

PHYSICIANS' DESKTOP REFERENCE

- BREAST IMAGING
- CT
- MRI
- NUCLEAR MEDICINE
- ULTRASOUND

JEFFERSON RADIOLOGY

Experts in Imaging



WHY THIS GUIDE IS IMPORTANT TO YOU AND YOUR PATIENTS

THIS ORDERING GUIDE IS MEANT TO ASSIST YOU WHEN ORDERING A STUDY WITH JEFFERSON RADIOLOGY. THE GUIDE INCLUDES COMMON INDICATIONS AS WELL AS RECOMMENDATIONS FOR THE MOST APPROPRIATE EXAM.

IT IS OUR GOAL TO PROVIDE YOU AND YOUR PATIENTS WITH THE MOST APPROPRIATE AND COMPLETE IMAGING EXAM. AFTER THE CORRECT ORDER IS PLACED, EXAMS ARE FURTHER TAILORED TO EACH PATIENT’S SPECIFIC CONDITION. THUS, IT IS VERY IMPORTANT FOR THE RADIOLOGIST TO BE AWARE OF THE CLINICAL QUESTION OR SPECIFIC CONDITION IN QUESTION SO THAT THE APPROPRIATE IMAGING CAN BE PERFORMED.

WHEN ORDERING AN EXAM PLEASE INCLUDE PERTINENT HISTORY AS WELL AS SIGNS OR SYMPTOMS. PLEASE REFRAIN FROM ORDERING “R/O” EXAMS SUCH AS “RULE OUT TUMOR” OR “RULE OUT ANOMALY” UNLESS HISTORY AND SIGNS/SYMPTOMS ARE INCLUDED AS WELL. FEEL FREE TO SPECIFY A PARTICULAR ENTITY OR CONDITION UPON WHICH YOU WOULD LIKE COMMENT IN THE REPORT.

IF YOU HAVE ANY QUESTIONS OR CONCERNS, PLEASE CONTACT US AT 860.289.3375.

THANK YOU,
THE PHYSICIANS AND STAFF OF JEFFERSON RADIOLOGY

ABOUT JEFFERSON RADIOLOGY

Established in 1963, Jefferson Radiology is proud to be the largest radiology group in Connecticut.

With nine imaging centers in central Connecticut and affiliations with nine regional hospitals, Jefferson Radiology offers a breadth of services and a level of diagnostic and therapeutic radiology expertise unparalleled in the region. Our sub-specialized, fellowship-trained physicians and highly dedicated staff are committed to providing exceptional patient care and responsive service. Our robust IT infrastructure, state-of-the-art technology, extensive quality programs, and strategic partnerships position us to be the leading practice serving the Northeast United States.

Diagnostic Services

Bone Densitometry
CT Scan (multi-slice)
Digital Mammography
Fluoroscopy
General X-Ray
MRI – High Field and High Field Open
Nuclear Medicine
Ultrasound

Interventional Services

Abdominal Aortic Aneurysm
Regional Cancer Therapy
Dialysis Access
Spinal Compression Fractures
Kidney Disease
Stroke
Liver Disease
Uterine Fibroids
Pain Management
Varicose Veins
Pelvic Congestion Syndrome
Venous Disease
Peripheral Arterial Disease

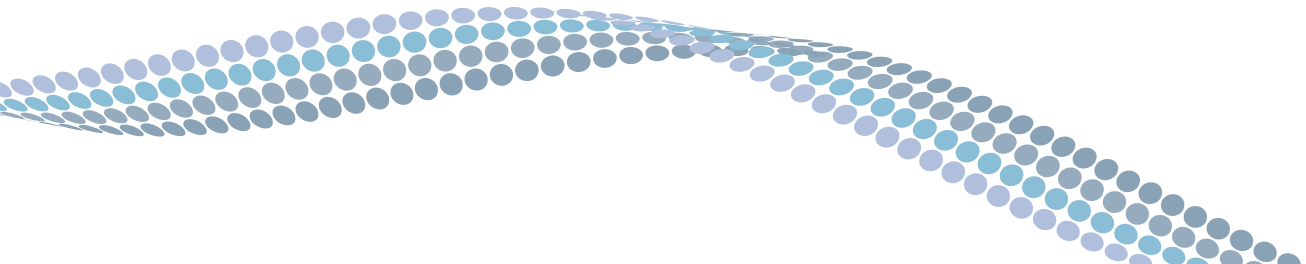


Table of Contents

INTRODUCTION

Services and Locations.....1

BREAST IMAGING

Mammography Ordering Guidelines.....2

Asymptomatic Annual Screening.....5

Early Screening Exceptions.....5

Implants.....5

History of Breast Cancer6

Clinical Signs & Symptoms.....6

Under Age 306

Post Partum - Breast Feeding.....7

Male Patients.....7

Trans Patients.....7

Abnormal Mammogram - Additional Evaluation7

Short Interval Follow-Up Exam.....8

Breast MRI8

Screening Breast Ultrasound.....8

CT ORDERING GUIDE

CT General

Head9

Neck..... 10

Spine.....11

Chest12

Abdomen & Pelvis.....13

Extremities.....15

CT Angiography (CTA)

CT Arthrography - Joints.....16

Head & Neck.....16

Chest17

Abdomen & Pelvis.....18

Extremities.....18

MRI ORDERING GUIDE

MRI General

Head & Neck.....19

Spine.....20

Chest22

Abdomen & Pelvis.....23

Extremities.....24

MRI Arthrography

Joints25

MRI Angiography (MRA)

Head & Neck.....26

Chest (including Lung Cancer Screening).....26

Abdomen & Pelvis.....27

Extremities.....27

MRI Enterography

Abdomen28

NUCLEAR MEDICINE ORDERING GUIDE

Brain SPECT.....29

Bone Scan29

Biliary Scan30

Cardiac MUGA Scan30

Gallium Scan.....31

Gastric Emptying Scan.....31

Indium & Ceretec WBC Scan.....32

Parathyroid Scan.....33

Renal Scan33

Thyroid Scan and Uptake34

I-131 Whole Body Scan34

ULTRASOUND ORDERING GUIDE

Neck.....35

Chest36

Abdomen37

Pelvis (including Genitals)38

Urinary Tract.....39

Extremities/Musculoskeletal40

Office Locations

Avon 100 Simsbury Road Suite 101 Avon, CT 06001	Farmington 399 Farmington Avenue Farmington, CT 06032	Hartford 85 Seymour Street Suite 200 & 227 Hartford, CT 06106	Business Office: East Hartford 111 Founders Plaza Suite 400 Hartford, CT 06108
Bloomfield 6 Northwestern Drive Suite 102 Bloomfield, CT 06002	Glastonbury 704 Hebron Avenue Suite 100 Glastonbury, CT 06033	West Hartford 941 Farmington Ave West Hartford, CT 06107	
Enfield 100 Hazard Avenue Enfield, CT 06082	Granby 18 East Granby Road Suite 202 Granby, CT 06035	Wethersfield 1260 Silas Deane Highway Suite 100 & 104 Wethersfield, CT 06109	

	Avon	Bloomfield	Enfield	Farmington	Glastonbury	Granby	Hartford	W. Hartford	Wethersfield
MRI (High field)	■	■	■	■	■			■	■
Open MRI (High Field)		■							
CT Scan	■	■	■	■	■			■	■
Ultrasound	■	■	■	■	■		■	■	■
Nuclear Medicine					■				
Digital Mammography	■	■	■	■	■	■	■	■	■
Tomosynthesis/3D Mammography	■	■	■	■	■	■	■	■	■
Bone Densitometry	■	■	■	■	■	■	■	■	■
Fluoroscopy	■				■				
General Radiology (X-Ray)	■	■	■	■	■	■	■	■	■
Interventional Radiology				■					

Hospital Locations

CCMC 282 Washington Street Hartford, CT 06106	Gaylord Hospital 50 Gaylord Farm Rd Wallingford, CT 06492	Hartford Hospital 80 Seymour Street Hartford, CT 06102	Manchester Memorial 71 Haynes Street Manchester, CT 06040
Day Kimball Healthcare 320 Pomfret Street (Route 44) Putnam, CT 06260	Griffin Health 130 Division Street Derby, CT 06418	Holyoke Medical Center 575 Beech Street Holyoke, MA 01040	Rockville General Hospital 31 Union Street Vernon, CT
			Windham Hospital 112 Mansfield Avenue Willimantic, CT 06226

BREAST IMAGING

Mammography Ordering Guidelines	2
Asymptomatic Annual Screening.....	5
Early Screening Exceptions	5
Implants	5
History of Breast Cancer	6
Clinical Signs & Symptoms.....	6
Under Age 30	6
Post Partum - Breast Feeding.....	7
Male Patients.....	7
Trans Patients	7
Abnormal Mammogram - Additional Eval.	7
Short Interval Follow-Up Exam	8
Breast MRI	8
Screening Breast Ultrasound	8

Ordering Guidelines For Breast Imaging

Ordering guidelines are based on the American College of Radiology (ACR) appropriateness criteria and the standard of care in the US as published in major peer review journals. The guidelines enhance quality of care and contribute to the most efficacious use of radiology.

TOMOSYNTHESIS (3D) or regular 2D Mammography?

Patients that should be ordered as 3D:

- All screening mammograms – (CT state law ensures 3D exam is covered by insurance for screening mammography)
- Diagnostic for clinical palpable, nipple discharge, focal pain
- Recall recommendation **only** if report states the need for tomosynthesis (3D)
- Recall for asymmetry, focal asymmetry or distortion
- Short-interval follow-up exams for asymmetry, focal asymmetry or distortion
- Short-interval follow-up for mass if this is annual bilateral exam (at 12 or 24 months)
EXAMPLE: 6 month unilateral = 2D, 12 month bilateral = 3D, 18 month unilateral = 2D, 24 month bilateral = 3D
- Short-interval post-biopsy – **only** if pathology addendum states the need for Tomosynthesis
- Lumpectomy – diagnostic 3D for three years following diagnosis

Patients that should be ordered as 2D:

- Recall for calcifications ONLY- no other findings reported
- Recall for mass (but additional 3D imaging may be requested by interpreting radiologist at time of recall)
- Short-interval for mass/calcification – 2D for the 6 month and 18 month imaging (annual bilateral order 3D)
- Short-interval follow-up post-biopsy (**unless** the path addendum specifically states the need for tomosynthesis)
- Male patients are done as 2D DX due to thin, fatty breast tissue. No clinical value added with 3D

Does the patient have a current breast problem?

Does the patient have a new clinical problem? (Palpable area, new onset focal pain, nipple discharge)

Palpable Abnormality (identify location of abnormality)

- <Age 30 Order Ultrasound - proceed to bilateral diagnostic mammography if further clinical assessment is needed
- >Age 30 Order a Diagnostic Bilateral Mammogram - proceed to ultrasound if further clinical assessment is needed

Focal Pain or Nipple Discharge (new-onset non-cyclical)

- <Age 30 Order Diagnostic Ultrasound - proceed to bilateral diagnostic mammography if further clinical assessment is needed
- >Age 30 Order Diagnostic Mammography -proceed to ultrasound if further clinical assessment is needed

Should this be ordered as Uni-lateral or Bi-lateral Mammography?

If first mammogram (baseline) order as bilateral

Palpable Abnormality

- If the patient had a negative bilateral mammogram in the last THREE months order DX US only
- If the patient had a negative bilateral mammogram between FOUR and TEN months ago order diagnostic unilateral mammogram and ultrasound
- If last mammogram was over TEN months ago order bilateral diagnostic mammogram and ultrasound

Pain or Discharge

- If the patient had a negative bilateral mammogram in the last FOUR months schedule DX US only
- Follow guideline for palpable abnormality if last mammograms were performed over FIVE months ago

Does the patient need a diagnostic follow-up imaging exam?

Any request to skip or replace the recommended exam will be declined. It is important that we perform the recommended follow-up studies to determine if there is a real concern or if further treatment might be needed for the patient. Therefore, any request to skip or replace the recommended exam will be declined.

Ordering Guidelines For Breast Imaging (continued)

- **Last recommendation was for short interval follow-up**
Yes -Order diagnostic exam as recommended on last report
- **Outstanding BIRADS CAT 0 recommendation – that was not resolved**
Yes -Order diagnostic exam as recommended on last report
If 24 months has passed resume screening mammography if over age 40
- **Recent benign biopsy (within last 11 months)**
Yes-Order diagnostic exam as recommended on the post biopsy (path) report
If benign biopsy was more than 11 months ago – schedule as screening mammogram

PATIENT MAY DECLINE TOMOSYNTHESIS (3D DIAGNOSTIC MAMMOGRAPHY) AND OPT FOR REGULAR 2D DIAGNOSTIC

Does the patient have a history of breast cancer?

- **Mastectomy**
Order Screening Mammogram
We do not image a breast with a tissue expander or if reconstructed with implant, TRAM, DIEP or SIEA flaps.
Order uni-lateral screening mammogram or uni-lateral screening implant mammogram for remaining breast.
Patients with a clinical finding would be imaged with ultrasound.
- **Lumpectomy**
Recommended follow-up:
Diagnostic Tomosynthesis (3D) for 3 years post diagnosis
Return to screening on 4th year

If patient declines 3D imaging protocol:
Diagnostic 2D mammography for 5 years
Return to screening on 6th year.

Does the patient have breast implant(s)?

- Implant mammography can be performed with tomosynthesis (3D)
- **Does the patient have a current breast problem?**
Follow guidelines for clinical breast problems – order as diagnostic implant mammography
 - **Was implant(s) part of breast reconstruction post mastectomy?**
YES - See “does patient have a history of breast cancer” section for guidance
NO - Order as screening implant mammogram
We do not image patients with a tissue expander – delay screening until reconstruction has been completed

Is the patient pregnant, post-partum or breast feeding?

- **Does the patient have a current breast problem?**
See clinical breast problem section for guidance and indicate on order that patient is pregnant
- **Is the patient currently Pregnant or Breast Feeding?**
Screening Mammography, Ultrasound and MRI are not recommended during pregnancy
Delay screening mammogram until the patient is FOUR months Post-partum or FOUR months post-lactating
- **High risk patients may resume screening SIX months post-partum regardless of breast feeding status**

Ordering Guidelines For Breast Imaging (continued)

Is the patient under age 40 with the following high risk factors ?

Patients may begin **EARLY SCREENING** if identified with the following high risk.

- **Strong Family History –Mother, Sister, Daughter**
Begin screening mammogram 10 years prior to onset in relative but not before age 25
- **Chest Irradiation between ages 10-30**
Begin screening 8 years after radiation but not before age 25
- **Gene Mutations (current examples-BRCA1, BRCA2, CHEK,ATM, CDH1, NBN, NF1, PALB2, PTEN, STK11, TP53)**
Personally tested positive or is untested with first degree relative (mother, sister, daughter) who tested positive
Begin screening at age 25
- **High risk biopsy results**
Begin annual screening from time of diagnosis

Is this a male patient with current breast problem or high risk factor?

New clinical breast problem

- If 25 years of age or older- order as bilateral 2D (not tomo) diagnostic mammogram with diagnostic US order if needed
- If 24 years of age or younger- order diagnostic US on affected side with 2D diagnostic mammogram if needed
May continue annual surveillance with a 2D diagnostic mammogram if patient has a personal breast cancer history or is at high risk (strong family history, BRCA positive, etc.)

Is the patient transgender?

Male to Female

Over age 40 and have taken hormones for more than 5 years –Annual Screening Mammogram

Female to Male

Over age 40 with breast reduction (not mastectomy) – Annual Screening Mammogram

Exceptions

Family history of breast cancer – begin 10 years prior to age of onset in first degree relative but not before age 30
Genetic mutation (positive) or Klinefelter Syndrome– begin screening at age 25

POST-LUMPECTOMY PROTOCOL

If patient has had	Remainder of Follow-up	Return to screening (with negative exam)
1 year of 3D DX	2 years of 3D	4th year
1 year of 2D DX	2 years of 3D	4th year
2 years of 3D DX	1 year 3D	4th year
2 years of 2D DX	1 year 3D	4th year
3 years of 2D DX	1 year 3D	5th year

Patient who declines **ANY 3D DX** would have **2D DX** for full five-years.

TO SCHEDULE AN APPOINTMENT: Call 860.289.3375 or Fax Requisition to 860.290.4108

These guidelines are protocol standards for Jefferson Radiology facilities only. Information is subject to change.

CT Public Act No. 18-159 effective 1/1/2019

An Act Concerning Mammograms, Breast Ultrasounds and Magnetic Resonance Imaging of Breasts
Each individual policy in the state of Connecticut must guarantee:

A baseline mammogram for women 35-39 years of age, which may be provided by breast tomosynthesis (3D)
A mammogram, which may be provided by breast tomosynthesis (3D) at the option of woman covered under the policy, every year for any woman who is forty years of age or older.

Breast Imaging

SIGNS & SYMPTOMS	PARAMETERS	ORDER/PERFORM	SUGGESTED TEXT FOR REQUISITION
Annual Screening (Asymptomatic)	One baseline exam between age 35-39 Annual exam > age 40 no upper age limit	3D Screening Mammogram	Requisition is not needed - but suggest using JR Conditional order which allows progression to Diagnos-tic Mammogram if recommended or Screening Breast US if qualified.
Early Screening < age 40 Exceptions	Genetic Mutation-May begin screening 10 years prior to onset of the family member but not before age 25. Strong Family Hx-Begin screening 10 years prior to onset of the family member but not before age 25. Diagnosis of a high risk Bx- Begin annual screening at time of diagnosis regardless of age. Chest irradiation between ages of 10-30. Begin imaging 8 years after treatment but not before age 25.	3D Screening Mammogram	Order as screening mammogram Genetic mutations (current examples- BRCA1, BRCA2, CHEK,ATM, CDH1, NBN, NF1, PALB2, PTEN, STK11, TP53) Document reason for early screening such as personal Hx of positive genetic mutation testing, strong Family Hx, etc. Family History Examples: <ul style="list-style-type: none">• Mother age 41- patient begins screening at age 31• Sister age 35- patient begins screening at age 30 <i>NOTE: Patients under age 30 that do not fall into these exceptions are not typically imaged with Mammography, Ultrasound or MRI due to the limited visibility of dense breast tissue.</i>
Implants	Same as Annual Screening above	3D Screening Mammogram	Requisition is not needed - but if used please specify: 3D Screening Mammo-gram-Implants (When ordering identify that the patient has implants and is asymptomatic)
	If patient has signs or symptoms see Clinical Signs and Symptoms below	3D Dx Mammogram proceed to Dx US if needed	Requisition is required. Identify that the patient has implants and describe symptoms

(continued on next page)

TO SCHEDULE AN APPOINTMENT: Call 860.289.3375 or Fax Requisition to 860.290.4108

These guidelines are protocol standards for Jefferson Radiology facilities only. Information is subject to change.

Breast Imaging (continued)

SIGNS & SYMPTOMS	PARAMETERS	ORDER/PERFORM	SUGGESTED TEXT FOR REQUISITION
Personal History of Breast Cancer	Lumpectomy - 3D Protocol	3D Dx Mammogram	Requisition required Patient has 3 years of 3D diagnostic mammograms and returns to screening on 4th year
	Lumpectomy - 2D Protocol (if patient declines 3D exam)	2D Dx Mammogram	Requisition required Patient has 5 years of 2D diagnostic mammograms and returns to screening on 6th year.
	Mastectomy	3D Unilateral Screening Mammogram	Requisition not required for screening. Note: Post Mastectomy breast w or w/o breast reconstruction are not typically imaged. New clinical findings would be evaluated with ultrasound.
Clinical Sign or Symptom	Mass/Palpable Abnormality	3D Dx Mammogram proceed to US if needed (identify area of mass)	Identify location of abnormality or pain Describe focal pain or nipple discharge Imaging of Contralateral breast PALPABLE ABNORMALITY <ul style="list-style-type: none">Negative bilateral mammo within last THREE months- unilateral DX USNegative bilateral mammo between 5-9 months - unilateral DX MM proceed to US if neededNegative bilateral mammo over TEN months ago- Bil DX MM & unilateral US
	Focal Pain - new onset/persistent	3D Dx Mammogram proceed to Dx US if needed	FOCAL PAIN/NIPPLE DISCHARGE <ul style="list-style-type: none">Negative bilateral mammo within last FOUR months-unilateral DX USFollow guidelines for Palpable Abnormality if last mammogram was performed over FIVE months ago
	Nipple Discharge- new onset	3D Dx Mammogram proceed to Dx US if needed	
Clinical Sign or Symptom- under age 30	(See Clinical Signs or Symptoms above)	Breast US proceed to mammo if needed	Ultrasound exam is scheduled first to limit Radiation exposure

(continued on next page)

TO SCHEDULE AN APPOINTMENT: Call 860.289.3375 or Fax Requisition to 860.290.4108

These guidelines are protocol standards for Jefferson Radiology facilities only. Information is subject to change.

Breast Imaging (continued)

SIGNS & SYMPTOMS	PARAMETERS	ORDER/PERFORM	SUGGESTED TEXT FOR REQUISITION
Pregnant- Post Partum-Lactating	Asymptomatic - Resume Screening 4 months post-partum and/or post-lactating	3D Screening Mammogram	<ul style="list-style-type: none">Screening not performed on pregnant or lactating patients due to dense parenchymal tissue.High Risk patients - may screen after 6 months regardless of lactation status.Patients at normal risk who continue to breast feed after 12 months may resume screening mammography. Breast feeding patients should express milk or breast feed prior to imaging.
	Clinical Sign or Symptom (see above)	3D Dx Mammogram	Requisition is required with description of patient's symptoms Patient should express milk or breast feed prior to imaging exam
Male Patients- over age 25	Personal history of genetic mutations. Strong family history. Palpable mass/ abnormality	2D Dx Mammogram Proceed with Dx US if needed	Patients with high risk factor (see female early screening for list) may have annual surveillance as a diagnostic mammogram Male patients should have 2D mammography due to thin, fatty breast tissue. 3D is not beneficial
Male Patients- under age 25	New Clinical Breast Problem	Diagnostic US on affected side proceed with 2D DX Mammogram if needed	Male patients should have 2D mammography due to thin, fatty breast tissue. 3D is not beneficial
Transgender	Male to Female Over age 40 on hormones for > 5 year	Annual Screening	Family Hx of Breast Cancer -begin 10 years prior to age of onset in first degree relative but not before age 30
	Female to Male Over age 40 with breast reduction (not mastectomy)	Annual Screening	Genetic Mutation (positive) begin screening at age 25 Klinefelter Syndrome (male to female pt.)-begin screening at age 25 years
Abnormal Screening Mammogram	Order as 3D Diagnostic: Recall for asymmetry, focal asymmetry or distortion OR If recommendation on report is for 3D Order as 2D Diagnostic: Recall for calcifications (ONLY- no other findings) OR Recall for mass-order as 2D diagnostic		Medicare rules require an order for all diagnostic imaging including recall exams. A customer care agent will contact the patient to schedule recommended imaging <u>Exception:</u> Health Care Provider is responsible for scheduling MRI due to authorization or pre-determination requirements.
BIRADS CAT O-Additional Evaluation Needed			

(continued on next page) 7

JEFFERSON RADIOLOGY

Breast Imaging (continued)

SIGNS & SYMPTOMS	PARAMETERS	ORDER/ PERFORM	SUGGESTED TEXT FOR REQUISITION
Short-interval Follow-up BIRADS CAT 3 (6mo-12mo-18mo)	Asymmetry-focal asymmetry or distortion - 3D DX Mass 2D DX @ 6 months and 18 months 3D DX @ 12 months and 24 months		The Health Care Provider will receive a reminder letter 30 days prior to due date requesting an order. Please disregard, if order has already been provided.
Breast MRI	CRITERIA FOR BREAST MRI <ul style="list-style-type: none"> Requires and order and pre-authorization or pre-determination. Signs & Symptoms or recommendation from abnormal breast imaging Breast Cancer - extent of disease. Breast implant evaluation. High Risk Screening (lifetime risk > 20%) 	Breast MRI Bilateral	Health Care Provider is responsible for scheduling due to insurance authorization or pre-determination requirements for MRI exams.

CT Public Act No. 18-159 effective 1/1/2019

An Act Concerning Mammograms, Breast Ultrasounds and Magnetic Resonance Imaging of Breasts

Each individual policy in the state of Connecticut must guarantee:

Comprehensive ultrasound screening of the entire breast if mammogram demonstrates heterogeneous or extremely dense breast tissue or if a woman is believed to be at increased risk for breast cancer due to family history or prior personal history of breast cancer, or positive genetic testing. No policy shall impose a copayment that exceed a maximum of twenty dollars.

Screening Breast Ultrasound	CRITERIA FOR SBUS <ul style="list-style-type: none"> Requires an order indicating the reason for the exam ie: dense breast/Hx of breast cancer. Breast composition must be C - heterogeneously dense or D - extremely dense. > 35 years of age A minimum of 12 months since last SBUS exam Patient cannot replace a Mammogram exam with an SBUS exam Documentation of negative Birads - 1 or 2 Mammogram in previous 13 months A copy of the report is needed if exam was performed elsewhere. Patient will be required to sign an insurance waiver. 	Bilateral Screening Breast Ultrasound	EXCEPTIONS - EXCLUSIONS ALLOWED <ul style="list-style-type: none"> Patient with a personal history of breast cancer may have SBUS exam regardless of breast composition Patient with DENSE BREAST COMPOSITION under the age of 35 with a very strong pre-menopausal family history of breast cancer Patients over the age of 30 with genetic mutations may have SBUS. To provide optimal interpretive quality and ensure insurance coverage we discourage same day scheduling of SBUS and screening mammograms. Patients with High Risk Lobular Carcinoma In Situ/Atypical ductal Hyperplasia would be in general screening population and only qualify for SBUS with negative mammogram and dense breast composition. Patients with short interval recommendation for Dx US may have an SBUS following a Dx US evaluating the previous area of concern. Patients with short interval recommendation for Dx MM only may have SBUS at their regular yearly SBUS interval.
--	--	--	--

CT ORDERING GUIDE

CT General

Head.....	9
Neck.....	10
Spine	11
Chest (includes lung cancer screening).....	12
Abdomen & Pelvis.....	13
Extremities	15

CT Angiography (CTA)

CT Arthrography	16
Head & Neck.....	16
Chest.....	17
Abdomen & Pelvis.....	18
Extremities	18

CT General - Head

BODY PART	REASON FOR EXAM	PROCEDURE TO PRE-CERT	CPT CODE
Head/Brain	Trauma Headaches CVA, Stroke Bleed, Hemorrhage Alzheimer's Memory Loss, Confusion Vertigo, Dizziness Shunt Check Hydrocephalus	CT Head, Brain Without Contrast	70450
	Metastatic Staging Mass/Tumor Infection Headache w. Associated Neurologic Signs	CT Head, Brain With Contrast	70460
	Melanoma HIV Toxoplasmosis	CT Head, Brain Without and With Contrast	70470
Orbits	Trauma Fracture Foreign Body Graves Disease	CT Orbit Without Contrast	70480
	Pseudo Tumor Mass Exophthalmus Pain Abscess	CT Orbit With Contrast	70481
	Retinoblastoma	CT Orbit Without and With Contrast	70482

(continued on next page)

CT General - Head (continued)

BODY PART	REASON FOR EXAM	PROCEDURE TO PRE-CERT	CPT CODE
Facial Bones	Trauma Fracture	CT Maxillofacial Without contrast	70486
	Cellulitis	CT Maxillofacia With Contrast	70487
Sinuses Limited	Sinusitis (billing will apply modifier 52) ***This is for limited exam ONLY***	CT Limited	76380
Sinus Full	Ostiomeatal Complex Sinusitis Polyps Functional Endoscopic Sinus Surgery ***VTI, Landmark, Stryker***	CT Landmark Sinus CT Landmark or CT Maxillofacia	70486
Temporal Bone	Hearing Loss, Conductive* Cholesteatoma Trauma *Sensory neuro hearing loss, order MRI with contrast.	CT Inner Ears, Temporal Bones Without Contrast	70480
		CT Inner Ears, Temporal Bones With Contrast	70481

CT General - Neck

BODY PART	REASON FOR EXAM	PROCEDURE TO PRE-CERT	CPT CODE
Neck	Mass Infection Cancer Workups Parotid Mass Hoarseness Vocal Chord Paralysis Voice Changes	CT Neck With Contrast	70491
		If elevated creatinine, order without contrast CT Neck Without Contrast	70490
	Submandibular Stone Infection of Submandibular Gland Infection of Parotid Gland Parotid Stone	CT Soft Tissue Neck Without and With Contrast	70492

If IV contrast is ordered: a recent creatinine level (within 90 days) is required for patients 65 years or older, who are diabetic or have a history of renal (kidney) disease.

CT General - Spine

BODY PART	REASON FOR EXAM	PROCEDURE TO PRE-CERT	CPT CODE
Cervical Spine	Trauma, Fracture, Fusion Assess Bone Degenerative Changes *MRI recommended for disc herniation, mets, infection	CT Cervical Spine Without Contrast	72125
Thoracic Spine	Trauma, Fracture, Fusion, Assess Bone Degenerative Changes *MRI recommended for disc herniation, mets, infection	CT Thoracic Spine Without Contrast	72128
Lumbar Spine	Trauma, Fracture, Fusion, Pars Defect Assess Bone Degenerative Changes *MRI recommended for disc herniation, mets, infection	CT Lumbar Spine Without Contrast CT Mazor Lumbar Spine Without Contrast	72131
	Spine with Metal, Fusion, Plate, Screws, Broken Hardware, Non-Union Healing	CT Lumbar Spine Without Contrast with MARS	
	Pre- Surgical Mazor	CT Lumbar Spine Without Contrast with MAZOR	

TO SCHEDULE AN APPOINTMENT: Call 860.289.3375 or Fax Requisition to 860.290.4108

These guidelines are protocol standards for Jefferson Radiology facilities only. Information is subject to change.

If IV contrast is ordered: a recent creatinine level (within 90 days) is required for patients 65 years or older, who are diabetic or have a history of renal (kidney) disease.

CT General - Chest

BODY PART	REASON FOR EXAM	PROCEDURE TO PRE-CERT	CPT CODE
Chest	F/U nodules *Must have had a previous contrast chest that can be used for comparison Renal Failure Patients	CT Chest Without Contrast	71250
	Cough Pneumonia Lung CA Esophageal CA Lymphoma Lung Nodule Mass Tracheal Stenosis Chest Wall Mass	CT Chest With Contrast	71260
Chest, High Resolution	Interstitial Disease Fibrosis COPD Hemoptysis Bronchiectasis Sarcoidosis Pleural Plaques Asbestosis	CT Chest Without Contrast	71250
CT Chest- PE Study	Chest Pain / Dyspnea Tachypnea Shortness of Breath + D Dimer Pulmonary Hypertension (PA HTN)	CTA PE Study	71275
Lung Cancer Screening	Baseline Annual 3 month f/u 6 month f/u	Low Dose Lung Cancer Screening	G0297

TO SCHEDULE AN APPOINTMENT: Call 860.289.3375 or Fax Requisition to 860.290.4108

These guidelines are protocol standards for Jefferson Radiology facilities only. Information is subject to change.

If IV contrast is ordered: a recent creatinine level (within 90 days) is required for patients 65 years or older, who are diabetic or have a history of renal (kidney) disease.

CT General - Abdomen & Pelvis

BODY PART	REASON FOR EXAM	PROCEDURE TO PRE-CERT	CPT CODE
Abdomen	F/U for patients with renal cell carcinoma in renal failure (<i>recommend MRI</i>)	CT Abdomen Without Contrast	74150
	Abdominal Pain (generalized) Mass RUQ Pain, LUQ Pain, Epigastric Pain Pseudocyst Pancreatitis	CT Abdomen With Contrast	74160
Abdomen-Pelvis	Hematuria with Pain Stone (Stone Study) Colovesical Fistula	CT Abdomen and Pelvis Without Contrast	74176
	All Cancer Staging Abdominal Pain (<i>upper & lower quadrants</i>) Crohn's/Ulcerative Colitis/IBD Diverticulitis Abscess Mass Hernia (i.e., umbilical, inguinal)	CT Abdomen and Pelvis With Contrast	74177
	Kidney Cyst vs. Mass Melanoma (<i>Initial stage only</i>)	CT Abdomen Without and With Contrast CT Pelvis With Contrast	74178
Abdomen (Renal/Adrenal)	Adrenal Mass - No Oral Prep Abnormal Ultrasound Renal Mass - No Oral Prep Embolization - No Oral Prep Radiofrequency Ablation Liver Hemangioma (MR preferred) - No Oral Prep Hepatitis, Cirrhosis - No Oral Prep	CT Abdomen Without and With Contrast	74170

(continued on next page)

TO SCHEDULE AN APPOINTMENT: Call 860.289.3375 or Fax Requisition to 860.290.4108

These guidelines are protocol standards for Jefferson Radiology facilities only. Information is subject to change.

If IV contrast is ordered: a recent creatinine level (within 90 days) is required for patients 65 years or older, who are diabetic or have a history of renal (kidney) disease.

CT General - Abdomen & Pelvis (continued)

BODY PART	REASON FOR EXAM	PROCEDURE TO PRE-CERT	CPT CODE
Pelvis	Fracture Non-Union	CT Pelvis Without Contrast	72192
	Arthritis Cancer Staging Mass Cysts Pain Infection Abscess	CT Pelvis With Contrast	72193
	Bone Infection	CT Pelvis Without and With Contrast <i>NOTE: Must be in pelvic region (lower abdomen) to be a covered medicare service.</i>	72194
Pubic Arch Study Protocol	Prostate Treatment Planning	CT Pelvis Without Contrast	72192
CT Urogram (Kidneys/Bladder)	Transitional Cell Carcinoma of Kidney and/or Bladder Defects/Bladder Leakage Hematuria	Fill bladder with 1 liter of water 20 minutes prior to exam. Do not void. CT Abdomen and Pelvis With and Without Contrast	74178
CT Enterography	Crohn's Disease/Inflammatory Bowel Disease GI Bleed Suspected Partial SBO (Small Bowel Obstruction) Small Bowel Masses Celiac Disease	CT Abdomen and Pelvis With Contrast	74177
CT Cystogram	Leakage PT Needs to Arrive Catheterized	CT Abdomen and Pelvis Without Contrast	74176
Virtual Colonoscopy	Colon Survey Failed Colonoscopy	CT Abdomen and Pelvis Without Contrast	
		Diagnostic Screening	74261 74263

TO SCHEDULE AN APPOINTMENT: Call 860.289.3375 or Fax Requisition to 860.290.4108

These guidelines are protocol standards for Jefferson Radiology facilities only. Information is subject to change.

If IV contrast is ordered: a recent creatinine level (within 90 days) is required for patients 65 years or older, who are diabetic or have a history of renal (kidney) disease.

CT General - Extremities

BODY PART	REASON FOR EXAM	PROCEDURE TO PRE-CERT	CPT CODE
Upper Extremities Finger Hand Wrist Forearm Elbow Humerus Shoulder Clavicle Scapula	Fracture Fusion	CT Upper Extremity Without Contrast	73200
	Infection Tumor/Mass/Cancer/Mets	CT Upper Extremity With Contrast	73201
	Non-Union Healing, Broken Hardware, Malunion, Metal-Fusion, Plates, Screws	CT Upper Extremity Without Contrast with MARS	73200
Sternoclavicular Joint	Fracture Non- Union/Malunion	CT Chest Without Contrast	71250
Lower Extremities Foot Ankle Calf (Tibia/Fibula) Knee Thigh (Femur) Mako hip Mako knee	Fracture Fusion Non-Union/Malunion Arthritis Patello Femoral Malalignment (Bilateral) Anteversion/Malrotation (Bilateral)	CT Lower Extremity Without Contrast	73700
	Surgical planning		72191
	Surgical planning		73700
	Infection Tumor/Mass/Cancer/Mets	CT Lower Extremity With Contrast	73701
	Non-Union Healing, Broken Hardware, Malunion, Metal-Fusion, Plates, Screws	CT Lower Extremity Without Contrast with MARS	73700
Leg Lengths	Abnormality Leg Length Malrotation	CT Leg Lengths (Please authorize BOTH codes.)	76380 77073
FAI Protocol	Femoral Anteversion for FAI Cam Lesion	CT Hip Without Contrast AND CT Knee Without Contrast (Please authorize BOTH codes.)	72192 73700

TO SCHEDULE AN APPOINTMENT: Call 860.289.3375 or Fax Requisition to 860.290.4108

These guidelines are protocol standards for Jefferson Radiology facilities only. Information is subject to change.

If IV contrast is ordered: a recent creatinine level (within 90 days) is required for patients 65 years or older, who are diabetic or have a history of renal (kidney) disease.

CT Angiography (CTA)

BODY PART	REASON FOR EXAM	PROCEDURE TO PRE-CERT	CPT CODE
CT Arthrography Hip Knee Ankle Shoulder Elbow Wrist	Cartilage Abnormality Meniscus Abnormality Labrum Abnormality Loose Bodies	CT With Contrast — Order with all 3 codes: 1 — CT Lower Extremity With Contrast OR CT Upper Extremity With Contrast	73701
		2 — Fluoro Guided Arthrogram	73201
CTA Brain/Head	TIA, CVA Vascular Malformation Aneurysm AVM (Arterio/Venous Malformation)	3 — Choose one code for body part: Flouro Hip Knee Ankle Shoulder Elbow Wrist	77002 27093 27370 27648 23350 24220 25246
		CTA Brain	70496
CTA Carotid/Neck	Carotid Stenosis Bruit TIA, CVA Carotid Dissection	For Pulsatile Tinnitus	70481
		CTA Carotid	70498

TO SCHEDULE AN APPOINTMENT: Call 860.289.3375 or Fax Requisition to 860.290.4108

These guidelines are protocol standards for Jefferson Radiology facilities only. Information is subject to change.

If IV contrast is ordered: a recent creatinine level (within 90 days) is required for patients 65 years or older, who are diabetic or have a history of renal (kidney) disease.

CT Angiography (CTA) - Chest

BODY PART	REASON FOR EXAM	PROCEDURE TO PRE-CERT	CPT CODE
CTA Chest	Thoracic Aortic Dissection Thoracic Aortic Aneurysm Coarctation Aortic Root Dilation	CTA Chest	71275
CTA Chest and CTA Abdomen	Thoracic and Abdominal Aortic Dissection * Dissection going past renals	CTA Chest and CTA Abdomen (Please authorize BOTH codes)	71275 74151 or 74174
Coronary Arteries	Hypertensive Heart Disease Coronary Syndrome Old Myocardial Infarction Angina Pectoris Coronary Pericarditis Congenital Vessel Anomaly Abnormal Cardiovascular Study EKG	Coronary CTA With Contrast	75572
		If patient has coronary grafts, authorize using this code:	75574
Calcium Scoring	Calcium Scoring of Coronary Arteries Family History of CAD	Calcium Score	75571

If IV contrast is ordered: a recent creatinine level (within 90 days) is required for patients 65 years or older, who are diabetic or have a history of renal (kidney) disease.

CT Angiography (CTA) - Abdomen & Pelvis

BODY PART	REASON FOR EXAM	PROCEDURE TO PRE-CERT	CPT CODE
Aorta, Renal, Stent	Aneurysm (AAA) Stent Obstruction/Leak/Malfunction Crossing Vessels (accessory circulation) Anatomic Marking for Partial/ Complete Nephrectomy Renal Artery Stenosis	CTA Abdomen and Pelvis	74174

CT Angiography (CTA) - Extremities

BODY PART	REASON FOR EXAM	PROCEDURE TO PRE-CERT	CPT CODE
CTA Upper Extremities	Trauma Arterial Stenosis	CT Upper Extremity	73206
CTA Lower Extremities	Peripheral Artery Disease Ischemia to Lower Extremity Arterial Stenosis	CT Pelvis AND CTA Lower Extremity	73706
CTA Run-Off Abdomen, Pelvis, Bilateral Extremities	Peripheral Artery Disease (PAD)	CTA Abdomen, Pelvis, Bilateral Lower Extremities	75635

MRI ORDERING GUIDE

MRI General

Head & Neck.....	19
Spine	20
Chest.....	22
Abdomen & Pelvis.....	23
Extremities	24

MRI Arthrography

Joints.....	25
-------------	----

MRI Angiography (MRA)

Head & Neck.....	26
Chest.....	26
Abdomen & Pelvis.....	27
Extremities	27

MRI Enterography

Abdomen.....	28
--------------	----

MRI General - Head & Neck

BODY PART	REASON FOR EXAM	PROCEDURE TO PRE-CERT	CPT CODE
Brain	Alzheimer's, Dementia, Memory Loss Mental Status Changes, Confusion Headache Without Focal Symptoms Seizures (Children) Stroke, CVA, TIA Trauma	MRI Brain Without Contrast	70551
	Cranial Nerve Lesions Dizziness, Vertigo Headache With Focal Symptoms HIV IAC/Hearing Loss Infection Multiple Sclerosis Neurofibromatosis (other phakomatoses) Pituitary Lesion, Elevated Prolactin Seizures (Adult New Onset) Tumor/Mass/Cancer/Mets Vascular Lesions Vision Changes	MRI Brain Without and With Contrast	70553
	Trigeminal Neuralgia Without Jaw Pain Trigeminal Neuralgia With Jaw Pain	Order 2 exams: MRI Brain Without and With Contrast AND MRI Orbits/Face/Neck Without and With Contrast	70553 70543
Neck	Infection Pain Tumor/Mass/Cancer/Mets Vocal Cord Paralysis	MRI Orbits/Face/Neck Without and With Contrast	70543
	Parotid Gland	MRI Orbits/Face/Neck Without and With Contrast	70543
Orbits	Grave's Disease Trauma	MRI Orbits/Face/Neck Without Contrast	70540
	Exophthalmos, Proptosis Pseudotumor Tumor/Mass/Cancer/Mets Vascular Lesions	MRI Orbits / Face / Neck Without and With Contrast	70543
	Optic Neuritis	MRI Orbits / Face / Neck Without and With Contrast	70543

MRI General - Spine

BODY PART	REASON FOR EXAM	PROCEDURE TO PRE-CERT	CPT CODE
Cervical	Arm/Shoulder Pain and/or Weakness Degenerative Disease Neck Pain Disc Herniation Post-op Fusion Radiculopathy	MRI Cervical Spine Without Contrast	72141
	Discitis Osteomyelitis Multiple Sclerosis Myelopathy Syrinx Tumor/Mass/Cancer/Mets Vascular Lesions, AVM	MRI Cervical Spine Without and With Contrast	72156
Thoracic	Back Pain Compression Fx (No HX Malig/Mets) Degenerative Disease Disc Herniation Radiculopathy Trauma Vertebroplasty Planning (With No HX Malig)	MRI Thoracic Spine Without Contrast	72146
	Compression Fx (With HX Malig/Mets) Discitis Osteomyelitis Multiple Sclerosis Myelopathy Syrinx Tumor/Mass/Cancer/Mets Vascular Lesions AVM Vertebroplasty Planning (With HX Malig)	MRI Thoracic Spine Without and With Contrast	72157

(continued on next page)

MRI General - Spine (continued)

BODY PART	REASON FOR EXAM	PROCEDURE TO PRE-CERT	CPT CODE
Lumbar	Back Pain Compression Fx (No HX Malig/Mets) Degenerative Disease Disc Herniation Radiculopathy Sciatica Spondylolithesis Stenosis Trauma Vertebroplasty Planning (With No HX Malig)	MRI Lumbar Spine Without Contrast	72148
	Compression Fx (HX Malig/Mets) Discitis Osteomyelitis Post-op Tumor/Mass/Cancer/Mets Vertebroplasty (With HX Malig)	MRI Lumbar Spine Without and With Contrast	72158

MRI General - Chest

BODY PART	REASON FOR EXAM	PROCEDURE TO PRE-CERT	CPT CODE
Brachial Plexus	Brachial Plexus Injury Nerve Avulsion Tumor/Mass/Cancer/Mets	MRI Chest / Mediastinum Without and With Contrast	71552
Chest-Mediastinum	Tumor/Mass/Cancer/Mets	MRI Chest/Mediastinum Without and With Contrast	71552
Breast	Implant Rupture	MRI Breast Without Contrast Bilateral Unilateral (specify breast)	77047 77046 0159T
	Abnormal Mammogram Abnormal Ultrasound Dense Breast/High Risk Mass/Lesion/Cancer Palpable Mass	MRI Breast-- Bilateral Without and With Contrast If Only Unilateral Needed Without and With Contrast (specify side)	77049 0159T 77048 0159T

MRI General - Abdomen & Pelvis

BODY PART	REASON FOR EXAM	PROCEDURE TO PRE-CERT	CPT CODE
Abdomen	MRCP (Biliary/Pancreatic Ducts)	MRI Abdomen Without Contrast	74181
	Adrenal Adenoma Adrenal Mass (not adenoma) Hemangioma Liver, Kidney, Pancreas Mass Pre Liver Transplant Tumor/Mass/Cancer/Mets	MRI Abdomen Without and With Contrast	74183
Pelvis	Adenomyosis Fracture Muscle / Tendon Tear Urethral Diverticulum	MRI Pelvis Without Contrast	72195
	Sports Hernia	MRI Pelvis Without Contrast	72195
	Fibroid Osteomyelitis Septic Arthritis Pre/Post Fibroid Embolization Tumor/Mass/Cancer/Mets Abscess Ulcer	MRI Pelvis Without and With Contrast	72197

MRI General - Extremities

BODY PART	REASON FOR EXAM	PROCEDURE TO PRE-CERT	CPT CODE
NON-JOINT: Arm Hand Finger Leg Foot Toe	Fracture Stress Fracture Muscle / Tendon Tear	MRI — Non Joint Without Contrast Lower Extremity Upper Extremity	73718 73218
	Abscess Ulcer Bone Tumor/Mass/Cancer/Mets Cellulitis Fasciitis Myositis Morton’s Neuroma Osteomyelitis Soft Tissue Tumor/Mass/Cancer/Mets	MRI — Non Joint Without and With Intravenous Contrast Lower Extremity Upper Extremity	73720 73220
JOINT: Shoulder Elbow Wrist Hip Knee Ankle	Arthritis Avascular Necrosis (AVN) Fracture Stress Fracture Internal Derangement Joint Pain (specify joint) Labral Tear Meniscal Tear Muscle Tear Tendon Tear Ligament Tear Cartilage Tear Osteochondritis Dissecans (OCD)	MRI — Joint Without Contrast Lower Extremity Upper Extremity	73721 73221
	Abscess Ulcer Cellulitis Fasciitis Myositis Inflammatory Arthritis (pannus eval) Osteomyelitis Septic Arthritis Tumor / Mass / Cancer / Mets	MRI Lower Extremity — Joint Without and With Intravenous Contrast Lower Extremity Upper Extremity	73723 73223

MRI Arthrography - Joints

BODY PART	REASON FOR EXAM	PROCEDURE TO PRE-CERT	CPT CODE
Shoulder Elbow Wrist Hip Knee Ankle	Labral Tear Loose Bodies OCD Stability Post-op Meniscus Evaluation	MRI Joint With Intra-articular Contrast	
		Order with 3 codes:	
		1 — Lower Extremity With Contrast OR Upper Extremity With Contrast	73722 73222
		2 — Fluoro Guided Arthrogram	77002
		3 — Choose one code for body part:	
		Shoulder	23350
		Elbow	24220
		Wrist	25246
		Hip	27093
		Knee	27370
		Ankle	27648

MRI Angiography (MRA) - Head & Neck

BODY PART	REASON FOR EXAM	PROCEDURE TO PRE-CERT	CPT CODE
Brain (MRA - Arterial)	Stroke, CVA, TIA, Aneurysm	MRA Brain Without Contrast	70544b
Brain (MRV - Venous)	Venous Thrombosis	MRV Brain Without Contrast	
Brain (MRA - Arterial)	Stroke, CVA, TIA, Aneurysm	MRA Brain <i>With and Without Contrast</i>	70546
Brain (MRV - Venous)	Venous Thrombosis	MRV Brain <i>With and Without Contrast</i>	
Neck	Stroke, CVA, TIA	MRA Neck Without Contrast	70547
	Dissection	MRA Neck Without and With Contrast	70549

MRI Angiography (MRA) - Chest

BODY PART	REASON FOR EXAM	PROCEDURE TO PRE-CERT	CPT CODE
Chest	Thoracic Aorta (other than dissection) Vascular Anomalies Subclavian Vessels	MRA Chest Without and With Contrast	71555
	Aortic Dissection	Order 2 Exams: MRA Chest Without and With Contrast AND MRA Abdomen Without and With Contrast	71555 74185
Arch & Great Vessels	Stroke, CVA, TIA	MRA Neck Without and With Contrast	70549

MRI Angiography (MRA) - Abdomen & Pelvis

BODY PART	REASON FOR EXAM	PROCEDURE TO PRE-CERT	CPT CODE
Abdomen (MRA - Arterial)	AAA (abdominal aortic aneurysm) Abdominal Aortic Dissection Mesenteric Ischemia Pre Kidney Transplant Renal Mass-Evaluation/Pre-op Uncontrolled Blood Pressure HTN	MRA Abdomen Without and With Contrast	74185
	Renal Mass-Evaluation/Pre-op	Order 2 Exams: MRA Abdomen Without and With Contrast AND MRI Abdomen Without and With Contrast	74185 74183
Abdomen (MRV - Venous)	Venous Thrombosis Venous Pathology	MRA Abdomen Without and With Contrast	74185
Pelvis	AVM (arteriovenous malformation) May Thurner	MRA Pelvis Without and With Contrast	72198
	Pelvic Congestion	Order 2 Exams: MRA Pelvis Without and With Contrast AND MRI Pelvis Without and With Contrast	72198 72197

MRI Angiography (MRA) - Extremities

BODY PART	REASON FOR EXAM	PROCEDURE TO PRE-CERT	CPT CODE
Peripheral Run-Off	Claudication Cold Foot Pain	Order 3 Exams: MRA Abdomen Without and With Contrast	74185
		MRA Lower Extremity Without and With Contrast LEFT AND	73725
		MRA Lower Extremity Without and With Contrast RIGHT	73725

MRI Enterography - Abdomen

BODY PART	REASON FOR EXAM	PROCEDURE TO PRE-CERT	CPT CODE
Abdomen	Crohn's Disease/Inflammatory Bowel Disease GI Bleed Suspected Partial SBO (Small Bowel Obstruction) Small Bowel Masses Celiac Disease	Order 2 Exams: MRI Abdomen Without and With Contrast	74183
		AND MRI Pelvis Without and With Contrast	72197

NUCLEAR MEDICINE ORDERING GUIDE

Brain SPECT	29
Bone Scan	29
Biliary Scan	30
Cardiac MUGA Scan.....	30
Gallium Scan	31
Gastric Emptying Scan.....	31
Indium & Ceretec WBC Scan	32
Parathyroid Scan.....	33
Renal Scan.....	33
Thyroid Scan and Uptake.....	34
I-131 Whole Body Scan.....	34

Nuclear Medicine - Brain SPECT

COMMON INDICATIONS	CPT CODES
Alzheimer’s Disease Cognitive Function Disorders Lyme Disease Memory Loss Parkinson’s Disease Stroke Evaluation Tumor Evaluation	78607

Nuclear Medicine - Bone Scan

COMMON INDICATIONS	CPT CODES
Primary or metastatic tumors – initial evaluation or follow-up of therapy Pain of suspected musculoskeletal etiology Paget’s disease Stress or occult fractures Trauma Osteomyelitis or musculoskeletal inflammation Bone viability-grafts or avascular necrosis (AVN) Metabolic bone disease Arthritis Prosthetic joint evaluation for loosening or infection Evaluation of abnormal findings by other imaging modalities Evaluation of abnormal laboratory findings, especially elevated alkaline phosphatase Reflex sympathetic dystrophy (RSD) Suspected Charcot’s joint	Total body 78306 Multi-area 78305 3-phase 78315 Bone SPECT 78320 Limited Area 78300

Nuclear Medicine – Biliary Scan

COMMON INDICATIONS	CPT CODES
Right upper quadrant or abdominal pain Gallstones on CT or ultrasound Evaluation of gallbladder ejection fraction i.e., CCK Biliary Assessment of liver transplant function Evaluation of biliary atresia in pediatric patients Evaluation of bile leak Evaluation of common bile duct obstruction Evaluation of choledochal cyst	Biliary 78226 Biliary with CCK 78227

Nuclear Medicine - Cardiac MUGA Scan

COMMON INDICATIONS	CPT CODES
Evaluating potential cardiotoxic effects of chemotherapy Quantifying parameters of ventricular function (e.g., ejection fraction, wall motion, ventricular volume, cardiac output, and diastolic function) Detecting the presence, location, and extent of coronary artery disease Assessing whether congestive heart failure is due to ischemic or nonischemic causes Evaluating the effects of valvular abnormalities	78472

Nuclear Medicine-Gallium Scan

COMMON INDICATIONS	CPT CODES
Evaluation of fevers of unknown origin Disk space or joint space infection Evaluation of infection in immuno-compromised individuals Osteomyelitis (Bone Gallium) Infection of prosthetic joints Detection of inflammatory disease such as sarcoid and tuberculosis. Evaluation of vascular graft infection Abscess localization Evaluation of pulmonary inflammation due to drug/environmental reaction, e.g., Amiodarone toxicity Polynephritis Post-operative surgical incision site infection Evaluation of inflammatory bowel disease Evaluation of diabetic ulcers	Total body 78806 Limited area 78805 SPECT 78803

Nuclear Medicine - Gastric Emptying Scan

COMMON INDICATIONS	CPT CODES
Abdominal pain Gastro-esophageal reflux Vomiting Gastroparesis/Diabetics Weight loss Feeling of fullness	78264

Nuclear Medicine - Indium & Ceretec WBC Scan

COMMON INDICATIONS	CPT CODES
Evaluation of fevers of unknown origin Disk space or joint space infection Evaluation of infection in immunocompromised individuals Osteomyelitis Infection of prosthetic joints Evaluation of vascular graft infection Abscess localization Post-operative surgical incision site infection Evaluation of inflammatory bowel disease Evaluation of diabetic ulcers Note: Indium is a better choice for ortho patients with hardware. Both drugs are special order.	78805 for both

Nuclear Medicine - Parathyroid Scan

COMMON INDICATIONS	CPT CODES
Parathyroid adenoma Increased PTH levels Hypercalcemia	78070

Nuclear Medicine - Renal Scan

COMMON INDICATIONS	CPT CODES
Urinary tract obstruction Evaluate renal function Renal vascular disease Polycystic kidney disease Post transplant evaluation Pyelonephritis Parenchymal scarring	DTPA or MAG3 78707 Captopril renal 78709 Renal with Lasix 78708 DMSA renal 78700

Nuclear Medicine - Thyroid Scan and Uptake

COMMON INDICATIONS	CPT CODES
Assessment of size and location of thyroid tissue Evaluation of thyroid masses Abnormal thyroid lab results Differentiation of hyperthyroidism/thyroiditis Abnormal weight gain or weight loss Cardiac arrythmia	Thyroid scan only 78013 Thyroid uptake and scan 78014 I123 Thyroid uptake and scan 78014

Nuclear Medicine - I-131 Whole Body Scan/Treatments

COMMON INDICATIONS	CPT CODES
Evaluation and treatment of thyroid carcinoma	78018

ULTRASOUND ORDERING GUIDE

Neck 35

Chest..... 36

Abdomen 37

Pelvis (including Genitals) 38

Urinary Tract 39

Extremities/Musculoskeletal.....40

Ultrasound - Neck

BODY PART	REASON FOR EXAM	PREP	CPT CODE
Soft Tissue Head/ Neck Thyroid	Abnormal lab tests (elevated calcium levels/ abnormal thyroid blood work) Abnormalities detected on other imaging (CT/MRI/PET/Nuclear Medicine) Enlarged thyroid gland Follow up patient on suppression History thyroid cancer Hyper or hypothyroidism Mass Multinodular goiter (MNG) Parathyroid adenomas	None	76536
Carotid Artery	Aneurysm (swelling of the neck post carotid endarterectomy) Bruit(s) Carotid disease Carotid stenosis Dissection Episodic dizziness/syncope REQUIRES ADDITIONAL SIGNS/SYMPTOMS documented on order (Transient-ischemic attack, hypotension, arrhythmia, decreased cardiac output, strong medical history of vertebrobasilar or bilateral carotid artery disease) Focal cerebral or ocular transient ischemic symptoms Injury Ischemia Post carotid endarterectomy Pulsatile neck masses Recurrent Cerebrovascular symptoms Retinal arterial emboli (Hollenhorst plaque) Stroke Subclavian steal syndrome Systemic atherosclerosis preop eval for cardiovascular surgery Transient monocular blindness (amaurosis fagux) or binocular Vasculitis	None	93880 Bilateral 93882 Unilateral

Ultrasound - Chest (including Breast)

BODY PART	REASON FOR EXAM	PREP	CPT CODE
Chest	Diaphragm paralysis Pleural effusion Superficial mass	None	76604
Breast	Abnormal mammographic findings (differentiate cyst from solid lesion) Infection (abscess) Implants – With clinical indications (non medicare) Nipple discharge Palpable mass Screening for dense breasts Targeted area of pain	None	76641 Complete 76642 Limited

Ultrasound - Abdomen

BODY PART	REASON FOR EXAM	PREP	CPT CODE
Complete Abdomen	Abdominal distention Ascites fluid collection Abnormal diagnostic tests (follow up to a CT or MRI) Abnormal liver functions (elevated LFTS/ Fatty Liver) Cirrhosis or hepatic disease (hepatitis) Gallstones Gastroesophageal reflux (GERD) Hepatomegaly Nausea/Vomiting Obstructive symptoms of the biliary system (jaundice) Pain (abdominal/epigastric/periumbilical) Personal history of cancer -Metastasis Splenomegaly	NPO 6-8 hours prior to exam	76700
Abdomen - Limited Single Organ or RUQ	* all of the above Appendicitis Hernia	NPO 6-8 hours prior to exam	76705
Abdomen Doppler (Vascular)	Ascites Budd-Chiari Syndrome Cirrhosis or hepatic disease (hepatitis/ portal hypertension) Hepatic Vein Obstruction Hepatomegaly Intrahepatic Portosystemic Venous Shunts — TIPS IVC Obstruction Liver Transplant Median Arcuate Ligament Syndrome (MALS) Mesenteric ischemia Portal vein thrombosis Splenomegaly Varices	NPO 6-8 hours prior to exam	93975 93976
Liver Elastography	Cirrhosis Fibrosis Liver Disease	NPO 6-8 hours prior to exam	76981
Aorta	Aortic aneurysm (follow up to AAA) Bruit Family history AAA (non medicare) Pulsatile aorta	NPO 6-8 hours prior to exam Medicare	76775 76706 G0389

TO SCHEDULE AN APPOINTMENT: Call 860.289.3375 or Fax Requisition to 860.290.4108

These guidelines are protocol standards for Jefferson Radiology facilities only. Information is subject to change.

Ultrasound - Pelvis (including Genitals)

BODY PART	REASON FOR EXAM	PREP	CPT CODE
Pelvic Transabdominal Pelvic Transvaginal	Adnexal abnormalities Dysfunctional uterine bleeding Dysmenorrhea Enlarged uterus or ovary (mass) Fibroid uterus Limited physical exam (MD unable to perform pelvic exam) Ovarian follicle monitoring Ovarian cyst Pain (pelvic or adnexal tenderness) Polycystic ovary syndrome (PCOS) Post menopausal bleeding Precocious puberty	Transabdominal: Fill bladder with 32 oz of water 1 hour prior to exam. Do not void. Transvaginal Only: No prep	76856 TA 76830 TV
Pelvic Doppler/ Gonadal Doppler	Adnexal mass Evaluation of pelvic congestion syndrome (PCS) Follow up fibroid embolization Ovarian vein embolization Ovarian torsion/Pelvic pain Testicular pain/torsion Testicular trauma Testicular mass		93975 93976
Scrotum	Pain Trauma Torsion Mass Varicocele Epididymitis Hydrocele (swelling) Undescended testes		76870

TO SCHEDULE AN APPOINTMENT: Call 860.289.3375 or Fax Requisition to 860.290.4108

These guidelines are protocol standards for Jefferson Radiology facilities only. Information is subject to change.

Ultrasound - Urinary Tract

BODY PART	REASON FOR EXAM	PREP	CPT CODE
Kidney (Renal) and Bladder	Abnormal lab values (BUN or Creatinine)	If ordered with bladder: Fill bladder with 24 oz of water 1 hour prior to exam. Do not void.	76770 Complete
	Bladder diverticulum		76775 Limited
	Chronic renal medical disease (renal function/renal failure)		76857 Bladder only
	Follow up to other diagnostic imaging test (CT or MRI)		
Renal Doppler	Hematuria (microscopic or gross)	NPO 6-8 hours prior to exam	93975 93976
	Hypertension		
	Neurogenic bladder		
	Obstruction (hydronephrosis)		
	Pain (CVA tenderness/flank pain)		
	Polycystic kidney disease (PCKD)		
	Renal cancer		
	Stones (renal)		
	Trauma		
	Urinary retention - Evaluate post void residual (PVR)		
	Urinary tract infection/cystitis/pyelonephritis		
Renal Transplant	Elevated lab values (creatinine)	None	76776
	Lymphocele		
	Pain		
	Poor renal function		
	Post renal transplant		
	Urinoma		

TO SCHEDULE AN APPOINTMENT: Call 860.289.3375 or Fax Requisition to 860.290.4108

These guidelines are protocol standards for Jefferson Radiology facilities only. Information is subject to change.

Ultrasound - Extremities/Musculoskeletal

BODY PART	REASON FOR EXAM	PREP	CPT CODE
Upper or Lower Extremity Nonvascular	Fluid collection Foreign body Pain Palapable mass	None	76881 Complete
			76882 Limited
Musculoskeletal	Bakers cyst aspiration Biceps tendon Biceps tendon injection Joints/muscles/tendons: finger, hand, wrist, elbow, shoulder, foot, ankle, knee, ultrasound	Booked through JRIS 860-676-0110	76881 Complete
			76882 Limited
Upper or Lower Extremity Venous Doppler	Edema/swelling Follow up DVT History long plane/car trip Pain (non medicare) Phlebitis/Thrombophlebitis Positive Homan's sign Post surgical (non medicare) Redness	None	93970 Bilateral
			93971 Unilateral
Lower Extremity Venous Reflux/Insufficiency	Burning/tingling (non medicare) Edema/swelling Leg ulcer (non medicare) Pain (non medicare) Varicose veins Venous insufficiency	None	93970 Bilateral
			93971 Unilateral
Lower Extremity Arterial Duplex	Artherosclerosis Claudication Decreased or absent pulses Discoloration of feet or legs Numbness (non medicare) Peripheral vascular disease S/P graft or stenting Ulcer (non medicare)	None	93925 Bilateral
			93926 Unilateral
Lower Extremity Arterial PVR/Pressures	Artherosclerosis Claudication Decreased or absent pulses Discoloration of feet or legs Numbness (non medicare) Peripheral vascular disease Raynaud's Syndrome S/P graft or stenting Ulcer (non medicare)	None	93922 ABI
			93923 Multilevel
			93924 with exercise

(continued on next page)

TO SCHEDULE AN APPOINTMENT: Call 860.289.3375 or Fax Requisition to 860.290.4108

These guidelines are protocol standards for Jefferson Radiology facilities only. Information is subject to change.

Ultrasound - Extremities/Musculoskeletal (continued)

BODY PART	REASON FOR EXAM	PREP	CPT CODE
Upper Extremity Arterial Duplex	Atherosclerosis Bruit Decreased arm pressure Numbness S/P graft or stenting Thoracic Outlet Syndrome	None	93930 Bilateral
			93931 Unilateral
Upper Extremity Arterial Doppler (PVR)	Raynaud's syndrome	None	93923
Arterial Screening	ABI (ankle brachial indices) Aorta - limited Carotid - limited	None	76999

860.289.3375
jeffersonradiology.com

Outpatient Office Locations:

- Avon
- Bloomfield
- Enfield
- Farmington
- Glastonbury
- Granby
- Hartford
- West Hartford
- Wethersfield

Providing Professional Services at:

- CCMC
- Day Kimball Healthcare
- Gaylord Hospital
- Griffin Hospital
- Hartford Hospital
- Holyoke Medical Center
- Manchester Memorial
- Rockville General Hospital
- Windham Hospital



Jefferson Radiology provides a full spectrum of office based imaging services in a safe, comfortable environment. We have nine convenient outpatient office locations in the Greater Hartford area. Imaging services and exams offered include: MRI, CT scans, ultrasound, X-ray, fluoroscopy, bone densitometry, nuclear medicine, mammography and interventional radiology, including consultations. We also offer comprehensive imaging services to a number of hospital partners.

Our fellowship and subspecialty trained physicians and highly skilled, compassionate staff are committed to providing exceptional patient care and responsive service.

Jefferson Radiology is one of the few private radiology group practices in the state to receive Joint Commission accreditation.



TO SCHEDULE AN APPOINTMENT: Call 860.289.3375 or Fax Requisition to 860.290.4108

These guidelines are protocol standards for Jefferson Radiology facilities only. Information is subject to change.