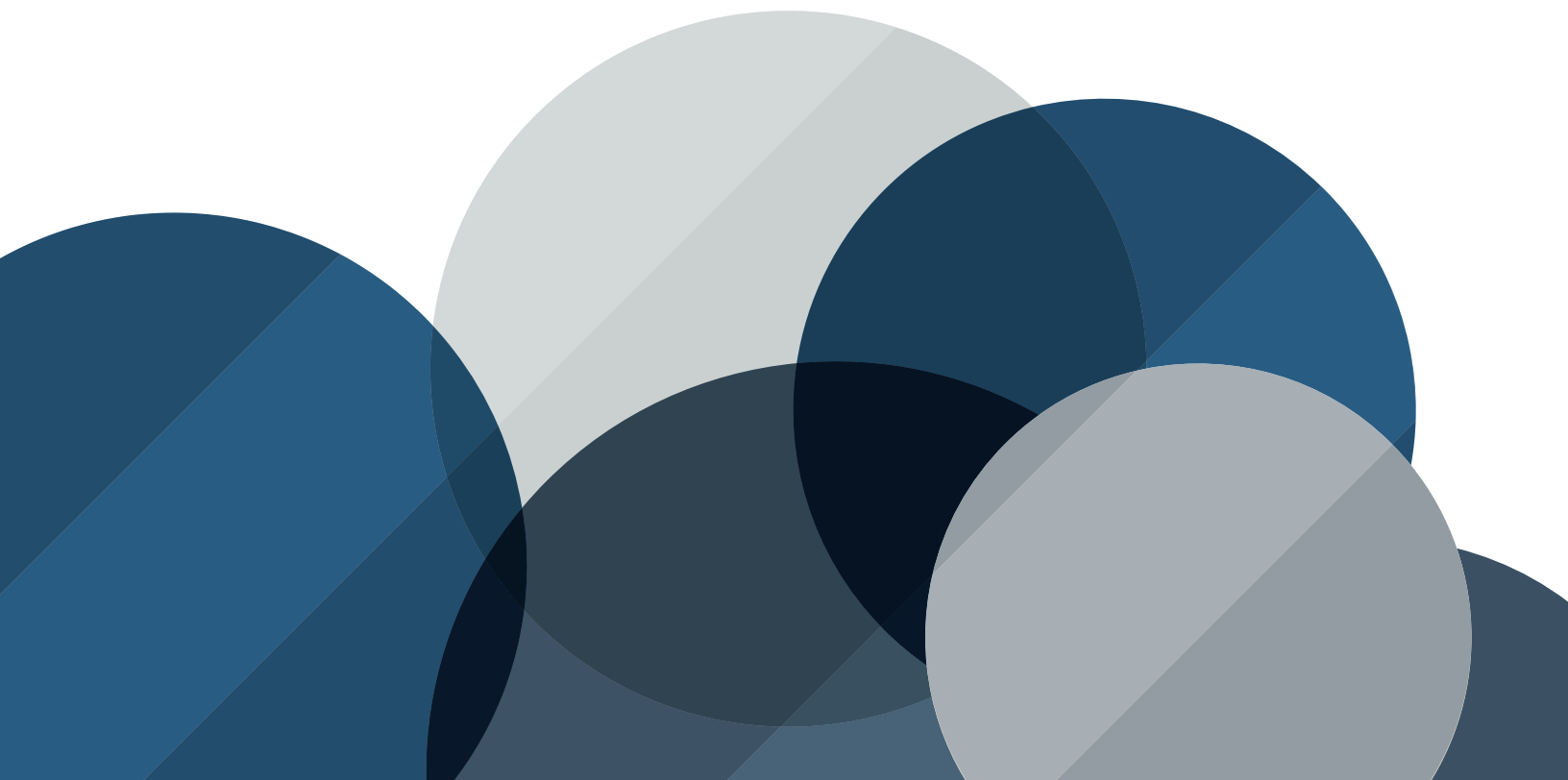


Reference Guide

FOR REFERRING PROVIDERS



Skagit Radiology, Inc, P.S.

WHERE IMAGING REVOLVES AROUND YOU

Contact Us

Have questions? We are here to help!

Phone: (360) 424-6161

- **RADIOLOGIST CONSULT:** DIAL 9
- **SCHEDULING:** DIAL 2
- **BILLING:** DIAL 3
- **INSURANCE AUTHORIZATION:** DIAL 1256
- **PACS:** DIAL 1231
- **MARKETING & BUSINESS DEVELOPMENT:** DIAL 1279

Fax: (360) 848-1167

Email: INFO@SKAGITRADIOLOGY.COM (GENERAL INQUIRIES)

09/22

P. (360) 424-6161 F. (360) 848-1167
125 North 18th St, Suite C, Mount Vernon, WA 98273
SKAGITRADIOLOGY.COM

Skagit
RADIOLOGY
INCORPORATED PROFESSIONAL SERVICES

Quick Reference Guide

CT

Exam	Common Reason(s) for Ordering	Contrast Option(s)	CPT Code
Head	Trauma, headache, mental status change, stroke / TIA	W/O	70450
	Mass or oncologic evaluation, chronic headache, infection	W & W/O	70470
Sinus	Sinusitis	W/O	70486
Neck (Soft Tissue)	Mass, difficulty swallowing, pain, lymphoma, head / neck cancers, abscess	W	70491
Facial Bones	Fracture / trauma, evaluate bony anatomy	W/O	70486
	Cellulitis, infection	W	70487
Temporal Bones	Tinnitus, otosclerosis	W/O	70480
	Mass, infection	W	70481
Spine – Cervical	Fracture / trauma, neck pain, upper extremity paresthesias	W/O	72125
Spine – Thoracic	Fracture / trauma, upper back pain	W/O	72128
Spine – Lumbar	Fracture / trauma, lower back pain, lower extremity paresthesias / sciatica	W/O	72131
Chest	Nodule follow-up, interstitial lung disease (HRCT), contraindication to contrast	W/O	72150
	Mass or nodule evaluation, hemoptysis, empyema, oncologic imaging	W	72160
Abdomen / Pelvis	Outpatient: Abdominal pain, appendicitis, diverticulitis, bowel obstruction, abscess, oncologic imaging	W & Oral Contrast	74177
	Kidney stone / flank pain	W/O	74176
	IVP: Hematuria, evaluate urinary tract	W & W/O	74178
	Enterography: Crohn's disease, angiodysplasia, iron deficiency anemia	W & Oral Contrast	74177
Abdomen Only (Diaphragm to Iliac Crest)	Routine: Upper abdominal pain	W & Oral Contrast	74160
	Adrenal: Evaluate adrenal nodule or mass	W & W/O	74170
	Hepatic: Evaluate liver lesions, hepatoma screening, cirrhosis	W & W/O	74170
	Pancreatic: Evaluate pancreatic mass lesions, jaundice, biliary dilatation	W & W/O	74170
	Renal: Evaluate renal mass lesion or complex cyst	W & W/O	74170
Pelvis Only	Pelvis mass, evaluate nodes, abscess	W & Oral Contrast	72193
	Fracture, trauma, evaluate bony anatomy	W/O	72192

****IV CONTRAST EXAMS** Patients 60 years or older and those with risk factors for renal disease will include a protocol order for creatinine if one has not been done within previous 14 days.**

CT - PG. 2

Exam	Common Reason(s) for Ordering	Contrast Option(s)	CPT Code
CTA	Head: Evaluate Circle of Willis vessels, stroke, aneurysm	W	70496
	Neck: Evaluate carotid and vertebral arteries, dissection	W	70498
	Thoracic and Abdominal Aorta: Aortic arch to bifurcation, dissection evaluation	W	71275 CTA CHEST 74175 ANGIO ABD
	Thoracic Aorta: Aortic arch to kidneys, evaluate thoracic aortic aneurysm, stent graft	W	71275
	Abdominal Aorta: Diaphragm to bifurcation, evaluate abdominal aortic aneurysm, stent graft, mesenteric ischemia, renal artery stenosis	W	74175
	Pulmonary Embolism: CTA chest, evaluate pulmonary embolism, dyspnea	W	71275
	Extremity: Trauma, vascular injury, aneurysms, impingement syndromes	W	73206
	Run-off Diaphragm to Feet: Claudication, peripheral vascular disease, evaluate lower extremity arteries	W	75635
Extremity – Upper	Fracture / trauma, evaluate bony anatomy	W/O	73200
Extremity – Lower	Fracture / trauma, evaluate bony anatomy	W/O	73700
Extremity – Arthrogram	Contraindication to MRI, cartilage evaluation, joint bodies	W Intra-Articular Contrast	73615 ANKLE 73085 ELBOW 73525 HIP 73525 KNEE 73040 SHOULDER 70332 TMJ 73115 WRIST
IV CONTRAST EXAMS Patients 60 years or older and those with risk factors for renal disease will include a protocol order for creatinine if one has not been done within previous 14 days.			

Quick Reference Guide

MRI

Exam	Common Reason(s) for Ordering	Contrast Option(s)	CPT Code
Brain	Routine brain survey, migraines, CVA / TIA, dizziness, mental status change	W/O	70551
	History of cancer / metastasis, mass or lesion, multiple sclerosis, seizures, pituitary, IAC	W & W/O	70553
Orbit / Face	Mass / lesion, optic neuritis (routinely done W & W/O contrast)	W & W/O	70543
MRA Head	Circle of Willis, brain aneurysm, TIA / CVA (done W/O contrast)	W/O	70544
MRA Neck	CVA / TIA, carotid or vertebral artery stenosis	W & W/O	70549
Neck (Soft Tissue)	Soft tissue mass, lymphadenopathy, head and neck cancer (routinely done W & W/O contrast)	W & W/O	70543
TMJ (Temporomandibular Joint)	TMJ pain, clicking or locking	W/O	70336
Cervical Spine	Routine spine, pain, radiculopathy, HNP, DDD	W/O	72141
	History of cancer, metastasis, mass / lesion, history of surgery on area of interest within past 10 years	W & W/O	72156
Thoracic Spine	Routine spine, pain, radiculopathy, HNP, DDD	W/O	72146
	History of cancer, metastasis, mass / lesion, history of surgery on area of interest within past 10 years	W & W/O	72157
Lumbar Spine	Routine spine, pain, radiculopathy, HNP, DDD	W/O	72148
	History of cancer, metastasis, mass / lesion, history of surgery on area of interest within past 10 years	W & W/O	72158
Upper Joint (Shoulder, Elbow, Wrist)	Pain, injury, soft tissue tear	W/O	73221
	Sepsis, osteomyelitis, mass / lesion	W & W/O	73223
	Arthrogram	W Intra-Articular Contrast	73222
Upper Extremity (Upper Arm, Forearm, Hand / Finger)	Pain, injury, soft tissue tear	W/O	73218
	Sepsis, osteomyelitis, mass / lesion	W & W/O	73220
Brachial Plexus	Trauma, thoracic outlet syndrome	W/O	71550
	Possible metastatic lesion, mass	W & W/O	71552

****IV CONTRAST EXAMS** Laboratory testing of eGFR is not required prior to administration of MRI contrast for most studies, including patients with renal disease and those on dialysis. There is an exception for patients who require Eovist contrast for workup of certain liver lesions.**

MRI - PG. 2

Exam	Common Reason(s) for Ordering	Contrast Option(s)	CPT Code
Lower Joint (Hip, Knee, Ankle)	Pain, injury, soft tissue tear	W/O	73721
	Sepsis, osteomyelitis, mass / lesion	W & W/O	73723
	Arthrogram	W Intra-Articular Contrast	73722
Lower Extremity (Thigh, Lower Leg, Foot / Toe)	Pain, injury, soft tissue tear	W/O	73718
	Sepsis, osteomyelitis, mass / lesion	W & W/O	73720
Chest	Chest wall mass, extrapulmonary lesion, pectoralis muscle injury	W & W/O	71552
MRA Chest	Evaluate thoracic aorta (W & W/O contrast only)	W & W/O	71555
Abdomen	Biliary obstruction (MRCP), adrenal nodules (adrenal protocol), appendicitis evaluation in pregnancy	W/O	74181
	Liver: Liver lesions, cirrhosis, hepatoma screening	W & W/O	74183
	Pancreas: Pancreatic lesions, biliary or pancreatic duct dilation	W & W/O	74183
	Renal: Renal mass	W & W/O	74183
	Urography: Hematuria, evaluate renal collecting systems	W & W/O	74183
	Enterography: Crohn's disease, IBD	W & Oral Contrast	74182
Pelvis	Trauma / fracture, soft tissue injury, sports hernia	W/O	72195
	Gynecologic: Evaluate uterus, ovaries	W & W/O	72197
	Prostate: Prostate cancer screening and evaluation (PI-RADS)	W & W/O	72197
	Rectal cancer staging, other oncologic evaluation, abscess, fistula	W & W/O	72197
	Musculoskeletal: Sacroiliitis, arthritis	W & W/O	72197
MRA Abdomen	Contraindication for contrast (allergy)	W/O	74185
	Evaluation of abdominal aorta, hypertension, arterial stenosis	W & W/O	74185
MRA Runoff	Claudication, peripheral vascular disease	W & W/O	73725 LOWER EXTREMITY 74185 MRA ABD
<p>**IV CONTRAST EXAMS** Laboratory testing of eGFR is not required prior to administration of MRI contrast for most studies, including patients with renal disease and those on dialysis. There is an exception for patients who require Eovist contrast for workup of certain liver lesions.</p>			

Quick Reference Guide

ULTRASOUND

Exam	Common Reason(s) for Ordering	Prep Required	CPT Code
Abdomen Complete	Nausea, vomiting, abdominal pain, abnormal blood work, history of cancer, follow-up on abdominal X-Ray, MRI or CT scan. Includes aorta, pancreas, liver, gall bladder, ducts, kidneys and spleen.	NPO for 8 hours	76700
Abdomen Limited RUQ	Elevated LFT's, nausea / vomiting, jaundice, abdomen pain, follow-up abnormal X-Ray, MRI or CT scan. Includes gall bladder, pancreas, liver and ducts.	NPO for 8 hours	76705
Abdomen Limited	Evaluate appendicitis, check for hernia, evaluate ascites, evaluate a single organ or quadrant.	No prep required	76705
Aorta	Back pain, family or personal history of AAA, pulsatile abdominal mass, smoking, vascular disease, Medicare screening. Evaluate for AAA.	NPO for 8 hours	76775
Spleen	Enlarged spleen, possible accessory spleen, splenic injury.	NPO for 6 hours	76705
Kidneys	Abnormal renal function, hematuria, follow-up mass or cyst, hematuria, back pain, recurrent UTI, renal disease or insufficiency. Bladder images included. Both kidneys are imaged.	Drink 16-20 ounces of water one hour prior to exam. Do not urinate	76770
Pelvic	Post-menopausal bleeding, pelvic pain, abnormal bleeding, menstrual concerns, fibroids, cysts, ovarian or uterine cancers. Usually trans-abdominal and trans-vaginal, unless otherwise specified by referring provider. Patient will need a full bladder for trans-abdominal portion. Evaluates uterus, ovaries, and adnexae. (Male pelvic ultrasound evaluates bladder; use pelvic limited.)	Arrive with a full bladder Drink 16-20 ounces of water one hour prior to exam Do <u>not</u> urinate	76856 TRANS-ABDOMINAL 76830 TRANS-VAGINAL
Pelvic (Trans-Vaginal Follicular Study — Infertility)	Evaluate ovaries for follicles and uterus for endometrium size for patients with infertility. Count number of follicles on each ovary, measure follicles over 10 mm, measure endometrium. In addition to above, a routine trans-vaginal pelvic ultrasound will be completed.	No prep required	76830
Pelvic Limited	Evaluated bladder and adnexae.	Arrive with a full bladder Drink 16-20 ounces of water one hour prior to exam Do <u>not</u> urinate	76857

ULTRASOUND - PG. 2

Exam	Common Reason(s) for Ordering	Prep Required	CPT Code
OB < 14 Weeks (First Trimester)	Dates and viability for a fetus less than 14 weeks. Routine normal pregnancy, bleeding, pain in first trimester. Possible trans-vaginal if indicated.	Arrive with a full bladder Drink 16-20 ounces of water one hour prior to exam Do <u>not</u> urinate	76801
OB Trans-Vaginal	Check cervical length or if indicated in conjunction with trans-abdominal approach.	No prep required	76817
OB > 14 Weeks (Second Trimester)	Anatomy scan for a fetus greater than 14 weeks.	Arrive with a full bladder Drink 16-20 ounces of water one hour prior to exam Do <u>not</u> urinate	76805
OB Biophysical Profile (BPP) W/O NST	Approx. 30 min. exam includes: 30 seconds of breathing, 3 gross body movements (fetal body and/or limb movements), fetal tone (all extremities appear flexed and fetal chin is flexed) or one episode of limb extension, AFI > 5.0 cm.	No prep required	76819
OB Limited	Includes placental survey, cervical length, fetal heart rate and fluid assessment. Check position, placenta, heart rate, AFI (one or more of these elements). Or, to re-image anatomy that was sub-optimally seen on a previous scan. Patient must have a complete OB scan done at SAE prior to exam.	Arrive with a full bladder Drink 16-20 ounces of water one hour prior to exam Do <u>not</u> urinate	76815
OB Follow-Up	Re-check growth, or if diagnosis is to re-check a known or previously seen abnormality. Must also do growth biometry and AFI (HC, BPD, AC, FL, AFI, HR, or first trimester measurements). Patient must have a complete OB scan done at SAE prior to this exam.	Arrive with a full bladder Drink 16-20 ounces of water one hour prior to exam Do <u>not</u> urinate	76816
Thyroid	Enlarged thyroid, palpable mass, abnormal thyroid enzymes, abnormalities seen on other modalities, dysphasia.	No prep required	76536
Testicular / Scrotum	Pain, swelling, redness, palpable mass, injury. Both testicles will be evaluated. Exam in conjunction with doppler exam. Order must include both CPT codes.	No prep required	93975 76870 DOPPLER EXAM
Soft Tissue Mass	Evaluate palpable mass.	No prep required	76999
Extremity – Non-Vascular	Palpable mass or pain in the area of concern, popliteal fossa non-vascular, limited, anatomic specific. Specify which extremity and location or area of concern.	No prep required	76882
Pylorus – Pediatric	Projectile vomiting, poor weight gain, abnormal stools.	NPO for 4 hours	76705
Spinal Canal / Contents – Pediatric	Sacral dimpling.	No prep required	76800
Soft Tissue Head / Neck	Palpable lump suspected within the soft tissue of the neck, suspected mass in neck. Specify location.	No prep required	76536
Cyst Aspiration	Specify location of cyst to be aspirated.	No prep required	76942 AND SPECIFY EXAM LOCATION

Quick Reference Guide

WHAT TO ORDER WHEN

Brain	
Headache	CT head without contrast for acute (“worst headache of life”).
Trauma	CT head without contrast (acute).
Suspected Intra-Cranial Hemorrhage	CT head without contrast.
Acute Neurological Changes	CT head without contrast. Subsequent study: MRI with and without contrast.
Acute Stroke / TIA	CTA head and neck. CT head without contrast. Subsequent studies: MRI brain with and without contrast, MRA brain and MRA neck with and without contrast as indicated.
Hydrocephalus	CT head without contrast. Alternative: MRI with and without contrast.
Seizure	MRI brain with and without contrast (seizure protocol).
Dementia / Memory Loss	MRI brain with and without contrast.
Mass	MRI brain with and without contrast.
Aneurysm or AVM “Screening”	MRA head. CTA head with contrast for definition of small aneurysms, patients who cannot have MRA.
Infection	MRI with and without contrast. If MRI contraindicated: CT with and without contrast.
Face	
Trauma	CT maxillofacial without contrast.
Sinus Disease	CT sinus without contrast. If suspected orbital / intra-cranial involvement: MRI brain and orbits with and without contrast.
Infection	CT maxillofacial with contrast. Suspected orbit or brain extension: MRI brain and orbits (IAC protocol).
Hearing Loss, Vertigo	Developmental: CT temporal bones without contrast. Sensorineural: MRI IAC with and without contrast.
Neck / Soft Tissue	
Carotid or Vertebral Artery Stenosis	MRA neck with and without contrast. Alternatives: CTA neck with contrast. Or Carotid Doppler ultrasound.
Mass	CT neck with contrast. Thyroid nodule: Neck ultrasound. Thyroid cancer: MRI neck with and without contrast.
Infection	CT neck with contrast.
Carotid or Vertebral Artery Dissection	CTA neck with contrast. Alternative: MRA neck with and without contrast (dissection protocol).
Salivary Duct Stone	CT neck without and with contrast.

ORDERING - PG. 2

Thoracic Spine	
Trauma	CT thoracic spine without contrast. Acute neurologic deficit and CT negative: MRI without contrast.
Pain, Degenerative Changes, Radiculopathy	MRI thoracic spine without contrast. Prior surgery within 5 years: MRI T-spine with and without contrast. MRI contraindicated: CT without contrast or CT myelogram.
Lumbar Spine	
Trauma	CT lumbar spine without contrast. Acute neurologic deficit and CT negative: MRI without contrast.
Pain, Degenerative Changes, Radiculopathy	MRI lumbar spine without contrast. Prior surgery within 5 years: MRI with and without contrast. MRI contraindicated: CT without contrast or CT myelogram.
Mass	MRI without and with contrast.
Infection	MRI without and with contrast.
Chest	
Chronic Dyspnea	CT chest.
Hemoptysis	CT chest with contrast.
Lung Cancer – Non-invasive Staging	CT chest with contrast.
Screening for Pulmonary Metastases	CT chest with or without for initial evaluation or surveillance. Chest X-Ray if performed as a baseline.
Blunt Chest Trauma, Suspect Aortic Injury	CTA chest with contrast.
Acute Chest Pain Suspect Aortic Dissection	CTA chest and abdomen (dissection protocol).
Suspected Pulmonary Embolism	CTA chest with contrast. Alternative: When CT contrast contraindicated, consider ventilation / perfusion scan.
Gastrointestinal	
Acute Abdominal Pain, Fever, Rule Out Abscess	CT abdomen and pelvis with IV and oral contrast.
Pregnant Patient With Acute Abdominal Pain	Ultrasound. If indeterminate, then MRI abdomen and pelvis without contrast.
Pancreatitis	CT abdomen with contrast. Consider MRCP as well to evaluate for gallstones.
Blunt Trauma Stable Patient	CT chest / abdomen / pelvis with IV contrast.
Jaundice – Painless	CT with and without contrast (pancreas protocol).
Jaundice With Pain / Fever	Ultrasound. Alternative: MRCP with IV contrast.
Left Lower Quadrant Pain	CT abdomen / pelvis with IV contrast and with oral contrast.
Evaluate Inflammatory Bowel Disease / Crohn's Disease	MRI abdomen with IV contrast and with oral contrast (enterography protocol). Alternative: CT abdomen with IV contrast and with oral contrast (enterography protocol).

ORDERING - PG. 3

Gastrointestinal – Cont'd	
Right Lower Quadrant Pain – Suspected Appendicitis	CT abdomen and pelvis with IV and oral contrast.
Right Lower Quadrant Pain – Pregnant	Ultrasound. Obtain MRI if inconclusive.
Right Lower Quadrant Pain – Children	Ultrasound. Obtain MRI if inconclusive.
Right Upper Quadrant Pain	Ultrasound abdomen initially for evaluation of gallbladder and biliary system.
Evaluate Liver Lesions	CT or MRI with contrast IV (liver protocol).
Suspected Small Bowel Obstruction	CT abdomen and pelvis with contrast IV and water-soluble oral contrast, if tolerated.
Urologic	
Flank Pain – Suspected Stone Disease	CT abdomen and pelvis without contrast (CTKUB).
Acute Pyelonephritis	CT abdomen and pelvis with and without contrast.
Hematuria	CT abdomen and pelvis with and without contrast. Order as CT-IVP which includes high resolution excretory phase imaging of the renal collecting systems and ureters.
Incidental Renal Mass	Either CT or MRI abdomen with and without contrast (renal mass protocol).
Recurrent Urinary Tract Infections in Women	CT with and without contrast for bladder and kidneys evaluation. MRI pelvis to exclude urethral diverticulum or pelvic prolapse.
Evaluation of Female Pelvis	Ultrasound pelvis. If further evaluation needed, MRI pelvis with contrast IV (gynecologic protocol).
Evaluation of Prostate Lesion	MRI pelvis with contrast IV (prostate protocol).
Evaluation of Adrenal Nodule	CT with and without contrast or MRI without contrast (adrenal protocol).
Extremities	
Assess Fractures or Dislocation	CT without contrast.
Evaluate Stress Fracture	MRI without contrast.
Labral Tear	MRI arthrogram. CT arthrogram if contraindication to MRI.
Cartilage Evaluation	MRI arthrogram. CT arthrogram if contraindication to MRI.
Joint Bodies	MRI arthrogram. CT arthrogram if contraindication to MRI.



P. (360) 424-6161 F. (360) 848-1167

125 North 18th St, Suite C, Mount Vernon, WA 98273

SKAGITRADIOLOGY.COM