

RADIOLOGY ORDERING GUIDE



BREAST IMAGING | CT | DIAGNOSTIC | INTERVENTIONAL | MRI | NUCLEAR MEDICINE | ULTRASOUND



To Schedule an Exam:
215-481-EXAM (3926)

HOME OF SIDNEY KIMMEL MEDICAL COLLEGE

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 neuro-radiology and interventional radiology. And we use state-of-the-art imaging technology at all of our locations, at Abington Hospital - Jefferson Health and at Abington - Lansdale Hospital.

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 appreciate it if you would specify a particular entity or condition upon which you would like us to comment in the report.

We appreciate your trusting your patients' care to us,

Abington - Jefferson Health
Department of Radiology
Central Scheduling: 215-481-EXAM (3926)

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Radiology Locations

ABINGTON HOSPITAL

1200 Old York Road
Abington, PA

ABINGTON – LANSDALE HOSPITAL

100 Medical Campus Drive
Lansdale, PA

ABINGTON HEALTH CENTER – BLUE BELL

721 Arbor Way
Blue Bell, PA

ABINGTON HEALTH CENTER – WILLOW GROVE

Blairwood Building
2701 Blair Mill Road
Willow Grove, PA

ABINGTON HEALTH CENTER – WARMINSTER

225 Newtown Road
Warminster, PA

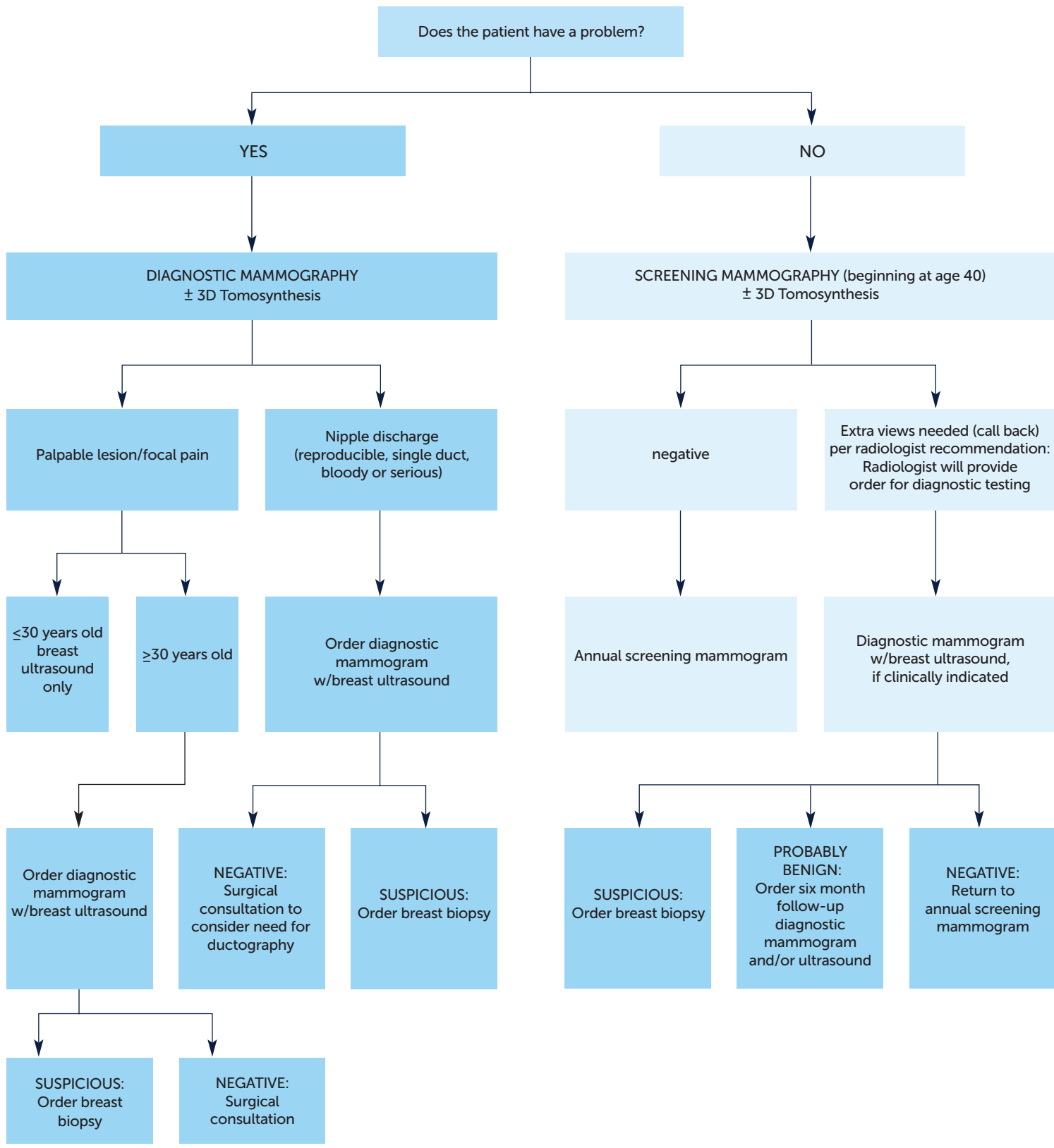
OUTPATIENT TESTING	AH	A-LH	AHC- BLUE BELL	AHC- WILLOW GROVE	AHC- WARMINSTER
X-Ray	■	■	■	■	■
Mammography	■	■	■	■	■
Bone Densitometry (DEXA)		■	■	■	■
Ultrasound	■	■	■	■	■
Nuclear Medicine	■	■			■
Computed Tomography (CT)	■	■	■	■	■
Magnetic Resonance Imaging (MRI)	■	■	■	■	■
Interventional Radiology (IR)	■	■			
Positron Emission Tomography (PET)				■	

Breast Imaging

SIGNS & SYMPTOMS	PARAMETERS	ECW ORDER
Annual screening asymptomatic	Annual starting at age 40 - No upper age limit	Mammo Digital Bilateral Screening w/CAD (routine)
Personal history of breast cancer	Mastectomy Opposite Breast	Mammo Digital Left screening with CAD (mastectomy) Mammo Digital Right screening with CAD (mastectomy)
	Prior Lumpectomy: Referring physician discretion. Can be ordered as screening or diagnostic study	Mammo Digital Bilateral Screening w/CAD Mammo Digital Bilateral w/CAD (diagnostic) Mammo Digital Uni RT w/CAD Mammo Digital Uni LT w/CAD
Clinical findings (Symptoms)	Mass Nipple Discharge Pain - Localized Uni is only ordered if not annual testing.	Mammo Digital Bilateral w/CAD (diagnostic) Mammo Digital Uni RT w/CAD Mammo Digital Uni LT w/CAD
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>	Mammo Digital Bilateral w/CAD Mammo Digital Uni LT w/CAD Mammo Digital Uni RT w/CAD
Recommendation of additional imaging (Call back exam)	Mammography/ Ultrasound <i>Radiologist will provide order</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 bilateral
Ductogram Galactogram	Nipple Discharge - Radiologist/surgeon recommendation	Mammary Ducto or Galacto, RT Multiple, LT Multiple

Breast Imaging

MAMMOGRAPHY ORDERING DECISION TREE



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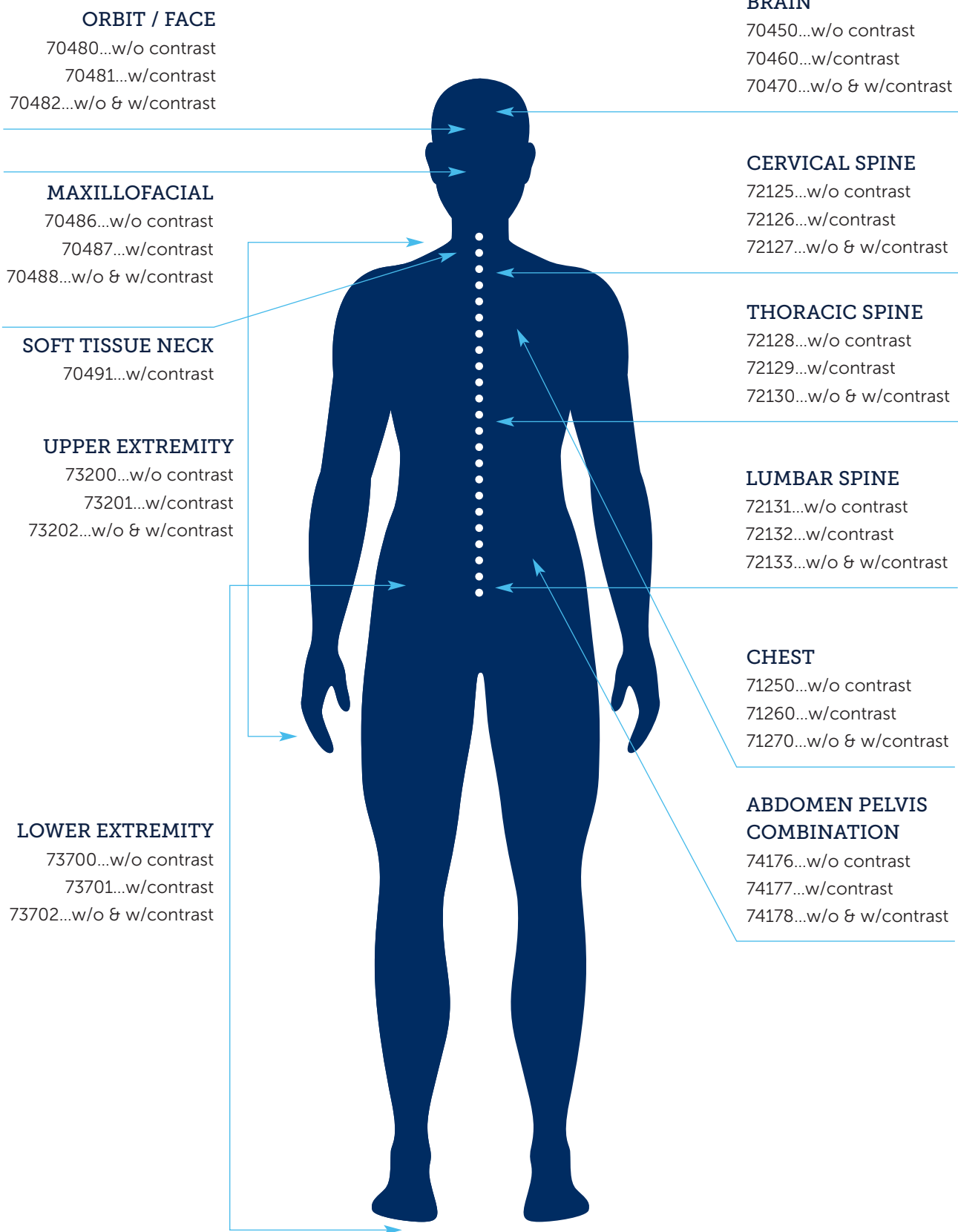
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CT Diagram



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	70486
	Fever Infection/abscess Cellulitis Mass	Yes	No	CT maxillofacial 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 orbits w/o contrast	70480
	acoustic neuroma glomus tumor	Yes	No	CT 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	71260
	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	Water	CT Abdomen w/o & w/contrast	74170
	Upper abdominal pain Abnormal lab work Jaundice	Yes	Yes	CT Abdomen w/contrast	74160
	Pancreatitis Tumor/mass/cancer/mets Weight loss Hernia	Yes	Water	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	Yes	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	Yes	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

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

CT Specialty Exams

BODY PART	REASON FOR EXAM	IV 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 yrs 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 Lung Diagnostic	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 Lung Diagnostic	71250

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	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

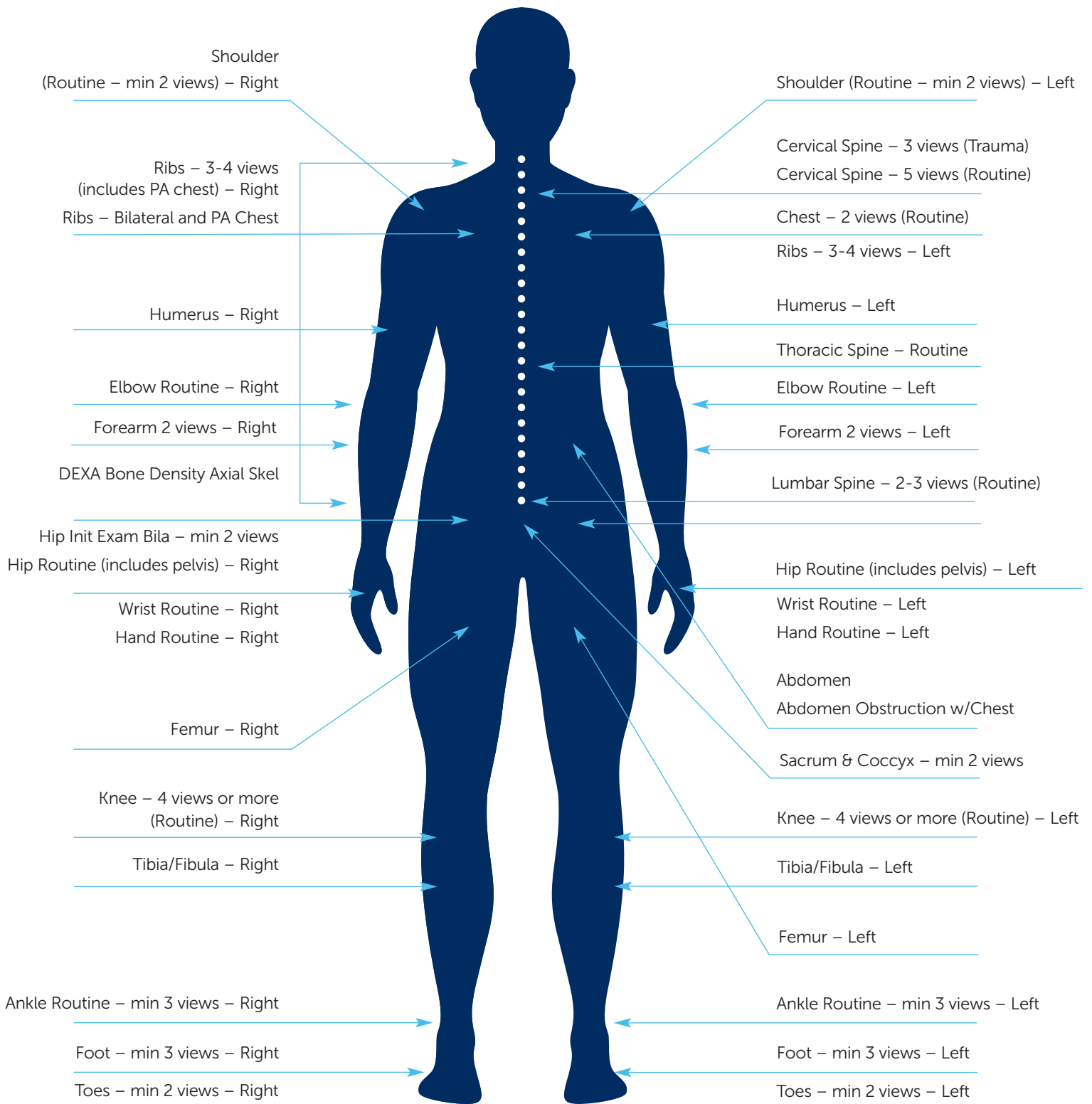
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Diagnostic Diagram

Note: All verbiage is exact to Eclinical Works (ECW)

Choosing Routine will eliminate calls for clarification of orders



Diagnostic Exam Codes - Chest, Abdomen, Pelvis & Hips

BODY PART	ECW 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 init 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	ECW 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
	Panorex dental clinic	D0330GY
	Panorex	70355

Diagnostic Exam Codes - Spines

BODY PART	ECW 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 1 view	72081
	Scoliosis 2 views	72082
DEXA	DEXA, hips, spine (axial skeleton)	77080

Diagnostic Exam Codes - Extremities

BODY PART	ECW 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
	AC JTS bilateral	73050
	Scapula complete	73010
	Elbow 2 views	73070
	Elbow minimum 3 views	73080
	Upper extremity infant	73092
	Wrist 2 views	73100
	Wrist minimum 3 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 minimum 3 views	73610
	Foot 2 views	73620
	Foot minimum 3 views	73630
	Toes minimum 2 views	73660

Diagnostic Exam Codes - GI Procedures

BODY PART	ECW 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
	Barium enema w/o air	74270	See below
	FL NG/OG placement	43752	no prep
	Flouroscope 1-60 w/rad	76000	no prep
	Flouroscope exam extensive w/o rad	76001	no prep
	Sinogram	76080	no prep
	Cholangiogram O.R.	74300	no prep

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 md for instructions on how to take these medications on the day before and the day of the exam.</p>

PREPS FOR PEDIATRICS:

UGI procedures:	<p>Preterm infant - NPO 2 hours prior to exam Newborn to 6 months - NPO 3 hours prior to exam 6 months to 2 years - NPO 4 hours prior to exam 3 years and above - NPO 6 hours to exam</p>
Barium enema:	<p>Follow above prep Speak with radiologist regarding prep follow guidelines for children 2 and up</p>
Vcug w/o sedation:	No prep
Vcug w/Versed:	Must be approved by radiologist and scheduled by radiology nurses
	PLEASE CALL 215-481-7017 FOR ANY INQUIRES

Diagnostic Exam Codes - Arthrograms

BODY PART	ECW PROCEDURE DESCRIPTION	CPT CODE	PREP
Arthrograms	Arthrogram hip complete	73525	no prep
	Arthrogram elbow	73085	no prep
	Arthrogram knee	73580	no prep
	Arthrogram shoulder	73040	no prep
	Arthrogram wrist	73115	no prep

To schedule an appointment: call **215-481-5433**

Diagnostic Exam Codes - Myelogram/Lumbar Puncture

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

MYELOGRAM/LUMBAR PUNCTURE PREP:

Anticoagulants should be stopped at least 5 days prior to your exam
 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.

Fax request/order to schedule: 215-481-4970

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
	Hysterosalpinogram	74740	no prep

To schedule an appointment: call **215-481-EXAM (3926)** or fax **215-481-3305**

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Interventional Procedures Unit - Pain Management

SPECIFIC EXAM	BODY AREA / MODALITY	CPT CODE
Facet Joint	Cervical / Thoracic	64490
	Lumbar / Sacral	64493
	CT Guidance	
	Fluoro Guidance	
	Cervical / Thoracic each added	64491 / 64492
	Lumbar / Sacral each added	64494 / 64495
Nerve Root Block: Transforaminal	Cervical / Thoracic	64479 / 64480
	Lumbar / Sacral	64483 / 64484
	CT Guidance	77012
	Fluoro Guidance	77003
	Cervical / Thoracic each added	
	Lumbar / Sacral each added	
Medial Branch Block	Cervical / Thoracic	64490
	Lumbar / Sacral	64493
	CT Guidance	
	Fluoro Guidance	
	Cervical / Thoracic each added	64491 / 64492
	Lumbar / Sacral each added	64494 / 64495
Sacroiliac Joint	Cervical / Thoracic	27096
	Lumbar / Sacral	77012
	CT Guidance	77012
	Fluoro Guidance	77003
	Cervical / Thoracic each added	G0260 (if no guidance)
	Lumbar / Sacral each added	
Hip (large joint)	Cervical / Thoracic	20610
	Lumbar / Sacral	
	CT Guidance	77012
	Fluoro Guidance	77002
	Cervical / Thoracic each added	
	Lumbar / Sacral each added	
Sympathetic Block (lumbar or thoracic)	Cervical / Thoracic	64520
	Lumbar / Sacral	64520
	CT Guidance	77012
	Fluoro Guidance	77003
	Cervical / Thoracic each added	
	Lumbar / Sacral each added	

Interventional Procedures Unit - Epidural Steroid Injection

SPECIFIC EXAM	BODY AREA / MODALITY	CPT CODE
Lumbar Epidural	Procedure CT Guidance Fluoro Guidance Ultrasound Guidance	62322 77012 77003
Cervical / Thoracic Epidural	Procedure CT Guidance Fluoro Guidance Ultrasound Guidance	62320 77012 77003
Stellate Ganglion Block	Procedure CT Guidance Fluoro Guidance Ultrasound Guidance	64510 77012
Celiac Plexus Block	Procedure CT Guidance Fluoro Guidance Ultrasound Guidance	64530
Popliteal Cyst Aspiration (needle)	Procedure CT Guidance Fluoro Guidance Ultrasound Guidance	10160 77012 77002 76942

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

Interventional Procedures Unit - Drainage

SPECIFIC EXAM	BODY AREA / MODALITY	CPT CODE
Paracentesis	Procedure	49083
Thoracentesis - Puncture	Procedure	32555
Fistulogram / Abscessogram	Procedure	49424 / 76080

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

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	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	722240 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 Picc Line		36560 36569

To schedule an appointment: **Fax** request to **215-481-4970** Direct line for questions: call **215-481-6860**

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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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 Suspected venous sinus thrombosis Trauma Shaken baby syndrome Normal Pressure Hydrocephalus Acqueductal Stenosis Chiari Type 1 pre-surgical assessment	No	MRI Brain w/o contrast	70551
Brain	Aqueductal stenosis, obstructive hydrocephalus, mass also add CSF flow order Follow up tumor, assess for angiogenesis also order Perfusion Deep Brain Stimulator Alzheimer's Changes in Mental Status Confusion Dementia Memory Loss Headaches w/o Focal Symptoms Seizures Stroke CVA TIA Trauma Cranial Nerve Lesions Dizziness 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	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

Any patient who will be receiving contrast with a history of hypertension, diabetes, kidney or liver disease will need recent (6-12 weeks) labs drawn to include Glomerular Filtration Rate (GFR).

To schedule an appointment: call **215-481-EXAM (3926)** Direct line for questions: call **215-481-3608**

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	No	MRI Cervical Spine w/o contrast	72141
	Post-Operative (any Hx of cervical surgery) Syrinx Discitis Osteomyelitis Multiple Sclerosis Myelopathy Abscess/Infection Tumor/Mass/Cancer/Metastasis Vascular Lesions/AVM	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)	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

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To schedule an appointment: call **215-481-EXAM (3926)** Direct line for questions: call **215-481-3608**

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 Spondylolithesis Stenosis Trauma Vertebroplasty Planning (no Hx of Cancer or Metastasis)	No	MRI Lumbar Spine w/o contrast	72148
	Compression Fracture (with Hx of Cancer/Metastasis) Discitis Abscess/Infection Osteomyelitis Post Operative (any Hx of Lumbar Surgery) Tumor/Mass/Cancer/Metastasis CSF leak order MR Myelogram Vertebroplasty Planning (with Hx of Cancer or Metastasis)	Yes	MRI Lumbar Spine w/ and w/o contrast	72158

Any patient who will be receiving contrast with a history of hypertension, diabetes, kidney or liver disease will need recent (6-12 weeks) labs drawn to include Glomerular Filtration Rate (GFR).

To schedule an appointment: call **215-481-EXAM (3926)** Direct line for questions: call **215-481-3608**

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 /Unilateral Specify Lt/Rt	77059
Breast Biopsy		Yes	MRI guided VAC breast bx (left or right) MRI bx code needle placement and interpretation	77051 77021
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
	Valve Insufficiency/Regurgitation Atrial/Ventricular Septal Defect			75562 in conjunction with 75757 or 75561

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To schedule an appointment: call **215-481-EXAM (3926)** Direct line for questions: call **215-481-3608**

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

Any patient who will be receiving contrast with a history of hypertension, diabetes, kidney or liver disease will need recent (6-12 weeks) labs drawn to include Glomerular Filtration Rate (GFR).

To schedule an appointment: call **215-481-EXAM (3926)** Direct line for questions: call **215-481-3608**

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 Abington Jefferson Health Radiology

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.

Please request to be scheduled at the Main Campus 3T Room 1

If 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.
Please bring lab work to your appointment. Labs should be drawn within 12 weeks of your testing date.

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

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

Any patient who will be receiving contrast with a history of hypertension, diabetes, kidney or liver disease will need recent (6-12 weeks) labs drawn to include Glomerular Filtration Rate (GFR).

To schedule an appointment: call **215-481-EXAM (3926)** Direct line for questions: call **215-481-3608**

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.

Any patient who will be receiving contrast with a history of hypertension, diabetes, kidney or liver disease will need recent (6-12 weeks) labs drawn to include Glomerular Filtration Rate (GFR).

To schedule an appointment: call **215-481-EXAM (3926)** Direct line for questions: call **215-481-3608**

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
Extremity, Joint (includes) Shoulder, Elbow, Wrist, Hip, Knee	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

Any patient who will be receiving contrast with a history of hypertension, diabetes, kidney or liver disease will need recent (6-12 weeks) labs drawn to include Glomerular Filtration Rate (GFR).

To schedule an appointment: call **215-481-EXAM (3926)** Direct line for questions: call **215-481-3608**

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/Orthopaedics 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

Any patient who will be receiving contrast with a history of hypertension, diabetes, kidney or liver disease will need recent (6-12 weeks) labs drawn to include Glomerular Filtration Rate (GFR).

To schedule an appointment: call **215-481-EXAM (3926)** Direct line for questions: call **215-481-3608**

MRI Angiography (MRA/MRV) - Head & Neck

BODY PART	REASON FOR EXAM	IV CONTRAST	PROCEDURE TO PRE CERT	CPT CODE
MRA Neck	Dissection/vessel injury AVM (Arteriovenous Malformation) Surgery Hx of Aneurysm Clips / Dissection/vessel injury Aneurysm	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
	Stroke CVA TIA Aneurysm AVM (Arteriovenous Malformation)		MRA Neck w/o contrast	70547
MRV Head	Venous Thrombosis	No	MRA Head w/o contrast	70544
MRA Arch & Great Vessels	Stroke CVA TIA Subclavian Steal AVM (Arteriovenous Malformation) Dissection/vessel injury Aneurysm	Yes	MRA Neck w/ and w/o contrast	70546

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
MRV Chest	Venous Occlusion/Thrombosis AVM (Arteriovenous Malformation)	Yes	MRA Chest w/ and w/o contrast	71555

Any patient who will be receiving contrast with a history of hypertension, diabetes, kidney or liver disease will need recent (6-12 weeks) labs drawn to include Glomerular Filtration Rate (GFR).

To schedule an appointment: call **215-481-EXAM (3926)** Direct line for questions: call **215-481-3608**

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	73225 73725

Any patient who will be receiving contrast with a history of hypertension, diabetes, kidney or liver disease will need recent (6-12 weeks) labs drawn to include Glomerular Filtration Rate (GFR).

To schedule an appointment: call **215-481-EXAM (3926)** Direct line for questions: call **215-481-3608**

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Nuclear Medicine - Bone Scan

TEST	COMMON INDICATIONS	CPT CODE
Bone Scan - Whole Body	<ul style="list-style-type: none"> 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)	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Spondylolysis Spondylolisthesis Spinal fractures in pediatric patients Osteoid Osteoma 	78320

To schedule an appointment: call **215-481-EXAM (3926)** Direct line for questions: call **215-481-2808**

Nuclear Medicine - Brain

TEST	COMMON INDICATIONS	CPT CODE
Brain SPECT	<ul style="list-style-type: none"> Alzheimer's Disease Dementia Memory Loss Cerebrovascular disease Lyme's Disease Seizure Brain Death 	78607
Cisternogram	Normal Pressure Hydrocephalus	78630 and 62311
Cerebrospinal Fluid Leak Study	CSF Leak	78650 and 62311
DaTscan	Parkinson's Disease	78607

To schedule an appointment: call **215-481-2055** Direct line for questions: call **215-481-2808**

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 Cardioline or Pharmacologic Cardioline on prescription**	Chest Pain CAD Abnormal EKG Coronary Stenosis Post Myocardial Infarction Shortness of Breath Post Stent Post CABG Diabetes Hypertension Hypercholesterolemia	78452
Myocardial Rest Thallium	Viability of Myocardium	78452
To schedule an appointment: call 215-481-EXAM (3926) Direct line for questions: call 215-481-2808		

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)	Acute Cholecystitis Evaluate Bile Leak	78227
To schedule an appointment: call 215-481-EXAM (3926) Direct line for questions: call 215-481-2808		

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	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 **215-481-2055** Direct line for questions: call **215-481-2808**

Nuclear Medicine - Gastrointestinal Scans

TEST	COMMON INDICATIONS	CPT CODE
Gastric Reflux Study	Gastro-Esophageal Reflux Aspiration	78262
Gastric Emptying Scan	Nausea, Vomiting Gastroparesis Feeling of fullness Dumping Syndrome Gastric outlet obstruction	78264
Meckels Scan	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 **215-481-EXAM (3926)** Direct line for questions: call **215-481-2808**

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

To schedule an appointment: call **215-481-2055** Direct line for questions: call **215-481-2808**

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 **215-481-2055** Direct line for questions: call **215-481-2808**

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

To schedule an appointment: call **215-481-2055** Direct line for questions: call **215-481-2808**

Nuclear Medicine - Parathyroid Scan

TEST	COMMON INDICATIONS	CPT CODE
Parathyroid Scan	Primary Hyperparathyroidism Increased PTH levels Hypercalcemia Parathyroid Adenoma Parathyroid Hyperplasia	78070

To schedule an appointment: call **215-481-EXAM (3926)** Direct line for questions: call **215-481-2808**

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 **215-481-2089** Direct line for questions: call **215-481-2808**

Nuclear Medicine - Sentinel Node

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

To schedule an appointment: call **215-481-2055** Direct line for questions: call **215-481-2808**

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 215-481-2055 Direct line for questions: call 215-481-2808		

Nuclear Medicine - Tumor Imaging

TEST	COMMON INDICATIONS	CPT CODE
Octreotide Scan	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 215-481-2055 Direct line for questions: call 215-481-2808		

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 **215-481-2089** Direct line for questions: call **215-481-2808**

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Ultrasound - Exams Most Often Ordered Incorrectly

BODY PART	DESCRIPTION	KEYNOTES
Abdomen	<p>COMPLETE consists of gray scale imaging of liver, gallbladder, common bile duct, pancreas, spleen, kidneys, upper abdominal aorta and inferior vena cava.</p> <p>LIMITED 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>COMPLETE FEMALE consists of gray scale imaging and measurements of uterus, adnexal structures, endometrium and bladder (when applicable).</p> <p>MALE consists of gray scale imaging and measurements of urinary bladder, prostate, and seminal vesicles.</p> <p>LIMITED 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>COMPLETE consists of gray scale imaging of the kidneys and bladder.</p> <p>LIMITED consists of gray scale imaging of kidneys</p>	Not for evaluation of aorta or other blood vessels.
Arterial Image	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	<p>This test is ordered to evaluate for arterial insufficiency.</p> <p>COMPLETE is a multi-level exam to determine specific level of disease.</p> <p>LIMITED 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 6 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: 215-481-2073 (AH) 215-361-4518 (A - LH)	Complete consists of imaging a specific joint to include the muscles, tendons, joint, other soft tissue structures, and any identifiable abnormality. Limited 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 20-32 oz of clear liquids 30 minutes prior to appointment. DO NOT VOID AFTER DRINKING. Modified pediatric prep available at time of scheduling.	76856
Pelvis limited (Bladder)	Appendicitis (drinking prep not required) Inguinal hernia (drinking prep not required) Urinary retention Post void residual Enlarged prostate Bladder outlet obstruction	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.	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 6 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 21 days up to 7 months of age If hip displaced at birth, this can be performed prior to 21 days of age	76885

Ultrasound - Procedures

BODY PART	REASON FOR EXAM	PREP	CPT CODE
Breast Aspiration Biopsy	Mass Lump Please call to schedule: 215-481-4006 (AH) or 215-361-4862 (A-LH)	To be discussed with nurse scheduling procedure	To be determined
Musculoskeletal Injection or Aspiration	Ligament, muscle, tendon, joint, bursa, nerve Please call to schedule: 215-481-2073 (AH) or 215-361-4518 (A-LH)	No Aspirin or Ibuprofen 24 hours prior to appointment	76942 and others to be determined
Prostate Biopsy	Elevated PSA History of prostate cancer Please call to schedule: 215-481-2073 (AH) 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: 215-481-2073 (AH) or 215-412-5015 (A-LH)	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 6 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 yo with CV risk factors 50yo with family Hx of aortic/PV aneurysmal disease Personal Hx of aortic/PV aneurysmal disease	NPO 6 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 Artherosclerosis	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 20-32 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 12-16 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 12-16 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 12-16 oz of clear liquids 30 minutes prior to appointment. DO NOT VOID AFTER DRINKING.	76816



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