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2025 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"> • Bell's Palsy • Vertigo 	<ul style="list-style-type: none"> • Hearing loss 	70553
	MRI brain (pituitary protocol) w/ & w/o contrast	<ul style="list-style-type: none"> • Hormone abnormalities 	<ul style="list-style-type: none"> • Pituitary 	70553
	MRI brain (seizure protocol) w/ & w/o contrast	<ul style="list-style-type: none"> • Seizures - multiple early onset 		70553
	MRI brain and orbits w/ & w/o contrast	<ul style="list-style-type: none"> • Loss of vision • Optic neuritis 	<ul style="list-style-type: none"> • Ocular mass or tumor • Visual disturbance 	70553, 70543
	MRI brain w/ & w/o contrast	<ul style="list-style-type: none"> • Brain tumor • Headaches (depends on associated clinical history) • Multiple sclerosis 	<ul style="list-style-type: none"> • Dizziness • Meningitis • Metastatic brain disease • Seizures 	70553
	MRI brain w/o contrast	<ul style="list-style-type: none"> • Ataxia • Dementia • Traumatic brain injury (chronic) 	<ul style="list-style-type: none"> • CVA • Headaches (depends on associated clinical history) 	70551
	MRI brain w/o contrast and MRA or MRV	<ul style="list-style-type: none"> • Personal or family history of aneurysm • Severe headache 	<ul style="list-style-type: none"> • Subarachnoid hemorrhage 	70551, 70544
	MRI (facial bones, orbits, neck soft tissue) w/ & w/o contrast	<ul style="list-style-type: none"> • Tumor, mass, swelling, or infection of the soft tissue neck 		70543

	EXAM TO ORDER	SYMPTOMS/CONCERNS	CPT CODE
ABDOMEN & PELVIS	MRI abdomen w/ & w/o contrast	<ul style="list-style-type: none"> Abdominal pain Any complaint related to liver, spleen, pancreas or kidneys 	74183
	MRA abdomen w/ or w/o contrast	<ul style="list-style-type: none"> Hypertension Renal artery stenosis 	74185
	MRI abdomen w/ & w/o contrast w/ MRCP	<ul style="list-style-type: none"> Gall stones Cholangitis Biliary tumor or pancreatitis Common bile duct or gallbladder concerns Pancreatic duct 	74183, 76377
	MRI abdomen with elastography w/ & w/o contrast	<ul style="list-style-type: none"> Chronic hepatitis B or C NAFLD or NASH Autoimmune hepatitis Primary sclerosing cholangitis Hemochromatosis 	74181, 76391 w/o 74183, 76391 w/& w/o
	MRI abdomen and pelvis w/ & w/o contrast	<ul style="list-style-type: none"> Crohn's disease Inflammatory bowel disease Ischemic bowel disease 	74183 Abdomen 72197 Pelvis w /&w/o
	MRI pelvis w/o contrast	<ul style="list-style-type: none"> Coccyx fracture Pubicarthralgia Sacroiliitis Stress fracture (Pelvis) Pelvic fracture Sacral fracture Sports hernia 	72195
	MRI pelvis and prostate gland w/ & w/o contrast	<ul style="list-style-type: none"> Prostate cancer screening, staging or follow up 	72197

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

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

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

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

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

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

	EXAM TO ORDER	SYMPTOMS/CONCERNS	CPT CODE
CHEST	CT angiography chest	<ul style="list-style-type: none"> Pulmonary embolism Elevated D-Dimer Aneurysm Ascending aorta or aortic arch dissection Chest pain Dyspnea 	71275
	CT chest high-resolution chest w/o contrast	<ul style="list-style-type: none"> Interstitial lung disease 	71250
	CT low dose lung screening	<ul style="list-style-type: none"> Low dose lung cancer screening Asymptomatic patients only Patient age between 50-77 years Minimum "20+ - Pack Year" smoker Less than 15 years since quit smoking 	71271
	CT chest w/contrast	<p>Preferred</p> <ul style="list-style-type: none"> Abnormal chest x-ray Pleural effusion Follow up for known neoplasm Adenopathy Lung cancer Chest pain Dyspnea Pulmonary mass Cough Pneumonia 	71260
	CT chest w/o contrast	<ul style="list-style-type: none"> Nodule follow-up Contraindication to iodine 	71250
ABDOMEN	CT abdomen w/ & w/o contrast	<ul style="list-style-type: none"> Adrenal mass Pancreatic mass Pancreatitis Hepatic mass (dedicated liver study) Renal mass Upper abdominal pain 	74170
	CT abdomen w/o contrast	<ul style="list-style-type: none"> Contraindication to iodine (consider MRI) 	74150

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

EXAM TO ORDER		SYMPTOMS/CONCERNS		CPT CODE
SPINE	CT cervical spine w/o contrast	<ul style="list-style-type: none">• Compression fracture• Trauma (Cervical Spine)	<ul style="list-style-type: none">• Neck pain	72125
	CT lumbar spine w/o contrast	<ul style="list-style-type: none">• Compression fracture (Lumbar Spine)• Low back pain	<ul style="list-style-type: none">• Trauma (Lumbar Spine)	72131
OTHER	<i>**Must specify anatomy to be evaluated (Knee, Ankle, Femur, etc.)</i>			
	CT extremity LOWER w/o contrast	<ul style="list-style-type: none">• Fracture• Swelling	<ul style="list-style-type: none">• Pain	73700
	CT extremity UPPER w/o contrast	<ul style="list-style-type: none">• Fracture• Swelling	<ul style="list-style-type: none">• Pain	73200

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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SINUSES

wo	70486
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NECK, SOFT TISSUE

wo	70490
w/	70491
w/wo	70492

3-D RECONSTRUCTION

Add to Any Exam	76377
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UPPER EXTREMITY

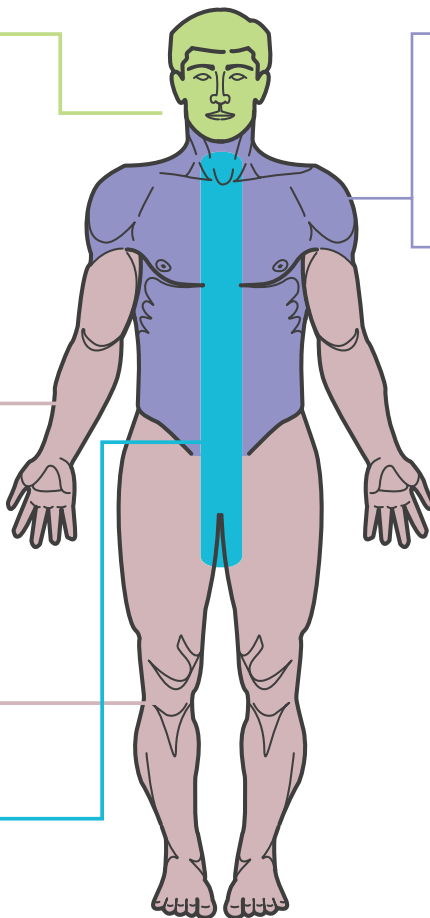
wo	73200
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LOWER EXTREMITY

wo	73700
Angio	75635
(scanning bilateral "runo" is usually preferred)	

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
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CHEST

w/	71260
wo	71250
Angio (w/)	71275

ABDOMEN

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

PELVIS

wo	72192
w/	72193

ABDOMEN AND PELVIS

w/	74177
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	74174
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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.

EXAM TO ORDER		SYMPTOMS/CONCERNS	CPT CODE
NECK	US neck	<ul style="list-style-type: none"> Palpable head, face or neck mass (describe area) 	76536
	US thyroid	<ul style="list-style-type: none"> Goiter/Neck Fullness Thyromegaly Abnormal thyroid function tests Hyperparathyroidism (parathyroids can sometimes be visualized if abnormal) 	76536
CHEST	US chest/upper back	<ul style="list-style-type: none"> Palpable chest wall or upper back mass (describe location) Pleura - Fluid <p>*If palpable mass is within breast tissue/axilla, reference breast imaging section. US Chest should not be ordered.</p>	76604
ABDOMEN	US abdomen complete	<ul style="list-style-type: none"> Abnormal liver tests Upper abdomen pain Hepatitis Ascites Fatty liver Jaundice Nausea <p>Test includes the liver, pancreas, gallbladder, kidneys, aorta, and spleen. If an abdomen evaluation is desired to include the bladder (kidneys already included in abdomen complete), order abdomen complete (76700) and bladder (76857).</p>	76700
	US abdomen limited US abdomen limited RUQ	<ul style="list-style-type: none"> Ventral/umbilical hernia Upper abdomen pain Single organ evaluation such as liver or gallbladder 	76705
	Non-vascular extremity joint	Inguinal/Femoral hernia. Palpable upper/lower extremity mass (describe location)	76882

EXAM TO ORDER		SYMPTOMS/CONCERNS	CPT CODE
ABDOMEN	US aorta screening	<ul style="list-style-type: none"> Aorta screening 	76706
	US aorta symptomatic	<ul style="list-style-type: none"> Abdominal aortic aneurysm (AAA) Palpable pulsating mass 	76775
	US renal/bladder retroperitoneal	<div> <ul style="list-style-type: none"> Abnormal kidney labs Dysuria Kidney stones/calculus of kidney </div> <div> <ul style="list-style-type: none"> Flank Pain Hydronephrosis Hematuria </div> <div> <ul style="list-style-type: none"> Mass or cyst CKD UTI </div> <p>Pre and Post void only imaged upon request in notes</p>	76770

EXAM TO ORDER		SYMPTOMS/CONCERNS	CPT CODE
VASCULAR	US arterial - lower extremity only	<ul style="list-style-type: none"> • Cellulitis • PVD or PAD (Peripheral vascular/arterial disease) 	<ul style="list-style-type: none"> • Numbness • Claudication • Extremity pain
	US carotid duplex arteries bilateral	<ul style="list-style-type: none"> • Bruit • Hypercholesterolemia • Diplopia 	<ul style="list-style-type: none"> • Hyperlipidemia • Vertigo • Dizziness and giddiness/syncope
	US venuous-upper and lower extremity	<ul style="list-style-type: none"> • Edema/Swelling • Redness <p>*Order must indicate upper or lower extremity and right or left.</p>	<ul style="list-style-type: none"> • Pain • Thrombosis
BREAST	Complete	<ul style="list-style-type: none"> - Screening - Generalized/diffuse pain - Fibrocystic breast - Dense breast 	<p>Test includes all four quadrants of the breast, retroareolar region, and axilla.</p>
	Limited	<ul style="list-style-type: none"> - Palpable mass - Focal pain - Nipple discharge/retraction - Mastitis (inflammation/infection) - Axillary palpable mass - IHS follow up from previous imaging. - Implant rupture (saline only) 	<p>Test includes focused exam of the breast that is limited to no more than three quadrants of the breast, retroareolar region, and axilla.</p> <p><i>*Breast US is ordered for affected laterality only. Order Bilateral Breast US only when patient symptoms are bilateral. MG is required to accompany if patient is 30 years or older. Order must include location of concern.</i></p>

EXAM TO ORDER	SYMPTOMS/CONCERNS	CPT CODE
DEXA, Bone Density, one or more sites (hips, pelvis, spine)	<ul style="list-style-type: none">Evaluate bone lossOsteoporosisOsteopenia	77080
Bone Density, QCT	<ul style="list-style-type: none">OsteopeniaOsteoporosis	77078

EXAM TO ORDER	SYMPTOMS/CONCERNS	CPT CODE
US OB less than 14 weeks Transabdominal/Transvaginal	<ul style="list-style-type: none">Fetal demise <p>Please include last menstrual period or established estimated date of delivery.</p>	76801

FOR FEMALE PATIENTS		PATIENT HISTORY		RECOMMENDED EXAM(S)		
	PATIENT AGE	ASYMPTOMATIC	SYMPTOMATIC	SCRN or DIAG	MODALITY	EXAM DESCRIPTION
	39 yrs, and older	Routine Annual Exam <i>(No Breast Symptoms)</i>		Screening	MG	3D Tomosynthesis (77063), Bilateral
		Routine Annual Exam with Breast Implants <i>(No Breast Symptoms)</i>		Screening	MG	3D Tomosynthesis (77063), Bilateral
		Family History of Breast CA or High Risk of Breast CA		Screening	MG	3D Tomosynthesis (77063), Bilateral
		Dense, Fibrocystic, Diffuse Cystic Mastopathy breast tissue		Screening	MG	3D Tomosynthesis (77063), Bilateral
		Personal History of Breast CA > 3 years		Screening	MG	3D Tomosynthesis (77063), Bilateral-Lumpectomy or 3D Tomosynthesis (77063), Unilateral-Mastectomy
	30-38 yrs old	High Risk for Breast CA <i>(Full personal/family HX needs to be included on the order for risk evaluation)</i>	(Include patient personal lifetime risk score on order).	Screening	MG	3D Tomosynthesis (77063), Bilateral
	30 yrs, and older	Personal History of Breast CA < 3 years		Diagnostic	MG	3D Tomosynthesis Diagnostic Mammogram (77062), Bilateral-Lumpectomy or 3D Tomosynthesis Diagnostic Mammogram (77061), Unilateral-Mastectomy
			Lump or Mass <i>(Provide o'clock position)</i> Focal Pain-Noncyclical <i>(Provide o'clock position)</i> Implant Rupture (Saline only)	Diagnostic	MG	3D Tomosynthesis Diagnostic Mammogram (77062)
				US	Ultrasound Breast, Limited (76642) (Affected Side(s))	
		Generalized/Diffuse Pain or Burning <i>(No Palpable Mass)</i>	Diagnostic	MG	3D Tomosynthesis Diagnostic Mammogram (77062)	
				US	Ultrasound Breast, Complete (76641) (Affected Side(s)) <i>Note: If the patient has had a negative screening in the last 6 months, only US is needed.</i>	
		Nipple symptoms: Retraction <i>(New Onset Only)</i> or Spontaneous Nipple Discharge <i>(Clear or Bloody)</i>	Diagnostic	MG	3D Tomosynthesis Diagnostic Mammogram (77062), Bilateral	
				US	Ultrasound Breast, Limited (76642) (Affected Side(s))	
		Symptoms of Mastitis <i>(Inflammation/Infection)</i>	Diagnostic	MG	3D Tomosynthesis Diagnostic Mammogram (77062), Bilateral	
			US	Ultrasound Breast, Limited (76642) (Affected Side(s))		
29 yrs, and Younger		Lump or Mass <i>(Provide o'clock position)</i> Focal Pain-Noncyclical <i>(Provide o'clock position)</i> Nipple Symptoms Implant Rupture <i>(Saline only)</i>		US	Ultrasound Breast, Limited (76442) (Affected Side(s)) <i>Note: radiologist will make recommendation for MG or other exam, if required, based upon US</i>	
Any outstanding recommendations from an outside facility, that needs to establish breast care at IHS, will need a Bilateral Diagnostic Mammogram and an US Limited order with the area of concern noted. Patient with outstanding biopsy or surgical recommendations will not be able to establish breast care at IHS.						

FOR MRI PATIENTS	PATIENT AGE	PATIENT HISTORY		RECOMMENDED EXAM(S)		
		ASYMPTOMATIC	SYMPTOMATIC	SCRN or DIAG	MODALITY	EXAM DESCRIPTION
	No Age Restrictions	High Risk Screening Genetic Markers Family HX Dense Breast Personal HX of breast cancer>3 years		Screening	MRI	MR screening breast bilateral w/wo contrast (77059) MR screening breast bilateral implants w/wo contrast (77059)
	No Age Restrictions		New or recent DX of breast cancer Following up an imaging finding Personal HX Palpable Lump/Mass Nipple Symptoms Focal Pain	Diagnostic	MRI	MR Diagnostic breast bilateral w/wo contrast (77059) MR Diagnostic breast bilateral implants w/wo contrast (77059)
	No Age Restrictions		Implant rupture (Silicone only) <i>*Saline implants require N/A an ultrasound and diagnostic mammogram</i>	N/A	MRI	MR breast bilateral implant wo contrast (77059)
All necessary priors will be needed to schedule any MRI breast appointment. All patients will require a MG and US completed at IHS prior to scheduling a Diagnostic MRI of the breast.						

FOR MALE PATIENTS	PATIENT AGE	PATIENT HISTORY		RECOMMENDED EXAM(S)		
		ASYMPTOMATIC	SYMPTOMATIC	SCRN or DIAG	MODALITY	EXAM DESCRIPTION
	24 yrs, and Younger		Palpable Lump/Mass Nipple Symptoms Gynecomastia	Diagnostic	US	Ultrasound Breast, limited (76642), (Affected Side(s)) <i>(Technologist will scan the contralateral breast for comparison purposes. Exam charges will only be for the ordered exam.)</i>
					MG	3D Tomosynthesis Diagnostic Mammogram (77062), Bilateral <i>(Order will be scheduled but only completed upon Radiologist discretion)</i>
	25 yrs, and Older		Gynecomastia	Diagnostic	MG	3D Tomosynthesis Diagnostic Mammogram (77062), Bilateral
					US	Ultrasound Breast, Limited (76642) (Affected Side(s)). <i>(Order will be scheduled but only completed upon Radiologist discretion)</i>
			Palpable Lump/Mass Nipple Symptoms	Diagnostic	MG	3D Tomosynthesis Diagnostic Mammogram (77062), Bilateral
					US	Ultrasound Breast, Limited (76642) (Affected Side(s)).
	30 yrs, and older	High Risk for Breast CA <i>(Full personal/family HX needs to be included on the order)</i>		Screening	MG	3D Tomosynthesis (77063), Bilateral

EXAM TO ORDER		SYMPTOMS/CONCERNS	CPT CODE
BONE SCANS	Whole Body Bone	<ul style="list-style-type: none"> Metastatic disease / Bone Lesion 	78306
	Three Phase	<ul style="list-style-type: none"> Known or suspected joint replacement loosening. 	78315
	Bone SPECT	<ul style="list-style-type: none"> Spondylosis, Pars defect, spine fracture 	78320
PARATHYROID SCAN	Parathyroid SPECT	<ul style="list-style-type: none"> Parathoid Ademoas, hypercalcemia, hyperparathyroidism 	78071

EXAM TO ORDER	SYMPTOMS/CONCERNS	CPT CODE
HEPATOBIILIARY SCANS	Hepatobiliary with/ EF <ul style="list-style-type: none">• Eval or gallbladder function, dysmotility, biliary dyskinesia	78227
GASTRO EMPTYING	Gastric Emptying <ul style="list-style-type: none">• Evaluate gastric motility and emptying	78264

EXAM TO ORDER**SYMPTOMS/CONCERNS****CPT CODE****RENAL SCANS**

Renal with lasix

Preferred

- Single study and same day exam. Evaluate renal function, appearance, and detect renal blockages.

78708**BRAIN IMAGING**

DaTScan

- Distinguishes between PD and Essential Tremor or suspected dementia with Lewy Bodies

78803 & A9584

EXAM TO ORDER		SYMPTOMS/CONCERNS	CPT CODE
PROSTATE IMAGING	PSMA Illuccix	• Prostate cancer, new diagnosis or reoccurence	78815 + A9596 (5-7 units)
	PSMA Pylarify	• Prostate cancer, new diagnosis or reoccurence	78815 + A9596 (9 units)
	PSMA Posulma	• Prostate cancer, new diagnosis or reoccurence	78815 + A9608 (8 units)
TUMOR IMAGING WITH FDG	FDG Skull-Thigh	• Metabolically active malignant lesions	78815
	FDG Wholebody	• Melanoma & Sarcoma	78816
NEUROENDOCRINE TUMOR IMAGING	Dotatate	• Neuroendocrine Tumors	78815 + A9587 (54 units)

EXAM TO ORDER		SYMPTOMS/CONCERNS	CPT CODE
BRAIN IMAGING	Amyloid Amyvid	<ul style="list-style-type: none">Alzheimer's Disease & other causes for cognitive decline	78814 + A9586 (1 unit)
	Amyloid Vizamyl	<ul style="list-style-type: none">Alzheimer's Disease & other causes for cognitive decline	78814 + Q9982 (1 unit)
	FDG Brain	<ul style="list-style-type: none">Metabolic Brain Imaging	78608
BREAST CANCER IMAGING	Cerianna	<ul style="list-style-type: none">Estrogen Receptor (ER) positive	78815 + A9591 (6 units)

Special Requirements for Contrast Exams

MRI Contrast Lab Guidelines:

- Labs for most MRI contrast exams are no longer needed except for the following cases:
 - Labs are required for Gadavist MRI exam if the patient receives more than a single Gadavist dose for a Thoracic Outlet Protocol.
 - Labs are required if Eovist contrast is given to the patient because of one of the following conditions:
 - History of renal disease or surgery on the kidneys
 - Diabetes mellitus
 - History of Hypertension
 - Renal Cancer
 - Recently (within 3 months) had chemotherapy

Current Pre Medication Prescription:

- Prednisone 40mg by mouth taken 12 hours before exam and 2 hours prior to exam.
IHS requires 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.*

		CREATININE W/IN 3 MONTHS
EXAMS	PATIENT INDICATIONS	
MRI with Eovoist IV Contrast *Most MRI exams do not require screening of renal function	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	✓
	Diabetic patient	✓

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BIOPSY CODE		EACH ADD'L	
BREAST(S)	Stereotactic	19081	19082
	Ultrasound	19083	19084
	MRI	19085	19086
	Mammographic F/U Mammo	77065 - unilat	77061 - uni tomo
	Puncture Aspiration	19000	19001
FINE NEEDLE ASPIRATIONS	Ultrasound	10005	+10006
	Fluoro	10007	+10008
	CT	10009	+10010
	MRI	10011	+10012

BIOPSIES	BIOPSY CODE	
	Abdominal Mass	49180
	Bone Marrow with Aspiration	38222
	Liver	47000
	Renal	50200
	Thyroid	60100

Our Locations

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 Ru~n Road, Ste 102
San Diego, CA 92123

SAN DIEGO (AL VARADO)

6386 Alvarado Court, Ste 121
San Diego, CA 92120

HILLCREST

150 W. Washington Street
San Diego, CA 92103

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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