>• Patient age between 55-77 years</li> <li>• Less than 15 years since quit smoking</li> <li>• Minimum "30-Pack Year" smoker</li> <li>• Requires completion of CT Low Dose Screening Request Form</li> </ul>	<b>71271</b>
	CT chest w/ contrast	<p><i>Preferred</i></p> <ul style="list-style-type: none"> <li>• Abnormal chest x-ray</li> <li>• Pleural effusion</li> <li>• Follow up for known neoplasm</li> <li>• Adenopathy</li> <li>• Lung cancer</li> <li>• Chest pain</li> <li>• Cough</li> <li>• Dyspnea</li> <li>• Pneumonia</li> <li>• Pulmonary mass</li> </ul>	<b>71260</b>
	CT chest w/o contrast	<ul style="list-style-type: none"> <li>• Nodule follow-up</li> <li>• Contraindication to iodine</li> </ul>	<b>71250</b>
<b>ABDOMEN</b>	CT abdomen w/ & w/o contrast	<ul style="list-style-type: none"> <li>• Adrenal mass</li> <li>• Pancreatic mass</li> <li>• Hepatic mass (dedicated liver study)</li> <li>• Renal mass</li> <li>• Pancreatitis</li> <li>• Upper abdominal pain</li> </ul>	<b>74170</b>
	CT abdomen w/o contrast	<ul style="list-style-type: none"> <li>• Contraindication to iodine (consider MRI)</li> </ul>	<b>74150</b>

	EXAM TO ORDER	SYMPTOMS/CONCERNS	CPT CODE
<b>ABDOMEN &amp; PELVIS</b>	CT abdomen/pelvis w/ contrast (w/ oral contrast, unless specified)	<p><b>Preferred</b></p> <ul style="list-style-type: none"> <li>• Abdominal distension</li> <li>• Adenopathy</li> <li>• Bowel obstruction or perforation</li> <li>• Diverticulitis</li> <li>• Mass</li> <li>• Abdominal pain (upper or lower)</li> <li>• Appendicitis</li> <li>• Cancer</li> <li>• Constipation</li> <li>• Lymph node enlargement</li> <li>• Pelvic pain</li> </ul>	<b>74177</b>
	CT abdomen/pelvis w/o contrast (w/ oral contrast, unless specified)	<ul style="list-style-type: none"> <li>• Abdominal or pelvic pain</li> <li>• Contraindication to iodine (consider MRI)</li> </ul>	<b>74176</b>
	CT abdomen/pelvis w/o contrast (w/o oral contrast) - renal stone study	<ul style="list-style-type: none"> <li>• Flank pain</li> <li>• Suspected renal stones or follow-up</li> </ul>	<b>74176</b>
	CT colonography diagnostic	<ul style="list-style-type: none"> <li>• Failed or contraindication to traditional colonoscopy due to: <ul style="list-style-type: none"> <li>- Rectal bleeding, tortuous colon, or inability to tolerate sedation</li> </ul> </li> </ul>	<b>74261</b>
	CT colonography screening	<ul style="list-style-type: none"> <li>• Colon cancer screening</li> </ul>	<b>74263</b>
	CT small bowel w/ contrast (w/ oral contrast)	<ul style="list-style-type: none"> <li>• Anemia</li> <li>• Chronic GI bleed</li> <li>• Small bowel mass</li> <li>• Bowel obstruction</li> <li>• Crohn's disease</li> </ul>	<b>74177</b>
	CT urogram w/ & w/o contrast	<ul style="list-style-type: none"> <li>• Dysuria</li> <li>• Hematuria</li> <li>• Flank pain</li> <li>• UTIs</li> </ul>	<b>74178</b>

	<b>EXAM TO ORDER</b>	<b>SYMPTOMS/CONCERNS</b>	<b>CPT CODE</b>
<b>SPINE</b>	CT cervical spine w/o contrast	<ul style="list-style-type: none"> <li>• Compression fracture</li> <li>• Trauma (Cervical Spine)</li> </ul>	<ul style="list-style-type: none"> <li>• Neck pain</li> </ul> <b>72125</b>
	CT lumbar spine w/o contrast	<ul style="list-style-type: none"> <li>• Compression fracture (Lumbar Spine)</li> <li>• Low back pain</li> </ul>	<ul style="list-style-type: none"> <li>• Trauma (Lumbar Spine)</li> </ul> <b>72131</b>
<b>OTHER</b>	CT extremity LOWER w/o contrast	<ul style="list-style-type: none"> <li>• Fracture</li> <li>• Swelling</li> </ul>	<ul style="list-style-type: none"> <li>• Pain</li> </ul> <b>73700</b>
	CT extremity UPPER w/o contrast	<ul style="list-style-type: none"> <li>• Fracture</li> <li>• Swelling</li> </ul>	<ul style="list-style-type: none"> <li>• Pain</li> </ul> <b>73200</b>

# CT ANATOMY - CPT CODES

## BRAIN / HEAD

wo	70450
w/wo	70470
CTA Brain/Head (w/)	70496

## ORBITS

wo	70480
w/	70481
w/wo	70482

## PETROUS/TEMPORAL BONE (IAC)

wo	70480
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## SELLA (PITUITARY)

w/wo	70482
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## SINUSES

wo	70486
w/wo	70488

## NECK, SOFT TISSUE

wo	70490
w/	70491
w/wo	70492

## 3-D RECONSTRUCTION

Add to Any Exam	76377
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## UPPER EXTREMITY

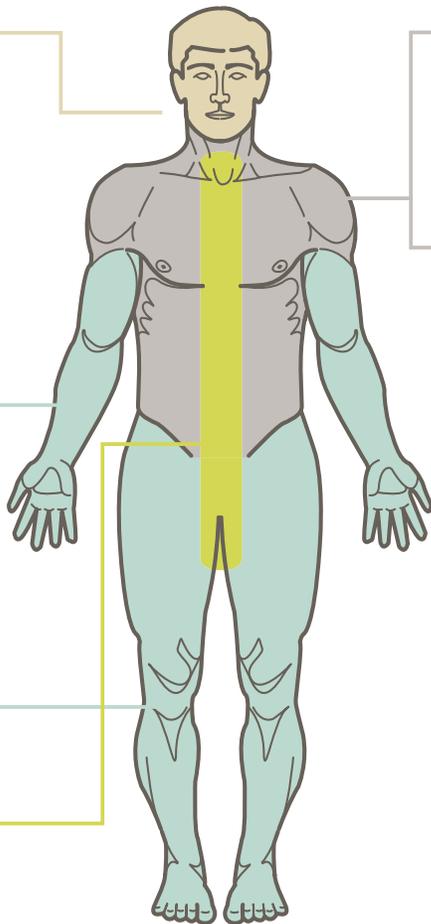
wo	73200
w/wo	73202

## LOWER EXTREMITY

wo	73700
w/wo	73702
Angio (w/wo)	73706

## SPINE

Cervical wo	72125
Thoracic wo	72128
Lumbar wo	72131



## LUNG

Low Dose Lung Screening	71271
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## CT COLONOGRAPHY

Screening	74263
Diagnostic	74261

## BONE DENSITY SCREENING

QCT	77078
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## HEART

CACS (wo)	75571
CCTA (w/)	75574
CACS & CCTA (wo/w)	75574

## CHEST

w/	71260
wo	71250
Angio (w/)	71275

## ABDOMEN

wo	74150
w/wo	74170
Angio / AAA (w/)	74175
Angio Aorta Runoff (w/)	75635

## PELVIS

wo	72192
w/	72193

## ABDOMEN AND PELVIS

w/wo	74178
Renal Stone (wo)	74176
Urogram (w/wo)	74178
Small Bowel (w/wo)	74178

## COMBINATION CODES

### NECK, CHEST, ABDOMEN, PELVIS

w/wo	70491, 71260, 74178
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### CHEST, ABDOMEN, PELVIS

wo	71250, 74176
w/wo	71260, 74178

### CHEST AND ABDOMEN

w/wo	71260, 74170
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### ABDOMEN AND PELVIS (ANGIO)

w/wo	74175, 72191
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## ABBREVIATION KEY

wo	= without IV contrast
w/	= with IV contrast
w/wo	= with & without IV contrast
CACS	= Coronary Artery Calcium Score
CCTA	= Coronary CT Angiogram

\*These CPT codes represent the most commonly ordered CT exams. For an coding inquiry not listed please call for assistance 858 658 6500.

	<b>EXAM TO ORDER</b>	<b>SYMPTOMS/CONCERNS</b>	<b>CPT CODE</b>
<b>NECK</b>	US neck soft tissue	<ul style="list-style-type: none"> <li>• Palpable head, face or neck mass (describe area)</li> </ul>	<b>76536</b>
	US thyroid or neck	<ul style="list-style-type: none"> <li>• Goiter</li> <li>• Palpable neck mass (describe on head, face, or neck)</li> <li>• Parotid, abnormal thyroid tests</li> <li>• Thyroidmegaly</li> </ul>	<b>76536</b>
<b>CHEST</b>	US chest	<ul style="list-style-type: none"> <li>• Palpable mass, chest wall and upper back (describe location)</li> <li>• Pleura - Fluid</li> </ul>	<b>76604</b>
<b>ABDOMEN</b>	US abdominal complete	<ul style="list-style-type: none"> <li>• Abnormal liver tests</li> <li>• Epigastric pain</li> <li>• Hepatitis</li> <li>• Nausea</li> <li>• Ascites</li> <li>• Fatty liver</li> <li>• Jaundice</li> <li>• Pain</li> </ul> <p>Test includes the liver, pancreas, gallbladder, kidneys, aorta, and spleen. If abdominal and kidney (renal) are ordered together use abdomen (76700) and pelvic LTD (76857) to include bladder images.</p>	<b>76700</b>
	US abdominal LTD	<ul style="list-style-type: none"> <li>• Inguinal hernia</li> <li>• Quadrant pain</li> <li>• Single organ evaluation such as liver or gallbladder</li> <li>• Palpable mass lower abdominal and lower back (describe location)</li> </ul>	<b>76705</b>

	EXAM TO ORDER	SYMPTOMS/CONCERNS	PT CODE
ABDOMEN	US aorta screening	<ul style="list-style-type: none"> <li>• Aorta screening</li> <li>• Abdominal aortic aneurysm (AAA)</li> </ul>	76706
	US renal retroperitoneal	<ul style="list-style-type: none"> <li>• Abnormal kidney labs</li> <li>• Dysuria includes bladder and pre &amp; post void measurements</li> <li>• Hydronephrosis</li> <li>• CKB</li> <li>• Calculus of kidney stones</li> <li>• Flank pain</li> <li>• Hematuria</li> <li>• Mass or cyst</li> <li>• UTI</li> </ul> <p>If clinical history suggests urinary tract pathology, then a complete evaluation of the kidneys and urinary bladder will be included in the exam.</p>	76770
PELVIS	US pelvic (female) and transvaginal <i>(Patient or doctor may specifically request no transvaginal due to patient age (under 18 years old), pregnancy or comfort.)</i>	<ul style="list-style-type: none"> <li>• Bleeding</li> <li>• Endometriosis</li> <li>• Female pelvis to view uterus and ovaries</li> <li>• Leiomyoma</li> <li>• Lower abdominal and pelvic pain</li> <li>• Bloating</li> <li>• Excessive or frequent menstruation</li> <li>• Fibroids</li> <li>• Mass</li> </ul>	76856, 76830
	US pelvic (female and male) (No transvaginal included)	<ul style="list-style-type: none"> <li>• Pelvic pain</li> <li>• Irregular bleeding</li> <li>• Fibroids</li> <li>• Free fluid</li> <li>• Mass</li> <li>• Bloating</li> <li>• Abscess</li> <li>• Male pelvis bladder</li> </ul>	76856
	US pelvic LTD	<ul style="list-style-type: none"> <li>• Bladder</li> <li>• Soft palpable mass, pelvic wall and buttocks (describe location)</li> <li>• Urinary tract problems</li> <li>• To evaluate bladder in addition to abdominal US</li> </ul>	76857
	US scrotal (doppler required)	<ul style="list-style-type: none"> <li>• Mass</li> <li>• Pain</li> <li>• Swelling and tenderness</li> </ul>	76870, 93976

	<b>EXAM TO ORDER</b>	<b>SYMPTOMS/CONCERNS</b>	<b>CPT CODE</b>
<b>VASCULAR</b>	US arterial - lower extremity only <i>*Always includes bilateral extremity unless amputation.</i>	<ul style="list-style-type: none"> <li>• Cellulitis</li> <li>• Edema</li> <li>• PVD or PAD (Peripheral vascular/arterial disease)</li> </ul>	<ul style="list-style-type: none"> <li>• Claudication</li> <li>• Extremity pain</li> </ul> <p><b>93925</b> Bilateral <b>93926</b> Unilateral</p>
	US carotid duplex arteries bilateral	<ul style="list-style-type: none"> <li>• Bruit</li> <li>• Hypercholestermia</li> <li>• Trauma</li> </ul>	<ul style="list-style-type: none"> <li>• Diplopia</li> <li>• Hyperlipidemia</li> <li>• Vertigo</li> </ul> <p><b>93880</b></p>
	US extremity venous studies duplex scan of veins, UNILATERAL upper and lower	<ul style="list-style-type: none"> <li>• Edema</li> <li>• Swelling in extremity</li> <li>• Pain in extremity</li> </ul> <p>Please indicate upper/lower extremity and right/left.</p>	<ul style="list-style-type: none"> <li>• Numbness</li> <li>• Warm limb</li> <li>• Thrombosis</li> </ul> <p><b>93971</b></p>
	US extremity venous study duplex scan of veins, BILATERAL upper and lower	<ul style="list-style-type: none"> <li>• Pain</li> <li>• Swelling</li> </ul> <p>Please indicate upper/lower extremity and right/left.</p>	<ul style="list-style-type: none"> <li>• Redness</li> <li>• Tenderness in both legs</li> </ul> <p><b>93970</b></p>
<b>OTHER</b>	US non-vascular extremity LTD	<ul style="list-style-type: none"> <li>• Lumps</li> <li>• Soft tissue masses on extremities and axilla (document specific area of concern)</li> </ul>	<b>76882</b>

	<b>EXAM TO ORDER</b>	<b>SYMPTOMS/CONCERNS</b>	<b>CPT CODE</b>
<b>BONE MINERAL DENSITOMETRY</b>	DEXA, Bone Density, one or more sites (hips, pelvis, spine)	<ul style="list-style-type: none"> <li>Evaluate bone loss</li> <li>Osteoporosis</li> <li>Osteopenia</li> </ul>	<b>77080</b>
	CT, Bone Density, QCT	<ul style="list-style-type: none"> <li>Osteopenia</li> <li>Osteoporosis</li> </ul>	<b>77078</b>

	<b>EXAM TO ORDER</b>	<b>SYMPTOMS/CONCERNS</b>	<b>CPT CODE</b>
<b>PREGNANCY</b>	US Obstetrical < 14 weeks US Transvaginal	<ul style="list-style-type: none"> <li>Pregnancy LESS than 14 weeks</li> <li>Fetal demise</li> </ul> <p>Please include last menstrual period or established estimated date of delivery on all exams (less than 14 weeks). <i>*Preferred exam to include EV for early OB.</i></p>	<b>76801, 76817</b>
	US Obstetrical > 14 weeks	<ul style="list-style-type: none"> <li>Pregnancy GREATER than 14 weeks</li> <li>Evaluation of fetal growth</li> </ul> <p>Please include last menstrual period or established estimated date of delivery for OB ultrasound (more than 14 weeks or for multiple fetus).</p>	<b>76805, 76810</b>
	US Obstetrical w/ imaging of additional fetus	<ul style="list-style-type: none"> <li>Multiple fetus US obstetrical less than 14 weeks</li> </ul>	<b>76801 (first) 76802 (additional)</b>

	EXAM TO ORDER	SYMPTOMS/CONCERNS	CPT CODE
<b>MAMMOGRAM</b> <i>Includes Computer Aided Detection</i>	Screening: Bilateral Annual	<ul style="list-style-type: none"> <li>Asymptomatic Women Age 40+ (<i>with or without Breast Implants</i>); or for complaint of Generalized Pain/Burning (<i>without Palpable Mass</i>)</li> </ul>	<b>77067</b>
	Diagnostic: Unilateral Annual	<ul style="list-style-type: none"> <li>Age 30+ Patients that are Symptomatic OR Asymptomatic with personal history of breast cancer</li> <li>Lump, Mass, Focal Pain or Spontaneous Nipple Discharge (<i>Clear or bloody</i>)</li> <li>Diagnostic Mammogram also <b>requires</b> Breast Ultrasound (Complete US, 76641) (Limited US, 76642)</li> </ul> <p><i>*Breast US is ordered for affected laterality only. Order Bilateral Breast US only when patient symptoms are bilateral.</i></p>	<b>77065+</b>  <b>Complete US, 76641 OR Limited US, 76642</b>
	Diagnostic: Bilateral Annual	<ul style="list-style-type: none"> <li>Nipple Retraction or Symptoms of Mastitis <b>do not require US</b> and are evaluated with Diagnostic MG, Bilateral, Only</li> </ul>	<b>77066+</b>  <b>Complete US, 76641 OR Limited US, 76642</b>
	High Risk Breast Assessment	<ul style="list-style-type: none"> <li>Family history of breast cancer: (Self or family member known to carry the BRCA 1/BRCA 2 gene)</li> </ul>	<b>98968</b>
<b>TOMOSYNTHESIS</b>	Screening: Bilateral Annual	<ul style="list-style-type: none"> <li>All Asymptomatic Women; Age 40 and older</li> </ul>	<b>77063</b>
	Diagnostic: Bilateral Annual	<ul style="list-style-type: none"> <li>Symptomatic Women; Age 40 and older</li> </ul>	<b>77062</b>
	Diagnostic: Unilateral	<ul style="list-style-type: none"> <li>Symptomatic Women; Age 40 and older</li> </ul>	<b>77061</b>

EXAM TO ORDER	SYMPTOMS/CONCERNS	CPT CODE
BREAST ULTRASOUND	<ul style="list-style-type: none"> <li>Complete exam of <b>all</b> four quadrants of the breast, retroareolar region, and axilla</li> </ul>	<b>76641 (unilateral)</b> <b>76641, 50 (bilateral)</b>
	<ul style="list-style-type: none"> <li>Limited               <ul style="list-style-type: none"> <li>Focused exam of the breast that is limited to no more than three quadrants of the breast, retroareolar region, and axilla</li> <li>Palpable mass, women age 29 and younger</li> </ul> </li> </ul> <p><i>*Breast US is ordered for affected laterality only. Order Bilateral Breast US only when patient symptoms are bilateral. (A Mammogram is not recommended as initial exam.)</i></p>	<b>76641 (unilateral)</b> <b>76641, 50 (bilateral)</b>
OTHER - MRI	<ul style="list-style-type: none"> <li>MRI Breast (in addition to - not as a replacement for Annual Screening Mammography or Tomosynthesis)           <ul style="list-style-type: none"> <li>High Risk Patients:               <ul style="list-style-type: none"> <li>- BRCA 1 or 2 carrier</li> <li>- History of chest radiation from ages 10-30</li> <li>- Lifetime risk of breast cancer 20-25% or greater</li> <li>- Untested patient w/ 1st degree relative positive for BRCA 1 or 2</li> </ul> </li> <li>Dense Breast evaluation</li> <li>Evaluation suspected Breast Cancer</li> <li>Assessment of breast implants (Silicone/Saline)</li> <li>Preoperative evaluation of newly diagnosed breast cancer</li> <li>Evaluation of inconclusive clinical or imaging findings</li> <li>Breast Implant Integrity. Without contrast only.</li> </ul> </li> </ul>	<p><b>Diagnostic:</b>  <b>77048*</b> Unilateral with and without contrast  <b>77049*</b> Bilateral with and without contrast</p> <p><b>For Breast Implant Integrity:</b>  <b>77046</b> Unilateral without contrast  <b>77047</b> Bilateral without contrast</p> <p>(*Studies performed w/wo contrast, including CAD-Computer Aided Detection.)</p>

\*\*Both code definitions include exam of the Axilla, if performed.

	<b>EXAM TO ORDER</b>	<b>SYMPTOMS/CONCERNS</b>	<b>CPT CODE</b>
<b>BONE SCANS</b>	Whole Body Bone Scan	<ul style="list-style-type: none"> <li>• Metastatic disease</li> <li>• Paget's disease</li> <li>• Bone lesions</li> </ul>	<b>78306</b>
	Limited Bone Scan	<ul style="list-style-type: none"> <li>• Occult fracture, stress reaction, arthritis</li> </ul>	<b>78300</b>
	Three Phase Bone Scan	<ul style="list-style-type: none"> <li>• Known or suspected joint replacement loosening, Bone graft viability, Avascular necrosis, Reflex Sympathetic Dystrophy (RSD)</li> </ul>	<b>78315</b>
	Limited Bone Scan with SPECT	<ul style="list-style-type: none"> <li>• Occult Fracture, stress reaction, arthritis</li> <li>• Pars defect</li> </ul>	<b>78803</b>
<b>WHITE BLOOD CELL (WBC) SCANS</b>	White Blood Cell (WBC) Indium-111 (IN-111) Limited	<ul style="list-style-type: none"> <li>• Known or suspected infection/inflammation</li> <li>• Osteomyelitis</li> </ul>	<b>78800</b>
	White Blood Cell (WBC) Indium-111 (IN-111) Multiple	<ul style="list-style-type: none"> <li>• Known or suspected infection/inflammation areas</li> </ul>	<b>78801</b>
	White Blood Cell (WBC) Indium-111 (IN-111) Whole Body	<ul style="list-style-type: none"> <li>• Known or suspected infection/inflammation</li> </ul>	<b>78802</b>
<b>PARATHYROID SCAN</b>	Parathyroid Scan	<ul style="list-style-type: none"> <li>• Evaluate for parathyroid adenomas and patients with hyperparathyroidism and hypercalcemia.</li> </ul>	<b>78071 (with SPECT)</b>

	<b>EXAM TO ORDER</b>	<b>SYMPTOMS/CONCERNS</b>	<b>CPT CODE</b>
<b>I-131 WHOLE BODY SCANS</b>	Whole Body I-123 Scan Metastatic Survey (with or w/o thyrogen). Thyrogen is given at the referring provider's office	<p><i>Preferred</i></p> <ul style="list-style-type: none"> <li>• Post thyroidectomy, diagnostic scan for thyroid cancer metastases or residual thyroid tissue.</li> </ul>	<b>78018</b>
	Whole Body I-131 Scan Metastatic Survey (with or w/o thyrogen). Thyrogen is given at the referring provider's office	<ul style="list-style-type: none"> <li>• Post thyroidectomy, diagnostic scan for thyroid cancer metastases or residual thyroid tissue.</li> </ul>	<b>78018</b>
<b>THYROID SCANS</b>	Technetium 99m (Tc-99m) Thyroid Scan Only	<ul style="list-style-type: none"> <li>• Evaluate thyroid gland structure, location of ectopic thyroid tissue, evaluation of congenital hypothyroidism, evaluation of neck or substernal mass</li> </ul>	<b>78013</b>
	Iodine-123 (I-123) Single 24 Hour Uptake and Scan	<ul style="list-style-type: none"> <li>• Suspected hyperthyroidism, thyroid masses, evaluate thyroid nodules function</li> </ul>	<b>78014</b>
	Iodine-123 (I-123) Multiple 4 & 24 Hour Uptake and Scan	<ul style="list-style-type: none"> <li>• Suspected hyperthyroidism, thyroid masses, evaluate thyroid nodules function</li> </ul>	<b>78014</b>
<b>THYROID THERAPY</b>	Iodine-131 (I-131) Thyroid Therapy	<ul style="list-style-type: none"> <li>• Treatment for Graves Disease, toxic nodules, and nontoxic nodular goiter. Thyroid Cancer, treatment for residual tissue after thyroidectomy.</li> </ul>	<b>79005</b>

	<b>EXAM TO ORDER</b>	<b>SYMPTOMS/CONCERNS</b>	<b>CPT CODE</b>
<b>LUNG SCANS</b>	Lung V/Q (Ventilation and Perfusion)	<ul style="list-style-type: none"> <li>• Suspected pulmonary embolism</li> </ul>	<b>78582</b>
<b>HEPATOBIILIARY SCANS</b>	Hepatobiliary Scan	<ul style="list-style-type: none"> <li>• Evaluate for cystic duct obstruction and for acute cholecystitis</li> </ul>	<b>78226</b>
	Hepatobiliary Scan with gallbladder ejection fraction analysis	<ul style="list-style-type: none"> <li>• Evaluate for gallbladder dysmotility or biliary dyskinesia</li> </ul>	<b>78227</b>
<b>GASTRO EMPTYING</b>	Gastric Emptying Study	<ul style="list-style-type: none"> <li>• Evaluate gastric motility and emptying.</li> </ul>	<b>78264</b>
<b>CARDIAC SCANS</b>	Cardiac Blood Pool (MUGA) Scan	<ul style="list-style-type: none"> <li>• Evaluate cardiac function</li> </ul>	<b>78472</b>
<b>LYMPHOSCIN- TIGRAPHY</b>	Lymphoscintigraphy	<ul style="list-style-type: none"> <li>• Lymphatic Imaging</li> </ul>	<b>78195</b>

	<b>EXAM TO ORDER</b>	<b>SYMPTOMS/CONCERNS</b>	<b>CPT CODE</b>
<b>LIVER SCANS</b>	Liver Spleen Scan Without SPECT (Planar)	<ul style="list-style-type: none"> <li>Evaluate focal liver masses such as HCC, FNH, adenoma and hemangioma when MRI is indeterminate.</li> </ul>	<b>78215</b>
	Liver Spleen Scan With SPECT (Tomography)	<ul style="list-style-type: none"> <li>Evaluate focal liver masses such as HCC, FNH, adenoma and hemangioma when MRI is indeterminate. SPECT is preferred over planar study.</li> </ul>	<b>78803</b>
<b>LIVER HEMANGIOMA</b>	Liver Red Blood Cell Scan SPECT	<ul style="list-style-type: none"> <li>Evaluate liver mass for possible hemangioma when MRI is indeterminate</li> </ul>	<b>78803</b>
<b>RENAL SCANS</b>	Renal Flow and Function Without and With Lasix	<p><i>Preferred</i></p> <ul style="list-style-type: none"> <li>Evaluate for renal function, renal ureter obstruction, post surgical evaluation</li> </ul>	<b>78708</b>
	Renal Flow and Function	<ul style="list-style-type: none"> <li>Evaluate renal function</li> </ul>	<b>78707</b>
<b>BRAIN IMAGING</b>	Brain DaTScan	<ul style="list-style-type: none"> <li>Evaluate for Parkinson's Disease, MSA, CBD, and PSP</li> <li>Tremors</li> </ul>	<b>78803, A9584</b>

EXAM TO ORDER	SYMPTOMS/CONCERNS	CPT CODE	
TUMOR IMAGING WITH FDG	Skull Base to Mid-Thigh	<ul style="list-style-type: none"> <li>• Oncology staging, restaging, recurrence, and therapy response (Please refer to the IHS PETCT coverage guide for more information)</li> </ul>	<b>78815, A9552</b>
	Whole Body	<ul style="list-style-type: none"> <li>• Oncology staging, restaging, recurrence, and therapy response for melanoma or sarcoma of the long bones</li> </ul>	<b>78816, A9552</b>
TUMOR IMAGING WITH GA-68	Ga-68 Dotatate Scan (Skull to Mid-Thigh)	<ul style="list-style-type: none"> <li>• Staging and restaging neuroendocrine tumors</li> </ul>	<b>78815, A9587</b>
BONE SCAN WITH F-18 SODIUM FLUORIDE	Whole Body Bone Scan with F-18 NaF	<ul style="list-style-type: none"> <li>• Detection and evaluation of skeletal metastatic disease (more sensitive alternative than conventional bone scans)</li> </ul>	<b>78816, A9580</b>

	<b>EXAM TO ORDER</b>	<b>SYMPTOMS/CONCERNS</b>	<b>CPT CODE</b>
<b>BRAIN IMAGING</b>	Brain Scan with FDG	<ul style="list-style-type: none"> <li>Evaluate Mild Cognitive Impairment and Dementia. Help differentiate Alzheimer's Disease from Fronto-Temporal Dementia (FTD)</li> </ul>	<b>78814</b>
	Brain Scan with Florbetapir F-18 Amyloid Imaging (Amyvid)	<ul style="list-style-type: none"> <li>Evaluate for Alzheimer's Disease and differentiate from FTD</li> </ul>	<b>78814</b>
<b>PROSTATE SCAN</b>	Prostate Scan with Fluciclovine F-18 (Axumin)	<ul style="list-style-type: none"> <li>Prostate cancer re-staging after patient has completed treatment and has a rising PSA</li> </ul>	<b>78815, A9588</b>

# Special Requirements for Contrast Exams

## Current Pre Medication Prescription:

- Prednisone 40mg by mouth taken 12 hours before exam and 2 hours prior to exam. IHS recommends that the referring physician order the prednisone for the patient.

## Coag Panel:

- PT, PTT, INR
- STAT COAG PANEL must be drawn the day prior to scheduled procedure, with results received to IHS no later than 9 a.m. on the day of the exam.

## Coumadin:

- Patient must discontinue Coumadin 5 days prior to any biopsy. Anti-coagulant medications cannot be discontinued without notification of prescribing physician.

**MISSING LABS may result in the rescheduling of the patient exam or changed to a non-contrast exam.**

*\*Dialysis appointment must be scheduled within 24 hours after the examination.*

EXAMS	PATIENT INDICATIONS	CREATININE W/IN 3 MONTHS	COAG PANEL W/IN 30 DAYS	STAT COAG PANEL	DISCONTINUE COUMADIN	NO LABS
MRI with IV Contrast	Age 70 and over	✓				
	History of kidney/renal disease (any age)	✓				
	Dialysis patient*	✓				
CT with IV Contrast	Age 70 and over	✓				
	History of kidney/renal disease	✓				
	Dialysis patient*	✓				
	Diabetic patient	✓				
CT Guided Biopsy	Standard		✓			
	Patient on Coumadin			✓	✓	
Lines (picc, ports) for replacement, changes, or removals	Standard					✓
	Patient on Coumadin			✓	✓	
Tubes (G tubes, J tubes) for replacement, changes, or removals	Standard		✓			
	Patient on Coumadin			✓	✓	

	<b>EXAM TO ORDER</b>	<b>SYMPTOMS/CONCERNS</b>	<b>CPT CODE</b>
<b>DIAGNOSTIC</b>	Angiography: Iliac Territory		Revasc w/ angio: 37220 Stent w/ angio: 37221 Each addl vess + angio: 37222 Each addl vess + stent + angio: 37223
	Angiography: Femoral-Popliteal Territory	<ul style="list-style-type: none"> <li>• Pain with ambulation or pain at rest to lower extremities; non-healing wounds; skin discoloration</li> </ul>	Initial Vessel: 37224 Atherectomy + angio: 37225 Stent + angio: 37226 Stent + atherec + angio: 37227
	Angiography: Tibial-Peroneal Territory		Initial Vessel: 37228 Atherec + angio: 37229 Stent + angio: 37230 Stent + atherec + angio: 37231 Each addl vess + angio: 37232 Each addl vess+ atherec + angio: 37233 Each addl vess + stent + angio: 37234 Each addl vess + strent + atherec + angio: 37235
<b>PAIN MANAGEMENT</b>	Kyphoplasty	<ul style="list-style-type: none"> <li>• Back pain stemming from a fracture/ generalized back pain;</li> </ul>	<i>T-Spine:</i> 22513, each add'l level use 22515 (if biopsy is performed on separate vertebrae, use 20225)  <i>L-Spine:</i> 22514, each add'l level use 22515 (if biopsy is performed on separate vertebrae, use 20225)
	Vertebroplasty	Spine Malformation	<i>T-Spine:</i> 22510, each add'l level use 22512 (if biopsy is performed on separate vertebrae, use 20225)  <i>L-Spine:</i> 22511, each add'l level use 22512 (if biopsy is performed on separate vertebrae, use 20225)

	<b>EXAM TO ORDER</b>	<b>SYMPTOMS/CONCERNS</b>	<b>CPT CODE</b>
<b>VASCULAR SERVICES</b>	IVC Filter Placement	<ul style="list-style-type: none"> <li>Known DVT; pre-surg and at risk for DVT</li> </ul>	<b>37191: Placement</b> <b>37192: Repositioning</b> <b>37210: Removal</b>
	Uterine Fibroid Embolization	<ul style="list-style-type: none"> <li>Heavy menstruation; abdominal pain; disturbance to urinary flow; bloating</li> </ul>	<b>37210</b>
	PICC Line Placement	<ul style="list-style-type: none"> <li>Long-term antibiotics</li> </ul>	<i>Insertion: 36569</i> <i>Fluro Guidance: 77001</i> <i>US Guidance: 76937</i>
	Venogram	<ul style="list-style-type: none"> <li>Mapping of vessels for pre-op</li> </ul>	<b>Unilateral: 75820, 36005</b> <b>Bilateral: 75822, 36005 (x2)</b>
	Varicose Vein Ablation Therapy	<ul style="list-style-type: none"> <li>Painful bulging veins in legs</li> </ul>	<b>36482: Chemical adhesive first vein</b> <b>36483: Chemical adhesive subsq vein</b> <b>36475: Radiofrequency first vein</b> <b>36476: Radiofrequency subsq vein</b>
	Port	<ul style="list-style-type: none"> <li>Large volume infusions (ex: chemo)</li> </ul>	<b>36561: Placement</b> <b>36598: Management</b> <b>36590: Removal</b>
<b>DRAINAGE/TUBES</b>	Biliary Tube	<ul style="list-style-type: none"> <li>Generalized abdominal pain; imaging/lab values necessitating need</li> </ul>	<b>47533: Placement</b> <b>47536: Replacement</b> <b>47537: Removal</b>
	Tunneled Pleural Catheter (ASPIRA)	<ul style="list-style-type: none"> <li>Shortness of breath; frequent occurrence of pleural fluid buildup</li> </ul>	<b>32557: Insertion</b> <b>32555: Thoracentesis (drainage)</b> <b>32552: Removal of drain</b>
	Tunneled Pleural Catheter (ASPIRA)	<ul style="list-style-type: none"> <li>Shortness of breath; frequent occurrence of abdominal cavity fluid buildup; bloating; discomfort</li> </ul>	<b>49418: Insertion</b> <b>49083: Paracentesis (drainage)</b> <b>49422: Removal</b>
	Gastrostomy Tube	<ul style="list-style-type: none"> <li>Dysphagia</li> </ul>	<b>49440: Insertion</b> <b>49465: Maintenance</b> <b>43762: Removal</b>



## *Our Locations*

### **VISTA (ULTRASOUND SERVICES ONLY)**

1000 Vale Terrace Drive  
Vista, CA 92084

### **OCEANSIDE (TRI-CITY)**

3601 Vista Way, Bldg A, Ste 101  
Oceanside, CA 92056

### **ENCINITAS**

477 N. El Camino Real, Bldg A, Ste 102  
Encinitas, CA 92024

### **POWAY**

12620 Monte Vista Road, Ste A  
Poway, CA 9206

### **LA JOLLA (GOLDEN TRIANGLE)**

4150 Regents Park Row, Ste 195  
La Jolla, CA 92037

### **KEARNY MESA (MRI SERVICES ONLY)**

3939 Ruffin Road, Ste 102  
San Diego, CA 92123

### **SAN DIEGO (ALVARADO)**

6386 Alvarado Court, Ste 121  
San Diego, CA 92120

### **HILLCREST**

150 W. Washington Street  
San Diego, CA 92103

### **LOGAN HEIGHTS (X-RAY/ULTRASOUND ONLY)**

1809 National Avenue, Ste 2104  
San Diego, CA 92113

### **NATIONAL CITY (MRI/MAMMOGRAPHY/ULTRASOUND ONLY)**

2427 Transportation Ave.  
National City, CA 91950

### **CHULA VISTA (SOUTH BAY)**

333 H Street, Ste 1095  
Chula Vista, CA 91910



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