



# 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

## 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

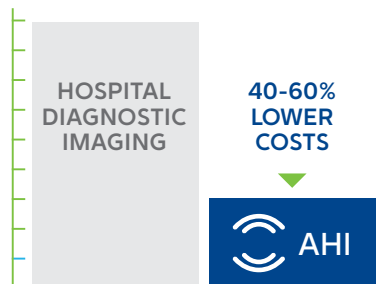
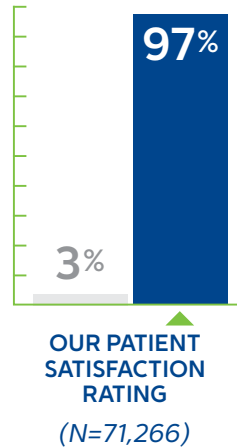
- High quality medical imaging technology well above industry standards
- Compassionate patient care from appointment scheduling to imaging results

### 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 AH 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 and 3T 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”). MRI Without Contrast
<b>Trauma</b>	CT Head Without Contrast (acute). 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 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. MRI Brain & Orbits With & Without Contrast.
<b>Hearing Loss, Vertigo</b>	Developmental: CT Temporal Bones Without Contrast. 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. Carotid Doppler Ultrasound
<b>Mass</b>	CT Neck With Contrast. Thyroid Nodule: Neck Ultrasound. 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 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

### THORACIC SPINE

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

### ABDOMEN

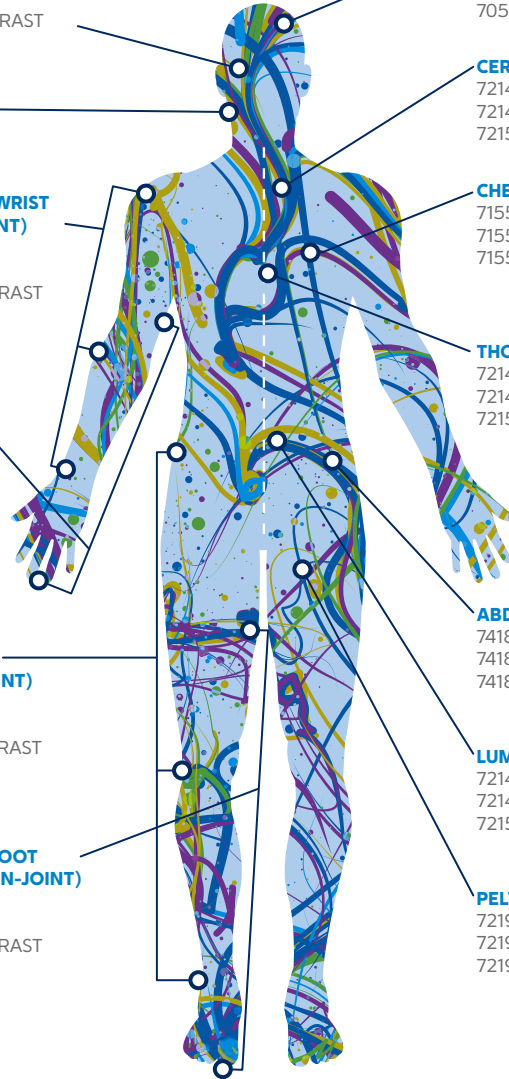
74181 – W/O CONTRAST  
74182 – W/CONTRAST  
74183 – W/O & W/CONTRAST

### 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




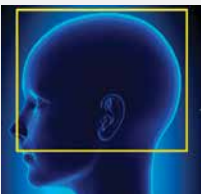


Refer your patients today

To schedule an appointment, call 855.674.2464.



## MRI: Head/Brain



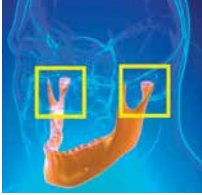
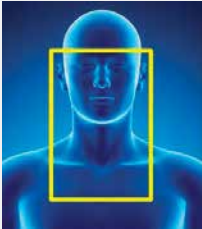
AREA OF CONCERN	COMMON REASON FOR EXAM	EXAM/PROTOCOL	IV CON.	CPT
<b>MRI HEAD/BRAIN</b>				
<b>Brain</b> 	<ul style="list-style-type: none"> <li>Alzheimer's/confusion</li> <li>Dementia/memory loss</li> <li>Hydrocephalus</li> <li>Mental status changes</li> </ul>	MRI brain without contrast	No	70551
	<ul 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> 	<ul style="list-style-type: none"> <li>Hyperprolactinemia</li> <li>Pituitary tumor</li> </ul>	MRI brain without and with contrast <b>Please indicate (pituitary protocol)</b>	Yes	70553
<b>Brain (IAC) Ears</b> 	<ul style="list-style-type: none"> <li>Hearing loss</li> </ul>	MRI brain without and with contrast	Yes	70553
<b>Brain NeuroQuant</b> 	<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 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

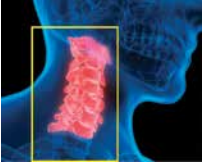

AREA OF CONCERN	COMMON REASON FOR EXAM	EXAM/PROTOCOL	IV CON.	CPT
<b>MRI HEAD/BRAIN</b>				
<b>Brain/Orbits/ Face</b> 	<ul style="list-style-type: none"> <li>• Exophthalmos</li> <li>• Proptosis</li> <li>• Graves' disease</li> </ul>	MRI brain and orbits without and with contrast	Yes	70553 70543
<b>Cranial nerves</b> 	<ul style="list-style-type: none"> <li>• Bell's palsy</li> <li>• Trigeminal neuralgia</li> </ul>	MRI brain without and with contrast <b>Please indicate (cranial nerves)</b>	Yes	70553
<b>TMJ</b> 	<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> 	<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> 	<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> 	<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> 	<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> 	<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**

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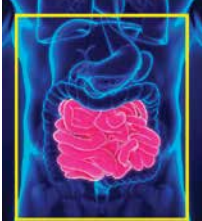
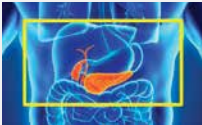

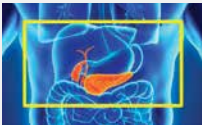

AREA OF CONCERN	COMMON REASON FOR EXAM	EXAM/PROTOCOL	IV CON.	CPT
<b>MRI BODY</b>				
<b>Chest Pectoralis</b> 	<ul style="list-style-type: none"> <li>• Pectoralis tear</li> </ul>	MRI chest without contrast (specify right or left)	No	71550
<b>Chest Mediastinum</b> 	<ul style="list-style-type: none"> <li>• Tumor/mass/cancer/mets</li> </ul>	MRI chest without and with contrast	Yes	71552
<b>Heart</b> 	<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> 	<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

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

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## MRI/MRA: Abdomen/Pelvis


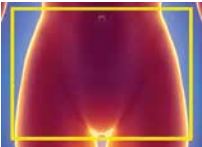

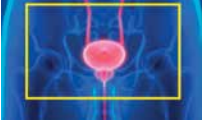
AREA OF CONCERN	COMMON REASON FOR EXAM	EXAM/PROTOCOL	IV CON.	CPT
<b>MRI/MRA ABDOMEN/PELVIS</b>				
<b>Small Intestine</b> 	<ul style="list-style-type: none"> <li>• Crohn's disease</li> <li>• Inflammatory bowel disease</li> </ul>	MRI enterography without and with contrast	Yes	74183 72197
<b>Pancreas</b> 	<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> 	<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> 	<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> 	<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 74183

**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 Musculoskeletal</b> 	<ul style="list-style-type: none"> <li>• Fracture</li> <li>• Arthritis</li> <li>• Muscle/tendon tear</li> </ul>	MRI pelvis without contrast	No	72195
<b>Pelvis</b> 	<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> 	<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> 	<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 & 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> 	<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> 	<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> 	<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> (not included in shoulder) 	<ul style="list-style-type: none"> <li>• Pain</li> <li>• Mass</li> </ul>	MRI chest without and with contrast Indicate right or left	Yes	71552

MRI Prep will be explained at the time of scheduling

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## 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> 	<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  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  Indicate right or left and body part	Yes	73220
<b>Shoulder/Elbow/Wrist</b> 	<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  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  Indicate right or left and body part	Yes	73223

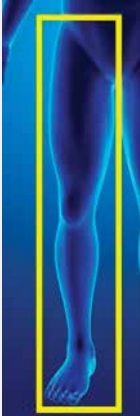

MRI Prep will be explained at the time of scheduling

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> 	<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 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 Indicate right or left and body part	Yes	73720
<b>Hip/Knee/Ankle/Toe</b> 	<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 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 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> 73222 23350 73040 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  <b>*Indicate right/ left or bilateral</b>	Yes	<b>Elbow</b> 73222 23350 73040 77002
<b>Wrist</b>				<b>Wrist</b> 73222 25246 73115 77002
<b>MRI: ARTHROGRAPHY LOWER EXTREMITY</b>				
<b>Hip</b>				<b>Hip</b> 73722 27093 73525 77002 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  <b>*Indicate right/ left or bilateral</b>	Yes	<b>Knee</b> 73722 27369 73580 77002
<b>Ankle</b>				<b>Ankle</b> 73722 27648 73615 77002

MRI Prep will be explained at the time of scheduling

To schedule an appointment, call 855.674.2464.

# CPT Codes for CT Scans



### ORBIT

- 70480 – W/O CONTRAST
- 70481 – W/CONTRAST
- 70482 – W/O & W/CONTRAST

### MAXILLOFACIAL

- 70486 – W/O CONTRAST
- 70487 – W/CONTRAST
- 70488 – W/O & W/CONTRAST

### SOFT TISSUE NECK

- 70490 – W/O CONTRAST
- 70491 – W/CONTRAST
- 70492 – W/O & W/CONTRAST

### UPPER EXTREMITY

- 73200 – W/O CONTRAST
- 73201 – W/CONTRAST
- 73202 – W/O & W/CONTRAST

### LOWER EXTREMITY

- 73700 – W/O CONTRAST
- 73701 – W/CONTRAST
- 73702 – W/O & W/CONTRAST

### BRAIN

- 70450 – W/O CONTRAST
- 70460 – W/CONTRAST
- 70470 – W/O & W/CONTRAST

### CERVICAL SPINE

- 72125 – W/O CONTRAST
- 72126 – W/CONTRAST
- 72127 – W/O & W/CONTRAST

### CHEST

- 71250 – W/O CONTRAST
- 71260 – W/CONTRAST
- 71270 – W/O & W/CONTRAST

### THORACIC SPINE

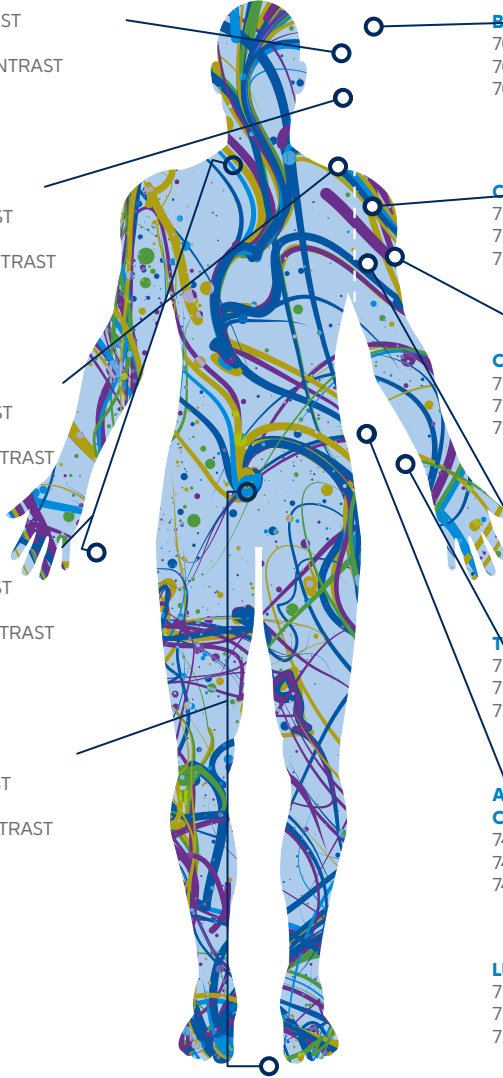
- 72128 – W/O CONTRAST
- 72129 – W/CONTRAST
- 72130 – W/O & W/CONTRAST

### ABDOMEN PELVIS COMBINATION

- 74176 – W/O CONTRAST
- 74177 – W/CONTRAST
- 74178 – W/O & W/CONTRAST

### LUMBAR SPINE

- 72131 – W/O CONTRAST
- 72132 – W/CONTRAST
- 72133 – W/O & W/CONTRAST

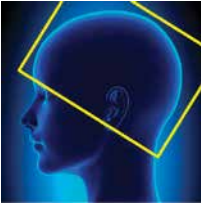




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## CT: Head/Brain





AREA OF CONCERN	COMMON REASON FOR EXAM	EXAM/PROTOCOL	IV CON.	CPT
<b>CT HEAD/BRAIN</b>				
<b>Brain</b> 	<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> 	<ul style="list-style-type: none"> <li>Hyperprolactinemia</li> <li>Pituitary tumor</li> </ul> *(MRI only unless contraindicated)	CT brain without and with contrast <b>Please indicate (pituitary protocol)</b>	Yes	70470
<b>Inner Ears</b> 	<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.



## CT: Head/Brain

AREA OF CONCERN	COMMON REASON FOR EXAM	EXAM/PROTOCOL	IV CON.	CPT
<b>CT HEAD/BRAIN</b>				
<b>Orbits/eyes</b> 	<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> 	<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> 	<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> 	<ul style="list-style-type: none"> <li>Mandible lesion</li> <li>Cyst</li> </ul>	CT mandible without contrast	No	70486

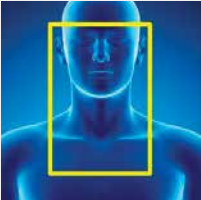
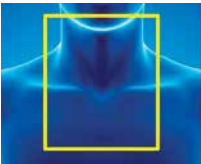



CT Prep will be explained at the time of scheduling

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## CT: Neck/Spine

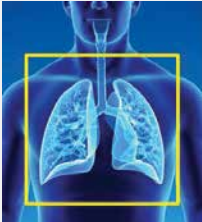


AREA OF CONCERN	COMMON REASON FOR EXAM	EXAM/PROTOCOL	IV CON.	CPT
<b>CT NECK/SPINE</b>				
<b>Neck</b> 	<ul style="list-style-type: none"> <li>• Cancer/ metastatic disease</li> <li>• Inflammation, mass or stone of salivary gland (parotid or submandibular)</li> <li>• Dysphagia</li> <li>• Lymphadenopathy</li> <li>• Infection</li> </ul>	CT soft tissue neck with contrast	Yes	70491
<b>Thyroid</b> 	<ul style="list-style-type: none"> <li>• Parathyroid adenoma</li> </ul>	CT soft tissue neck without and with contrast <b>Please indicate (4D) protocol</b>	Yes	70492
<b>Cervical Spine</b> 	<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> 	<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> 	<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

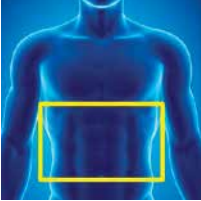
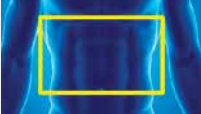

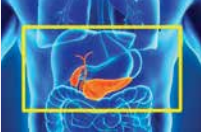

AREA OF CONCERN	COMMON REASON FOR EXAM	EXAM/PROTOCOL	IV CON.	CPT
<b>CT CHEST/LUNGS</b>				
<b>Chest and Lungs</b> 	<ul style="list-style-type: none"> <li>• Asbestosis</li> <li>• Bronchiectasis</li> <li>• Fibrosis</li> <li>• Interstitial lung disease</li> <li>• Pleural plaques</li> <li>• Sarcoidosis</li> </ul>	CT chest without contrast <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> 	<ul style="list-style-type: none"> <li>• Lung nodules</li> </ul>	CT chest without contrast	No	71250
	<ul style="list-style-type: none"> <li>• Lung cancer screening</li> </ul>	CT chest lung cancer screening without contrast	No	71271 *71250 for short term followup exams of 3 or 6 month only
<b>Heart Screening</b> 	<ul style="list-style-type: none"> <li>• Hyperlipidemia</li> </ul>	CT heart without contrast <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


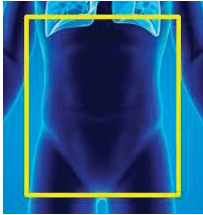
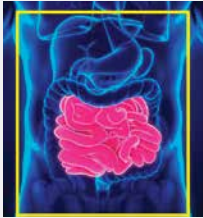
AREA OF CONCERN	COMMON REASON FOR EXAM	EXAM/PROTOCOL	IV CON.	CPT
<b>CT ABDOMEN/PELVIS</b>				
<b>Upper Abdomen Only</b> 	<ul style="list-style-type: none"> <li>*Patient unable to have IV contrast*</li> <li>Abdominal pain</li> <li>Hernia (ventral or umbilical)</li> </ul>	CT abdomen without contrast	No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



CT: Abdomen/Pelvis



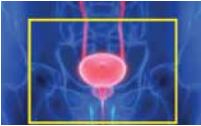
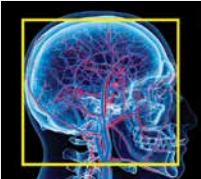
AREA OF CONCERN	COMMON REASON FOR EXAM	EXAM/PROTOCOL	IV CON.	CPT
<b>CT ABDOMEN/PELVIS</b>				
<b>Urinary/Renal System</b> 	<ul style="list-style-type: none"> <li>• Renal calculi/stone</li> <li>• Flank pain/hematuria</li> <li>• Post lithotripsy</li> <li>• Follow up hydronephrosis</li> </ul>	CT abdomen and pelvis without contrast <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 <b>Please indicate (IVP/urogram protocol)</b>	Yes	74178
<b>Abdomen and Pelvis</b> 	<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> 	<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 <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> 	<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  <b>Please indicate (virtual colonography)</b>	No	74263 Screening  74261 Diagnostic
<b>Pelvis</b> 	<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> 	<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 51600
<b>CTA ANGIOGRAPHY/CTV VENOGRAPHY</b>				
<b>Brain</b> 	<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> 	<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> 	<ul style="list-style-type: none"> <li>• Vertebrobasilar insufficiency</li> </ul>	CTA head/neck with contrast	Yes	70498 70496
<b>Arms</b> 	<ul style="list-style-type: none"> <li>• Ischemia, arterial stenosis</li> </ul>	CTA upper extremities with contrast <b>(Indicate right or left and area of concern)</b>	Yes	73206
<b>Pulmonary Arteries</b> 	<ul style="list-style-type: none"> <li>• Pulmonary embolism</li> <li>• Shortness of breath</li> </ul>	CTA chest with contrast <b>Please indicate (PE protocol)</b>	Yes	71275

CT Prep will be explained at the time of scheduling

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## 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> 	<ul style="list-style-type: none"> <li>• Aortic dissection</li> <li>• Thoracic aortic aneurysm</li> </ul>	CTA chest without and with contrast <b>Please indicate (aorta protocol)</b>	Yes	71275
<b>Heart</b> 	<ul style="list-style-type: none"> <li>• Pre heart ablation</li> </ul>	CTA chest with contrast and 3D reconstructions <b>Please indicate (electrophysiology pre heart ablation protocol)</b>	Yes	71275
<b>Coronary Arteries</b> 	<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> 	<ul style="list-style-type: none"> <li>• Stenosis</li> </ul>	CTA chest with contrast <b>Please indicate (subclavian protocol)</b>	Yes	71275

CT Prep will be explained at the time of scheduling

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## 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> 	<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 74175
<b>Mesenteric Arteries</b> 	<ul style="list-style-type: none"> <li>• Mesenteric ischemia</li> </ul>	CTA mesenteric arteries with contrast	Yes	74175
<b>Renal Arteries</b> 	<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> 	<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




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## 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> 	<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> 	<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> 	<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> 	<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> 	<ul style="list-style-type: none"> <li>• *MRI Preferred</li> <li>• Fracture, DJD</li> <li>• Surgical planning</li> </ul>	CT upper extremities without contrast *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 *Indicate right or left and body part	Yes	73201
<b>Hips, Femurs, Knees, Tib/Fib, Ankles, Feet</b> 	<ul style="list-style-type: none"> <li>• *MRI Preferred</li> <li>• Fracture, DJD</li> <li>• Surgical planning</li> </ul>	CT lower extremities without contrast *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 *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 (Specify left/right or Bilateral with indication for each)	93971 unilat 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 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 Specify left/ 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 Specify left/ right/bilateral	76882
<b>ULTRASOUND ABDOMEN</b>			
<b>Abdomen (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 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 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 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

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## 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>  <b>American Health Imaging's Preferred Protocol</b>  Perform both the transabdominal and transvaginal scans as these will give the most detailed information. If only one study is preferred, our recommendation is to order a transvaginal scan.	<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 76830
		Ultrasound pelvis transabdominal	76856
		Ultrasound pelvis transvaginal	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 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 Venous duplex/doppler (Specify left/ right or Bilateral with indication for each)	93971 unilat 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 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 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 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 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.



## LOCATIONS



### **BIRMINGHAM**

2101 4th Avenue South, Suite 100  
Birmingham, AL 35233-2029

**Phone:** 205.251.1300

**Fax:** 205.251.1313



### **BIRMINGHAM 3T**

509 Brookwood Boulevard, Suite 111  
Birmingham, AL 35209

**Phone:** 205.414.9850

**Fax:** 205.414.9855



### **BIRMINGHAM GRANDVIEW**

3570 Grandview Parkway, Suite 102  
Birmingham, AL 35243-2064

**Phone:** 205.977.2274

**Fax:** 205.977.2474



### **GREYSTONE**

7500 Hugh Daniel Drive, Suite 150  
Hoover, AL 35242

**Phone:** 205.995.4900

**Fax:** 205.995.0203



### **HOMEWOOD**

1 Independence Plaza #140  
Homewood, AL 35209

**Phone:** 205.870.1979

**Fax:** 205.870.1929



### **HOMEWOOD OPEN UPRIGHT MRI**

3105 Independence Drive, Suite 101  
Homewood, AL 35209

**Phone:** 205.871.3335

**Fax:** 205.871.3305



### **SHELBY**

224 1st Street North, Suite 150  
Alabaster, AL 35007

**Phone:** 205.663.4674

**Fax:** 205.663.4807



LOCATIONS



ALABAMA



# LOCATIONS





## APPROVED INSURANCE PROVIDERS

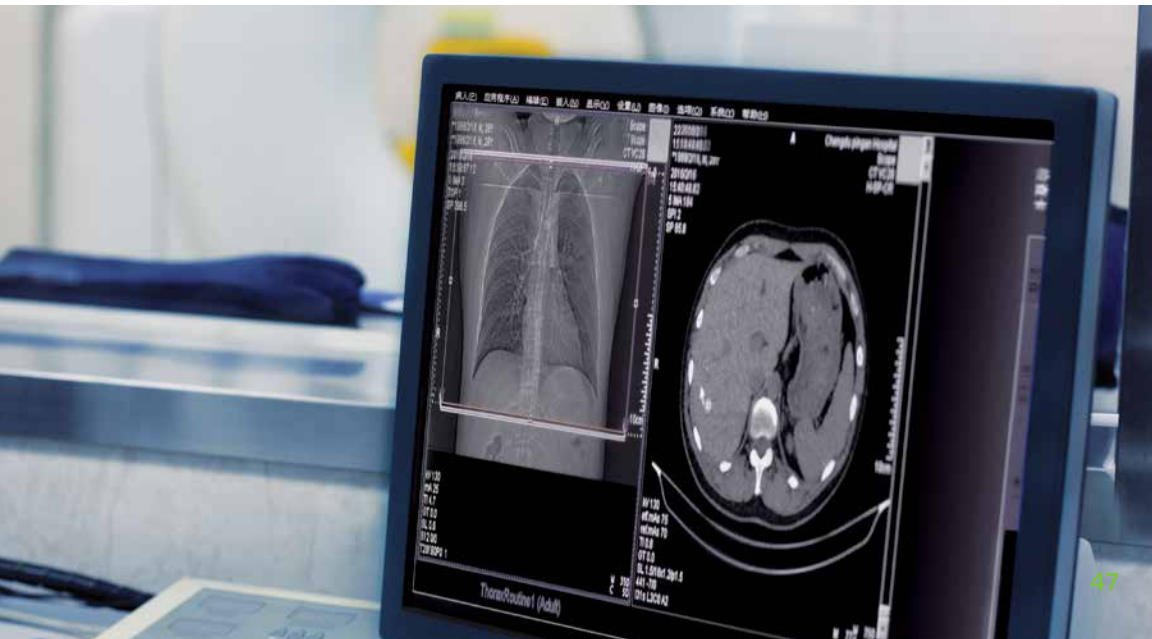
Absolute Solutions  
Access Healthnet  
ACPN (America's Choice  
Provider Network)  
Aetna Health, Inc.  
Aetna Medicare  
ALAMED  
AmeriPlan  
Ancillary Care Services (ACS)  
ASMED  
Blue Cross Blue Shield  
Blue Cross Blue Shield Medicare  
Beech Street  
Cigna  
Cigna Healthspring  
Coast2Coast Diagnostics  
CompOne  
ConserveCare  
CoreChoice  
CorVel and CareIQ  
Custom Design Benefits  
Cypress Care  
Department of Labor  
Department of Veteran's Affairs  
Employer's Choice Network  
Ewuian (Health Systems Internations -  
HIS)  
Fast360 (CareWorks)  
FedMed  
Fellowship Radiology  
Galaxy Health Network  
Homelink Diagnostic Imaging  
Humana  
Humana Medicare  
Johnson & Associates  
Liberty Healthshare  
MDIA  
Medicaid  
Medicare  
MediNcrease Health Plans  
Medstar Medical Solutions  
Med Options  
MSAA (Multiple Sclerosis Assoc.  
of America)  
MSLA  
MTI (MedComp USA)  
MultiPlan  
Nova Net  
Occu Comp  
Occu Net





## APPROVED INSURANCE PROVIDERS

- Objective Diagnostics
- One Call
- Orchid Medical
- Premier Comp Solutions
- Prime Health Services
- Provider Networks of America (PNOA)
- Provider Select
- Railroad Medicare
- Relevant Healthcare Cost Containment
- Rockport Community Network
- The Sheffield Group
- Spremo
- Spremo Amerysis
- Streamline Imaging
- Three Rivers Provider Network (TRPN)
- TLC Advantage
- Total Network Resources
- Today's Options
- Transparent Health Marketplace
- Tricare
- TriWest
- UMR
- UMWA (United Mine Workers of America)
- United Healthcare
- United Healthcare Medicare
- University of Alabama (UAB Birmingham)
- University of Alabama (UAB Birmingham)
- USA MCO
- US Imaging
- Viva Health
- Work Comp Fee Schedule







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