

Radiology Ordering Guide

Coffeyville Regional Medical Center
Medical Imaging Services



**This guide is to help you order
the correct imaging study.**

CRMC Main Line: 620-251-1200

Radiology Scheduling: 620-252-1523

CRMC Fax: 620-252-1573



August 2022

Hello!

This ordering guide is meant to assist you when ordering a study with CRMC. The guide includes common indications as well as recommendations for the most appropriate examination. 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 many have additional certifications in specialties such as neuro-radiology, MSK, and interventional radiology. We use state-of-the-art imaging technology CRMC.

It is our goal to provide you and your patients with the most appropriate and complete imaging examination. After the correct order is placed, examinations are further tailored to each patient's specific condition. Thus, it is very important for the radiologist to be aware of the clinical question or specific condition in question so that the appropriate imaging can be performed.

Please understand that as the structure of medicine changes, many of the old ways of ordering radiology are no longer correct. With the new ICD-10 code book and regulations, medical necessity and a billable indication can be somewhat difficult to discern. An ICD-10 diagnosis is no longer acceptable as an indication for imaging. Radiology specific indications are now required and usually relate directly to the patient's symptoms or stage of disease in the follow up setting.

When ordering an examination please include pertinent history as well as signs or symptoms. Please refrain from ordering "r/o" exams such as "rule out tumor" or "rule out anomaly" unless history and signs/symptoms are included as well. Please do not use generic terms such as "trauma or asthma or diabetes." Feel free to specify a particular entity or condition you would like the Radiologist to comment upon in the report.

Please understand that if a representative from the radiology department contacts you in regards to an order, they are simply trying to make sure that the correct study is being performed and that there is an accurate order for that study with an acceptable indication. Hopefully, this ordering guide will eliminate most of these phone calls.

We have also included a list of most commonly used ICD-10 codes. Please note that this is not a complete list so you may need to refer to your most current ICD-10- CM code book for the most appropriate code.



David A. Gutschenritter, MD
Interventional Radiologist

TABLE OF CONTENTS – CRMC Radiology Ordering Guide

RADIOLOGY SCREENING QUESTIONS	3
SERVICES & LOCATIONS	4
RADIOLOGY ASSOCIATES EXAM PREP	4
CT - Head	5
CT - Head (Continued)	6
CT - Spine	6
CT - Chest	7
CT - Abdomen & Pelvis	8
CT - Extremities	9
CT - Arthrography (Joints with Intra articular Contrast)	10
CT - Angiography (CTA)	11
MRI – Head & Neck	12
MRI - Spine	13
MRI - Chest / Abdomen / Pelvis	14
MRI - Extremities	15
MRI - Extremities (Continued)	16
MRA / MRV - MR Angiography / MR Venography	16
MRA / MRV - MR Angiography / MR Venography	17
Nuclear Medicine	18
Ultrasound - Neck	20
Ultrasound - Chest	20
Ultrasound - Abdomen	21
Ultrasound - Pelvis	21
Ultrasound - Retroperitoneal	22
Ultrasound - Extremities/Musculoskeletal	23
Fluoroscopy	24
Breast Ordering Decision Tree	25
Breast Health Nurse Navigator - Christy McCullough, RN, MSN	26
Standing Orders for after Abnormal Mammograms	27
CPT CODING - CT	29
CPT CODING - MRI	30
CPT CODING – Ultrasound	31
Pre-Medication Allergic Reactions	32
DEXA SCANS	33
Pain Management Procedures	34

Please feel free to call the Radiology Department if you have any questions on any orders, 620-252-1523.

RADIOLOGY SCREENING QUESTIONS

MRI (Magnetic Resonance Imaging)

<ul style="list-style-type: none"> • Height & Weight • Do you have a pacemaker? Must present device implant card for MRI safety • Do you have any implanted metal or electronic devices (stents, hardware, pumps, etc.)? • Are you claustrophobic? • Have you ever had metal in your eyes for which you sought medical attention? (If yes, please also send an order for an XR Orbits) • Are you pregnant? 	<ul style="list-style-type: none"> • Have you ever been diagnosed with cancer? • GFR need for those over 60 for contrast • History of kidney disease requiring dialysis or surgery?(ex: kidney transplant or cancer)* • History of hypertension requiring medication?* • History of diabetes*
--	--

CT (Computed Tomography)

<ul style="list-style-type: none"> • Are you pregnant? • Any prior surgery on the area(s) being scanned? • Have you ever been diagnosed with cancer? • Are you allergic to iodine? • GFR needed for those over 60 for contrast. 	<ul style="list-style-type: none"> • History of kidney disease requiring dialysis or surgery?(ex: kidney transplant or cancer)* • History of hypertension requiring medication?* • History of diabetes?* • Taking Metformin or a drug containing Metformin? (ex: Glucophage)*
---	---

MG (Mammography)

<p>If yes for either question below the patient must Have a diagnostic MG(not a screening)and Breast US (please include order for both):</p> <ul style="list-style-type: none"> • Personal history of breast cancer within the last 5 years? • Any current breast problems (pain, lump, etc.) 	<ul style="list-style-type: none"> • Do you have breast implants? • Do you have any mobility restrictions • Where are prior mammograms? (Will NOT perform MG without priors)
---	---

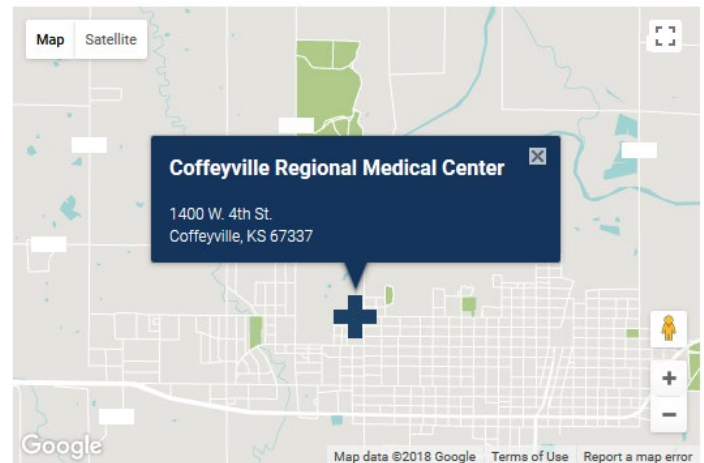
*Please note: The questions in **BOLD** with an **asterisk*** above only need to be asked if the exam is going to include contrast. If the patient answers "Yes" to any of these questions we will need to have a Creatinine level for CT or GFR calculation for MRI within the previous 30 days. If the patient has not had this done we will need to order these labs and have them drawn within 24 hours of scheduling the patient's appointment.

SERVICES & LOCATIONS

Imaging Center Location

Coffeyville Regional Medical Center
1400 W. 4th Street
Coffeyville, Kansas 67337

CRMC Main Line: 620-251-1200
Radiology Scheduling: 620-252-1523
Radiology Fax Line: 620-252-1573



Diagnostic Services

- Bone Density Screening
- CT Scan(multi-slice)
- Digital Mammography
- Fluoroscopy
- MRI–High Field
- PET/CT Imaging
- Ultrasound
- Vascular Imaging
- X-Ray (General Diagnostic)

Interventional Radiology

- Abscess/ Fluid Drainage
- Biliary Interventions
- Biopsies
- Dialysis Access
- DVT Thrombolysis
- Gastrostomy Tubes
- Inferior Vena Cava (IVC) Filters
- Internal Bleeding
- Pelvic Congestion Syndrome
- Peripheral Arterial Disease
- Spine Interventions/Pain Management
- Thrombolysis
- Vascular Access
- Vertebroplasty
- Acute and Chronic Pain Management

RADIOLOGY ASSOCIATES EXAM PREP

Fluoroscopy

- **UGI Series/Small Bowel**
 - Nothing to eat or drink eight (8) hours prior to the study.
 - Small Bowel exam could take up to 3-4 hours.
- **Barium Enema**
 - Follow prep instructions given by ordering doctor before the exam.Nothing to eat the day of exam.

Ultrasound

- **Abdomen**
 - Nothing to eat or drink eight (8) hours prior to study.
- **Renal, Pelvis, or OB/GYN**
 - Drink 4-5 8oz. glasses of water (24-36oz) 1 hour prior to exam.
 - DO NOT urinate. A full bladder is essential. (Note: The slower the bladder fills, the less discomforting)

CT Scan

- **Abdomen/Pelvis (with oral contrast)**
 - Arrive at department, 2 hours before scheduled appointment time to drink oral contrast.
- **Abdomen/Pelvis with (with or without IV contrast, and no oral contrast)**
 - Nothing to eat or drink two (2) hours prior to exam.
- **Chest**
 - Nothing to eat or drink two (2) hours prior to exam.

Magnetic Resonance Imaging (MRI)

- **MRI of the Abdomen/Pelvis**
 - Nothing to eat or drink four (4) hours prior to your examination.

CT - Head

BODY PART	REASON FOR EXAM	EXAM TO PRE-CERT	CPT CODE
Head/Brain	Trauma	CT Head/Brain	70450
	Headaches	Without Contrast	
	CVA, Stroke		
	Bleed, Hemorrhage		
	Alzheimer's		
	Memory Loss, Confusion		
	Vertigo, Dizziness		
	Shunt Check		
	Hydrocephalus		
	Metastatic Staging	CT Head/Brain	70460
	Mass/Tumor	With Contrast	
	Infection		
	Headache w/associated Neurologic signs		
	Melanoma	CT Head/Brain	70470
	HIV	Without and With Contrast	
	Toxoplasmosis		
Orbits	Trauma	CT Orbit	70480
	Fracture	Without Contrast	
	Foreign Body		
	Graves Disease		
	Pseudotumor	CT Orbit	70481
	Pain	With Contrast	
	Exophthalmus		
	Abscess		
	Mass	CT Orbit	70482
Facial Bones	Retinoblastoma	Without and With Contrast	
	Trauma	CT Facial Bones	70486
	Fracture	Without Contrast	
	Cellulitis	CT Facial Bones With Contrast	70487
	Sinusitis	CT Sinus Complete	70486
	Osteomeatal Complex		
	Sinusitis Polyps		
Temporal Bone	Hearing Loss, Conductive* <i>*Sensory neuro hearing loss, (order MRI with and without contrast)</i>	CT Temporal Bones	70480
	Cholesteotoma	Without Contrast	
	Trauma		

CT - Head (Continued)

BODY PART	REASON FOR EXAM	EXAM TO PRE-CERT	CPT CODE
Neck	Mass	CT Neck	70491
	Infection	With Contrast	
	Cancer Workups	<i>*If elevated creatinine order</i>	
	Parotid Mass	<i>without contrast</i>	
	Hoarseness	CT Neck	70490
	Vocal Chord Paralysis	Without Contrast	
	Voice Changes		
	Submandibular Stone	CT Soft Tissue Neck	70492
	Infection of Submandibular Gland	Without and With Contrast	
	Infection of Parotid Gland		
	Parotid Stone		

CT - Spine

BODY PART	REASON FOR EXAM	EXAM TO PRE-CERT	CPT CODE
Cervical Spine	Trauma, Fracture, Fusion	CT Cervical Spine	72125
	Assess Bone Degenerative Changes <i>*MRI recommended for disc herniation, mets, infection</i>	Without Contrast	
Thoracic Spine	Trauma, Fracture, Fusion	CT Thoracic Spine	72128
	Assess Bony Degenerative Changes <i>*MRI recommended for disc herniation, mets, infection</i>	Without Contrast	
Lumbar Spine	Trauma, Fracture, Fusion	CT Lumbar Spine	72131
	Assess Bony Degenerative Changes <i>*MRI recommended for disc herniation, mets, infection</i>	Without Contrast	

CT - Chest

BODY PART	REASON FOR EXAM	EXAM TO PRE-CERT	CPT CODE
Chest, High Resolution	Interstitial Disease	CT Chest Without Contrast	71250
	Fibrosis COPD		
	Hemoptysis		
	Bronchiectasis		
	Sarcoidosis Pleural		
	Plaques		
	Asbestosis		
Chest	F/U Nodules	CT Chest Without Contrast	71250
	Renal Failure Patients		
	Cough Pneumonia	CT Chest with Contrast	71260
	Lung CA		
	Esophageal CA		
	Lymphoma Lung		
	Nodule: Initial		
	Mass		
	Tracheal Stenosis		
	Chest Wall Mass		

CT-Computed Tomography

CT - Abdomen & Pelvis

Oral Contrast is used for most abdominal and pelvic CT scans unless there is no suspicion of bowel pathology or when administration would delay a diagnosis in the trauma setting. Please specify on order "oral contrast".

BODY PART	REASON FOR EXAM	EXAM TO PRE-CERT	CPT CODE
Abdomen	F/U for pts with renal cell carcinoma in renal failure (recommend MRI)	CT Abdomen Without Contrast	74150
	Abdominal Pain (generalized) Mass RUQ Pain LUQ Pain Epigastric Pain Pseudocyst Pancreatitis	CT Abdomen With Contrast	74160
Abdomen & Pelvis	Hematuria with Pain Stone (Stone Study)	CT Abdomen and Pelvis Without Contrast	74176
	Abdominal Pain Crohns/Ulcerative Colitis/IBD Diverticulitis Abscess Mass Hernia (i.e. umbilical, inguinal)	CT Abdomen and Pelvis With Contrast	74177
	Kidney Cysts. Mass Cancer Staging	CT Abdomen Without and With Contrast CT Pelvis With Contrast	74178
	Adrenal Mass- No Oral Prep Renal Mass - No Oral Prep Abnormal Ultrasound Liver Mass Hepatitis, Cirrhosis- No Oral Prep Hemangioma –No Oral Prep (recommend MRI)	Use Renal Mass Protocol Use Liver Mass Protocol CT Abdomen Without and With Contrast	74170

CT – Abdomen & Pelvis(Continued)

BODY PART	REASON FOR EXAM	EXAM TO PRE-CERT	CPT CODE
Pelvis	Fracture	CT Pelvis	72192
	Non-Union	Without Contrast	
	Prostate Treatment Planning		
	Arthritis	CT Pelvis	72193
	Cancer Staging	With Contrast	
	Mass		
	Cysts		
	Pain		
	Infection		
	Abscess		
	Bone Infection (recommend MRI)	CT Pelvis Without and With Contrast	72194
CT Urogram (Kidneys/Bladder)	Transitional Cell Carcinoma of Kidney and/or Bladder Defects/Bladder Leakage	CT Abdomen and Pelvis With and Without Contrast	74178

CT - Extremities

BODY PART	REASON FOR EXAM	EXAM TO PRE-CERT	CPT CODE
Upper Extremities Finger Hand Wrist Forearm Elbow Humerus Shoulder Clavicle Scapula	Fracture	CT Upper Extremity	73200
	Fusion	Without Contrast	
	Non-Union/Malunion		
	Infection	CT Upper Extremity	73201
	Tumor/Mass/Cancer/Mets (recommend MRI)	With Contrast	

CT - Extremities (Continued)

BODY PART	REASON FOR EXAM	EXAM TO PRE-CERT	CPT CODE
Sternoclavicular Joint	Fracture NonUnion/Malunion	CT Chest Without Contrast	71250
Lower Extremities Foot Ankle Calf(Tibia/Fibula) Knee Thigh(Femur)	Fracture Fusion Non-Union/Malunion Arthritis PatelloFemoral Malalignment Anteversion/Malrotation(Bilateral)	CT Lower Extremity Without Contrast	73700
	Infection Tumor/Mass/Cancer/Mets (recommend MRI)	CT Lower Extremity With Contrast	73701
Leg Lengths	Abnormality Leg Length Malrotation	CT Limited XR Bone Length	76380 77073

CT - Arthrography (Joints with Intra articular Contrast)

BODY PART	REASON FOR EXAM	EXAM TO PRE-CERT	CPT CODE
CT Arthrogram Hip Knee Ankle Shoulder Elbow Wrist	Cartilage Abnormality Meniscus Abnormality Labrum Abnormality Loose Bodies	Requires 3 codes: 1-Choose upper or lower ext: Lower Extremity With Contrast OR Upper Extremity With Contrast 2-FluoroGuidedArthrogram 3-Choosebodypart: Hip Knee Ankle Shoulder Elbow Wrist	 73701 73201 77002 27093 27370 27648 23350 24220 25246

CT - Angiography (CTA)

BODY PART	REASON FOR EXAM	EXAM TO PRE-CERT	CPT CODE
CTA Brain/Head	TIA,CVA Vascular Malformation Aneurysm AVM(Arterio/Venous Malformation)	CTA Brain	70496
CTA Carotid/Neck	Carotid Stenosis Bruit TIA,CVA Carotid Dissection	CTA Carotid	70498
CTA Chest	Thoracic Aortic Dissection Thoracic Aortic Aneurysm Coarctation Aortic Root Dilation	CTA Chest	71275
CTA Chest PE Study	Chest Pain Tachypnea Shortness of Breath Pulmonary Hypertension(PAHTN)	CTA Chest	71275
CTA Chest and CTA Abdomen	Thoracic and Abdominal Aortic Dissection <i>* Dissection going past renals</i>	CTA Chest CTA Abdomen	71275 72191
Aorta ,Renal, Stent	Aneurysm(AAA) Stent Obstruction/Leak/Malfunction Crossing Vessels Anatomic Marking for Partial/ Complete Nephrectomy Renal Artery Stenosis	CTA Abdomen and CTA Pelvis	74175 72191
CTA Upper Extremities	Trauma Arterial Stenosis	CTA Upper Extremity	73206
CTA Upper Extremities	Peripheral Artery Disease Ischemia to Lower Extremity Arterial Stenosis	CT Lower Extremity	73706
CTA Run-Off	Peripheral Artery Disease(PAD) Ischemia to Lower Extremity Arterial Stenosis	CTA Abdomen, Pelvis, Bilateral Lower Extremities	75635

CT-Computed Tomography

MRI – Head & Neck

BODY PART	REASON FOR EXAM	PROCEDURE TO PRE-CERT	CPT CODE
Brain	Alzheimer's, Dementia, Memory Loss Mental Status Changes, Confusion Headache Without Focal Symptoms Seizures(children) Stroke, CVA,TIA Trauma	MRI Brain Without Contrast	70551
	Cranial Nerve Lesions Dizziness, Vertigo Headache With Focal Symptoms HIV IAC/Hearing Loss Infection Multiple Sclerosis Neurofibromatosis Pituitary Lesion, Elevated Prolactin Seizures(adult new onset) Tumor/Mass/Cancer/Mets Vascular Lesions Vision Changes	MRI Brain Without and With Contrast	70553
	Trigeminal Neuralgia	Order 2 exams: MRI Brain Without and With Contrast MRI Orbits/Face/Neck Without and With Contrast	70553 70543
	Grave's Disease Trauma	MRI Orbits/Face/Neck Without Contrast	70540
	Exophthalmos, Proptosis Pseudo tumor Tumor/Mass/Cancer/Mets Vascular Lesions Optic Neuritis	MRI Orbits/Face/Neck Without and With Contrast	70543
Neck	Infection Pain Tumor/Mass/Cancer/Mets Vocal Cord Paralysis Parotid Gland	MRI Orbits/Face/Neck Without and With Contrast	70543

MRI - Spine

BODY PART	REASON FOR EXAM	PROCEDURE TO PRE-CERT	CPT CODE
Cervical	Arm/Shoulder Pain or Weakness Degenerative Disease Neck Pain Disc Herniation Cervical Fusion Radiculopathy	MRI Cervical Spine Without Contrast	72141
	Discitis Osteomyelitis Multiple Sclerosis Myelopathy Syrinx Tumor/Mass/Cancer/Mets Vascular Lesions, AVM	MRI Cervical Spine Without and With Contrast	72156
Thoracic	Back Pain Compression Fx (no_hx of cancer) Degenerative Disease Disc Herniation Radiculopathy Trauma	MRI Thoracic Spine Without Contrast	72146
	Compression Fx (with hx of cancer) Discitis Osteomyelitis Multiple Sclerosis Myelopathy Syrinx Tumor/Mass/Cancer/Mets Vascular Lesions, AVM	MRI Thoracic Spine Without and With Contrast	72157
Lumbar	Back Pain Compression Fx (<u>no</u> hx malign/mets) Degenerative Disease Disc Herniation Radiculopathy Sciatica Spondylolithesis Stenosis Trauma	MRI Lumbar Spine Without Contrast	72148
	Compression Fx (<u>no</u> hx malign/mets) Discitis Osteomyelitis Tumor/Mass/Cancer/Mets	MRI Lumbar Spine Without and With Contrast	72158

MRI-Magnetic Resonance Imaging

MRI - Chest / Abdomen / Pelvis

BODY PART	REASON FOR EXAM	PROCEDURE TO PRE-CERT	CPT CODE
Brachial Plexus	Brachial Plexus Injury	MRI Chest Without and With Contrast	71552
	Nerve Avulsion	MRI Neck Without and With Contrast	70543
	Tumor/Mass/Cancer/Mets	(Please authorize BOTH codes.)	
Chest-Mediastinum	Tumor/Mass/Cancer/Mets	MRI Chest/Mediastinum Without and With Contrast	71552
Abdomen	MRCP(Biliary/Pancreatic Ducts)	MRI Abdomen Without Contrast	74181
	AdrenalAdenoma	MRI Abdomen	74183
	AdrenalMass(notadenoma)	Without and With Contrast	
	Hemangioma		
	Liver,Kidney,orPancreasMass		
Pelvis	Tumor/Mass/Cancer/Mets		
	Adenomyosis	MRI Pelvis Without Contrast	72195
	Fracture		
	Muscle/TendonTear		
	UrethralDiverticulum		
	SportsHernia		
	Fibroids	MRI Pelvis Without and With Contrast	72197
	OsteomyelitisSe		
	pticArthritis		
	Tumor/Mass/Cancer/Mets		
	Abcess		
	Ulcer		

MRI-Magnetic Resonance Imaging

MRI - Extremities

BODY PART	REASON FOR EXAM	PROCEDURE TO PRE-CERT	CPT CODE
Non-Joint: Arm Hand Finger Leg Foot Toe	Fracture	MRI—Non Joint Without Contrast	
	Stress Fracture	Lower Extremity	73718
	Muscle/Tendon Tear	Upper Extremity	73218
	Abcess	MRI—Non Joint Without and With	
	Ulcer	I.V. Contrast	
	Bone Tumor/Mass/Cancer/Mets	Lower Extremity	73720
	Cellulitis	Upper Extremity	73220
	Fasciitis		
	Myositis		
	Morton's Neuroma		
Joint: Shoulder Elbow Wrist Hip Knee Ankle	Arthritis	MRI—Joint Without Contrast	
	Avascular Necrosis (AVN)	Lower Extremity	73721
	Fracture	Upper Extremity	73221
	Stress Fracture Internal		
	Derangement Joint Pain		
	(specify joint)		
	Labral Tear		
	Meniscal Tear		
	Muscle Tear		
	Tendon Tear		
	Ligament Tear		
	Cartilage Tear		
	Osteochondritis Dessicans (OCD)		
	Abcess	MRI—Joint Without and With	
	Ulcer	I.V. Contrast	
	Cellulitis	Lower Extremity	73723
	Fasciitis	Upper Extremity	73223
	Myositis		
	InflammatoryArthritis(pannuseval)		
	Osteomyelitis		
	Septic Arthritis		
	Tumor/Mass/Cancer/Mets		

MRI – Arthrography *(Joint with Intra articular Contrast)*

BODY PART	REASON FOR EXAM	PROCEDURE TO PRE-CERT	CPT CODE
Shoulder Elbow Wrist Hip Knee Ankle	Labral Tear	MRI Joint With Intra-articular Contrast	
	Loose Bodies		
	OCD Stability	Requires 3 codes:	
	Post-op Meniscus Evaluation	1—Lower Extremity With Contrast OR	73722
		Upper Extremity With Contrast	73222
		2—Fluoro Guided Arthrogram	77002
		3—Choose one code for body part:	
		Shoulder	23350
		Elbow	24220
		Wrist	25246
		Hip	27093
		Knee	27370
		Ankle	27648

MRA / MRV - MR Angiography / MR Venography

BODY PART	REASON FOR EXAM	PROCEDURE TO PRE-CERT	CPT CODE
Head (MRA)	Stroke, CVA,TIA	MRA Head Without Contrast	70544
	Aneurysm		
Head (MRV)	Venous Thrombosis	MRV Head Without Contrast	70544
Neck	Stroke, CVA,TIA	MRA Neck Without Contrast	70547
	Dissection	MRA Neck Without and With Contrast	70549
Abdomen (MRA)	AAA (abdominal aortic aneurysm)	MRA Abdomen	74185
	Abdominal Aortic Dissection	Without and With Contrast	
	Mesenteric Ischemia		
	Pre Kidney Transplant		
	Renal Mass		
	Uncontrolled Blood Pressure	Order 2 Exams:	
		MRA Abdomen	74185
		Without and With Contrast	
		MRI Abdomen	74183
		Without and With Contrast	

MRA / MRV - MR Angiography / MR Venography

BODY PART	REASON FOR EXAM	PROCEDURE TO PRE-CERT	CPT CODE
Abdomen (MRV)	Venous Thrombosis Venous Pathology	MRV Abdomen Without and With Contrast	74185
Pelvis	AVM (arteriovenous malformation)	MRA Pelvis Without and With Contrast	72198
	Pelvic Congestion	Order 2 Exams: MRA Pelvis Without and With Contrast	72198
		MRI Pelvis Without and With Contrast	72197
Peripheral Run-Off	Claudication	Requires 3 codes: MRA Abdomen	74185
	Cold Foot	Without and With Contrast	
	Pain	MRA Lower Extremity Without and With Contrast(Left) MRA Lower Extremity Without and With Contrast(Right)	73725 73725

MRI-Magnetic Resonance Imaging

Nuclear Medicine

BODY PART	REASON FOR EXAM	PROCEDURE TO PRE-CERT	CPT
BONE SCAN	Prostate Cancer Mets	Bone Scan – Whole Body	78306
	Fracture Stress Fracture Joint Replacement Evaluation	Bone Scan - Limited	78300
	Osteomyelitis Infection	Bone Scan – 3 Phase	78315
Gastric Emptying Study	Frequent Vomiting Gastroparesis Abdominal Pain	Gastric Emptying Study	78264
GI Bleed	Active Gastrointestinal Bleed Overt Mid or Lower Gastrointestinal Bleeding (Not for Chronic Bleeding)	GI Bleeding	78278
Hida Scan	Gall Bladder Inflammation (Cholecystitis)		
Hida Scan with Ejection Fraction	RUQ Pain – Evaluate Function	Hida Scan w Ejection Fraction	78227
MUGA SCAN	Baseline before chemotherapy Cardiotoxic Therapy	Muga Rest or Stress	78472
Myocardial Perfusion Rest/Stress Exercise	Suspected Coronary Artery Disease Symptoms suggestive of CAD	Myocardial Perf Rest/Stress Exercise	78452
Myocardial Perfusion Rest/Stress Pharmaceutical	Suspected Coronary Artery Disease Symptoms suggestive of CAD	Myocardial Perf Rest/Stress Pharmaceutical (Not able to walk on treadmill)	78452

Nuclear Medicine

Parathyroid Scan	Hypercalcemia Known Parathyroid Adenoma	Parathyroid Scan	78070
Thyroid Uptake And Scan	Differential diagnosis of Hyperthyroidism Thyroid Nodule Hyperthyroidism Hypothyroidism Goiter	Thyroid Uptake and Scan	78014
VQ Scan	Suspect Pulmonary Embolism	VQ Scan (Lung Ventilation, Perfusion)	78582

Ultrasound - Neck

BODY PART	REASON FOR EXAM	PREP	CPT CODE
Soft Tissues Neck(Thyroid), Head/Face	Mass Abnormalities detected on other imaging (CT / MRI / PET / NM) Enlarged thyroid gland Multinodular goiter (MNG) Abnormal lab tests (elevated calcium levels / abnormal thyroid level) Parathyroid adenomas Hyperthyroidism / Hypothyroidism	None	76536
Carotid Artery	Weakness Headache 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) Confusion Stroke Visual disturbance Cerebrovascular accident (CVA) Amaurosis fugax	None	93880

Ultrasound - Chest

BODY PART	REASON FOR EXAM	PREP	CPT CODE
Chest	Diaphragm paralysis Pleural effusion Superficial mass	None	76604
Aorta (Limited Retroperitoneal)	Aortic aneurysm (follow up to AAA) Pulsatile aorta Bruit Family history AAA (non medicare)	NPO 8 hours prior to exam	76775

Ultrasound

Ultrasound

Ultrasound

Ultrasound

Ultrasound

Ultrasound - *Scrotum*

BODY PART	REASON FOR EXAM	PREP	CPT CODE
Scrotum	Pain Trauma Torsion Mass Varicocele Epididymitis Hydrocele (swelling) Undescended testes	No Prep	76870

Ultrasound - *Retroperitoneal*

BODY PART	REASON FOR EXAM	PREP	CPT CODE
Kidney (renal) and Bladder <i>(Organs include: Bilateral Kidneys, Bladder Pre & Post Void. Male also includes limited Prostate)</i>	Pain (CVA tenderness/flank pain) Obstruction (hydronephrosis) Hypertension Follow up to other diagnostic imaging test (CT or MRI) Abnormal lab values (BUN or Creatinine) Stones (renal) Chronic renal medical disease (renal function/renal failure) Polycystic kidney disease (PCKD) Urinary tract infection/cystitis/pyelonephritis Renal cancer Trauma Hematuria (microscopic or gross) Neurogenic bladder Urinary retention - Evaluate post void residual (PVR) Bladder diverticula	Only for bladder: Fill bladder with 32 oz of water 1 hour prior to exam. Do not void.	76770
Renal Transplant	Post renal transplant Urinoma Lymphocele Pain Elevated lab values (creatinine) Poor renal function	No Prep	76776
Renal Doppler	Renal artery stenosis Renal artery aneurysm Renal vein thrombosis Hypertension Abnormal laboratory values Elevated creatinine/BUN	Complete Limited NPO 8 hours prior to exam	93975 93976

Ultrasound - *Extremities/Musculoskeletal*

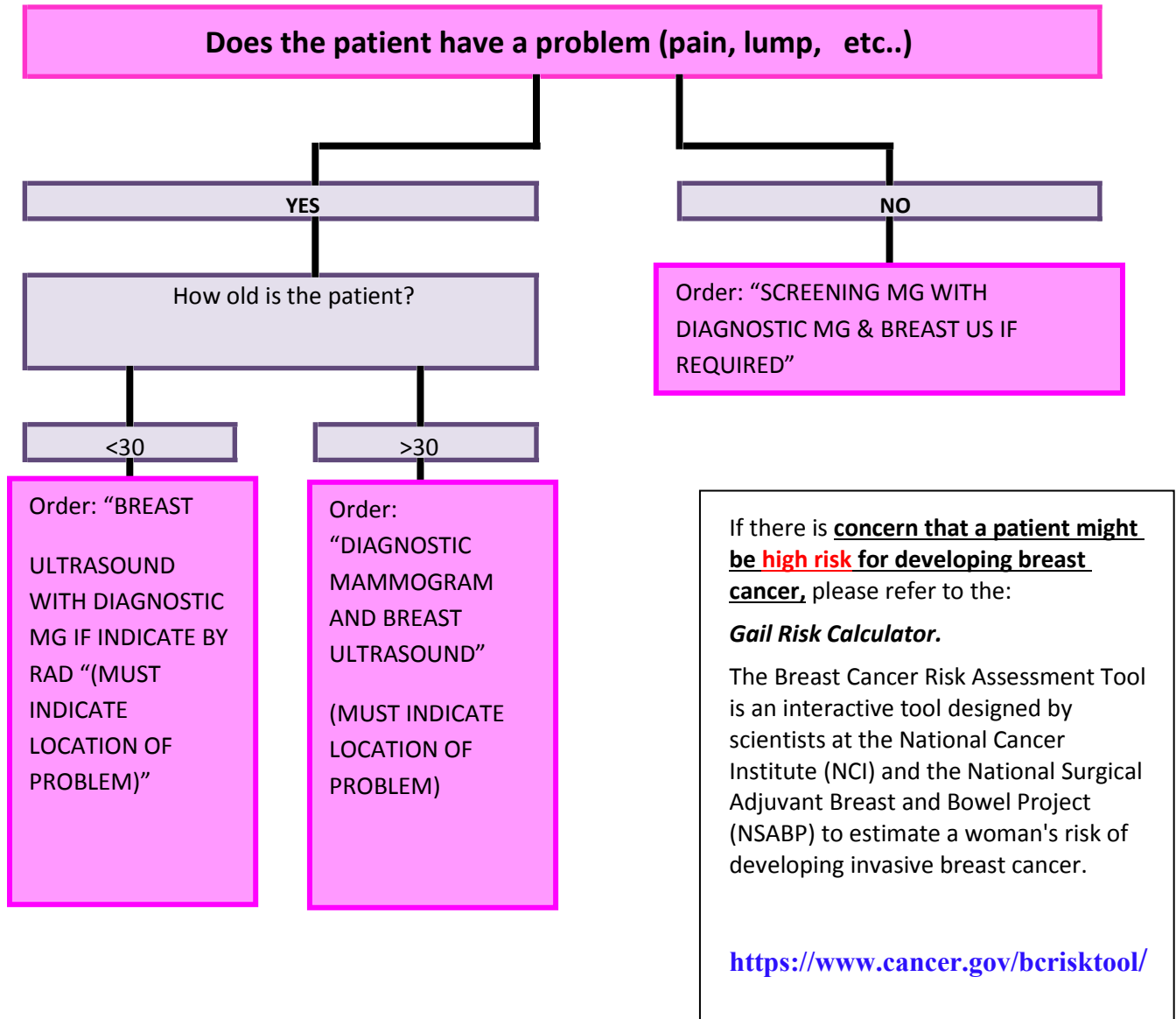
CPT	BODY PART	REASON FOR EXAM	PREP	
Upper or Lower Extremity (non Doppler)		Pain	Complete	76881
		Fluid collection (Bakers Cyst) – Limited	Limited	76882
		Mass – Limited	No Prep	
Upper or Lower Extremity Venous Doppler		Edema/swelling	Complete Bilateral	93970
		Calf pain (non medicare) Post	Limited or Unilateral	93971
		surgical (non medicare) Redness		
		Follow up DVT	No Prep	
		Positive Homan sign (shooting pain with foot dorsiflexion)		
		History long plane/car trip		
Upper or Lower Extremity Arterial Duplex		Claudication/pain with walking	Lower Extremity Bilateral	93925
		Decreased or absent pulses	Lower Extremity Unilateral	93926
		Arthrosclerosis	Upper Extremity Bilateral	93930
		Bruit	Upper Extremity Unilateral	93931
		High risk family history (non medicare)		
		Numbness (non medicare)	No Prep	
		S/P graft or stenting		
		Ulcer on foot or toe (non medicare) Discoloration		
		of feet or legs (non medicare) Thoracic outlet syndrome		
		Decrease arm pressure		
Venous Reflux		Edema/swelling	No Prep	93965
		Leg ulcer (non medicare) Pain		
		(non medicare) Venous insufficiency Varicose veins		
		Burning or tingling (non medicare)		
		Phlebitis/Thrombophlebitis		

Interventional Radiography (IR)

EXAM	PREP	CPT CODE
Barium Swallow		74221
BE with Air	Follow prep instructions given by ordering doctor before the exam. Nothing to eat the day of the exam.	74280
Cervical Nerve Block		1 Level 64990 2 Levels 64491 2 Levels 64492
Cystourethrogram - Voiding (VCUG)	Patient needs to arrive pre-catheterized. Indications for this is Exam: UTI, Hematuria, Incontinence, Urinary Frequency	74455
Epidural Steroid injection Cervical / Thoracic		62321
Epidural Steroid Injection Lumbar		62323
Gastrostomy Tube Placement	NPO 8hrs prior to exam	49440
Greater Occipital Nerve Block		64405
Hysterosalpingogram (HSG) Includes cpt 58340	Must be done between the 7th-10th day following the start of the patient's menstrual cycle. No sexual contact once period has started until after procedure	74450
Medical Branch Block		1 Level 64493 2 Level 64494
Myelogram		Cervical 72240 Thoracic - 72255 Lumbar 0 72265 2 or more areas - 72270
PICCLINE INSERTION TUNNELED		36571
Portacath Insertion		36567
SBFT (Small Bowel Follow Thru)		
SNIFF Test	NPO 8hrs prior to exam	74250
Swallowing Function -	NPO 4hrs to exam. These exams are scheduled in coordination with a speech pathologist.	74230
UGI with Air and KUB	NPO 8hrs prior to exam	74246
UGI with SBFT	NPO 8hrs prior to exam	74246+74248

Women's Imaging

Breast Ordering Decision Tree



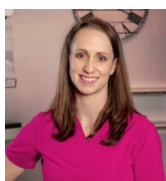
See information on the following page regarding our Breast Health Nurse Navigator and standing orders

Dear Physicians, Providers & Staff,

As the Breast Health Nurse Navigator, one of my goals is to improve services between the hospital, physicians and our mutual patients. To do this I am requesting a Diagnostic Protocol to be on record in the Radiology Department. Having this order would not only reduce the time between abnormal mammogram and diagnosis, but the number of phone calls made by staff and received by the patient.

This order will only cover suggested follow up studies such as diagnostic mammograms and/or ultrasound or ultrasound guided breast biopsies. I will be glad to assist in scheduling these to expedite the patient's care. To avoid any confusion, any recommended MRI or surgical procedures will be ordered and scheduled by you, as the provider.

If you wish to have a Diagnostic Protocol in place for your patients, please sign the attached form and fax to 620-252-1611. This order will be good for two years from the date signed and a renewal request form will be sent before expiration date. I look forward to helping you provide great care of our mutual patients. Please feel free to call me if I can be of assistance. Thank you and have a good day!



Christy McCullough RN, MSN

Interventional Radiology
620-252-1179

DIAGNOSTIC PROTOCOL

(AFTER ABNORMAL MAMMOGRAM)

Physician/Provider: _____

Office: _____

Phone: _____

Fax: _____

—

This is an order for my patients with an abnormal mammogram to have the recommended follow up studies.

Ultrasound Guided Breast and/or Lymph Node Biopsy

Needed Lab Work: CMC, PT/INR, and APTT

Any recommended MRI, or surgical procedures will be ordered and scheduled by this physician.

This order will expire two years from the date signed below.

X _____ DATE: _____ TIME: _____

CPT CODING

CPT CODING – CT

CT Head/Brain-
W/O- 70450
W- 70460
W/O & W - 70470

**CT Maxillofacial, face,
sinus -**
W/O- 70486
W- 70487
W/O & W - 70488

**CT Orbit, Sella, P.
Foss, or Ear -**
W/O- 70480
W- 70481
W/O & W - 70482

CT ST Neck -
W/O- 70490
W- 70491
W/O & W - 70492

CT Chest (Thorax) -
W/O- 71250
W- 71260
W/O & W - 71270

CT Cervical Spine -
W/O- 72125
W- 72126
W/O & W - 72127

CT Abdomen -
W/O- 74150
W- 74160
W/O & W - 74170

CT Thoracic Spine -
W/O- 72128
W- 72129
W/O & W - 72130

CT Pelvis -
W/O- 72192
W- 72193
W/O & W - 72194

CT Lumbar Spine -
W/O- 72131
W- 72132
W/O & W - 72133

CT Upper Ext. -
W/O- 73200
W- 73201
W/O & W – 73202
(Arthrogram had
additional coding)

CT Abdomen & Pelvis -
W/O- 74176
W- 74177
W/O & W - 74178

CT Upper Ext. -
W/O- 73700
W- 73701
W/O & W – 73702
(Arthrogram had
additional coding)

CTA-
CTA Head – W+W/O – 70496
CTA Neck – W+W/O - 70498
CTA Chest – W+W/O - 71275
CTA Pelvis– W+W/O - 72191
CTA Upper Ext. – W+W/O - 73206
CTA Lower Ext. – W+W/O - 73706
CTA Abdomen & Pelvis – W+W/O - 74174
CTA Abdomen– W+W/O – 74175
CTA Aorta & Bilateral Iliofemoral Runoff
W+W/O - 75635

CPT CODING - MRI

Lower extremity, other than joint (Thigh, lower leg , foot)

70551-w/o contrast
70552-w/contrast
70553-w/o &
w/contrast

Cervical

72141-w/o contrast
72142-w/contrast
72156-w/o
&w/contrast

Orbit (Face, Neck)

70540-w/o contrast
70542-w/contrast
70543-w/o & w/contrast

70336 TMJ

Upper extremity, joint (Shoulder, Elbow, Wrist)

73221-w/o contrast
73222-w/contrast
73223-w/o & w/contrast

Chest (Clavicle)

71550-w/o contrast
71551-w/contrast
71552-w/o & w/contrast

Upper extremity, other than joint (Hummerus, Forearm, Hand)

73218-w/o contrast
73219-w/contrast
73220-w/o & w/contrast

Lumbar

72148-w/o contrast
72149-w/contrast
72158- w/o &
w/contrast

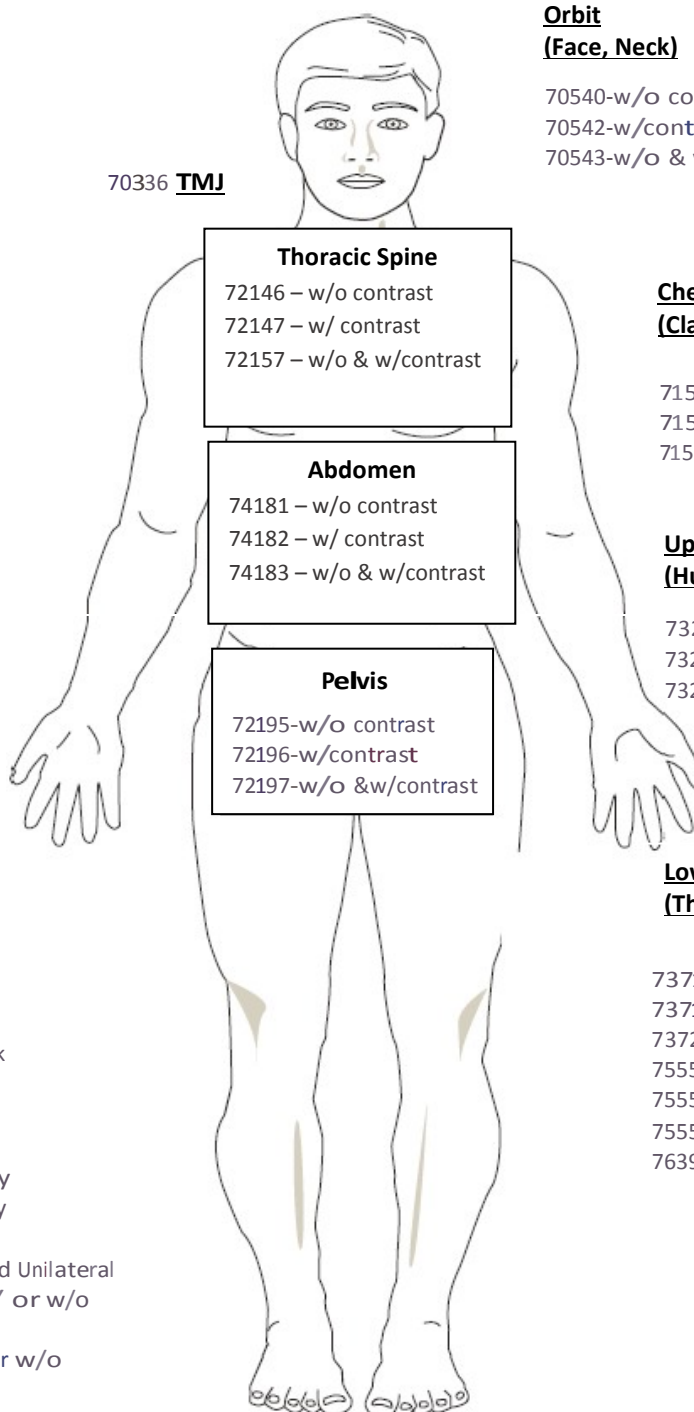
Lower extremity, joint (Hip, Knee, Ankle)

73721-w/o contrast
73722-w/contrast
73723-w/o & w/contrast

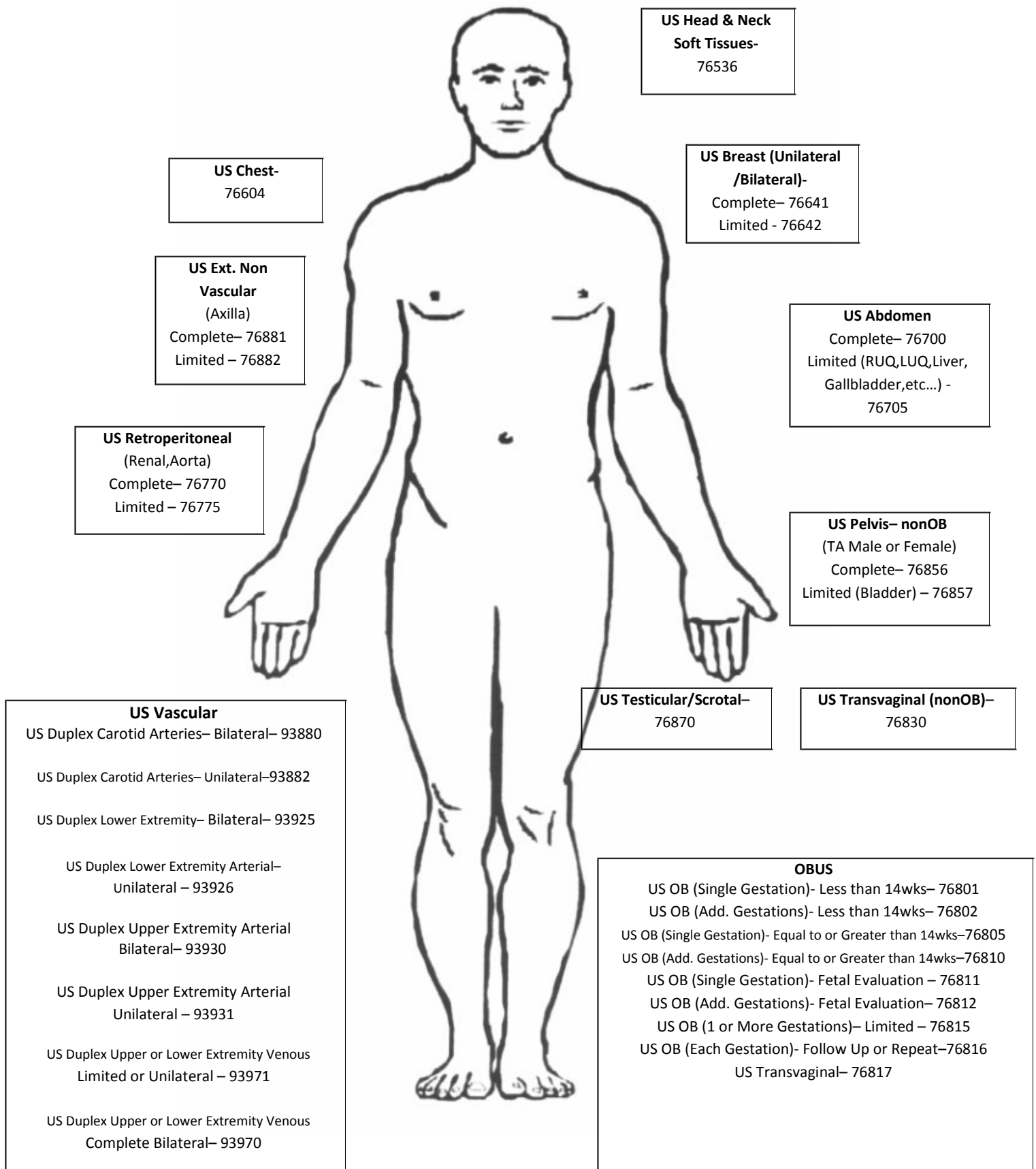
70541-MRAnge Head/Neck
71555-MRA Chest
72159-MRA Spinal Canal
72198-MRA Pelvis
73225-MRA Upper Extremity
73725-MRA Lower Extremity
74185-MRA Abdomen
75660-MRA External Carotid Unilateral
77058-Breast.Unilateral w/ or w/o
contrast
77059-Breast.Bilateral w/or w/o
contrast

Lower extremity, other than joint (Thigh, lower leg ,foot)

73718-w/o contrast
73719-w/contrast
73720-w/o & w/contrast
75552-Myocardium
75553-Cardiac w/contrast
75555-Cardiac MRI/limited Study
76390-MR Spectroscopy



CPT CODING – *Ultrasound*



PRE-MEDICATIONS ALLERGIC REACTIONS

Approved by American College of Radiology (ACR) and Society for Contrast Media and Interventional Radiology (SCMIR) for use in the ACR/SCMIR contrast media safety manual.



CODE BLUE #: _____

Committee on Drugs and Contrast Media 12/19/2017 (Adult algorithm)

Document reaction & monitor for return of reaction post-treatment

EXAMPLE PREMEDICATION REGIMENS

Methylprednisolone 32 mg PO 12, 2 hrs prior
+/- Benadryl 50 mg PO 1 hr prior.

OR

Prednisone 50 mg PO 13, 7, 1 hours prior
+/- Benadryl 50 mg PO 1 hr prior.

OR

Hydrocortisone 200 mg IV 5 hrs and 1 hr prior
and Benadryl 50 mg IV 1 hr prior.
(urgent, NPO only, ER, inpatient)

CONTRAST EXTRAVASATION

Elevate arm, cool compress, remove rings.
Observe. Consider surgical consultation for
decreased perfusion, sensation, strength,
active range of motion, or increasing pain.

HIVES/DIFFUSE ERYTHEMA

1. Observation; monitor vitals q 15 min.
Preserve IV access
2. If associated with hypotension or
respiratory distress then considered
Anaphylaxis:
 - ♦ O2 6-10 L/min by face mask
 - ♦ IVF 0.9% NS wide open; elevate legs > 60°
 - ♦ Epinephrine 0.3 cc of 1:1000 IM (or auto-injector) OR Epi 1 cc of 1:10,000 IV with slow flush or IV fluids
 - ♦ Call 911 or CODE BLUE
3. If **ONLY** skin findings but severe or
progressive may consider Benadryl 50
mg PO, IM, IV but may cause or worsen
hypotension

HYPOTENSION WITH TACHYCARDIA

1. Preserve IV access, monitor vitals q 15m
2. O2 6-10 L/min by face mask
3. Elevate legs > 60 degrees
4. IVF 0.9% NS wide open
5. Epinephrine 0.3 cc of 1:1000 IM (or auto-injector) OR Epi 1 cc of 1:10,000 IV with slow flush or IV fluids
6. Call 911 or CODE BLUE

HYPOTENSION WITH BRADYCARDIA

1. Preserve IV access; monitor vitals
2. O2 6-10 L/min by face mask
3. Elevate legs > 60 degrees
4. IVF 0.9% NS wide open
5. Atropine 0.6-1.0 mg IV if refractory

LARYNGEAL EDEMA (INSPIRATORY STRIDOR)

1. Preserve IV access, monitor vitals
2. O2 6-10 L/min by face mask
3. Epinephrine 0.3 cc of 1:1000 IM (or auto-injector) OR Epi 1 cc of 1:10,000 IV with slow flush or IV fluids
4. Call 911 or CODE BLUE

BRONCHOSPASM (EXPIRATORY WHEEZES)

1. Preserve IV access, monitor vitals
2. O2 6-10 L/min by face mask
3. B2 agonist inhaler 2 puffs; repeat x 3
4. If not responding or severe, then use
Epinephrine 0.3 cc of 1:1000 IM (or auto-injector) OR Epi 1 cc of 1:10,000 IV with slow flush or IV fluids
5. Call 911 or CODE BLUE

The content of this card is for reference purposes only and is not intended to substitute for the judgment and expertise of the physician or other user. User is responsible for verifying currency and applicability of content to clinical situation and assumes all risk of use.

www.acr.org/contrast

DEXA SCANS

Medicare Coverage

- Medicare will cover one screening DXA every two years for eligible beneficiaries.
- Medicare does **NOT** cover screening DXA **for males.**
- Medicare patients cannot self-refer for bone density testing. The treating physician must order all exams.
- Medicare will pay for the test only if the patient meets one of the following five conditions:
 1. A woman who has been determined by the physician or a qualified non-physician practitioner who is treating her to be estrogen-deficient and at clinical risk for osteoporosis based on her medical history and other findings.
 2. An individual with vertebral abnormalities as demonstrated by an X-ray to be indicative of osteoporosis, osteopenia, or vertebral fracture.
 3. An individual receiving (or expecting to receive) glucocorticoid (steroid) therapy equivalent to 5.0 mg of prednisone, or greater, per day, for more than three months.
 4. An individual with primary hyperparathyroidism.
 5. An individual being monitored to assess the response to, or efficacy of, FDA-approved osteoporosis drug therapy.

High Risk Screening Indications

- Post-menopausal; age related – asymptomatic (Z78.0)
- Estrogen deficient; low estrogen; ovarian failure (E28.39)
- Menopausal and female climacteric states (Symptomatic menopausal state) (N95.1)
- Menopausal disorder (N95.9)
- Asymptomatic post procedural ovarian failure (E89.40)
- Symptomatic post procedural ovarian failure (E89.41)
- Symptomatic premature menopause (E28.310)
- Asymptomatic premature menopause (E28.319)
- Disorder of puberty, unspecified (E34.9)
- Loss of height (R29.890) * *mostly seen in male patients*
- Long term use of steroids (Z79.51 or Z79.52)
- Monitored in response to complete osteoporosis treatment (Z79.899)

Most payers do not reimburse for screening without a high-risk indication.



- CRMC Main Line: 620-251-1200
- Radiology Scheduling: 620-252-1523
- CRMC Fax: 620-252-1573

PAIN MANAGEMENT PROCEDURES

Epidural Steroid Injection

- Cervical
- Thoracic
- Lumbar

Nerve Blocks

- Thoracic
- Lumbar

Paravertebral Injections

- Therapeutic Intraarticular (IA) Facet Joint Injections
- Regional Sympathetic Nerve Block
- Medial Branch Nerve Block

Therapeutic Joint and Bursa Injections:

- Knee, hip, shoulder, trochanteric bursa
- Wrist, elbow, ankle, subacromial bursa, olecranon bursa, pes anserine bursa **(generally referred by orthopedic surgeon)**

Tendons, Ligaments, and Muscle Injections

- Tendon sheath or Ligament – iliolumbar, plantar fascia
- Trigger point injection
- Greater occipital nerve block
- Lesser occipital nerve block
- Suprascapular nerve
- Intercostal nerve

Pain Control

- Superior hypogastric plexus
- Celiac plexus

Radiofrequency Ablation

- Medial Branch Radiofrequency Neurotomy (RFN)
- Radiofrequency Ablation – Sacroiliac Joint

Sacroiliac Joint

- Sacroiliac joint steroid injection
- Sacral lateral branch block

Vertebroplasty/Kyphoplasty

- Thoracic
- Lumbar

Discogram/Discography

- Thoracic
- Lumbar

ORDERING OF PAIN INJECTIONS & PROCEDURES

The ordering of pain management procedures can be complicated. Many times after the patient is assessed, the procedure may be different than ordered.

In addition to the actual order, please include a recent office note describing patient's signs and symptoms, and any imaging reports from facilities other than CRMC.

Lastly, if the patient is on blood thinners, an order to stop them 5 days prior is needed.

ANY QUESTIONS?

Please call Christy McCullough, RN, MSN, IR & Breast Health Navigator Nurse, 620-252-1179.

FAX: 620-252-1611