

2024

What To Order When

A Guide To The Most Common Clinical
Indications Related To Radiology



Leading Radiology Forward

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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 *If you require surgical protocol (e.g.: Medtronic, Optinose, Stealth, etc.) please notate it on referral	NO	CT Sinus Complete w/o Contrast	70486	Facial trauma - X-Ray of the area Sinusitis or other common sinus afflictions - 2 week course of antibiotics
FACE	Cellulitis Infection/abscess Soft Tissue Mass Injury/trauma, concern of fracture	YES NO	CT Maxillofacial Soft Tissue w/wo Contrast CT Maxillofacial Bones w/o Contrast	70488 70486	N/A X-Ray of the area
	Injury/trauma, concern of fracture	NO	CT Orbit w/o Contrast	70480	X-Ray of the area
ORBITS	Mass Proptosis Infection Swelling Vision changes *If you require surgical protocol (e.g.: Immunovant, etc.) please notate it on referral	YES	CT Orbit 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 Salivary gland calculi/adenitis Parathyroid adenoma Foreign body *If you require surgical protocol (e.g.: Parathyroid 4D, etc.) please notate it on referral	YES YES	CT Neck Soft Tissue w/ Contrast CT Neck Soft Tissue w/wo Contrast	70491 70492	Negative ultrasound of affected area N/A

CHEST

Body Part	Reason for Exam	Contrast	Procedure Name	Code	Common Auth Req
CHEST	Asthma				
	Atelectasis				
	Bronchiectasis				
	COPD				
	Cough				
	Interstitial Lung Disease		CT Chest w/o Contrast		
	Emphysema				
	Follow up pulmonary nodule	NO	Exam should be ordered W OR WO. Ordering as W and WO does not provide additional diagnostic benefit.	71250	Negative Chest X-Ray
	Injury/trauma				
	Pericardial effusion				
CORONARY	Pleural effusion				
	Pneumothorax				
	Pulmonary nodule				
	Rib Fracture				
	Abnormality involving hilum		CT Chest w/ Contrast		
LUNG	Empyema				
	Infiltrate				
	Lung cancer	YES	Exam should be ordered W OR WO. Ordering as W and WO does not provide additional diagnostic benefit.	71260	N/A
	Mass/Empyema				
	Pneumonia				
	Work up of other cancer/alignancy				
	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	
	History of smoking	NO	Low Dose Lung Cancer CT	71271	Must meet Medicare established guidelines for Low Dose Lung Cancer Screening
	Pulmonary fibrosis				
	Ground glass nodule				
HIGH RESOLUTION CHEST	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

CT

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 note 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 note 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	"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	YES	CT Angio Coronary	75574	N/A
	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"				
	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	
ABDOMEN	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 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
	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 CT Angiography Lower Extremity	75635 73706	N/A
EXTREMITIES	Aneurysm Arterial occlusion/stenosis Claudication Cold foot Gangrene Pain Ulcer Venous occlusion/thrombosis (if patient cannot tolerate MRI; contraindications from implants, etc.)	YES	CT Angio Upper Extremity w/Contrast	73206	Arterial Ultrasound
			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/wo (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 note 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 Orbit w/wo Contrast	70543	N/A
	Infection Tumor/mass/metastasis	YES	MRI Face w/Contrast	70542	N/A
FACE	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
SOFT TISSUE	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
JOINT EXTREMITY: SHOULDER, ELBOW, WRIST HIP, KNEE, ANKLE	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
	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/wo Contrast	70544	N/A
MRV HEAD	Dissection (CTA preferred), History of treated aneurysm	YES	MR Angio Cerebral w/wo Contrast	70546	N/A
MRA NECK	Venous thrombosis	YES	MRI Venogram Head w/wo Contrast	70546	N/A
	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/wo 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, Merkle 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

PET/CT

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

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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 or 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

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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
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