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## 2026 CPT Code Exam Ordering Guide

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HEAD/NECK & NEURO	EXAM TO ORDER	SYMPTOMS/CONCERNS	CPT CODE
	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> <li>• Hearing loss</li> </ul>	70553
	MRI b rain (pituitary protocol) w/ & w/o contrast	<ul style="list-style-type: none"> <li>• Hormone abnormalities</li> <li>• Pituitary</li> </ul>	70553
	MRI b rain (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 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> <li>• Dizziness</li> <li>• Meningitis</li> <li>• Metastatic brain disease</li> <li>• Seizures</li> </ul>	70553
	MRI b rain w/o c ontrast	<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 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> <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

	<b>EXAM TO ORDER</b>	<b>SYMPTOMS/CONCERNS</b>	<b>CPT CODE</b>
<b>ABDOMEN &amp; PELVIS</b>	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 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>	<b>74181, 76391</b> w/o <b>74183, 76391</b> 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>	<b>74183</b> Abdomen <b>72197</b> 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> <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/ & 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> <p><b>72157</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>

<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</p> <p><b>27369</b> Arthro injection</p> <p><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</p> <p><b>23350</b> Arthro injection</p> <p><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)

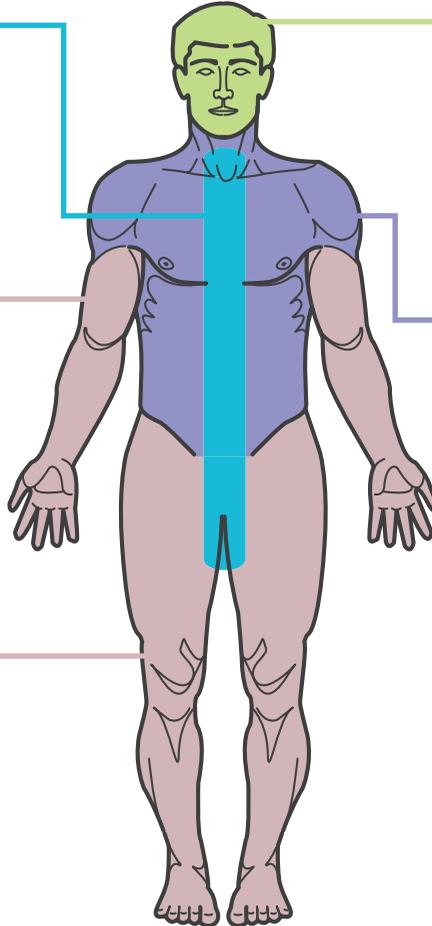
wo 73718  
w/wo 73720

### 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

## NECK, SOFT TISSUE

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

## COMBINATION CODES

Brain MRI & M RA 70553, 70544  
Brain & O rbits 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.



	<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 50-77 years</li> <li>• Minimum "20+ - Pack Year" smoker</li> <li>• Less than 15 years since quit smoking</li> </ul>	<b>71271</b>
	CT chest w/contrast	<p><b>Preferred</b></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>• 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>
<b>ABDOMEN</b>	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>

EXAM TO ORDER	SYMPTOMS/CONCERNS	CPT CODE
CT abdomen/pelvis w/contrast	<b><i>Preferred</i></b>	<b>74177</b>
	<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>	
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> <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>

ABDOMEN & PELVIS

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

## SINUSES

wo 70486

## NECK, SOFT TISSUE

wo 70490  
w/ 70491  
w/wo 70492

## 3-D RECONSTRUCTION

Add to Any Exam 76377

## UPPER EXTREMITY

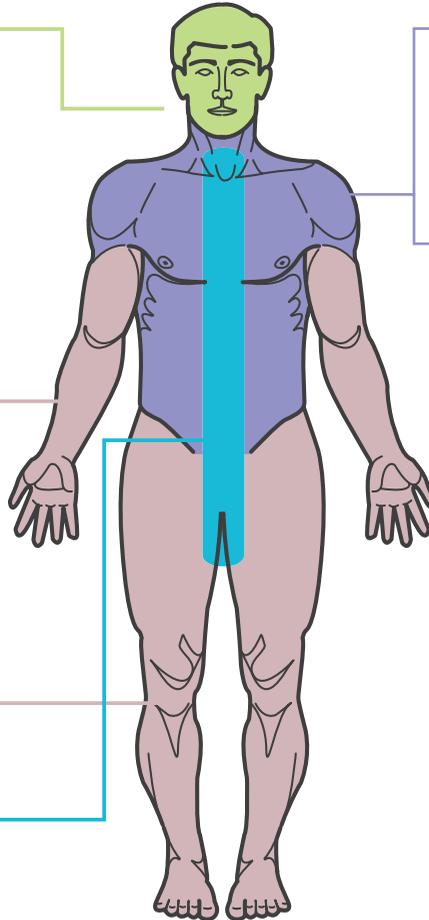
wo 73200

## LOWER EXTREMITY

wo 7370G  
Angio 75635  
(scanning bilateral "runo"  
is usually preferred)

## SPINE

Cervical wo 72125  
Thoracic wo 72128  
Lumbar wo 72131



## LUNG

Low Dose Lung  
Screening 71271  
CT COLONOGRAPHY  
Screening 74263  
Diagnostic 74261

BONE DENSITY SCREENING  
QCT 77078

HEART  
CACS (wo) 75571

## CHEST

w/ 71260  
wo 71250  
Angio (w/) 71275

PELVIS  
wo 72192  
w/ 72193

## ABDOMEN

wo 74150  
w/wo 74170  
Angio / AAA (w/) 74175  
Angio Aorta Runo<sup>™</sup> (w/) 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  
wo 71250, 74176  
w/wo 71260, 74178

ABDOMEN AND PELVIS  
(ANGIO)  
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.

	<b>EXAM TO ORDER</b>	<b>SYMPTOMS/CONCERNS</b>	<b>CPT CODE</b>
<b>NECK</b>	US neck	<ul style="list-style-type: none"> <li>• Palpable head, face or neck mass (describe area)</li> </ul>	<b>76536</b>
	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>	<b>76536</b>
<b>CHEST</b>	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>	<b>76604</b>
<b>ABDOMEN</b>	US abdomen complete	<ul style="list-style-type: none"> <li>• Abnormal liver tests</li> <li>• Upper abdomen pain</li> <li>• Hepatitis</li> <li>• Ascites</li> <li>• Fatty liver</li> <li>• Jaundice</li> <li>• Nausea</li> </ul> <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>	<b>76700</b>
	US abdomen limited US abdomen limited RUQ	<ul style="list-style-type: none"> <li>• Ventral/umbilical hernia</li> <li>• Upper abdomen pain</li> <li>• Single organ evaluation such as liver or gallbladder</li> </ul>	<b>76705</b>
	Non-vascular extremity joint	Inguinal/Femoral hernia. Palpable upper/lower extremity mass (describe location)	<b>76882</b>

**EXAM TO ORDER****SYMPTOMS/CONCERNS****CPT CODE****ABDOMEN****ULTRASOUND**

US aorta screening

- Aorta screening

**76706**

US aorta symptomatic

- Abdominal aortic aneurysm (AAA)
- Palpable pulsating mass

**76775**

US renal/bladder retroperitoneal

- Abnormal kidney labs
- Dysuria
- Kidney stones/  
calculus of kidney
- Flank Pain
- Hydronephrosis
- Hematuria
- Mass or cyst
- CKD
- UTI

**76770**

Pre and Post void only imaged upon request in notes

PELVIS	EXAM TO ORDER	SYMPTOMS/CONCERNS	CPT CODE	
	<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>	US pelvic male	<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>
			<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>	

**EXAM TO ORDER**

**SYMPTOMS/CONCERNS**

**CPT CODE**

**PREGNANCY**

US OB less than 14 weeks  
Transabdominal/Transvaginal

- Fetal demise

Please include last menstrual period or established estimated date of delivery.

**76801**

**BREAST**

Complete

- Screening
- Generalized/diffuse pain
- Fibrocystic breast
- Dense breast

Test includes all four quadrants of the breast, retroareolar region, and axilla.

**76641** Unilateral  
**76641, 50** Bilateral

Limited

- Palpable mass
- Focal pain
- Nipple discharge/retraction
- Mastitis (*inflammation/infection*)
- Axillary palpable mass
- IHS follow up from previous imaging.
- Implant rupture (*saline only*)

Test includes focused exam of the breast that is limited to no more than three quadrants of the breast, retroareolar region, and axilla.

**76642** Unilateral  
**76642, 50** Bilateral

*\*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.*

**EXAM TO ORDER**

**SYMPTOMS/CONCERNS**

**CPT CODE**

US arterial - lower extremity only

- Cellulitis
- PVD or PAD  
(Peripheral vascular/  
arterial disease)
- Numbness
- Claudication
- Extremity pain

**93925** Bilateral  
**93926** Unilateral

US renal arterial

- RAS (Renal artery stenosis)
- Diabetes mellitus 1 or 2
- Uncontrolled hypertension

**76775, 93979**

US carotid duplex arteries bilateral

- Bruit
- Hypercholesterolemia
- Diplopia
- Hyperlipidemia
- Vertigo
- Dizziness and  
giddiness/syncope

**93880**

US venuous-upper and  
lower extremity

- Edema/Swelling
  - Redness
  - Pain
  - Thrombosis
- \*Order must indicate upper or lower extremity  
and right or left.

**93970** Bilateral  
**93971** Unilateral

**EXAM TO ORDER****SYMPTOMS/CONCERNS****CPT CODE****BONE MINERAL DENSITOMETRY**

DEXA, Bone Density, one or more sites  
(hips, pelvis, spine)

- Evaluate bone loss
- Osteoporosis
- Osteopenia

**77080****BONE DENSITY**

PATIENT AGE	PATIENT HISTORY		RECOMMENDED EXAM(S)		
	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 (76642) (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 FEMALE PATIENTS

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>	
				MG	3D Tomosynthesis Diagnostic Mammogram (77062), Bilateral	
30 yrs, and older	High Risk for Breast CA <i>(Full personal/family HX needs to be included on the order)</i>		Diagnostic	US	Ultrasound Breast, Limited (76642) (Affected Side(s)).	
				MG	3D Tomosynthesis (77063), Bilateral	
30 yrs, and older			Screening	MG	3D Tomosynthesis (77063), Bilateral	

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

	<b>EXAM TO ORDER</b>	<b>SYMPTOMS/CONCERNS</b>	<b>CPT CODE</b>
<b>BRAIN IMAGING</b>	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>
<b>BREAST CANCER IMAGING</b>	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>  *Most MRI exams do not require screening of renal function	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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	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

**BIOPSY CODE****BIOPSIES**

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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