

RADIOLOGY ORDERING - GENERAL GUIDELINES

CT

The following are general guidelines for the most common clinical indications related to radiology. We recommend starting with the least invasive study (e.g. pelvic ultrasound before ordering CT), and to protect the patient from any unnecessary radiation and contrast exposure.

HEAD & NECK

Body Part	Reason for exam	IV Contrast	Oral Contrast	Procedure Name	Code
SINUS	<ul style="list-style-type: none"> • Polyps • Post nasal drip • Sinusitis • Surgical Planning 	NO	NO	CT sinus complete w/o contrast	70486
FACE	<ul style="list-style-type: none"> • Cellulitis • Infection/abscess • Soft Tissue Mass 	YES	NO	CT maxillofacial soft tissue w/ contrast	70487
	<ul style="list-style-type: none"> • Injury/trauma, concern for fracture 	NO	NO	CT maxillofacial bones w/o contrast	70486
ORBITS	<ul style="list-style-type: none"> • Injury/trauma, concern for fracture 	NO	NO	CT orbits w/o contrast	70480
	<ul style="list-style-type: none"> • Mass • Proptosis • Infection • Swelling • Vision changes 	YES	NO	CT orbits w/o contrast	70482
TEMPORAL BONES	<ul style="list-style-type: none"> • Otitis Media • Cholesteatoma • Conductive hearing loss • Mastoiditis 	NO	NO	CT temporal bones (includes mastoids) w/o contrast	70480
SOFT TISSUE NECK	<ul style="list-style-type: none"> • Adenopathy • Dysphagia • Infection/abscess • Mass/neoplasm • Vocal cord paralysis 	YES	NO	CT neck soft tissue w/contrast	70491
	<ul style="list-style-type: none"> • Salivary gland calculi/adenitis • Foreign body 	YES	NO	CT neck soft tissue w/o contrast	70492

SPINE *in patients with history of cancer, contrast may be indicated

Body Part	Reason for exam	IV Contrast	Oral Contrast	Procedure Name	Code
CERVICAL SPINE	<ul style="list-style-type: none"> • Evaluate hardware/ fusion status • Degenerative changes • R/O Fx 	NO	NO	CT cervical spine w/o contrast	72125
THORACIC SPINE	<ul style="list-style-type: none"> • Evaluate hardware/ fusion status • Degenerative changes • R/O Fx 	NO	NO	CT thoracic spine w/o contrast	72128
LUMBAR SPINE	<ul style="list-style-type: none"> • Evaluate hardware/ fusion status • Degenerative changes • R/O Fx 	NO	NO	CT lumbar spine w/o contrast	72131

ABDOMEN & PELVIS

Body Part	Reason for exam	IV Contrast	Oral Contrast	Procedure Name	Code
ABDOMEN	<ul style="list-style-type: none"> • Renal mass 	YES	Water	CT renals triple phase w/wo contrast -ABDOMEN	71470
	<ul style="list-style-type: none"> • Abnormal liver enzymes • Jaundice • Liver mass 	YES	Water	Multiphase CT abdomen/ liver w/ wo contrast	74170
	<ul style="list-style-type: none"> • Pancreatitis • Pancreatic mass 	YES	Water	Multiphase CT abdomen/ w/ wo contrast	74170
	<ul style="list-style-type: none"> • Ventral, umbilical hernia 	NO	NO	CT abdomen w/o contrast (with contrast if painful)	74150
ABDOMEN & PELVIS	<ul style="list-style-type: none"> • Abdominal pain • Abnormal labs • Abscess • Adenopathy • Ascites • Injury/trauma • Metastasis • Pancreatitis • Pelvic pain • Tumor/mass • Unexplained weight loss 	YES	YES	CT abdomen/pelvis w/contrast	74177
STONE PROTOCOL	<ul style="list-style-type: none"> • Flank pain • Renal stones 	NO	NO	CT abdomen/pelvis w/o contrast	74176
UROGRAM	<ul style="list-style-type: none"> • Hydronephrosis (without flank pain) • Flank pain • Renal stones 	YES	Water	CT stone protocol w/wo contrast (aka urogram)	74178
SOFT TISSUE PELVIS	<ul style="list-style-type: none"> • Adenopathy • Mass • Pain 	YES	YES	CT pelvis w / contrast	72193
SOFT TISSUE PELVIS	<ul style="list-style-type: none"> • Inguinal hernia 	NO	NO	CT pelvis w/o contrast (with contrast if painful)	72192
BONY PELVIS	<ul style="list-style-type: none"> • Trauma, concern for fracture 	NO	NO	CT pelvis w/o contrast	72192

EXTREMETIES

Body Part	Reason for exam	IV Contrast	Oral Contrast	Procedure Name	Code
LOWER EXTREMITIES	<ul style="list-style-type: none"> • Peripheral artery disease 	YES	NO	CTA pelvis w/ contrast & runoffs	73706 +76377 3D
UPPER & LOWER EXTREMITIES	<ul style="list-style-type: none"> • Arthritis • Fracture • Fusion • Malunion • Pain 	NO	NO	CT extremity upper w/o contrast CT extremity lower w/o contrast	73200 73700
UPPER & LOWER EXTREMITIES	<ul style="list-style-type: none"> • Infection • Tumor/mass/cancer 	YES	NO	CT extremity upper w/ contrast CT extremity lower w/ contrast	73201 73701

RADIOLOGY ORDERING - GENERAL GUIDELINES

CT

CHEST

Body Part	Reason for exam	IV Contrast	Oral Contrast	Procedure Name	Code
CHEST	<ul style="list-style-type: none"> • Asthma • Atelectasis • Bronchiectasis • COPD • Cough • Interstitial Lung Disease • Emphysema • Follow up pulmonary nodule • Injury/trauma 	NO	NO	CT chest w/o contrast	71250
	<ul style="list-style-type: none"> • Abnormality involving hilum • Empyema • Infiltrate • Lung cancer • Mass • Pneumonia • Work up of other cancer/ malignancy 	YES	NO	CT chest w/c contrast	71260
LUNG	• History of smoking	NO	NO	Low Dose Lung Cancer CT	71271

ANGIOGRAPHY (CTA)

Body Part	Reason for exam	IV Contrast	Oral Contrast	Procedure Name	Code
HEAD	• Stenosis (MRA Preferred) • Aneurysm	YES	NO	CT angio brain w/wo contrast	70496 +76377 3D
NECK	• Carotid Stenosis (MRA Preferred) • Dissection	YES	NO	CT angio neck w/wo contrast	70498 +76377 3D
CHEST	• Suspected PE or evaluation of chronic PE • Thoracic aneurysm (Non-Cardiac Only)	YES	NO	CT angio chest w/ contrast	71275 + 76377 3D
ABDOMEN	• Abdominal aortic aneurysm	YES	NO	CT angio abdomen w/ contrast	74175 + 76377 3D
ABDOMEN & PELVIS	• Mesenteric ischemia • Pre op AAA surgery • Pre or post op evaluation • Post stent grafting	YES	NO	CT angio abdomen/ pelvis w/ contrast	74175 + 76377 3D
ABDOMEN & PELVIS W/ RUNOFF	<ul style="list-style-type: none"> • Intermittent claudication • Lower extremity ischemia • Peripheral vascular disease 	YES	NO	CT angio abdominal aorta and bilateral iliofemoral with BLE runoff w/contrast	75635 +76377 3D
			NO	CT angio BLE's to include bifurcation of aorta into iliac vessels w/ contrast CT angio BLE's w/contrast	73706-50 + 76377 3D

BRAIN

Body Part	Reason for exam	IV Contrast	Procedure Name	Code
BRAIN/HEAD	<ul style="list-style-type: none"> CVA/TIA/Stroke Dizziness Headache/Migraine Memory loss Seizures Trauma Tremors 	NO	MRI brain w/o contrast	70551
	<ul style="list-style-type: none"> TMJ Cranial nerve (IAC and Trigeminal Protocol) Chiari Malformation IAC lesion/hearing Infection Lesions (specify) Multiple sclerosis Neurofibromatosis Pituitary lesion [Pituitary Protocol] Tumor/mass/metastasis 	YES	MRI brain w/wo contrast	70553
ORBITS	<ul style="list-style-type: none"> Diplopia Hyperthyroidism (e.g. Graves disease) Nystagmus Strabismus Tumor/mass/metastasis Unexplained vision loss Unilateral vision defect 	YES	MRI orbits w/wo contrast	70543
FACE & SINUS	<ul style="list-style-type: none"> Infection Tumor/Mass/Metastasis 	YES	MRI face w/wo contrast	70543
	<ul style="list-style-type: none"> Trauma 	NO	MRI face w/wo contrast	70540

ABDOMEN & PELVIS

Body Part	Reason for exam	IV Contrast	Procedure Name	Code
ABDOMEN	<ul style="list-style-type: none"> MRCP (biliary/pancreatic ducts, stones, jaundice) 	NO	MRI abd/ panc/ biliary tree w/o contrast	74181
	<ul style="list-style-type: none"> Liver disease Mass (adrenal, liver, pancreatic, renal) 	YES	MRI abdomen w/wo contrast	74183
MSK PELVIS	<ul style="list-style-type: none"> MSK pain - SI joints, sacrum, coccyx Muscle tear Osteomyelitis Rectum 	NO	MRI pelvis w/o contrast	72195
SOFT TISSUE PELVIS	<ul style="list-style-type: none"> Abscess Adenomyosis Endometrial abnormalities Fibroid Prostate cancer Septic arthritis Tumor/mass/metastasis Rectum 	YES	MRI pelvis w/wo contrast	72197

CHEST

Body Part	Reason for exam	IV Contrast	Procedure Name	Code
CHEST	<ul style="list-style-type: none"> Chest wall pain (CT exam is preferred) Rib pain (CT exam is preferred) Sternoclavicular joint/ clavicle/scapula pain 	NO	MRI MSK chest w/o contrast	71550
BREAST	<ul style="list-style-type: none"> Silicone implant rupture 	NO	MRI breast w/o contrast -implant rupture study	77047-Bilateral
	<ul style="list-style-type: none"> Abnormal mammogram with recommendation to do MRI High risk for malignancy Personal history of cancer 	YES	MRI breast w/wo contrast malignancy study	77049-Bilateral
SOFT TISSUE	Mediastinal Mass	YES	MRI w/ contrast and w/o IV contrast	71552

SPINE

Body Part	Reason for exam	IV Contrast	Procedure Name	Code
CERVICAL	<ul style="list-style-type: none"> MS Neck Pain Radiculopathy Degenerative disc disease/ herniation Canal stenosis Compression fracture 	NO	MRI spine, cervical w/o contrast	72141
	<ul style="list-style-type: none"> MS Discitis/ osteomyelitis Post-op pain Tumor/ mass/metastasis 	YES	MRI spine, cervical w/wo contrast	72156
THORACIC	<ul style="list-style-type: none"> MS Neck Pain Radiculopathy Degenerative disc disease/herniation Canal stenosis Compression fracture 	NO	MRI spine, thoracic w/o contrast	72146
	<ul style="list-style-type: none"> MS Discitis/ osteomyelitis Post op w/ T-S surgery within the last 8 years Tumor/ mass/ metastasis 	YES	MRI spine, thoracic w/wo contrast	72157
LUMBAR	<ul style="list-style-type: none"> Radiculopathy Degenerative disc disease/herniation Canal stenosis Compression fracture 	NO	MRI spine, lumbar w/o contrast	72148
	<ul style="list-style-type: none"> MS Discitis/ osteomyelitis Post op w/ T-S surgery within the last 8 years Tumor/ mass/ metastasis 	YES	MRI spine, lumbar w/wo contrast	72158

RADIOLOGY ORDERING - GENERAL GUIDELINES

MRI

HEAD & NECK

Body Part	Reason for exam	IV Contrast	Procedure Name	Code
NECK SOFT TISSUE	<ul style="list-style-type: none"> Dysphagia Infection Persistent hoarseness Tumor/mass/metastasis Vocal cord paralysis 	YES	MRI soft tissue neck w/wo contrast	70543

EXTREMITIES

Body Part	Reason for exam	IV Contrast	Procedure Name	Code					
NON-JOINT EXTREMITY: HAND, FINGER, ARM, FOOT, TOE, LEG	<ul style="list-style-type: none"> Morton's neuroma Muscle/tendon tear Osteomyelitis Stress/fracture 	NO	MRI non-joint w/o contrast Upper Extremities Lower Extremities	73218 73718					
	<ul style="list-style-type: none"> Abscess Cellulitis Foot osteomyelitis in diabetic patients Osteomyelitis Tumor/mass/metastasis (soft tissue) 	YES	MRI non-joint w/wo contrast Upper Extremities Lower Extremities	73220 73720					
JOINT EXTREMITY: SHOULDER, ELBOW, WRIST, HIP, KNEE, ANKLE	<ul style="list-style-type: none"> Arthritis AVN Joint pain Ligament/tendon/muscle/cartilage/labral tear (initial study) Stress/fracture 	NO	MRI joint w/o contrast Upper Extremities Lower Extremities	73221 73721					
	<table border="0"> <tr> <td>Abscess</td> <td>Septic arthritis</td> </tr> <tr> <td>Cellulitis</td> <td>Synovitis</td> </tr> <tr> <td>Inflammatory arthritis</td> <td>Tumor/mass</td> </tr> </table>	Abscess	Septic arthritis	Cellulitis	Synovitis	Inflammatory arthritis	Tumor/mass	NO	MRI joint w/wo contrast Upper Extremities Lower Extremities
Abscess	Septic arthritis								
Cellulitis	Synovitis								
Inflammatory arthritis	Tumor/mass								

ARTHROGRAMS

Body Part	Reason for exam	IV Contrast	Procedure Name	Code
WRIST	Ligament tear (pre and post op)	YES	MR arthrogram wrist	73222+ 25246+77002
ELBOW	Ligament tear (post op)	YES	MR arthrogram elbow	73222+ 24220+77002
SHOULDER	<ul style="list-style-type: none"> Labral tear Rotator cuff (post op) 	YES	MR arthrogram shoulder	73222+ 23350+77002
HIP	Labral/ligament tear (pre or post op)	YES	MR arthrogram hip	73722+ 27093+77002
KNEE	Meniscus (post op)	YES	MR arthrogram knee	73722+ 27369+77002
ANKLE	Osteochondral Lesion (post op)	YES	MR arthrogram ankle	73722+ 27648+77002

ANGIOGRAPHY (MRA)

Body Part	Reason for exam	IV Contrast	Procedure Name	Code
MRA HEAD	<ul style="list-style-type: none"> Headaches Stenosis AVM (MRI brain w/wo contrast) CVA/TIA Aneurysm Strong family history of cerebral aneurysms 	NO	MR Angio Head w/o contrast	70544 + 76377 3D
	<ul style="list-style-type: none"> Dissection (CTA preferred) Surgery history of aneurysm clips 	NO	MR Angio Head w/wo contrast	70544 + 76377 3D
MRV HEAD	<ul style="list-style-type: none"> Venous thrombosis 	YES	MR Venogram Head w/o contrast	70546 + 76377 3D
MRA NECK	<ul style="list-style-type: none"> Stenosis Aneurysm AVM CVA/TIA Dissection/vessel injury (CTA preferred) Subclavian Steal 	YES	MR Angio Neck w/o contrast	70549 + 76377 3D
MRA ABDOMEN	<ul style="list-style-type: none"> Renal artery stenosis 	YES	MRA Abdomen w/o contrast	74185 + 76377 3D
	<ul style="list-style-type: none"> Adominal Aortic Aneurysm Dissection Mesenteric ischemia Renal artery stenosis/Aneurysm Vasculitis 	YES	MRA Abdomen w/wo contrast	74185 + 76377 3D
MRA EXTREMITIES	<ul style="list-style-type: none"> Aneurysm Arterial occlusion/stenosis A-V fistula/AVM Claudication Cold foot Gangrene Pain Thoracic Outlet syndrome Ulcer Venous occlusion/thrombosis 	YES	RA Abd Aorta, bilateral iliofemoral w/runoff w/o contrast (74185+72198+73725-50) MRA bilateral lower extremities w/o contrast (73725-50) + 76377 3D MRA bilateral upper extremities w/o contrast (73225-50) + 76377 3D	

RADIOLOGY ORDERING - GENERAL GUIDELINES

Nuclear Medicine

BONE SCAN

Body Part	Reason for exam	Code
BONE SCAN - WHOLE BODY	<ul style="list-style-type: none"> Elevated alkaline phosphatase (bone) Evaluation of abnormal finding by other imaging modalities Pathologic fracture Primary or metastatic tumors Unexplained back or bone pain 	78306+A9503
LIMITED TRIPLE PHASE BONE SCAN	<ul style="list-style-type: none"> Charcot's joint Complex Regional Pain Syndrome (RSD) Non-union fractures Osteomyelitis Prosthetic joint evaluation for loosening or infection Solitary bone lesion Stress or occult fractures 	78315+A9503

CARDIOVASCULAR

Body Part	Reason for exam	Code
MUGA SCAN	<ul style="list-style-type: none"> Cardiomyopathy Evaluate cardio toxic effects of chemotherapy 	78472 + A9560
MYOCARDIAL PERFUSION IMAGING SPECT (MPS)/ STRESS TEST	<ul style="list-style-type: none"> Abnormal EKG CAD Chest pain Coronary stenosis SOB S/P CABG S/P myocardial infarction S/P stent 	78452 + 93015 + A9500 x2

ABSCESS IMAGING

Body Part	Reason for exam	Code
GALLIUM SCAN	<ul style="list-style-type: none"> Fever of unknown origin Infection/inflammation Malignancy Sarcoid/sarcoidosis Vertebral osteomyelitis 	78803 + A9556
INDIUM-111 WBC SCAN *If HMO, LOA required	<ul style="list-style-type: none"> Evaluation of vascular graft infection Infection Infection of prosthesis w/ prior positive 3-phase bone scan Osteomyelitis 	Whole body, 78806 + A9570

GALLBLADDER

Body Part	Reason for exam	Code
HIDA SCAN	<ul style="list-style-type: none"> Acute/chronic cholecystitis Bile duct obstruction Post-op complications (e.g. bile leaks/ fistulas) RUQ Pain 	78227 + A9537 - w/ pharma 78226 + A9537 - w/o pharma

GI SCANS

Body Part	Reason for exam	Code
LIVER & SPLEEN STATIC ONLY	<ul style="list-style-type: none"> Accessory spleen Adenoma Focal nodular hyperplasia GI Bleed Trauma to liver or spleen Hepatic disease (Cirrhosis or Hepatitis) 	78215 + A9541
RCB STUDY - HEMANGIOMA PROTOCOL	<ul style="list-style-type: none"> Cavernous hemangioma (liver) 	78206 + A9540

RENAL

Body Part	Reason for exam	Code
RENAL SCAN W/ VASCULAR FLOW & FUNCTION W/O DRUGS	<ul style="list-style-type: none"> Evaluate renal perfusion and function Pre op renal resection 	78707 + A9562
RENAL SCAN W/ VASCULAR FLOW & FUNCTION W/DRUGS (E.G. LASIX)	<ul style="list-style-type: none"> Hydronephrosis Urinary tract obstruction 	78708 + A9562

PARATHYROID

Body Part	Reason for exam	Code
RENAL SCAN W/ VASCULAR FLOW & FUNCTION W/DRUGS	<ul style="list-style-type: none"> Elevated PTH Hypercalcemia Parathyroid adenoma Primary hyperparathyroidism 	78070+A9500

RADIOLOGY ORDERING - GENERAL GUIDELINES

Nuclear Medicine

THYROID

Body Part	Reason for exam	Code
1-123 THYROID UPTAKE & SCAN	<ul style="list-style-type: none"> Evaluation for hyperthyroidism, Graves Disease, Toxic Nodular Goiter Evaluation of thyroid nodules/ mass & function Subacute thyroiditis 	78014+A9516
1-123 THYROID SCAN (WITHOUT UPTAKE)	<ul style="list-style-type: none"> Evaluation of thyroid nodules (must be >1cm on ultrasound) Evaluation of thyroid size 	78013+A9512

TUMOR IMAGING

Body Part	Reason for exam	Code
OCTREOTIDE SCAN W/ SPECT <small>*If HMO. LOA required</small>	<ul style="list-style-type: none"> Carcinoid Gastrinoma Clucagonoma Insulinoma Islet Cell Carcinoma Medullary Thyroid Carcinoma Neuroblastoma Paraganglioma Pheochromocytoma Primary and metastatic neuroendocrine tumors 	78804+A9572

PET/ CT

Body Part	Reason for exam	Code
PET-CT [SKULL BASE TO MID-THIGH]	<ul style="list-style-type: none"> All cancer indications: diagnosis and initial staging, restaging and monitor treatment response (Exceptions: Initial staging to evaluate local nodal metastasis in Breast Cancer & Melanoma) Initial staging of prostate cancer 	78815+A9552
PET-CT [WHOLE BODY]	<ul style="list-style-type: none"> Initial staging, restaging and monitoring treatment Melanoma Merkel cell carcinoma MSK sarcoma Myeloma Squamous cell CA skin T-cell lymphoma 	78816+A9552

RADIOLOGY ORDERING - GENERAL GUIDELINES



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Ultrasound

Body Part	Reason for exam	Code										
PELVIS-FEMALE	<ul style="list-style-type: none"> • Adnexal abnormalities • Dysfunctional uterine bleeding • Enlarged uterus or ovary • Excessive bleeding/ pain after surgery • Fibroid uterus • Localization of intrauterine contraceptive device • Menstrual cycle irregularities • Ovarian cyst • Ovarian torsion • Pain • PCOD • Precocious puberty • Post menopausal bleeding 	<p style="text-align: center;">Trans Vaginal only - 76830 Trans Abdominal only - 76856 TV and TA - 76856 & 76830</p>										
PELVIS-MALE	<ul style="list-style-type: none"> • Bladder Only • General Pain • Prostate Only 	76856										
SCROTUM	<table border="0"> <tr> <td>• Epididymitis</td> <td>• Trauma</td> </tr> <tr> <td>• Hydrocele (swelling)</td> <td>• Torsion</td> </tr> <tr> <td>• Mass</td> <td>• Undescended testes</td> </tr> <tr> <td>• Pain</td> <td>• Varicocele</td> </tr> </table>	• Epididymitis	• Trauma	• Hydrocele (swelling)	• Torsion	• Mass	• Undescended testes	• Pain	• Varicocele	76870		
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KIDNEY & BLADDER	<table border="0"> <tr> <td>• Bladder diverticula</td> <td>• Renal stone</td> </tr> <tr> <td>• Hematuria</td> <td>• Trauma</td> </tr> <tr> <td>• Hydronephrosis</td> <td>• UTI/ cystitis/ pyelonephritis</td> </tr> <tr> <td>• Neurogenic bladder</td> <td>• Urinary retention</td> </tr> <tr> <td>• Renal failure/ disease</td> <td></td> </tr> </table>	• Bladder diverticula	• Renal stone	• Hematuria	• Trauma	• Hydronephrosis	• UTI/ cystitis/ pyelonephritis	• Neurogenic bladder	• Urinary retention	• Renal failure/ disease		<p style="text-align: center;">76770 - Complete 76775 - Limited</p>
• Bladder diverticula	• Renal stone											
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• Hydronephrosis	• UTI/ cystitis/ pyelonephritis											
• Neurogenic bladder	• Urinary retention											
• Renal failure/ disease												
RENAL DOPPLER	<ul style="list-style-type: none"> • Hypertension • Renal artery aneurysm • Renal artery stenosis • Renal vein thrombosis 	<p style="text-align: center;">93975 - Complete 93976 - Limited</p>										
UPPER OR LOWER EXTREMITY (NON VASCULAR) (SOFT TISSUE)	<ul style="list-style-type: none"> • Fluid collection • Mass 	76882										
UPPER OR LOWER EXTREMITY (VENOUS DOPPLER) BILATERAL	<ul style="list-style-type: none"> • Calf pain /pain • DVT follow-up • Edema/ swelling • Positive Homan sign 	<p style="text-align: center;">93970 - Bilateral 93971 - Unilateral</p>										
UPPER OR LOWER EXTREMITY (ARTERIAL DOPPLER) W/ABI	<table border="0"> <tr> <td>• Claudication</td> <td>• PVD</td> </tr> <tr> <td>• Decreased or absent pulses</td> <td>• Discoloration</td> </tr> <tr> <td>• Gangrene</td> <td>• Diabetes</td> </tr> <tr> <td>• Ischemic rest pain</td> <td></td> </tr> </table>	• Claudication	• PVD	• Decreased or absent pulses	• Discoloration	• Gangrene	• Diabetes	• Ischemic rest pain		93922		
• Claudication	• PVD											
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UPPER OR LOWER EXTREMITY ARTERIAL DUPLEX	<ul style="list-style-type: none"> • Aneurysm (femoral, popliteal or upper extremity) • Arterial embolus • Trauma to artery • Vein graft surveillance 	<p style="text-align: center;">93930 - Upper 93925 - Lower</p>										

Body Part	Reason for exam	Code
THYROID	<ul style="list-style-type: none"> • Elevated calcium/ abnormal thyroid blood work • Enlarged thyroid gland • History of thyroid cancer • Hyper/ hypothyroidism • Mass • Multinodular goiter • Parathyroid adenomas 	76536
SOFT TISSUES NECK	<ul style="list-style-type: none"> • Lymph node • Parotid • Mass/ Lump • Sub mandibular mass 	76536
CAROTIDS	<ul style="list-style-type: none"> • Amaurosis Fugax • Aphasia • Ataxia • Bruit • Hemiplegia • Syncope • Transient vision loss • Vertigo/ dizziness 	93880
CHEST	<ul style="list-style-type: none"> • Pleural effusion • Superficial mass (Non-cardiac only) 	76604
BREAST	<ul style="list-style-type: none"> • Abnormal mammographic findings • Palpable mass • Targeted area of pain 	76641 - Unilateral Complete 76642 - Unilateral Limited
ABDOMINAL AORTA	<ul style="list-style-type: none"> • Abdominal aortic aneurysm screening or follow-up • Bruit • Pulsatile aorta • Nicotene Dependence 	76706
ABDOMEN	<ul style="list-style-type: none"> • Abnormal LFT'S/ fatty liver • Cirrhosis or hepatic disease • Gallstones • Hepatomegaly • Jaundice • Pain • Splenomegaly 	76700

Mammography

See "Breast Imaging Ordering Guide" for reference.