



# ORDERING GUIDE



See what's inside



### SPECIALIZED KNOWLEDGE

- Subspecialty radiologists trained to **catch subtle irregularities that others may miss**
- Technologists dedicated to **compassionate patient care**
- **Precise, reliable results** for confidence in deciding the optimum course of treatment

### STATE-OF-THE-ART TECHNOLOGY

- Forefront of new imaging equipment **powered by the latest technologies**
- Focused on investment in **innovation to deliver the precision** you need for consistent results
- **Industry-leading image quality** that you and your patients can trust

### CONVENIENCE THAT MATTERS

American Health Imaging makes it **easy to refer** and schedule patients, easy for patients to visit, and **easy for you to obtain reports.**

- Large number of accessible locations
- Same-day or next-day appointments
- Welcoming, spa-like environment
- Skilled technologists deliver quality images the first time
- Complete reports available within hours, not days

**Bottom line: American Health Imaging makes everything easy for you and your patients.**





## MRI

1.5T Wide Bore

3T Wide Bore

Open MRI

NeuroQuant Brain Image Analysis

Liver MultiScan

Diffusion Tensor Imaging

## CT

Cardiac Scoring

## ULTRASOUND

## MAMMOGRAPHY

3D Tomosynthesis

Invenia™ ABUS

## BONE DENSITY

DEXA

## ARTHROGRAM

## MYELOGRAM

## X-RAY

Fluoroscopy

*Not all technologies are offered at every location.  
Refer to our website for individual center details.*



## We make it easy for patients

Patients have rated us **97% Very Satisfied or Satisfied\*** with their experience because of the AH Advantage.

### CONFIDENCE

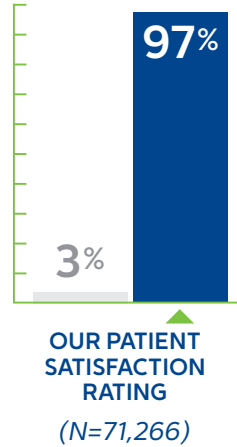
- High quality medical imaging technology well above industry standards
- Compassionate patient care from appointment scheduling to imaging results

### CONVENIENCE

- Patients can choose an imaging center that best meets their needs with **many locations in the area**
- **Same-day appointments**, evening hours, and weekend options that work with **patients' busy schedules**
- **Fast insurance prior authorization** to streamline patients' experience
- **No complex hospitals** to navigate

### COST-EFFECTIVENESS

- **40-60% lower costs** compared to hospitals\*\*
- **In-network with 99% of health plans** with competitive rates to save your patients money
- **Financial assistance programs** available for patients if needed



\* June 2020-April 2021  
\*\* Data on File. Market Pricing Study March 2021.







## We make it easy for you

The AHI Advantage enables you to determine the best course for medical care.

- Obtain reports quickly through **easy-to-access portals**
- **Accessible radiologists** available for consultation
- Crisp, clear images with **reports you can consistently trust** to build a treatment plan with confidence
- Large number of convenient locations that offer many advanced modalities with the ability to get your **patients scheduled the same day**
- American Health Imaging provides **fast prior authorizations** for no-hassle appointment scheduling

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### EASILY REFER YOUR PATIENTS FOR AN APPOINTMENT TODAY:

- FAX A SCRIPT
- EMR ORDER, WHERE POSSIBLE



*The information presented in this document is for reference purposes only, and is not intended to replace medical decision making. Nothing herein implies protocol standards for any radiological studies, studies, or medical condition. Information is subject to change.*



# Wide-Bore MRI

Available at select American Health Imaging locations, our 1.5T wide-bore scanners provide a whole new level of patient comfort with high-density coils, novel applications designed to minimize scan times, and up to 48 digitized channels for high image quality.

- **Ultra-short 145cm bore** offers more head-out exams and helps reduce anxiety.
- **Large 70cm wide bore** accommodates patients up to 550 pounds and helps with claustrophobic patients.
- **Detachable table** gives patients easy access.
- **Reduced noise levels** and headphones with music for a more pleasant experience.
- **Ultra-high density coils** designed for patient comfort and reduced exam time.





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# CONTRAST VS. NO CONTRAST

| BRAIN   |  |
|---|--|
| INDICATION                                    | PREFERRED STUDY  |
| <b>Headache</b>                               | CT Head Without Contrast for acute (“worst headache of life”).<br>MRI Without Contrast   |
| <b>Trauma</b>                                 | CT Head Without Contrast (acute).<br>Concussion/TBI: MRI With & Without Contrast NeuroQuant                                      |
| <b>Suspected Intracranial Hemorrhage</b>      | CT Head Without Contrast   |
| <b>Acute Stroke/TIA</b>                       | MRI Brain Without Contrast   |
| <b>Seizure</b>                                | MRI Brain With & Without Contrast w/Seizure Protocol   |
| <b>Dementia / Memory Loss</b>                 | MRI Brain With & Without Contrast With Hippocampal Volumetrics/ NeuroQuant. PET can also be considered for Alzheimer’s diagnosis |
| <b>Mass</b>                                   | MRI With & Without Contrast<br>MRI contraindicated: CT With & Without Contrast   |
| <b>Aneurysm</b>                               | “Screening” MRA Head (non-Contrast). CTA head With Contrast for definition of small aneurysms                                    |
| FACE  |  |
| INDICATION                                    | PREFERRED STUDY  |
| <b>Trauma</b>                                 | CT Maxillofacial Without Contrast  |
| <b>Sinus Disease</b>                          | CT Sinus Without Contrast.<br>MRI Brain & Orbits With & Without Contrast.  |
| <b>Hearing Loss, Vertigo</b>                  | Developmental: CT Temporal Bones Without Contrast.<br>Sensorineural: MRI IAC With & Without Contrast                             |
| <b>TMJ Pain</b>                               | MRI Temporomandibular Joints Without Contrast  |
| NECK/SOFT TISSUE                              |  |
| INDICATION                                    | PREFERRED STUDY  |
| <b>Carotid or Vertebral Artery Stenosis</b>   | CTA Neck With Contrast. MRA Neck With & Without Contrast.<br>Carotid Doppler Ultrasound  |
| <b>Mass</b>                                   | CT Neck With Contrast. Thyroid Nodule: Neck Ultrasound.<br>Thyroid Cancer: CT Neck With Contrast.                                |
| <b>Infection</b>                              | CT Neck With Contrast  |
| <b>Carotid or Vertebral Artery Dissection</b> | MRA Neck With & Without Contrast<br>CTA Neck With IV Contrast  |



# CONTRAST VS. NO CONTRAST

| ABDOMEN   |   |
|---|---|
| INDICATION  | PREFERRED STUDY   |
| Gallbladder, CBD, Cystic Pancreatic Mass            | MRI With & Without Contrast with MRCP   |
| Kidneys, Liver, Adrenal, Mass                       | MRI Abdomen With & Without Contrast   |
| Female Pelvis for Mass or Bleeding                  | MRI With & Without Contrast   |
| Renal Masses  | CT With & Without Contrast unless renal compromised, then MRI With & Without Contrast   |
| Solid Pancreatic Masses                             | CT With & Without Contrast  |
| Adrenal Masses                                      | CT With & Without Contrast  |
| Acute Abdominal Pain, Fever, R/O Abscess            | CT Abdomen/Pelvis With Contrast   |
| Lower Quadrant Pain                                 | CT Abdomen/Pelvis With Contrast / US Pelvic Complete with TV for Females  |
| SPINE   |   |
| INDICATION  | PREFERRED STUDY <i>Cervical, Thoracic, Lumbar Spine</i>   |
| Trauma  | CT Cervical/Thoracic/Lumbar Without Contrast. Acute Neurologic deficit and CT negative: MRI Without Contrast  |
| Pain, Degenerative Changes, Radiculopathy, Sciatica | MRI Cervical/Thoracic/Lumbar Without Contrast. Prior Surgery: MRI With & Without Contrast. MRI Contraindicated: CT Without Contrast or CT Myelogram   |
| Mass or Cancer                                      | MRI Cervical/Thoracic/Lumbar With & Without Contrast  |
| Infection   | MRI Cervical/Thoracic/Lumbar With & Without Contrast. MRI contraindicated: CT With Contrast   |
| MUSCULOSKELETAL                                     |   |
| INDICATION  | PREFERRED STUDY <i>Shoulder, Humerus, Elbow, Forearm, Wrist, Hand</i>   |
| Trauma, Surgical Hardware                           | X-ray first. CT Without Contrast for pre-operative planning of fractures. CT Without Contrast for occult fracture in younger patients. MRI Without Contrast for occult fracture in older patients. CT arthrography Without Contrast for arthroplasty complications, for recurrent rotator cuff tears. |
| Masses  | X-ray first for Bony Lesions. Ultrasound for suspected lipoma. Otherwise MRI With & Without Contrast  |
| Infection   | MRI With & Without Contrast   |
| General Pain  | MRI Without Contrast  |
| Rotator Cuff Tear / Ligament Injury                 | MRI Without Contrast or MRI Arthrogram. MRI contraindicated: CT Arthrogram  |
| Arthritis   | MRI Without Contrast  |





## CPT Codes for MRI Scans

### ORBIT, FACE & NECK

70540 – W/O CONTRAST  
70542 – W/CONTRAST  
70543 – W/O & W/CONTRAST

### TMJ

70336

### SHOULDER, ELBOW OR WRIST (UPPER EXTREMITY, JOINT)

73221 – W/O CONTRAST  
73222 – W/CONTRAST  
73223 – W/O & W/CONTRAST

### HUMERUS, FOREARM OR NON-JOINT (UPPER EXTREMITY, NON-JOINT)

73218 – W/O CONTRAST  
73219 – W/CONTRAST  
73220 – W/O &  
W/CONTRAST

### HIP, KNEE OR ANKLE (LOWER EXTREMITY, JOINT)

73721 – W/O CONTRAST  
73722 – W/CONTRAST  
73723 – W/O & W/CONTRAST

### THIGH, LOWER LEG OR FOOT (LOWER EXTREMITY, NON-JOINT)

73718 – W/O CONTRAST  
73719 – W/CONTRAST  
73720 – W/O & W/CONTRAST

### BRAIN

70551 – W/O CONTRAST  
70552 – W/CONTRAST  
70553 – W/O & W/CONTRAST

### CERVICAL SPINE

72141 – W/O CONTRAST  
72142 – W/CONTRAST  
72156 – W/O & W/CONTRAST

### CHEST

71550 – W/O CONTRAST  
71551 – W/CONTRAST  
71552 – W/O & W/CONTRAST

### BREAST

77049 – W/O & W/CONTRAST

### THORACIC SPINE

72146 – W/O CONTRAST  
72147 – W/CONTRAST  
72157 – W/O & W/CONTRAST

### ABDOMEN

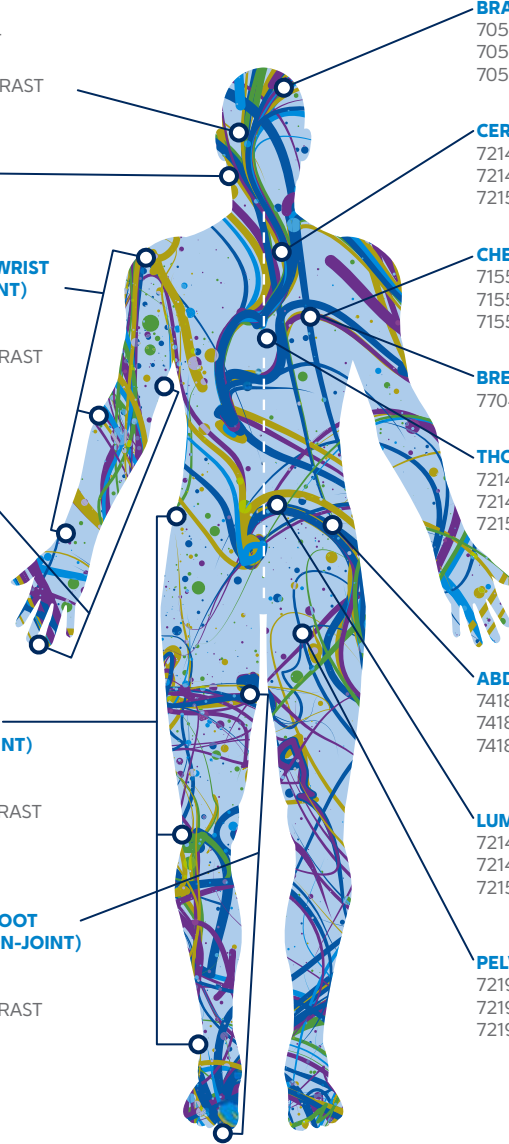
74181 – W/O CONTRAST  
74182 – W/CONTRAST  
74183 – W/O & W/CONTRAST

### LUMBAR SPINE

72148 – W/O CONTRAST  
72149 – W/CONTRAST  
72158 – W/O & W/CONTRAST

### PELVIS

72195 – W/O CONTRAST  
72196 – W/CONTRAST  
72197 – W/O & W/CONTRAST




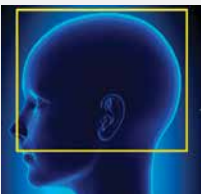


Refer your patients today

To schedule an appointment, call 855.674.2464.



## MRI: Head/Brain



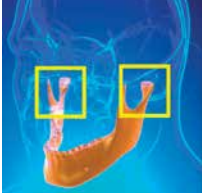
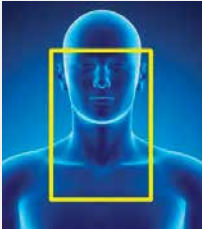
| AREA OF CONCERN   | COMMON REASON FOR EXAM  | EXAM/PROTOCOL  | IV CON. | CPT            |
|---|---|--|---------|----------------|
| <b>MRI HEAD/BRAIN</b>   |   |  |         |                |
| <b>Brain</b><br>              | <ul style="list-style-type: none"> <li>Alzheimer's/confusion</li> <li>Dementia/memory loss</li> <li>Hydrocephalus</li> <li>Mental status changes</li> </ul> | MRI brain without contrast   | No      | 70551          |
|   | <ul style="list-style-type: none"> <li>Headache/pseudotumor</li> <li>Seizures</li> <li>Tumor/mass/cancer/mets</li> <li>Vascular lesions</li> </ul>          | MRI brain without and with contrast  | Yes     | 70553          |
|   | <ul style="list-style-type: none"> <li>Metabolic abnormality</li> <li>Demyelinating disease</li> </ul>  | MRI brain without and with contrast  | Yes     | 70553          |
| <b>Pituitary</b><br>          | <ul style="list-style-type: none"> <li>Hyperprolactinemia</li> <li>Pituitary tumor</li> </ul>   | MRI brain without and with contrast<br><b>Please indicate (pituitary protocol)</b> | Yes     | 70553          |
| <b>Brain (IAC) Ears</b><br>  | <ul style="list-style-type: none"> <li>Hearing loss</li> </ul>  | MRI brain without and with contrast  | Yes     | 70553          |
| <b>Brain NeuroQuant</b><br> | <ul style="list-style-type: none"> <li>Dementia</li> <li>Memory loss</li> <li>Seizures</li> </ul>   | MRI brain without contrast to include <b>NeuroQuant (3D volumetric analysis)</b>   | No      | 70551<br>76377 |

MRI Prep will be explained at the time of scheduling

To schedule an appointment, call 855.674.2464.



## MRI: Head/Brain & MRI: Neck/Spine

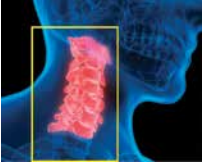

| AREA OF CONCERN  | COMMON REASON FOR EXAM  | EXAM/PROTOCOL  | IV CON. | CPT            |
|--|---|--|---------|----------------|
| <b>MRI HEAD/BRAIN</b>  |   |  |         |                |
| <b>Brain/Orbits/ Face</b><br>   | <ul style="list-style-type: none"> <li>• Exophthalmos</li> <li>• Proptosis</li> <li>• Graves' disease</li> </ul>                | MRI brain and orbits without and with contrast                                 | Yes     | 70553<br>70543 |
| <b>Cranial nerves</b><br>       | <ul style="list-style-type: none"> <li>• Bell's palsy</li> <li>• Trigeminal neuralgia</li> </ul>                                | MRI brain without and with contrast<br><b>Please indicate (cranial nerves)</b> | Yes     | 70553          |
| <b>TMJ</b><br>                 | <ul style="list-style-type: none"> <li>• Internal derangement</li> <li>• Joint dysfunction</li> </ul>                           | MRI TMJ without contrast   | No      | 70336          |
| <b>MRI NECK/SPINE</b>  |   |  |         |                |
| <b>Neck (soft tissue)</b><br> | <ul style="list-style-type: none"> <li>• Infection</li> <li>• Tumor/mass/cancer/mets</li> <li>• Vocal cord paralysis</li> </ul> | MRI neck without and with contrast   | Yes     | 70543          |

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## MRI: Neck/Spine



| AREA OF CONCERN   | COMMON REASON FOR EXAM  | EXAM/PROTOCOL                                | IV CON. | CPT   |
|---|---|--|---------|-------|
| <b>MRI NECK/SPINE</b>   |   |  |         |       |
| <b>C-Spine</b><br>  | <ul style="list-style-type: none"> <li>• Arm pain and/or weakness</li> <li>• Chiari malformation</li> <li>• Degenerative disease</li> <li>• Disc herniation/neck pain</li> <li>• Post-op fusion radiculopathy</li> </ul>  | MRI cervical spine without contrast          | No      | 72141 |
|   | <ul style="list-style-type: none"> <li>• Discitis/osteomyelitis</li> <li>• Multiple sclerosis</li> <li>• Myelopathy/syrinx</li> <li>• Tumor/mass/cancer/mets</li> <li>• Vascular lesions, AVM</li> </ul>  | MRI cervical spine without and with contrast | Yes     | 72156 |
| <b>T-Spine</b><br> | <ul style="list-style-type: none"> <li>• Back pain/trauma</li> <li>• Compression fractures (with history of malignancy/mets)</li> <li>• Degenerative disease</li> <li>• Disc herniation</li> <li>• Radiculopathy</li> <li>• Vertebroplasty planning (with history of malignancy/mets)</li> </ul>  | MRI thoracic spine without contrast          | No      | 72146 |
|   | <ul style="list-style-type: none"> <li>• AVM/vascular lesions</li> <li>• Compression fractures (with history of malignancy/mets)</li> <li>• Discitis/myelopathy</li> <li>• Multiple sclerosis</li> <li>• Osteomyelitis/syrinx</li> <li>• Tumor/mass/cancer/mets</li> <li>• Vertebroplasty planning (with history of malignancy/mets)</li> </ul> | MRI thoracic spine without and with contrast | Yes     | 72157 |

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## MRI: Neck/Spine

| AREA OF CONCERN  | COMMON REASON FOR EXAM   | EXAM/PROTOCOL   | IV CON. | CPT   |
|--|--|---|---------|-------|
| <b>MRI NECK/SPINE</b>  |  |   |         |       |
| <b>L-Spine</b><br>                    | <ul style="list-style-type: none"> <li>• Back pain/ sciatica/trauma</li> <li>• Compression fractures (with history of malignancy/mets)</li> <li>• Degenerative disease</li> <li>• Disc herniation/ radiculopathy</li> <li>• Spondylolisthesis/stenosis</li> <li>• Vertebroplasty planning (with history of malignancy/mets)</li> </ul> | MRI lumbar spine without contrast   | No      | 72148 |
|  | <ul style="list-style-type: none"> <li>• Compression fracture (with history of malignancy/mets)</li> <li>• Discitis/osteomyelitis</li> <li>• Post-op</li> <li>• Tumor/mass/cancer/mets</li> <li>• Vertebroplasty (with history of malignancy/mets)</li> </ul>  | MRI lumbar spine without and with contrast  | Yes     | 72158 |
| <b>Sacrum/Coccyx/ SI Joints</b><br> | <ul style="list-style-type: none"> <li>• Fracture</li> <li>• Arthritis</li> </ul>  | Specify which: <ul style="list-style-type: none"> <li>• MRI sacrum</li> <li>• MRI SI joints</li> <li>• MRI coccyx without contrast</li> </ul> | No      | 72195 |
|  | <ul style="list-style-type: none"> <li>• Sacroilitis</li> <li>• Metastatic disease</li> </ul>  | Specify which: <ul style="list-style-type: none"> <li>• MRI sacrum</li> <li>• MRI SI joints</li> <li>• MRI coccyx with contrast</li> </ul>    | Yes     | 72196 |


**MRI Prep will be explained at the time of scheduling**

To schedule an appointment, call 855.674.2464.





## MRI: Breast


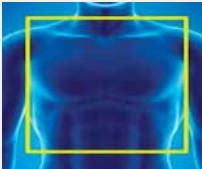


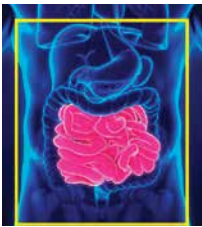
| AREA OF CONCERN   | COMMON REASON FOR EXAM  | EXAM/PROTOCOL                                       | IV CON. | CPT              |
|---|---|---|---------|------------------|
| <b>MRI BREAST</b>   |   |   |         |                  |
| <b>Breast</b><br> | <ul style="list-style-type: none"> <li>Recent diagnosis of breast cancer (pre-operative staging)</li> </ul>                                     | MRI breast (bilateral)<br>MRI chest (if needed)     | Yes     | 77049<br>(71552) |
|   | <ul style="list-style-type: none"> <li>Suspected silicone implant leak</li> <li>Palpable lump</li> </ul>  | MRI breast (bilateral)<br><b>(implant protocol)</b> | Yes     | 77049            |
|   | <ul style="list-style-type: none"> <li>High risk breast cancer screening</li> </ul>   | MRI breast (bilateral)                              | Yes     | 77049            |
|   | <ul style="list-style-type: none"> <li>Follow-up for neo-adjuvant chemotherapy treatment</li> </ul>   | MRI breast (bilateral)                              | Yes     | 77049            |
|   | <ul style="list-style-type: none"> <li>Further evaluation for indeterminate clinical or imaging results (radiologist recommendation)</li> </ul> | MRI breast (bilateral)                              | Yes     | 77049            |

MRI Prep will be explained at the time of scheduling

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## MRI: Body & MRI/MRA: Abdomen/Pelvis

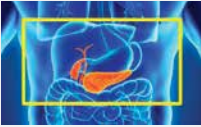

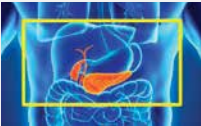


| AREA OF CONCERN   | COMMON REASON FOR EXAM  | EXAM/PROTOCOL  | IV CON. | CPT            |
|---|---|--|---------|----------------|
| <b>MRI BODY</b>   |   |  |         |                |
| <b>Chest Pectoralis</b><br>  | <ul style="list-style-type: none"> <li>• Pectoralis tear</li> </ul>   | MRI chest without contrast (specify right or left)                                 | No      | 71550          |
| <b>Chest Mediastinum</b><br> | <ul style="list-style-type: none"> <li>• Tumor/mass/cancer/mets</li> </ul>  | MRI chest without and with contrast  | Yes     | 71552          |
| <b>Heart</b><br>             | <ul style="list-style-type: none"> <li>• Congenital defect</li> <li>• Heart valve issues</li> <li>• Past MI – other cardiac issues</li> </ul> | MRI heart without and with contrast  | Yes     | 75557 & 75561  |
| <b>Brachial Plexus</b><br>  | <ul style="list-style-type: none"> <li>• Brachial plexus injury</li> <li>• Nerve avulsion</li> <li>• Tumor/mass/cancer/mets</li> </ul>        | MRI chest/mediastinum without and with contrast ( <b>specify brachial plexus</b> ) | Yes     | 71552          |
| <b>MRI/MRA ABDOMEN/PELVIS</b>   |   |  |         |                |
| <b>Small Intestine</b><br> | <ul style="list-style-type: none"> <li>• Crohn's disease</li> <li>• Inflammatory bowel disease</li> </ul>                                     | MRI enterography without and with contrast   | Yes     | 74183<br>72197 |

MRI Prep will be explained at the time of scheduling

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## MRI/MRA: Abdomen/Pelvis



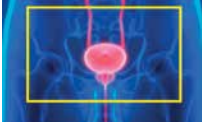
| AREA OF CONCERN   | COMMON REASON FOR EXAM  | EXAM/PROTOCOL   | IV CON. | CPT            |
|---|---|---|---------|----------------|
| <b>MRI/MRA ABDOMEN/PELVIS</b>   |   |   |         |                |
| <b>Pancreas</b><br>                         | <ul style="list-style-type: none"> <li>• Adrenals</li> <li>• MRCP (biliary/pancreatic ducts)</li> </ul>   | MRI abdomen without contrast (MRCP)                         | No      | 74181          |
| <b>Aorta, Renal Mesenteric Arteries</b><br> | <ul style="list-style-type: none"> <li>• AAA (abdominal aortic aneurysm)</li> <li>• Abdominal aorta dissection</li> <li>• Mesenteric ischemia</li> <li>• Renal artery stenosis</li> </ul> | MRA abdomen with contrast                                   | Yes     | 74185          |
| <b>Liver, Renal, Pancreas</b><br>           | <ul style="list-style-type: none"> <li>• Kidney eval</li> <li>• Liver eval</li> <li>• Pancreas eval</li> <li>• All other reasons</li> </ul>   | MRI abdomen without and with contrast                       | Yes     | 74183          |
| <b>Liver or Renal transplant</b><br>      | <ul style="list-style-type: none"> <li>• Pre liver transplant</li> <li>• Pre kidney transplant</li> <li>• Renal mass-evaluation/ pre-op</li> </ul>  | MRA abdomen without & MRI abdomen without and with contrast | Yes     | 74185<br>74183 |
| <b>Pelvis Musculoskeletal</b><br>         | <ul style="list-style-type: none"> <li>• Fracture</li> <li>• Arthritis</li> <li>• Muscle/tendon tear</li> </ul>   | MRI pelvis without contrast                                 | No      | 72195          |

MRI Prep will be explained at the time of scheduling

To schedule an appointment, call 855.674.2464.



## MRI/MRA: Abdomen/Pelvis





| AREA OF CONCERN   | COMMON REASON FOR EXAM   | EXAM/PROTOCOL                               | IV CON. | CPT            |
|---|--|---|---------|----------------|
| <b>MRI/MRA ABDOMEN/PELVIS</b>   |  |   |         |                |
| <b>Pelvis</b><br>          | <ul style="list-style-type: none"> <li>• Cancer staging/mets</li> <li>• Pain/tumor/mass/cysts</li> <li>• Pelvic/bone infection</li> <li>• Abscess/adenomyosis</li> <li>• Fibroid/osteomyelitis</li> <li>• Inguinal hernia</li> <li>• Pre/post fibroid embolization</li> <li>• Septic arthritis</li> <li>• Urethral diverticulum</li> </ul> | Pelvis without and with contrast            | Yes     | 72197          |
|   | <ul style="list-style-type: none"> <li>• Pelvic organ prolapse</li> <li>• Pelvic floor dysfunction</li> <li>• Outlet obstruction</li> <li>• Incontinence</li> </ul>  | MRI dynamic pelvis without contrast         | No      | 72195          |
| <b>Urinary System</b><br> | <ul style="list-style-type: none"> <li>• Hematuria</li> <li>• Congenital abnormalities</li> <li>• Urinary tract obstruction</li> </ul>   | MRI urogram without and with contrast       | Yes     | 74183 & 72197  |
| <b>Prostate</b><br>      | <ul style="list-style-type: none"> <li>• Benign prostatic hyperplasia (BPH)</li> <li>• Enlarged prostate</li> <li>• Evaluation of prostate cancer</li> <li>• Infection (prostatitis)</li> <li>• Prostate abscess</li> </ul>  | MRI pelvis without and with contrast and 3D | Yes     | 72197<br>76377 |

**MRI Prep will be explained at the time of scheduling**

*To schedule an appointment, call 855.674.2464.*



## MRA: Head/Neck & MRI: Musculoskeletal/Joints

| AREA OF CONCERN  | COMMON REASON FOR EXAM  | EXAM/PROTOCOL   | IV CON. | CPT   |
|--|---|---|---------|-------|
| <b>MRA HEAD &amp; NECK</b>   |   |   |         |       |
| <b>Brain</b><br>                                   | <ul style="list-style-type: none"> <li>• Aneurysm</li> <li>• AVM (arteriovenous malformation)</li> <li>• CVA/TIA/stroke</li> <li>• Vascular tumor</li> <li>• Vertebrobasilar insufficiency</li> </ul> | MRA head without contrast                                     | No      | 70544 |
| <b>Brain and Carotid Arteries</b><br>              | <ul style="list-style-type: none"> <li>• Stroke/CVA/TIA</li> <li>• Vertebrobasilar insufficiency</li> <li>• Carotid stenosis/Bruit</li> <li>• Dissection</li> </ul>                                   | MRA head without contrast                                     | No      | 70548 |
|  |   | MRA neck with contrast  | Yes     | 70544 |
| <b>Brain</b><br>                                  | <ul style="list-style-type: none"> <li>• Headache with suspected venous or sinus thrombosis pseudotumor</li> </ul>  | MRV brain without contrast                                    | No      | 70544 |
| <b>MRI MUSCULOSKELETAL/JOINTS</b>  |   |   |         |       |
| <b>Scapula</b><br>(not included in shoulder)<br> | <ul style="list-style-type: none"> <li>• Pain</li> <li>• Mass</li> </ul>  | MRI chest without and with contrast<br>Indicate right or left | Yes     | 71552 |



MRI Prep will be explained at the time of scheduling

To schedule an appointment, call 855.674.2464.





## MRI: Musculoskeletal/Joints

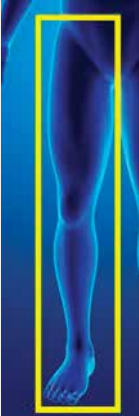

| AREA OF CONCERN   | COMMON REASON FOR EXAM  | EXAM/PROTOCOL  | IV CON. | CPT   |
|---|---|--|---------|-------|
| <b>MRI MUSCULOSKELETAL/JOINTS</b>   |   |  |         |       |
| <b>Arm/Hand/Finger</b><br>       | <ul style="list-style-type: none"> <li>• Fracture</li> <li>• Muscle/tendon tear</li> <li>• Stress fracture</li> </ul>   | MRI upper extremity <b>(non joint)</b> without contrast<br><br>Indicate right or left and body part          | No      | 73218 |
|   | <ul style="list-style-type: none"> <li>• Cancer</li> <li>• Metastatic disease</li> <li>• Tumor</li> <li>• Mass</li> <li>• Infection</li> </ul>  | MRI upper extremity <b>(non joint)</b> without and with contrast<br><br>Indicate right or left and body part | Yes     | 73220 |
| <b>Shoulder/Elbow/Wrist</b><br> | <ul style="list-style-type: none"> <li>• Joint pain (specify joint)</li> <li>• Stress fracture/fracture</li> <li>• Internal derangement</li> <li>• Labral, ligament or tendon tear</li> <li>• Tendinosis, muscle strain</li> <li>• Articular cartilage injury</li> <li>• Osteochondritis dissecans (OCD)</li> <li>• Avascular necrosis (AVN)</li> </ul> | MRI upper extremity <b>(joint)</b> without contrast<br><br>Indicate right or left and body part              | No      | 73221 |
|   | <ul style="list-style-type: none"> <li>• Cancer</li> <li>• Metastatic disease</li> <li>• Tumor</li> <li>• Mass</li> <li>• Infection</li> </ul>  | MRI upper extremity <b>(joint)</b> without and with contrast<br><br>Indicate right or left and body part     | Yes     | 73223 |

MRI Prep will be explained at the time of scheduling

*To schedule an appointment, call 855.674.2464.*



## MRI: Musculoskeletal/Joints

| AREA OF CONCERN  | COMMON REASON FOR EXAM   | EXAM/PROTOCOL  | IV CON. | CPT   |
|--|--|--|---------|-------|
| <b>MRI MUSCULOSKELETAL/JOINTS</b>  |  |  |         |       |
| <b>Leg/Foot</b><br>            | <ul style="list-style-type: none"> <li>• Fracture</li> <li>• Muscle/tendon tear</li> <li>• Stress fracture</li> </ul>  | MRI lower extremity <b>(non joint)</b> without contrast<br>Indicate right or left and body part          | No      | 73718 |
|  | <ul style="list-style-type: none"> <li>• Cancer</li> <li>• Metastatic disease</li> <li>• Tumor</li> <li>• Mass</li> <li>• Infection</li> </ul>   | MRI lower extremity <b>(non joint)</b> without and with contrast<br>Indicate right or left and body part | Yes     | 73720 |
| <b>Hip/Knee/Ankle/Toe</b><br> | <ul style="list-style-type: none"> <li>• Cancer</li> <li>• Metastatic disease</li> <li>• Tumor</li> <li>• Mass</li> <li>• Infection</li> </ul>   | MRI lower extremity <b>(joint)</b> without and with contrast<br>Indicate right or left and body part     | No      | 73723 |
|  | <ul style="list-style-type: none"> <li>• Joint pain (specify joint)</li> <li>• Stress fracture/fracture</li> <li>• Internal derangement</li> <li>• Labral, ligament, meniscal or tendon tear</li> <li>• Tendinosis, muscle strain</li> <li>• Articular cartilage injury</li> <li>• Osteochondritis dissecans (OCD)</li> <li>• Avascular necrosis (AVN)</li> <li>• Plantar fasciitis</li> </ul> | MRI lower extremity <b>(joint)</b> without contrast<br>Indicate right or left and body part              | Yes     | 73721 |

MRI Prep will be explained at the time of scheduling

To schedule an appointment, call 855.674.2464.



## MRI: Arthrography Upper/Lower Extremity

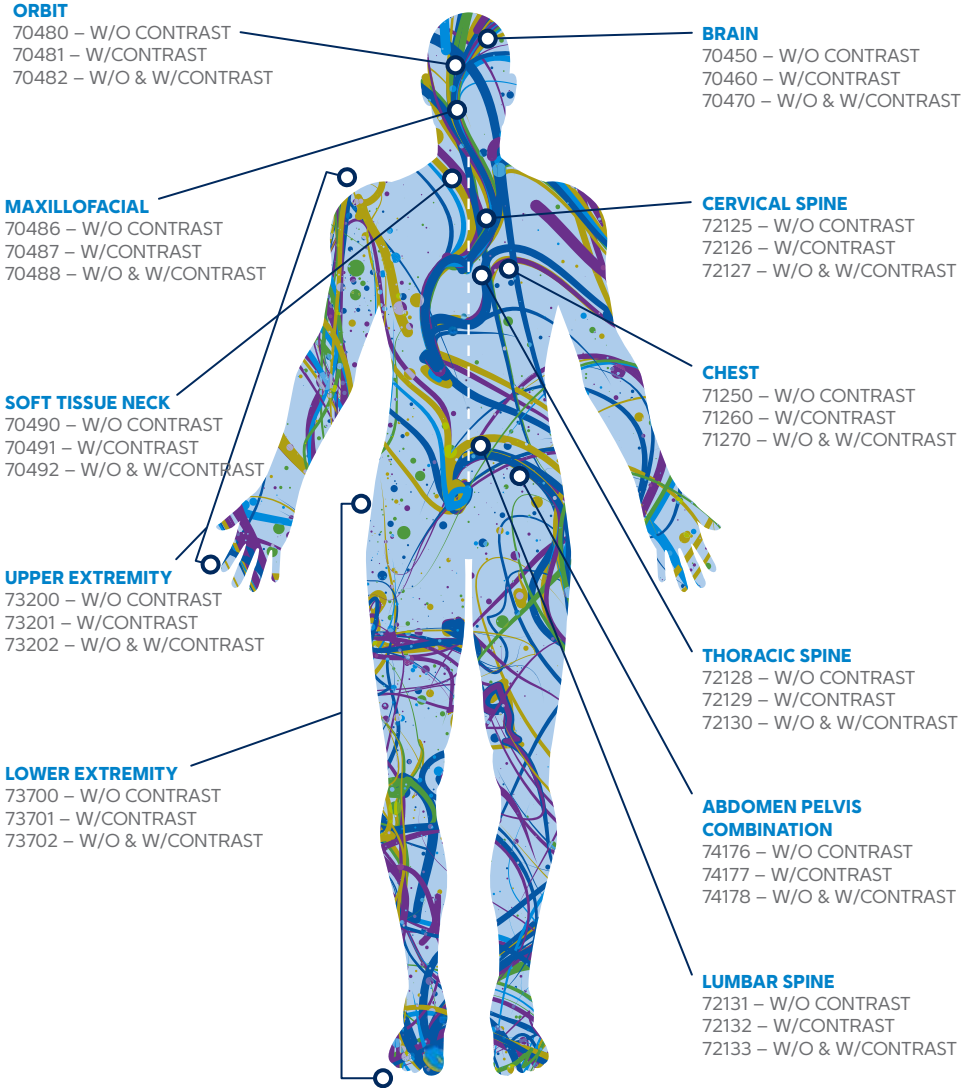
| AREA OF CONCERN                          | COMMON REASON FOR EXAM  | EXAM/PROTOCOL  | INTRAARTICULAR CONTRAST | CPT   |
|--|---|--|-------------------------|---|
| <b>MRI: ARTHROGRAPHY UPPER EXTREMITY</b> |   |  |                         |   |
| <b>Shoulder</b>                          |   |  |                         | <b>Shoulder</b><br>73222<br>23350<br>73040<br>77002     |
| <b>Elbow</b>                             | <ul style="list-style-type: none"> <li>• Labral tear</li> <li>• Loose bodies</li> <li>• Osteochondritis dissecans (OCD)</li> <li>• TFCC/tear scapholunate ligament</li> </ul> | Fluoroscopic guided arthrogram MRI upper extremity ( <b>joint</b> ) with contrast<br><br><b>*Indicate right/ left or bilateral</b> | Yes                     | <b>Elbow</b><br>73222<br>23350<br>73040<br>77002        |
| <b>Wrist</b>                             |   |  |                         | <b>Wrist</b><br>73222<br>25246<br>73115<br>77002        |
| <b>MRI: ARTHROGRAPHY LOWER EXTREMITY</b> |   |  |                         |   |
| <b>Hip</b>                               |   |  |                         | <b>Hip</b><br>73722<br>27093<br>73525<br>77002<br>27095 |
| <b>Knee</b>                              | <ul style="list-style-type: none"> <li>• Labral tear</li> <li>• Loose bodies</li> <li>• Osteochondritis dissecans (OCD)</li> <li>• Post-op meniscus evaluation</li> </ul>     | Fluoroscopic guided arthrogram MRI lower extremity ( <b>joint</b> ) with contrast<br><br><b>*Indicate right/ left or bilateral</b> | Yes                     | <b>Knee</b><br>73722<br>27369<br>73580<br>77002         |
| <b>Ankle</b>                             |   |  |                         | <b>Ankle</b><br>73722<br>27648<br>73615<br>77002        |

**MRI Prep will be explained at the time of scheduling**

To schedule an appointment, call 855.674.2464.



## CPT Codes for CT Scans






Refer your patients today

To schedule an appointment, call 855.674.2464.



## CT: Head/Brain





| AREA OF CONCERN  | COMMON REASON FOR EXAM  | EXAM/PROTOCOL   | IV CON. | CPT   |
|--|---|---|---------|-------|
| <b>CT HEAD/BRAIN</b>   |   |   |         |       |
| <b>Brain</b><br>        | <ul style="list-style-type: none"> <li>Alzheimer's</li> <li>CVA/memory loss, confusion</li> <li>Headache less than 7 days</li> <li>Hydrocephalus</li> <li>Shunt check</li> <li>Stroke/bleed</li> <li>Trauma</li> </ul>  | CT head/brain without contrast  | No      | 70450 |
|  | <ul style="list-style-type: none"> <li>Headache more than 7 days</li> <li>Infection/mass/tumor</li> <li>Meningioma/meningitis</li> <li>Metastatic staging</li> <li>Seizures</li> <li>Toxoplasmosis</li> <li>Vertigo/dizziness/mastoiditis</li> <li>HIV</li> </ul> | CT head/brain with contrast   | Yes     | 70460 |
| <b>Pituitary</b><br>   | <ul style="list-style-type: none"> <li>Hyperprolactinemia</li> <li>Pituitary tumor</li> </ul> *(MRI only unless contraindicated)  | CT brain without and with contrast<br><b>Please indicate (pituitary protocol)</b> | Yes     | 70470 |
| <b>Inner Ears</b><br> | <ul style="list-style-type: none"> <li>Cholesteotoma</li> <li>Trauma</li> </ul>   | CT temporal bones/inner ears without contrast                                     | No      | 70480 |
|  | <ul style="list-style-type: none"> <li>Infection</li> <li>Neoplasm</li> <li>Tinnitus</li> </ul> (If MRI contraindicated)  | CT temporal bones/inner ears with contrast  | Yes     | 70481 |

**CT Prep will be explained at the time of scheduling**

To schedule an appointment, call 855.674.2464.





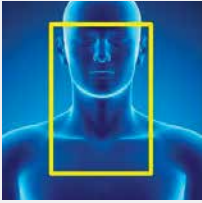
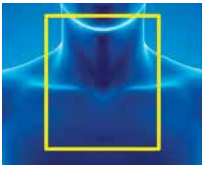



| AREA OF CONCERN   | COMMON REASON FOR EXAM  | EXAM/PROTOCOL                | IV CON. | CPT   |
|---|---|------------------------------|---------|-------|
| <b>CT HEAD/BRAIN</b>  |   |                              |         |       |
| <b>Orbits/eyes</b><br>    | <ul style="list-style-type: none"> <li>Foreign body</li> <li>Fracture</li> <li>Trauma</li> </ul>  | CT orbits without contrast   | No      | 70480 |
|   | <ul style="list-style-type: none"> <li>Cellulitis/mass</li> <li>Exophthalmos</li> <li>Graves' disease</li> <li>Pain</li> <li>Pseudotumor</li> </ul> | CT orbits with contrast      | Yes     | 70481 |
| <b>Sinus</b><br>          | <ul style="list-style-type: none"> <li>Endoscopic sinus surgery</li> <li>Ostiomeatal complex</li> <li>Sinusitis</li> </ul>                          | CT sinus without contrast    | No      | 70486 |
|   | <ul style="list-style-type: none"> <li>Mass or infection</li> </ul>   | CT sinus with contrast       | Yes     | 70487 |
| <b>Facial bones</b><br>  | <ul style="list-style-type: none"> <li>Fracture</li> </ul>  | CT face without contrast     | No      | 70486 |
|   | <ul style="list-style-type: none"> <li>Mass or infection</li> </ul>   | CT face with contrast        | Yes     | 70487 |
| <b>Jaw/mandible</b><br> | <ul style="list-style-type: none"> <li>Mandible lesion</li> <li>Cyst</li> </ul>   | CT mandible without contrast | No      | 70486 |

CT Prep will be explained at the time of scheduling

To schedule an appointment, call 855.674.2464.



## CT: Neck/Spine

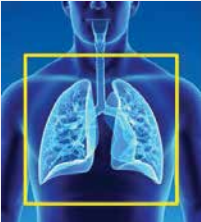


| AREA OF CONCERN  | COMMON REASON FOR EXAM  | EXAM/PROTOCOL   | IV CON. | CPT   |
|--|---|---|---------|-------|
| <b>CT NECK/SPINE</b>   |   |   |         |       |
| <b>Neck</b><br>             | <ul style="list-style-type: none"> <li>• Cancer/ metastatic disease</li> <li>• Inflammation, mass or stone of salivary gland (parotid or submandibular)</li> <li>• Dysphagia</li> <li>• Lymphadenopathy</li> <li>• Infection</li> </ul> | CT soft tissue neck with contrast   | Yes     | 70491 |
| <b>Thyroid</b><br>          | <ul style="list-style-type: none"> <li>• Parathyroid adenoma</li> </ul>   | CT soft tissue neck without and with contrast<br><b>Please indicate (4D) protocol</b> | Yes     | 70492 |
| <b>Cervical Spine</b><br>  | <ul style="list-style-type: none"> <li>• *MRI recommended for disc herniation,</li> <li>• Trauma, fracture, fusion</li> <li>• Degenerative changes</li> </ul>   | CT cervical spine without contrast  | No      | 72125 |
|  | <ul style="list-style-type: none"> <li>• Abscess or infection</li> <li>• Metastatic disease</li> </ul>  | CT cervical spine with contrast   | Yes     | 72126 |
| <b>Thoracic Spine</b><br> | <ul style="list-style-type: none"> <li>• *MRI recommended for disc herniation,</li> <li>• Trauma, fracture, fusion</li> <li>• Degenerative changes</li> </ul>   | CT thoracic spine without contrast  | No      | 72128 |
|  | <ul style="list-style-type: none"> <li>• Abscess or infection</li> <li>• Metastatic disease</li> </ul>  | CT thoracic spine with contrast   | Yes     | 72129 |
| <b>Lumbar Spine</b><br>   | <ul style="list-style-type: none"> <li>• *MRI recommended for disc herniation,</li> <li>• Trauma, fracture, fusion, pars defect</li> <li>• Degenerative changes</li> </ul>  | CT lumbar spine without contrast  | No      | 72131 |
|  | <ul style="list-style-type: none"> <li>• Abscess or infection</li> <li>• Metastatic disease</li> </ul>  | CT lumbar spine with contrast   | Yes     | 72132 |

CT Prep will be explained at the time of scheduling

*To schedule an appointment, call 855.674.2464.*



## CT: Chest/Lungs

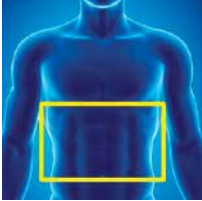


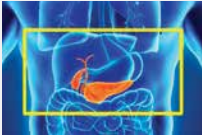

| AREA OF CONCERN  | COMMON REASON FOR EXAM  | EXAM/PROTOCOL   | IV CON. | CPT  |
|--|---|---|---------|--|
| <b>CT CHEST/LUNGS</b>  |   |   |         |  |
| <b>Chest and Lungs</b><br>   | <ul style="list-style-type: none"> <li>• Asbestosis</li> <li>• Bronchiectasis</li> <li>• Fibrosis</li> <li>• Interstitial lung disease</li> <li>• Pleural plaques</li> <li>• Sarcoidosis</li> </ul>   | CT chest without contrast<br><b>Please indicate high resolution</b> | No      | 71250  |
|  | <ul style="list-style-type: none"> <li>• Abnormal chest X-ray</li> <li>• COPD/cough</li> <li>• Lung/esophageal CA</li> <li>• Hemoptysis</li> <li>• Lymphoma/mass/pain</li> <li>• Pneumonia</li> <li>• Shortness of breath</li> <li>• Tracheal stenosis</li> </ul> | CT chest with contrast  | Yes     | 71260  |
| <b>Lungs</b><br>            | • Lung nodules  | CT chest without contrast   | No      | 71250  |
|  | • Lung cancer screening   | CT chest lung cancer screening without contrast                     | No      | 71271<br>*71250 for short term followup exams of 3 or 6 month only |
| <b>Heart Screening</b><br> | • Hyperlipidemia  | CT heart without contrast<br><b>Please indicate (calcium score)</b> | No      | 75571  |

CT Prep will be explained at the time of scheduling

To schedule an appointment, call 855.674.2464.




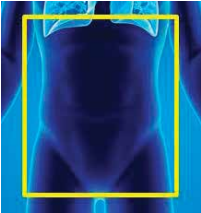

## CT: Abdomen/Pelvis

| AREA OF CONCERN  | COMMON REASON FOR EXAM  | EXAM/PROTOCOL  | IV CON. | CPT   |
|--|---|--|---------|-------|
| <b>CT ABDOMEN/PELVIS</b>   |   |  |         |       |
| <b>Upper Abdomen Only</b><br> | <ul style="list-style-type: none"> <li>*Patient unable to have IV contrast*</li> <li>Abdominal pain</li> <li>Hernia (ventral or umbilical)</li> </ul> | CT abdomen without contrast  | No      | 74150 |
|  | <ul style="list-style-type: none"> <li>Abdominal pain</li> <li>Abscess</li> <li>Hernia (ventral or umbilical)</li> </ul>                              | CT abdomen with contrast   | Yes     | 74160 |
| <b>Adrenals</b><br>           | <ul style="list-style-type: none"> <li>Adrenal mass</li> </ul>  | CT abdomen without and with contrast<br><b>Please indicate (adrenal protocol)</b>    | Yes     | 74170 |
| <b>Liver</b><br>              | <ul style="list-style-type: none"> <li>Hepatoma, hepatitis,</li> <li>Cirrhosis</li> <li>Liver hemangioma (MRI preferred)</li> </ul>                   | CT abdomen without and with contrast<br><b>Please indicate (liver protocol)</b>      | Yes     | 74170 |
| <b>Pancreas</b><br>         | <ul style="list-style-type: none"> <li>Pancreatic mass</li> <li>Pancreatitis</li> <li>Pseudocyst</li> </ul>   | CT abdomen without and with contrast<br><b>Please indicate (pancreatic protocol)</b> | Yes     | 74170 |
| <b>Kidneys</b><br>          | <ul style="list-style-type: none"> <li>Any renal pathology</li> </ul>   | CT abdomen without and with contrast<br><b>Please indicate (renal protocol)</b>      | Yes     | 74170 |

CT Prep will be explained at the time of scheduling

To schedule an appointment, call 855.674.2464.





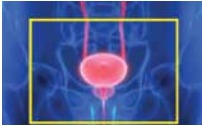
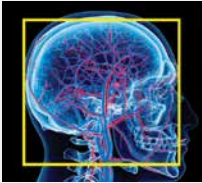
| AREA OF CONCERN   | COMMON REASON FOR EXAM  | EXAM/PROTOCOL   | IV CON. | CPT   |
|---|---|---|---------|-------|
| <b>CT ABDOMEN/PELVIS</b>  |   |   |         |       |
| <b>Urinary/Renal System</b><br> | <ul style="list-style-type: none"> <li>• Renal calculi/stone</li> <li>• Flank pain/hematuria</li> <li>• Post lithotripsy</li> <li>• Follow up hydronephrosis</li> </ul>   | CT abdomen and pelvis without contrast<br><b>Please indicate (stone protocol)</b>             | No      | 74176 |
|   | <ul style="list-style-type: none"> <li>• Transitional cell carcinoma of kidney and/or bladder</li> <li>• Hematuria</li> </ul>   | CT abdomen/ pelvis without and with contrast<br><b>Please indicate (IVP/urogram protocol)</b> | Yes     | 74178 |
| <b>Abdomen and Pelvis</b><br>  | <ul style="list-style-type: none"> <li>• Cancer staging</li> <li>• Abdominal pain</li> <li>• Appendicitis</li> <li>• Diarrhea</li> <li>• Diverticulitis</li> <li>• Infection</li> </ul>                                     | CT abdomen/ pelvis with contrast  | Yes     | 74177 |
| <b>Small Intestine</b><br>    | <ul style="list-style-type: none"> <li>• Crohn's disease</li> <li>• Small bowel related issues</li> <li>• Abscess/inflammation</li> <li>• Bleeding sources</li> <li>• Bowel obstruction</li> <li>• Tumor/fistula</li> </ul> | CT abdomen/ pelvis with contrast<br><b>Please indicate (enterography protocol)</b>            | Yes     | 74177 |

CT Prep will be explained at the time of scheduling

To schedule an appointment, call 855.674.2464.



**CT: Abdomen/Pelvis &  
CTA: Angiography/CTV: Venography**





| AREA OF CONCERN   | COMMON REASON FOR EXAM   | EXAM/PROTOCOL  | IV CON. | CPT                                     |
|---|--|--|---------|---|
| <b>CT ABDOMEN/PELVIS</b>  |  |  |         |   |
| <b>Colon</b><br>               | <ul style="list-style-type: none"> <li>Failed colonoscopy</li> <li>Patients on blood thinners who are not candidates for routine colonoscopy</li> <li>Screening</li> </ul> | CT abdomen/pelvis without contrast and 3D rendering<br><br><b>Please indicate (virtual colonography)</b> | No      | 74263 Screening<br><br>74261 Diagnostic |
| <b>Pelvis</b><br>              | <ul style="list-style-type: none"> <li>Fracture</li> <li>Arthritis</li> <li>Inguinal hernia</li> </ul>   | CT pelvis without contrast   | No      | 72192                                   |
|   | <ul style="list-style-type: none"> <li>Cancer staging</li> <li>Pain/mass/cysts</li> <li>Hernia (inguinal)</li> <li>Pelvic infection</li> <li>Bone infection</li> </ul>     | CT pelvis with contrast  | Yes     | 72193                                   |
| <b>Pelvis and Bladder</b><br> | <ul style="list-style-type: none"> <li>Bladder cancer</li> <li>Bladder polyps</li> <li>Fistula/bleeding</li> <li>Hydronephrosis</li> <li>Vesicoureteral reflux</li> </ul>  | CT cystogram with contrast   | No      | 72192<br>51600                          |
| <b>CTA ANGIOGRAPHY/CTV VENOGRAPHY</b>   |  |  |         |   |
| <b>Brain</b><br>             | <ul style="list-style-type: none"> <li>Aneurysm</li> <li>AVM (arteriovenous malformation)</li> <li>CVA/TIA/stroke</li> <li>Vascular tumor</li> </ul>                       | CTA brain with contrast  | Yes     | 70496                                   |

CT Prep will be explained at the time of scheduling

To schedule an appointment, call 855.674.2464.



## CTA: Angiography & CTV: Venography

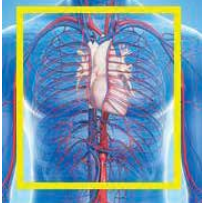



| AREA OF CONCERN   | COMMON REASON FOR EXAM   | EXAM/PROTOCOL  | IV CON. | CPT            |
|---|--|--|---------|----------------|
| <b>CTA ANGIOGRAPHY/CTV VENOGRAPHY</b>   |  |  |         |                |
| <b>Carotid Arteries</b><br>           | <ul style="list-style-type: none"> <li>• CVA/TIA/stroke</li> <li>• Vascular tumor</li> <li>• Carotid stenosis</li> <li>• Vertebrobasilar insufficiency</li> <li>• Bruit</li> </ul> | CTA carotids with contrast   | Yes     | 70498          |
| <b>Brain and Carotid Arteries</b><br> | <ul style="list-style-type: none"> <li>• Vertebrobasilar insufficiency</li> </ul>  | CTA head/neck with contrast  | Yes     | 70498<br>70496 |
| <b>Arms</b><br>                     | <ul style="list-style-type: none"> <li>• Ischemia, arterial stenosis</li> </ul>  | CTA upper extremities with contrast<br><b>(Indicate right or left and area of concern)</b> | Yes     | 73206          |
| <b>Pulmonary Arteries</b><br>       | <ul style="list-style-type: none"> <li>• Pulmonary embolism</li> <li>• Shortness of breath</li> </ul>  | CTA chest with contrast<br><b>Please indicate (PE protocol)</b>                            | Yes     | 71275          |

CT Prep will be explained at the time of scheduling

To schedule an appointment, call 855.674.2464.



## CTA: Angiography/CTV: Venography

| AREA OF CONCERN   | COMMON REASON FOR EXAM  | EXAM/PROTOCOL  | IV CON. | CPT   |
|---|---|--|---------|-------|
| <b>CTA ANGIOGRAPHY/CTV VENOGRAPHY</b>   |   |  |         |       |
| <b>Aorta</b><br>                 | <ul style="list-style-type: none"> <li>• Aortic dissection</li> <li>• Thoracic aortic aneurysm</li> </ul> | CTA chest without and with contrast<br><b>Please indicate (aorta protocol)</b>   | Yes     | 71275 |
| <b>Heart</b><br>                 | <ul style="list-style-type: none"> <li>• Pre heart ablation</li> </ul>                                    | CTA chest with contrast and 3D reconstructions<br><b>Please indicate (electrophysiology pre heart ablation protocol)</b> | Yes     | 71275 |
| <b>Coronary Arteries</b><br>    | <ul style="list-style-type: none"> <li>• Abnormal echo</li> <li>• Chest pain, sub tachycardia</li> </ul>  | CTA heart coronary artery without and with contrast and 3D reconstructions   | Yes     | 75574 |
| <b>Subclavian Arteries</b><br> | <ul style="list-style-type: none"> <li>• Stenosis</li> </ul>  | CTA chest with contrast<br><b>Please indicate (subclavian protocol)</b>  | Yes     | 71275 |





CT Prep will be explained at the time of scheduling

To schedule an appointment, call 855.674.2464.





## CTA: Angiography/CTV: Venography




| AREA OF CONCERN   | COMMON REASON FOR EXAM  | EXAM/PROTOCOL                                    | IV CON. | CPT            |
|---|---|--|---------|----------------|
| <b>CTA ANGIOGRAPHY/CTV VENOGRAPHY</b>   |   |  |         |                |
| <b>Aorta</b><br>                | <ul style="list-style-type: none"> <li>• Aortic dissection</li> <li>• Thoracic aortic aneurysm</li> </ul>               | CTA chest and abdomen without and with contrast  | Yes     | 71275<br>74175 |
| <b>Mesenteric Arteries</b><br>  | <ul style="list-style-type: none"> <li>• Mesenteric ischemia</li> </ul>   | CTA mesenteric arteries with contrast            | Yes     | 74175          |
| <b>Renal Arteries</b><br>      | <ul style="list-style-type: none"> <li>• Renal artery stenosis</li> <li>• Hypertension</li> </ul>                       | CTA renal arteries with contrast                 | Yes     | 74175          |
| <b>Aorta &amp; Iliacs</b><br> | <ul style="list-style-type: none"> <li>• AAA/stent graft</li> <li>• Stent graft obstruction/leak/malfunction</li> </ul> | CTA abdomen and pelvis without and with contrast | Yes     | 74174          |

CT Prep will be explained at the time of scheduling

To schedule an appointment, call 855.674.2464.



## CTA: Angiography/CTV: Venography




| AREA OF CONCERN  | COMMON REASON FOR EXAM   | EXAM/PROTOCOL  | IV CON. | CPT   |
|--|--|--|---------|-------|
| <b>CTA ANGIOGRAPHY/CTV VENOGRAPHY</b>  |  |  |         |       |
| <b>Aorta, Iliacs, Femoral and Distal Arteries</b><br> | <ul style="list-style-type: none"> <li>• Claudication</li> <li>• Peripheral artery disease</li> <li>• Ischemia</li> <li>• Non healing wound</li> </ul> | CTA abdomen/ pelvis and bilateral runo with contrast | Yes     | 75635 |
| <b>Pelvic Veins</b><br>                              | <ul style="list-style-type: none"> <li>• Pelvic congestion (MRI preferred)</li> <li>• DVT</li> </ul>   | CTV pelvis with contrast                             | Yes     | 72193 |
| <b>Iliacs, Femoral and Distal Arteries</b><br>      | <ul style="list-style-type: none"> <li>• Claudication</li> <li>• Ischemia</li> <li>• Non healing wound</li> <li>• Peripheral artery disease</li> </ul> | CTA lower extremities with contrast                  | Yes     | 73706 |

CT Prep will be explained at the time of scheduling

To schedule an appointment, call 855.674.2464.



## CTA: Angiography/CTV: Venography

| AREA OF CONCERN   | COMMON REASON FOR EXAM   | EXAM/PROTOCOL  | IV CON. | CPT   |
|---|--|--|---------|-------|
| <b>CTA ANGIOGRAPHY/CTV VENOGRAPHY</b>   |  |  |         |       |
| <b>Sternoclavicular Joints</b><br>                                | <ul style="list-style-type: none"> <li>• Swelling</li> </ul>   | CT sternoclavicular joints without contrast                                    | No      | 71250 |
| <b>Shoulders, Humerus, Elbows, Forearms, Wrists and Hands</b><br> | <ul style="list-style-type: none"> <li>• *MRI Preferred</li> <li>• Fracture, DJD</li> <li>• Surgical planning</li> </ul>                             | CT upper extremities without contrast<br>*Indicate right or left and body part | No      | 73200 |
|   | <ul style="list-style-type: none"> <li>• *MRI Preferred</li> <li>• Tumor, mass</li> <li>• Cancer/ metastatic disease</li> <li>• Infection</li> </ul> | CT upper extremities with contrast<br>*Indicate right or left and body part    | Yes     | 73201 |
| <b>Hips, Femurs, Knees, Tib/Fib, Ankles, Feet</b><br>            | <ul style="list-style-type: none"> <li>• *MRI Preferred</li> <li>• Fracture, DJD</li> <li>• Surgical planning</li> </ul>                             | CT lower extremities without contrast<br>*Indicate right or left and body part | No      | 73700 |
|   | <ul style="list-style-type: none"> <li>• *MRI Preferred</li> <li>• Tumor, mass</li> <li>• Cancer/ metastatic disease</li> <li>• Infection</li> </ul> | CT lower extremities with contrast<br>*Indicate right or left and body part    | Yes     | 73701 |

CT Prep will be explained at the time of scheduling

To schedule an appointment, call 855.674.2464.



## Ultrasound: Head/Neck/Soft Tissue & Upper Extremities

| AREA OF CONCERN                                | COMMON REASON FOR EXAM   | EXAM/PROTOCOL  | CPT                         |
|--|--|--|-----------------------------|
| <b>ULTRASOUND HEAD, NECK &amp; SOFT TISSUE</b> |  |  |                             |
| <b>Carotid Arteries</b>                        | <ul style="list-style-type: none"> <li>• Amaurosis fugax</li> <li>• Arterial vascular disease</li> <li>• Ataxia</li> <li>• Hyperlipidemia</li> <li>• Stenosis</li> <li>• Stroke</li> <li>• TIA, HTN</li> </ul> | Ultrasound bilateral carotid duplex  | 93880                       |
| <b>Thyroid Gland(s)</b>                        | <ul style="list-style-type: none"> <li>• Enlarged thyroid/fullness</li> <li>• Goiter</li> <li>• Hypo- /hyper-thyroid</li> <li>• Nodules</li> <li>• Thyroiditis</li> </ul>                                      | Ultrasound thyroid   | 76536                       |
| <b>Scalp, Head, Face, Neck</b>                 | <ul style="list-style-type: none"> <li>• Bump</li> <li>• Cyst</li> <li>• Lipoma</li> <li>• Mass</li> <li>• Palpable lump</li> </ul>  | Ultrasound <ul style="list-style-type: none"> <li>• Soft tissue scalp</li> <li>• Soft tissue head</li> <li>• Soft tissue face</li> <li>• Soft tissue neck</li> </ul> (indicate which area) | 76536                       |
| <b>ULTRASOUND UPPER EXTREMITIES</b>            |  |  |                             |
| <b>Upper Extremity Vasculature</b>             | <ul style="list-style-type: none"> <li>• Deep vein thrombosis</li> <li>• Redness</li> <li>• Upper extremity swelling/pain</li> </ul>   | Ultrasound upper extremity venous duplex/doppler<br>(Specify left/right or Bilateral with indication for each)   | 93971 unilat<br>93970 bilat |
| <b>Arms</b>                                    | <ul style="list-style-type: none"> <li>• Bump</li> <li>• Cyst</li> <li>• Lipoma</li> <li>• Mass</li> <li>• Palpable Lump</li> </ul>  | Soft tissue ultrasound<br>Specify left/right   | Specify exact location      |

Ultrasound Prep will be explained at the time of scheduling

To schedule an appointment, call 855.674.2464.



## Ultrasound: Upper Extremities & Abdomen

| AREA OF CONCERN                      | COMMON REASON FOR EXAM  | EXAM/PROTOCOL   | CPT   |
|--------------------------------------|---|---|-------|
| <b>ULTRASOUND UPPER EXTREMITIES</b>  |   |   |       |
| <b>Shoulder</b>                      | <ul style="list-style-type: none"> <li>• Rotator cuff tear</li> <li>• Arthritis</li> <li>• Bicep tendon</li> <li>• Tendinosis/tear</li> <li>• Ganglion cyst</li> <li>• Foreign body</li> </ul>  | Shoulder ultrasound<br>Specify left/<br>right/bilateral   | 76882 |
| <b>Hands/Wrists</b>                  | <ul style="list-style-type: none"> <li>• Palpable abnormality</li> <li>• Ganglion cyst</li> <li>• Foreign body</li> <li>• Rheumatoid arthritis/arthritis</li> <li>• Median/ulnar/radial</li> <li>• Neuropathy</li> <li>• Tendinosis</li> </ul>                                    | Hand/wrist ultrasound<br>Specify left/<br>right/bilateral | 76882 |
| <b>ULTRASOUND ABDOMEN</b>            |   |   |       |
| <b>Abdomen<br/>(above umbilicus)</b> | <ul style="list-style-type: none"> <li>• Abdominal pain (specify right or left upper quadrant or epigastric region)</li> <li>• Abnormal LFTs</li> <li>• Cirrhosis</li> <li>• Hepatitis C</li> <li>• Hepatomegaly</li> <li>• Polycystic disease</li> <li>• Splenomegaly</li> </ul> | Abdominal ultrasound<br>complete                          | 76700 |
| <b>Liver</b>                         | <ul style="list-style-type: none"> <li>• Portal HTN</li> <li>• Portal venous thrombosis</li> <li>• Liver transplant</li> <li>• TIPS</li> </ul>  | Abdominal<br>duplex ultrasound                            | 93975 |
| <b>Abdomen RUQ</b>                   | <ul style="list-style-type: none"> <li>• Abnormal LFTs</li> <li>• Cirrhosis</li> <li>• Hepatitis C</li> </ul>   | RUQ abdominal<br>ultrasound                               | 76705 |
| <b>Abdominal Wall</b>                | <ul style="list-style-type: none"> <li>• Hernias (ventral or epigastric)</li> </ul>   | Soft tissue ultrasound                                    | 76705 |

Ultrasound Prep will be explained at the time of scheduling

To schedule an appointment, call 855.674.2464.



## Ultrasound: Abdomen

| AREA OF CONCERN           | COMMON REASON FOR EXAM   | EXAM/PROTOCOL  | CPT           |
|---------------------------|--|--|---------------|
| <b>ULTRASOUND ABDOMEN</b> |  |  |               |
| <b>Renals</b>             | <ul style="list-style-type: none"> <li>• Flank/back pain</li> <li>• Hematuria</li> </ul>   | Renal ultrasound   | 76770         |
| <b>Renals and Bladder</b> | <ul style="list-style-type: none"> <li>• Neurogenic bladder</li> <li>• Polycystic kidneys</li> <li>• Renal cyst/mass</li> <li>• Renal disease (CKD)</li> <li>• UTI</li> </ul>  | Renal with bladder ultrasound (this will assess kidneys/bladder and postvoid residual) | 76770 & 76857 |
| <b>Renal Arteries</b>     | <ul style="list-style-type: none"> <li>• Abdominal bruit</li> <li>• Renal artery stenosis</li> <li>• Uncontrolled HTN</li> </ul>   | Renal artery duplex ultrasound   | 93976         |
| <b>Aorta</b>              | <ul style="list-style-type: none"> <li>• AAA screening for Medicare</li> <li>• Must be referred from initial preventative physical exam (IPPE)</li> <li>• Patient must have at least one of the following risks:                             <ul style="list-style-type: none"> <li>• Family history of AAA</li> <li>• 65-75 year old male who has smoked "at least 100 cigarettes"</li> <li>• Additional risk factors include coronary heart disease, hyper-tension, cerebrovascular disease</li> </ul> </li> </ul> | Screening aorta ultrasound Medicare screening  | 76706         |
| <b>Aorta &amp; Iliacs</b> | <ul style="list-style-type: none"> <li>• AAA</li> <li>• Abdominal bruit/pulsatile mass</li> <li>• Aortic dissection</li> </ul>   | Aorta duplex ultrasound – not screening AAA for Medicare                               | 93978         |

Ultrasound Prep will be explained at the time of scheduling

To schedule an appointment, call 855.674.2464.



## Ultrasound: Pelvis

| AREA OF CONCERN   | COMMON REASON FOR EXAM  | EXAM/PROTOCOL   | CPT            |
|---|---|---|----------------|
| <b>ULTRASOUND PELVIS</b>  |   |   |                |
| <b>Female Pelvic Below Umbilicus</b>  | <ul style="list-style-type: none"> <li>• Endometriosis</li> <li>• Fibroids/enlarged uterus</li> <li>• IUD</li> <li>• Menstrual disorders</li> <li>• Ovarian cysts</li> <li>• PCOS</li> <li>• Pelvic pain (relating specifically to uterus or ovaries; ultrasound is not the exam of choice for intestinal disorders)</li> </ul> | Ultrasound pelvis complete transabdominal & transvaginal                                | 76856<br>76830 |
| <b>American Health Imaging's Preferred Protocol</b><br>Perform both the transabdominal and transvaginal scans as these will give the most detailed information. If only one study is performed, our recommendation is to order a transvaginal scan. |   | Ultrasound pelvis transabdominal  | 76856          |
|   |   | Ultrasound pelvis transvaginal (Dependent on patient's age and whether sexually active) | 76830          |
| <b>Male Pelvis</b>  | <ul style="list-style-type: none"> <li>• Bladder</li> <li>• Prostate</li> <li>• Seminal vesicles</li> </ul>   | Pelvic ultrasound   | 76856          |
| <b>Bladder</b>  | <ul style="list-style-type: none"> <li>• Bladder mass/stone</li> <li>• Hematuria</li> </ul>   | Bladder ultrasound (indicate if post-void residual is needed)                           | 76857          |
| <b>Testicles</b>  | <ul style="list-style-type: none"> <li>• Epididymitis</li> <li>• Hydrocele</li> <li>• Orchalgia</li> <li>• Pain/swelling</li> <li>• Palpable lump</li> <li>• Torsion</li> <li>• Varicocele</li> </ul>   | Testicular ultrasound   | 76870          |
| <b>Pelvic Wall Groin</b>  | <ul style="list-style-type: none"> <li>• Inguinal hernia</li> </ul>   | Soft tissue ultrasound  | 76857<br>76882 |

Ultrasound Prep will be explained at the time of scheduling

To schedule an appointment, call 855.674.2464.



## Ultrasound: Lower Extremities

| AREA OF CONCERN                    | COMMON REASON FOR EXAM   | EXAM/PROTOCOL  | CPT                         |
|------------------------------------|--|--|-----------------------------|
| <b>LOWER EXTREMITIES</b>           |  |  |                             |
| <b>Lower Extremity Vasculature</b> | <ul style="list-style-type: none"> <li>• Deep vein thrombosis</li> <li>• Redness</li> <li>• Lower extremity swelling/pain</li> </ul>   | Lower extremity ultrasound<br>Venous duplex/doppler<br>(Specify left/ right or Bilateral with indication for each) | 93971 unilat<br>93970 bilat |
| <b>Legs</b>                        | <ul style="list-style-type: none"> <li>• Bump</li> <li>• Cyst</li> <li>• Lipoma</li> <li>• Mass</li> <li>• Palpable Lump</li> </ul>  | Soft tissue ultrasound<br>Specify left/ right  | Specify exact location      |
| <b>Knee</b>                        | <ul style="list-style-type: none"> <li>• Baker cyst</li> <li>• Palpable abnormality</li> <li>• Quadriceps/patellar</li> <li>• Tendinosis or tear</li> <li>• Ganglion cyst</li> <li>• Arthritis</li> <li>• Foreign body</li> </ul>                              | Knee ultrasound<br>Specify left/right/ Bilateral   | 76882                       |
| <b>Ankle</b>                       | <ul style="list-style-type: none"> <li>• Achilles tendinosis or tear</li> <li>• Tendinosis (anterior tibialis, posterior tibialis, peroneals)</li> <li>• Ganglion cyst</li> <li>• Palpable abnormality</li> <li>• Foreign body</li> <li>• Arthritis</li> </ul> | Ankle ultrasound<br>Specify left/right/ Bilateral  | 76882                       |
| <b>Foot</b>                        | <ul style="list-style-type: none"> <li>• Plantar fasciitis</li> <li>• Morton's neuroma</li> <li>• Plantar plate tear</li> <li>• Ganglion cyst/foreign body</li> <li>• Palpable abnormality</li> <li>• Arthritis</li> <li>• Tendinosis</li> </ul>               | Foot ultrasound<br>Specify left/right/ Bilateral   | 76882                       |

Ultrasound Prep will be explained at the time of scheduling

To schedule an appointment, call 855.674.2464.





## X-Ray: Head/Face & Neck/Spine

| AREA OF CONCERN   | CPT   |
|---|-------|
| <b>HEAD/FACE</b>  |       |
| Skull < 4 Views 70250   | 70250 |
| Skull Minimum 4 Views   | 70260 |
| Orbits Minimum 4 Views  | 70200 |
| Sinuses Paranasal < 3 Views   | 70210 |
| Sinuses Paranasal Minimum 3 Views   | 70220 |
| Screening Orbit (Pre MRI)   | 70030 |
| Facial Bones < 3 Views  | 70140 |
| Facial Bones Minimum 3 Views  | 70150 |
| Nasal Bones Minimum 3 Views   | 70160 |
| Mandible < 4 Views  | 70100 |
| Mandible 4 Views  | 70110 |
| <b>NECK/SPINE</b>   |       |
| Neck Soft Tissue (Not for Cervical Spine)   | 70360 |
| C-Spine 2 or 3 Views  | 72040 |
| C-Spine Minimum 4-5 Views   | 72050 |
| C-Spine Complete 6 or More Views  | 72052 |
| T-Spine 2 Views   | 72070 |
| T-Spine 3 Views   | 72072 |
| T-Spine 4 Views   | 72074 |
| L/S Spine 2 or 3 Views  | 72100 |
| L/S Spine Minimum 4 Views   | 72110 |
| L/S Spine Complete with Bending Views (Minimum 6 Views)   | 72114 |
| L/S Spine Bending Views (Only 2-3 Views)  | 72120 |
| Thoracolumbar Junction (Minimum 2 Views)  | 72080 |
| Spine, Entire Thoracic and Lumbar, Including Skull, Cervical and Sacral Spine If Performed (eg, Scoliosis Evaluation); 1 View       | 72081 |
| Spine, Entire Thoracic and Lumbar, Including Skull, Cervical and Sacral Spine If Performed (eg, Scoliosis Evaluation); 2 or 3 Views | 72082 |
| Spine, Entire Thoracic and Lumbar, Including Skull, Cervical and Sacral Spine If Performed (eg, Scoliosis Evaluation); 4 or 5 Views | 72083 |

X-Ray Prep will be explained at the time of scheduling

To schedule an appointment, call 855.674.2464.



## X-Ray: Neck/Spine, Chest/Ribs, Upper Extremities, & Abdomen/Pelvis

| AREA OF CONCERN   | CPT   |
|---|-------|
| <b>NECK/SPINE</b>   |       |
| Spine, Entire Thoracic and Lumbar, Including Skull, Cervical and Sacral Spine If Performed (eg, Scoliosis Evaluation); Min. 6 Views | 72084 |
| <b>CHEST/RIBS</b>   |       |
| Chest 1 View  | 71045 |
| Chest 2 Views   | 71046 |
| Chest 3 Views   | 71047 |
| Chest 4 or More Views   | 71048 |
| Ribs Bilateral 3 Views  | 71110 |
| Ribs Unilateral 2 Views   | 71100 |
| Ribs Unilateral 2 Views with Chest 1 view   | 71101 |
| Sternum Minimum 2 Views   | 71120 |
| <b>UPPER EXTREMITIES</b>  |       |
| Sternoclavicular Joints 3 Views   | 71130 |
| Shoulder Minimum 2 Views  | 73030 |
| Shoulder 1 View   | 73020 |
| Acromioclavicular Joints Bilateral  | 73050 |
| Clavicle Complete   | 73000 |
| Scapula Complete  | 73010 |
| Humerus Minimum 2 Views   | 73060 |
| Elbow Minimum 3 Views   | 73080 |
| Elbow 2 Views   | 73070 |
| Forearm 2 Views   | 73090 |
| Wrist 2 Views   | 73100 |
| Hand 2 Views  | 73120 |
| Finger(s) Minimum 2 Views   | 73140 |
| Upper Extremity Infant (up to 364 days old) Minimum 2 Views   | 73092 |
| <b>ABDOMEN/PELVIS</b>   |       |
| Abdomen 1 View  | 74018 |
| Abdomen 2 Views   | 74019 |
| Abdomen 3 or More Views   | 74021 |

X-Ray Prep will be explained at the time of scheduling

To schedule an appointment, call 855.674.2464.



## X-Ray: Abdomen/Pelvis, Lower Extremities, & Other X-Rays

| AREA OF CONCERN  | CPT   |
|--|-------|
| <b>ABDOMEN/PELVIS</b>  |       |
| Acute Abdomen Series + PA CXR 3 Views                        | 74022 |
| Pelvis 1 or 2 Views  | 72170 |
| Pelvis Minimum 3 Views                                       | 72190 |
| Hip, Unilateral, with Pelvis When Performed; 1 View          | 73501 |
| Hip, Unilateral, with Pelvis When Performed; 2 or 3 Views    | 73502 |
| Hip, Unilateral, with Pelvis When Performed; Minimum 4 Views | 73503 |
| Hips, Bilateral, with Pelvis When Performed; 2 Views         | 73521 |
| Hips, Bilateral, with Pelvis When Performed; 3-4 Views       | 73522 |
| Hips, Bilateral, with Pelvis When Performed; Minimum 5 Views | 73523 |
| Sacrum & Coccyx Minimum 2 Views                              | 72220 |
| Sacroiliac Joints 3+ Views                                   | 72202 |
| <b>LOWER EXTREMITIES</b>                                     |       |
| Femur; 1 View  | 73551 |
| Femur; Minimum 2 Views                                       | 73552 |
| Knee 1 or 2 Views  | 73560 |
| Knee 3 Views   | 73562 |
| Knee 4 or More Views   | 73564 |
| Both Knees Standing AP                                       | 73565 |
| Tibia & Fibula 2 Views                                       | 73590 |
| Ankle 2 Views  | 73600 |
| Ankle Minimum 3 Views  | 73610 |
| Foot Minimum 3 Views   | 73630 |
| Foot 2 Views   | 73620 |
| Calcaneus (Heel) Minimum 2 Views                             | 73650 |
| Toe(s) Minimum 2 Views                                       | 73660 |
| Lower Extremity Infant (up to 364 days old) 2+ Views         | 73592 |
| <b>OTHER X-RAYS</b>  |       |
| Bone Age Studies   | 77072 |
| Bone Length Studies  | 77073 |
| Osseous Complete (Bone Survey)                               | 77075 |

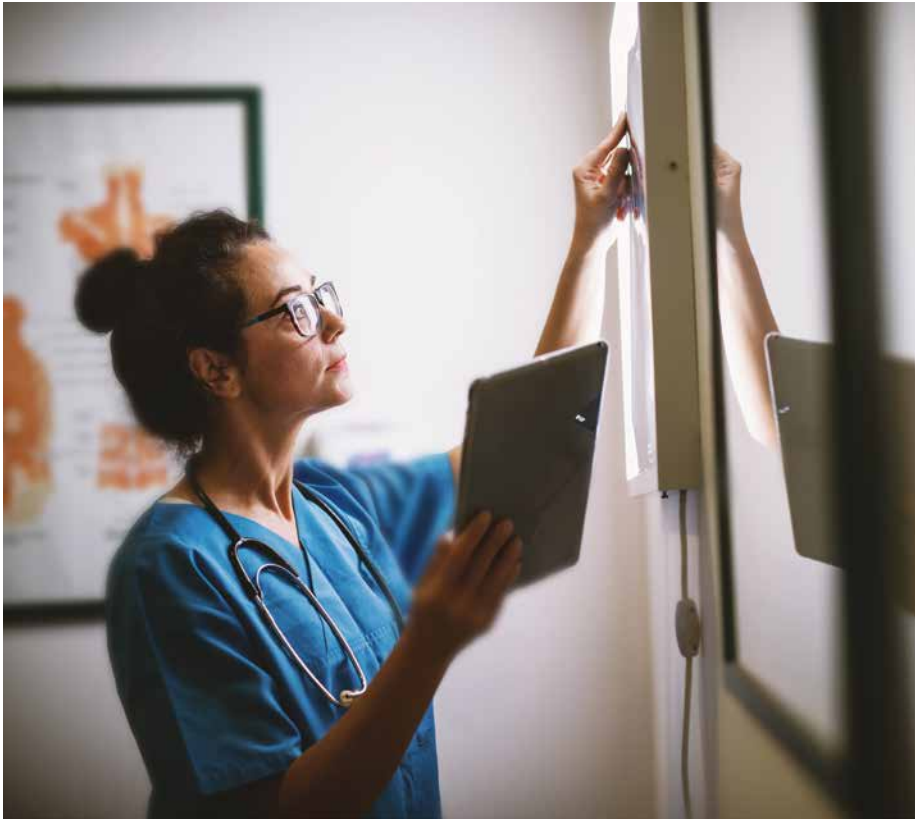
X-Ray Prep will be explained at the time of scheduling

To schedule an appointment, call 855.674.2464.



## DEXA: Bone Densitometry

| EXAM/PROCEDURE | CLINICAL INDICATION   | CPT  |
|----------------|---|--|
| DEXA           | <ul style="list-style-type: none"> <li>• Post menopause</li> <li>• Early surgical menopause</li> <li>• Long-term current use of other medication</li> <li>• Long-term current use of steroid treatment</li> <li>• Vertebral abnormalities</li> <li>• Follow-up treatment for prevention/monitoring of osteoporosis</li> </ul> | Hips,<br>spine,<br>wrist<br>(axial<br>skeleton)<br><br>77080 |



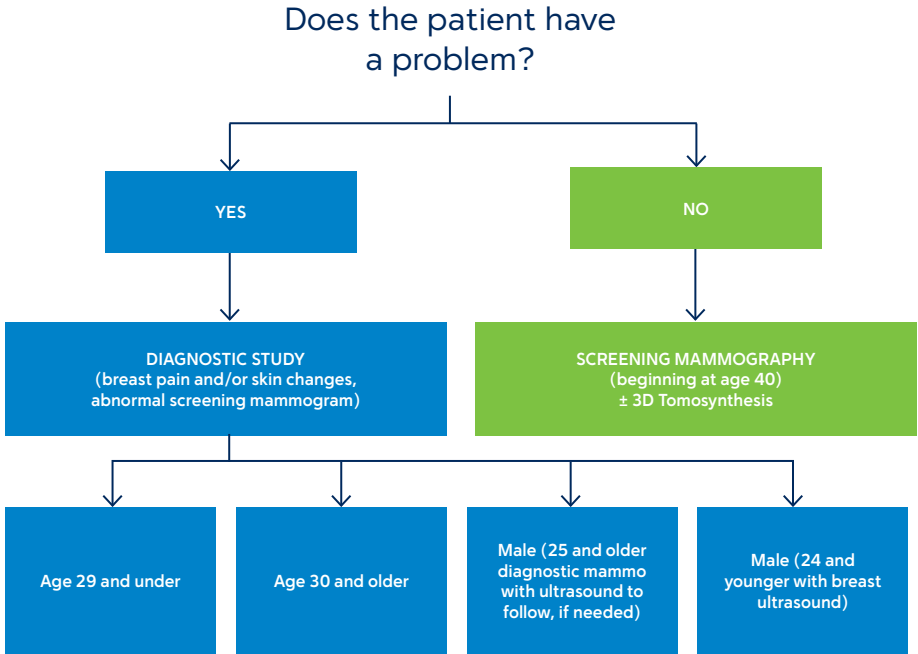
**DEXA Prep will be explained at the time of scheduling**

*To schedule an appointment, call 855.674.2464.*





## Mammography Ordering Decision Tree



*Disclaimer: Do not image patients 12 and younger for breast issues.*

**Refer your patients today**

To schedule an appointment, call 855.674.2464.



## CPT Codes for Women's Imaging

### SCREENING MAMMOGRAPHY

77067 – BILATERAL DIGITAL MAMMOGRAPHY, INCLUDING CAD

*(Please denote if patient needs 3D tomosynthesis and if they have breast implants.)*

### DIAGNOSTIC MAMMOGRAPHY UNILATERAL

77065 – UNILATERAL DIGITAL MAMMOGRAPHY, INCLUDING CAD

*(Please denote if patient needs 3D tomosynthesis and if they have breast implants.)*

### DIAGNOSTIC MAMMOGRAPHY BILATERAL

77066 – BILATERAL DIGITAL MAMMOGRAPHY, INCLUDING CAD

*(Please denote if patient needs 3D tomosynthesis and if they have breast implants.)*

### ULTRASOUND

76641 – UNILATERAL COMPLETE  
76882 – AXILLA ALONE  
76642 – UNILATERAL LIMITED (LEFT AND RIGHT)



### BREAST MRI

77049 – BILATERAL BREAST MRI

### BONE DENSITY SCAN

77080 – DEXA SCAN

### UTERINE FIBROID EMBOLIZATION (UFE)

CODING VARIES DEPENDING ON THE PROCEDURE. PLEASE CONTACT OUR CODING DEPARTMENT FOR A DETAILED EXPLANATION.

Refer your patients today

To schedule an appointment, call 855.674.2464.



## Breast Imaging: Diagnostic Mammography and Additional Imaging

| EXAM/PROCEDURE  | CLINICAL INDICATION  | PARAMETERS  | CPT                                       |
|---|--|---|---|
| <b>SCREENING MAMMOGRAPHY</b>  |  |   |   |
| <b>3D Screening Mammogram with Tomosynthesis</b>                        | Screening mammography  | Annual after age 40 (12 months and 1 day since last screening exam)<br>*specify baseline or annual exam | 77063<br>77067                            |
| <b>3D Screening Mammogram (Unilateral) with Tomosynthesis</b>           | Mastectomy annual screening, including CAD (unilateral)  | Annual screening of untreated breast (12 months and 1 day since last exam)                              | 77063<br>77067                            |
| <b>DIAGNOSTIC MAMMOGRAPHY</b>   |  |   |   |
| <b>3D Diagnostic Mammogram with Tomosynthesis ± Breast Ultrasound</b>   | Personal history of breast cancer with lumpectomy  | Lumpectomy, 6 months post surgery, ≤3 years post treatment  | 77062<br>bilateral<br>77061<br>unilateral |
|   | 3-6 month short term follow-up breast  | Recommendation of previous exam (3-6 months)  | 77065<br>bilateral<br>77066<br>unilateral |
|   | 6 month follow up post breast biopsy (mammogram and/or ultrasound per radiologist report recommendation)                   | Post biopsy exam (6 months after previous mammogram)  | 77065<br>bilateral<br>77066<br>unilateral |
| <b>3D Diagnostic Mammogram with Tomosynthesis and Breast Ultrasound</b> | Breast mass, lump or nipple discharge  | <ul style="list-style-type: none"> <li>• Mass or lump (identify area)</li> <li>• Discharge</li> </ul>   | 77062<br>bilateral<br>77061<br>unilateral |
| <b>Additional Mammogram Views with ± Breast Ultrasound</b>              | Recommendation of additional imaging of breast (call back or recall exam)  | Mammography (call back)   | 77062<br>bilateral<br>77061<br>unilateral |
| <b>Breast Ultrasound ± 3D Diagnostic Mammogram with Tomosynthesis</b>   | <ul style="list-style-type: none"> <li>• Under 30 years of age</li> <li>• Breast mass, lump or nipple discharge</li> </ul> | <ul style="list-style-type: none"> <li>• Mass or lump (identify area)</li> <li>• Discharge</li> </ul>   | 76642<br>right<br>or left                 |

*Disclaimer: Dependent on patient's last BIRADS code denoted in most recent report.*

**Mammography Prep will be explained at the time of scheduling**

To schedule an appointment, call 855.674.2464.





## Breast Imaging: Diagnostic Mammography and Additional Imaging

| EXAM/PROCEDURE   | CLINICAL INDICATION                  | PARAMETERS  | CPT   |
|--|--------------------------------------|---|-------|
| <b>BREAST MRI</b>  |                                      |   |       |
| <b>Bilateral Breast MRI (and Chest MRI if Necessary)</b> | Pre-operative staging                | Recent diagnosis of breast cancer   | 77049 |
| <b>Bilateral Breast MRI "Implant Protocol"</b>           | Silicone breast implants             | <ul style="list-style-type: none"> <li>• Suspected silicone breast implant leak</li> <li>• Palpable lump</li> <li>• Pain</li> </ul> | 77049 |
| <b>Bilateral Breast MRI</b>                              | High risk breast cancer screening    | High risk breast cancer screening   | 77049 |
|  | Radiologist recommendation           | Further evaluation of indeterminate clinical or imaging results   | 77049 |
|  | Follow-up for chemotherapy treatment | Follow-up for neo-adjuvant chemotherapy   | 77049 |

Mammography Prep will be explained at the time of scheduling

To schedule an appointment, call 855.674.2464.



## Breast Imaging: Diagnostic Mammography and Additional Imaging

Please include the following with ALL Breast MRI orders:

- Order for Breast MRI (all are performed Bilateral, please do not indicate Rt or Lt)
- Clinical history/progress notes
- Copy of patients insurance card(s)
- Patient demographics

If prior imaging studies were not performed at American Health Imaging, please include any additional reports listed below:

- Last mammogram reports and images (past 5 years)
- Breast ultrasound reports and images (past 5 years)
- Breast MRI reports and images (past 5 years)
- Breast biopsy and breast pathology reports (past 5 years)

**Mammography Prep will be explained at the time of scheduling**

*To schedule an appointment, call 855.674.2464.*



## LOCATIONS



### JACINTO CITY

10912 East Freeway  
Houston, TX 77029-1912

**Phone:** 713.451.2900

**Fax:** 713.451.2103



### SOUTH LOOP

2616 South Loop West, Suite 170-A  
Houston, TX 77054

**Phone:** 713.665.6767

**Fax:** 713.666.2300



### STEEPLECHASE

11301 Fallbrook Dr., Suite 102  
Houston, TX 77065

**Phone:** 281.955.0440

**Fax:** 281.955.0755



### BEAUMONT

3684 College Street  
Beaumont, TX 77701

**Phone:** 409.833.1400

**Fax:** 409.833.8181 or 281.207.8953



### PEARLAND

8633 Broadway Street, Suite 109  
Pearland, TX 77584-8497

**Phone:** 281.412.3916

**Fax:** 281.485.5712



### SUGAR LAND

14835 Southwest Freeway  
Sugar Land, TX 77478-5016

**Phone:** 281.242.5800

**Fax:** 281.207.8955



### TOMBALL

425 Holderrieth Boulevard, Suite 104  
Tomball, TX 77375

**Phone:** 281.207.8800

**Fax:** 281.207.8999



## LOCATIONS



# HOUSTON



# LOCATIONS





## APPROVED INSURANCE PROVIDERS

AARP  
Accountable  
Aetna  
Ambetter  
Amerivantage  
Amerigroup  
Amerihealth Caritas of TX  
Ameriplan  
Attorney Lien Cases  
Beech Street  
Blue Cross/Blue Shield  
Care Improvement Plus  
Christus Health  
Cigna  
CNN/First Health  
Coastal Comp  
Community Health Choice  
Core Choice  
Corvel  
Coventry  
Cypress Care  
Dept. of Labor & Industries  
Evercare  
First Health  
Focus  
Galaxy  
GEHA-UHC  
Great West  
Healthsmart  
Humana  
Humana Choice Care  
Humana Military-Tricare  
Integranet  
Integrated Healthplan  
Interplan Health Group  
Kelsey Seybold  
Medicaid  
Medicare  
Medicare Railroad  
Molina  
Multiplan  
National Choice Care  
One Call Medical  
Personal Injury Protection (PIP)  
PHCS  
Rockport  
Select Care  
Superior  
SW Medical Provider Network  
Tech Health







## APPROVED INSURANCE PROVIDERS

Texas Children's-CHIP

Texas Healthcare Foundation

Texas Plus

Texas Star Network

The Reny Company

Three Rivers Provider Network

TML

Tri-west

UnitedHealthcare

Universal American

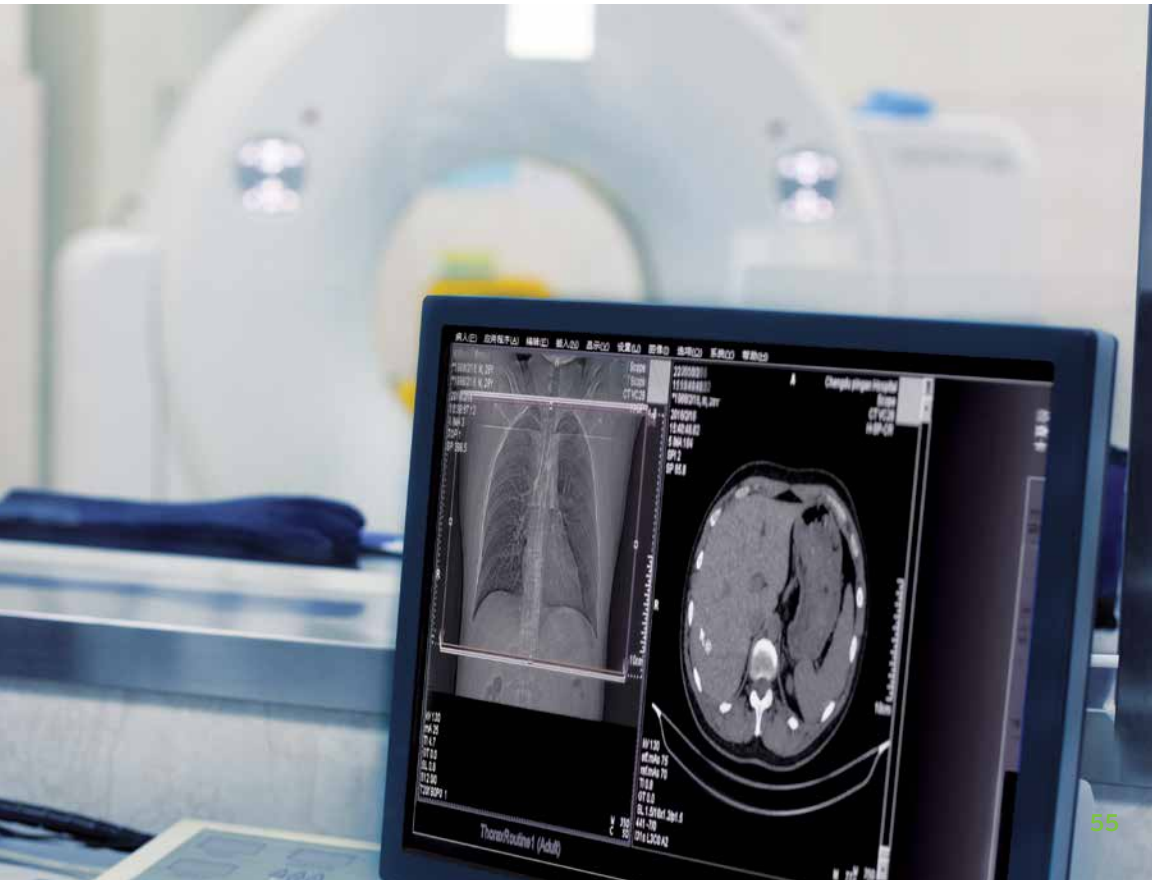
Universal Health

US Family Health Plan

USA Managed Care Organization

Wellcare

Workers Compensation Claims





[www.americanhealthimaging.com](http://www.americanhealthimaging.com)