

2024

What To Order When

A Guide To The Most Common Clinical
Indications Related To Radiology



Leading Radiology Forward

Version 05.09.2024 | RadNet.com | radnetimaging.com/WTOW

CT

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

HEAD & NECK

| Body Part | Reason for Exam | Contrast | Procedure Name | Code | Common Auth Req |
|-------------------------|---|----------|--|-------|--|
| BRAIN | Head Trauma Headache | | | | |
| | *If you require surgical protocol (e.g.: Stealth, ICO Brain, etc.) or special protocol (e.g.: Perfusion, Kelyniam CSI, etc.) please notate it on referral | NO | CT Brain w/o Contrast | 70450 | N/A |
| SINUS | Polyps Post nasal drip Sinusitis | | | | Facial trauma - X-Ray of the area |
| | *If you require surgical protocol (e.g.: Medtronic, Optinose, Stealth, etc.) please notate it on referral | NO | CT Sinus Complete w/o Contrast | 70486 | Sinusitis or other common sinus afflictions - 2 week course of antibiotics |
| FACE | Cellulitis Infection/abscess Soft Tissue Mass | YES | CT Maxillofacial Soft Tissue w/wo Contrast | 70488 | N/A |
| | Injury/trauma, concern of fracture | NO | CT Maxillofacial Bones w/o Contrast | 70486 | X-Ray of the area |
| ORBITS | Injury/trauma, concern of fracture | NO | CT Orbits w/o Contrast | 70480 | X-Ray of the area |
| | Mass Proptosis Infection Swelling Vision changes *If you require surgical protocol (e.g.: Immunovant, etc.) please notate it on referral | YES | CT Orbits w/wo Contrast | 70482 | N/A |
| TEMPORAL BONES | Otitis Media Cholesteatoma Conductive hearing loss Mastoiditis | NO | CT Temporal Bones (includes Mastoids) w/o Contrast | 70480 | N/A |
| SOFT TISSUE NECK | Adenopathy Dysphagia Infection/abscess Mass/neoplasm Vocal cord paralysis | YES | CT Neck Soft Tissue w/ Contrast | 70491 | Negative ultrasound of affected area |
| | Salivary gland calculi/adenitis Parathyroid adenoma Foreign body *If you require surgical protocol (e.g.: Parathyroid 4D, etc.) please notate it on referral | YES | CT Neck Soft Tissue w/wo Contrast | 70492 | N/A |

CHEST

| Body Part | Reason for Exam | Contrast | Procedure Name | Code | Common Auth Req |
|------------------------------|--|----------|---|-------|--|
| CHEST | Asthma Atelectasis Bronchiectasis COPD Cough Interstitial Lung Disease Emphysema Follow up pulmonary nodule Injury/trauma Pericardial effusion Pleural effusion Pneumothorax Pulmonary nodule Rib Fracture | NO | CT Chest w/o Contrast Exam should be ordered W OR WO. Ordering as W and WO does not provide additional diagnostic benefit. | 71250 | Negative Chest X-Ray |
| | Abnormality involving hilum Empyema Infiltrate Lung cancer Mass/Empyema Pneumonia Work up of other cancer/alignancy | YES | CT Chest w/ Contrast Exam should be ordered W OR WO. Ordering as W and WO does not provide additional diagnostic benefit. | 71260 | N/A |
| CORONARY | For patients who may not otherwise usually qualify for a Coronary CTA. General assessment of Coronary Artery Disease (CAD) risk. Strong family history of CAD. "Low to Intermediate" risk patients. Patients who may be reluctant to start statins or other medications. Presence of CAD risk factors such as Hypertension, Smoking, Diabetes, Obesity, Hyperlipidemia or Elevated LP(a) | | CT Coronary Calcium Scoring | 75571 | |
| LUNG | History of smoking | NO | Low Dose Lung Cancer CT | 71271 | Must meet Medicare established guidelines for Low Dose Lung Cancer Screening |
| HIGH RESOLUTION CHEST | Pulmonary fibrosis Ground glass nodule Interstitial lung disease Emphysema PRONE Imaging | NO | CT Chest w/o Contrast | 71250 | X-Ray of the affected area |

EXTREMITIES

| Body Part | Reason for Exam | Contrast | Procedure Name | Code | Common Auth Req |
|--------------------------|--|----------|--|-------------------------|---------------------------------|
| UPPER EXTREMITIES | R/O Arthritis Fracture (if patient cannot tolerate MRI; contraindications from implants, etc.) | NO | CT Upper Extremity w/o Contrast CT Upper Extremity w/Contrast CT Upper Extremity w/wo Contrast | 73200 73201 73202 | Negative X-Ray of affected area |
| LOWER EXTREMITIES | R/O Arthritis Fracture (if patient cannot tolerate MRI; contraindications from implants, etc.) | NO | CT Lower Extremity w/o Contrast CT Lower Extremity w/Contrast CT Lower Extremity w/wo Contrast | 73700 73701 73702 | Negative X-Ray of affected area |

SPINE (in patient with history of cancer contrast may be indicated)

| Body Part | Reason for Exam | Contrast | Procedure Name | Code | Common Auth Req |
|-----------------------|--|----------|------------------------------------|-------|----------------------------|
| CERVICAL SPINE | Evaluate hardware/fusion status Degenerative changes R/O Fx | NO | CT Spine, Cervical w/o Contrast | 72125 | X-Ray of the affected area |
| THORACIC SPINE | Evaluate hardware/fusion status Degenerative changes R/O Fx | NO | CT Spine, Thoracic w/o Contrast | 72128 | X-Ray of the area |
| LUMBAR SPINE | Evaluate hardware/fusion status Degenerative changes R/O Fx *If you require surgical protocol (e.g.: Firefly, Spect CT, Shriner, etc.) please notate it on referral | NO | CT Spine, Lumbar w/o Contrast | 72131 | X-Ray of the area |

ARTHROGRAM

| Body Part | Reason for Exam | Contrast | Procedure Name | Code | Common Auth Req |
|--------------------------|---|-----------------|--|-------------------------|---------------------------------|
| UPPER EXTREMITIES | Shoulder, r/o internal derangement (rotator cuff, biceps/labrum) Elbow and Wrist (if patient cannot tolerate MRI; contraindications from implants, etc.) | Intra-articular | CT Upper Extremity w/o Contrast CT Upper Extremity w/Contrast CT Upper Extremity w/wo Contrast | 73200 73201 73202 | Negative X-Ray of affected area |
| LOWER EXTREMITIES | Knee (ligaments, meniscus) Hip and Ankle (if patient cannot tolerate MRI; contraindications from implants, etc.) | Intra-articular | CT Lower Extremity w/o Contrast CT Lower Extremity w/Contrast CT Lower Extremity w/wo Contrast | 73700 73701 73702 | Negative X-Ray of affected area |

ANGIOGRAPHY (CTA)

| Body Part | Reason for Exam | Contrast | Procedure Name | Code | Common Auth Req |
|--------------|--|----------|---------------------------------|-------|--------------------------------------|
| HEAD | Stenosis (MRA Preferred) Aneurysm | YES | CT Angio Brain w/wo Contrast | 70496 | N/A |
| NECK | Carotid stenosis (pre-op eval), Dissection, Treated aneurysm | YES | CT Angio Neck w/wo Contrast | 70498 | Negative ultrasound of affected area |
| CHEST | Suspected PE or evaluation of chronic PE Thoracic aneurysm (if ascending, must have cardiac gating) *If you require surgical protocol (e.g.: CTA Gated, etc.) please notate it on referral | YES | CTA Spine, Chest w/Contrast | 71250 | Abnormal X-Ray |

ANGIOGRAPHY (CTA) (cont.)

| Body Part | Reason for Exam | Contrast | Procedure Name | Code | Common Auth Req |
|----------------------------|---|----------|---|-------------------------|-----------------------------|
| CORONARY | <p>"Some of the more common reasons include: Chest pain, Atherosclerotic heart disease, Abnormal result of CV function study, Hypertensive heart disease, Prior CABG or Coronary stent, Abnormal EKG, Silent myocardial ischemia. Over 300+ approved ICD10 indications(LCD A57552). Many clinicians order with conditional Coronary CTA with FFR</p> <p>While it is becoming more common to order a Coronary CTA for early detection/ screening of Coronary Artery Disease in asymptomatic patients, at this time it is often not considered to be a covered indication and will usually be cash only"</p> | YES | CT Angio Coronary | 75574 | N/A |
| | Aortic valve stenosis. Pre-TAVR/ TAVI planning | YES | CT Angio Cardiac | 75572 | |
| | History of Atrial fibrillation. Pre EP ablation. Pre/Post left atrium closure device placement. | YES | CT Angio Coronary, Chest, Abd/Pelv | 75574 71275 74174 | |
| | CT Fractional Flow Reserve (CT-FFR) is performed when there is 40-90% coronary artery stenosis noted on a Coronary CTA. This is a conditional order and when ordered as Coronary CTA w/FFR, if clinically indicated, FFR will be performed and results provided to help guide management. If there is not 40-90% stenosis then exam will be reported at as standard Coronary CTA and the FFR portion will not be performed/billed | YES | CT Angio Coronary with FFR if indicated | 75574 75580 | N/A |
| ABDOMEN | Abdominal aortic aneurysm | YES | CT Angio Abdomen w/wo Contrast | 74175 | Abdominal Duplex Ultrasound |
| ABDOMEN & PELVIS | Mesenteric ischemia Pre op AAA surgery Pre or post-op evaluation Post stent grafting | YES | CT Angio Abdomen/ Pelvis w/wo Contrast | 74174 | N/A |
| ABDOMEN & PELVIS W/ RUNOFF | Intermittent claudication Lower extremity ischemia Peripheral vascular disease | YES | CT Angiography Aorta Bilateral Iliofemoral Lower Ext Runoff | 75635 | N/A |
| | | | CT Angiography Lower Extremity | 73706 | |
| EXTREMITIES | Aneurysm Arterial occlusion/stenosis Claudication Cold foot Gangrene Pain Ulcer | YES | CT Angio Upper Extremity w/Contrast | 73206 | Arterial Ultrasound |
| | Venous occlusion/thrombosis (if patient cannot tolerate MRI; contraindications from implants, etc.) | | CT Angio Lower Extremity w/Contrast | 73706 | |

ABDOMEN & PELVIS (cont.)

| Body Part | Reason for Exam | Contrast | Procedure Name | Code | Common Auth Req |
|--------------------|--|----------|---|-------|--|
| ABDOMEN | Renal mass | YES | CT Abdomen Three Phase w/wo (Multiphase) | 74170 | Negative ultrasound of affected area |
| | Abnormal liver enzymes Jaundice Liver mass | YES | CT Abdomen Three Phase w/wo (Multiphase) | 74170 | Negative ultrasound of affected area |
| | Pancreatitis Jaundice Pancreatic mass | YES | CT Abdomen Three Phase w w/o (Multiphase) | 74170 | N/A |
| ABDOMEN & PELVIS | Abdominal pain Abnormal labs Abscess Adenopathy Ascites Injury/trauma Metastasis Pancreatitis Pelvic pain Tumor/mass Unexplained weight loss Diverticulosis Diverticulitis Appendicitis Lymphoma Hiatal Hernia Adrenal glands: mass or adenoma Pancreas: cyst, mass, or lesion Renal mass, lesion, cyst, cancer, renal vein thrombosis, AML (angiomyolipoma) | YES | CT Abdomen & Pelvis w/Contrast | 74177 | <ul style="list-style-type: none"> Negative ultrasound of affected area Labs - WBC |
| | Ventral, umbilical hernia | NO | CT Abdomen & Pelvis w/o (w/Contrast if painful - 74177) | 74176 | |
| STONE PROTOCOL | Flank pain Renal stones | NO | CT Abdomen/Pelvis w/o Contrast | 74176 | Negative ultrasound of affected area |
| UROGRAM | Renal Stones Flank Pain Hematuria Hydronephrosis UTI | YES | CT Abdomen & Pelvis w/wo - Urogram | 74178 | N/A |
| SOFT TISSUE PELVIS | Adenopathy Mass Pain | YES | CT Pelvis w/Contrast | 72193 | N/A |
| SOFT TISSUE PELVIS | Inguinal Hernia | NO | CT Pelvis w/o Contrast (w/Contrast if painful) | 72192 | Negative ultrasound of affected area |
| BONY PELVIS | Trauma, concern for fracture Hip/SI joint w/ degenerative disease | NO | CT Pelvis w/o Contrast | 72192 | N/A |
| MULTIPHASE IMAGING | Hepatitis C Transplant Cirrhosis Hepatoma Lesion HCC (Hepato Cellular Carcinoma) Breast Cancer (when clinically indicated) Carcinoid Thyroid Carcinoma Melanoma Choriocarcinoma Leiomyosarcoma | YES | CT Abdomen w/o Contrast | 74170 | <ul style="list-style-type: none"> Negative ultrasound of affected area Labs-WBC |

These recommendations are a general guideline and may not be applicable to everyone.

MRI

MRI exam should be ordered W and W/O OR W/O. Ordering as W only limits diagnostic read.

BRAIN

| Body Part | Reason for Exam | Contrast | Procedure Name | Code | Common Auth Req |
|---------------|--|----------|---|-------|---|
| BRAIN | CVA/TIA Dizziness Memory loss Trauma Tremors Headaches | NO | MRI Brain w/o Contrast *If you require a special protocol (e.g.: Stealth, Medtronic, Stryker, etc.) please notate it on referral | 70551 | Headaches - Minimum 2-4 weeks of conservative treatment, unless there is a history of cancer - Gradual memory loss/suspected dementia - Clinical documentation of decline in memory for minimum 6 months |
| | Chiari Malformation Infection Lesions (specify) Multiple sclerosis Neurofibromatosis Seizures Tumor/mass/metastasis | YES | MRI Brain w/wo Contrast | 70553 | N/A |
| | IAC lesion/hearing loss/infection Tinnitus | YES | MRI Brain and IAC's w/wo Contrast | 70553 | N/A |
| | Trigeminal neuralgia | YES | MRI Brain Trigeminal w/wo Contrast | 70553 | N/A |
| | Pituitary mass, elevated prolactin | YES | MRI Brain Pituitary w/wo Contrast | 70553 | Abnormal hormone levels on recent labs or history of tumor/ cancer |
| | Patient is being considered for or currently on Anti-Amyloid Therapy | | MR Brain w/o - Anti-Amyloid | 70551 | |
| ORBITS | Diplopia Hyperthyroidism (e.g. Graves disease) Nystagmus Strabismus Tumor/mass/metastasis Unexplained vision loss Unilateral vision defect | YES | MRI Orbits w/wo Contrast | 70543 | N/A |
| FACE | Infection Tumor/mass/metastasis | YES | MRI Face w/Contrast | 70542 | N/A |
| | Trauma | NO | MRI Face w/o Contrast | 70540 | N/A |

NECK

| Body Part | Reason for Exam | Contrast | Procedure Name | Code | Common Auth Req |
|-----------------------------|--|----------|------------------------------------|-------|--------------------------------------|
| NECK SOFT TISSUE | Dysphagia Infection Persistent hoarseness Tumor/mass/metastasis Vocal cord paralysis | YES | MRI Soft Tissue Neck w/wo Contrast | 70543 | Negative ultrasound of affected area |

MRI

MRI exam should be ordered W and W/O OR W/O. Ordering as W only limits diagnostic read.

CHEST

| Body Part | Reason for Exam | Contrast | Procedure Name | Code | Common Auth Req |
|--------------------|---|----------|---|-------|-----------------|
| CHEST | Chest wall pain (CT exam is preferred) Rib pain (CT exam is preferred) Sternoclavicular joint/ clavicle/scapula pain | NO | MRI MSK Chest w/o Contrast | 71550 | N/A |
| BREAST | Silicone implant rupture *Saline implant rupture better evaluated with other modality (ultrasound) | NO | MRI Breast w/o Contrast - Implant Rupture Study | 77059 | N/A |
| | High risk for malignancy Newly diagnosed breast cancer Problem Solving-unresolved diagnostic mammography | YES | MRI Breast w/wo Contrast - Malignancy Study | 77049 | N/A |
| SOFT TISSUE | Mediastinal Mass | YES | MRI w/Contrast and w/o IV Contrast | 71552 | N/A |

NEUROGRAM

| Body Part | Reason for Exam | Contrast | Procedure Name | Code | Common Auth Req |
|---------------------------|--|----------|--|----------|-------------------------------|
| BRACHIAL PLEXUS | Brachial plexus injury Nerve avulsion Tumor/mass/metastasis | YES | MRI Brachial Plexus w/wo Contrast - Brachial Plexus Protocol | 73220-22 | X-Ray of the affected area |
| LUMBOSACRAL PLEXUS | Lumbosacral plexus injury Nerve avulsion Tumor/mass/metastasis | YES | MRI Lumbosacral Plexus w/wo Contrast | 72197 | N/A |

EXTREMITIES

| Body Part | Reason for Exam | Contrast | Procedure Name | Code | Common Auth Req |
|---|--|----------|---|----------------|--|
| NON-JOINT EXTREMITY: HAND=FINGER, ARM, FOOT =TOE, LEG | Morton's neuroma Muscle/tendon tear Osteomyelitis Stress/fracture | NO | MRI Upper Extremity, Non-Joint w/o Contrast MRI Lower Extremity, Non-Joint w/o Contrast | 73218 73718 | <ul style="list-style-type: none"> X-Ray of the affected area within the last month 6 weeks of provider directed conservative treatment Positive Ortho findings |
| | Abscess Cellulitis Foot osteomyelitis in diabetic patients Osteomyelitis Tumor/mass/metastasis (soft tissue) | YES | MRI Upper Extremity, Non-Joint w/o Contrast MRI Lower Extremity, Non-Joint w/wo Contrast | 73220 73720 | <ul style="list-style-type: none"> X-Ray of the affected area within the last month 6 weeks of provider directed conservative treatment Positive Ortho findings |
| JOINT EXTREMITY: SHOULDER, ELBOW, WRIST HIP, KNEE, ANKLE | Arthritis AVN Joint pain Ligament/tendon muscle/cartilage/labral tear (initial study) Stress/fracture | NO | MRI Upper Extremity, Joint w/o Contrast MRI Lower Extremity, Joint w/o Contrast | 73221 73721 | <ul style="list-style-type: none"> X-Ray of the affected area within the last month 6 weeks of provider directed conservative treatment Positive Ortho findings |
| | Abscess Cellulitis Inflammatory arthritis Septic arthritis Synovitis Tumor/mass | YES | MRI Upper Extremity, Joint w/wo Contrast MRI Lower Extremity, Joint w/wo Contrast | 73223 73223 | N/A |

MRI

MRI exam should be ordered W and W/O OR W/O. Ordering as W only limits diagnostic read.

SPINE

| Body Part | Reason for Exam | Contrast | Procedure Name | Code | Common Auth Req |
|-----------------|--|----------|-----------------------------------|-------|--|
| CERVICAL | Neck Pain Radiculopathy Degenerative disc disease/herniation Canal Stenosis Compression fracture | NO | MRI Spine Cervical w/o Contrast | 72141 | <ul style="list-style-type: none"> X-Ray of the affected area within the last month 6 weeks of provider directed conservative treatment Positive Ortho findings |
| | MS Discitis/osteomyelitis Post-op pain Tumor/mass/metastasis | YES | MRI Spine, Cervical w/wo Contrast | 72156 | N/A |
| THORACIC | Radiculopathy Degenerative disc disease/herniation Canal Stenosis Compression fracture | NO | MRI Spine, Thoracic w/o Contrast | 72146 | <ul style="list-style-type: none"> X-Ray of the affected area within the last month 6 weeks of provider directed conservative treatment Positive Ortho findings |
| | MS Discitis/osteomyelitis Post-op pain Tumor/mass/metastasis | YES | MRI Spine, Thoracic w/wo Contrast | 72157 | N/A |
| LUMBAR | Radiculopathy Degenerative disc disease/herniation Canal Stenosis Compression fracture | NO | MRI Spine, Lumbar w/o Contrast | 72148 | <ul style="list-style-type: none"> X-Ray of the affected area within the last month 6 weeks of provider directed conservative treatment Positive Ortho findings |
| | MS Discitis/osteomyelitis Post-op pain Tumor/mass/metastasis | YES | MRI Spine, Lumbar w/wo Contrast | 72158 | N/A |

ARTHROGRAMS

| Body Part | Reason for Exam | Contrast | Procedure Name | Code | Common Auth Req |
|-----------------|---|-----------------|-------------------------|---------------------------|---------------------------------|
| WRIST | Ligament tear (pre and post-op) | Intra-articular | MRI Arthrogram Wrist | 73222+ 25246+ 77002 | Negative X-Ray of affected area |
| ELBOW | Ligament tear Loose bodies (pre and post-op) | Intra-articular | MRI Arthrogram Elbow | 73222+ 24220+ 77002 | Negative X-Ray of affected area |
| SHOULDER | Labral tear Rotator cuff (post-op) | Intra-articular | MRI Arthrogram Shoulder | 73222+ 23350+ 77002 | Negative X-Ray of affected area |
| HIP | Labral/Ligament tear (pre and post-op) | Intra-articular | MRI Arthrogram Hip | 73222+ 27093+ 77002 | Negative X-Ray of affected area |
| ANKLE | Meniscus (post-op) | Intra-articular | MRI Arthrogram Knee | 73722+ 27370+ 77002 | Negative X-Ray of affected area |
| KNEE | Osteochondral lesion (post-op) | Intra-articular | MRI Arthrogram Ankle | 73222+ 27648+ 77002 | Negative X-Ray of affected area |

MRI

MRI exam should be ordered W and W/O OR W/O. Ordering as W only limits diagnostic read.

ANGIOGRAPHY (MRA)

| Body Part | Reason for Exam | Contrast | Procedure Name | Code | Common Auth Req |
|------------------------|--|----------|--|--|---|
| MRA ABDOMEN | Abdominal aortic aneurysm Dissection Mesenteric ischemia Renal artery stenosis/ aneurysm Vasculitis | YES | MRA Abdomen w/wo Contrast | 74185 | Negative ultrasound of affected area |
| MRA EXTREMITIES | Aneurysm Arterial occlusion/stenosis Claudication Cold foot Gangrene Pain Ulcer Venous occlusion/thrombosis | YES | MRA Abd Aorta, Bilateral Iliofemoral w/Runoff w/wo Contrast MRA Bilateral Lower Extremities w/wo Contrast | 74185 +72198 +73725 -50 73725 -50 | N/A |
| MRA HEAD | Headaches Stenosis AVM (MRI brain w/wo contrast) CVA/TIA Aneurysm Strong family history of cerebral aneurysms | NO | MR Angio Cerebral w/o Contrast | 70544 | N/A |
| | Dissection (CTA preferred), History of treated aneurysm | YES | MR Angio Cerebral w/wo Contrast | 70546 | N/A |
| MRV HEAD | Venous thrombosis | YES | MRI Venogram Head w/wo Contrast | 70546 | N/A |
| MRA NECK | Stenosis Aneurysm AVM CVA/TIA Dissection/vessel injury (CTA preferred) Subclavian steal | YES | MRI Angio Neck w/wo Contrast | 70549 | Negative ultrasound of affected area |

ABDOMEN & PELVIS

| Body Part | Reason for Exam | Contrast | Procedure Name | Code | Common Auth Req |
|------------------------------|---|----------|---|---------------------|--------------------------------|
| ABDOMEN | MRCP (biliary/pancreatic ducts, stones, jaundice) | NO | MRI Abd/Panc/Biliary Tree w/o Contrast | 74181 | Ultrasound of affected area |
| | Liver disease Mass (adrenal, liver, pancreatic, renal) | YES | MRI Abdomen w/wo Contrast | 74183 | N/A |
| MR ENTER- OGRAPHY | Bowel obstructions Evaluate small bowel Crohn's disease Ulcerative Colitis | YES | MR Enterography | 74183 + 72197 | Ultrasound of affected area |

MRI

MRI exam should be ordered W and W/O OR W/O. Ordering as W only limits diagnostic read.

ABDOMEN & PELVIS (cont.)

| Body Part | Reason for Exam | Contrast | Procedure Name | Code | Common Auth Req |
|---------------------------|--|----------|-----------------------------|-------|--|
| MSK PELVIS | MSK pain - SI joints, sacrum, coccyx Muscle tear Osteomyelitis | NO | MRI Pelvis w/o Contrast | 72195 | <ul style="list-style-type: none"> • X-Ray of the affected area within the last month • 6 weeks of provider directed conservative treatment • Positive Ortho findings |
| SOFT TISSUE PELVIS | Abscess Adenomyosis Endometrial abnormalities Fibroid Prostate cancer Septic arthritis Tumor/mass/metastasis | YES | MRI Pelvis w/wo Contrast | 72197 | Ultrasound of affected area |

PROSTATE

| Body Part | Reason for Exam | Contrast | Procedure Name | Code | Common Auth Req |
|---|---|----------|---|----------------|-----------------|
| PROSTATE (DETECTION) | Elevated PSA Rising PSA following treatment for malignant neoplasm of Prostate Palpable nodule Pre-biopsy evaluation Prior negative biopsy Stable active surveillance and stable post HIFU | YES | MRI Prostate w/wo Contrast | 72197 76377 | Labs - PSA |
| PROSTATE (STAGING & RECURRENCE) | Positive biopsy for pretreatment evaluation Active surveillance with rising PSA Post HIFU with rising PSA Post biopsy PSA relapse from either RP or RT | YES | MRI Prostate w/wo Contrast | 72197 | Labs - PSA |
| PROSTATE (BONES & NODES) | PSA relapse Post treatment Initial staging high risk patient | YES | MRI Prostate w/wo Contrast *Pre-requirement: MRI Thoracic/Lumbar Spine w/o Contrast | 72148 72146 | Labs - PSA |
| PROSTATE (RADIATION TREATMENT PLANNING/ HYDROGEL SPACER CONFIRMATION - LIMITED EXAM) | Limited to high quality axial, sagittal T2, axial gradient echo to evaluate for fiducial seed placement No need for diffusion, or contrast exam, or large field view of pelvis | NO | MR Prostate w/o Contrast | 72195 | Labs - PSA |

These recommendations are a general guideline and may not be applicable to everyone.

PET/CT

BRAIN

| Body Part | Reason for Exam | Procedure Name | Code | Common Auth Req | Docs Required to Interpret Exam |
|-----------------|--|-----------------------------------|--------------|-----------------|--|
| FDG | Dementia or Alzheimer's (not for seizures) | PET/CT Brain Metabolic Evaluation | 78608, A9552 | | RX Clinicals Auth (if needed) Prior Brain report/images, if available |
| AMYVID | MCI (Mild Cognitive Impairment) or Early Alzheimer's Disease | PET/CT Amyloid-Amyvid | 78814, A9586 | | RX Clinicals Auth (if needed) Prior Brain report/images, if available |
| VIZAMYL | MCI (Mild Cognitive Impairment) or Early Alzheimer's Disease | PET/CT Amyloid-Vizamyl | 78814, A9599 | | RX Clinicals Auth (if needed) Prior Brain report/images, if available |
| NEURACEQ | MCI (Mild Cognitive Impairment) or Early Alzheimer's Disease | PET/CT Amyloid-Neuraceq | 78814, Q9982 | | RX Clinicals Auth (if needed) Prior Brain report/images, if available |

HEAD AND NECK

| Body Part | Reason for Exam | Procedure Name | Code | Common Auth Req | Docs Required to Interpret Exam |
|------------|---|---|--------------|-----------------|---|
| FDG | Any malignancy from the top of the patient's head to their clavicle (scalp, face, ear/behind the ear, nose, mouth, tongue, tonsil, lip, salivary gland, larynx, throat, thyroid and/or neck) or Lymphoma with cervical lymph node involvement | PET/CT Tumor Imaging Skull-Thigh with Head and Neck | 78815, A9552 | | RX Clinicals Auth (if needed) Pathology Prior report/images |

WHOLE BODY

| Body Part | Reason for Exam | Procedure Name | Code | Common Auth Req | Docs Required to Interpret Exam |
|------------|--|---------------------------------------|--------------|-----------------|---|
| FDG | Melanoma, Plasmacytoma, Myeloma, Merkel Cell, Soft Tissue Extremity Sarcoma, T-Cell Lymphoma | PET/CT Tumor Imaging Whole Body - FDG | 78816, A9952 | | RX Clinicals Auth (if needed) Pathology Prior report/images |

SKULL TO THIGH (AKA: EYES TO THIGHS)

| Body Part | Reason for Exam | Procedure Name | Code | Common Auth Req | Docs Required to Interpret Exam |
|---------------------------------|---|---|--------------|-----------------|--|
| AXUMIN | Prostate Cancer - Biochemical Recurrence | PET/CT Axumin Tumor Imaging | 78815, A9598 | | RX Clinicals Auth (if needed) Last 2 PSA labs, if available Pathology Prior report/images |
| CERIANNA | ER + Breast Cancer | PETCT Skull to Thigh FES-Cerianna | 78815, A9591 | | RX Clinicals Auth (if needed) Pathology Prior report/images |
| NETSPOT-GALLIUM-DOTATATE | Neuroendocrine Tumor (NET) / Carcinoid Tumor | PETCT Skull to Thigh – NetSpot - Gallium – Dotatate | 78815, A9587 | | RX Clinicals Auth (if needed) Pathology Prior report/images |
| PSMA | Prostate Cancer – Initial Staging or Biochemical Recurrence | PETCT Skull to Thigh PSMA-PYL | 78815, A9595 | | RX Clinicals Auth (if needed) Last 2 PSA labs, if available Pathology Prior report/images |
| FDG | Any other cancer or tumor not listed above | PETCT Tumor Imaging Skull-Thigh - FDG | 78815, A9552 | | RX Clinicals Auth (if needed) Pathology Prior report/images |

These recommendations are a general guideline and may not be applicable to everyone.

ULTRASOUND

| Body Part | Reason for Exam | Code |
|-----------------------------|---|------------------------------|
| THYROID | Elevated calcium/abnormal thyroid blood work Enlarged thyroid gland History of thyroid cancer Hyper/hypothyroidism Mass Multinodular goiter Parathyroid adenomas | 76536 |
| SOFT TISSUE NECK | Lymph node Parotid Sub mandibular mass Mass/lump in neck Swollen Lymph Nodes Parotid adenoma/mass Sialolithiasis/salivary gland stone | 76536 |
| CAROTIDS | Amaurosis Fugax Aphasia Ataxia Bruit Hemiplegia Syncope Transient vision loss Vertigo/dizziness | 93880 |
| CHEST | Pleural effusion Palpable/Superficial Mass | 76604 |
| BREAST | Abnormal mammographic findings Palpable mass Targeted area of pain | 76642 x2 |
| ABDOMINAL AORTA | Abdominal aortic aneurysm screening of follow-up Bruit Pulsatile aorta Family history of AAA History of smoking | 76775 |
| ABDOMEN | Abnormal LFT'S/fatty liver/hepatic steatosis Cirrhosis of hepatic/liver disease, hepatitis Gallstones/cholelithiasis/choledocholithiasis/biliary dilatation Hepatomegaly Jaundice Pain Splenomegaly | 76770 |
| PELVIS FEMALE | Adnexal abnormalities Dysfunctional uterine bleeding Enlarged uterus or ovary Excessive bleeding/pain after surgery Fibroid uterus Localization of intrauterine contraceptive device +X-Ray Pelvis/csdom Pelvis/Abdomen DX X-Ray Menstrual cycle irregularities Ovarian cyst Ovarian torsion Pain PCOS Precocious puberty Post menopausal bleeding | TV and TA - 76856 & 76830 |

ULTRASOUND

| Body Part | Reason for Exam | Code |
|--|---|--|
| PELVIS-MALE | Bladder Only General Pain Urinary Frequency Benign prostatic hyperplasia | 76856 |
| SCROTUM | Epididymitis Hydrocele (swelling) Mass Pain Trauma Torsion Undescended testes Varicocele | 76870 |
| KIDNEY & BLADDER | Bladder diverticula Hematuria Hydronephrosis Neurogenic bladder Renal failure/disease (Chronic Kidney Disease) Renal calculus/ureteral stone Trauma UTI/cystitis/pyelonephritis Urinary retention | Renal and Bladder 76770 Renal Only 76775 Bladder Only 76857 |
| UPPER OR LOWER EXTREMITY (NON VASCULAR) (SOFT TISSUE) | Fluid collection Palpable Mass | 76882 |
| UPPER OR LOWER EXTREMITY (VENOUS DOPPLER) | Calf pain DVT follow-up Edema/swelling Positive Homan sign | 93970 |
| ARTERIAL BRACHIAL INDEX (ABI) | Claudication PAD PVD Diabetes Weak Pedal Pulses Rest Pain | 93922 |

These recommendations are a general guideline and may not be applicable to everyone.

MEDICAL DIRECTORS

| Physician | Title | Group | Email | Phone |
|-------------------------------|--|---------------------------------|--|----------------|
| Jason Sinner, MD | Practice Medical Director | Beverly Radiology Medical Group | Jason.Sinner@RadNet.com | (818) 441-6809 |
| Patrick Alore, MD | Body Imaging Medical Director | Beverly Radiology Medical Group | Patrick.Alore@RadNet.com | (310) 445-2800 |
| James Murphy, MD | Neuroradiology Imaging Medical Director | Beverly Radiology Medical Group | James.Murphy@azdrg.com | (602) 828-4257 |
| Robert Lee, MD | MSK Imaging Medical Director | Beverly Radiology Medical Group | Robert.Lee@RadNet.com | (818) 933-2020 |
| Jason McKellop, MD | Breast Imaging Medical Director | Beverly Radiology Medical Group | Jason.McKellop@RadNet.com | (818) 784-8799 |
| Robert Princenthal, MD | Prostate Imaging Medical Director | Beverly Radiology Medical Group | Robert.Princenthal@RadNet.com | (818) 292-5000 |
| Judith Rose, MD | PET/CT & Nuclear Medicine Imaging Medical Director | Beverly Radiology Medical Group | Judith.Rose@RadNet.com | (310) 445-2800 |



Version 05.09.2024 | RadNetImaging.com/WTOW