



ORDER GUIDE

**This Order Guide is intended for informational purposes only
and not for diagnostic purposes.**

Computer Tomography Order Guide

Area of Concern	Body Part	Reason for Exam	Computed Tomography	IV Contrast	Oral Prep	CPT CODE
HEAD	Brain	Trauma Headaches CVA Stroke / Bleed Alzheimer's Memory Loss Confusion Shunt Check Hydrocephalus Dizziness, Vertigo	CT Head without Infusion	None	None	70450
		Mass / Tumor Infection Metastatic Staging Melanoma HIV	CT Head with and without Infusion	Yes	None	70470
FACE	Orbit	Trauma Fracture Foreign Body	CT Orbits without Infusion	None	None	70480
		Grave's Disease Mass Pain	CT Orbits with / without Infusion	Yes	None	70482
	Sinus	Sinusitis Mass Pain	CT Sinus without Infusion	None	None	70486
		Mass/Abscess	CT Orbits with / without Infusion	Yes	None	70482
	Facial	Trauma Pain Fracture	CT Maxillofacial without Infusion	None	None	70486
		Tumor Infection	CT Maxillofacial with / without Infusion	Yes	None	70488

Call to confirm that there have been no changes in CPT codes or other information.

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Area of Concern	Body Part	Reason for Exam	Computed Tomography	IV Contrast	Oral Prep	CPT CODE
FACE	Temporal Bones	Hearing Loss	CT Temporal Bone	None	None	70480
		Tinnitus Trauma Cholesteatoma	CT Mastoids			

NECK	General	Mass Pain Tumor Adenopathy Parotid Mass	CT Neck with Contrast	Yes	None	70491
		(Very Rare) Parotid Stone Parotid Infection	CT Neck with and without Infusion	Yes	None	70492

ABDOMEN	General GI	Abdominal pain Cancer Mass Crohn's Ulcerative Colitis IBD Appendicitis Diverticulitis Abscess Hernia Post op Colon cancer	CT Abdomen and Pelvis with Infusion	Yes	Yes	74177
		Obstruction Trauma Appendicitis (rectal if at the age of 13 and younger)	CT Abdomen and Pelvis with Infusion	Yes	Yes	74177





Area of Concern	Body Part	Reason for Exam	Computed Tomography	IV Contrast	Oral Prep	CPT CODE
ABDOMINAL	Liver	Post Embolization Hemangioma Cyst Hepatoma Hepatitis Cirrhosis High Liver Enzymes Jaundice Liver Mass Hep C	CT Abdomen Upper with and without Infusion	Yes	Yes	74170
	Kidneys	Hematuria with pain Painless Hematuria Cancer Renal Mass (cyst vs. solid)	CT Abdomen Upper with and without infusion or CT Abdomen / Pelvis with and without infusion	Yes	No	74170
						74178
	Renal Stone	Renal Stone Hematuria	CT Abdomen / Pelvis without infusion renal stone	No	No	74176
	Adrenals	Adrenal Mass	CT Abdomen Upper with and without	Yes	No	74170
Pancreas	Pancreas Mass Islet Cells Tumor Jaundice Insulinoma Pancreatitis	CT Abdomen Upper with and without CT Chest without	Yes	No	74170 71250	

MUSCULOSKELETAL	Extremity Non Joint Hand Foot Wrist Elbow Knee Shoulder Tib / Fib Ankle Knee Hip Pelvis	Pain Arthritis Fracture Fusion Malunion	CT Upper / Lower Extremity without	None	None	73200 73700
		Infection Tumor Mass Cancer	CT Upper / Lower Extremity with Infusion	Yes	None	73201 73701





Area of Concern	Body Part	Reason for Exam	Computed Tomography	IV Contrast	Oral Prep	CPT CODE
SPINE	Cervical (neck)	Degenerative Disk Fracture Injury Neck Pain	CT Cervical Spine without	No	No	72125
		Epidural Abscess* Mets*	CT Cervical Spine with	Yes	No	72126
			(with / without)	Yes	No	72127
	Thoracic	Degenerative Disk Fracture Injury Neck Pain	CT Thoracic Spine without	No	No	72128
		Epidural Abscess* Mets*	CT Thoracic Spine with	Yes	No	72129
				Yes	No	72130
	Lumbar	Degenerative Disk Fracture Injury Neck Pain	CT Lumbar Spine without	No	No	72131
		Epidural Abscess* Mets*	CT Lumbar Spine with	Yes	No	72132
			(with / without)	Yes	No	72133
	* Only if patient cannot have an MRI					

CHEST	General Chest	Chest Pain SHOB Rule Out PE Positive D Dimer	CT Chest r/o PE	Yes	None	71275
		Pneumonia Lung Nodule Mass Hemoptysis Sarcoidosis Cancer Esophageal Cancer	CT Chest with Infusion	Yes	None	71260
		Interstitial Disease Fibrosis Bronchiectasis	CT Chest without Infusion (high resolution)	No	No	71250
		Pneumonia Lung Nodule	CT Chest without	No	No	71250





Area of Concern	Body Part	Reason for Exam	Computed Tomography	IV Contrast	Oral Prep	CPT CODE	
CT ANGIOGRAPHY	Aorta	Aneurysm Post Stent Grafting Renal Artery Stenosis Mesenteric Ischemia Dissection	CTA Abdomen or the exam listed below	Yes	No	74175	
	Lower Extremities	Peripheral Artery Disease	CTA Abdomen with Bilateral Runoff with and without Infusion	Yes	No	75635	
	Arteries in the Chest	Aneurysm Dissection Chest Pain / Dyspnea Tachypnea Hemoptysis Shortness of Breath Pulmonary Hypertension Pulmonary Venous Mapping	CTA Chest with Infusion	Yes	No	71275	
	Pulmonary Embolism	Chest Pain Shortness of Breath	CT Chest with Infusion PE	Yes	No	71275	
	Upper Extremity	Blockage Evaluate Blood Flow (post injury*)	CTA Upper Extremity with and without Infusion	Yes	No	73206	
	Lower Extremity	Blockage Evaluate Blood Flow (post injury*)	CTA Lower Extremity with and without Infusion	Yes	No	73706	
	* Post injury - Fracture affecting artery, gunshot or stab wound. Loss of limb.						
	Carotid	Carotid Stenosis Bruit TIA CVA Vascular Tumor	CTA Neck with and without Infusion	Yes	None	70498	
Brain	Brain Aneurysm Intracranial Hemorrhage TIA CVA	CTA Brain	Yes	None	70496		



Nuclear Medicine Order Guide

Area of Concern	Reason for Exam	Nuclear Medicine Procedure	Dose	Prep	CPT and Dose Codes
BONE	Osteomyelitis vs. Cellulitis Reflex Sympathetic Dystrophy Infection Avascular Necrosis Prosthetic Loosening Hardware Failure	NM Bone Scan 3 Phase	25 mCi MDP	Patient must be well hydrated.	78315 & A9503
	Detection of Metastatic Bone Disease Detection of Primary Bone Tumors Diagnosis of Osteomyelitis Stress and Traumatic Bone Fractures Chronic Bone Pain Paget's Disease Osteoarthritis	NM Bone Scan Whole Body	25 mCi MDP	Patient must be well hydrated.	78306 & A9503
	Bone scan intended to evaluate specific areas of clinical interest.	NM Bone / Joint or NM Scan Limited	25 mCi MDP	Patient must be well hydrated.	78300

CARDIAC/ HEART	Detection of Coronary Artery Disease Classification of Left Ventricular Myocardium as Normal, Irreversible Ischemic and Reversible Ischemic Evaluation of Physical Indicators: Myocardial Infarction, Chest Pain, Shortness of Breath Family History of Heart Disease Evaluation on Laboratory Indicators: Troponin, Creatine Phosphokinase, Lactate Dehydrogenase and Myoglobin	NM Myocard Spect REST or STRESS	REST: 20mCi TC99m Tetrofosmin or STRESS: 45mCi TC99m Tetrofosmin	Informed Consent Nothing to eat or drink 6 hours prior to test. No caffeine or Nicotine. Hold cardiac medicine. Patient must be well hydrated.	78452 & A9502
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Area of Concern	Reason for Exam	Nuclear Medicine Procedure	Dose	Prep	CPT and Dose Codes
CARDIAC/ HEART	The Treadmill or exercise protocol is designed to adequately stress a patient to reach 85%-100% of their target heart rate maximum. For the treadmill stress we follow the Bruce protocol. Every 3 minutes the treadmill will advance stages until the target is met or the patient tires.	NM Stress Treadmill	None	NPO and Chest Hair must be removed prior to test.	93017
	Ventricular regional wall motion Quantitative ventricular ejection Monitor cardio toxicity Differentiate pulmonary and cardiac dyspnea	NM Resting Nuclear Ventriculogram aka NM Gated NVG Rest	30mCi TC99m Labeled RBCs	None	78472 & A9560
CARDIAC MEDS	Lexiscan is a pharmacological stress agent indicated for radionuclide myocardial perfusion imaging on patients who are unable to undergo adequate exercise stress on a treadmill. Lexiscan is administered under cardiologist supervision.	Lexiscan	0.4MG / 5ML	NO Caffeine	J2785
	Dobutamine stress is for patients who cannot complete an exercise protocol due to physical handicaps, deconditioning, or the effects of antianginal drugs. Dobutamine is infused to simulate exercise and is administered under the supervision of a cardiologist.	Dobutamine	250MG	NO Beta Blockers	J1250

GASTROINTESTINAL	Diagnosis of acute or chronic cholecystitis Evaluation of extra hepatic biliary Evaluation of the post surgical biliary Detection of bile leaks Diagnosis of biliary atresia and other congenital anomalies of the biliary tract	NM Hepatobiliary Image w/ (HIDA or DEIDA)	5mCi TC99m Mebrofenin Sincalide	NO Pain Meds For 24 hours NPO 8 hours prior to test Cannot Be Pregnant	78227
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Area of Concern	Reason for Exam	Nuclear Medicine Procedure	Dose	Prep	CPT and Dose Codes
GASTROINTESTINAL	Assessment of chronic liver disease Assessment of liver or spleen size Detection of focal liver / spleen Detection of accessory spleen tissue Evaluation of trauma to liver or spleen Diagnosis of focal nodular hyperplasia	NM Liver / Spleen	6mCi TC99m Sulfur Colloid	No barium studies for 24 hours	78215 & A9541
	Diagnosis of hepatic hemangiomas	NM Hemangioma	30mCi TC99m Labeled RBCs	No barium studies for 24 hours	78216 & A9560
	Evaluation of the rate of gastric emptying	NM Gastric Emptying	50uCi IN111 DTPA in Water 1mCi TC99m Sulfur Colloid in Beef Stew	NPO No Gastric Motility Meds	78264 & A9541 or A9548
	Detection and localization of a Meckel's Detection and localization of other pathologic structures containing gastric mucosa.	NM Meckel's Diverticulum	20mCi TC99m Pertechnetate	Patient should not have had any radiographic barium studies in the last 2-3 days. Some juvenile patients may require mild sedation for the procedure. Patient should wear a hospital gown for imaging; metal can create an artifact	78290 & A9512
	Localization of gastrointestinal bleeding sites. Localization of non-gastrointestinal bleeding sites. • Evaluation of renal perfusion and function • Evaluation of renal trauma • Diagnosis of renovascular hypertension	NM GI Bleed	30mCi TC99m Labeled RBCs	None	78278 A9560





Area of Concern	Reason for Exam	Nuclear Medicine Procedure	Dose	Prep	CPT and Dose Codes
GENITOURINARY	Detection and evaluation of renal collecting system obstruction Evaluation of renal transplants History of renal stones Evaluation of renal trauma Diagnosis of renovascular hypertension	NM Renal Flow and Function	6mCi TC99m DTPA	Well Hydrated NO Lasix Meds	78707 A9539
	Detection and evaluation of renal collecting system obstruction using Lasix	NM Renal Scan with Pharm Single	10mCi TC99m DTPA or MAG3	Well Hydrated NO Lasix	78708 & A9539 or J1940

LYMPHATIC	Breast Cancer Melanoma	NM Lymphoscintigraphy	1mCi TC99m Filtered Sulfur Colloid	NPO	78195 A9541
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PULMONARY	Pulmonary Embolism (PE) Chest Pain Shortness of Breath Dyspnea COPD Low Oxygen Levels Prior or Present DVT	NM Lung Scan Particulate	6mCi TC99m MAA	Chest X-ray within 12 hours	78580 & A9540
	COPD Evaluation of S.O.B. Regional Ventilation	NM Pulmonary / Ventilation Imaging	45mCi TC99m DTPA Aerosol 6mCi TC99m MAA	Chest X-ray within 12 hours	78579
	Pre-surgical or pre-transplant evaluation of lung functionality Comparative (right vs. left) lung functionality	NM Lung Quantification	6mCi TC99m MAA	None	78597





Area of Concern	Reason for Exam	Nuclear Medicine Procedure	Dose	Prep	CPT and Dose Codes
THYROID	<p>Hypercalcemia</p> <p>Elevated parathyroid hormone (PTH) levels</p> <p>Hyperparathyroidism</p> <p>Parathyroid adenomas</p>	<p>NM Parathyroid Scan</p>	<p>25mCi TC99m Sestamibi</p>	<p>None</p>	<p>78070 & A9500</p>
	<p>Evaluation of clinical hyper- or hypothyroidism</p> <p>Diagnosis of Grave's disease</p> <p>Evaluation of subacute and chronic thyroiditis</p> <p>Evaluation of patients who had irradiation of the head and neck in childhood</p> <p>Evaluation for ectopic thyroid tissue</p> <p>Evaluation of palpable nodules, goiters thyroiditis, substernal masses, and clinical hyper - or hypothyroidism (in conjunction with uptake study)</p>	<p>NM Thyroid Uptake and Scan</p>	<p>200uCi I-123 Capsule</p>	<p>NPO 4 hours prior</p> <p>Cannot be pregnant or breast feeding</p> <p>Stop thyroid hormones 4 weeks prior</p> <p>Stop thyroid meds 1 week prior</p> <p>No recent X-ray / CT procedures containing iodine</p> <p>Stop multivitamins, kelp, fish oil</p> <p>Boost and Ensure 1 week prior</p>	<p>78006 & A9516</p>
	<p>Evaluation for functioning thyroid cancer, either recurrent in the thyroid bed or metastases</p>	<p>NM Wholebody Iodine Scan</p>	<p>2-4mCi I-131Capsule</p>	<p>Off thyroid hormones</p> <p>NO Iodinated contrast</p> <p>NPO 4 hours prior to exam</p>	<p>78018</p> <p>A9517</p>





Area of Concern	Reason for Exam	Nuclear Medicine Procedure	Dose	Prep	CPT and Dose Codes
BRAIN	Diagnosis of Brain Death	NM Brain Complete w/ Flow	25 mCi DTPA	None	78606 & A9539
	Normal Pressure Hydrocephalus CFS Leaks	NM Cisternogram	500uCi IN-111 DTPA	Informed consent signed for LP	78630 & A9548

THERAPY	Grave's Disease	NM Hyperthyroid Therapy	10-30mCi I-131 Capsule	Written Directive	79005
	Hyperthyroidism	Oral NM Thyroid Ablation	30-200mCi I-131 Capsule		A9517
	Thyroid Cancer	CA Oral			

TUMOR/ ABSCESS OR A FEVER OF UNKNOWN ORIGIN	Localization of abscesses and infection	NM In-111 WBC Scan	50uCi In-111 WBC Oxyq	None	78806
	Evaluation of inflammation				A9547
	Detection and Localization of Neuroendocrine Tumors: Carcinoid, Insulinomas, Paragangliomas, Gastrinomas, Pheochromocytomas, Neuroblastomas, Glucagonomas, Medullary Thyroid Carcinomas, Pituitary Tumors, Small Cell Lung Cancers	NM Octreoscan Spect	None	No Somatostatin Medications and a Laxative 24 hours prior to study	78803
Detection and Localization of Non-neuroendocrine Tumors: Non-Hodgkin's Lymphoma, Hodgkin's and Non Small Cell Lung Cancers					

Ultrasound Order Guide

Area of Concern	Anatomy Imaged	Ultrasound Exam	Prep	CPT Code
ABDOMINAL	Liver Gallbladder Pancreas CBD Spleen Limited Kidneys Proximal Aorta	US Abdomen Complete	NPO 8 hours	76700
	Liver Gallbladder Pancreas CBD	US GB, Liver, Pancreas	NPO 6-8 hours	76705
	Abdominal Quadrants Single Abdominal Organ Follow up on previous abdomen exam	US Abdomen Limited	NPO 6-8 hours	76705
	Spleen	US Spleen	NPO 6-8 hours	76705
	Appendix Right Lower Quadrant Abdomen	US Appendix	NPO 6-8 hours	76705
	Doppler / Duplex of any of the following: Renal Arteries or Veins Liver Vasculature (Portal V, Hepatic V, Hepatic A, Splenic V) Mesenteric (SMA, IMA, Celiac A)	US Doppler Abdominal	NPO 12 hours	93975
	Bilateral Kidneys Bladder	US Kidneys	No prep	76775
	Pre and Post void bladder volume imaging	US Post Void Bladder	Drink 15-30oz of water 30 minutes prior to ultrasound	51798
	Proximal, Middle, and Distal Abdominal Aorta	US Aorta	NPO 12 hours	76775
	Bilateral Kidneys Proximal, Middle, and Distal Abdominal Aorta **(commonly used for renal Doppler study)	US Retroperitoneal Complete	NPO 12 hours	76770
Pylorus	US Pylorus	NPO 4 hours	76705	

VENOUS PERIPHERAL	Common Femoral Vein Proximal Greater Saphenous Profunda Superficial Femoral Popliteal Posterior Tibial Peroneal	US Leg Venous Doppler	None	93970-Bilat 93971-RT or LT
	Internal Jugular Vein Subclavian Axillary Brachial Basilic Cephalic **Radial and Ulnar when indicated.	US Arm Venous Doppler	None	93970-Bilat 93971-RT or LT



Area of Concern	Anatomy Imaged	Ultrasound Exam	Prep	CPT Code
ARTERIAL PERIPHERAL VASCULAR	Subclavian Axillary Brachial Radius Ulna	US Arm Arterial Doppler	None	93930-Bilat 93931-RT or LT
	Common Femoral Profunda Superficial Femoral Popliteal Posterior Tibia Peroneal Anterior Tibia Dorsalis Pedis	US Leg Arterial Doppler	None	93925-Bilat 93926-RT or LT
	Ankle Brachial Index **Done in conjunction with all arterial leg Dopplers	US PS Single Level Lower Extremity RT, LT, Bilat	None	92922
	Multi-level segmental pressures of the legs Pulse Volume Recordings Doppler of thigh, popliteal, and ankle arteries Ankle Brachial Indexes Toe Brachial Indexes Toe Photoplethysmography CFA and CFB assessed for the presence of an aneurysm Compression of Pseudoaneurysm Neck	US Physio Bilat 3+ Levels or Multilev RT or Multilev LT	None	92923

PELVIC	For complete evaluation of male or female anatomy to include Uterus, Ovaries, Bladder or Prostate	US Pelvic	Drink 32 oz of water 30 minutes prior to appt. time	76856
	Limited assessment of Uterus, Ovaries, Bladder or Prostate	US Pelvic Limited	Drink 32 oz of water 30 minutes prior to appt. time. ***No Prep for Prostate US	76857
	To view female reproductive organs	US Transvaginal	None	76830





Area of Concern	Anatomy Imaged	Ultrasound Exam	Prep	CPT Code
OBSTETRICS	30 sec fetal breathing 3 or more gross body movements 1 episode of motion of a limb from flexion to extension with rapid return. 1 cm pocket of fluid in any quadrant	US Biophysical Profile	None	76819
	AFI, Placenta, Fetal Position 4ch Heart, Diaphragm, Stomach, Kidneys, Cord Insertion, Bladder, Umbilical Arteries, 3VC, Limbs, Lateral Ventricles, Posterior Fossa Cervical Length if requested	US OB Comp >14 Weeks	Drink 30oz water prior to exam	76805
	Uterus Ovaries Gestational Sac Crown Rump Length Yolk Sac	US OB Comp < 14 Weeks	Drink 30oz water 30 minutes prior to exam	76801
	Early 1st trimester imaging or cervical lengths on 2nd and 3rd trimesters	US OB Transvaginal	None	76830
	If patient has had a previous 2nd or 3rd Trimester Complete exam then a follow up can be ordered to assess any of the following: Growth Anatomy not seen well in previous study Heart Rate Placenta AFI	US OB Repeat Follow Up	None	76816
	AFI Heart Rate Placenta Location Fetal Position	US OB Limited	None	76815
	Doppler of the Umbilical Artery at the fetus insertion, and mid umbilical cord.	US Fetal Doppler Umbilical Artery	None	76820
	Procedure to sample AFI	US Amniocentesis	None	76946





Area of Concern	Anatomy Imaged	Ultrasound Exam	Prep	CPT Code
SMALL PARTS AND SOFT TISSUE	US Thyroid	Thyroid and adjacent neck soft tissue	None	76536
	US Testicles	Scrotum, Testicles and Groin		76870
	US Neck Soft Tissue	Area of interest scanned with long and transverse imaging		76536
	US Soft Tissue Abdomen / Chest			76705
	US Extremity Limited Non Vasc RT			76882
	US Extremity Limited Non Vasc LT			76882
	US Head	Neonatal Head		76506

CARDIOVASCULAR/ CEREBROVASCULAR	US Carotid	<ul style="list-style-type: none"> • Common Carotid • Bulb • ICA • ECA 	None	93880
	US Echo 2D w/ Color Flow and Doppler	<ul style="list-style-type: none"> • Atria – size and presence of mass • Ventricles – size, wall motion, presence of mass • Valves – excursion, regurgitation, presence of mass • Pericardium • <i>Color Flow and Doppler Included</i> 		93306
	US Echo 2D w/o Color Flow and Doppler	<ul style="list-style-type: none"> • Atria – size and presence of mass • Ventricles – size, wall motion, presence of mass • Valves – excursion, regurgitation, presence of mass • Pericardium • No Color Flow or Doppler 		93307
	US Echo 2D w/ Color Flow and Doppler with Infusion	<ul style="list-style-type: none"> • Atria – size and presence of mass • Ventricles – size, wall motion, presence of mass • Valves – excursion, regurgitation, presence of mass • Pericardium • <i>Color Flow and Doppler Included</i> • <i>Definity Contrast Included</i> 		93306
	US Echo 2D w/o Color Flow and Doppler with Infusion	<ul style="list-style-type: none"> • Atria – size and presence of mass • Ventricles – size, wall motion, presence of mass • Valves – excursion, regurgitation, presence of mass • Pericardium • No Color Flow and Doppler • <i>Definity Contrast Included</i> 		93306 & C8923





Area of Concern	Anatomy Imaged	Ultrasound Exam	Prep	CPT Code
CARDIOVASCULAR SPECIAL PROCEDURES	<ul style="list-style-type: none"> Valves – regurgitation, stenosis, mass Atria Ventricular Septum Ventricle Function Presence of mass 	US Echocardiogram Transesophageal	NPO 24 hours prior to procedure Contact Radiology to Schedule	93312
	Usually accompanied by a Transesophageal Echo	US Cardioversion		92960
	Ultrasound guidance for removal of fluid from pericardial sac	US Pericardiocentesis	None	76930

HEMODIALYSIS / FISTULA EXAMS	AP measurements are taken of the <ul style="list-style-type: none"> Cephalic V Basilic V Median Cubital V Radial A 	US Vein Mapping Bilateral	Should be done on a day when patient has not had dialysis	93970 + G0365
		US Vein Mapping Unilateral		93971 + G0365
	Evaluation of the fistula and corresponding vessels. ***Flow Volume Rate can be assessed upon request	US Hemodialysis Access	None	93990

INTERVENTIONAL PROCEDURES	Removal of ascites from abdomen through temporary tube placement	US Abd Paracentesis w/ Image	Contact Radiology to Schedule	49083
		US Aspiration		76942
	Aspiration of fluid	US Perc Drainage with Placement		75989
	Aspiration of fluid with the placement of a drain	US Biopsy Needle Abdomen		76942
	Needle biopsy of selected organ or mass	US Biopsy Needle Liver		76942
		US Biopsy Needle Lymph Node		76942
		US Biopsy Needle Neck		76942
		US Biopsy Needle Muscle		76942
		US Biopsy Needle Thyroid		76942
	Removal of fluid from around lung	US Guided Thoracentesis LT		Contact Radiology or Pulmonologist to Schedule
US Guided Thoracentesis RT		76942		



PET Order Guide

Performed at the INTEGRIS Cancer Institute

Area of Concern	Reason for Exam	Procedure to Order	Dose	Prep	Exam and Dose CPT Codes
<p>TUMOR, CANCER, PROGRESSION OF DISEASE, POST TREATMENT MONITORING, BONE METASTASIS</p>	<p>Determine benign from malignant tumors in suspicious areas, survey the whole body for cancer that may have spread, monitor success of therapy, detect recurrent tumors, assess tumor aggressiveness, and evaluate for bone metastasis for prostate cancer patients.</p>	<p>PET Eye to Thigh – for most all cancers</p>	<p>Maximum 15 mCi Fluorode-ox (FDG)</p>	<p>PET Eye to Thigh and PET Whole Body: Eat a low carbohydrate diet 24 hours before the test, do not eat or drink anything except water for six hours before the test, refrain from taking diabetic medications the day of the test. You can bring these with you and take them once the test is complete. Diabetic medications include, but are not limited to, Metformin, Glucophage, Avandament, Metaglip and Insulin. • Medications, other than diabetic medications, may be taken the day of the test with water.</p>	<p>CPT for scan 78815</p> <p>CPT for FDG A9552</p>
		<p>PET Whole Body – for patients with suspected melanoma, known melanoma, or bone metastasis</p>			<p>CPT for scan 78816</p> <p>CPT for FDG A9552</p>
		<p>PET Bone Scan – for those patients suspected of bone metastasis from cancer, generally prostate cancer.</p>	<p>Maximum 15 mCi Sodium Fluoride (F-18)</p> <p>PET Bone Scan: No prep for this exam</p>	<p>CPT for scan 78816</p> <p>CPT for F-18 A9580</p>	
	<p>Alzheimer’s disease, other frontotemporal dementia, senile dementia, uncomplicated epilepsy, other convulsions, and memory loss.</p>	<p>PET Metabolic Brain</p>	<p>FDG</p>	<p>Eat a low carbohydrate diet 24 hours before the test, do not eat or drink anything except water for six hours before the test, refrain from taking diabetic medications the day of the test. You can bring these with you and take them once the test is complete. Diabetic medications include, but are not limited to, Metformin, Glucophage, Avandament, Metaglip and Insulin. • Medications, other than diabetic medications, may be taken the day of the test with water.</p>	<p>78606 for scan, A9552 for FDG</p>

MRI Order Guide

Body Part	Reason for Exam	Procedure to Order	IV Contrast	CPT Code
BRAIN	Alzheimer's, mental changes Confusion, Dementia Memory Loss, Stroke, CVA Headache without Focal Symptoms TIA, Trauma, Hemorrhage Aneurysm	MRI BRAIN WITHOUT INFUSION	No	70551
	Cranial Nerve Lesions (Special Protocol) Dizziness, Vertigo IAC / Hearing Loss (Special Protocol) Headache with Focal Symptoms Infection, AVM Seizures Multiple Sclerosis Neurofibromatosis Pituitary Lesion Tumor / Mass / Cancer / Mets	MRI BRAIN WITH AND WITHOUT INFUSION	Yes	70553
	Stroke, CVA, TIA, Aneurysm	MRA HEAD WITHOUT CONTRAST	No	70544

EYES	Grave's Disease Exophthalmus Proptosis Pseudotumor Vascular Lesions	MRI ORBITS WITH AND WITHOUT INFUSION	Yes	70543
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NECK	Infection Pain Vocal Cord Paralysis	MRI NECK WITH AND WITHOUT INFUSION	Yes	70543
	Carotid Stenosis, occlusion, bruit TIA, CVA Vertebral artery dissection or occlusion	MRA NECK WITH INFUSION	Yes	70548



Body Part	Reason for Exam	Procedure to Order	IV Contrast	CPT Code
CHEST	Neural Tumor Brachial Plexus Pathology (Special Protocol) Mass, Cancer, Mets	MRI CHEST WITH AND WITHOUT INFUSION	Yes	71552
	Thoracic Aneurysm, Thoracic outlet syndrome	MRA CHEST WITH / WITHOUT	Yes	71555

ABDOMEN AND PELVIS	Post Liver Embolization, Hemangioma Hepatoma Hepatitis Cirrhosis Pancreatitis Pseudocyst	MRI ABDOMEN WITH AND WITHOUT INFUSION	Yes	74183
	Biliary Obstruction Gallbladder stones Jaundice Abnormal Liver Enzymes Adrenal Mass	MRI ABDOMEN WITHOUT INFUSION (MRCP)	No	74181
	AAA, vascular aneurysm, dissection, thoracic outlet syndrome	MRA ABDOMEN WITH / WITHOUT MRA PELVIS WITH / WITHOUT	Yes	74185 72198

PELVIS	Fibroid, Osteomyelitis, penile, scrotal, bladder mass, Pre-Post Fibroid Embolization Mets, tumor, mass, Ovarian Mass Cancer, Abscess, Endometrioma	MRI PELVIS WITHOUT AND WITH INFUSION	Yes	72197
	Fracture, appy for pregnant woman, Muscle / tendon tear Urethral Diverticulum	MRI PELVIS WITHOUT INFUSION	No	72195
	UTERINE OR OVARIAN PATHOLOGY	MRI PELVIS WITH AND WITHOUT INFUSION (FEMALE)	Yes	72197

EXTREMITY UPPER / LOWER NON-JOINTS	Muscle / tendon tear Pain	MRI WITHOUT CONTRAST OF EXTREMITY	No	Upper-73218 Lower-73718
	Abscess, Cellulitis, Fasciitis Osteomyelitis Soft tissue Tumor	MRI WITH AND WITHOUT CONTRAST OF EXTREMITY	Yes	Upper-73220 Lower-73720

EXTREMITY UPPER / LOWER JOINTS	Fracture, arthritis, stress fx, joint pain AVN, Internal Derangement, Labral, Meniscal, Ligament and Cartilage Tears	MRI WITHOUT CONTRAST OF JOINT	No	Upper-73221 Lower-73721
	Abscess, Cellulitis, Fasciitis, Osteomyelitis Ulcer, Septic arthritis Myositis, Tumor, Mass	MRI WITH AND WITHOUT CONTRAST OF JOINT	Yes	Upper-73223 Lower-73723



Body Part	Reason for Exam	Procedure to Order	IV Contrast	CPT Code
CERVICAL THORACIC AND LUMBAR SPINE	Syrinx, Radiculopathy, Disc Herniation, Degenerative Disease	MRI WITHOUT CONTRAST OF REGION OF SPINE	No	cspine-72141 Tspine-72146 Lspine-72148
	POST OP FUSION, MS, TUMOR, CANCER METS, OSTEOMYELITIS, MYELOPATHY DISCITIS, COMPRESSION FX W/ HX Spondylolisthesis, Sciatica, AVM, OF MALIGNANCY, EPIDURAL ABSCESS	MRI WITH AND WITHOUT CONTRAST OF REGION OF SPINE	Yes	cspine-72156 tspine-72157 Lspine-72158
	Syrinx	MRI WITH CONTRAST OF REGION OF SPINE	Yes	CSPINE-72142 TSPINE-72147 LSPINE-72132

POINT OF SERVICE FINANCIAL OBLIGATION POLICY

The new policy is a three prong approach, which includes the change in scheduling time to allow financial clearance and patient discussions for elective procedures.

- All non-urgent procedures and diagnostic testing will now require a minimum of three (3) business days advance scheduling prior to the date of service.
- Policy is intended to reduce financial losses to INTEGRIS Health by allowing adequate time to complete the financial clearance process and collect patient liability.
- The three (3) day scheduling policy is not applicable to services deemed as urgent/emergent by the ordering provider (procedures being scheduled will be considered elective unless the referring physician advises it is an urgent /emergent procedure).

(Nov. 2013)



Call to confirm that there have been no changes in CPT codes or other information.

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