



Imaging Order Guide

Medicare guidelines require explicit written and signed provider orders. This guide was created to assist you in ordering and authorizing exams accurately. Please obtain insurance authorizations before sending orders for imaging studies.

Contact our Scheduling Department with questions regarding orders.

NOTE: This booklet does not include specialized exams performed by our Interventional Radiology Team. For questions regarding Interventional Radiology exams and scheduling, contact the IR Coordinators at 541-312-5522.

SCHEDULING	541-382-9383
MAIN	541-382-6633
MAIN FAX	541-382-6635
PHYSICIAN LINE	541-382-6633 <i>Option 7</i>
BILLING	541-382-1614
CODING/PRICELINE	541-382-6633 ex. 243
MEDICAL RECORDS	541-383-5977
PRE AUTH	541-382-6633 ex. 324

This booklet is subject to change. We do not suggest printing and retaining copies.

GENERAL X-RAY - Standard Views

If you have questions about ordering an x-ray, contact our Scheduling Department at 541-382-9383. Fax orders 541-382-6635. It is helpful if a patient hand carries a copy of their order.

General x-ray services are provided at our three outpatient clinics. Specialized general studies that require stitched films are performed only at our East Bend Clinic (Medical Center Drive).

BODY PART	STANDARD VIEW(S)	CPT CODE(S)
HEAD/NECK		
SKULL (Limited)	1 V/3 V - AP/PA, Lateral, Townes	70250
SKULL (Complete)	4 V - AP/PA, Townes, Bilateral Laterals	70260
ORBITS	3 V	70200
FACIAL BONES	2/3 V	70150
SINUSES (Limited)	1 V - Waters view	70210
SINUSES (Complete, Routine)	3 V - Waters, PA, Lateral	70220
MANDIBLE	3 V - Townes, PA, Oblique	70110
NASAL BONES	3 V - Waters, Bilateral laterals	70160
NECK (For Soft Tissue)	2 V - Ap, Lateral (adenoid hypertrophy)	70360
THORAX		
CHEST	2 V PA & Left Lateral	71046
RIBS (Unilateral)	2 V - for Bilateral ribs, need to order each side unilaterally	71100
RIBS w/Chest	3 V - PA Chest, AP/PA, axillary	71101 -Unilateral 71111-Bilateral
STERNUM	2 V	71120
STERNOCLAVICULAR JOINTS	3 V	71130
SPINE		
SCOILOSIS STUDY	1 V - AP 2 V - AP and Lateral	72081 72082
CERVICAL SPINE	Complete 7 V - Ap, Obliques, Lateral, APOM, Flexion and Extension	72052
CERVICAL SPINE	2/3 V - AP, APOM, Lateral	72040
THORACIC SPINE	2 V - AP and Lateral	72070
THORACIC SPINE	3 V - AP, Lateral, Swimmers	72072
LUMBAR SPINE	Complete 5V, AP, Obliques, Lateral, L5/S1 Spot	72110
LUMBAR SPINE	2/3 V, Ap, Lateral, L5/S1 Spot	72100
LUMBAR SPINE	Flexion/Extension (Instability/Spondylolistheses)	72120
PELVIS	1V, AP	72170
SACRUM/COCCYX	3V, AP axials, Lateral	72220
SI JOINTS	3V, AP axial, bilateral obliques	72202
ABDOMEN		
ABDOMEN/KUB	1V, AP Supine	74018
ABDOMEN	2V, AP Supine, AP Standing	74019
ABDOMEN SERIES	2V, Abdomen plus PA Chest	74022
UPPER EXTREMITY		
SHOULDER	3V Internal, External and Y views NOTE: Bilateral exams need to be ordered unilaterally	73030
AC JOINTS	2V AP Without and With Weights performed for both joints for comparison	73050
ELBOW	3V AP, External Oblique, Lateral	73080
FOREARM	2V AP, Lateral	73090
WRIST	3V AP, Oblique, Lateral	73110
HAND	3V AP, Oblique, Lateral	73130
FINGERS	3V AP, Internal Oblique, Lateral	73140
LOWER EXTREMITY		
HIPS	2V AP, Frog leg Lateral	73502-Unilateral 73521-Bilateral
FEMUR	2V AP, Lateral	73552
KNEE	3V AP, Internal Oblique, Lateral	73562
TIBIA/FIBULA	2V AP, Lateral	73590
FOOT	3V AP, Oblique, Lateral	73630

Consultation of Clinical Decision Support Mechanism is required to determine if advanced diagnostic imaging services (CT, MR, Nuclear Medicine, PET) adheres to Appropriate Use Criteria/Clinical Decision Support. Order must include Decision Support Number (DSN), G-Code, and Modifier (M-Code).

CALCANEUS	3V AP, Oblique, Lateral NOTE: Weight bearing standing views available upon request at all locations	73650
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FLUOROSCOPY

If you have questions about ordering a fluoroscopy study, please contact our Interventional Radiology Team at 541-312-5522.

Fluoroscopy studies are performed at our East clinic office only (1460 NE Medical Center Dr.). If patient weighs over 350lbs, the exam will be scheduled and performed by St. Charles Medical Center.

EXAM	SYMPTOMS	ORDER/PERFORM	CPT CODE(S)
GENERAL FLUOROSCOPY			
ESOPHAGRAM Aka Barium Swallow	Dysphagia, GRD, other chronic throat clearing or inhalation issues.	XR Esophagram	74221
UGI SMALL BOWEL Aka Small Bowel Follow Through	Abdominal pain, anemia, decreased transient time	XR UGI Sm Bowel	74246, 74248
MODIFIED BARIUM SWALLOW		Scheduled at St. Charles, contact Central Scheduling 541-706-7721	74230
BARIUM ENEMA	Abdomen pain, blood in stool, diverticulitis	XR Barium Enema	74270
UGI Complete	Abdominal pain, nausea, vomiting, dysphagia, GERD	XR UGI Esoph w/Air KUB	74246
UGI	Abdominal pain, nausea, vomiting, dysphagia, GERD	XR UGI w/o KUB	74240
UGI Single Contrast Gastrografin	Abdominal pain, nausea, vomiting, dysphagia, GERD	XR UGI w/Gastrografin	74240
FLUOROSCOPY GUIDED ARTHROGRAM			
SHOULDER	Pain	XR Shoulder Arthrogram Inject RT/LT	23350, 77002
ELBOW	Pain	XR Elbow Arthrogram Inject RT/LT	24220, 77002
WRIST	Pain	XR Wrist Arthrogram Inject RT/LT	25246, 77002
HIP	Pain	XR Hip Arthrogram Inject RT/LT	27093, 77002
ANKLE	Pain	XR Ankle Arthrogram Inject RT/LT	27648, 77002
KNEE	Visualization of meniscus. For patients unable to have MRI	XR Knee Arthrogram Inject Rt/Lt	27369, 77002
FLUOROSCOPY GUIDED STEROID INJECTION			
SHOULDER	Pain	XR Shoulder Injection Lt/Rt	20610, 77002
ELBOW	Pain	XR Elbow Injection Rt/Lt	20605, 77002
WRIST	Pain	XR Inject Fluoro	20605, 77002
HIP	Pain	XR Hip Injection Rt/Lt	20610, 77002
ANKLE	Pain	XR Ankle Injection Rt/Lt	20605, 77002
KNEE	Pain	XR Knee Injection Rt/Lt	20610, 77002
SPINE IMAGING UNDER FLUOROSCOPY			
MYELOGRAM	Cervical Thoracic Lumbar Multiple Spine	XR Myelogram Cervical XR Myelogram Thoracic XR Myelogram Lumbar XR Myelogram Spine Multiple	62302 62303 62304 62305
LUMBAR PUNCTURE	Headache, CSF Leak	XR Lumbar Puncture	62328
MISC			
SNIFF TEST	To visualize diaphragm	XR Sniff Test	76000

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CT/CAT Scan/Computed Tomography

If you have questions about ordering a CT scan, contact our Scheduling Department at 541-382-9383. Fax orders 541-382-6635.

Pregnancy: Pregnancy status is exam dependent (abdominal and pelvic regions, including lower spine), for exams in these areas the possibility of pregnancy will require waiver to proceed with exam.

Oral Contrast: When necessary or required, patients will be given oral contrast 2 hours prior to their scheduled procedure.

Sedation: Oral sedation is not provided by our clinics.

BODY PART	SYMPTOMS	ORDER/PERFORM	CPT CODE(S)
HEAD/BRAIN	Altered consciousness, Altered speech, CVA, Dementia, Headache, Injury/Trauma, ICH, Seizure, Subdural hemorrhage, Shunt position, Syncope, TIA, Vertigo, Cerebrovascular disease.	Without IV Contrast	70450
HEAD/BRAIN	NOTE: Radiologist's protocol is not to perform "with IV contrast only", unless explicitly stated by a Radiologist or CMI staff.	With IV Contrast	70460
HEAD/BRAIN	Metastasis, Neoplasm, Meningitis, Fever, Venogram NOTE: can be performed "with IV contrast" if patient has had prior CT head without IV contrast.	Without & With IV Contrast	70470
ORBITS	Injury/Trauma, Diplopia	Without IV Contrast	70480
ORBITS	Cellulitis, Fever, Infection/Abscess, Orbital edema, Tumor/neoplasm, Vision loss, Grave's disease	With IV Contrast	70481
SINUS	Sinusitis, Rhinitis	Without IV Contrast	70486
SINUS (Landmark, GE Navigation, Fusion Navigation)	Surgical Planning for ENT	Without IV Contrast	70486
Temporal Bones/IACs	Hearing Loss, Cholesteatoma, Mastoiditis	Without IV Contrast	70480
Temporal Bones/IACs	Soft Tissue Mass	With IV Contrast	70481
Pulsatile Tinnitus	Pulsatile Tinnitus	Without & With Contrast	70496, 70498, 70482
Maxillofacial	Injury, Trauma, Dental Implant (if needs to be read by Rad)	Without IV Contrast	70486
Maxillofacial	Fever, Infection, Abscess, Cellulitis, Mass, Swelling	With IV Contrast	70487
NECK (soft tissues)	Adenopathy, Fever, Infection, Abscess, Injury, Trauma, Mass, Neoplasm, Vocal Cord Paralysis NOTE: Always done "with IV contrast only" unless contraindicated.	With IV Contrast	70491
NECK (4D Parathyroid)	Parathyroid disease	Without & With IV Contrast	70492
SPINE: Cervical Thoracic Lumbar	Pain, Fracture, Radiculopathy, Disc Herniation	Without IV Contrast	72125 72128 72131
SPINE: Cervical Thoracic Lumbar	Abscess, Soft Tissue Mass, Infection	With IV Contrast	72126 72129 72132
CHEST High Resolution	Bronchiectasis, Interstitial Lung Disease, Scleroderma, Restrictive Lung Disease, Chronic Cough, HX Black Mold Exposure or Asbestos Exposure, Sarcoidosis	Without IV Contrast	71250
CHEST (Routine)	Pulmonary Nodule, COPD, Asthma, Chronic SOB, Emphysema, Pneumothorax	Without IV Contrast	71250
CHEST	Cough, Fever of Unknown Origin, Injury, Trauma, Infiltrate, Pneumonia, Lung Cancer, Mass, Pleural Effusion, Lymphadenopathy, Atelectasis	With IV Contrast	71260

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CHEST Low Dose Lung Cancer Screening	Lung Screening, Smoker, Tobacco Use	Without IV Contrast	71271
Calcium Scoring	Screening, Hyperlipidemia	Without IV Contrast	75571
ABDOMEN	Known Hernia above the Iliac Crest for surgical planning NOTE: If evaluating for possible hernia, should be done With IV Contrast	Without IV Contrast	74150
ABDOMEN	Upper Abdomen Pain, Jaundice, Abnormal Labs, Liver Mass, Hepatitis C, Cirrhosis, Dual Phase Liver-Liver Protocol, Liver Cancer	With IV Contrast	74160
ABDOMEN	Known Pancreatic Mass, Pancreatic Protocol-Tri-phase Pancreas, Chronic Pancreatitis, Known Renal Mass or Cyst, Known Adrenal Mass, Adrenal Protocol – Tri-Phase Adrenal. IR Follow-up	With and Without IV Contrast	74170
PELVIS	Fracture, Stones, Known Hernia	Without IV Contrast	72192
PELVIS	Pelvis Mass, Swelling, Abscess, Adenopathy, Pain, Hydrocele, May-Thurner Syndrome	With IV Contrast	72193
CHEST, ABDOMEN & PELVIS	Weight Loss, Lymphadenopathy, Fever of Unknown Origin, Mass, Tumor, Mets, Restaging	With IV Contrast	71260 74177
ABDOMEN & PELVIS	Hematuria, Hydronephrosis w/o flank pain	CT Urogram With and Without IV Contrast	74178
UT (Urinary Tract)	Renal Stones	Without IV Contrast	74176
ABDOMEN & PELVIS (Routine, CT Appendix, CT Enterography)	Abnormal Labs, Ascites, Fever of Unknown Origin, Diverticulosis, Diverticulitis, Gastroenteritis, Appendicitis, Diarrhea, Constipation, Abdominal Pain, Mass, Tumor, Mets, Restaging, Abscess, Injury, Trauma, Weight Loss, Nausea, Vomiting, Hernia, Swelling, Bloating, Pancreatitis Enterography: Crohn's, Small Bowel Disease, Colitis, Ulcerative Colitis,	With IV Contrast	74177
ABDOMEN & PELVIS Venogram	DVT	With IV Contrast	74174
Diagnostic Colonography	Failed Colonoscopy, Tortuous Colon	Without IV Contrast	74263
CTA HEAD	Headache, Aneurysm, Cerebral Vascular Disease, AVM	With IV Contrast	70496
CTA NECK	Carotid Stenosis	With IV Contrast	70498
CTA HEAD & NECK	Acute Stroke Protocol, TIA, Cerebral Vascular Disease	With IV Contrast	70496 70498
CTA CHEST	Thoracic Aneurysm, Subclavian Vessel	With IV Contrast	71275
CTA PE (Pulmonary Angio, PE Study)	Chest Pain, Pulmonary Embolus, SOB, Positive D-dimer, Blood Clot in Lungs NOTE: Order STAT, call Scheduling Department 541-382-9383	With IV Contrast	71275
CTA AORTA	AAA, Aneurysm, Ectasia, Stenosis	With IV Contrast	71275, 74174
CTA ABDOMEN	Renal, Celiac, Splenic Artery Stenosis or Aneurysm	With IV Contrast	74175
CTA CHEST, ABDOMEN, PELVIS (TAVR)	Surgical Planning Evaluating Coronaries and Aorta	With IV Contrast	71275 74174 75572
CTA ABDOMEN W/ RUNOFF	Peripheral Vascular Disease, Claudication	With IV Contrast	75635
EXTREMITY: (Specify Body Part)	Infection, Soft Tissue Mass	With IV Contrast	73701 (Lower) 73201(Upper)
EXTREMITY: (Specify Body Part)	Injury, Fracture, Pain	Without IV Contrast	73700(Lower) 73200 (Upper)

MRI/MAGNETIC RESONANCE IMAGING

If you have questions about ordering an MRI scan, contact our Scheduling Department at 541-382-9383. Fax orders 541-382-6635.

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MRI rarely performs studies with IV contrast only. If you have questions, please contact our scheduling department at 541-382-9383.

Please Document: any special needs on the order, such as a wheelchair, implanted device, or pump (including glucose monitors), or assistance with standing/moving.

Sedation: Oral sedation is not provided by our clinics. IV Sedation or General Anesthesia (GA) are performed at St. Charles Bend and sedation level must be indicated on the order, and H&P included with the order.

BODY PART	SYMPTOMS	ORDER/PERFORM	CPT CODE(S)
BRAIN	Alzheimer's, Change in Mental Status, Confusion, Dementia, Memory Loss, Headaches w/o Focal Symptoms, Seizures, Stroke, CVA, TIA, Trauma, HIV, Multiple Sclerosis	Without IV Contrast	70551
BRAIN	Tumor, Mass, Metastasis, Follow-up Tumor, Seizures, Cranial Nerve Lesions, Neurofibromatosis, Multiple Sclerosis, Vascular Lesions, IAC, Hearing Loss, Infection, Abscess, Aqueductal Stenosis, Obstructive Hydrocephalus (add CSF Flow order)	With and Without IV Contrast	70553
MS BRAIN & CORD SURVEY	Multiple Sclerosis surveillance	With and Without IV Contrast	70553, 72142, 72147
PITUITARY	Pituitary Lesion, Adenoma, Elevated Prolactin, Hypogonadism	With and Without IV Contrast	70553
TMJ	Jaw Pain, Injury, Degenerative, Inflammatory Arthritis	Without IV Contrast	70336
ORBITS	Trauma	Without IV Contrast	70540
ORBITS	Grave's Disease, Multiple Sclerosis, Diplopia, Tumor, Mass, Metastasis, Vascular Lesions, Pseudotumor, Dysthyroid Eye Disease	With and Without IV Contrast	70543
MRA BRAIN	Stroke, CVA, TIA, Aneurysm, AVM, Venous Thrombosis	Without IV Contrast	70544
MRA NECK	Stroke, CVA, TIA Subclavian Steal, AVM, Aneurysm, Dissection, Vessel Injury,	With and Without IV Contrast (Pair with MRA Brain)	70549
NECK (soft tissues)	Infection, Pain, Tumor, Mass, Cancer Metastasis, Vocal Cord Paralysis	With and Without IV Contrast	70543
SPINE: Cervical Thoracic Lumbar	Pain, Degenerative Disease, Disc Herniation, Radiculopathy, Compression Fracture, Arm/Shoulder Pain and/or Weakness, Trauma, Sciatica, Spondylolisthesis, Stenosis, Vertebroplasty	Without IV Contrast	C-72141 T-72146 L-72148
SPINE: Cervical Thoracic Lumbar	Osteomyelitis, Multiple Sclerosis, Myelopathy, Tumor, Mass, Cancer, Metastasis, Vascular Lesions, Discitis, Abscess, Infection, AVM,	With and Without IV Contrast	C-72156 T-72157 L-72158
SPINE SURVEY	Mass, Abscess, Infection	Without IV Contrast	72141, 72146, 72148
Multiple Myeloma Skeletal Survey	Multiple Myeloma	Without IV Contrast	71550, 74181, 72195, 73718
CARDIAC	ARVD, Sarcoidosis, Pericardial Disease, Mass, Viability, Myocardial Infarction, Valve Insufficiency, Defects, Anomalous Coronary Artery	With and Without IV Contrast	75561
ABDOMEN (MRCP)	Biliary/Pancreatic Ducts, Stones, Jaundice	With and Without IV Contrast	74183, 76376
ABDOMEN	Adrenal Mass, Abnormal Enzymes, Liver, Abdominal Pain, Abscess/Ascites, Pancreatic Mass/Lesion, Renal Mass	With and Without IV Contrast	74183
MRI ENTEROGRAPHY	Chron's Disease	With and Without IV Contrast	74183, 72197
BREAST	Silicon Implant Rupture	Without IV Contrast	77047
BREAST	Abnormal Mammography, Dense Breast, Lesion, Mass, Cancer, High Risk Follow-up	With and Without IV Contrast	77049
EXTREMITY: Upper	Abscess, Ulcer, Cellulitis, Fasciitis, Myositis, Inflammatory Arthritis, Septic Arthritis, Mass Note: Include precise body part location	With and Without IV Contrast	73220

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EXTREMITY: Upper	Arthritis, Stress Fracture, Joint Pain, Labral Tear, Muscle Tear, Tendon Tear, Ligament Tear, Cartilage Tear, AVN, Internal Derangement Note: Include precise body part location	Without IV Contrast	73218
EXTREMITY: Lower	Abscess, Ulcer, Cellulitis, Fasciitis, Myositis, Inflammatory Arthritis, Septic Arthritis, Mass Note: Include precise body part location	With and Without IV Contrast	73720
EXTREMITY: Lower	Arthritis, Stress Fracture, Joint Pain, Labral Tear, Muscle Tear, Tendon Tear, Ligament Tear, Cartilage Tear, AVN, Internal Derangement Note: Include precise body part location	Without IV Contrast	73718
MRI ARTHROGRAM Shoulder Wrist Hip Knee Ankle	Labral Tear, Ligament Tear, Loose Bodies, Osteochondral Defect Stability, Cartilage Defects, Triangular Fibrocartilage, Post Operative Care		Shoulder - 73222 Wrist - 73222 Hip - 73722 Knee - 73722 Ankle - 73722
PELVIS (Female)	Adnexal mass, Endometriosis, Adenomyosis, Cervical or Ovarian Ca, Fibroid	With and Without IV Contrast	72197
PELVIS	Urethral diverticulum, Osteomyelitis, Septic Arthritis, Mass, Abscess, Ascites, Ulcer	With and Without IV Contrast	72197
PELVIS	Fracture, Pubalgia, Sports Hernia, Rectus Abdominis, Sacroiliac Joints, Muscle Tear,	Without IV Contrast	72195
PROSTATE	Prostate Cancer, Elevated PSA	Prostate With and Without IV Contrast	72197
SACRUM/COCCYX	Pain, Fracture	Without IV Contrast	72195
SACRUM/COCCYX	Malignancy, Spondylitis	With and Without IV Contrast	72197
S.I. JOINTS	Sacroiliitis	Without IV Contrast	72195

NUCLEAR MEDICINE

If you have questions about ordering a Nuclear Medicine Scan, contact our Nuclear Medicine Department at 541-382-6633 x 154. Fax orders 541-382-6635.

Special Prep: All nuclear medicine exams require special prep. Prep will be given at the time of schedule. If not followed patients could be responsible for a missed dose fee.

Please Document: any special needs on the order, such as a wheelchair, implanted device, or pump (including glucose monitors), or assistance with standing/moving

Sedation: Oral sedation is not provided by our clinics.

BODY PART	SYMPTOMS	ADDITIONAL INFO	CPT CODE(S)
PARATHYROID W/SPECT CT	Elevated Calcium/PTH	PTH and Calcium Level Image Results for Recent Thyroid Scan	78072 76536-US Thyroid
THYROID UPTAKE AND SCAN	Hyperthyroidism, Grave's, Hypothyroidism, Thyroid Nodule Function Elevation, Abnormal Thyroid Labs, Elevation of Heterogeneity of Function within the Thyroid Gland, Sub acute Thyroiditis	Lab results: TSH, T3 & T4 Image Results for Recent Thyroid Scan	78014 76536-US Thyroid
THYROID SCAN ONLY	Thyroid Nodule Function Elevation	Lab results: TSH, T3 & T4 Image Results for Recent Thyroid Scan	78013
THYROID WHOLE-BODY SCAN	Thyroid Carcinoma, Post Ablation Evaluation	No contrast or thyroid medications for 6 weeks prior	78018
THYROID ABLATION	Thyroid Cancer		79005
THYROID THERAPY	Hyperthyroidism		79005
HEPATOBILIARY SCAN	Bile Leak, Evaluation of the biliary system post-surgery, Biliary atresia		78226
HEPATOBILIARY W/EJECTION FRACTION	Acute or chronic cholecystitis, Bile Gastritis, RUQ Pain, Abdominal Pain	Must have prior US or CT scan showing no stones	78227

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GASTRIC EMPTYING	Nausea, Vomiting, Gastroesophageal reflux (pre-surgical), Persistent post-surgical symptoms		78264
LIVER IMAGING	Evaluation of cirrhosis, hepatitis, Focal Nodular hyperplasia, Assess function of reticuloendothelial system	With Spect	78830
LUNG V/Q (ventilation and perfusion)	R/O PE, Chest Pain, Shortness of Breath with positive D-dimer	Must have Chest x-ray within 24hrs	78582
LUNG PERFUSION ONLY	Evaluation of Pulmonary Perfusion	Used for pregnant patients	78580
LUNG QUANTITATIVE (vent or perfusion)	Pre or Postoperative evaluation		78597
WHOLE-BODY BONE	History of Cancer, Evaluation of Bone Pain, Arthritis, R/O Paget's Disease, Elevated Alkaline Phosphatase		78306
SPECT CT BONE	Low Back Pain, Pars Fracture, Stress Fracture, Degenerative Disc Disease		78830
THREE-PHASE BONE W/SPECT	Osteomyelitis, Cellulitis, Bone Infarcts, Loosening of prosthesis, Stress Fracture, Infection, Avascular Necrosis		78830
LIMITED BONE W/SPECT	Fracture w/o Hardware, Bone Pain in specific area		78830
MULTIPLE AREA BONE W/SPECT	Bone Pain in more than one area		78832
MUGA	Cardio-toxic chemo, Pre-chemo LVEF Evaluation, Congestive Heart Failure		78472
RENAL W/ LASIX WASHOUT	Evaluation of Hydronephrosis, UPJ (ureteropelvic junction) obstruction		78708
RENAL FLOW AND FUNCTION	Evaluation of kidney function, Flank Pain		78707
OCTREOTIDE (INJ 111)	Neuroendocrine Tumors (Carcinoid)	Must be approved by a Radiologist. Contact Scheduling	78804 78832
DATSCAN	Tremor/Gait Disturbance, Parkinsonian Syndrome	Must be approved by a Radiologist. Contact Scheduling	78830
EXERCISE NUCLEAR STRESS TEST	Chest pain, History of disease of the circulatory system, Atrial Fibrillation, Heart Failure, Dyspnea, Shortness of Breath, Pre-Op		78452
VASODILATOR NUCLEAR STRESS TEST (LEXI SCAN)	Chest pain, History of disease of the circulatory system, Atrial Fibrillation, Heart Failure, Dyspnea, Shortness of Breath, Pre-Op, Left or Right Bundle Branch Block	This scan should be used for those who cannot achieve heart rate necessary to perform the exercise stress test.	78452
WBC or RBC	WBC-Infection, Inflammation, Osteomyelitis, FUO RBC-GI Bleed (typically done Inpatient)	WBC- Can be 1-2-day imaging	Contact Coding 541-382-6633 ex. 243
SENTINEL NODE	Breast Cancer	Scheduled by the Breast Care Coordinators 541-382-6633 ex 185	38792-Inject Only 78195-w/mapping
LYMPH NODE Melanoma	Skin Cancer		38792-Inject Only 78195-w/Mapping
CISTERNOGRAPHY	R/O CSF (Cerebral Spinal Fluid) leak	Monday – Wednesday only. Must be coordinated with Nuclear Medicine scheduling. This is an invasive procedure that requires a lumbar puncture under fluoroscopy. Also requires an ENT to place pledgets before LP. Can be 4 days of imaging	78630, 62323
XOFIGO	Prostate cancer treatment	Must be approved by a Radiologist.	79101

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		Contact Scheduling	
MiBG SCAN	Adrenal Imaging	Must be approved by a Radiologist. Contact Scheduling	78075

NUCLEAR MEDICINE – PET/CT

All PET scans require pre-authorization by the referring facility, prior to scheduling. An H&P or chart note dated within the last 30 days is required. All information can be faxed to 541-382-6635. For questions regarding PET/CT, call 541-382-6633 ex. 154.

Special Prep: PET/CT scans require very specialized prep. Prep will be given at the time of schedule. If not followed patients could be responsible for a missed dose fee.

Please Document: any special needs on the order, such as a wheelchair, implanted device, or pump (including glucose monitors), or assistance with standing/moving

Sedation: Oral sedation is not provided by our clinics.

BODY PART	SYMPTOMS	ADDITIONAL INFO	CPT CODE(S)
WHOLE-BODY	Melanoma, Merkel Cell, Multiple Myeloma, Squamous Carcinoma of Skin		78816
SKULL BASE TO THIGH	Cancer, metastasis, lymphadenopathy, lymphoma, squamous cell		78815
AXUMIN (Skull Base to Thigh)	Recurrent prostate cancer	Must be approved by Radiologist	78815
SODIUM FLUORIDE (Whole-Body)	Bone metastasis	Must be approved by Radiologist	78816
BRAIN	Dementia	Must be approved by Radiologist	78608
LIMITED	Focused area of interest	Must be approved by Radiologist	78814

ULTRASOUND

If you have questions about ordering an Ultrasound, contact our Scheduling Department at 541-382-9383. Fax orders 541-382-6635.

Please Document: any special needs on the order, such as a wheelchair, implanted device, or assistance with standing/moving.

BODY PART	SYMPTOMS	ADDITIONAL INFO	CPT CODE(S)
HEAD/NECK	Mass, Enlarged Lymph Node -includes lymph nodes, parotid & submandibular gland, & limited thyroid.		76356
SOFT TISSUE	Mass, Hematoma		Contact Coding 541-382-6633 ex. 243
THYROID	Thyroid Cancer, Goiter, Enlarged Thyroid, Mass, Thyroiditis, Hyper/Hypothyroid		76536
CAROTID	Dizziness, Stroke, TIA, Arm Weakness, CVA, Bruit		93880
ABDOMEN COMPLETE (Liver US)	Pain (above the umbilicus), Mass, Cirrhosis, Abnormal LFT's, Cholecystitis, Hepatitis, Hepatomegaly/Splenomegaly, Nausea/Vomiting	Organs visualized include Aorta, Pancreas, Liver, Gallbladder, CBD, Kidneys, Spleen, IVC	76700

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ABDOMEN LTD	Above indications in any one of the four quadrants: RUQ: Liver, Gallbladder, Right Kidney, Pancreatic Head LUQ: Stomach, Spleen, Pancreatic Body, Left Kidney RLQ: Appendix LLQ: Hernia, Small intestine (diverticulitis)		76705
ABDOMINAL ARTERIAL DOPPLER	Post-Prandial Pain		93976
AORTA	History of Smoking, Family History of Aneurysm, Pulsatile Mass, Bruit		76775
AORTA (AAA SCREENING)	History of Smoking, Family History of Aneurysm, Pulsatile Mass, Bruit		76706
LIVER DOPPLER	Elevated LFTs, Cirrhosis, Portal Hypertension, Ascites, TIPS		93976
PELVIC (Non-OB) COMPLETE	Uterus, Both Ovaries, Bladder, Adnexa, Other Structures closely related to structure and functionality of the female reproductive system.	Arrive with full bladder. Can include appendix if needed	76856 76830
PELVIC LTD	IUD Location Only	For Health Department Patients Only	76857
RENAL/KIDNEY	Hydronephrosis, UTI, Urinary Retention, Post Void Residual, Enlarged Prostate, Urinary Retention, Flank/Back Pain, Renal Failure, Renal Cancer, Renal Cyst/Mass, Polycystic Kidney Disease	Arrive with full bladder	76770
HERNIA	R/O Hernia, Pain, Lump		76882-Inguinal 76705-Other 76882- x2 Bilateral
BLADDER	Bladder Masses, Post Void Residual, Hematuria	Arrive with full bladder	76857
GROIN	Palpable Lumps in Groin Area, Lymphadenopathy	Not for suspected Hernia	76882
SCROTAL	Pain, Trauma, Torsion, Mass Varicocele, Epididymitis, Hydrocele, Undescended Testes		76870
NON-VASCULAR UPPER/LOWER EXT	Lump, Mass, Pain, Foreign Body NOTE: Include precise body location		76882
ARTERIAL UPPER/LOWER EXT	Numbness, Tingling, Cold Hand/Foot, Claudication, Discoloration, Rest Pain, Absent/Diminished Pulse, Ischemic Tissue Loss, Aneurysm, Arterial Embolism, Post Arterial Surgery	NPO for Lower Extremity Arterial	Lower 93925- bilateral 93926- unilateral Upper 93930- bilateral 93931- unilateral
VENOUS UPPER/LOWER EXT	Pain, Swelling, History of DVT, Redness, Recent Surgery, Cancer Patients		93970- bilateral 93971- unilateral
US ABI – Ankle/Brachial Index	Numbness, Tingling, Cold Hand/Foot, Claudication, Discoloration, Rest Pain, Absent/Diminished Pulse, Ischemic Tissue Loss, Aneurysm, Arterial Embolism, Post Arterial Surgery		93922
Vein Mapping	Varicose veins, venous insufficiency		93971-unilateral 93970- bilateral
MSK	Fluid Collection, Tendon Rupture, Inflammation, Muscle, Tendon, Ligament	Provide exact location and what is to be evaluated or Ruled Out Order Non-Vascular US	76882
PEDS Neuro	Preterm Hemorrhage, Malformations, Craniosynostosis, Nervous System Disorders, Increased Head Circumference	Newborn to 6 months, Done at CORA EAST only	76506
PEDS Spine	Masses, Skin Tags, Hair Tufts, Cord Tethering, Hematoma, Dimple	Newborn to 6 months, Done at CORA EAST only	76800
PEDS Hips	Breech Birth, Hip Click, Family history	Newborn to 6 months, Done at CORA EAST only	76885
Pyloric Stenosis/ Stomach	Projectile vomiting, weight loss	NPO 4 hours	75705
OB < 14 WKS	Dating, Viability, Bleeding, No Fetal Heart Tones, Ectopic, Spontaneous Abortion, Subchorionic Hemorrhage, Blighted Ovum	Arrive with full bladder	76801 76802-add fetus

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OB > 14 WKS	Fetal Anatomy, Vaginal Bleeding, Large for Dates, Small for Dates	For best results, our radiologists recommend this screening at 20 weeks	76805 76810- add fetus
OB FOLLOW-UP	Use for >14 exams after initial >14-week exam.		76816
NUCHAL TRANSLUCENCY	AMA, Down's Syndrome	Done between 11-14 weeks. Scheduled prior to 3 PM	76813 76814- add fetus
LIMITED OB	AFI Only, Fetal Position, Placental Location, Cervical Length	Typically, Greater than 14 Weeks	76815
BIOPHYSICAL PROFILE (BPP)	Post Dates, No Fetal Movement, High-Risk Pregnancy, Abnormal NST	Third Trimester	76819

MAMMOGRAPHY

Orders: Screening mammography does not require an order but does require a referring provider to be entered at the time of service. All diagnostic imaging requires a complete signed order from the referring provider.

If Patient:

Is breastfeeding: US first, with diagnostic mammogram to follow.

Pregnant: US first, with diagnostic mammogram to follow.

Has breast implants post-mastectomy: No mammography needed on implanted breast.

Is male: Follow same guidelines as women but will need bilateral mammography order with US of affected side.

If you have questions about ordering Breast Imaging, contact our Scheduling Department at 541-382-9383. Fax orders 541-382-6635.

BODY PART	SYMPTOMS	ORDER/PERFORM	CPT CODE(S)
BREAST (Age 40 Plus)	Asymptomatic, Routine	Screening Mammogram	77067
BREAST (Age 30 Plus)	New Mass or Lump, Abnormal Discharge or Itchiness, Nodule, Thickening, Discoloration, Asymmetry, New pain/tenderness	Diagnostic Mammogram with US Breast of Affected Side	77066 – Bilateral 77065 – Unilateral 76642 – US Breast
BREAST (Age 22-29)	New Mass or Lump, Abnormal Discharge or Itchiness, Nodule, Thickening, Discoloration, Asymmetry, New pain/tenderness	US Breast of Affected Side with Bilateral Diagnostic Mammogram if Indicated	77066 – Bilateral 77065 – Unilateral 76642 – US Breast
BREAST (Age 21 and under)	New Mass or Lump, Abnormal Discharge or Itchiness, Nodule, Thickening, Discoloration, Asymmetry, New pain/tenderness	US Breast of Affected side with Bilateral Diagnostic Mammogram if Indicated	76642- Unilateral
BREAST (Additional Views)		Follow Radiologist Report Recommendation	77066 – Bilateral 77065 – Unilateral 76642 – US Breast
BREAST (Follow-up)		Follow Radiologist Report Recommendation, include an order for either US Breast Bilateral or Diagnostic Mammogram Bilateral	77066 – Bilateral 77065 – Unilateral 76642 – US Breast
BREAST MRI	Breast Cancer, BRCA 1 & 2, Dense Brest Tissue, High-risk	With and Without IV Contrast	77049
BREAST MRI	Breast Implant Evaluation	Without IV Contrast	77047
BREAST US	Bilateral Breast US	Bilateral Breast US	76642 – x2 Bilateral

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DEXA/DXA/Bone Densitometry

If you have questions about ordering a Bone Densitometry Scan, contact our Scheduling Department at 541-382-9383. Fax orders 541-382-6635.

Special Prep: No calcium 24 hours prior to exam, loose-fitting clothing with no snaps, buttons, buckles, or other metal.

EXAM	SYMPTOMS	ORDER/PERFORM	CPT CODE(S)
DEXA SCAN	Prolonged Steroid Use, Prolonged RX Drug Use, Screening for Bone Density, Post-Menopausal		77080
DEXA SCAN (Whole Body Adult)			77080, 77081
DEXA SCAN (Whole Body Pediatric)			77080, 77081

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