



Trinity Health

RADIOLOGY  
ORDERING  
GUIDE

## TO OUR PHYSICIAN PARTNERS

This comprehensive guide to imaging services was developed to help in prescribing and ordering the correct testing for your patients. It includes indications and recommendations to consider as well as CPT codes to use when ordering the appropriate tests.

We want to provide our patients with the highest level, safest imaging. Our physicians are board certified in diagnostic radiology, and some have additional certifications in specialties such as neuroradiology and interventional radiology. And we use advanced imaging technology at all our locations, including St. Mary Medical Center, Nazareth Hospital, Mercy Fitzgerald Hospital, and Saint Francis Medical Center.

Our goal is to provide proper and complete imaging. In addition to assuring orders are placed correctly, we tailor examinations to each patient's specific condition. It is very important for the radiologist to have information about the specific clinical condition so that appropriate imaging is performed.

When you order a study, please include pertinent history as well as signs or symptoms. Please do not use "R/O" exams such as "rule out tumor" or "rule out anomaly" unless the patient's history and signs/symptoms are included on the order. We would appreciate it if you would specify a particular entity or condition upon which you would like us to comment in the report. Please be sure to include a diagnosis code on your order as well.

We appreciate your trusting your patients' care to us,

*Mid Atlantic Radiology Consultants*

Schedule online or call central scheduling at 215-710-2208.

For in house providers, you can also utilize Epic secure chat to communicate with radiologists:

@ THMA Radiology Consult

Any updates to this guide will be available on the Trinity Health and MARC radiology websites (TBA)

*Last update: 11/4/24*

**For a list of latest appropriate imaging recommendations by the American College of Radiology, please go to this link where you can search for clinical scenarios, topic, or radiological procedure.**

**<https://www.acr.org/Clinical-Resources/ACR-Appropriateness-Criteria>**

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# Radiology Locations

ST MARY MEDICAL CENTER  
 1201 Langhorne-Newtown  
 Road  
 Langhorne, PA 19047  
 215-710-2208

NAZARETH HOSPITAL  
 2601 Holme Avenue  
 Philadelphia, PA 19152  
 215-335-6400

MERCY FITZGERALD HOSPITAL  
 1500 Lansdowne Avenue  
 Darby, PA 19023  
 610-237-2525

MERCY FITZGERALD WELLNESS CENTER  
 1503 Lansdowne Ave  
 Darby, PA 19023  
 610-237-2525

SAINT FRANCIS HOSPITAL  
 701 North Clayton Street  
 Wilmington, DE 19805  
 302-421-4141

ST. MARY IMAGING - RICHBORO  
 1059 Second Street Pike  
 Richboro, PA 18954  
 215-710-2208

For explanations of each test, please visit: <https://www.radiologyinfo.org/>

	St. Mary	Nazareth	Mercy Fitzgerald	St. Francis	Richboro
X-Ray (see walk in hours on page 25)	■	■	■	■	■
Mammography	■	■	■	■	■
Bone Densitometry (DEXA)	■	■	■	■	
Ultrasound	■	■	■	■	■
Nuclear Medicine	■	■	■	■	
Computed Tomography (CT)	■	■	■	■	■
Magnetic Resonance Imaging (MRI)	■	■	■	■	■
Interventional Radiology (IR)	■	■	■	■	
Positron Emission Tomography (PET)	■	■			

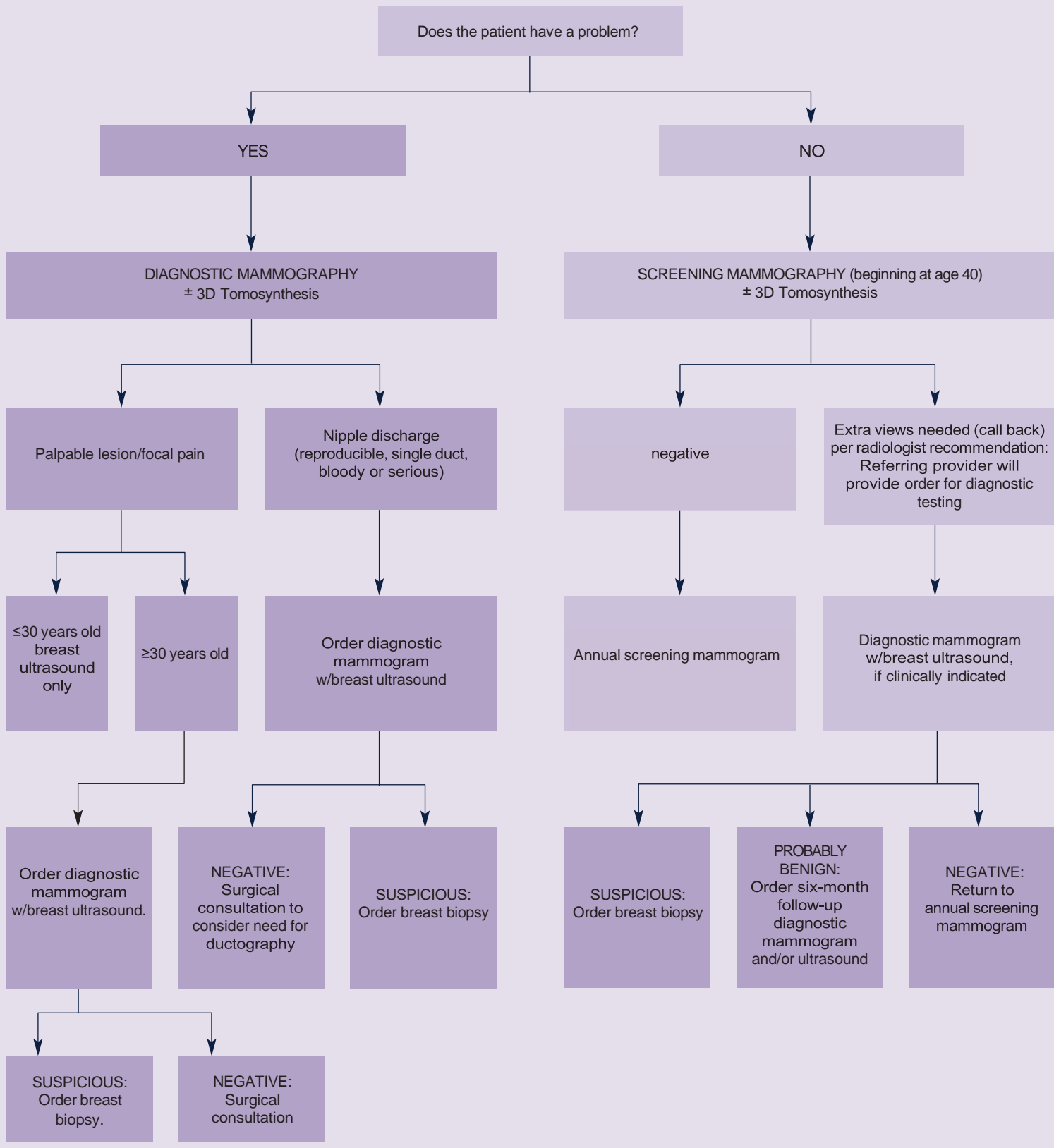
# Breast Imaging

SIGNS & SYMPTOMS	PARAMETERS	EPIC ORDER
Annual screening asymptomatic	Annual starting at age 40 – No upper age limit	MG Mammo Digital Screening w Tomo bilat
Personal history of breast cancer	Mastectomy Opposite Breast	MG Mammo Digital Screening w Tomo left MG Mammo Digital Screening w Tomo right
	Prior Lumpectomy: Referring physician discretion. Can be ordered as screening or diagnostic study	MG Mammo Digital Screening w Tomo bilat MG Mammo Digital Diagnostic w Tomo bilat MG Mammo Digital Diagnostic w Tomo right MG Mammo Digital Diagnostic w Tomo left
Clinical findings (Symptoms)	Mass Nipple Discharge Pain – Localized Uni is only ordered if not annual testing. Dense breasts order ABUS	MG Mammo Digital Diagnostic w Tomo bilat MG Mammo Digital Diagnostic w Tomo right MG Mammo Digital Diagnostic w Tomo left **Please order limited ultrasound of affected side as well US Breast Complete bilat ABUS**
Under 30 years Order Ultrasound	Symptomatic breast only Localized pain, mass, discharge	US Breast Limited Bilateral, LT, RT US Breast Complete Bilateral, LT, RT
Short term follow up exam	Recommendation of previous exam 3-6 month follow up <i>Referring Physician order required</i>	MG Mammo Digital Diagnostic w Tomo bilat MG Mammo Digital Diagnostic w Tomo right MG Mammo Digital Diagnostic w Tomo left **Please order limited ultrasound of affected side as well
Recommendation of additional imaging (Call back exam)	Mammography/ Ultrasound <i>Referring Physician order required</i>	Diagnostic Mammogram or Ultrasound imaging as clinically indicated
MRI	High risk screening – Life time risk > 20%. Diagnostic problem Breast cancer extent of disease.	MRI Breast wo and w contrast bilat, left, right
Symptomatic patients aged 30- 39	Palpable mass, focal pain	Diagnostic mammogram + breast ultrasound
		** ABUS is not offered at all imaging sites



# Breast Imaging

## MAMMOGRAPHY ORDERING DECISION TREE



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Tip: In general, intravenous contrast is indicated if you suspect infection or neoplasm. For obese patients, please indicate patient weight as some machines have weight limit restrictions. The range for CT table weight limits ranges from 450 – 660 lbs. depending on the imaging site.

## **Routine contrast allergy preparations:**

Prednisone-based: 50 mg prednisone by mouth at 13 hours, 7 hours, and 1 hour before contrast medium administration, plus 50 mg diphenhydramine intravenously, intramuscularly, or by mouth 1 hour before contrast medium administration

Methylprednisolone-based: 32 mg methylprednisolone by mouth 12 hours and 2 hours before contrast medium administration. 50 mg diphenhydramine may be added as in option 1

### **Accelerated IV Premedication (in decreasing order of desirability)**

1. Methylprednisolone sodium succinate (e.g., Solu-Medrol®) 40 mg IV or hydrocortisone sodium succinate (e.g., Solu-Cortef®) 200 mg IV immediately, and then every 4 hours until contrast medium administration, plus diphenhydramine 50 mg IV 1 hour before contrast medium administration. This regimen usually is 4-5 hours in duration.
2. Dexamethasone sodium phosphate (e.g., Decadron®) 7.5 mg IV immediately, and then every 4 hours until contrast medium administration, plus diphenhydramine 50 mg IV 1 hour before contrast medium administration. This regimen may be useful in patients with an allergy to methylprednisolone and is also usually 4-5 hours in duration.
3. Methylprednisolone sodium succinate (e.g., Solu-Medrol®) 40 mg IV or hydrocortisone sodium succinate (e.g., Solu-Cortef®) 200 mg IV, plus diphenhydramine 50 mg IV, each 1 hour before contrast medium administration. This regimen, and all other regimens with a duration less than 4-5 hours, has no evidence of efficacy. It may be considered in emergent situations when there are no alternatives.

Note: Premedication regimens less than 4-5 hours in duration (oral or IV) have not been shown to be effective.

Helpful link in Chapter: PATIENT SELECTION AND PREPARATION STRATEGIES BEFORE CONTRAST MEDIUM ADMINISTRATION:

[Contrast Manual | American College of Radiology \(acr.org\)](http://www.acr.org)

## **Contrast Tips:**

If your patient is receiving intravenous iodinated contrast (commonly with CT studies and IR procedures), then a basic metabolic panel with eGFR is needed within the past 90 days of the scheduled test if the patient has the following risk factors:

History of kidney disease such as prior renal surgery or cancer, renal transplant, solitary kidney.

Unreliable history

If the eGFR is >30 ml/min, then a routine IV contrast study can be performed.

If the eGFR is < 30 ml/min, then consider a different test or please contact a radiologist for approval after weighing risk versus benefit. Hydration protocols prior to the study may be needed.

MRI contrast: We use two different types of gadolinium contrast. Most of the MRI studies do not require labs before the test since we use the macrocyclic agent gadoterate meglumine (Dotarem). However, if your patient is going to receive gadoxetate disodium (Eovist) gadolinium for a special liver MRI, then laboratory tests are needed to evaluate eGFR; usually this type of contrast study is recommended by a radiologist prior to scheduling this type of MRI.

**Tips:** In general, intravenous contrast is indicated if you suspect infection or neoplasm.

A CT abdomen/pelvis without contrast does not administer intravenous contrast, but oral contrast can be requested by the ordering provider or may be given at the discretion of the radiologist. A CT abdomen pelvis with contrast only administers intravenous contrast unless oral contrast is requested by the ordering provider on the script or administered at the discretion of the radiologist.



# CT Diagram

## ORBIT / FACE / TEMPORAL BONE

70480...w/o contrast  
70481...w/contrast  
70482...w/o & w/contrast

## MAXILLOFACIAL

70486...w/o contrast  
70487...w/contrast  
70488...w/o & w/contrast

## SOFT TISSUE NECK

70491...w/contrast

## UPPER EXTREMITY

73200...w/o contrast  
73201...w/contrast  
73202...w/o & w/contrast

## LOWER EXTREMITY

73700...w/o contrast  
73701...w/contrast  
73702...w/o & w/contrast

## BRAIN

70450...w/o contrast  
70460...w/contrast  
70470...w/o & w/contrast

## CERVICAL SPINE

72125...w/o contrast  
72126...w/contrast  
72127...w/o & w/contrast

## THORACIC SPINE

72128...w/o contrast  
72129...w/contrast  
72130...w/o & w/contrast

## LUMBAR SPINE

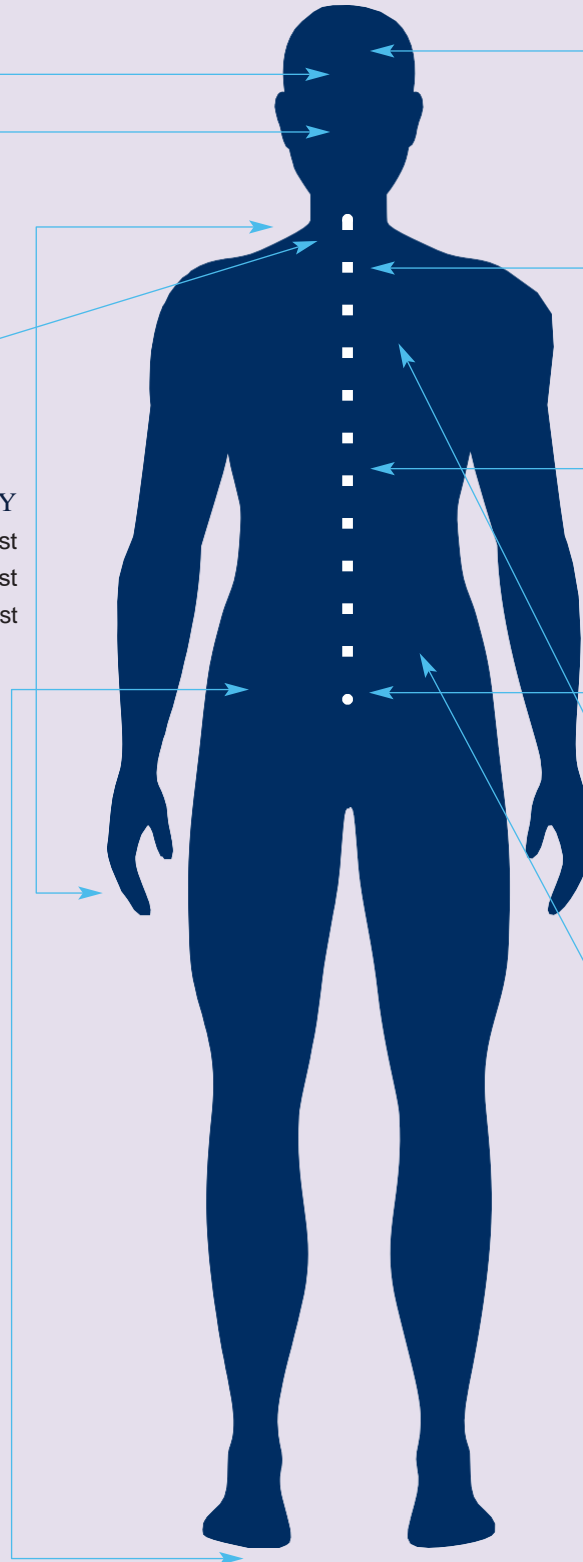
72131...w/o contrast  
72132...w/contrast  
72133...w/o & w/contrast

## CHEST

71250...w/o contrast  
71260...w/contrast  
71270...w/o & w/contrast

## ABDOMEN PELVIS COMBINATION

74176...w/o contrast  
74177...w/contrast  
74178...w/o & w/contrast



# CT General – Head & Neck

BODY PART	REASON FOR EXAM	IV CONTRAST	ORAL CONTRAST	PROCEDURE TO PRE CERT	CPT CODE
Head	Altered consciousness Altered speech Cerebrovascular disease CVA Dementia Headache Injury/trauma ICH Seizure Shunt position Syncope TIA Vertigo	No	No	CT Head w/o contrast	70450
	Metastasis Neoplasm Meningitis Fever	Yes	No	CT Head w/o – w/contrast	70470
Maxillofacial	Injury/trauma Sinusitis	No	No	CT maxillofacial w/o contrast CT sinus w/o contrast	70486
	Fever Infection/abscess Cellulitis Mass	Yes	No	CT maxillofacial w/contrast CT sinus w/ contrast	70487
Orbits	Cellulitis Fever Infection/abscess Orbital edema Tumor/neoplasm Vision loss	Yes	No	CT orbits w/ contrast	70481
	Diplopia Graves' disease Injury/trauma	No	No	CT orbits w/o contrast	70480
Temporal Bones	Hearing loss Cholesteatoma Mastoiditis	No	No	CT fossa/sella/iac/orbits w/o contrast	70480
	Acoustic neuroma Glomus tumor	Yes	No	CT fossa/sella/iac/orbits w/ contrast	70481
Soft Tissue Neck	Adenopathy Fever Infection/abscess Injury/trauma Mass/neoplasm Vocal cord paralysis	Yes	No	CT soft tissue neck w/contrast	70491
	When contrast is contraindicated Salivary gland calculi	No	No	CT soft tissue neck w/o contrast	70490
	Salivary gland calculi	Yes	No	CT soft tissue neck w/o & w/contrast	70492

## CT General – Spine

BODY PART	REASON FOR EXAM	IV CONTRAST	ORAL CONTRAST	PROCEDURE TO PRE CERT	CPT CODE
Cervical Spine	Disc herniation / pain	No	No	CT Cervical spine w/o contrast	72125
Thoracic Spine	Disc herniation / pain	No	No	CT Thoracic spine w/o contrast	72128
Lumbar Spine	Disc herniation / pain	No	No	CT Lumbar spine w/o contrast	72131
Cervical Spine	Abscess / mass / infection	Yes	No	CT Cervical spine w/contrast Unless there is a prior contraindication, MRI Spine would be a more optimal exam	72126
Thoracic Spine	Abscess / mass / infection	Yes	No	CT Thoracic spine w/contrast Unless there is a prior contraindication, MRI Spine would be a more optimal exam	72129
Lumbar Spine	Abscess / mass / infection	Yes	No	CT Lumbar spine w/contrast Unless there is a prior contraindication, MRI Spine would be a more optimal exam	72132

# CT General – Chest

BODY PART	REASON FOR EXAM	IV CONTRAST	ORAL CONTRAST	PROCEDURE TO PRE CERT	CPT CODE
Chest	Bronchiectasis Interstitial Lung DX Hi Res Follow up pulmonary nodule <i>(Not part of the lung screening program)</i> Pneumothorax	No	No	CT Chest/Thorax w/o contrast	71250
	Atelectasis Cough Emphysema Fever of unknown origin Injury/trauma Infiltrate Lung cancer Lymphangitic spread Mass Pericardial effusion Pleural effusion Pulmonary nodule (first CT scan) Pneumonia	Yes	No	CT Chest/Thorax w/contrast	71260
	SOB Chest pain Pericardial effusion Elevated D-Dimer Hypoxia Recent surgery with new onset SOB	Yes	No	CT Chest/Thorax PE Exam	71275
	Chest pain Thoracic Aortic Aneurysm Thoracic Aortic Dissection	Yes	No	CT Chest/Thorax w/o & w/contrast	71270
SVC Chest Venogram	Pre-Op Venous Access Reposition of catheter Thrombus Obstruction	Yes	No	CT Venogram of chest	71260

## CT General – Abdomen & Pelvis

BODY PART	REASON FOR EXAM	IV CONTRAST	ORAL CONTRAST	PROCEDURE TO PRE CERT	CPT CODE
Abdomen	Liver mass Pancreatic mass Renal mass	Yes	No	CT Abdomen w/o & w/contrast	74170
	Upper abdominal pain Abnormal lab work Jaundice	Yes	Per request on script	CT Abdomen w/contrast	74160
	Pancreatitis Tumor/mass/cancer/mets Weight loss Hernia	Yes	Per request on script	CT Abdomen w/contrast	74160
Abdomen and Pelvis	Abdominal pain Pelvic pain Mass Abnormal labs Abscess Ascites Fever of unknown origin Diarrhea Vomiting Injury/trauma Jaundice Metastasis Nausea Pancreatitis Tumor/mass/cancer/mets Weight loss Hernia	Yes	Per request on script	CT ABD/Pelvis w/contrast	74177
	Stone protocol Flank pain Abdominal pain, R/O aneurysm Ruptured aneurysm Drop in hemoglobin without trauma Retroperitoneal bleed	No	No	CT ABD/Pelvis w/o contrast	74176
Urogram	Hematuria Hydronephrosis without flank pain	Yes	Water	CT Urogram	74178
Pelvis	Fracture Trauma	No	No	CT Pelvis w/o contrast	72192
	Pelvic mass Collection Adenopathy Pain	Yes	Per request on script	CT Pelvis w/contrast	72193
IVC and Pelvic Veins	Pre-Op venous access Edema IVC Thrombus	Yes	No	CT Abdomen and Pelvis w/contrast	74177
Bony Pelvis	Pain Trauma Fracture	No	No	CT Pelvis w/o contrast	72192

A CT abdomen/pelvis without contrast does not administer intravenous contrast, but oral contrast can be requested by the ordering provider or may be given at the discretion of the radiologist. A CT abdomen pelvis with contrast only administers intravenous contrast unless oral contrast is requested by the ordering provider on the script or administered at the discretion of the radiologist.

## CT General – Extremities

BODY PART	REASON FOR EXAM	IV CONTRAST	PROCEDURE TO PRE CERT	CPT CODE
Upper Extremities	Injury / trauma	No	CT Right or Left Extremity w/o contrast	73200
	Infection / mass	Yes	CT Right or Left Extremity w/contrast	73201
Lower Extremities	Injury / trauma	No	CT Right or Left Extremity w/o contrast	73700
	Infection / mass	Yes	CT Right or Left Extremity w/contrast	73701

**\*\* If you obtain a referral for an MRI of the upper/lower extremities, please be sure that your script clearly states the specific joint or bone of interest to avoid delays in scheduling and allow the techs to choose the proper protocol for your patient. \*\***

## CT Specialty Exams\*\*

BODY PART	REASON FOR EXAM	CONTRAST	PROCEDURE TO PRE CERT	CPT CODE
CT Calcium Score	Asymptomatic with low/intermediate risk CAD	No	CT Calcium Score	75571 or Cash Pay
CT Virtual Colon	Failed colonoscopy (please note that we do not perform screening colonography)	No	CT Colonography Diagnostic	74261
CT Lung Screening	Pt must be between the ages 55-77. Pt must have a 30-pack year history. If they quit, it must be 15 years or less. Pt must be symptom free. A shared decision-making must be carried out between patient and ordering physician	No	CT Lung Screen	G0297
CT chest wo contrast (Lung- RADS F/U)	Ordered only when a pt has had a Lung Screening that was reported with an abnormality, documented with Lung Rads. This must be scanned within 12 months of the Lung Screening	No	CT chest wo contrast (Lung- RADS F/U)	71250

**\*\* Not all specialty CTs are performed at all imaging facilities.**

## CT Angiograms (CTA)

BODY PART	REASON FOR EXAM	IV CONTRAST	PROCEDURE TO PRE CERT	CPT CODE
CTA Head	Headache Aneurysm Cerebral vascular disease	Yes	CT Angiogram - Head	70496
CTA Head & Neck	Acute Stroke Protocol TIA Cerebral vascular disease	Yes	CT Angiogram - Head and Neck	70496
CTA Neck	Carotid Stenosis	Yes	CT Angiogram - Neck	70498
CTA Chest	Thoracic aneurysm Pre or Post Op evaluation Mesenteric Ischemia	Yes	CT Angiogram Chest w and w/o contrast	71275
CTA Abdomen	Renal Artery Stenosis	Yes	CT Angiogram - Abdomen w/contrast	74175
CTA Abdomen and Pelvis	Pre-Op AAA Surgery Post Stent Graft Pre or Post Op Evaluation or mapping Mesenteric ischemia	Yes	CT Angiogram - Abdomen and Pelvis w/o and w/contrast	74174
CTA Bilateral Runoff	Lower extremity ischemia	Yes	CT Angiogram Aorta - Bilat Runoff	75635
CTA Cardiac	Low or intermediate risk or symptomatic	Yes	CT Angiography, Heart, Coronary Arteries	75574
Pulmonary Vein Map	A-Fib	Yes	CT of Chest or Heart w/contrast	75572
TAVR-CT Heart Structure Morph w/contrast	Shortness of breath Pre-Op Cardiovascular Exam	Yes	CT of Chest or Heart w/contrast & CT Angio Abdomen and Pelvis	75572 74174

**\*\* Not all CTAs are performed at all imaging facilities (ex: cardiac, TAVR, pulmonary vein map)**

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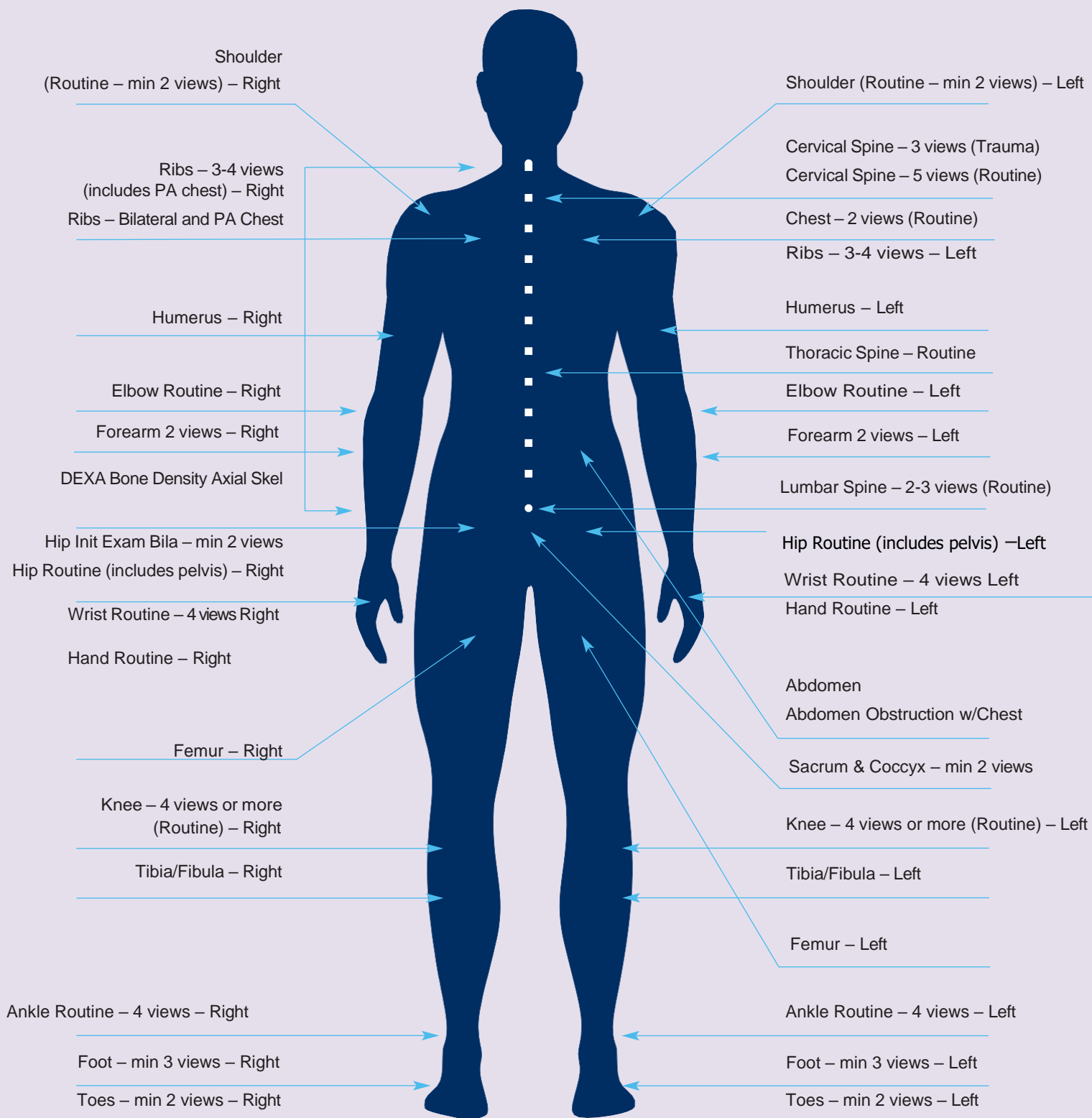
### **WALK IN XRAY HOURS:**

	St. Mary Medical Center	Mercy Fitzgerald	Nazareth Hospital	St. Francis Hospital	Richboro
Monday	8am-7pm	7:30am-5pm	8am-6pm	7am-5pm	8am-4:30pm
Tuesday	8am-7pm	7:30am-5pm	8am-6pm	7am-5pm	8am-8pm
Wednesday	8am-7pm	7:30am-5pm	8am-6pm	7am-5pm	8am-4:30pm
Thursday	8am-7pm	7:30am-5pm	8am-6pm	7am-5pm	8am-8pm
Friday	8am-7pm	7:30am-5pm	8am-6pm	7am-5pm	8am-4:30pm
Saturday	8am-4pm	7:30am-12pm	CLOSED	CLOSED	CLOSED
Sunday	CLOSED	CLOSED	CLOSED	CLOSED	CLOSED

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# Diagnostic Diagram



# Diagnostic Exam Codes – Chest, Abdomen, Pelvis & Hips

BODY PART	PROCEDURE DESCRIPTION	CPT CODE
Chest	Chest 1 view	71010
	Chest 2 views	71020
	Chest minimum 4 views	71030
	Chest special views	71035
	Ribs unilateral 2 views	71100
	Ribs unilateral 2 views w/pa chest	71101
	Ribs bilateral 3 views	71110
	Sternum minimum 2 views	71120
	Sternoclavicular joints 3 views	71130
	Chest 1 view B read	71010
	Chest 2 views + apical lordotic	71021
	Chest 2 views w/B read	71020
Abdomen	Abdomen 1 view	74000
	Abdomen complete 2 views	74020
	Abdomen complete w/PA chest	71022
Pelvis/Hips	Pelvis 1-2 view	72170
	Pelvis minimum 3 views – please specify views	73501
	Hips initial exam bilateral 2 views	73521
	Hip ap	73501
	Hip routine	73502
	Hips bilateral 2 views + pelvis	73520
	Pelvis/hips infant	73502
	SI joints minimum 3 views	72202
	Sacrum and coccyx minimum 2 views	72220

## Diagnostic Exam Codes – Skull

BODY PART	PROCEDURE DESCRIPTION	CPT CODE
Skull	Skull 1-3 views	70250
	Skull minimum 4 views	70260
	Facial bones 1-3 views	70140
	Facial bones minimum 3 views	70150
	Nasal bones minimum 3 views	70160
	Sinuses 1-3 views	70210
	Sinuses minimum 3 views	70220
	Pre screening MRI orbits	70030
	Orbits minimum 4 views	70200
	Mandible 4 views	70110

## Diagnostic Exam Codes – Spines

BODY PART	PROCEDURE DESCRIPTION	CPT CODE
Spine	Neck soft tissue	70360
	C spine 1 view	72020
	C spine 2 or 3 views	72040
	C spine minimum 4-5 views	72050
	C spine complete 6 or more	72052
	T spine 1 view	72020
	T spine 2 views	72070
	T spine 3 views	72072
	Thoracolumbar AP/lateral	72080
	Lumbar spine 1 view	72020
	Lumbar spine 2-3 views	72100
	Lumbar spine minimum 4 views – specify views	72110
	Lumbar spine with bending minimum 6 views – specify views	72114
	Lumbar spine with bending 2-3 views	72120
	Scoliosis – order Total spine 2-3 views AP only	72082
	Scoliosis – order Total spine 5-6 views AP/Lateral	72083 (4-5 views) 72084 (6+ views)
DEXA	DEXA, hips, spine (axial skeleton)	77080
DEXA	DEXA upper/lower extremities (appendicular skeleton)	77081
	** Appendicular skeleton DEXA in addition to axial skeleton DEXA is always indicated for patients with hyperparathyroidism	
	<b>DEXAS ARE BY APPOINTMENT ONLY!!!</b>	
	** Please be aware the table weight limit for dexa is 450 lbs. If the patient is >450 lbs, an appendicular dexa should be ordered instead of an axial dexa.	

# Diagnostic Exam Codes – Extremities

BODY PART	PROCEDURE DESCRIPTION	CPT CODE
Upper Extremity	Bone Age	77072
	Clavicle	73000
	Shoulder minimum 2 views	73030
	Shoulder 1 view	73020
	Humerus minimum 2 views	73060
	ACJTS bilateral	73050
	Scapula complete	73010
	Elbow 2 views	73070
	Elbow minimum 3 views	73080
	Upper extremity infant	73092
	Wrist 2 views	73100
	Wrist 4 views	73110
	Finger minimum 2 views	73140
	Hand routine minimum 3 views	73130
	Forearm 2 views	73090
	Axillary shoulder	79942
Lower Extremity	Femur 2 views	73552
	Knee 1-2 views	73560
	Knee 4 or more views	73564
	Both knees standing AP only	73565
	Tibia & fibula 2 views	73590
	Ankle 2 views	73600
	Ankle 4 views	73610
	Foot 2 views	73620
	Foot minimum 3 views	73630
	Toes minimum 2 views	73660
	Leg Length	77073
	** Please specify on script if weightbearing views are needed **	

# Diagnostic Exam Codes – GI Procedures

BODY PART	PROCEDURE DESCRIPTION	CPT CODE	PREP
GI Procedures	UGI w/air contrast	74246	NPO after midnight
	UGI w/o air	74240	NPO after midnight
	UGI w/air& small bowel	74249	NPO after midnight
	Small bowel study	74250	NPO after midnight
	Swallowing function	74210	NPO after midnight
	Esophagus sw/function w/speech vbs	76125	no prep
	Esophagus	74220	NPO after midnight
	Barium enema w/air *	74280	See below
	* <i>Consider CT</i>	74270	See below
	<i>colonography instead</i>	43752	no prep
	Barium enema w/o air	76000	no prep
	FL NG/OG placement	76001	no prep
	Flouroscope 1-60 w/rad	76080	no prep
	Flouroscope exam extensive w/o rad	74300	no prep
	Sinogram		
Cholangiogram O.R.			

BARIUM ENEMA	PREP:
Day before Exam	<p>Clear liquids entire day, no solids            Clear solids include broth, apple juice, gatorade, ginger ale and other sodas, black coffee or tea, jello, ice pops, white cranberry juice.            Drink as much fluid as possible including juice and broth, don't just drink water.            At 5 pm take 4 dulcolax tablets with a glass of water.            At 7 pm mix the whole bottle of miralax or glycolax with 64 oz of gatorade or crystal light in a pitcher, stir until dissolved.            Drink 8 oz of the solution every 15 mins until you have finished 2 quarts. If you develop nausea take a break for an hour and then resume – you must drink all 64 oz.            Once completed resume clear liquids. Stop drinking liquids at midnight.</p>
Day of Exam	<p>You may take your necessary medicines with a sip of water.            If you take meds for diabetes, call your primary care provider for instructions on how to take these medications on the day before and the day of the exam.</p> <p><b>If you have concerns about doing a bowel prep, please consult the ordering physician.</b></p>

PREPS FOR PEDIATRICS:	
UGI procedures:	<p>Newborn to 6 months – NPO 3 hours prior to exam            6 months to 2 years – NPO 4 hours prior to exam            2 years and above – NPO 6 hours to exam</p>
Barium enema:	<p>Increase your child's fluid intake for 24 hours prior to the exam.            Be sure to limit your child to clear fluids only 24 hours prior to the exam.            On the evening before the exam at dinner time give your child Milk of Magnesia under the following dosage guidelines:            Under 2 years: none            2-5 years: 2 teaspoons            6-11 years: 2 tablespoons            12 years and older: 4 tablespoons</p> <p>Children 2 years of age and older need to be given one Fleets enema the night before the exam and one Fleets enema on the morning of the exam.</p>
VCUG w/o sedation:	No prep
VCUG w/Versed:	Must be approved by radiologist and scheduled by radiology nurses
PLEASE CALL 215-710-2208 BEFORE SCHEDULING	

## Diagnostic Exam Codes – Arthrograms

BODY PART	PROCEDURE DESCRIPTION	CPT CODE	PREP
Arthrograms	Arthrogram hip complete Arthrogram elbow Arthrogram knee Arthrogram shoulder Arthrogram wrist	73525 73085 73580 73040 73115	Please consult SIR guidelines

## Diagnostic Exam Codes – Myelogram/Lumbar Puncture

BODY PART	ECW PROCEDURE DESCRIPTION	CPT CODE	PREP
Myelograms	Myelogram cervical Myelogram thoracic Myelogram lumbar Myelogram complete 2 or more spines Lumbar puncture	72240 72255 72265 72270 72270	see below see below see below see below see below

### MYELOGRAM/LUMBAR PUNCTURE PREP:

Usually, anticoagulants should be stopped at least 5 days prior to your exam. Consult SIR guidelines.

NSAIDS or aspirin should be stopped 72 hours prior

On the morning of your exam, you may take your regular medications – do not take your anticoagulants.

You should not eat any solid food. You may have liquids – coffee, tea, water, juice, jello or broth.

To schedule an appointment: 215-710-2208, for Mercy Fitz: 610-237-2595



# MUSCULOSKELETAL PROCEDURES

Only performed at St. Mary Medical Center and Mercy Fitzgerald Hospital

BODY PART	CPT CODE	Acceptable indications for musculoskeletal procedures or diagnostic imaging
Major joints (Hip, Knee, Shoulder)	20611	Osteoarthritis Baker cyst
Intermediate joints (Ankle, Elbow, Wrist)	20606	Bursitis Rotator cuff arthropathy
Minor joints (Fingers, Toes)	20604	Adhesive capsulitis Carpal tunnel release Tendinopathy Peroneal subluxation Nerve entrapment Ganglion cyst Neuroma Neuritis
	CPT 76942 -Ultrasonic Guidance Procedures	*Consult MSK Radiologist for other appropriate indications

Prep for Musculoskeletal Procedures:

- Please consult SIR guidelines for anticoagulation questions:  
[jvir.org/action/showPdf?pii=S1051-0443%2819%2930407-5](http://jvir.org/action/showPdf?pii=S1051-0443%2819%2930407-5)
- Musculoskeletal joint injections & aspirations are considered low bleeding risk procedures

## SCHEDULING:

St. Mary Medical Center: 215-710-2962

Mercy Fitzgerald Hospital: 610-237-2595

## Diagnostic Exam Codes – Genitourinary

BODY PART	ECW PROCEDURE DESCRIPTION	CPT CODE	PREP
Genitourinary	Cystogram	74331	no prep
	Voiding cystourethrogram	74455	no prep
	Retrograde urogram	74220	no prep
	Antegrade urogram	74425	no prep
	IVP	74400	no prep
	IVP with tomo	74415	no prep
	Hysterosalpingogram	74740	no prep

To schedule an appointment: call 215-710-2208 Or schedule online: <https://www.trinityhealthma.org/find-a-service-or-specialty/imaging-and-radiology/>

## WALK IN X-RAY HOURS

	<i>St Mary</i>	<i>Mercy Fitz</i>	<i>Nazareth</i>	<i>St. Francis</i>	<i>Richboro</i>
<b>Monday</b>	8am-7pm	7:30am-5pm	8am-6pm	7am-5pm	8am-4:30pm
<b>Tuesday</b>	8am-7pm	7:30am-5pm	8am-6pm	7am-5pm	8am-8pm
<b>Wednesday</b>	8am-7pm	7:30am-5pm	8am-6pm	7am-5pm	8am-4:30pm
<b>Thursday</b>	8am-7pm	7:30am-5pm	8am-6pm	7am-5pm	8am-8pm
<b>Friday</b>	8am-7pm	7:30am-5pm	8am-6pm	7am-5pm	8am-4:30pm
<b>Saturday</b>	8am-4pm	7:30am-12pm	CLOSED	CLOSED	CLOSED
<b>Sunday</b>	CLOSED	CLOSED	CLOSED	CLOSED	CLOSED

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*For a list of latest appropriate imaging recommendations by the American College of Radiology, please go to this link  
where you can search for clinical scenarios, topic, or radiological procedure.  
<https://www.acr.org/Clinical-Resources/ACR-Appropriateness-Criteria>*

## Interventional Procedures Unit – GI / Genitourinary / Biliary

SPECIFIC EXAM	BODY AREA / MODALITY	CPT CODE
GStent - Biliary	Procedure	47556 / 74363
Nephrostomy	Procedure	50432
Transhepatic Cholangiography	Procedure	47532
Cholecystostomy	Procedure	47490 / 75989
Percutaneous Gastrostomy	Procedure	49440
Gonadal vein embolization	Procedure	37241
Varicocele embolization	Procedure	37241

## Interventional Procedures Unit – Drainage

SPECIFIC EXAM	BODY AREA / MODALITY	CPT CODE
Paracentesis	Procedure	49083
Thoracentesis - Puncture	Procedure	32555
Fistulogram / Abscessogram	Procedure	49424 / 76080
Abscess/Seroma drainage CT/US/Fluoro	Procedure	10030

To schedule an appointment: call 215-710-2234 Or schedule online: <https://www.trinityhealthma.org/find-a-service-or-specialty/imaging-and-radiology/>



## Interventional Procedures Unit – Vascular Interventions

SPECIFIC EXAM	BODY AREA / MODALITY	CPT CODE
IVC Filter Placement	Procedure	37191 (All inclusive)
IVC Filter Removal	Procedure	37193 (IVC Filter Removal)
Port Placement - Central	Procedure	36571 / 77001 / 76937
Pump Port Removal - Tunneled	Procedure	36590
TIPS	Procedure	37182
AV Shunt Placement	Procedure	36901 / 36902
Mechanical thrombectomy	Procedure	37184

## Interventional Procedures Unit – Radiofrequency Ablation

SPECIFIC EXAM	BODY AREA / MODALITY	CPT CODE
Lung	Procedure CT Ultrasound	32998 77013 76940
Kidney	Procedure CT Ultrasound	50592 77013 76940
Bone	Procedure CT Ultrasound	20982 77013 76940
Liver	Procedure CT Ultrasound	47382 77013 76940
Chemoembolization	Procedure CT Ultrasound	37243 75894
Renal Tumor Cryoblation	Procedure CT Ultrasound	50593 77013 76940

## Interventional Procedures Unit – Gynecological Intervention

SPECIFIC EXAM	BODY AREA / MODALITY	CPT CODE
Embolization – UFE (Uterine Fibroid Embolization)	Procedure	37243

## Interventional Procedures Unit – Spine Interventions

SPECIFIC EXAM	BODY AREA / MODALITY	CPT CODE
Lumbar Puncture	Diagnostic Therapeutic Chemo Fluoro Additional Levels Injection Code	62270 62272 96450 77003
Discogram - Lumbar	Diagnostic	62290 / 72295
Discogram - Cervical	Diagnostic	62291 / 72285
Myelogram - Lumbar	Diagnostic Injection Code	72265 62284
Myelogram - Cervical	Diagnostic Additional Levels Injection Code	72240 if (C1-2) 61055 62284
Denervation - Lumbar or Sacral	Diagnostic Additional Levels Injection Code	64622 / 77003 64623
Vertebroplasty - Lumbar	Procedure Fluoro CT Additional Levels	22511  22512
Vertebroplasty - Thoracic	Procedure Fluoro CT Additional Levels	22510  22512
Kyphoplasty - Lumbar	Procedure Fluoro CT Additional Levels	22514  22515
Kyphoplasty - Thoracic	Procedure Additional Levels	22513 22515
Sacroplasty - Unilateral	Procedure Fluoro CT	0200T 77291 77292
Sacroplasty - Bilateral	Procedure Fluoro CT	0201T 77291 77292

## Interventional Procedures Unit – Central Venous Access

SPECIFIC EXAM	BODY AREA / MODALITY	CPT CODE
Port Placement Tunneled PICC Midline catheter placement		36571 36573 36410

## Interventional Procedures Unit – Biopsy

SPECIFIC EXAM	BODY AREA / MODALITY	CPT CODE
Liver	Procedure CT Ultrasound Fluoro	47000 77012 75942 77002
Kidney	Procedure CT Ultrasound Fluoro	50200 77012 75942 77002
Thyroid	Procedure  CT Ultrasound Fluoro	10022 / fine needle 60100 / core 77012 76942
Lymph Node	Procedure CT Ultrasound Fluoro	38505 77012 75942 77002
Bone	Procedure  CT Ultrasound Fluoro	20220 / superficial 20225 / deep 77012  77002
Spleen	Procedure CT Ultrasound Fluoro	49180 77012 75942 77002
Lung	Procedure CT Ultrasound Fluoro	32405 77012 75942 77002

## Interventional Procedures Unit – Catheter Drainage

SPECIFIC EXAM	BODY AREA / MODALITY	CPT CODE
Pleural - Tunneled Peritoneal - Tunneled Thoracentesis (by catheter)	Procedure Procedure Procedure	32550 / 75989 49421 / 75989 32555

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\* We take MRI safety precautions before each MRI test. Ordering physicians should let their patients know the following: You will be asked to complete a detailed screening form before the MRI test is scheduled. You will need to provide additional information (i.e, make and model on any implants), and plain film xrays of the implant may be needed prior to the MRI. You may be asked to change into MRI approved clothing before entering the MRI room. Please leave all jewelry at home. Implants that contain wires or are of mechanical function may be termed "conditional" and may require you to perform impedance checks prior to your MRI. Please bring your remote device with batteries so that we can confirm the "MRI Safe Mode" status of your electronic implant. Please check with vendor MRI guidelines regarding your electronic device to avoid rescheduling. Since most implanted devices have only been tested on cylindrical MRI units, patients with implanted devices will not be able to be scanned on some "open" MRIs, depending on the MRI configuration. Patients must be able to fit comfortably in MRI cylinder and be padded to limit contact with MRI bore.

Tip: In general, intravenous contrast is indicated if you suspect infection or neoplasm. For obese patients, please indicate patient weight as some machines have weight limit restrictions. The range for MRI table weight limits ranges from 440 – 600 lbs. depending on the imaging site.

**For a list of latest appropriate imaging recommendations by the American College of Radiology, please go to this link where you can search for clinical scenarios, topic, or radiological procedure.**

**<https://www.acr.org/Clinical-Resources/ACR-Appropriateness-Criteria>**

# MRI General – Head & Neck

BODY PART	REASON FOR EXAM	IV CONTRAST	PROCEDURE TO PRE CERT	CPT CODE
Brain w/o Contrast	Altered mental status Dementia Psychiatric disorder Headaches Mesial Temporal Sclerosis Chronic Epilepsy Trauma Shaken baby syndrome Normal Pressure Hydrocephalus Acqueductal Stenosis Chiari Type 1 pre-surgical assessment Also add CSF flow order Alzheimer's Changes in Mental Status Confusion Dementia Memory Loss Headaches w/o Focal Symptoms Dizziness	No	MRI Brain w/o contrast	70551
Brain w/ and w/o contrast	Aqueductal stenosis, obstructive hydrocephalus, mass also add CSF flow order Follow up glioma, also order Perfusion Deep Brain Stimulator Seizures/Epilepsy Cranial Nerve Lesions IAC/Hearing Loss HIV Vertigo/or Trigeminal Neuralgia/ facial tics, face pain Infection Multiple Sclerosis Neurofibromatosis Pituitary Lesion Elevated Prolactin Adenoma Tumor/Mass/Cancer/Metastasis Vascular Lesions Vision Changes Suspected venous sinus thrombosis	Yes	MRI Brain w/ or w/o contrast	70553
TMJ	Jaw pain/injury Degenerative or inflammatory arthritis	No	MRI TMJ w/o contrast	70336
Orbits	Graves' Disease Demyelination/Multiple Sclerosis Diplopia Dysthyroid Eye Disease Trauma Pseudotumor Tumor/Mass/Cancer/Metastasis Vascular Lesions	Yes	MRI Orbit/Face/Neck w & w/o contrast	70543
Soft Tissue Neck	Infection Pain Tumor/Mass/Cancer/Metastasis Vocal Cord Paralysis	Yes	MRI Orbit/Face/Neck w & w/o contrast	70543

# MRI General – Spine

BODY PART	REASON FOR EXAM	IV CONTRAST	PROCEDURE TO PRE CERT	CPT CODE
Spine: Cervical	Arm/Shoulder Pain and/or Weakness Degenerative Disease Neck Pain Disc Herniation Radiculopathy Myelopathy	No	MRI Cervical Spine w/o contrast	72141
	Post-Operative (any Hx of cervical surgery) Syrinx Discitis Osteomyelitis Multiple Sclerosis Abscess/Infection Tumor/Mass/Cancer/Metastasis Vascular Lesions/AVM Myelopathy	Yes	MRI Cervical Spine w/ and w/o contrast	72156
Spine: Thoracic	Back Pain Compression Fracture (no Hx of Cancer/Metastasis) Degenerative Disease Disc Herniation Radiculopathy Trauma Vertebroplasty Planning (no Hx of Cancer or Metastasis) Myelopathy	No	MRI Thoracic Spine w/o contrast	72146
	Compression Fracture (with Hx of Cancer/Metastasis) Discitis Abscess/Infection Osteomyelitis Post Operative (any hx of Thoracic Surgery) Osteomyelitis Multiple Sclerosis Myelopathy Abscess/Infection Tumor/Mass/Cancer/Metastasis Vascular Lesions AVM Vertebroplasty Planning (with Hx of Cancer or Metastasis)	Yes	MRI Thoracic Spine w/ and w/o contrast	72157

# MRI General – Spine

BODY PART	REASON FOR EXAM	IV CONTRAST	PROCEDURE TO PRE CERT	CPT CODE
Spine: Lumbar	Back Pain Compression Fracture (no Hx of Cancer/Metastasis) Degenerative Disease Disc Herniation Radiculopathy Spina Bifida, sacral dimple, tethered cord Sciatica Spondylolisthesis Stenosis Trauma Vertebroplasty Planning (no Hx of Cancer or Metastasis) Post Operative (remote history)	No	MRI Lumbar Spine w/o contrast	72148
	Compression Fracture (with Hx of Cancer/Metastasis) Discitis/Abscess/Infection Post Operative (Hx of Lumbar Surgery within last 5 years) Tumor/Mass/Cancer/Metastasis Vertebroplasty Planning (with Hx of Cancer or Metastasis)	Yes	MRI Lumbar Spine w/ and w/o contrast	72158

## MRI General – Chest

BODY PART	REASON FOR EXAM	IV CONTRAST	PROCEDURE TO PRE CERT	CPT CODE
Brachial Plexus	Brachial Plexus Injury Nerve Avulsion Tumor/Mass/Cancer/Metastasis	Yes	MRI Chest/Mediastinum w/ & w/o contrast	71552
Chest	Pectoralis Major/Ribs Sternoclavicular Joints/ Clavicle/Scapula	No	MRI Chest w/o contrast	71550
Chest	Tumor/Mass/Cancer/Metastasis	Yes	MRI Chest/Mediastinum w/ & w/o contrast	71552
Breast**	Implant Rupture	No	MRI Breast w/o contrast Bilateral	77059
		Yes	MRI Breast w/o and or w/contrast Bilateral	77058
	Abnormal Mammogram/Ultrasound High Risk for cancer Mass/Lesion Cancer Palpable Mass	Yes	MRI Breast w/ or w/o Bilateral	77059
Breast Biopsy		Yes	MRI guided VAC breast bx (left or right) MRI bx code needle placement and interpretation	19085
Cardiac**	Anomalous Coronary Artery	No	Morphology & Function w/o contrast	75557
	ARVD Sarcoidosis Pericardial Disease Mass Viability Myocardial Infarction	Yes	Morphology & Function w/ and w/o contrast	75561
	Cardiac MRI Velocity Flow Mapping: Shunts, valvular disease			75561, 75565
	Cardiac MRI w/wo stress: ischemia			75563

**\*\* Breast and cardiac MRIs are not available  
at all sites.**

# MRI General – Abdomen & Pelvis

BODY PART	REASON FOR EXAM	IV CONTRAST	PROCEDURE TO PRE CERT	CPT CODE
Abdomen	Liver Mass/Lesion Abnormal Enzymes Hemochromatosis/ Liver iron quantification MRCP (Biliary/Pancreatic ducts, stones, mass, jaundice) Adrenal Mass Renal Mass/Cyst Urography for hematuria (Abd and Pelvis needed, IV prep 500 ml NS @ 30 min prior to exam) Pancreatic Mass/Lesion Splenic Mass Small Bowel Enterography (oral prep 900 ml Volumen and 450 ml water @45 min prior to exam) Tumor/Mass/Cancer/Metastasis Abdominal Pain/Abscess/Ascites	Yes	MRI Abdomen w/ and w/o contrast	74181
Abdomen	Pregnancy – otherwise same reasons for exam as above Fetal MRI	No	MRI Abdomen w/o contrast	74181
Pelvis	Fracture Pregnancy/and or Evaluate for Placenta Accreta Pubalgia/Sports Hernia Rectus Abdominis Sacroiliac Joints Muscle tear	No	MRI Pelvis w/o contrast	72195
	Fibroid Fibroid Pre/Post embolization Adenomyosis Endometriosis Uterine anomaly Uterine Mass Vaginal Mass/Cyst Ovarian Mass/Cyst Bladder Mass Urethral Mass/Diverticulum Testicle/Scrotal Mass/Lesion Prostate Cancer (see dedicated exam) Tumor/Mass/Cancer/Metastasis Abscess/Fistula/Ulcer Urography for hematuria (Abd and pelvis needed, IV prep 500 ml NS @ 30 min prior to exam) Osteomyelitis Septic Arthritis Plexopathy	Yes	MRI Pelvis w/ and w/o contrast	72197

# MRI General – Prostate

BODY PART	REASON FOR EXAM	IV CONTRAST	PROCEDURE TO PRE CERT	CPT CODE
Prostate	Elevated PSA Suspicious for cancer Cancer monitoring Cancer staging (prep required)	Yes	MRI Pelvis w/ and w/o contrast	ICD 10 BU33ZZZ

## PREPS FOR PROSTATE:

Welcome to Trinity Health Mid-Atlantic:

In preparation for your upcoming MRI, please review the following instructions and preps.

Exam scheduling:

Please tell the scheduler that you are scheduling for a MR PROSTATE, the script may say MRI Pelvis with and without contrast CPT 72197 but must be noted that it is a PROSTATE PROTOCOL EXAM somewhere on the script.

If the patient has had a recent prostate biopsy, please schedule 6-8 weeks after.

Biopsy date: \_\_\_\_\_

Please let the scheduler know if you have stents, pacemaker, or have ever had metal removed from your eyes.

Your MRI Prostate test is scheduled: \_\_\_\_\_

Three days prior...please abstain from sexual activity

Diet Instructions: 1 day prior  
Light – soft diet the day prior (i.e. soup, yogurt, gelatin)

Please use a fleets enema evening prior to testing. **If you have concerns about doing a bowel prep, please consult the ordering physician.**

Diet Instructions: Day of testing

Do not drink or eat caffeine or nicotine the day of the exam  
Please hydrate with water the day of your exam

Fast 3 hours prior to your test time from solid foods

Empty your bladder and evacuate/expel rectal gas just prior to exam

## MRI – Spectroscopy

BODY PART	REASON FOR EXAM	IV CONTRAST	PROCEDURE TO PRE CERT	CPT CODE
Spectroscopy	Alzheimer's Dementia Tumor/Mass/Cancer/Metastasis Infection Seizures Encephalopathy Ischemia Hypoxia Multiple Sclerosis Brain Injury	Yes	MRI Spectroscopy w/ and w/o contrast	76390

### DOTAREM. MRI CONTRAST:

Dotarem is the first and only macrocyclic ionic gadolinium-based MRI contrast agent for intravenous use.

For adult and pediatric patients (2 years of age and older) the recommended dose of Dotarem is 0.2ml/kg(0.1mmol/kg)

Body weight administered as an intravenous bolus injection, manually or by power injector, at a flow rate of approximately 2ml/second for adults and -2 ml/second for pediatric patients.

indications: Dotarem is a gadolinium-based contrast agent indicated for intravenous use with magnetic resonance imaging (MRI) in brain (intracranial), spine and associated tissues in adult and pediatric patients (2 years of age or older) to detect and visualize areas with disruption of the blood brain barrier (BBB) and or abnormal vascularity.

## MRI General – Extremities

BODY PART	REASON FOR EXAM	IV CONTRAST	PROCEDURE TO PRE CERT	CPT CODE
Extremity/Non-Joint (includes) Arm, Toe, Hand, Foot Finger, Lower leg, Femur	Stress/Fracture Muscle/Tendon Tear  Morton's Neuroma	No	MRI Non-Joint w/o contrast Lower Extremity Upper Extremity Lower Extremity	73718 73218 73718
	Abscess Ulcer Bone Tumor/Mass/ Cancer/Metastasis Cellulitis Fasciitis Myositis Osteomyelitis Soft Tissue/Mass/ Cancer/Metastasis	Yes	MRI Non-Joint w/ and w/o contrast Lower Extremity Upper Extremity	73720 73220
Extremity/Joint (includes) Shoulder, Elbow, Wrist, Hip, Knee, Ankle	Arthritis AVN (Avascular Necrosis) Stress/Fracture Internal Derangement Joint Pain (Specify Joint) Labral Tear Meniscus Tear Muscle Tear Tendon Tear Ligament Tear Cartilage Tear Osteochondritis Dissecans (OCD)	No	MRI Joint w/o contrast Lower Extremity Upper Extremity	73721 73221
	Abscess Ulcer Cellulitis Fasciitis Myositis Inflammatory Arthritis Septic Arthritis Tumor/Mass/Cancer/Metastasis Post Operative Knee/Infection	Yes	MRI Joint w/ and w/o contrast Lower Extremity Upper Extremity	73723 73223

**\*\* If you obtain a referral for an MRI of the upper/lower extremities, please be sure that your script clearly states the specific joint or bone of interest to avoid delays in scheduling and allow the techs to choose the proper protocol for your patient. \*\***

# MRI Arthrogram

BODY PART	REASON FOR EXAM	IV CONTRAST	PROCEDURE TO PRE CERT	CPT CODE
	Labral Tear Ligament Tear-further sensitive/ specific assessment Loose Bodies Osteochondral Defect Stability Cartilage Defects Triangular Fibrocartilage / Ligament Tears of the wrist Post Operative indications such as:* *Post Operative Rotator Cuff Repair *Post Operative Labral Repair *Post Operative Cartilage Repair *Post Operative Meniscus Repair *Post Operative Ligament Repair (elbow/wrist, etc.) *Consult Radiologist/Orthopedics for other appropriate indications	Yes	MRI Joint w/contrast (Order 3 codes) 1) Lower Extremity w/contrast or Upper Extremity w/contrast 2) Fluoroscopy Guided Arthrogram Choose one body part (CPTs listed below are for Fluoroscopic Guidance and Arthrogram procedure) Shoulder Elbow Wrist Hip Knee Ankle	73722 73222 73040 & 23350 73085 & 24220 73115 & 25246 73525 & 27093 73580 & 27370 73615 & 27648

PREP: Please refer to SIR guidelines

Scheduling: 215-710-2208, Mercy Fitz: 610-237-2595

## MRI Angiography (MRA/MRV) – Head & Neck

BODY PART	REASON FOR EXAM	IV CONTRAST	PROCEDURE TO PRE CERT	CPT CODE
MRA Neck	Dissection/vessel injury CVA/TIA Stroke workup Carotid or vertebral stenosis	Yes	MRA Neck w/ and w/o contrast	70549
MRA Neck	Dissection/vessel injury CVA/TIA Stroke workup Carotid or vertebral stenosis	No	MRA Neck w/o contrast	70547
MRA Head	Stroke CVA TIA Aneurysm AVM (Arteriovenous Malformation)	Yes	MRA Head/Brain w/ and w/o contrast	70546
MRA Head	Stroke CVA TIA Aneurysm AVM (Arteriovenous Malformation)	No	MRA Head/Brain w/o contrast	70544
MRV Head <i>* Please order as MRV without and with contrast</i>	Venous Thrombosis	Yes	MRV Head/Brain w/ and w/o contrast	70546
MRA Arch & Great Vessels	Stroke CVA TIA Subclavian Steal AVM (Arteriovenous Malformation) Dissection/vessel injury Aneurysm	Yes	MRA Neck w/ and w/o contrast	70549

## MRI Angiography (MRA/MRV) – Chest

BODY PART	REASON FOR EXAM	IV CONTRAST	PROCEDURE TO PRE CERT	CPT CODE
MRA Chest	Thoracic Aorta (other than heart) Aneurysm Coarctation Vascular Anomalies Dissection Thoracic Outlet Syndrome Pulmonary Embolism AVM (Arteriovenous Malformation) Subclavian Vessels	Yes	MRA Chest w/ and w/o contrast	71555

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MRV Chest	Venous Occlusion/Thrombosis AVM (Arteriovenous Malformation)	Yes	MRA Chest w/ and w/o contrast	71555
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## MRI Angiography (MRA/MRV) – Abdomen & Pelvis

BODY PART	REASON FOR EXAM	IV CONTRAST	PROCEDURE TO PRE CERT	CPT CODE
MRA Abdomen	Renal Artery Stenosis Renal Failure	No	MRA Abdomen w/o contrast	74185
MRA Abdomen	AAA (Abdominal Aortic Aneurysm) Dissection Mesenteric Ischemia Renal Artery Stenosis	Yes	MRA Abdomen w/ and w/o contrast	74185
	Pre Liver Transplant Pre Kidney Transplant Renal Mass	Yes	Order two exams: MRA Abdomen w/ and w/o contrast MRI Abdomen w/ and w/o contrast	74185 74183
MRV Abdomen	Venous Occlusion Venous Thrombosis Venous Anomaly	Yes	MRA Abdomen w/ and w/o contrast	74185
MRA/MRV Pelvis	AVM (Arteriovenous Malformation) May Thurner Syndrome Venous Occlusion	Yes	MRA Pelvis w/ and w/o contrast	72198
	Aneurysm Pelvic Congestion	Yes	Order two exams: MRA Pelvis w/ and w/o contrast MRI Pelvis w/ and w/o contrast	72198 72197
MRA Run-off (peripheral) **	Claudication Cold Foot Pain Gangrene Ulcer	Yes	Order 3 exams MRA Abdomen w/ and w/o contrast MRA Lower extremity w/ and w/o contrast Left MRA Lower extremity w/ and w/o contrast Right	74185 73725 73725
MRA Extremity MRV Extremity	Arterial Occlusion/Stenosis Aneurysm Venous Occlusion/Thrombosis	Yes	MRA Extremity w/ and w/o contrast Upper extremity Lower extremity	C8936 73725

**\*\* MRA Runoffs are not performed at all imaging facilities.**



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**Please note: Studies with asterisks (\*\* ) next to them are not commonly performed at our facilities. If you are looking to schedule one of these exams, please first consult with a radiologist and/or nuclear medicine technologist prior to scheduling as these will need to be approved by the department prior to scheduling.**

Tips: For obese patients, please indicate patient weight as some machines have weight limit restrictions. The range for nuclear medicine table weight limits ranges from 300 – 500 lbs. depending on the imaging site.

For a list of latest appropriate imaging recommendations by the American College of Radiology, please go to this link where you can search for clinical scenarios, topic, or radiological procedure.

<https://www.acr.org/Clinical-Resources/ACR-Appropriateness-Criteria>

## Nuclear Medicine – Bone Scan

TEST	COMMON INDICATIONS	CPT CODE
Bone Scan – Whole Body	Primary or Metastatic tumors – initial eval or follow up. Pathologic fracture Pain of suspected musculoskeletal etiology Paget's disease Arthritis Evaluation abnormal findings by other imaging modalities Evaluation abnormal lab findings, elevated alkaline phosphatase Unexplained bone or back pain	78306
Bone Scan – 3 Phase (triple phase)	Stress or occult fractures Musculoskeletal trauma Avascular Necrosis Prosthetic Joint evaluation for loosening or infection Non-Union fractures Osteomyelitis Charcot's joint Reflex Sympathetic Dystrophy (RSD)	78315
Bone Scan SPECT	Spondylolysis Spondylolisthesis Spinal fractures in pediatric patients Osteoid Osteoma	78830

To schedule an appointment: call 215-710-2208 Or schedule online: <https://www.trinityhealthma.org/find-a-service-or-specialty/imaging-and-radiology/>

## Nuclear Medicine – Brain

TEST	COMMON INDICATIONS	CPT CODE
Brain SPECT	Alzheimer's Disease Dementia Memory Loss Cerebrovascular disease Lyme's Disease Seizure Brain Death	78607

To schedule an appointment: call 215-710-2208 Or schedule online: <https://www.trinityhealthma.org/find-a-service-or-specialty/imaging-and-radiology/>

Cisternogram	Normal Pressure Hydrocephalus	78630 and 62311
Cerebrospinal Fluid Leak Study**	CSF Leak	78650 and 62311
DaTscan	Parkinson's Disease	78803

**DATSCAN SCHEDULING: P: 215-710-2184 F: 215-710-6620**

## Nuclear Medicine – Cardiovascular

TEST	COMMON INDICATIONS	CPT CODE
Muga Scan	Evaluate cardio toxic effects of Chemotherapy Quantify LVEF Cardiomyopathy Evaluate regional wall motion abnormality and LVEF in patients with CAD	78472
Myocardial Perfusion Imaging SPECT  **Physician must specify Exercise or Pharmacologic on prescription**  Pts must be NPO and no caffeine intake prior to pharmacologic interventions	Chest Pain CAD Abnormal EKG Coronary Stenosis Post Myocardial Infarction Shortness of Breath Post Stent Post CABG Diabetes Hypertension Hypercholesterolemia	78452

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## Nuclear Medicine – Hepatobiliary (Gallbladder)

TEST	COMMON INDICATIONS	CPT CODE
Hepatobiliary Imaging with SPECT, flow and static imaging	Adenoma Focal Nodular Hyperplasia	78206
Hepatobiliary System Imaging (Gallbladder Scan, HIDA Scan)	Acute Cholecystitis Evaluate Bile Leak	78226
Hepatobiliary System Imaging w/ Pharmacologic Intervention (Gallbladder Scan w/ CCK)	Chronic Cholecystitis (calculate gallbladder ejection fraction) Evaluate Bile Leak	78227

Patients should be NPO for at least 4 hours prior to their exam. Inpatient gallbladder scans should be ordered WITHOUT pharmacologic intervention if acute cholecystitis is suspected. Outpatient gallbladder scans should be ordered WITH pharmacologic intervention if gallbladder dysfunction is suspected, and gallbladder ejection fraction needs to be examined.

## Nuclear Medicine – Abscess Imaging

TEST	COMMON INDICATIONS	CPT CODE
Gallium Scan**	Sarcoid/Sarcoidosis Fever of Unknown Origin Vertebral Osteomyelitis	Whole Body 78806 SPECT 78807
In-111 White Blood Cell Scan** CereteC White Blood Cell Scan**	Infection Osteomyelitis Infection of prosthetic joint Evaluation of vascular graft infection Renal Infection Bowel Abscess Evaluation of diabetic ulcer	Limited 78805 Whole Body 78806
Bone Marrow Imaging**	Osteomyelitis/Infection	Limited 78102 Multi Area 78103 Whole Body 78104

To schedule an appointment: call 215-710-2208 Or schedule online: <https://www.trinityhealthma.org/find-a-service-or-specialty/imaging-and-radiology/>

## Nuclear Medicine – Gastrointestinal Scans

TEST	COMMON INDICATIONS	CPT CODE
Gastric Reflux Study**	Gastro-Esophageal Reflux Aspiration	78262
Gastric Emptying Scan <i>Patients should be NPO for at least 4 hours prior to their exam.</i>	Nausea, Vomiting Gastroparesis Feeling of fullness Dumping Syndrome Gastric outlet obstruction	78264
Meckels Scan <i>Patients should be NPO for at least 4 hours prior to their exam.</i>	Meckel's diverticulum	78290
Liver Imaging SPECT with Vascular Flow	Adenoma Focal Nodular Hyperplasia Accessory Spleen Trauma to Liver or Spleen	78206
Hemangioma Imaging - SPECT with Vascular Flow	Cavernous Hemangioma	78206

To schedule an appointment: call 215-710-2208 Or schedule online: <https://www.trinityhealthma.org/find-a-service-or-specialty/imaging-and-radiology/>

## Nuclear Medicine – Lung Scan

TEST	COMMON INDICATIONS	CPT CODE
Lung Scan – Ventilation and Perfusion	Acute or Chronic Pulmonary Embolus	78582
Quantitative Lung Scan – Ventilation and Perfusion	Planned lung resection Radiation Therapy	78598

**For lung scans, patients must be able to lay supine for 15-30 minutes. Otherwise, consider alternative test.**

## Nuclear Medicine – Renal / Bladder / Testicular Scan

TEST	COMMON INDICATIONS	CPT CODE
Renal Scan Flow and Function	Evaluate renal perfusion and function	78707
Diuretic Renal Scan Flow and Function	Urinary tract obstruction	78708
Captopril Renal Scan	Renovascular Disease Hypertension Renal Artery Stenosis	78708
Renal SPECT – (DMSA Renal)**	Parenchymal scarring Pyelonephritis Cortical Lesion	78710
Radionuclide Voiding Cystogram (Radionuclide VCUG)**	Evaluate Vesicoureteral Reflux	78740 and 51702
Testicular Imaging with vascular flow**	Testicular torsion Acute epididymitis	78761

To schedule an appointment: call 215-710-2208 Or schedule online: <https://www.trinityhealthma.org/find-a-service-or-specialty/imaging-and-radiology/>

## Nuclear Medicine – Thyroid Uptake & Scan

TEST	COMMON INDICATIONS	CPT CODE
I-123 Thyroid Multiple Uptake and Scan	Determination of thyroid size, function, and position Evaluation of functional status of thyroid nodules/mass Multinodular thyroid gland Evaluation of patients with history of head and neck irradiation Evaluate for Hyperthyroidism, Graves' Disease, Toxic Nodular Goiter Abnormal thyroid lab results Subacute Thyroiditis	78007
I-131 Thyroid single uptake & scan**	Detection of substernal thyroid tissue	78006

**THYROID IMAGING SCHEDULING: P: 215-710-2184 F: 215-710-6620**

Patients must be NPO the night before their exam and cannot have iodinated contrast within 3 months of their thyroid uptake test.

## Nuclear Medicine – Parathyroid Scan

TEST	COMMON INDICATIONS	CPT CODE
Parathyroid Scan	Primary Hyperparathyroidism	78070
W/ SPECT and CT	Increased PTH levels Hypercalcemia Parathyroid Adenoma Parathyroid Hyperplasia	78072

To schedule an appointment: call 215-710-2208 Or schedule online: <https://www.trinityhealthma.org/find-a-service-or-specialty/imaging-and-radiology/>

## Nuclear Medicine – I-131 Whole Body Scans

TEST	COMMON INDICATIONS	CPT CODE
I-131 Whole Body Scan with Dosimetry	Thyroid Cancer	78018, 78020, and 77300
I-131 Thyrogen Whole Body Scan with Dosimetry	Thyroid Cancer	78018, 78020, and 77030
I-123 Thyrogen (Low Risk) Whole Body Scan	Thyroid Cancer	78018
I-131 Thyrogen Whole Body Scan	Thyroid Cancer	78018
I-131 Follow up Whole Body Scan	Thyroid Cancer	78018

To schedule an appointment: call 215-710-2208 Or schedule online: <https://www.trinityhealthma.org/find-a-service-or-specialty/imaging-and-radiology/>

## Nuclear Medicine – Sentinel Node

TEST	COMMON INDICATIONS	CPT CODE
Sentinel Node Lymphoscintigraphy	Melanoma	78195
Lymphoscintigraphy	Lymphatic Mapping	78195
Sentinel Node Injection Only	Breast Cancer	38792

To schedule an appointment: call 215-710-2208 Or schedule online: <https://www.trinityhealthma.org/find-a-service-or-specialty/imaging-and-radiology/>

## Nuclear Medicine – Salivary Gland

TEST	COMMON INDICATIONS	CPT CODE
Salivary Gland Imaging**	Evaluate functional status of salivary glands Detect and evaluate duct patency Mass/Lesion Sjogren's Syndrome	78231

To schedule an appointment: call 215-710-2208 Or schedule online: <https://www.trinityhealthma.org/find-a-service-or-specialty/imaging-and-radiology/>

## Nuclear Medicine – Tumor Imaging

TEST	COMMON INDICATIONS	CPT CODE
Octreotide Scan** Patients must undergo a bowel prep (fleets enema) the day before. If you have concerns about doing a bowel prep, please consult the ordering physician.	Primary and Metastatic Neuroendocrine tumors bearing somatostatin receptors Carcinoid Islet Cell Carcinoma Gastrinoma Glucagonoma Insulinoma VIPoma Medullary thyroid Carcinoma Neuroblastoma Paranglioma Pheochromocytoma Undifferentiated APUDoma	78803 and 78804
Prostascint Scan**	Rising PSA post radical prostatectomy Newly diagnosed Prostate Cancer pts with high risk for metastatic disease	78803 and 78804
MIBG Scan**	Metastatic Pheochromocytoma Neuroblastoma	78802 and 78803

To schedule an appointment: call 215-710-2208 Or schedule online: <https://www.trinityhealthma.org/find-a-service-or-specialty/imaging-and-radiology/>

# Nuclear Medicine – Therapy

TEST	COMMON INDICATIONS	CPT CODE
I-131 Therapy for Thyroid Cancer (Radiopharmaceutical Therapy, by oral administration)	Thyroid Cancer	79005
I-131 Therapy for Hyperthyroidism (Radiopharmaceutical Therapy, by oral administration)	Hyperthyroidism Graves' Disease Toxic Nodular Goiter	79005
Quadramet Therapy (Radiopharmaceutical Therapy, by IV administration)**	Bone Pain Palliation due to osteoblastic metastases	79101
Xofigo Therapy (Radiopharmaceutical Therapy, by IV administration)	Castration resistant Prostate CA with symptomatic bone metastasis without known visceral metastatic disease	79101
Zevalin Therapy**	Low Grade Follicular or Transformed B-cell Non-Hodgkin's Lymphoma	79403
Zevalin Imaging**	Low Grade Follicular or Transformed B-cell Non-Hodgkin's Lymphoma	78804

To schedule an appointment: call 215-710-2208 Or schedule online: <https://www.trinityhealthma.org/find-a-service-or-specialty/imaging-and-radiology/>

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**For a list of latest appropriate imaging recommendations by the American College of Radiology, please go to this link where you can search for clinical scenarios, topic, or radiological procedure.**

**<https://www.acr.org/Clinical-Resources/ACR-Appropriateness-Criteria>**

# Ultrasound – Exams Most Often Ordered Incorrectly

BODY PART	DESCRIPTION	KEYNOTES
Abdomen	<p><b>Complete</b> consists of gray scale imaging of liver, gallbladder, common bile duct, pancreas, spleen, kidneys, upper abdominal aorta and inferior vena cava.</p> <p><b>Limited</b> consists of gray scale imaging of a single organ, quadrant or targeted area of interest, including appendix.</p>	Organ/anatomical structures above umbilicus. Not for evaluation of blood vessels.
Pelvis	<p><b>Complete</b> female consists of gray scale imaging and measurements of uterus, adnexal structures, endometrium, and bladder (when applicable). Complete male consists of gray scale imaging and measurements of urinary bladder, prostate, and seminal vesicles.</p> <p><b>Limited</b> consists of gray scale imaging of the urinary bladder not in conjunction with kidneys and may include pre and post void imaging, if requested.</p>	Organ/anatomical structures below umbilicus. Not for evaluation of blood vessels.
Retroperitoneum	<p><b>Complete</b> consists of gray scale imaging of the kidneys and bladder.</p> <p><b>Limited</b> consists of gray scale imaging of kidneys.</p>	Not for evaluation of aorta or other blood vessels.
Arterial Image <i>See Ultrasound - Vascular</i>	This is most often ordered to evaluate a bypass graft or to confirm a pseudoaneurysm. Consists of gray scale, two-dimensional imaging of vascular structures, pulse wave spectral analysis and color flow imaging.	Often ordered for focal evaluation after trauma or puncture of artery.
Arterial Doppler <i>See Ultrasound - Vascular</i>	<p>This test is ordered to evaluate for arterial insufficiency.</p> <p><b>Complete</b> is a multi-level exam to determine specific level of disease.</p> <p><b>Limited</b> is also known as ABI, is a single level that only determines if disease is present. Consists of non-imaging, physiologic recordings of pressures with analysis of bi-directional blood flow. This physiologic examination uses equipment separate and distinct from duplex ultrasound imaging.</p>	Blood pressure cuffs used for test. Not usually performed if there is a bypass graft or recent DVT.
Breast Complete	All four quadrants of the breast, retroareolar region and axilla region. This would be utilized for patients presenting with diffuse breast pain throughout the entire breast.	Laterality must be indicated.
Breast Limited	This is most often the more appropriate test. Focused breast ultrasound, targeted to a specific area/quadrant or region listed above. This would be utilized for a focal area of interest (i.e.... lump, mass, discharge, localized area of pain).	Laterality and specific area of interest must be indicated
Venous Imaging/ Duplex	This test is ordered to evaluate for DVT (Deep Venous Thrombosis)	Laterality must be indicated.
Venous Reflux	This test is ordered to assess the superficial venous system. The saphenous veins and varicosities are evaluated for valvular malfunction. The deep system is evaluated during this exam also.	Must specify venous reflux on orders. Laterality must be indicated.

# Ultrasound – General

BODY PART	REASON FOR EXAM	PREP/COMMENT	CPT CODE
Abdomen	Pain ( <i>above umbilicus</i> ) Cirrhosis Gallstones Hepatitis Mass Abnormal labs Hepatomegaly/Splenomegaly	NPO 8 hours prior to appointment	Complete 76700 Limited 76705
Chest	Pleural effusion Superficial mass	None	76604
Extremity, non-vascular (upper or lower)	Focal area of trauma Fluid Collection (Baker's cyst) Mass  Ligament, muscle, tendon, joint, bursa, nerve Please call to schedule MSK imaging: 215-710-2208	<b>Complete</b> consists of imaging a specific joint to include the muscles, tendons, joint, other soft tissue structures, and any identifiable abnormality. <b>Limited</b> consists of a specific muscle, tendon, soft tissue structure and/or follow up to a specific site.	Complete 76881 Limited 76882
Pelvis (Non-OB) Complete	Pain ( <i>below umbilicus</i> ) Ovarian cyst Fibroids/enlarged uterus Localization of intrauterine contraceptive device Retained Products of Conception Post Menopausal Bleeding Endometriosis Menstrual disorders Polycystic ovary disease (PCOD) Abnormal diagnostic test (follow up to CT/MRI)	Void prior to beginning prep. Fill bladder with 32 oz of clear liquids 1 hour prior to appointment. DO NOT VOID AFTER DRINKING.  Modified pediatric prep available at time of scheduling.	76856
Pelvis limited (Bladder)	Urinary retention Post void residual Enlarged prostate Bladder outlet obstruction	Void prior to beginning prep. Fill bladder with 32 oz of clear liquids 1 hour prior to appointment. DO NOT VOID AFTER DRINKING.  Modified pediatric prep available at time of scheduling.	76857
Retroperitoneal Complete (Kidney and Bladder)	Hydronephrosis (obstruction) Urinary tract infection/cystitis Neurogenic bladder Incomplete emptying Hematuria Urinary retention	Void prior to beginning prep. Fill bladder with 20-32 oz of clear liquids 30 minutes prior to appointment. DO NOT VOID AFTER DRINKING.  Modified pediatric prep available at time of scheduling.	76770
Retroperitoneal limited (Kidney)	Flank pain/back pain Chronic renal medical disease Renal failure Renal cancer Polycystic kidney disease (PCKD) Hydronephrosis (obstruction) Renal cyst/mass	None	76775

## Ultrasound – General

BODY PART	REASON FOR EXAM	PREP	CPT CODE
Scrotum	Pain Trauma Torsion Infertility Mass Varicocele Epididymitis Hydrocele (swelling) Undescended testes	None	76870
Soft Tissue Head/Neck (Thyroid)	Palpable mass (face, head, neck) Thyroid cancer Enlarged thyroid/fullness Goiter Enlarged lymph node Hyper/hypo-thyroid Thyroiditis	None	76536

## Ultrasound – Pediatric\*\*

BODY PART	REASON FOR EXAM	PREP	CPT CODE
Abdomen Limited	Appendicitis Intussusception Pyloric Stenosis	Hold feeding, if possible. Bring liquid for child to drink during study.	76705
Neonatal Head	Intracranial hemorrhage Neonatal seizures Enlarging head circumference Follow up hydrocephalus Hypoxic Ischemic Encephalopathy	No prep. Performed for patients up to 6 months of age	76506
Spine and contents	Sacral dimple Neoplasm of spinal cord/meninges Spina bifida Congenital anomalies of spinal cord Injury to spine/cord, birth trauma	No prep. Performed for patients up to 3 months of age	76800
Infant Hips (dynamic)	Developmental dysplasia of the hip (DDH) Breech birth Hip click Family history of DDH Postural molding Torticollis Foot deformity	No prep. Performed for patients at least 4 weeks up to 7 months of age	76885

**\*\* Please note pediatric ultrasounds are not performed at all imaging locations.**

## Ultrasound – Procedures

BODY PART	REASON FOR EXAM	PREP	CPT CODE
Breast Aspiration Biopsy	Mass Lump Please call to schedule: 215-710-2208	To be discussed with nurse scheduling procedure	To be determined
Musculoskeletal Injection or Aspiration	Ligament, muscle, tendon, joint, bursa, nerve Knee, Shoulder, Hip Ankle, Elbow, Wrist Fingers, Toes	Consult SIR guidelines	20611 20606 20604
Diagnostic Musculoskeletal Ultrasound	Shoulder, Elbow, Hand, Wrist, Hip, Knee, Ankle, Foot	None	76881
Prostate Biopsy	Elevated PSA History of prostate cancer Please call to schedule: 215-710-2208 COORDINATED THROUGH UROLOGIST OFFICE	Follow prep as directed by urologist.	76942 and 57500 possibly others to be determined
Sonohysterography (saline infused)	Abnormal uterine bleeding Uterine myoma or polyp Congenital abnormality of uterus Infertility Recurrent pregnancy loss Focal or diffuse endometrial or intracavitary abnormality	Only performed between days 5-10 of cycle, if menstruating	76831 and 58340 possibly others to be determined
Thyroid/Lymph Node Biopsy	Nodule Mass Please call to schedule: St. Mary: 215-710-2184 Mercy Fitzgerald: 610-237-2595	No Aspirin or Ibuprofen 24 hours prior to appointment	76942 and 10022 possibly others to be determined

# Ultrasound – Vascular

BODY PART	REASON FOR EXAM	PREP	CPT CODE
Abdomen Retroperitoneal or Pelvic Duplex	Renal Artery Stenosis Cirrhosis or hepatic disease Hypertension Varices Portal vein thrombosis Budd-Chiari syndrome Intrahepatic Portosystem Venous Shunts (TIPS)	NPO 8 hours prior to appointment  MUST INDICATE SPECIFIC VESSEL(S)	Complete 93975 Limited 93976
Aorta Duplex	Aortic aneurysm (follow up to AAA) Pulsatile aorta Bruit EVAR (Endovascular Aneurysm Repair) 65 y/o with CV risk factors 50 y/o with family Hx of aortic/PV aneurysmal disease Personal Hx of aortic/PV aneurysmal disease	NPO 8 hours prior to appointment.  Diagnostic is appropriate for abnormalities previously identified.	Screening 76706 Diagnostic 93978
Arterial Doppler (segmental pressure/PVR) (upper or lower)	Claudication/pain with walking Decreased or absent pulses Gangrene Ischemic rest pain Atherosclerosis	None	Single level 93922 Multiple level 93923
Arterial Imaging/ Duplex (upper or lower)	Radial Artery Mapping (not performed at LH) Aneurysm Trauma to artery (site specific) Arterial embolus (site specific) Vein graft surveillance PTFE graft	None	Bilateral lower 93925 Bilateral upper 93930 Unilateral lower 93926 Unilateral upper 93931
Carotid imaging/duplex	Hemiplegia Ataxia TIA Stroke Hyperlipidemia Carotid occlusion Carotid trauma Amaurosis fugax	None	Bilateral 93880  Unilateral 93882
Venous imaging/ Duplex (upper or lower)	Edema/swelling Calf pain (non-Medicare) Follow up DVT (site specific) S/P Surgery Trauma to vein (site specific)	None	Bilateral 93970 Unilateral 93971
Venous Mapping	Pre-operative exam for end stage renal disease Pre-operative exam for cardiovascular surgery Not performed at LH	None	Bilateral 93970 Unilateral 93971
Venous Reflux	Varicose veins w/ pain OR ulcer Valvular incompetency Not performed at LH	None  MUST INDICATE VENOUS REFLUX	93970

# Ultrasound – Women’s Care

BODY PART	REASON FOR EXAM	PREP	CPT CODE
Breast	Abnormal mammographic findings Palpable mass Targeted area of pain Follow up Nipple discharge Infection (abscess)	None	Complete 76641 Limited 76642
Pregnancy First Trimester (14 weeks or less)	Follow up subchorionic hemorrhage Normal supervision of pregnancy Size and dating Ectopic Vaginal bleeding No fetal heart tones Abortion in progress	Void prior to beginning prep. Fill bladder with 32 oz of clear liquids 30 minutes prior to appointment. DO NOT VOID AFTER DRINKING.	76801
Pregnancy After First Trimester (greater than 14 weeks)	Normal supervision of pregnancy Size greater than dates Cervical incompetence Vaginal bleeding Size smaller than dates *Determining fetal sex is not considered a medical necessity	Void prior to beginning prep. Fill bladder with 24 oz of clear liquids 30 minutes prior to appointment. DO NOT VOID AFTER DRINKING.	76805
Pregnancy, Limited (only after complete has been documented at our facility)**	Fetal heart Placental location Fetal position Qualitative amniotic fluid volume	Void prior to beginning prep. Fill bladder with 24 oz of clear liquids 30 minutes prior to appointment. DO NOT VOID AFTER DRINKING.	76815
Pregnancy, follow up (only after complete has been documented at our facility)**	Re-evaluation of suspected or confirmed fetal abnormality	Void prior to beginning prep. Fill bladder with 24 oz of clear liquids 30 minutes prior to appointment. DO NOT VOID AFTER DRINKING.	76816

*\*\*High risk obstetric ultrasounds are not performed at all facilities.*