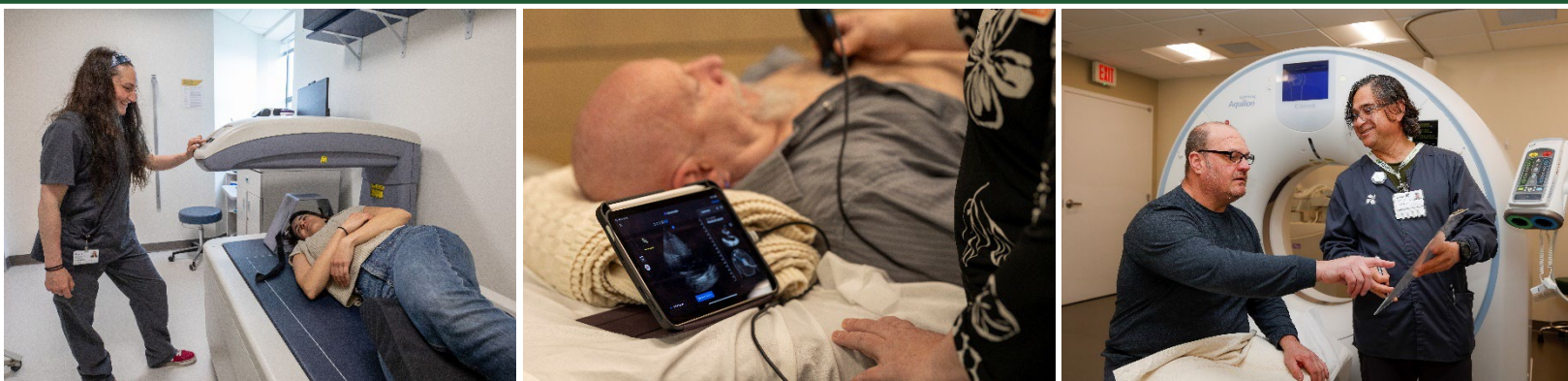


Imaging Order Guide

Bone Density (DEXA) | Computed Tomography (CT) | Echocardiography
Fluoroscopy Exams | Magnetic Resonance Imaging (MRI)
Mammography | Ultrasound | X-Ray



TO OUR PHYSICIAN PARTNERS

This comprehensive guide to SEARHC imaging services was developed to help in prescribing and ordering the appropriate testing for your patients. It includes indications and recommendations to consider as well as Current Procedural Terminology (CPT) codes to use when ordering imaging services with SEARHC.

Using state-of-the-art imaging technology, SEARHC strives to provide our patients with the highest level of safety and quality. All our physicians are board certified in diagnostic radiology. Several providers have additional certifications in specialties such as neuroradiology and interventional radiology.

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

When you place an order for imaging services, please:

- Include pertinent history as well as signs or symptoms.
- Do not use rule out (R/O) exams (e.g., "R/O tumor," "R/O anomaly") unless the patient's history and signs/symptoms are included on the order.
- Specify a particular entity or condition upon which you would like us to comment in the report.

Thank you for entrusting your patients' imaging needs to SEARHC.

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IMAGING SERVICES & LOCATIONS

Location	Bone Density (DEXA)	Computed Tomography (CT)	Echocardiography	Fluoroscopy Exams	Magnetic Resonance Imaging (MRI)	Mammography	Ultrasound	X-Ray
Angoon								
Jessie Norma Jim Health Center 725 Relay Road Angoon, AK 99820 Ph: 907.788.4600 Fx: 907.788.3180								Yes
Haines								
Haines Health Center 131 1st Avenue Haines, AK 99827 Ph: 907.766.6300 Fx: 907.766.2675						Yes (Traveling Clinic)	Yes (Traveling Clinic)	Yes
Hoonah								
Hoonah Health Center 490 Gartina Highway Hoonah, AK 99829 Ph: 907.945.2735 Fx: 907.945.3239								Yes
Juneau								
Ethel Lund Medical Center 1200 Salmon Creek Ln. Juneau, AK 99801 Ph: 907.463.4029 Fx: 907.463.3719	Yes	Yes Plus: CT Cardiac Calcium Scoring	Yes			Yes	Yes	Yes
Vintage Park Campus 3051 Vintage Blvd. Juneau, AK 99801 Ph: 907.463.0180 Fx: 907-463-3719					Yes			Yes
Kake								
Kake Health Center 105 Totem Way Kake, AK 99830 Ph: 907.785.3333 Fx: 907.785.3136								Yes
Klawock								
Alicia Roberts Medical Center 7300 Klawock-Hollis Hwy. Klawock, AK 99925 Ph: 907.755.4970 Fx: 907.755.4981		Yes				Yes	Yes	Yes
Sitka								
Mt. Edgecumbe Medical Center 222 Tongass Drive Sitka, AK 99835 Ph: 907.966.2411 Fx: 907.966.8810	Yes	Yes	Yes Plus: Stress Echo	Yes	Yes	Yes	Yes	Yes
Wrangell								
Wrangell Medical Center 232 Wood Street Wrangell, AK 99929 Ph: 907.874.7128 Fx: 907.874.7120	Yes	Yes				Yes	Yes	Yes



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Patient Conditions & Requirements

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

- Age 60 years or older
- Diabetic
- History of renal disease
- Hypertension



CT General – Head & Neck

BODY PART	REASON FOR EXAM	IV CONTRAST	ORAL CONTRAST	EXAM TITLE IN EHR	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/ and 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	Yes	No	*CT Soft Tissue Neck w/ contrast	70491
	Salivary Gland Mass/Neoplasm	Yes	No	*CT soft tissue neck w/o and w/ contrast	70492



CT General – Spine

BODY PART	REASON FOR EXAM	IV CONTRAST	ORAL CONTRAST	EXAM TITLE IN EHR	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 EHR	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 EHR	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 and 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 Enterography - MEMC/Sitka Specify with IV and Oral Volumes	74177
Urogram	Hematuria Hydronephrosis	Yes	Water: 16 oz. right before scan	*CT IVP-Abd/Pel w/ and 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 EHR	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 EHR the specific body part (ex., CT Anatomy, with or without, Laterality)				

CT General– Specialty Exams

BODY PART	REASON FOR EXAM	IV CONTRAST	EXAM TITLE IN EHR	CPT CODE
CT Cardiac Calcium Scoring (ELMC only)		No	CT Calcium Scoring	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 EHR	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 – this should always be a CTA C/A/P AAA Aneurysm	Yes	*CT Angiogram Chest w/ contrast w/o if performed and CT Angiogram Abd + Pel w/ Contrast w/o 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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Special Considerations

Implants:

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

Orbit X-Ray:

Required if patient has had any metal exposure to eyes, any history metal in the eyes or has performed grinding or welding.

NOW AVAILABLE | Expanded MRI Services in Juneau at our Vintage Park Campus

SEARHC is excited to bring MRI services to Juneau at Vintage Park Campus in June 2025. Schedule your appointment today! This new location provides advanced imaging services for the community, reducing the need to travel to Sitka or Anchorage for MRI scans.



MRI General – Head & Neck

BODY PART	REASON FOR EXAM	IV CONTRAST	EXAM TITLE IN EHR	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 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	Grave's Disease Demyelination/Multiple Sclerosis Diplopia Dysthyroid Eye Disease Trauma Pseudotumor Tumor/Mass/Cancer/Metastasis/ Vascular Lesions	Yes	MRI Orbit/Face/Neck w/ and w/o contrast	70543
Soft Tissue Neck	Infection Pain Tumor/Mass/Cancer/Metastasis Vocal Cord Paralysis	Yes	MRI Orbit/Face/Neck w/ and w/o contrast	70543

**MRI General – Spine**

BODY PART	REASON FOR EXAM	IV CONTRAST	EXAM TITLE IN EHR	CPT CODE
Spine: Lumbar	Back Pain Compression Fracture (no Hx of Cancer or 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 or Metastasis) Discitis Abscess/Infection Osteomyelitis Post-Operative (Hx l-spine surgery 6 mos.) 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 EHR	CPT CODE
Brachial Plexus	Brachial Plexus Injury Nerve Avulsion Tumor/Mass/Cancer/Metastasis	Yes	MRI Chest/Mediastinum w/ and 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/ and w/o contrast	71552
Breast Implant	Implant Rupture	No	MRI Breast w/o contrast Bilateral	77059
Breast MRI currently not 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	Not Available			



MRI General – Abdomen & Pelvis

BODY PART	REASON FOR EXAM	IV CONTRAST	EXAM TITLE IN EHR	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- and 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 EHR	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 EHR	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.) <i>*Consult Radiologist/Orthopedics for other appropriate indications</i>	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 EHR	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 EHR	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 Thurner 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> <i>Head or Neck</i>	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 turtlenecks, high collar shirts, necklaces or ties *Please specify Thyroid vs Soft Tissue neck	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 Memory Loss Dementia Transient Ischemic Attack (TIA) Cerebral Vascular Attack (CVA) Amaurosis Fugax Transient Visual Loss Transient Retinal Occlusion Carotid Trauma	No turtlenecks, 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 st 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 Trans- abdominal 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 Cancer 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 only	93975-93976



Ultrasound – Extremity

BODY PART	REASON FOR EXAM	PREP	CPT CODE
Upper or Lower Extremity Limited Non- Vascular (Bilateral, Left, Right)	Joint Pain Tendon Pain/Tendonitis Fluid Collection (Baker's Cyst/Ganglion Cyst) Ligament/Tendon/Rotator Cuff/Carpal Tunnel Lump/Soft Tissue Mass Inguinal Hernia Inguinal Canal Hernia	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 Bilateral 93971 Unilateral
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 1st 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 Endovaginal
After First Trimester (greater than 14 weeks) <i>US OB after 1st Trimester Single Gest.</i>	Anatomy Survey (at 20 weeks) <i>SEARHC may only bill for this once.</i> *Determining fetal sex is not considered medically necessary	Fill bladder with 32 oz of water. Be done drinking water 45 minutes prior to appointment. DO NOT VOID	76805 (Endovaginal if indicated) 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 Bubble study if looking for ASD, stroke patients	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 - w/o contrast	93350 93352

Special Considerations

Adult echoes are provided only to those patients ≥ 14 years of age.



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	Less than 2 months - NPO for 2 hours prior to exam 3 months to 1 year - NPO 4 hours prior to exam 1-8 years - NPO 5 hours prior to exam 8 years or older - NPO 6 hours prior to exam	76705
Limited Abdomen Single organ or Quadrant US Abd Ltd	Pyloric Stenosis Intussusception Appendicitis	Less than 2 months - NPO for 2 hours prior to exam 3 months to 1 year - NPO 4 hours prior to exam 1-8 years - NPO 5 hours prior to exam 8years or older - NPO 6 hours prior to exam	76705
Limited Pelvis US Pelvic Non-OB Ltd	LLQ/RLQ	Infant to 2 years - 8 oz clear liquid 45 minutes prior to exam 2-6 years - 16 oz clear liquid 45 minutes prior to exam 6-12 years - 24 oz clear liquid 45 minutes prior to exam 12 years or older - 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	Infant to 2 years - 8 oz clear liquid 45 minutes prior to exam 2-6 years - 16 oz clear liquid 45 minutes prior to exam 6-12 years - 24 oz clear liquid 45 minutes prior to exam 12 years or older - 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/Knee	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 Upper GI Series w/Small Bowel	Bezoar, Trichobezoar, phytobezoar Diverticula Emesis, Hematemesis Gastritis Hiatal Hernia	NPO after midnight	74240 74245
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
	$35 \leq \text{DA} < 50$	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 and consider additional screening with breast MRI	Yearly
	Other sources of increased risk (ex. BRCA gene 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

Risk Assessment

[Tyrer-Cuzick Risk Calculator for Breast Cancer Risk Assessment | MagView](#)

Patient Name: (print clearly or place sticker here) DOB: MRN:				Date:	
				Dept.:	
				Dept. Ext.:	
Provider Name: (Print clearly)		Provider Signature: Date/Time:		Provider Phone:	
				Fax:	
Reason for Exam: (Patient history/signs and symptoms for medical necessity)				*Additional Notes/Specific Views:	
Pregnant: YES NO				Iodine Allergy? YES NO	
XR Upper Ext.		XR Chest		Is Patient ≥60 years old, have kidney disease or is a diabetic? eGFR _____ Creatinine _____	
☐ Clavicle R L	☐ Shoulder min 2v R L	☐ Chest Frontal 1v		Computed Tomography (CT)	
☐ AC Joints Bilateral W W/O	☐ Humerus min 2v R L	☐ Chest Frontal & Lateral 2v			
☐ Elbow 2v R L	☐ Forearm 2v R L	☐ Ribs Uni w/PA Chest min 3v R L	☐ Other:	Contrast	
☐ Wrist Complete min 3v R L	☐ Hand Complete min 3v R L	☐ Other:	☐ WITH ☐ W/O	☐ Abdomen & Pelvis	
☐ Thumb Complete R L	☐ Finger Complete* R L	Fluoroscopy (Sitka only)		☐ IVP Ab & Pel	
☐ Other:	☐ Abdominal Complete	Ultrasound		☐ Stone Study Ab & Pel	
XR Lower Ext		☐ Abdomen Limited*		☐ Thorax	
☐ Hip Complete min 2v R L	☐ Femur 2v R L	☐ Pelvic Non-OB		☐ Head	
☐ Knee 2v R L	☐ Knee 3v R L	☐ Pelvic Limited Non-OB		☐ Sinuses/Facial Bones*	
☐ Knee min 4v* R L	☐ Knee Bilateral Standing AP PA	☐ Transvaginal Non-OB		☐ Temporal Bones/Orbits*	
☐ Tibia/Fibula 2v R L	☐ Ankle Complete R L	☐ OB 1st Trimester Single Gestation		☐ Soft Tissue Neck	
☐ Foot Complete R L	☐ Calcaneus min 2v R L	☐ OB 1st Tri Add gestation		☐ Abdomen	
☐ Toe Complete* R L	☐ Other:	☐ OB after 1st tri-Single Gestation		☐ Pelvis	
☐ Other:	☐ OB Detailed Single Gestation	☐ OB after 1st tri Add gestation		☐ Cervical Spine	
XR Spine and Pelvis		☐ OB Detailed Add Gestation		☐ Thoracic Spine	
☐ Cervical Spine 2 or 3v	☐ Cervical Spine 4v	☐ OB Limited		☐ Lumbar Spine	
☐ Thoracic Spine 2v	☐ Thoracic Spine 3v	☐ OB Limited Follow up		☐ Upper Extremity*	
☐ Lumbar Spine 2 or 3v	☐ Lumbar Spine 4v	☐ OB Transvaginal		☐ Lower Extremity*	
☐ Pelvis 1v	☐ Pelvis 2v	☐ Cranial		☐ CTA Head	
☐ Sacrum and coccyx min 2v	☐ Other:	☐ Scrotum		☐ CTA Neck	
Bone Density		☐ ECHO		☐ CTA Chest non-coronary	
☐ DEXA	Mammogram		Magnetic Resonance Imaging (MRI)		
Technologist Area:		☐ Mammo Screening R L	☐ Brain		
Tech Name:		☐ Mammo Diagnostic R L	☐ Orbits/Face/Neck*		
Start Time: End Time:		☐ Other:	☐ Cervical Spine		
CT/MRI Contrast:			☐ Thoracic Spine		
Contrast Amount:			☐ Lumbar Spine		
XR Repeats:			☐ Chest		
			☐ Abdomen		
			☐ Pelvis		
			☐ Upper Extremity*		
			☐ Lower Extremity*		
			☐ MRA Brain/Head		
			☐ MRA Neck		
			☐ Other:		