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## 2026 CPT Code Exam Ordering Guide

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EXAM TO ORDER	SYMPTOMS/CONCERNs	CPT CODE
HEAD/NECK & NEURO	MRI b rain - post fossa w/ & w/o contrast (IAC w/ & w/o)	<ul style="list-style-type: none"> <li>Bell's Palsy</li> <li>Vertigo</li> </ul> <ul style="list-style-type: none"> <li>Hearing loss</li> </ul> <b>70553</b>
	MRI b rain ( pituitary protocol) w/ & w/o contrast	<ul style="list-style-type: none"> <li>Hormone abnormalities</li> </ul> <ul style="list-style-type: none"> <li>Pituitary</li> </ul> <b>70553</b>
	MRI b rain ( seizure protocol) w/ & w/o contrast	<ul style="list-style-type: none"> <li>Seizures - multiple early onset</li> </ul> <b>70553</b>
	MRI brain and orbits w/ & w/o contrast	<ul style="list-style-type: none"> <li>Loss of vision</li> <li>Optic neuritis</li> </ul> <ul style="list-style-type: none"> <li>Ocular mass or tumor</li> <li>Visual disturbance</li> </ul> <b>70553, 70543</b>
	MRI b rain 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> </ul> <ul style="list-style-type: none"> <li>Dizziness</li> <li>Meningitis</li> <li>Metastatic brain disease</li> <li>Seizures</li> </ul> <b>70553</b>
	MRI b rain w/o contrast	<ul style="list-style-type: none"> <li>Ataxia</li> <li>Dementia</li> <li>Traumatic b rain injury (chronic)</li> </ul> <ul style="list-style-type: none"> <li>CVA</li> <li>Headaches (depends on associated clinical history)</li> </ul> <b>70551</b>
	MRI b rain 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> </ul> <ul style="list-style-type: none"> <li>Subarachnoid hemorrhage</li> </ul> <b>70551, 70544</b>
	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> <b>70543</b>

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>	74183
MRA abdomen w/ or w/o contrast	<ul style="list-style-type: none"> <li>• Hypertension</li> <li>• Renal artery stenosis</li> </ul>	74185
MRI abdomen w/ & w/o contrast w/ M RCP	<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>	74183, 76377
MRI abdomen with elastography w/ & w/o contrast	<ul style="list-style-type: none"> <li>• Chronic hepatitis B or C</li> <li>• NAFLD or NASH</li> <li>• Autoimmune hepatitis</li> <li>• Primary sclerosing cholangitis</li> <li>• Hemochromatosis</li> </ul>	74181, 76391 w/o 74183, 76391 w/ & w/o
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>	74183 Abdomen 72197 Pelvis w /&w/o
MRI pelvis w/o contrast	<ul style="list-style-type: none"> <li>• Coccyx fracture</li> <li>• Pubicarthralgia</li> <li>• Sacroiliitis</li> <li>• Stress fracture (Pelvis)</li> </ul>	<ul style="list-style-type: none"> <li>• Pelvic fracture</li> <li>• Sacral fracture</li> <li>• Sports hernia</li> </ul>
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>	72197

	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> </ul>	<ul style="list-style-type: none"> <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>
	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	<ul style="list-style-type: none"> <li>• Malignancy</li> <li>• Failed back syndrome</li> <li>• Pathologic compression fracture (Lumbar Spine)</li> </ul>	72158
<p>*If prior lumbar surgery (within 10 years), r/o infection, or bone mets then MRI lumbar spine w/ &amp; w/o contrast.</p>			

	EXAM TO ORDER	SYMPTOMS/CONCERNS	CPT CODE
SPINE	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>
	MRI thoracic spine w/ & w/o 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>
	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>
ARTHROGRAM	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>73722 MRI joint LOWER extremity w/ contrast</p> <p>27369 Arthro injection</p> <p>77002 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 cu™ or labral repair</li> </ul>	<p>73222 MRI joint U PPER extremity w/ contrast</p> <p>23350 Arthro injection</p> <p>77002 Fluoro guidance</p>

	<b>EXAM TO ORDER</b>	<b>SYMPTOMS/CONCERNS</b>	<b>CPT CODE</b>
EXTREMITY UPPER	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>	73221
	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>	73218
	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>	73220
EXTREMITY LOWER	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>	73721
	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>	73718
	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>	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

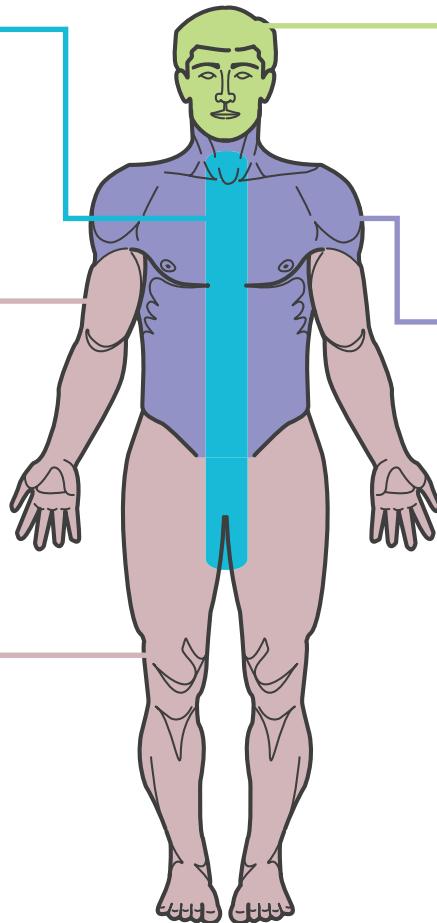
## LOWER EXTREMITY

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
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## CHEST

wo	71550
w/wo	71552

Chest MRA (for Brachial Plexus)	71555
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ABDOMEN	
wo	74181
w/wo	74183

Abdomen MRA (w/wo)	74185
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## NECK, SOFT TISSUE

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

## COMBINATION CODES

Brain MRI & M RA	70553, 70544
Brain & Orbit w/wo	70553, 70543

## PELVIS

wo	72195
w/wo	72197

## BREAST

w/wo	77048
Unilateral	77049

## ABDOMEN

Bilateral	77049
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## 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"> <li>• Ataxia</li> <li>• CVA</li> <li>• Headaches</li> </ul> <p>(Contrast - depends on associated clinical history)</p>	<ul style="list-style-type: none"> <li>• Brain tumor</li> <li>• Dementia</li> </ul> <p><b>70470</b></p>
	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> <p>(Contrast - depends on associated clinical history)</p>	<ul style="list-style-type: none"> <li>• CVA</li> <li>• Headaches</li> <li>• Traumatic brain injury (acute)</li> </ul> <p><b>70450</b></p>
	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> <p><b>70486</b></p>
	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> <p><b>70480</b></p>
	CT sinu s w/o contrast	<ul style="list-style-type: none"> <li>• Facial pain</li> </ul>	<ul style="list-style-type: none"> <li>• Sinusitis</li> </ul> <p><b>70486</b></p>
	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> <p><b>70491</b></p>
	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>	<p><b>70490</b></p>
	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> <p><b>70480</b></p>

EXAM TO ORDER	SYMPTOMS/CONCERNS	CPT CODE
CHEST	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 50-77 years</li> <li>Minimum "20+ - Pack Year" smoker</li> <li>Less than 15 years since quit smoking</li> </ul> <b>71271</b>
	<b>Preferred</b> <ul style="list-style-type: none"> <li>Abnormal chest x-ray</li> <li>Pleural effusion</li> <li>Follow up for known neoplasm</li> </ul>	<ul style="list-style-type: none"> <li>Adenopathy</li> <li>Lung cancer</li> <li>Chest pain</li> <li>Dyspnea</li> <li>Pulmonary mass</li> <li>Cough</li> <li>Pneumonia</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>
ABDOMEN	CT abdomen w/ & w/o contrast	<ul style="list-style-type: none"> <li>Adrenal mass</li> <li>Pancreatic mass</li> <li>Pancreatitis</li> <li>Hepatic mass (dedicated liver study)</li> <li>Renal mass</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>

ABDOMEN & PELVIS	EXAM TO ORDER	SYMPTOMS/CONCERNS	CPT CODE
	CT abdomen/pelvis w/contrast	<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> </ul>	<ul style="list-style-type: none"> <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> <p><b>74177</b></p>
	CT abdomen/pelvis w/o contrast	<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	<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: - Rectal bleeding, tortuous colon, or inability to tolerate sedation</li> </ul>	<b>74261</b>
	CT small bowel w/contrast	<ul style="list-style-type: none"> <li>• Anemia</li> <li>• Chronic GI bleed</li> <li>• Small bowel mass</li> </ul>	<ul style="list-style-type: none"> <li>• Bowel obstruction</li> <li>• Crohn's disease</li> </ul> <p><b>74177</b></p>
	CT urogram w/ & w/o contrast	<ul style="list-style-type: none"> <li>• Dysuria</li> <li>• Hematuria</li> </ul>	<ul style="list-style-type: none"> <li>• Flank pain</li> <li>• UTIs</li> </ul> <p><b>74178</b></p>

	<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>	<p><i>**Must specify anatomy to be evaluated (Knee, Ankle, Femur, etc.)</i></p>		
	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

<b>BRAIN / HEAD</b>	
wo	70450
w/wo	70470
CTA Brain/Head (w/)	70496

<b>ORBITS</b>	
wo	70480
w/	70481
w/wo	70482

<b>PETROUS/TEMPORAL BONE (IAC)</b>	
wo	70480

<b>SINUSES</b>	
wo	70486

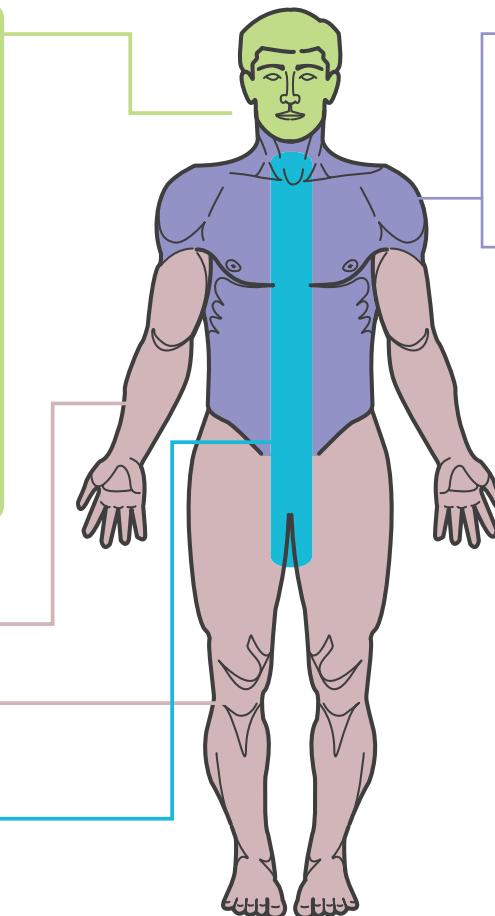
<b>NECK, SOFT TISSUE</b>	
wo	70490
w/	70491
w/wo	70492

<b>3-D RECONSTRUCTION</b>	
Add to Any Exam	76377

<b>UPPER EXTREMITY</b>	
wo	73200

<b>LOWER EXTREMITY</b>	
wo	73700
Angio (scanning bilateral "runo~" is usually preferred)	75635

<b>SPINE</b>	
Cervical wo	72125
Thoracic wo	72128
Lumbar wo	72131



**LUNG**  
Low Dose Lung  
Screening

71271

**BONE DENSITY SCREENING**  
QCT 77078

**CT COLONOGRAPHY**  
Screening  
Diagnostic

74263  
74261

**HEART**  
CACS (wo) 75571

**CHEST**  
w/  
wo  
Angio (w/)

71260  
71250  
71275

**PELVIS**  
wo 72192  
w/ 72193

**ABDOMEN**  
wo 74150  
w/wo 74170  
Angio / AAA (w/)

74175  
75635

**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

**CHEST AND ABDOMEN**

w/wo 71260, 74170

**CHEST, ABDOMEN, PELVIS**

w/ 71250, 74176

**ABDOMEN AND PE LVIS**

(ANGIO)

w/wo 71260, 74178

w/wo 74174

## 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"> <li>• Palpable head, face or neck mass (describe area)</li> </ul>	76536
	US thyroid	<ul style="list-style-type: none"> <li>• Goiter/Neck Fullness</li> <li>• Thyromegaly</li> <li>• Abnormal thyroid function tests</li> <li>• Hyperparathyroidism (parathyroids can sometimes be visualized if abnormal)</li> </ul>	76536
CHEST	US chest/upper back	<ul style="list-style-type: none"> <li>• Palpable chest wall or upper back mass (describe location)</li> <li>• Pleura - Fluid</li> </ul> <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"> <li>• Abnormal liver tests</li> <li>• Upper abdomen pain</li> <li>• Hepatitis</li> </ul> <p>• Ascites</p> <p>• Fatty liver</p> <p>• Jaundice</p> <p>• Nausea</p> <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	<ul style="list-style-type: none"> <li>• Ventral/umbilical hernia</li> </ul>	76705
	US abdomen limited RUQ	<ul style="list-style-type: none"> <li>• Upper abdomen pain</li> <li>• Single organ evaluation such as liver or gallbladder</li> </ul>	76705
	Non-vascular extremity joint	Inguinal/Femoral hernia. Palpable upper/lower extremity mass (describe location)	76882

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

	EXAM TO ORDER	SYMPTOMS/CONCERNS	CPT CODE
PELVIS	<b>FEMALE ONLY</b>		
	US pelvic transabdominal and transvaginal	<ul style="list-style-type: none"> <li>• Lower abdominal and pelvic pain/bloating</li> <li>• Vaginal Bleeding</li> <li>• Endometriosis</li> <li>• Fibroids/Leiomyoma</li> <li>• Excessive or frequent menstruation</li> </ul>	<b>76856</b> <b>76830</b>
	US pelvic transabdominal only (request specifically if patient or doctor decline the transvaginal exam due to patient comfort or patient age-under 18 years old)	<i>Test includes the uterus, ovaries and surrounding area.</i>	
	<b>MALE ONLY</b>	<ul style="list-style-type: none"> <li>• Pelvic pain/bloating</li> <li>• Dysuria</li> <li>• Hematuria</li> <li>• BPH</li> <li>• Urinary retention</li> </ul>	<b>76856</b>
	US pelvic male	<i>Test includes bladder and prostate measurements (transabdominal only)</i>	
	US bladder	<ul style="list-style-type: none"> <li>• Pelvic pain/bloating</li> <li>• Dysuria</li> <li>• Hematuria</li> <li>• Urinary retention</li> </ul>	<b>76857</b>
	US pelvic LTD/Soft Tissue	<i>Palpable pelvic/buttock mass (describe location)</i>	<b>76857</b>
	US scrotum	<ul style="list-style-type: none"> <li>• Testicular pain/mass/swelling</li> <li>• Varicocele</li> <li>• Scrotal hernia</li> <li>• Torsion</li> <li>• Epididymitis</li> </ul>	<b>76870</b> <b>93975</b>

PREGNANCY	EXAM TO ORDER	SYMPTOMS/CONCERNS	CPT CODE
	US OB less than 14 weeks Transabdominal/Transvaginal	<ul style="list-style-type: none"> <li>• Fetal demise</li> </ul> <p>Please include last menstrual period or established estimated date of delivery.</p>	<b>76801</b>
BREAST	<p>Complete</p> <ul style="list-style-type: none"> <li>- Screening</li> <li>- Generalized/diffuse pain</li> <li>- Fibrocytic breast</li> <li>- Dense breast</li> </ul> <p>Limited</p> <ul style="list-style-type: none"> <li>- Palpable mass</li> <li>- Focal pain</li> <li>- Nipple discharge/retraction</li> <li>- Mastitis (inflammation/infection)</li> <li>- Axillary palpable mass</li> <li>- IHS follow up from previous imaging.</li> <li>- Implant rupture (<i>saline only</i>)</li> </ul>	<p>Test includes all four quadrants of the breast, retroareolar region, and axilla.</p> <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>	<b>76641</b> Unilateral <b>76641, 50</b> Bilateral  <b>76642</b> Unilateral <b>76642, 50</b> Bilateral

EXAM TO ORDER	SYMPTOMS/CONCERNS	CPT CODE
US arterial - lower extremity only	<ul style="list-style-type: none"> <li>Cellulitis</li> <li>PVD or PAD (Peripheral vascular/arterial disease)</li> </ul> <ul style="list-style-type: none"> <li>Numbness</li> <li>Claudication</li> <li>Extremity pain</li> </ul>	<b>93925</b> Bilateral <b>93926</b> Unilateral
US renal arterial	<ul style="list-style-type: none"> <li>RAS (Renal artery stenosis)</li> <li>Diabetes mellitus 1 or 2</li> <li>Uncontrolled hypertension</li> </ul>	<b>76775, 93979</b>
US carotid duplex arteries bilateral	<ul style="list-style-type: none"> <li>Bruit</li> <li>Hypercholesterolemia</li> <li>Diplopia</li> </ul> <ul style="list-style-type: none"> <li>Hyperlipidemia</li> <li>Vertigo</li> <li>Dizziness and giddiness/syncope</li> </ul>	<b>93880</b>
US venous-upper and lower extremity	<ul style="list-style-type: none"> <li>Edema/Swelling</li> <li>Redness</li> </ul> <ul style="list-style-type: none"> <li>Pain</li> <li>Thrombosis</li> </ul>	<b>93970</b> Bilateral <b>93971</b> Unilateral

\*Order must indicate upper or lower extremity and right or left.

EXAM TO ORDER	SYMPTOMS/CONCERNS	CPT CODE
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>	77080
Bone Density, QCT	<ul style="list-style-type: none"><li>• Osteopenia</li><li>• Osteoporosis</li></ul>	77078

FOR FEMALE PATIENTS	PATIENT AGE	PATIENT HISTORY		RECOMMENDED EXAM(S)		
		ASYMPTOMATIC	SYMPOMATIC	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>
29 yrs, and Younger		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))
		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>

FOR MRI PATIENTS	PATIENT HISTORY		RECOMMENDED EXAM(S)			
	PATIENT AGE	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 HISTORY		RECOMMENDED EXAM(S)			
	PATIENT AGE	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

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

EXAM TO ORDER	SYMPTOMS/CONCERNS	CPT CODE
HEPATOBILIARY SCANS	Hepatobiliary with/ EF	78227
GASTRO EMPTING	<ul style="list-style-type: none"><li data-bbox="584 328 1038 391">Eval or gallbladder function, dysmotility, biliary dykinesia</li><li data-bbox="584 771 1038 793">Evaluate gastric motility and emptying</li></ul>	78264

EXAM TO ORDER	SYMPTOMS/CONCERNS	CPT CODE
RENAL SCANS	<p><b>Renal with lasix</b></p> <p><i>Preferred</i></p> <ul style="list-style-type: none"><li>• Single study and same day exam. Evaluate renal function, appearance, and detect renal blockages.</li></ul>	<b>78708</b>
BRAIN IMAGING	<p><b>DaTScan</b></p> <ul style="list-style-type: none"><li>• Distinguishes between PD and Essential Tremor or suspected dementia with Lewy Bodies</li></ul>	<b>78803 &amp; A9584</b>

EXAM TO ORDER	SYMPTOMS/CONCERNS	CPT CODE
PROSTATE IMAGING	PSMA Illuccix	<ul style="list-style-type: none"> <li>• Prostate cancer, new diagnosis or reoccurrence</li> </ul> <b>78815 + A9596</b> (5-7 units)
	PSMA Pylarify	<ul style="list-style-type: none"> <li>• Prostate cancer, new diagnosis or reoccurrence</li> </ul> <b>78815 + A9596</b> (9 units)
	PSMA Posulma	<ul style="list-style-type: none"> <li>• Prostate cancer, new diagnosis or reoccurrence</li> </ul> <b>78815 + A9608</b> (8 units)
TUMOR IMAGING WITH FDG	FDG Skull-Thigh	<ul style="list-style-type: none"> <li>• Metabolically active malignant lesions</li> </ul> <b>78815</b>
	FDG Wholebody	<ul style="list-style-type: none"> <li>• Melanoma &amp; Sarcoma</li> </ul> <b>78816</b>
NEUROENDOCRINE TUMOR IMAGING	Dotatate	<ul style="list-style-type: none"> <li>• Neuroendocrine Tumors</li> </ul> <b>78815 + A9587 (54 units)</b>

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

## 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.*

EXAMS	PATIENT INDICATIONS	CREATININE W/IN 3 MONTHS
<b>MRI with Eovist IV Contrast</b> <small>*Most MRI exams do not require screening of renal function</small>	Age 70 and over	✓
	History of kidney/renal disease (any age)	✓
	Dialysis patient*	✓
<b>CT with IV Contrast</b>	Age 70 and over	✓
	History of kidney/renal disease	✓
	Diabetic patient	✓

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

## BIOPSY CODE

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



## *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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