



## Diagnostic Imaging Guide

Breast Imaging | CT | MRI | Ultrasound | DEXA | Fluoroscopic | XR



## 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, here at SEARHC.

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 you trusting your patients' care to us.

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## RADIOLOGY LOCATION & IMAGING OFFERED

Alicia Roberts Medical Center – **CT, XR, Mammography, US**

7300 Klawock-Hollis Highway  
Klawock, AK 99925  
Phone: 907-755-4970  
Fax: 907-755-4981

Ethel Lund Medical Center Radiology – **CT, US, Echocardiography, Mammography, XR**

1200 Salmon Creek Lane  
Juneau, AK 99801  
Phone: 907-463-4029  
Fax: 907-463-3719

Mt. Edgecumbe Medical Center – **CT, US, Echocardiography & Stress Echocardiography, Mammography, XR, Fluoroscopy Exams, MR, Dexa**

222 Tongass Drive  
Sitka, AK 99835  
Phone: 907-966-2411  
Fax: 907-966-8810

Wrangell Medical Center – **CT, US, XR, Mammography**

232 Wood Street  
Wrangell, AK 99929  
Phone: 907-874-7128  
Fax: 907-874-7120

Haines Health Center- **XR Clinics for- Mammography & US**

131 1<sup>st</sup> Avenue  
Haines, AK 99827  
Phone: 907-766-6300  
Fax: 907-766-2675

Hoonah Health Center- **XR**

490 Gartina Highway  
Hoonah, AK 99829  
PH: 907-945-2735  
FX: 907-945-3239

Kake Health Center- **XR**

105 Totem Way  
Kake, AK 99830  
Phone: 907-785-3333  
FX: 907-785-3136

Jessie Norma Jim Health Center – **XR**

725 Relay Road  
Angoon, AK 99820  
PH: 907-788-4600  
FX: 907-788-3180

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**\*CT Contrast studies require Creatinine blood work within 30 days for all the following:**

- Patient 60 years or older
- Patient Diabetic
- Patient has a history of renal disease
- Patient has Hypertension



### CT General– Head & Neck

BODY PART	REASON FOR EXAM	IV CONTRAST	ORAL CONTRAST	EXAM TITLE IN CERNER	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/& w/o 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	Diplopia Graves' Disease Injury/trauma	No	No	CT Orbits w/o contrast	70480
	Cellulitis Fever Infection/abscess Orbital edema Tumor/neoplasm	Yes	No	*CT Orbits w/ contrast	70481
Temporal Bones	Hearing loss Cholesteatoma Mastoiditis	No	No	CT Mastoid or Temporal Bone w/o	70480
	IAC's	Yes	No	*CT Mastoid or Temporal Bone w/	70481
Soft Tissue Neck	When contrast is contraindicated Salivary gland calculi	No	No	CT Soft Tissue Neck w/o contrast	70490
	Adenopathy Fever Infection/abscess Injury/trauma Mass/neoplasm Vocal cord paralysis	Yes	No	*CT Soft Tissue Neck w/ contrast	70491
	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	EXAM TITLE IN CERNER	CPT CODE
Cervical Spine	disc herniation / pain	No	No	CT Spine Cervical w/o contrast	72125
Thoracic Spine	disc herniation / pain	No	No	CT Spine Thoracic w/o contrast	72128
Lumbar Spine	disc herniation / pain	No	No	CT Spine Lumbar w/o contrast	72131
Cervical Spine	abscess / mass / infection	Yes	No	*CT Spine Cervical w/contrast	72126
Thoracic Spine	abscess / mass / infection	Yes	No	*CT Spine Thoracic w/contrast	72129
Lumbar Spine	abscess / mass / infection	Yes	No	*CT Spine Lumbar w/contrast	72132

**Unless there is a prior contraindication, MRI Spine would be a more optimal exam**

### CT General– Chest

BODY PART	REASON FOR EXAM	IV CONTRAST	ORAL CONTRAST	EXAM TITLE IN CERNER	CPT CODE
Chest	Bronchiectasis Interstitial Lung DX Follow up pulmonary nodule 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
SVC Chest Venogram	Pre-Op Venous Access Reposition of catheter Thrombus Obstruction	Yes	No	*CT Venogram of chest (CT Chest with)	71260



### CT General– Abdomen & Pelvis

BODY PART	REASON FOR EXAM	IV CONTRAST	ORAL CONTRAST	EXAM TITLE IN CERNER	CPT CODE
Abdomen	Pancreatitis/ Tumor/mass/cancer/mets	Yes	Water for Pancreas/Duodenum	*CT Abdomen w/contrast	74160
	Liver mass	Yes	No	*CT Abdomen w/contrast	74160
	Upper abdominal pain Abnormal lab work Jaundice	Yes	No	*CT Abdomen w/contrast	74160
	Renal mass	Yes	No	*CT Abdomen w/o & w/contrast	74170
Abdomen and Pelvis	Stone protocol Flank pain Abdominal pain Drop in Hemoglobin w/o trauma Retroperitoneal bleed	No	No	CT Abdomen/Pelvis without	74176
	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	No	*CT Abdomen/Pelvis w/contrast  <b>Enterography - MEMC/Sitka</b> Specify with IV and Oral Volumen	74177
Urogram	Hematuria Hydronephrosis	Yes	Water: 16 oz. right before scan	*CT IVP-Abd/Pel w/ & w/o	74178
Pelvis	Fracture Trauma Pain	No	No	CT Pelvis w/o contrast (Please specify if bony pelvis)	72192
	Pelvic mass Collection Adenopathy Pain	Yes	No	*CT Pelvis w/contrast	72193
IVC and Pelvic Veins	Pre-Op venous access Edema IVC Thrombus	Yes	No	*CT ABD/Pelvis w/contrast	74177





### CT General– Extremities

BODY PART	REASON FOR EXAM	IV CONTRAST	**EXAM TITLE IN CERNER	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
**Please note in CERNER you must order the specific body part. *** Example- CT Anatomy, with or without, Laterality***				

### CT General– Specialty Exams

BODY PART	REASON FOR EXAM	IV CONTRAST	EXAM TITLE IN CERNER	CPT CODE
CT Calcium Score		No Currently Not Available	CT Calcium Score	CASH PAY
CT Virtual Colon		No Currently Not Available	CT Colonography Diagnostic	74261



## CT Angiography (CTA)

BODY PART	REASON FOR EXAM	IV CONTRAST	EXAM TITLE IN CERNER	CPT CODE
CTA Head	Headache Aneurysm Cerebral vascular disease	Yes	*CT Angiogram - Head	70496
CTA Head & Neck (Circle of Willis)	Acute Stroke Protocol TIA Cerebral vascular disease	Yes	*CT Angiogram - Head + *CT Angiogram - Neck	70496 70498
CTA Neck (Carotid)	Carotid Stenosis	Yes	*CT Angiogram - Neck	70498
CTA Chest	Thoracic aneurysm Chest pain Pre or Post Op evaluation + D-Dimer Hypoxia PE	Yes	*CT Angiogram Chest w/ contrast w/o if performed (Please indicate Aorta vs PE)	71275
CTA Abdomen	Renal Artery Stenosis	Yes	*CT Angiogram - Abdomen w/ Contrast w/o if performed	74175
CTA Chest/Abd/Pel	Suspected dissection – <b>this should always be a CTA C/A/P</b> AAA Aneurysm	Yes	*CT Angiogram Chest w contrast wo if performed & CT Angiogram Abd + Pel w Contrast wo if performed (Please note this is 2 separate orders)	71275 & 74174
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 or w contrast	75635
CTA Bilateral Runoff (Order CTA Abdominal Aorta + LE Runoff B)	Lower extremity ischemia	Yes	*CT Abdominal Aorta + Iliofemoral LE Runoff Bilateral	75635
CTA Lower Extremity	Trauma	Yes	*CTA Lower Extremity (Laterality)	73706
CTA Upper Extremity	Trauma	Yes	*CTA Lower Extremity (Laterality)	73206

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**\*Please obtain copies of any implant cards. SEARHC researches the safety of all implanted devices to ensure patient safety.**

**Orbit X-Ray are required if patient has had any metal exposure to eyes, any history Of metal in the eyes or has performed grinding or welding.**



## MRI General– Head & Neck

Orbit X-rays are required if patient has had any metal exposure to eyes, any history of metal in the eyes, or has performed grinding or welding.

BODY PART	REASON FOR EXAM	IV CONTRAST	EXAM TITLE IN CERNER	CPT CODE
Brain	Alzheimer Changes in Mental Status Confusion Dementia Memory Loss Headaches w/o Focal Symptoms Seizures CVA TIA Trauma Stroke Concern for MS	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 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 Known Seizure	Yes	MRI Brain w/ and w/o contrast	70553
	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	EXAM TITLE IN CERNER	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 (H/o l-spine surgery 6 mon) 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

### MRI General– Spectroscopy

BODY PART	REASON FOR EXAM	IV CONTRAST	PROCEDURE TO PRE CERT	CPT CODE
Spectroscopy	Not available			





### MRI General– Chest

BODY PART	REASON FOR EXAM	IV CONTRAST	EXAM TITLE IN CERNER	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
	Tumor/Mass/Cancer/Metastasis	Yes	MRI Chest/Mediastinum w/ & w/o contrast	71552
Breast	Implant Rupture	No	MRI Breast w/o contrast Bilateral	77059
(Breast MRI not currently performed at SEARHC)	Abnormal Mammogram Dense Breast/High Risk for Mass/Lesion Cancer Palpable Mass	Yes	MRI Breast w/ or w/o Bilateral /Unilateral Specify Lt/Rt	77059
Cardiac	Do no perform			



### MRI General– Abdomen & Pelvis

BODY PART	REASON FOR EXAM	IV CONTRAST	EXAM TITLE IN CERNER	CPT CODE
Abdomen	Abnormal Enzymes MRCP (Biliary/Pancreatic Ducts, Stones, Jaundice) Adrenal Mass Urogram for hematuria (Abd and Pelvis needed) Liver Tumor/Mass/Cancer/Metastasis Abdominal Pain Abscess/Ascites Pancreatic Mass/Lesion Small Bowel Enterography Renal Mass	Yes	MRI Abdomen w/ and w/o contrast	74183
	Pregnancy Mass/Pain	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 Urethral Diverticulum	No	MRI Pelvis w/o contrast	72195
	Fibroid Urethral diverticulum, Testicles Adenomyosis Endometrioma Osteomyelitis Septic Arthritis Pre/Post Operative Fibroid Embolization Tumor/Mass/Cancer/Metastasis Abscess Ulcer Urogram for hematuria (Abdomen and Pelvis needed) Plexopathy	Yes	MRI Pelvis w/ and w/o contrast	72197



### MRI General– Extremities

BODY PART	REASON FOR EXAM	IV CONTRAST	EXAM TITLE IN CERNER	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



### MRI Arthrogram

BODY PART	REASON FOR EXAM	IV CONTRAST	EXAM TITLE IN CERNER	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 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 Extremities w/contrast or  2)Fluoroscopy Guided Arthrogram  Choose on 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

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

BODY PART	REASON FOR EXAM	IV CONTRAST	PROCEDURE TO PRE CERT	CPT CODE
MRA Head	Stroke CVA TIA Aneurysm AVM (Arteriovenous Malformation)	No	MRA Head/Brain w/o contrast	70544
	Surgery Hx of Aneurysm Clips / Dissection/vessel injury	Yes	MRA Head/Brain w/ and w/o contrast (if clip is MRI compatible)	70546
MRV Head	Venous Thrombosis	No	MRA Head w/o contrast	70544
MRA Arch & Great Vessels	Stroke CVA TIA Subclavian Steal AVM (Arteriovenous Malformation) Aneurysm	Yes	MRA Neck w/ and w/o contrast	70549
MRA Neck/Carotids	Dissection/vessel injury* Stroke CVA TIA* Subclavian Steal AVM (Arteriovenous Malformation) Aneurysm	No	MRA Neck w/ and w/o contrast	70549



### MRI Angiography (MRA/MRV) – Chest

BODY PART	REASON FOR EXAM	IV CONTRAST	EXAM TITLE IN CERNER	CPT CODE
MRA Chest (because of breathing motion usually less quality imaging compared to CT)	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 (because of breathing motion usually less quality imaging compared to CT)	Venous Occlusion/Thrombosis AVM (Arteriovenous Malformation)	Yes	MRA Chest w/ and w/o contrast	71555

### MRI Angiography (MRA/MRV) – Abdomen & Pelvis

BODY PART	REASON FOR EXAM	IV CONTRAST	EXAM TITLE IN CERNER	CPT CODE
MRA Abdomen	Renal Artery Stenosis Renal Failure	No	MRA Abdomen w/o contrast	74185
MRA Abdomen (if CT contraindicated)	AAA (Abdominal Aortic Aneurysm) Dissection Mesenteric Ischemia Renal Artery Stenosis Renal Mass	Yes	MRA Abdomen w/ and w/o contrast	74185
	Pre liver transplant Pre kidney transplant	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 Turner Syndrome Venous Occlusion	Yes	MRA Pelvis w/ and w/o contrast	72198
	Aneurysm	Yes	Order two exams: MRA Pelvis w/ and w/o contrast MRI Pelvis w/ and w/o contrast	72198 72197



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## Ultrasound– Neck

BODY PART	REASON FOR EXAM	PREP	CPT CODE
Neck, face, soft tissue  Thyroid- <i>US Thyroid</i>  Neck – <i>US Soft Tissue</i> Head or Neck	Mass  Abnormalities detected on other imaging (CT/MRI/PET/NUCLEAR) Enlarged thyroid gland  Multinodular goiter  Abnormal lab tests (elevated calcium levels/abnormal thyroid blood work) History thyroid cancer  Parathyroid adenomas  Hyper or hypothyroidism  Follow up patient on suppression	No turtle necks, high collar shirts, necklaces or ties  <b>*Please specify Thyroid vs Soft Tissue neck</b>	76536
Carotid Artery  <i>US Carotid Duplex</i> <i>Bilateral</i>	Syncope Hemiplegia Difference in arm blood pressure Aphasia Ataxia Reversible ischemic neurological deficit (RIND) Bruit Vertigo/dizziness (non medicare) Memory loss (non medicare) Dementia (non medicare) Transient ischemic attack (TIA) Cerebral vascular attack (CVA) Amaurosis Fugax Transient visual loss Transient retinal occlusion Carotid trauma	No turtle necks, high collar shirts, necklaces or ties	93880 bilateral 93882 unilateral

## Ultrasound– Chest

BODY PART	REASON FOR EXAM	PREP	CPT CODE
Chest <i>US Chest</i>	Pleural effusion Superficial mass, soft tissue mass	None	76604
Aorta (Retroperitoneal limited)	Aortic aneurysm (follow up to AAA) Pulsatile aorta Bruit  Screening US for AAA for Medicare beneficiary (1 <sup>st</sup> Aorta US)	NPO 6 hours prior  NPO 6 hours prior	76775  76706



## Ultrasound– Abdomen

BODY PART	REASON FOR EXAM	PREP	CPT CODE
Complete Abdomen	Cirrhosis or hepatic disease (hepatitis/portal hypertension) Abdominal distention (fluid collection) ascites Pain (abdominal/epigastric) Nausea/Vomiting Gallstones Personal history of cancer- Metastasis Obstructive symptoms of the biliary system (jaundice) Abnormal diagnostic tests (follow up to a CT/MRI) Gastroesophageal reflux (GERD) Splenomegaly Abnormal liver functions (elevated LFT's/fatty liver) Hepatomegaly	NPO 6 hours prior	76700
Limited Abdomen - Single Organ or Quadrant	All of the above but limited to RUQ, LUQ, hernia, lump) Hernia (No Prep) Lump	NPO 6 hours prior	76705
Abdominal Doppler	Cirrhosis or hepatic disease (hepatitis/portal hypertension) Ascites  Varices Portal vein thrombosis Budd-Chiari syndrome Intrahepatic Portosystem Venous Shunts (TIPS) Hepatomegaly Splenomegaly	NPO 6 hours prior	93975 93976



## Ultrasound– Pelvis Non-OB

BODY PART	REASON FOR EXAM	PREP	CPT CODE
Complete Pelvis  w/Non-OB  Add: Transvaginal order if necessary  <i>US Pelvic Non-OB complete</i>	Pain (pelvic or adnexal tenderness) Ovarian cyst Ovarian Torsion Fibroid Uterus Enlarged uterus or ovary Adnexal Abnormalities Dysfunctional Uterine bleeding Post-menopausal bleeding Precocious Puberty Polycystic Ovary Disease (PCOD) Limited physical exam (MD unable to perform pelvic exam) Amenorrhea Dysmenorrhea Menorrhagia Menometrorrhagia Abnormal diagnostic test (follow up to CT/MRI) Localization of intrauterine contraceptive device Excessive bleeding, pain or signs of infection after pelvic surgery, delivery or abortion	Fill bladder with 32 oz of water; be done drinking water 45 minutes prior to appointment. DO NOT VOID.	76856 & 76830
Limited Pelvis Transabdominal only Bladder <i>US Pelvic Non-OB Ltd</i>	Post Void Residual Soft tissue mass Pelvic wall, buttock, penis, perineum F/U Follicle count for fertility (order with Non-OB Transvaginal)	Fill bladder with 32 oz of water; be done drinking water 45 minutes prior to appointment. DO NOT VOID.	76857
Scrotum	Pain Trauma Torsion Mass Varicocele Epididymitis Hydrocele (swelling) Undescended testes	None	76870



## Ultrasound– Urinary Tract

BODY PART	REASON FOR EXAM	PREP	CPT CODE
Kidney and Bladder (Retroperitoneal complete)	Hydronephrosis (obstruction) Renal CA, Renal Failure Neurogenic Bladder diverticula Urinary tract infection/cystitis/pyelonephritis Hematuria, Trauma, Chronic Renal Disease Urinary retention Renal stone Flank pain	Fill bladder with 32 oz of water; be done drinking water 45 minutes prior to appointment. DO NOT VOID.	76770
Kidney (Retroperitoneal limited)	Follow up: Kidney	None	76775
Renal transplant	Post renal transplant Urinoma Lymphocele Pain Elevated lab values (creatinine) Poor renal function	NPO 6 hours prior to appointment	76776
Renal Doppler	Renal artery stenosis Renal artery aneurysm Renal vein thrombosis Hypertension Abnormal lab values (BUN or creatinine)	NPO 6 hours prior to appointment, morning appointment	93975 93976





## Ultrasound– Extremity

BODY PART	REASON FOR EXAM	PREP	CPT CODE
Upper or Lower Extremity <b>(non-vascular)</b> limited	Joint Pain Tendon pain/tendonitis Fluid Collection (Baker’s cyst/Ganglion cyst) Ligament/tendon/rotator cuff/carpal tunnel Lump /Soft tissue Mass	None	76882
Upper or Lower Extremity Venous Doppler	Edema/swelling Calf pain Follow up DVT (site specific) Positive Homan sign (shooting pain with foot dorsiflexion) Trauma to vein (site specific)	None	93970-93971
Upper or Lower Extremity Arterial Duplex (PVR not currently available)	Claudication/pain with walking Decreased or absent pulses Gangrene Ischemic rest pain Arthrosclerosis	None	93922-93923
Upper or Lower Extremity Arterial Duplex	Aneurysm (femoral, popliteal or upper extremity) Trauma to artery (site specific) Arterial embolus (site specific) Vein graft surveillance PTFE graft Claudication (pain brought on by walking)	None	93925-93926 93930-93931
Venous Reflux (MEMC only)	Post-phlebitis ulcer Varicose veins w/ pain OR ulcer	None	93970 Bilat 93971 Unilat
Venous Mapping (MEMC only)	Pre-operative exam for end stage renal disease Pre-operative exam for cardiovascular surgery	None	93971
ABI-Ankle Brachial Indices	PAD	None Bilateral	93922



## Ultrasound– Pregnancy

BODY PART	REASON FOR EXAM	PREP	CPT CODE
OB First Trimester (<14 weeks or less) <i>US OB 1<sup>st</sup> Trimester Single Gestation</i>	Vaginal Bleeding Ectopic No fetal heart tones	Fill bladder with 32 oz of water; be done drinking water 45 minutes prior to appointment. DO NOT VOID	76801 & Endovaginal if indicated 76817
After First Trimester (greater than 14 weeks) Endovaginal if indicated  <i>US OB After 1<sup>st</sup> Trimester Single Gest.</i>	Anatomy Survey (at 20 weeks) SEARHC may only bill for this once.  <b>*Determining fetal sex is not considered medically necessary</b>	Fill bladder with 32 oz of water; be done drinking water 45 minutes prior to appointment. DO NOT VOID.	76805 76817 Endovaginal
Pregnancy, Limited (Only after complete has been documented at our facility)  <i>US OB Limited one or more fetus</i>	Complete previous Fetal Survey Fetal and Placental Location Qualitative amniotic fluid volume Complete previous fetal survey Re-evaluation of suspected or confirmed fetal abnormality	Fill bladder with 32 oz of water; be done drinking water 45 minutes prior to appointment. DO NOT VOID.	76815
OB Follow Up (only after complete has been documented at our facility) <i>US OB Follow Up</i>	Measurements and AFI May add on any items from pregnancy limited order	Fill bladder with 32 oz of water; be done drinking water 45 minutes prior to appointment. DO NOT VOID.	76816
Biophysical Profile	Decreased fetal movements Post Due dates Diabetes, MFM recommendation Heart decelerations PIH, PTL	No prep	76819



## Ultrasound– Echocardiography

BODY PART	REASON FOR EXAM	PREP	CPT CODE
Echo Adult 2D Complete TTE	CHF Chest Pain/SOB Syncope/Dizziness HTN Peripheral Edema Abnormal EKG Murmur Stroke/TIA	60 minutes – No prep  W/Contrast – Lumason if indicated  <b>Bubble study if looking for ASD, stroke patients</b>	93306 &  93352
Echo Adult 2D Limited or follow up TTE	Follow up on limited area Follow up for Chemo/Check EF (Strain Imaging)	30 minutes	93308
Adult Echo for congenital cardiac anomalies, complete. TTE	Atrial septal defect AVS ASD CoA Ebstein’s anomaly PDA, PFO Tetralogy of Fallot	60 minutes	93303
Adult Echo for congenital anomalies, f/u or limited	Limited follow up Specific anomaly	30 Minutes	93304
Adult Stress Echo	Dyspnea with exertion Chest pain Ischemic evaluation	No prep - Tuesdays & Fridays only Without Contrast  With Contrast (CONTRAST NOT CURRENTLY PERFORMED AT SEARHC)	93350  93352

*Adult echoes only ≥ 18 years’ old*



## Ultrasound– Pediatric

BODY PART	REASON FOR EXAM	PREP	CPT CODE
Neonatal Head US Neonatal Head	Intracranial hemorrhage Neonatal seizures Enlarging head circumference Follow up hydrocephalus Hypoxic Ischemic Encephalopathy	None	76506
Spine and contents US Spinal Canal	Sacral dimple Neoplasm of spinal cord/meninges Spina bifida Congenital anomalies of spinal cord Injury to spine/cord, birth trauma	None	76800
Infant Hips (dynamic)	Developmental Dysplasia of the Hip (DDH) Breech birth Hip click Family history of DDH Postural molding Torticollis Foot deformity	None	76885
Complete Abdomen Us Abd Complete	Trauma Hemihypertrophy Pain Organ enlargement	<b>Less than 2 months</b> - NPO for 2 hours prior to exam <b>3 months to 1 year</b> - NPO 4 hours prior to exam <b>1-8 years</b> - NPO 5 hours prior to exam <b>8 years or older</b> - NPO 6 hours prior to exam	76705
Limited Abdomen Single organ or Quadrant US Abd Ltd	Pyloric Stenosis Intussusception Appendicitis	<b>Less than 2 months</b> - NPO for 2 hours prior to exam <b>3 months to 1 year</b> - NPO 4 hours prior to exam <b>1-8 years</b> - NPO 5 hours prior to exam <b>8years or older</b> - NPO 6 hours prior to exam	76705
Limited Pelvis US Pelvic Non-OB Ltd	LLQ/RLQ	<b>Infant to 2 years</b> - 8 oz clear liquid 45 minutes prior to exam <b>2-6 years</b> - 16 oz clear liquid 45 minutes prior to exam <b>6-12 years</b> - 24 oz clear liquid 45 minutes prior to exam <b>12 years or older</b> - 32 oz clear liquid 45 minutes prior to exam DO NOT VOID.	76857
Complete Pelvis US Pelvic Non-OB Complete	Urogenital malformations Precocious puberty Vaginal discharge Abnormal bleeding Pelvic mass Ovarian torsion	<b>Infant to 2 years</b> - 8 oz clear liquid 45 minutes prior to exam <b>2-6 years</b> - 16 oz clear liquid 45 minutes prior to exam <b>6-12 years</b> - 24 oz clear liquid 45 minutes prior to exam <b>12 years or older</b> - 32 oz clear liquid 45 minutes prior to exam DO NOT VOID.	76857



## Ultrasound– Procedures

BODY PART	REASON FOR EXAM	PREP	CPT CODE
Thyroid Biopsy (Currently performed by ENT)	Nodule mass		FNA-10005 each additional 10006
Breast Biopsy	Mass Lump	Appropriate modification of anticoagulation	76942 and others to be determined
Saline Infused Sonohysterography (performed by OB/Gyn)	Abnormal uterine bleeding Uterine myoma, polyp or synechiae Congenital abnormality of uterus Infertility Recurrent pregnancy loss. Focal or diffuse endometrial or intracavitary abnormality		76831 and others to be determined
Prostate Biopsy (performed by Urology)	Elevated PSA Prostatitis Enlarged prostate	Bowel Prep	76942 76872 55700
Amniocentesis (Not performed at SEARHC)	US guided collection of amniotic fluid		76946 & 59000



## X-Ray– Procedures

BODY PART	REASON FOR EXAM	PREP	CPT CODE
Arthrogram Hip/Shoulder/wrist/ankle	Chronic pain Evaluate for tear in joint Capsule/ligaments General weakness of joint	Appropriate modification of anticoagulation	See below
Barium Enema (BE)	Fistulas Intussusception	Bowel Prep	74280 w/air 74270
Air Contrast Barium Enema (ACBE)	Mass Polyps Neoplasm	Bowel Prep	74280 w/air
Cystogram Radiologist or urologist to perform	Incontinence (Urologist) Trauma Obstruction of urethra	No prep	74430
Esophagram (Swallow) Radiologist to perform	Stricture Dysphagia Anatomic anomaly Neoplasm Reflux	NPO 4 hours	74220
Joint Injection for Pain	Pain	Appropriate modification of anticoagulation	20610 & 77002
Lumbar Puncture	Suspicion of meningitis Subarachnoid hemorrhage CNS disease	NPO 4 hours Appropriate modification of anticoagulation	
PICC Lines (Not Performed by radiology)	Long term IV use Chemo Nutrition	None	36569 & 76937
Retrograde Urethrogram	Trauma Obstruction	None	
Small Bowel Series	Enteritis Giardiasis Ileus Meckel's Diverticulum	NPO after midnight	74250
Upper GI Series	Bezoar, Trichobezoar, phytobezoar Diverticula Emesis, hematemesis	NPO after midnight	74240 74245
Upper GI Series w/Small Bowel	Gastritis Hiatal Hernia		
Video Esophagram	Dysphagia Chronic Pneumonia	No Prep	74230
Voiding Cystourethrogram (VCUG)	Trauma Incontinence	No prep Patient must be Catheterized.	74455



## Arthrograms

### Shoulder Arthrogram

73040 X-ray Shoulder Arthrogram

73222 MRI Shoulder Arthrogram

73201 CT Shoulder Arthrogram

### Hip Arthrogram

73525 X-ray Hip Arthrogram

73722 MRI Hip Arthrogram

73701 CT Hip Arthrogram

### Knee Arthrogram

73580 X-ray Knee Arthrogram

73722 MRI Knee Arthrogram

73701 CT Knee Arthrogram

### Wrist Arthrogram

73115 X-ray Wrist Arthrogram

73222 MRI Wrist Arthrogram

73201 CT Wrist Arthrogram



## Mammography

### Screening

INCREASED RISK	DA (Age when relative was diagnosed with cancer)	MMG START	CHECK IN
No increased risk		mmg starting at age = 40	Yearly
1st degree relative with Breast Cancer (Mother, Father, Sibling)	DA <35	mmg starting at age = 25	Yearly
	35 ≤ DA < 50	mmg starting at age = DA-10	Yearly
	DA ≥50	mmg starting at age = 40	Yearly
RISK LEVEL		FIRST STEP	CHECK IN
High Lifetime Risk	Tyrer-Cuzick model (Ver 8) - lifetime risk > 20%	Mammogram & consider additional screening with breast MRI	Yearly
	<b>Other sources of increased risk</b> (ex. BRCA gen mutation, Ashkanazi Jewish decent, radiation Therapy to the chest, etc.)	Consider genetic counseling as well as earlier screening and additional screening with breast MRI on a case-by-case basis	Yearly
RISK LEVEL	AGE	FIRST STEP	CHECK IN
Personal History of Breast Cancer	Age < 25	Ultrasound	Yearly
	Age ≥ 25	mmg	Yearly

### Diagnostic

*Any palpable finding needs to have a Clock position and distance from the nipple in cm.*

AGE	FIRST STEP	SECOND STEP
Age < 35	Ultrasound	Then a mammogram if needed
Age ≥ 35	Mammogram	Then an ultrasound if needed





# IMAGING REQUEST FORM

ELMC (Juneau) Fax: 907.463.3719 | MEMC (Sitka) Fax: 907.966.8810

<b>Patient Name:</b> (print clearly or place sticker here) <b>DOB:</b> <b>MRN:</b>		<b>Date:</b>							
		<b>Dept:</b>							
		<b>Dept Ext:</b>							
<b>Provider Name:</b> (Print clearly)		<b>Provider Signature:</b> <b>Date/Time:</b>		<b>Provider Phone:</b>					
				<b>Fax:</b>					
<b>Reason for Exam:</b> (Patient history/signs and symptoms for medical necessity)				<b>*Additional Notes/Specific Views:</b>					
<b>Pregnant:</b> YES    NO				<b>Iodine Allergy?</b> YES    NO					
<b>XR Upper Ext.</b>		<b>XR Chest</b>		Is Patient ≥60 years old, have kidney disease or is a diabetic? eGFR_____ Creatinine_____					
Clavicle	R L	Chest Frontal 1v		<b>CT Computer Tomography</b>					
Shoulder min 2v	R L	Chest Frontal & Lateral 2v							
AC Joints Bilateral	W W/O	Ribs Uni w/PA Chest min 3v	R L	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align:center;"><b>Contrast</b></td> </tr> <tr> <td style="text-align:center;">with</td> <td style="text-align:center;">w/o</td> </tr> </table>		<b>Contrast</b>		with	w/o
<b>Contrast</b>									
with	w/o								
Humerus min 2v	R L	Other:		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align:center;"><b>Fluoroscopy (Sitka only)</b></td> </tr> <tr> <td colspan="2">Esophagus Barium Swallow</td> </tr> </table>		<b>Fluoroscopy (Sitka only)</b>		Esophagus Barium Swallow	
<b>Fluoroscopy (Sitka only)</b>									
Esophagus Barium Swallow									
Elbow 2v	R L	<b>Ultrasound</b>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align:center;"><b>CT Computer Tomography</b></td> </tr> <tr> <td colspan="2">Abdomen &amp; Pelvis</td> </tr> </table>		<b>CT Computer Tomography</b>		Abdomen & Pelvis	
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Abdomen & Pelvis									
Forearm 2v	R L	Abdominal Complete		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align:center;"><b>Ultrasound</b></td> </tr> <tr> <td colspan="2">Esophagus Barium Swallow</td> </tr> </table>		<b>Ultrasound</b>		Esophagus Barium Swallow	
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Esophagus Barium Swallow									
Wrist Complete min 3v	R L	Abdomen Limited*		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align:center;"><b>CT Computer Tomography</b></td> </tr> <tr> <td colspan="2">IVP Ab &amp; Pel</td> </tr> </table>		<b>CT Computer Tomography</b>		IVP Ab & Pel	
<b>CT Computer Tomography</b>									
IVP Ab & Pel									
Hand Complete min 3v	R L	Pelvic Non-OB		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align:center;"><b>CT Computer Tomography</b></td> </tr> <tr> <td colspan="2">Stone Study Ab &amp; Pel</td> </tr> </table>		<b>CT Computer Tomography</b>		Stone Study Ab & Pel	
<b>CT Computer Tomography</b>									
Stone Study Ab & Pel									
Thumb Complete	R L	Pelvic Limited Non-OB		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align:center;"><b>CT Computer Tomography</b></td> </tr> <tr> <td colspan="2">Thorax</td> </tr> </table>		<b>CT Computer Tomography</b>		Thorax	
<b>CT Computer Tomography</b>									
Thorax									
Finger Complete*	R L	Transvaginal Non-OB		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align:center;"><b>CT Computer Tomography</b></td> </tr> <tr> <td colspan="2">Head</td> </tr> </table>		<b>CT Computer Tomography</b>		Head	
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Head									
Other:	R L	OB 1st Trimester Single Gestation		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align:center;"><b>CT Computer Tomography</b></td> </tr> <tr> <td colspan="2">Sinuses/Facial Bones*</td> </tr> </table>		<b>CT Computer Tomography</b>		Sinuses/Facial Bones*	
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<b>XR Lower Ext.</b>		OB 1st Tri Add gestation		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align:center;"><b>CT Computer Tomography</b></td> </tr> <tr> <td colspan="2">Temporal Bones/Orbits*</td> </tr> </table>		<b>CT Computer Tomography</b>		Temporal Bones/Orbits*	
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Temporal Bones/Orbits*									
Hip Complete min 2v	R L	OB after 1st tri-Single Gestation		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align:center;"><b>CT Computer Tomography</b></td> </tr> <tr> <td colspan="2">Soft Tissue Neck</td> </tr> </table>		<b>CT Computer Tomography</b>		Soft Tissue Neck	
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Soft Tissue Neck									
Femur 2v	R L	OB after 1st tri Add gestation		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align:center;"><b>CT Computer Tomography</b></td> </tr> <tr> <td colspan="2">Abdomen</td> </tr> </table>		<b>CT Computer Tomography</b>		Abdomen	
<b>CT Computer Tomography</b>									
Abdomen									
Knee 2v	R L	OB Detailed Single Gestation		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align:center;"><b>CT Computer Tomography</b></td> </tr> <tr> <td colspan="2">Pelvis</td> </tr> </table>		<b>CT Computer Tomography</b>		Pelvis	
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Pelvis									
Knee 3v	R L	OB Detailed Add Gestation		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align:center;"><b>CT Computer Tomography</b></td> </tr> <tr> <td colspan="2">Cervical Spine</td> </tr> </table>		<b>CT Computer Tomography</b>		Cervical Spine	
<b>CT Computer Tomography</b>									
Cervical Spine									
Knee min 4v*	R L	OB Limited		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align:center;"><b>CT Computer Tomography</b></td> </tr> <tr> <td colspan="2">Thoracic Spine</td> </tr> </table>		<b>CT Computer Tomography</b>		Thoracic Spine	
<b>CT Computer Tomography</b>									
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Knee Bilateral Standing	AP PA	OB Limited Follow up		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align:center;"><b>CT Computer Tomography</b></td> </tr> <tr> <td colspan="2">Lumbar Spine</td> </tr> </table>		<b>CT Computer Tomography</b>		Lumbar Spine	
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Lumbar Spine									
Tibia/Fibula 2v	R L	OB Transvaginal		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align:center;"><b>CT Computer Tomography</b></td> </tr> <tr> <td colspan="2">Upper Extremity*</td> </tr> </table>		<b>CT Computer Tomography</b>		Upper Extremity*	
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Upper Extremity*									
Ankle Complete	R L	Cranial		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align:center;"><b>CT Computer Tomography</b></td> </tr> <tr> <td colspan="2">Lower Extremity*</td> </tr> </table>		<b>CT Computer Tomography</b>		Lower Extremity*	
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Lower Extremity*									
Foot Complete	R L	Scrotum		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align:center;"><b>CT Computer Tomography</b></td> </tr> <tr> <td colspan="2">CTA Head</td> </tr> </table>		<b>CT Computer Tomography</b>		CTA Head	
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CTA Head									
Calcaneus min 2v	R L	Extremity, non-vascular*		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align:center;"><b>CT Computer Tomography</b></td> </tr> <tr> <td colspan="2">CTA Neck</td> </tr> </table>		<b>CT Computer Tomography</b>		CTA Neck	
<b>CT Computer Tomography</b>									
CTA Neck									
Toe Complete*	R L	Soft tissue, head/neck*		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align:center;"><b>CT Computer Tomography</b></td> </tr> <tr> <td colspan="2">CTA Chest non-coronary</td> </tr> </table>		<b>CT Computer Tomography</b>		CTA Chest non-coronary	
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Other:	R L	Chest		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align:center;"><b>CT Computer Tomography</b></td> </tr> <tr> <td colspan="2">Low Dose Chest</td> </tr> </table>		<b>CT Computer Tomography</b>		Low Dose Chest	
<b>CT Computer Tomography</b>									
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<b>XR Spine and Pelvis</b>		Breast		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align:center;"><b>CT Computer Tomography</b></td> </tr> <tr> <td colspan="2">Other:</td> </tr> </table>		<b>CT Computer Tomography</b>		Other:	
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Cervical Spine 2 or 3v		Axillary		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align:center;"><b>CT Computer Tomography</b></td> </tr> <tr> <td colspan="2">Other:</td> </tr> </table>		<b>CT Computer Tomography</b>		Other:	
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Cervical Spine 4v		L.E. Non-Vascular Complete*		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align:center;"><b>CT Computer Tomography</b></td> </tr> <tr> <td colspan="2">Other:</td> </tr> </table>		<b>CT Computer Tomography</b>		Other:	
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Thoracic Spine 2v		L.E. Non-Vascular Limited*		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align:center;"><b>CT Computer Tomography</b></td> </tr> <tr> <td colspan="2">Other:</td> </tr> </table>		<b>CT Computer Tomography</b>		Other:	
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Thoracic Spine 3v		Other:		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align:center;"><b>CT Computer Tomography</b></td> </tr> <tr> <td colspan="2">Other:</td> </tr> </table>		<b>CT Computer Tomography</b>		Other:	
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Lumbar Spine 2 or 3v		<b>Mammogram</b>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align:center;"><b>CT Computer Tomography</b></td> </tr> <tr> <td colspan="2">Other:</td> </tr> </table>		<b>CT Computer Tomography</b>		Other:	
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Lumbar Spine 4v		Mammo Screening		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align:center;"><b>CT Computer Tomography</b></td> </tr> <tr> <td colspan="2">Other:</td> </tr> </table>		<b>CT Computer Tomography</b>		Other:	
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Pelvis 1v		Mammo Diagnostic		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align:center;"><b>CT Computer Tomography</b></td> </tr> <tr> <td colspan="2">Other:</td> </tr> </table>		<b>CT Computer Tomography</b>		Other:	
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Pelvis 2v		Other:		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align:center;"><b>CT Computer Tomography</b></td> </tr> <tr> <td colspan="2">Other:</td> </tr> </table>		<b>CT Computer Tomography</b>		Other:	
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Sacrum and coccyx min 2v				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align:center;"><b>CT Computer Tomography</b></td> </tr> <tr> <td colspan="2">Other:</td> </tr> </table>		<b>CT Computer Tomography</b>		Other:	
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Other:									
<b>Technologist Area:</b> Tech Name: Start Time:                      End Time: CT/MRI Contrast: Contrast Amount: XR Repeats:		Mammo Screening		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align:center;"><b>CT Computer Tomography</b></td> </tr> <tr> <td colspan="2">Other:</td> </tr> </table>		<b>CT Computer Tomography</b>		Other:	
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		Mammo Diagnostic		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align:center;"><b>CT Computer Tomography</b></td> </tr> <tr> <td colspan="2">Other:</td> </tr> </table>		<b>CT Computer Tomography</b>		Other:	
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3100 Channel Drive, Suite 300 | Juneau, AK 99801