



IMAGING ORDERING GUIDE

A resource for our partner providers

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СТ

CT CPT CODE GUIDE

ORBITS, IACS/TEMPORAL BONES

70480 • W/O Contrast Only
70482 • W & W/O Contrast

CERVICAL SPINE

72125 • W/O Contrast Only
72126 • W Contrast Only for Myelograms

CHEST

71250 • W/O Contrast Only
71260 • W Contrast Only
71260 • PE Protocol Chest/W Contrast

LUMBAR SPINE

72131 • W/O Contrast Only
72132 • W Contrast Only for Myelograms

PELVIS

72192 • W/O Contrast Only
72193 • W Contrast Only
72194 • W & W/O Contrast

ABDOMEN

74170 • W & W/O Contrast
74150 • W/O Contrast Only
74160 • W Contrast Only

THORACIC SPINE

72128 • W/O Contrast Only
72129 • W Contrast Only for Myelograms

ABDOMEN & PELVIS

74177 • W Contrast
74176 • W/O Contrast
74178 • W and W/O Contrast

UPPER EXTREMITY HUMERUS, FOREARM, HAND

73200 • W/O Contrast Only
73201 • W Contrast Only Arthrograms

BRAIN

70470 • W & W/O Contrast
70450 • W/O Contrast Only

MAXILLOFACIAL, SINUS

70486 • W/O Contrast

SOFT TISSUE NECK

70491 • W Contrast
70490 • W/O Contrast Only

LOWER EXTREMITY THIGH, FEMUR, TIB/FIB, LOWER LEG, FOOT/TOES

73700 • W/O Contrast Only
73701 • W Contrast Only Arthrograms

CT ORDERING GUIDE

BODY

Prep: NPO 4 hours for all studies W Contrast

Chest CT W/O Contrast.....CPT 71250

- **Lung Nodules**
(may be done W Contrast if ordering MD desires)
- **Pneumonia**
(may be done W Contrast if ordering MD desires)
- **Pleural effusion**
(may be done W Contrast if ordering MD desires)
For empyema evaluation.
- **Interstitial Lung Disease**
(Hi Res Chest)
- **COPD**
- **Airway imaging**
(inc. TBM), Tracheal stenosis, Tracheal Malacia (Tracheal Tree)

Chest CT W Contrast.....CPT 71260

- **Lung Cancer/Mass/Nodule**
(may be done W/O Contrast if ordering MD desires)
- **Chest Wall Mass**
- **Chest Pain**
- **Mediastinal or Hilar Mass/Abnormality**
- **Empyema**
- **Pulmonary Embolism**
(PE Protocol)
- **Aneurysm**

Chest CT W & W/O Contrast.....CPT 71270

Pulmonary Arteriovenous malformation (AVM)

Angiography, Chest CT

W and W/O Contrast.....CPT 71275

- **Thoracic Aorta Aneurysm, Dissection**
- **Pulmonary AVM**
- **Post-Operative Sternotomy**
(redo sternotomy planning)
- **Dissection**

Coronary CT

W and W/O Contrast.....CPT 75574

- **Coronary artery disease/Bypass graft evaluation**
- **Chest pain suspected cardiac**

Heart CT W Contrast (Morphology)CPT 75572

- **Pulmonary vein evaluation**
- **Congenital heart evaluation (ASD/VSD)**
- **Atrial fibrillation pre-ablation planning**

***Abdomen CT W/O Contrast.....CPT 74150**

- **Adrenal mass detection**

***Abdomen CT W ContrastCPT 74160**

- **Liver Mass Characterization/Surgical Planning**
- **Hepatitis/Cirrhosis/Cholangiocarcinoma**
- **Pancreatitis/upper Abdominal pain**
- **Treatment follow up**

***Abdomen CT W & W/O ContrastCPT 74170**

- **Renal Mass or Pancreatic Mass Characterization/Surgical Planning**
- **Liver chemo embolization or RFA**
- **Adrenal Mass characterization**
- **Hemangioma**

***Abdomen & Pelvis CT**

W/O Contrast.....CPT 74176

- **Renal Stone/Retroperitoneal bleed**
- **Abdomen and pelvis patient who cannot have contrast**
- **Bowel Obstruction/Ileus**

.....
**May require Oral Contrast administration and will therefore require additional time for digestion.*

CT ORDERING GUIDE

BODY *continued*

***Abdomen & Pelvis CT W Contrast... CPT 74177**

- Abdominal Pain/Abdominal mass/Malignancy
- Nausea and vomiting/Weight loss/Fever
- Diverticulitis/Appendicitis/Abscess/Acute pancreatitis
- Trauma/Bowel perforation

***Abdomen & Pelvis CT**

W & W/O Contrast CPT 74178

- Hematuria (CTIVP)

Angiography Abdomen CT

W & W/O Contrast CPT 74175

- Abdominal Pain / Mesenteric Ischemia
- Hepatic resection candidates
- Pancreatic cancer pre-operative planning

Angiography Abdomen & Pelvis CT

W & W/O Contrast CPT 74174

- Pre and Post endoluminal grafting/TAVI
- Aortic aneurysm
- Dissection

***Chest, Abdomen & Pelvis CT**

W/O Contrast CPT 71250, 74176

- Malignancy Staging/Malignancy follow-up
- Pre and post endoluminal grafting for patients who cannot have contrast

***Chest, Abdomen and Pelvis CT**

W Contrast CPT 71260, 74177

- Malignancy Staging/Malignancy follow-up

Angiography Chest, Abdomen and Pelvis CT W and W/O Contrast..... CPT 71275, 74174

- Pre and Post endoluminal grafting/Aortic stenosis/TAVI/TAVR
- Aneurysm evaluation
- Dissection

Virtual Colonoscopy Diagnostic CT

W/O Contrast CPT 74261

- Failed colonoscopy / Colon Cancer Screening
- Patients that cannot be sedated or cannot stop blood
- Can only be performed 14 days post polyp removal, if applicable.

thinner for conventional colonoscopy

Angiography, Abdominal Aorta CT with Lower Extremity Runoff

W Contrast CPT 75635

- CT AIF / Bypass evaluation /Cold Leg / Leg Ischemia
- Claudication

.....
**May require Oral Contrast administration and will therefore require additional time for digestion.*

CT ORDERING GUIDE

NEURO

Prep: NPO 4 hours prior for all studies W Contrast

Head CT W/O ContrastCPT 70450

- Headache / Trauma / Stroke / TIA
- Dizziness / Intracranial Bleed

Head CT W ContrastCPT 70460

- Abscess, Tumor, Infection
- Only if Head CT W/O Contrast was performed within last 24 hrs

Head CT W & W/O Contrast.....CPT 70470

- Mass / Metastatic Disease

Orbits CT W/O Contrast.....CPT 70480

- Trauma / Black Eye / Visual Defects

Sinus CT W/O Contrast.....CPT 70486

- Acute or Chronic Sinusitis/ Nasal Cavity Polyps

Maxillofacial CT W/O Contrast.....CPT 70486

- Trauma / Black Eye / Facial Contusion / Jaw Injury / Dental Disease

Maxillofacial CT W Contrast.....CPT 70487

- Neoplasm / Malignancy / Cellulitis / Abscess / Dental Disease

Temporal Bones CT

W/O Contrast.....CPT 70480

- Ear Disorder / Deafness /Acute Mastoiditis
- Trauma/ear injury

Head CTA.....CPT 70496

- Intracranial Aneurysm / Stenosis / Dissection
- Subarachnoid Hemorrhage (SAH) / Arteriovenous Malformation (AVM)

Neck CT W Contrast.....CPT 70491

- Neck Mass / Malignancy Staging / Malignancy follow

Neck CTACPT 70498

- Extracranial Aneurysm / Stenosis / Dissection
- Head and Neck

CTA.....CPT 70496 and 70498

- Extracranial Aneurysm / Stenosis / Dissection
- Subarachnoid hemorrhage (SAH) / Arteriovenous malformation (AVM)

Spine CT W/O Contrast

Cervical SpineCPT 72125

Thoracic SpineCPT 72128

Lumbosacral Spine.....CPT 72131

- Radiculopathy / Trauma / Pain

CT ORDERING GUIDE

MYELOGRAPHY

Prep: Hold anticoagulants for 5 days.

**Myelogram with CT,
Cervical SpineCPT 72240**

Precert CPT 72240 and 72126

- Problem cases unresolved by non-invasive imaging
- Patients with contraindications for MRI
- Cervical myelopathy or radiculopathy
- Presurgical planning and mapping

**Myelogram with CT,
Thoracic SpineCPT 72255**

Precert CPT 72255 and 72129

- Problem cases unresolved by non-invasive imaging
- Patients with contraindications for MRI
- Thoracic myelopathy or radiculopathy
- Presurgical planning and mapping

**Myelogram with CT,
Lumbosacral SpineCPT 72265**

Precert CPT 72265 and 72132

- Problem cases unresolved by non-invasive imaging
- Patients with contraindications for MRI
- Lumbar radiculopathy
- Presurgical planning and mapping

**Myelogram with CT,
2-3 Regions CPT 72270**

Precert CPT 72270

**and depending on
desired level(s)..... 72126, 72129 and/or 72132**

- Problem cases unresolved by non-invasive imaging
- Patients with contraindications for MR
- Complex or nonfocal myelopathy or radiculopathy
- Presurgical planning and mapping

CT ORDERING GUIDE

MUSCULOSKELETAL

Prep: NPO 4 hours for all studies W Contrast

Shoulder CT W/O ContrastCPT 73200

- Fracture/Arthritis prior to replacement

Shoulder CT W ContrastCPT 73201

- Infection (if concern for septic joint should be aspirated prior to CT)
- Arthrogram to evaluate for glenoid labrum or chondral injuries in patients with adjacent metal, gadolinium allergy or extreme claustrophobia
- Arthrogram for patient with arthroplasty glenoid component loosening
- Tumor (if contraindication to MRI)
- Glenoid fracture

Elbow CT W/O Contrast.....CPT 73200

- Fracture/Arthritis

Elbow CT W Contrast.....CPT 73201

- Infection (if concern for septic joint should be aspirated prior to CT)
- Arthrogram to evaluate for ligamentous or chondral injuries in patients with adjacent metal, gadolinium allergy or extreme claustrophobia
- Tumor (if contraindication to MRI)

Wrist CT W/O Contrast.....CPT 73200

- Acute fracture
- Fracture healing (most commonly scaphoid)
- Distal radioulnar joint instability
- Arthrodesis evaluation

Wrist CT W ContrastCPT 73201

- Infection (if concern for septic joint should be aspirated prior to CT)
- Arthrogram to evaluate for ligamentous or chondral injuries in patients with adjacent metal, gadolinium allergy or extreme claustrophobia
- Tumor (if contraindication to MRI)

Pelvis CT W/O ContrastCPT 72192

- Bone stock following bone graft harvest
- Pelvic fractures

Pelvic ring fractures/acetabular fracture Pelvis CT

W Contrast.....CPT 72193

- Infection (if concern for septic joint should be aspirated prior to CT)
- Tumor (if contraindication to MR)

CT ORDERING GUIDE

MUSCULOSKELETAL *continued*

Hip CT W/O Contrast.....CPT 73700

- Hip Pain / Fracture / Impingement

Hip CT W Contrast.....CPT 73701

- Infection (if concern for septic joint should be aspirated prior to CT)
- Arthrogram for labral or chondral injuries in patients with adjacent metal, gadolinium allergy or extreme claustrophobia
- Tumor (if contraindication to MRI)

Knee CT W/O Contrast.....CPT 73700

- Fracture

Knee CT W Contrast.....CPT 73701

- Infection (if concern for septic joint should be aspirated prior to CT)
- Arthrogram for labral or chondral injuries in patients with adjacent metal, gadolinium allergy or extreme claustrophobia
- Tumor (if contraindication to MRI)

Ankle CT W/O ContrastCPT 73700

- Fracture / Arthritis
- Arthroplasty evaluation / Arthrodesis evaluation

Ankle CT W/O ContrastCPT 73701

- Infection (if concern for septic joint should be aspirated prior to CT)
- Arthrogram for labral or chondral injuries in patients with adjacent metal, gadolinium allergy or extreme claustrophobia
- Tumor (if contraindication to MRI)

Ankle CT W/O ContrastCPT 73700

- Fracture
- Evaluation of Arthrodesis / Arthritis

Forefoot/Hindfoot

CT W/O ContrastCPT 73701

- Infection (if concern for septic joint should be aspirated prior to CT)
- Tumor (if contraindication to MRI)

**May require Oral Contrast administration and will therefore require additional time for digestion.*

CT ORDERING GUIDE

NOTES

Premedication for Contrast Allergy

- Patients with hives or rash must be premedicated for an IV Contrast CT Scan (not oral contrast).
- Patients with vomiting or dizziness with IV Contrast, or shell fish allergy do not require premedication.
- Patients with anaphylaxis or laryngeal edema should be discussed with radiologist before exam and/or premedication is ordered.

Premedication Protocol

- Prednisone: 50 mg PO to be taken 13 hours, 7 hours and 1 hour prior to appointment
- Diphenhydramine (Bendryl): 50 mg PO to be taken 1 hour prior to exam.
- Outpatients will need a driver.

Blood thinners must be stopped prior to CT, IR, XRAY needle procedures (See Next page.)

Blood thinners must be stopped prior to CT, IR, XRAY needle procedures

EXAM	
LOW-RISK	HIGH-RISK
Catheter Exchanges (Gastro,biliary,nephro,abscess)	Ablations
Facet Injections	Arterial interventions
SI joint injections	Biliary interventions (chole tube placement)
Non-tunneled chest tube	Thrombolysis
Paracentesis	Abcess drain
Thoracentesis	Spine and Organ Biopsies
Nerve blocks	G/GJ Placement
	IVC Filter Placement or Removal
	Portal vein interventions
	Tunneled drain catheter placement
	Kyphoplasty & Vertebroplasty
	Nephrostomy tube placement, dialation, stone removal
	Venous interventions
	Non-tunneled venous access and removal
	Port placements and removals
	Lumbar Puncture
	Myelogram
	ESI
	Tunneled drain catheter placement

MEDICATIONS:

Aggrenox	3 days	5 days
Aleve	3 days	5 days
Aplxaban (Eliquis)	24 hours	2 days
Arixtra	2 days	3 days
Aspirin (including baby aspirin)	3 days	5 days
Brillinta (Ticagrelor)	3 days	5 days
Clostrazol (Pletal)	do not withhold	do not withhold
Clopidogrel (Plavix)	3 days	5 days
Coumadin (Warfarin/Jantoven)	3 days	5 days
Dabigatran (Pradaxa)	3 days	5 days
Dipyridamol (Persantine)	3 days	5 days
Effient (Prasugrel)	5 days	7 days
Enoxaparin (Lovenox)	6 hours	12 hours
Heparin	6 hours	12 hours
Rivaroxaban (Xarelto)	12 hours	24 hours
Ticlid (Ticlopidine)	3 days	5 days

MRI

MRI CPT CODE GUIDE

**W CONTRAST ONLY
WILL BE PERFORMED
ONLY IF WO CONTRAST
ALREADY DONE.**

ORBITS FACE NECK

70543 • W & WO Contrast
70540 • WO Contrast Only

CERVICAL SPINE

72156 • W & WO Contrast
72141 • WO Contrast Only
72142 • W Contrast Only

LUMBAR SPINE

72158 • W & WO Contrast
72148 • WO Contrast Only
72149 • W Contrast Only

CHEST, CHEST WALL, CLAVICLE, STERNUM, AXILLA, BRACHIAL PLEXUS

71552 • W & WO Contrast
71550 • WO Contrast Only

BRAIN, IACS, PITUITARY/SELLA

70553 • W & WO Contrast
70551 • WO Contrast Only

70336 • TMJ's Bilateral W/O Contrast

THORACIC SPINE

72157 • W & WO Contrast
72146 • WO Contrast Only
72147 • W Contrast Only

UPPER EXTREMITY JOINT SHOULDER, ELBOW, WRIST

73223 • W & WO Contrast
73221 • WO Contrast Only

PELVIS/PROSTATE

72197 • W & WO Contrast
72195 • WO Contrast Only

LOWER EXTREMITY NON JOINT THIGH, FEMUR, TIB/FIB, LOWER LEG, FOOT/TOES

73720 • W & WO Contrast
73718 • WO Contrast Only

LOWER EXTREMITY JOINT HIP, KNEE, ANKLE

73723 • W & WO Contrast
73721 • WO Contrast Only

ABDOMEN

74183 • W & WO Contrast
74181 • WO Contrast Only
74182 • W Contrast Only

UPPER EXTREMITY NON JOINT HUMERUS, FOREARM, HAND

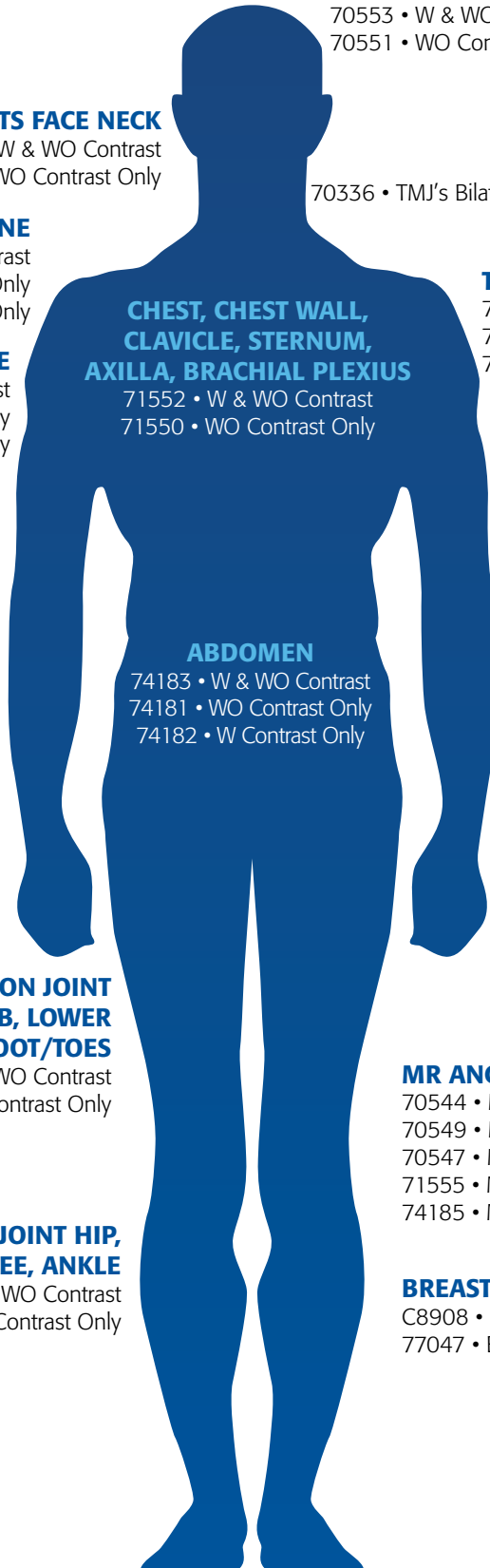
73220 • W & WO Contrast
73218 • WO Contrast Only

MR ANGIO

70544 • MRA/MRV Brain/COW WO Contrast
70549 • MRA Carotids/Neck W & WO Contrast
70547 • MRA Carotids/Neck WO Contrast
71555 • MRA Chest W & WO Contrast
74185 • MRA/MRV Abdomen W & WO Contrast

BREAST

C8908 • Breast Bilat W & WO Contrast
77047 • Breast Bilat WO Contrast



MRI ORDERING GUIDE

BODY

MRI Breast Bilateral W and W/O Contrast.....CPT Code C8908

- Newly Diagnosed Breast Cancer
- High Risk Screening for Breast Cancer

MRI Breast Bilateral W/O Contrast..... CPT Code 77047

- Silicone Implant Evaluation

MRI Chest W and W/O Contrast..... CPT Code 71552

- Lung Cancer
- Pleural Disease
- Mediastinal / Thymic Mass
- Chest Wall Mass
- Pancoast Tumor

MRI Chest W/O Contrast..... CPT Code 71550

- See list of indications for MRI Chest W and W/O Contrast
- Pectoralis Tear (bony chest)
- Patient with Renal Insufficiency or Hemodialysis
- Rib Mass/Fracture (bony chest)
- Patient Pregnant

MRA Chest W and W/O Contrast..... CPT Code 71555

- Pulmonary Embolism
- Pulmonary Arteriovenous Malformation
- Thoracic Outlet Syndrome
- Subclavian Disease
- Thoracic aorta
 - › Suspected dissection
 - › Post ascending aortic repair
 - › Follow-up of aortic root dilatation
 - › Ascending aortic aneurysm

MRA Chest W/O Contrast CPT Code 71555

- See list of indications for MRA Chest W & W/O Contrast
- Thoracic aorta dissection
- Patient with renal insufficiency or hemodialysis
- Patient pregnant
- Congenital heart disease
- Coronary MR angiogram
- Discrepant EF
- Structurally normal heart ventricular arrhythmia
- Nonischemic Cardiomyopathy
- Cardiac Mass
- Pericardial constriction
- Viability testing
- Pre-chemo
- HCM
- Discrepant valve disease data
- Cardiac thrombus

MRI ORDERING GUIDE

BODY *continued*

MRCP W/O Contrast..... CPT Code 74181

- Biliary strictures
- Gallstones
- Post surgical complications
- NPO 4-6 hours

MRI Abdomen W/O Contrast.....CPT Code 74181

- See list of indications for MRI Abdomen W and W/O Contrast
- Patient with Renal Insufficiency
- Patient Pregnant
- Adrenal Lesion Characterization

MRI Abdomen W &

W/O Contrast..... CPT Code 74183

- Renal lesion characterization
- Hemochromatosis
- Body wall mass
- Liver/pancreas lesion characterization
 - › Pancreatitis/cholangiocarcinoma
 - › Dilatation of Intrahepatic Bile Duct / Biliary Tree / Caroli's Disease / RUQ Pain
 - › Hepatocellular Carcinoma / Hepatitis / Cirrhosis
 - › Known or Suspected Liver / Pancreatic Lesion

MR Enterography CPT Code 74183

- Bowel wall ulcer/thickening/stenosis
- Suspected or known Crohn's disease

Enterography patients NPO 4-6 hours.

MRI Abdomen & Pelvis

W/O Contrast.....CPT Codes 74181 & 72195

- See list of indications for MRI Abdomen & Pelvis W and W/O Contrast
- Patient with Renal Insufficiency or Hemodialysis
- Patient Pregnant

MRI Abdomen & Pelvis W &

W/O Contrast..... CPT Codes 74183 & 72197

- Metastatic Work Up
- Abdomen or Pelvis Neoplasm Staging
- MR Enterography / Enteroclysis with Cancer for Fistula

MRI Pelvis (Rectal Cancer Protocol W/O

Contrast) CPT Code 72195

MRI Pelvis W/O Contrast

(Body & MSK Pelvis)..... CPT Code 72195

- Uterine Anomaly / Malformation (body Pelvis)
- Muscle / Tendon Tear / AVN (bony pelvis)
- Hip Pain / Fracture (bony pelvis)
- Patient Pregnant
- Pregnant Appendicitis / RLQ pain (body pelvis)
- Patient with Renal Insufficiency
- Pubalgia / Sports Hernia (bony pelvis)

MRI (Bony) Pelvis W &

W/O Contrast CPT Code 72197

- Tumor / Mass
- Osteomyelitis / Septic Arthritis

MRI ORDERING GUIDE

BODY *continued*

Enterography patients NPO 4-6 hours.

MRI (Body) Pelvis W & W/O Contrast..... CPT Code 72197

- Endometriosis / Endometrial Cancer
- Suspected Pelvic Mass
- Fibroids
- Scrotal / Testicular / Penile cancer
- Pelvic Floor Relaxation
- Hernia (incisional or laparoscopic)
- Urethral Diverticulum / Urethral Cancer / Ostomy (femoral or inguinal) periurethral mass (with endovaginal coil)
- Bladder Cancer / Rectal Cancer

MRI PELVIS PROSTATE

WO/W CON..... CPT Code 72197

- Prostate Cancer
- Elevated PSA

MRA Abdomen W/O ContrastCPT Code 74185

- See list of indications for MRA Abdomen W & W/O Contrast (Not typically performed without contrast; consult radiologist to discuss alternative imaging)
- Abdominal Aortic Aneurysm
- Patient Pregnant
- Patient with Renal Insufficiency or Hemodialysis

MRA Abdomen

W and W/O Contrast..... CPT Code 74185

- Pre Stent Graft Evaluation (if CT with contrast in contraindicated or inconclusive)
- Renal Artery Stenosis
- Mesenteric Ischemia
- Post Stent Graft Evaluation (if CT with contrast in contraindicated or inconclusive)

MRA Pelvis W/O Contrast..... CPT Code 72198

(Not typically performed without contrast; consult radiologist to discuss alternative imaging)

- Patient with Renal Insufficiency
- Patient Pregnant

MRA Pelvis W &

W/O Contrast..... CPT Code 72198

- Suspected Pelvic Deep Vein Thrombosis
- May Thurner evaluation
- Peripheral Vascular Disease
- Known or Suspected Vascular Malformation Claudication

MRI ORDERING GUIDE

NEURO

MRI Brain W & W/O Contrast..... CPT Code 70553

- **Prior trauma**
- **CVA / TIA / Stroke / New Seizure Evaluation**
(Add CPT Codes 70544 & 70549; MRA Head W/O and MRA Neck W and W/O to include angiograms)
- **Sinus Thrombosis** (Add CPT Code 70546 MRA/ MRV Head W and W/O)
- **Suspected Brain Tumor / Rule out Metastatic Disease**
- **Known Brain Tumor / Metastatic Disease**
- **Elevated Prolactin Levels / Pituitary Lesions**
(microadenoma or macroadenoma)
- **High Resolution Temporal Lobe / Chronic Seizures** (epileptic)
- **Infection / Abscess / Meningitis / AIDS**
- **High Resolution Skull Base / Tinnitus / Cholesteatoma /Bell's Palsy**
 - › Multiple Sclerosis
 - › Encephalopathy
 - › Visual disturbance
 - › Speech disturbance
 - › Ataxia, loss of balance
 - › Eye pain
 - › Trigeminal Neuralgia
 - › Numbness / Tingling Face and/or Extremity
 - › Weakness

MRI Brain W/O Contrast..... CPT Code 70551

- **Headache / Acute Trauma**
- **Memory Loss / Dementia / Alzheimer's Disease / Normal Pressure Hydrocephalus**
- **Patient with Renal Insufficiency or Hemodialysis**
- **Patient Pregnant**

MRI Orbits W & W/O Contrast..... CPT Code 70543

(Add CPT Code 70553 for Brain W and W/O if whole brain assessment is also required. This is not included in Face or Orbit.)

- **Orbits—A high resolution exam to include the orbits and optic pathways. Indications include:**
 - › Graves' Disease – Orbit or Eye Swelling
 - › Exophthalmus / Proptosis
- **Optic Neuritis / Optic Nerve Lesion / Tumor / Infection Diplopia / Double-Vision**
- **Cranial Nerves I-VI**
- **Visual Field Defect**
- **Perineural Spread of Tumor**

MRI Face/Facial Nerves W & W/O Contrast..... CPT Code 70543

(Add CPT Code 70553 for Brain W and W/O if whole brain assessment is also required. This is not included in Face or Orbit.)

- **Face – A high resolution exam of the face and facial nerves.**
- **Indications include:**
 - › Lesion in oropharynx / Nasopharynx / Tongue / Floor of Mouth
 - › Trigeminal Neuralgia
 - › Bells Palsy
 - › Cranial Nerves V, VII-XII

MRI IAC Brain W & W/O..... CPT Code 70553

- **Sensorineural Hearing Loss / Acoustic Neuroma/ Meniere's Disease**

MRI Pituitary Inc Brain W & W/O CPT Code 70553

- › Pituitary adenoma
- › Elevated prolactin levels

MRI ORDERING GUIDE

NEURO *continued*

MRI Soft Tissue W & W/O Contrast..... CPT Code 70543

- Neck (Soft Tissue) – A survey exam imaging from above the orbits to the thoracic inlet.

Indications include:

- › Infection – Neck mass
- › Vocal Cord Paralysis – Adenopathy
- › Known or suspected Lesion in Thyroid / Parathyroid / Parotid Gland
- › Horner's Syndrome
- › Throat pain
- › Difficulty swallowing
- › Ear or eye pain

MRI Orbits, Face or Neck

W/O Contrast..... CPT Code 70540

(Not typically performed without contrast; consult radiologist to discuss alternative imaging)

MRI Brachial Plexus

W & W/O CPT Codes 71552

- Evaluate for Mass Lesions, Entrapment or Denervation
- Please specify Right or Left

MRI C-Spine W &

W/O Contrast..... CPT Code 72156

MRI T-Spine W &

W/O Contrast..... CPT Code 72157

MRI L-Spine W &

W/O Contrast..... CPT Code 72158

- Infection / Discitis / AIDS
- Epidural Abscess
- Tumor / Cancer / Metastases
- Syrinx
- Post-op Evaluation
- Myelopathy / Transverse Myelitis
- Multiple Sclerosis
- Compression Fracture with History of Malignancy

MRI C-Spine W/O Contrast CPT Code 72141

MRI T-Spine W/O Contrast..... CPT Code 72146

MRI L-Spine W/O Contrast..... CPT Code 72148

- Chronic or acute pain
- Degenerative disc disease
- Radiculopathy
- Herniated disc
- Stenosis
 - › Spondylosis
 - › Spondylolithesis / Subluxation
 - › Plexopathy
 - › Ataxia / Loss of balance
 - › Cauda Equina
 - › Weakness
 - › Numbness

MRI ORDERING GUIDE

NEURO *continued*

MRA Head W/O Contrast (Circle of Willis)..... CPT Code 70544

- Suspected aneurysm
- TIA / Stroke
- Cerebral vascular accident

(Often combined with MRA Neck and MRI Brain)

MRV Head W/O Contrast CPT Code 70544

- Suspected Venous Sinus Thrombosis
- Venous Varyx / Galen Vein Anomalies
- Undetermined Vascular Malformation

MRA Neck W/O Contrast CPT Code 70547

MRA Neck W & W/O Contrast..... CPT Code 70549

- Carotid stenosis
- TIA/stroke
- Vascular tumor
- Bruit
- Cerebral vascular accident
- Carotid body tumor
 - › Dissection
 - › Neck pain

(Each exam is 20-30 minutes. Total spine MRI is rarely well tolerated by patients in pain.)

MRI ORDERING GUIDE

MUSCULOSKELETAL

**MRI Upper Extremity Non-Joint
W & W/O Contrast CPT Code 73220**

**MRI Lower Extremity Non-Joint
W & W/O Contrast CPT Code 73720**

- Soft Tissue Infection / Abscess / Cellulitis / Fasciitis / Myositis
- Soft Tissue Tumor
- Bone Infection-Osteomyelitis
- Cancer / Metastases / Myeloma
- Morton's Neuroma
- Bone Tumor

**MRI Upper Extremity Non-Joint
W/O Contrast CPT Code 73218**

**MRI Lower Extremity Non-Joint
W/O Contrast CPT Code 73718**

- Pain / Muscle or Tendon Tear
- Patient with Renal Insufficiency or Hemodialysis
- Fracture / Fusion
- Patient Pregnant

**MRI Upper Extremity Joint
W & W/O Contrast CPT Code 73223**

**MRI Lower Extremity Joint
W & W/O Contrast CPT Code 73723**

- Soft Tissue Infection / Abscess / Cellulitis / Fasciitis / Myositis
- Tumor / Mass
- Bone Infection-Osteomyelitis

**MRI Upper Extremity Joint
W/O Contrast CPT Code 73221**

**MRI Lower Extremity Joint
W/O Contrast CPT Code 73721**

- Avascular Necrosis
- Patient with Renal Insufficiency or Hemodialysis
- Internal Derangement including Labral / Meniscal / Ligament / Cartilage Tears
- Osteochondral Lesions
- Patient Pregnant

**MRI Pelvis (Bony)
W and W/O Contrast CPT Code 72197**

- Tumor / Mass
- Osteomyelitis

**MRI Pelvis (Bony)
W/O Contrast CPT Code 72195**

- Muscle Tear
- AVN
- Tendon Tear
- Hip Pain / Fracture

**MR Arthrogram
Upper Extremity Joint
W/ Contrast CPT Code 73222**

- Shoulder-Labrum Tear
- Elbow-Collateral Ligament Injury or Osteochondral Lesion
- Wrist-Ligament or Triangular Fibrocartilage Complex Injury

MRI ORDERING GUIDE

MUSCULOSKELETAL *continued*

MR Arthrogram

Lower Extremity Joint W/ Contrast.....CPT Code 73722

- Hip-Labrum Tear
- Ankle-Osteochondral Lesion
- Knee-Recurrent Meniscal Tear following Meniscal Surgery, Osteochondral Lesions

NOTES

Premedication for Contrast Allergy

- Patients who are allergic to iodinated contrast (CT dye) do not require premedication for Gadolinium chelate contrasts (MRI dye)
- Only patients who have known allergy to Gadolinium chelate contrasts (MRI dye) require premedication
- Medication should be ordered by ordering provider and filled prior to arriving for the exam.
- 32 mg Medrol or Prednisone 12 hrs prior to scan 32 mg Medrol 2 hrs prior to scan
- 50 mg Benadryl 2 hrs prior to scan
- All Medications PO

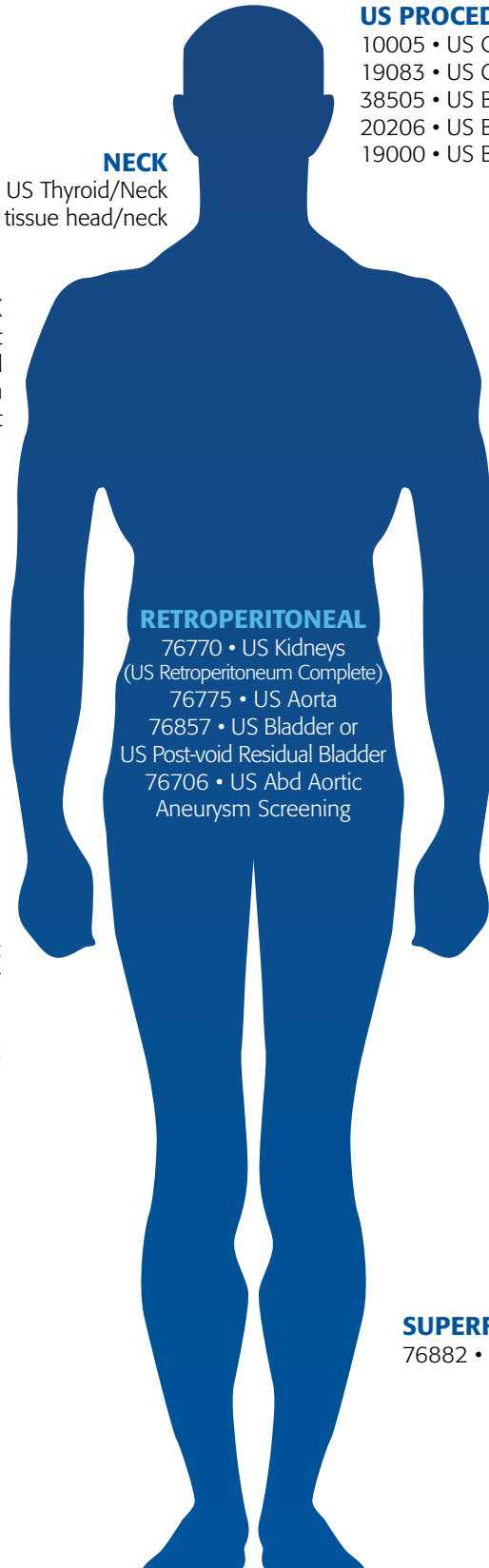
Pain medication and PO sedation

- Medication should be ordered by ordering provider and filled prior to arriving for the exam.
- IV conscious sedation and general anesthesia should be indicated on the order and scheduled at the time of exam scheduling.

Centralized Scheduling Department: 573-815-8150

ULTRASOUND

DIAGNOSTIC ULTRASOUND CPT CODE GUIDE



NECK

76536 • US Thyroid/Neck
76536 • US soft tissue head/neck

THORAX

76604 • US Chest
76642 • US Breast Limited
76882 • US Axilla
76882 • US Axilla non breast

RETROPERITONEAL

76770 • US Kidneys
(US Retroperitoneum Complete)
76775 • US Aorta
76857 • US Bladder or
US Post-void Residual Bladder
76706 • US Abd Aortic
Aneurysm Screening

OB

76801 • US OB ≤ to 14 Wks
76805 • US OB ≥ 14 Wks
76817 • US OB Transvaginal
76819 • US OB Biophysical Prof wo Test
76820 • US OB Umbilical Artery Doppler

PEDIATRIC

76506 • US Intracranial
76800 • US Infant Spine
76886 • US Infant Hips
76705 • US Infant Pylorus

US PROCEDURES

10005 • US Guided Thyroid Biopsy, FNA
19083 • US Guided Breast Biopsy
38505 • US Biopsy Lymph Node
20206 • US Biopsy Soft Tissue Mass
19000 • US Breast Cyst Aspiration

ABDOMEN

76700 • US Abdomen Complete
76705 • US Abdomen Lmtd
US Gall bladder
US Liver
US RUQ
US Spleen
93975 • US Liver Doppler Complete
76882 • US Groin Mass Hernia

PELVIC (FEMALE)

76830 • US Transvaginal
76856 • US Pelvis Complete
(does not include Transvaginal)
76857 • US Pelvis Limited
76830 & 76856 • US Pelvis w/ Transvaginal
93976 • Us Pelvic Doppler Limited
(Rule out ovarian torsion)

PELVIC (MALE)

76870, 93976 - US Scrotum with Doppler

SUPERFICIAL STRUCTURES

76882 • Extremity Limited

ULTRASOUND ORDERING GUIDE

BODY

Abdominal Prep:

- NPO 6-8 hours prior to scan *See List
- No gum chewing the night before or day of scan.
- Evening meal prior to scan:
 - eat a low fat meal
 - no drink with carbonation
- No smoking

Abdomen LimitedCPT 76705

- Ascites, pancreas, liver, IVC, galbladder, common bile duct, right kidney
- Abdominal hernia, lump/bump on abdomen
- Please indicate area of concern, e.g. RUQ, ascites, lump/bump

Abdomen CompleteCPT 76700

- Aorta, IVC, pancreas, liver, portal vein, galbladder, common bile duct, kidneys, spleen

ABD Liver DopplerCPT 93975

- Color and Spectral Doppler on the Portal veins, Hepatic Veins, Hepatic Artery, and Splenic Vein

Abdominal Aorta.....CPT 76775

- Prox / Mid / Dist / Bifurcation Abdominal Aorta

RENAL

Bladder Prep

- Drink 32oz
- Finish 1 hour prior to exam
- Do not void after drinking

Renal/Kidney CompleteCPT 76770

- Abnormal Kidney Function Tests
- Bilateral Kidneys and Bladder

BladderCPT 76857

- Can include Post void residual Bladder

ULTRASOUND ORDERING GUIDE

SCROTUM

Scrotal W Doppler.....CPT 76870, 93976

- Bilateral Testicles, Epididymis with Color and Spectral Doppler
- Indications:
 - › Pain in testes
 - › Palpable mass in scrotum
 - › Swelling, Redness in Scrotum
 - › Orchitis
 - › Varicocele
 - › Epididymitis

NECK

Thyroid.....CPT 76536

- Bilateral Thyroid lobes, Isthmus

Thyroid FNA Only.....CPT 10005

- US Guided FNA of the nodule
- Indications:
 - › Thyroid nodules
 - › Abnormal Thyroid function tests
 - › Difficulty swallowing
 - › Hoarseness

Soft Tissue Head/Neck.....CPT 76536

- Lymph node(s) or palpable area of concern

CHEST

Chest.....CPT 76604

- Chest wall

OBSTETRICS

OB ≤ 14WEEKS..... CPT 76801 and 76817

- Uterus, Ovaries, Gestational Sac, CRL, Fetal Heart motion, Yolk sac

OB ≥ 14WEEKS.....CPT 76805

- Please indicate Complete Anatomic Survey or Growth/Fluid

PELVIS

Pelvis Prep:

- Drink 32 oz
- Finish 1 hour prior to exam
- Do not void after drinking

Pelvis Transabdominal Complete.....CPT 76856

- Uterus, Ovaries, Cervix, Adnexal region

Pelvis Transvaginal (Only).....CPT 76830

- Uterus, Ovaries, Cervix, Adnexal region

Pelvis Transabdominal Complete and Pelvis Transvaginal CPT 76856, 76830

- ***Preferred order for female pelvis***
 - › Uterus, Ovaries, Cervix, Adenexal Region

Pelvis Limited.....CPT 76857

- Labia

ULTRASOUND ORDERING GUIDE

PEDIATRICS

Neonatal HeadCPT 76506

- Must be younger than 12 months

Infant Hips.....CPT 76886

- Must be younger than 6 months

Infant Spine.....CPT 76800

- Must be younger than 3 months

SUPERFICIAL STRUCTURES

Extremity Limited.....CPT 76882

- Indications:
 - › Lipoma
 - › Lump
 - › Bump

INJ/Aspiration Cyst.....CPT 76942

- Please indicate area of concern

ULTRASOUND ORDERING GUIDE

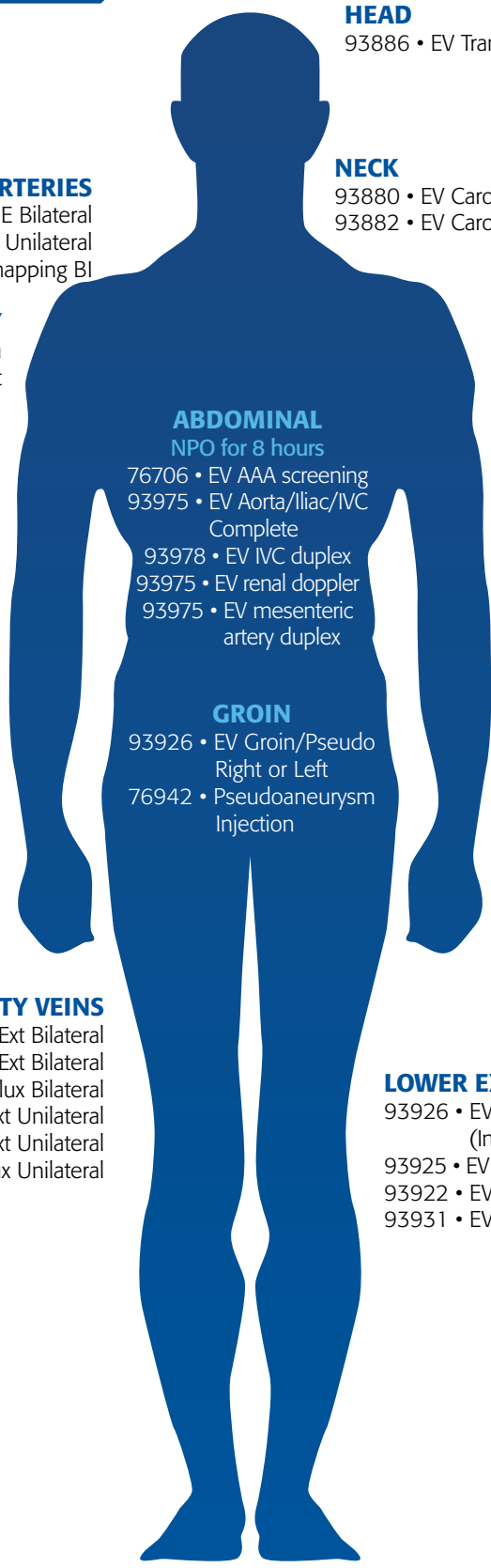
NEEDLE PROCEDURES

US Invasive Procedure Prep: Blood thinners must be stopped

MEDICATIONS:	
Aggrenox	5 days
Aplxaban (Eliquis)	min.Sx 24hr • maj.Sx 48hr
Arixtra	5 days
Aspirin	5 days
Brillinta (Ticagrelor)	5 days
Cilostazol (Pletal)	5 days
Clopidogrel (Plavix)	5 days
Coumadin (Warfarin/Jantoven)	5 days
Dabigatran (Pradaxa)	5 days
Effient (Prasugrel)	5 days
Eliquis (Apixaban)	min.Sx 24hr • maj.Sx 48hr
Heparin	12 hours
Jantoven (Coumadin/Warfarin)	5 days
Lovenox (Enoxaparin)	12 hours
Persantine (Dipyridamol)	5 days
Pletal (Cilostazol)	5 days
Pradaxa (Dabigatran)	5 days
Ticlopidine (Ticlic)	5 days
Xarelto (Rivarozaban)	24 hours

VASCULAR LAB

VASCULAR LAB CPT CODE GUIDE



HEAD

93886 • EV Transcranial doppler complete

NECK

93880 • EV Carotid Duplex Bilateral
93882 • EV Carotid Duplex Unilateral

UPPER EXTREMITY ARTERIES

93930 • EV arterial duplex UE Bilateral
93931 • EV arterial duplex UE Unilateral
93930 • EV radial artery mapping BI

UPPER OR LOWER EXTREMITY

93990 • AV Fistula
93990 • US AV Graft

ABDOMINAL

NPO for 8 hours

76706 • EV AAA screening
93975 • EV Aorta/Iliac/IVC
Complete
93978 • EV IVC duplex
93975 • EV renal doppler
93975 • EV mesenteric
artery duplex

GROIN

93926 • EV Groin/Pseudo
Right or Left
76942 • Pseudoaneurysm
Injection

UPPER OR LOWER EXTREMITY VEINS

93970 • EV Venous Duplex Up/Low Ext Bilateral
EV Vein Mapping Up/Low Ext Bilateral
EV Venous Reflux Bilateral
93971 • EV Venous duplex Up/Low Ext Unilateral
EV Vein Mapping Up/Low Ext Unilateral
EV Venous Reflux Unilateral

LOWER EXTREMITY ARTERIES

93926 • EV Art Duplex Low Ext Unilateral
(Includes Groin imaging and Graft imaging)
93925 • EV Art Duplex Low Ext Bilateral (Imaging)
93922 • EV ABI
93931 • EV Radial pseudo duplex unilateral

VASCULAR ORDERING GUIDE

EXTRACRANIAL ARTERIES

Carotid Artery Duplex BilateralCPT 93880

Carotid Artery Duplex Unilateral....CPT 93882

• **Indications:**

- › Transient global amnesia
- › Other transient cerebral ischemic attacks and related syndromes
- › Transient cerebral ischemic attack, unspecified
- › Other localized visual field defect
- › Meniere's disease
- › Vertigo of central origin
- › Tinnitus - pulsatile tinnitus
- › Cerebral infarction due to unspecified occlusion or stenosis of carotid arteries
- › Occlusion and stenosis of carotid artery
- › Other specified symptoms and signs involving the circulatory and respiratory system - carotid bruit
- › Localized swelling, mass, and lump, neck - pulsatile neck mass
- › Ataxic gait
- › Paralytic gait
- › Unsteadiness on feet
- › Other abnormalities of gait and mobility
- › Other lack of coordination
- › Facial weakness
- › Dizziness and giddiness - **Must be accompanied with an additional code(s) with localizing signs and symptoms
- › Aphasia
- › Dysphasia
- › Slurred speech
- › Syncope and collapse

ARTERIAL • UPPER / LOWER EXTREMITIES

ABI'sCPT 93922

Artrial Duplex Bilateral.....CPT 93930

Arterial Duplex Unilateral.....CPT 93931

Hemodialysis Access

AV Fistula/Graft.....CPT 93990

Groin/Pseudoaneurysm Imaging

Arterial DuplexCPT 93926

• **Indications:**

- › Atherosclerotic heart disease of native coronary artery without angina pectoris
- › Peripheral vascular disease, unspecified
- › Pain in arm, upper arm, forearm, hand
- › Pain in leg, thigh, lower leg, foot, toe(s)
- › End stage renal disease
- › Other specified surgical aftercare

VASCULAR ORDERING GUIDE

VENOUS • UPPER / LOWER EXTREMITIES

Venous Duplex Bilateral.....CPT 93970

Venous Duplex UnilateralCPT 93971

Vein Mapping BilateralCPT 93970

Vein Mapping Unilateral.....CPT 93971

Venous Reflux BilateralCPT 93970

Venous Reflux Unilateral.....CPT 93971

• **Indications:**

- › Other pulmonary embolism with acute cor pulmonale
- › Chronic pulmonary embolism
- › Phlebitis and thrombophlebitis of superficial vessels of lower extremity
- › Acute embolism and thrombosis of unspecified deep veins of lower extremity
- › Acute embolism and thrombosis of other specified deep veins of lower extremity
- › Chronic embolism and thrombosis of unspecified deep veins of lower extremity
- › Acute embolism and thrombosis of other specified veins

X-RAY

X-RAY ORDERING GUIDE

ARTHROGRAMS

Prep: Allergies to x-ray contrast must follow Premedication Protocol.

Hold Anticoagulants per protocol

Ankle.....CPT 73615

Elbow.....CPT 73085

Hip.....CPT 73525

Knee.....CPT 73580

Shoulder.....CPT 73040

Wrist.....CPT 73115

- To find problems (such as tears) in the soft tissues of the joint, such as ligaments, tendons, cartilage and joint capsules.
- To check for damage from repeated dislocations of the joint
- To check prosthetic joints
- To look for loose bodies
- For finding abnormal growths or fluid-filled cysts.

EPIDURAL STEROID INJECTION (ESI)

Prep: Allergies to x-ray contrast must follow Premedication Protocol.

Hold Anticoagulants per protocol

Need prior MRI of affected area within the last year.

ESI cervical/thoracic.....62321

ESI lumbosacral.....62323

ASPIRATIONS

Prep: Allergies to x-ray contrast must follow Premedication Protocol.

Hold Anticoagulants per protocol

Ankle.....CPT 73615

Elbow.....CPT 73085

Hip.....CPT 73525

Knee.....CPT 73580

Shoulder.....CPT 73040

Wrist.....CPT 73115

- **Diagnostic:**
 - › Joint effusion of unknown origin
 - › Suspected septic arthritis
 - › Crystal arthritis; gout, pseudo gout
 - › Haemorrhage (trauma)
 - › Chronic arthritis: rheumatoid arthritis (RA), non-inflammatory (osteoarthritis, osteonecrosis).
- **Therapeutic:**
 - › Reduction of intra-articular pressure – e.g., remove exudate from a septic joint, relieve pain in a grossly swollen joint.

X-RAY ORDERING GUIDE

JOINT INJECTIONS

Prep: Allergies to x-ray contrast must follow Premedication Protocol.

Hold Anticoagulants per protocol

Ankle.....CPT 73615

Elbow.....CPT 73085

Hip.....CPT 73525

Knee.....CPT 73580

Shoulder.....CPT 73040

Wrist.....CPT 73115

- Joint conditions:
 - › Inflammatory arthritis – e.g., RA.
 - › Crystalloid arthropathies: gout, pseudo gout
 - › Synovitis
 - › Advanced osteoarthritis
- Soft tissue conditions:
 - › Bursitis
 - › Tendinopathies
 - › Trigger points
 - › Ganglion cysts
 - › Neuromas
 - › Entrapment syndromes
 - › Fascitis

LUMBAR PUNCTURE (LP)

Prep: Please send prior imaging of head CT or MR Hold Anticoagulants per protocol

LP for Diagnosis.....CPT 62270

LP Therapeutic.....CPT 62272

LP Chemo Injection.....CPT 96450

- Suspicion of meningitis
- Suspicion of subarachnoid hemorrhage (SAH)
- Suspicion of central nervous system (CNS) diseases
 - such as Guillain-Barre syndrome and carcinomatous meningitis
- Therapeutic relief of pseudo tumor cerebri

MYELOGRAM

Prep: Hold Anticoagulants per protocol

Cervical.....CPT 62302

Cervical/Lumbar.....CPT 62305

Cervical/Thoracic.....CPT 62305

Complete.....CPT 62305

Lumbar.....CPT 62304

Thoracic.....CPT 62303

Thoracic/Lumbar.....CPT 62305

- Demonstration of the site of a cerebrospinal fluid leak
- Symptoms or signs of spontaneous intracranial hypotension
- Surgical planning, especially in regard to the nerve roots
- Evaluation of the bony and soft tissue components of spinal degenerative changes

X-RAY ORDERING GUIDE

MYELOGRAM

Prep: Hold Anticoagulants per protocol

Cervical.....CPT 62302

Cervical/Lumbar.....CPT 62305

Cervical/ThoracicCPT 62305

Complete.....CPT 62305

LumbarCPT 62304

Thoracic.....CPT 62303

Thoracic/Lumbar.....CPT 62305

- Demonstration of the site of a cerebrospinal fluid leak
- Symptoms or signs of spontaneous intracranial hypotension
- Surgical planning, especially in regard to the nerve roots
- Evaluation of the bony and soft tissue components of spinal degenerative changes

ESOPHAGUS

No prep.

Barium Swallow Video.W/ Speech

PathologistCPT 74230

- Evaluate for aspiration
- Dysphagia
- Evaluate for diet modifications

EsophogramCPT 74220

- GERD
- Hiatal Hernia
- Achalasia

Ba. Sw. Water Soluable.....CPT 74220

- Cancers of the head, neck, pharynx, and esophagus
- Hiatal hernia
- Structural problems (diverticula, strictures, or polyps)
- Esophageal varices
- Muscle disorders (pharyngeal or esophageal), such as dysphagia (difficulty swallowing) or spasms (pharyngeal or esophageal)
- Achalasia
- Gastroesophageal reflux disease (GERD) and ulcers

X-RAY ORDERING GUIDE

UPPER GI

Prep: Nothing to eat or drink for at least 6 hours prior to exam.

UGI.....CPT 74240

UGI Water SoluableCPT 74240

UGI with Air Contrast.....CPT 74246

UGI with SML BowelCPT 74245

UGI Air Con with Sm. Bowel.....CPT 74249

- Ulcers
- Gastroesophageal reflux disease (GERD)
- Inflammation (esophagitis, gastritis, or duodenitis) or infection
- Benign tumors
- Cancer
- Hiatal hernia
- Structural problems (diverticula, strictures, or polyps)
- Dysphagia
- Motility disorders
- Chest and/or abdominal pain
- Unexplained vomiting and/or indigestion
- Bloody bowel movements

SMALL BOWEL

Prep: Nothing to eat or drink for at least 6 hours prior to exam.

Small Bowel Series.....CPT 74250

Sm. Bowel Water SoluableCPT 74250

- Abdominal pain
- Diarrhea
- Unexplained GI bleeding or anemia
- Abdominal masses
- Possible small bowel obstruction
- Enteric fistula
- Possible postoperative leak

KIDNEYS, URETERS, BLADDER

Prep: Clear liquid diet starting with Breakfast the day before the exam. Bowel cleansing prep as determined by patients Physician. Nothing to eat after 9PM evening prior to exam.

IVP with Tomo.....CPT 74415

Cystogram.....CPT 74430

Cystogram Voiding.....CPT 74455

- Kidney stones
- Enlarged prostate
- Tumors in the kidney, ureters or urinary bladder
- Scarring from urinary tract infection
- Surgery on the urinary tract
- Congenital anomalies of the urinary tract

X-RAY ORDERING GUIDE

FERTILITY

Prep: Patient must be between the 7th and 10th day since the onset of her last period. If the patient has periods, but only periodically, they are to wait until they have one and then schedule the exam 7 to 10 days from its onset. Patients who do not have a menstrual cycle need practice abstinence for 14 days prior to the procedure and have a serum HCG the morning of the procedure.

NOTES

Premedication for Contrast Allergy

- Patients allergic to iodinated contrast must be premeditated.
- Patients with anaphylaxis or laryngeal edema should be discussed with radiologist before exam and/or premedication is ordered.

Premedication Protocol

- Prednisone: 50 mg PO (four doses total) to be taken 13 hours, 7 hours and 1 hour prior to appointment
- Diphenhydramine (Benadryl): 50 mg PO to be taken 1 hour prior to exam.
- Outpatients will need a driver

Centralized Scheduling Department: 573-815-8150

BOONE HOSPITAL INTERVENTIONAL RADIOLOGY AND COMPUTED TOMOGRAPHY

PRE AND POST PROCEDURE GUIDE

***All procedures require prior imaging. If exams were not performed at Boone Hospital, Advanced Radiology, or Columbia Orthopedic Group, please instruct patients to bring a disc of their imaging with them the day of the procedure. If images were obtained at the University of Missouri Hospital, please call the University and request that the images are pushed to Boone. ***

Injections

- Arrive 15-20 minutes prior to the procedure for check in at admissions at the main entrance.
- Withhold anticoagulants.
- Patients must have a driver.
- Patients with a contrast allergy must be premedicated.
- Patients may resume normal activity after numbness wears off from local anesthetic.

Myelograms & Lumbar Punctures

- Arrive 15-20 minutes prior to the procedure for check in at admissions at the main entrance.
- Withhold anticoagulants.
- Patient must have a driver.
- Patients with a contrast allergy must be premedicated.
- Patients may have blood labs ordered and drawn before the procedure.
- Hydration post injection or lumbar puncture
- Rest for 24-48 hours post procedure; lie flat when able.

All Sedation Procedures

- Arrive 15-20 minutes before nurse workup to check in at admissions at the main entrance.
- Withhold anticoagulants.
- Nothing to eat or drink after midnight.
- A radiology nurse will call patient 1-2 days before procedure.
- Patient must have a driver. No public transportation.
- Patients will have an IV placed and blood labs drawn.
- Patients will have a recovery time between 2-6 hours, depending on the procedure.
- Patient will be discharged with after care instructions.

NUCLEAR MEDICINE/PET

NUCLEAR MEDICINE/PET CPT CODE GUIDE



ENDOCRINE

78014 • Thyroid Imaging w/Uptake
78018 • WB I131 Scan
79005 • I131 Therapy/Treatment
78070 • Parathyroid W/O Spect

CARDIAC

78452 • NM myo perf SPECT rest and str
78472 • NM cardiac blood pool imaging

NERVOUS

78630 • Cisternography
78645 • Shunt Evaluation
78650 • CSF Leak Study
*All require Lumbar Puncture order

RESPIRATORY

78582 • NM pulmonary ventilation & perfusion
78580 • NM pulmonary perfusion only

MUSCULOSKELETAL

78306 • NM bone scan whole Body
78315 • NM Bone 3 Phase
78803, 78306 • NM bone scan whole body w spect

ABDOMINAL

78215 • Liver/Spleen Scan
78803 • hemangioma liver with SPECT
78227 • NM hepatobiliary w pharm
78226 • NM hepatobiliary wo pharm
78264 • Gastric Emptying Study
78278 • GI Bleed Study
78290 • Meckel's

URINARY

78707 • RenalFlow/Function
78708 • NM renal diuretic scan - lasix

OTHER

78195 • Lymphoscintigraphy
78804 • WB Tumor Localization 2 Day

PET/CT

78608 • PET CT Brain Metabolic
78815 • Skull to Thigh
78816 • PET CT whole body
78431 • PET CT heart perf rest/stress
78429 • PET CT heart metabolic -fdg

NUCS/PET

CARDIAC

Prep: Pt. should be NPO for 8-12 hours prior to the test. Avoid caffeine 12-24 hours prior to test. Wear comfortable clothing and walking shoes.

NM MPI SPECT (Rest or Stress Multiple Studies - Exercise or Pharmacologic)CPT 78452

- Detection of CAD
- Evaluate prior to non-cardiac surgery
- Evaluation of newly diagnosed cardiomyopathy
- Evaluation of suspected CAD symptoms
- Unheralded syncope

No Prep

NM MUGA/RVG Multiviews.....CPT 78473

- Evaluate ventricular regional wall motion
- Quantify ventricular ejection fractions
- Monitor cardiotoxicity of medications
- Assess contractility of chambers
- Differentiate pulmonary and cardiac causes of dyspnea

NM myocardial amyloidosis

with SPECT.....CPT 78830

- Suspicion of cardiac amyloidosis

NUCS/PET

ENDOCRINE

Prep for 78014,78018, 79005

Avoid the following:

- **Thyroid Hormones**
 - › Synthroid, Levothroid, Thyroxine, Levothyroxine, Levoxyl (4 weeks prior)
 - › Cytomel (2 weeks prior)
 - › Armour Thyroid (3-4 weeks prior)
- **Iodinated Contrast (4-6 weeks prior)**
- **Antithyroid Medications**
 - › PTU, perchlorate, tapazole (3 days-1 week)
 - › TSH level should be obtained prior to scan. Results should be > 30 uU/ml before administering I-131.
- **Iodine Solutions**
 - › Lugol's (1 week)
 - › Cough syrups (if patient has taken a lot) (1 week)
 - › Betadine (2-4 weeks)
- **Stable Iodides**
 - › Kelp sea weed (2-4 weeks)
 - › -Mineral supplements and foods with more than 0.5 mg 1/day (Check with radiologist)
 - › Vaginal suppositories (dihydroxyquin) (Check with radiologist)
- **Amiodarone (3-6 months)**

NM Thyroid Imaging w/ Single/Multiple Uptakes CPT 78014

- Aid in the diagnosis of Grave's disease
- Determine dose of I-131 for therapy of hyperthyroidism
- Evaluate subacute and chronic thyroiditis
- Diagnose subacute thyroiditis
- Distinguish toxic nodular goiter from Grave's disease
- Detect ectopic thyroid tissue

Must be scheduled through Nuc Med directly: 573.815.3388

NM Thyroid Ca

Whole Body Imaging CPT 78018

- Post-operatively evaluate patients with thyroid carcinoma to determine if there are local or distant sites of tumor
- Evaluate for functioning thyroid cancer, either recurrent in the thyroid bed or metastasis
- Imaging of the extent of tumor after high-dose I-131 therapy performed for ablation of normal residual tissue or tumor

Note: Thyrogen Protocol:

- If using this protocol, TSH will not be tested and patient does not have to be off thyroid medications.
- Pt. receives Thyrogen injections at physician's office on Monday and Tuesday, receives a 4 mCi I-131 dose on Wednesday, and image on Friday.

NM Thyroid Treatment/ TherapyCPT 79005

- Treatment of hyperthyroidism due to diffuse toxic goiter or toxic nodular goiter

Note: Patients of childbearing age must perform a home pregnancy test the morning of procedure. Thyroid uptake test should be performed within 3 weeks of therapy.

No Prep

NUCS/PET

ENDOCRINE *continued*

NM Parathyroid Planar..... CPT 78070

Enlarged parathyroid gland

- Parathyroid hyperplasia
- Suspected parathyroid adenoma or carcinoma for preoperative planning

GASTROINTESTINAL

Prep: Pt. should not have had a recent upper GI or lower enema study with contrast.

NM Liver-Spleen Imaging..... CPT 78215

**To be performed when CT, MRI, or US are not feasible.*

- Assessment of chronic liver disease
- Assessment of liver or spleen size
- Detection of accessory splenic tissue
- Detection and evaluation of focal or liver/spleen lesions
- Diagnosis of focal nodular hyperplasia (FNH)

*Prep: Pt. should be NPO 4-6 hours prior to test.
Pt. cannot be on narcotic pain medicine
6 hours prior to test.*

NM Hepatobiliary Imaging..... CPT 78226

- Chronic cholecystitis
- Suspected bile leak after trauma or surgery
- Evaluate liver function
- Assess liver transplant
- Assess choledochal cyst prior to partial hepatectomy
- Evaluate dysfunction of Sphincter of Oddi with no evidence of gallstones on recent ultrasound and recurrent RUQ or epigastric pain

NM Hepatobiliary Imaging w/ Rx..... CPT 78227

- Acute cholecystitis
- Chronic cholecystitis
- Evaluate dysfunction of Sphincter of Oddi with no evidence of gallstones on recent ultrasound and recurrent RUQ or epigastric pain
- Calculate gallbladder EF or biliary dyskinesia- usually no gallstones are found on US but there is persistent RUQ pain

GASTROINTESTINAL *continued*

Prep: Pt. should be NPO 6 hours prior to test.

NM Gastric Emptying..... CPT 78264

- Evaluate delayed gastric emptying in patients (gastroparesis)
- Pediatric patients with gastroesophageal reflux or rumination syndrome and suspicion of delayed gastric emptying
- Rapid gastric emptying (dumping syndrome)

NM Bowel Imaging (Meckel's)..... CPT 78290

- Evaluate for ectopic gastric mucosa

No Prep

NM GI Blood Loss Scan..... CPT 78278

- Detect bleeding in the GI tract

NUCS/PET

ABDOMINAL

No prep.

NM Renal Flow And Function..... CPT 78707

- Kidney salvage versus nephrectomy
- Recurrent flank pain
- Evaluate acute renal failure with no evidence of obstruction on recent US
- Evaluate chronic renal failure
- Follow up of renal transplant

NM Renal Flow And Function w/wo Pharm (Lasix Renal Scan)..... CPT 78709

- Kidney salvage versus nephrectomy
- Recurrent flank pain
- Evaluate acute renal failure with no evidence of obstruction on recent US
- Evaluate chronic renal failure
- Follow up of renal transplant
 - › If patient is on lasix contact Nuc Med

LYMPHATIC

No prep.

NM Lymphoscintigraphy (Bilateral Breast, Left Breast, Right Breast, Melanoma, Other)..... CPT 78195

- Sentinel Node Mapping
- Lymphedema of Upper or Lower Extremities

MUSCULOSKELETAL

NM Bone Whole BodyCPT 78306

- Detect or follow up for bone metastasis or for cancer staging
- Arthritis
- Paget's Disease
- Unexplained bone pain
- Evaluate abnormal x-rays
- Evaluate vertebral compression fractures
- Hypercalcemia
- Evaluate increased alkaline phosphatase levels
- Evaluate trauma (imaging should take place at least 72 hours after trauma)

NM Bone Three PhaseCPT 78315

- Evaluate sports injuries (stress fractures, shin splints)
- Detect osteomyelitis
- Avascular necrosis
- Reflex sympathetic dystrophy
- Evaluate for loosening or infection in joint replacements

NM Bone SCAN WHOLE BODY W SPECT.....CPT 78303

- Evaluate vertebral pain (facet pain, pars fracture)

NUCS/PET

ADDITIONAL INFORMATION:

RADIOPHARMACEUTICAL SELECTION FOR INFECTION IMAGING

Bacteremia

- Preferred Pharmaceutical: Indium WBC
 - › In-111 scintigraphy is preferred for detecting a possible source of infection in the abdomen.

Suspected abdominal abscess

- Preferred Pharmaceutical: Indium WBC
 - › Normal abdominal activity makes evaluation of the abdomen difficult with Ga-67.

Suspected osteomyelitis of foot

- Preferred Pharmaceutical: Indium WBC
 - › Combined Tc-99m bone scintigraphy and Indium WBC scintigraphy is preferred in the foot because there is ordinarily no bone marrow and thus no leukocyte accumulation in the foot.

Suspected of a hip, knee, or shoulder prosthesis

- Preferred Pharmaceutical: Indium WBC
 - › Combined Indium WBC scintigraphy and Tc-99 bone marrow scintigraphy is preferred to assess bone marrow distribution as well as WBC accumulation.

Suspected subacute or chronic osteomyelitis in bone with underlying abnormality (e.g. healing fracture, previous chronic osteomyelitis)

- Preferred Pharmaceutical: Indium

NUCS/PET

PET/CT

Prep: Patient should be NPO at least 6 hours prior to exam, avoid insulin and other diabetic medications 6 hours prior to exam, follow a low carb, high protein diet the day before the exam (see note), and avoid strenuous activity the day before the exam. Diabetic patients should contact nuclear medicine department (573-815-3388) prior to the exam.

NPO 8 Hours

PET/CT Diet Guidelines - 24 hours before appointment

- Foods allowed
 - › All meats and poultry
 - › Hard cheeses
 - › Nonstarchy vegetables, such as: broccoli, spinach, green beans.
 - › Nuts and unsweetened peanut butter
 - › Diet soda and zero-calorie drinks.
 - › Tofu
 - › Eggs
 - › Oil, margarine, butter
- Foods not allowed
 - › No cereals
 - › No pasta
 - › No dry beans
 - › No fruit and fruit juices
 - › No sugar, honey, desserts or candy
 - › No starchy vegetables, such as peas, corn, potatoes
 - › No alcohol
 - › No nutritional shakes or smoothies
 - › No breads
 - › No rice
 - › No gravies
 - › No jams and jellies
 - › No milk or yogurt (including nondairy milk)
 - › No coffee or tea (no caffeinated beverages)

Skull to Thigh CPT 78815

- Evaluate various cancers:
 - › Breast, thyroid, head and neck, solitary pulmonary nodule by CT, lung carcinoma, colorectal, lymphoma, esophageal, cervical, ovarian, gastric, testicular, sarcoma, myeloma, thymoma, bone, occult cancer histologically proven

Whole Body..... CPT 78816

- Melanoma
- Lymphoma

PET Brain CPT 78814

- Dementia

PET Myocardial Perfusion Imaging w Ammonia CPT 78431

- BMI over 40

Myocardial Viability Imaging CPT 78429

PET IMAGING SHOULD BE PERFORMED AS OUTPATIENT ONLY.

IP ORDER MUST HAVE PRIOR APPROVAL FROM HOSPITAL CHIEF MEDICAL OFFICER.

Centralized Scheduling Department: 573-815-8150 • Nuclear Medicine Department: 573-815-3388