

2021

# What To Order When

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A Guide To The Most Common Clinical  
Indications Related To Radiology



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**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**

<b>Body Part</b>	<b>Reason for exam</b>	<b>IV Contrast</b>	<b>Oral Contrast</b>	<b>Procedure Name</b>	<b>Code</b>
<b>SINUS</b>	Polyps Post nasal drip Sinusitis Surgical Planning	NO	NO	CT sinus complete w/o contrast	70486
<b>FACE</b>	Cellulitis Infection/abscess Soft Tissue Mass	YES	NO	CT maxillofacial soft tissue w/contrast	70487
	Injury/trauma, concern of fracture	NO	NO	CT maxillofacial bones w/o contrast	70486
	Injury/trauma, concern of fracture	NO	NO	CT orbits w/o contrast	70480
<b>ORBITS</b>	Mass Proptosis Infection Swelling Vision changes	YES	NO	CT orbits w/wo contrast	70482
<b>TEMPORAL BONES</b>	Otitis Media Cholesteatoma Conductive hearing loss Mastoiditis	NO	NO	CT temporal bones (includes mastoids) w/o contrast	70480
<b>SOFT TISSUE NECK</b>	Adenopathy Dysphagia Infection/abscess Mass/neoplasm Vocal cord paralysis	YES	NO	CT neck soft tissue w/contrast	70491
	Salivary gland calculi/adenitis Parathyroid adenoma Foreign body	YES	NO	CT neck soft tissue w/wo contrast	70492

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

<b>Body Part</b>	<b>Reason for exam</b>	<b>IV Contrast</b>	<b>Oral Contrast</b>	<b>Procedure Name</b>	<b>Code</b>
<b>CERVICAL SPINE</b>	Evaluate hardware/fusion status Degenerative changes R/O Fx	NO	NO	CT spine, cervical w/o contrast	72125
<b>THORACIC SPINE</b>	Evaluate hardware/fusion status Degenerative changes R/O Fx	NO	NO	CT spine, thoracic w/o contrast	72128
<b>LUMBAR SPINE</b>	Evaluate hardware/fusion status Degenerative changes R/O Fx	NO	NO	CT spine, lumbar w/o contrast	72131

**CT****CHEST**

<b>Body Part</b>	<b>Reason for exam</b>	<b>IV Contrast</b>	<b>Oral Contrast</b>	<b>Procedure Name</b>	<b>Code</b>
<b>CHEST</b>	Asthma				
	Atelectasis				
	Bronchiectasis				
	COPD				
	Cough				
	Interstitial Lung Disease				
	Emphysema				
	Follow up pulmonary nodule	NO	NO	CT chest w/o contrast	71250
	Injury/trauma				
	Pericardial effusion				
<b>LUNG</b>	Pleural effusion				
	Pneumothorax				
	Pulmonary nodule				
	Rib Fracture				
<b>CHEST</b>	Abnormality involving hilum				
	Empyema				
	Infiltrate				
	Lung cancer	YES	NO	CT chest w/contrast	71260
	Mass/Empyema				
	Pneumonia				
<b>LUNG</b>	Work up of other cancer/malignancy				
	History of smoking	NO	NO	Low Dose Lung Cancer CT	G0297

**ARTHROGRAM**

<b>Body Part</b>	<b>Reason for exam</b>	<b>IV Contrast</b>	<b>Oral Contrast</b>	<b>Procedure Name</b>	<b>Code</b>
<b>UPPER EXTREMITIES</b>	Shoulder, r/o internal derangement (rotator cuff, biceps/labrum)	Intra-articular	NO	CT Upper Extremity w/o contrast	73200
	Elbow and Wrist (if patient cannot tolerate MRI; contraindications from implants, etc.)			CT Upper Extremity w/contrast	73201
				CT Upper Extremity w/wo contrast	73202
<b>LOWER EXTREMITIES</b>	Knee (ligaments, meniscus)	Intra-articular	NO	CT Lower Extremity w/o contrast	73700
	Hip and Ankle (if patient cannot tolerate MRI; contraindications from implants, etc.)			CT Lower Extremity w/contrast	73701
				CT Lower Extremity w/wo contrast	73702

**CT****ANGIOGRAPHY (CTA)**

Body Part	Reason for exam	IV Contrast	Oral Contrast	Procedure Name	Code
<b>HEAD</b>	Stenosis (MRA Preferred) Aneurysm	YES	NO	CT angio brain w/wo contrast	70496
<b>NECK</b>	Carotid stenosis (pre-op eval), Dissection, Treated aneurysm	YES	NO	CT angio neck w/wo contrast	70498
<b>CHEST</b>	Suspected PE or evaluation of chronic PE Thoracic aneurysm (if ascending, must have cardiac gating)	YES	NO	CT spine, chest w/contrast	72175
<b>ABDOMEN</b>	Abdominal aortic aneurysm	YES	NO	CT angio abdomen w/wo contrast	74175
<b>ABDOMEN &amp; PELVIS</b>	Mesenteric ischemia Pre op AAA surgery Pre or post-op evaluation Post stent grafting	YES	NO	CT angio abdomen/pelvis w/wo contrast	74174
<b>ABDOMEN &amp; PELVIS W/ RUNOFF</b>	Intermittent claudication Lower extremity ischemia Peripheral vascular disease	YES	NO	CT angio abdominal aorta and bilateral iliofemoral with BLE runoff w/contrast  CT angio BLE's to include bifurcation of aorta into iliac vessels w/contrast  CT angio BLE's w/contrast	75635  73706
<b>EXTREMITIES</b>	Aneurysm Arterial occlusion/stenosis Claudication Cold foot Gangrene Pain Ulcer Venous occlusion/thrombosis (if patient cannot tolerate MRI; contraindications from implants, etc.)	YES	NO	CT angio Upper Extremity w/contrast  CT angio Lower Extremity w/contrast	73206  73706

**EXTREMITIES**

Body Part	Reason for exam	IV Contrast	Oral Contrast	Procedure Name	Code
<b>UPPER EXTREMITIES</b>	R/O Arthritis Fracture (if patient cannot tolerate MRI; contraindications from implants, etc.)	NO	NO	CT Upper Extremity w/o contrast CT Upper Extremity w/contrast CT Upper Extremity w/wo contrast	73200 73201 73202
<b>LOWER EXTREMITIES</b>	R/O Arthritis Fracture (if patient cannot tolerate MRI; contraindications from implants, etc.)	NO	NO	CT Lower Extremity w/o contrast CT Lower Extremity w/contrast CT Lower Extremity w/wo contrast	73700 73701 73702

**CT****ABDOMEN & PELVIS**

<b>Body Part</b>	<b>Reason for exam</b>	<b>IV Contrast</b>	<b>Oral Contrast</b>	<b>Procedure Name</b>	<b>Code</b>
<b>ABDOMEN</b>	Renal mass	YES	WATER	CT renals triple phase w/wo contrast - ABDOMEN	74170
	Abnormal liver enzymes Jaundice Liver mass	YES	WATER	Multiphase CT abdomen/liver w/wo contrast	74170
	Pancreatitis Jaundice Pancreatic mass	YES	WATER	Multiphase CT abdomen/liver w/wo contrast	74170
<b>ABDOMEN &amp; PELVIS</b>	Abdominal pain Abnormal labs Abscess Adenopathy Ascites Injury/trauma Metastasis Pancreatitis Pelvic pain Tumor/mass Unexplained weight loss Diverticulosis Diverticulitis Appendicitis Lymphoma Hiatal Hernia	YES	YES	CT abdomen/pelvis w/contrast and Oral Contrast	74177
	Ventral, umbilical hernia	NO	NO	CT abdomen w/o contrast (with contrast if painful)	74176
<b>STONE PROTOCOL</b>	Flank pain Renal stones	NO	NO	CT abdomen/pelvis w/o contrast	74176
<b>UROGRAM</b>	Hydronephrosis (w/o flank pain) Flank pain Renal Stones Hematuria	YES	NO	CT w/o contrast (aka urogram)	74178
<b>SOFT TISSUE PELVIS</b>	Adenopathy Mass Pain	YES	YES	CT pelvis w/contrast	72193
<b>SOFT TISSUE PELVIS</b>	Inguinal Hernia	NO	NO	CT pelvis w/o contrast (w/contrast if painful)	72192
<b>BONY PELVIS</b>	Trauma, concern for fracture Hip/SI joint w/ degenerative disease	NO	NO	CT pelvis w/o contrast	72192

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

**MRI****BRAIN**

Body Part	Reason for exam	IV Contrast	Oral Contrast	Procedure Name	Code
<b>BRAIN</b>	CVA/TIA Dizziness Memory loss Trauma Tremors	NO	NO	MRI brain w/o contrast	70551
	Chiari Malformation Infection Lesions (specify) Multiple sclerosis Neurofibromatosis Seizures Tumor/mass/metastasis	YES	NO	MRI brain w/wo contrast	70553
	IAC lesion/hearing loss/infection	YES	NO	MRI brain and IAC's w/wo contrast	70553
	Trigeminal neuralgia	YES	NO	MRI brain Trigeminal w/wo contrast	70553
	Pituitary mass, elevated prolactin	YES	NO	MRI brain Pituitary w/wo contrast	70553
<b>ORBITS</b>	Diplopia Hyperthyroidism (e.g. Graves disease) Nystagmus Strabismus Tumor/mass/metastasis Unexplained vision loss Unilateral vision defect	YES	NO	MRI orbits w/wo contrast	70543
	Infection Tumor/mass/metastasis	YES	NO	MRI face w/contrast	70543
	Trauma	NO	NO	MRI face w/o contrast	70540
<b>FACE</b>					

**CHEST**

Body Part	Reason for exam	IV Contrast	Oral Contrast	Procedure Name	Code
<b>CHEST</b>	Chest wall pain (CT exam is preferred) Rib pain (CT exam is preferred) Sternoclavicular joint/clavicle/scapula pain	NO	NO	MRI MSK chest w/o contrast	71550
	Silicone implant rupture	NO	NO	MRI breast w/o contrast -implant rupture study	77059
	High risk for malignancy Newly diagnosed breast cancer Problem Solving-unresolved diagnostic mammography	YES	NO	MRI breast w/wo contrast -malignancy study	77049
<b>SOFT TISSUE</b>	Mediastinal Mass	YES	NO	MRI w/contrast and w/o IV contrast	71552

**MRI****ABDOMEN & PELVIS**

Body Part	Reason for exam	IV Contrast	Oral Contrast	Procedure Name	Code
<b>ABDOMEN</b>	MRCP (biliary/pancreatic ducts, stones, jaundice)	NO	NO	MRI abd/panc/biliary tree w/o contrast	74181
	Liver disease Mass (adrenal, liver, pancreatic, renal)	YES	NO	MRI abdomen w/wo contrast	74183
<b>MR ENTERO-GRAFHY</b>	Bowel obstructions Evaluate small bowel Crohn's disease Ulcerative Colitis	YES	NO	MR Enterography	74183 + 72197
<b>MSK PELVIS</b>	MSK pain - SI joints, sacrum, coccyx Muscle tear Osteomyelitis	NO	NO	MRI pelvis w/wo contrast	72195
<b>SOFT TISSUE PELVIS</b>	Abscess Adenomyosis Endometrial abnormalities Fibroid Prostate cancer Septic arthritis Tumor/mass/metastasis	YES	NO	MRI pelvis w/wo contrast	72197

**EXTREMITIES**

Body Part	Reason for exam	IV Contrast	Oral Contrast	Procedure Name	Code
<b>NON-JOINT EXTREMITY: HAND=FINGER, ARM, FOOT =TOE, LEG</b>	Morton's neuroma Muscle/tendon tear Osteomyelitis Stress/fracture	NO	NO	MRI upper extremity, non-joint w/o contrast	73218
	Abscess Cellulitis Foot osteomyelitis in diabetic patients Osteomyelitis Tumor/mass/metastasis (soft tissue)			MRI lower extremity, non-joint w/o contrast	73718
<b>JOINT EXTREMITY: SHOULDER, ELBOW, WRIST HIP, KNEE, ANKLE</b>	Abscess Cellulitis Joint pain Ligament/tendon muscle/cartilage/labral tear (initial study) Stress/fracture	YES	NO	MRI upper extremity, non-joint w/o contrast	73220
	Arthritis AVN Joint pain Ligament/tendon muscle/cartilage/labral tear (initial study) Stress/fracture	NO	NO	MRI lower extremity, joint w/o contrast	73720
	Abscess Cellulitis Inflammatory arthritis Septic arthritis Synovitis Tumor/mass			MRI upper extremity, joint w/o contrast	73221
	YES	NO	NO	MRI lower extremity, joint w/o contrast	73721
	Abscess Cellulitis Inflammatory arthritis Septic arthritis Synovitis Tumor/mass			MRI upper extremity, joint w/wo contrast	73223
				MRI lower extremity, joint w/wo contrast	73723

**MRI****NEUROGRAM**

Body Part	Reason for exam	IV Contrast	Oral Contrast	Procedure Name	Code
<b>BRACHIAL PLEXUS</b>	Brachial plexus injury Nerve avulsion Tumor/mass/metastasis	YES	NO	MRI brachial plexus w/wo contrast -brachial plexus protocol	73220-22
<b>LUMBOSACRAL PLEXUS</b>	Lumbosacral plexus injury Nerve avulsion Tumor/mass/metastasis	YES	NO	MRI lumbosacral plexus w/wo contrast	72197

**HEAD & NECK**

Body Part	Reason for exam	IV Contrast	Oral Contrast	Procedure Name	Code
<b>NECK SOFT TISSUE</b>	Dysphagia Infection Persistent hoarseness Tumor/mass/metastasis Vocal cord paralysis	YES	NO	MRI soft tissue neck w/wo contrast	72156

**ANGIOGRAPHY (MRA)**

Body Part	Reason for exam	IV Contrast	Oral Contrast	Procedure Name	Code
<b>MRA ABDOMEN</b>	Abdominal aortic aneurysm Dissection Mesenteric ischemia Renal artery stenosis/aneurysm Vasculitis	YES	NO	MRA abdomen w/wo contrast	74185
<b>MRA EXTREMITIES</b>	Aneurysm Arterial occlusion/stenosis Claudication Cold foot Gangrene Pain Ulcer Venous occlusion/thrombosis	YES	NO	MRA abd aorta, bilateral iliofemoral w/runoff w/wo contrast  MRA bilateral lower extremities w/wo contrast	74185 +72198 +73725 -50  73725 -50
<b>MRA HEAD</b>	Headaches Stenosis AVM (MRI brain w/wo contrast) CVA/TIA Aneurysm Strong family history of cerebral aneurysms	NO	NO	MRI angio head w/o contrast	70544
	Dissection (CTA preferred), History of treated aneurysm	YES	NO	MRI angio head w/wo contrast	70546
<b>MRV HEAD</b>	Venous thrombosis	YES	NO	MRI venogram head w/wo contrast	70546
<b>MRA NECK</b>	Stenosis Aneurysm AVM CVA/TIA Dissection/vessel injury (CTA preferred) Subclavian steal	YES	NO	MRI angio neck w/wo contrast	70549

**MRI****SPINE**

Body Part	Reason for exam	IV Contrast	Oral Contrast	Procedure Name	Code
<b>CERVICAL</b>	Neck Pain Radiculopathy Degenerative disc disease/herniation Canal Stenosis Compression fracture	NO	NO	MRI spine cervical w/o contrast	72141
	MS Discitis/osteomyelitis Post-op pain Tumor/mass/metastasis	YES	NO	MRI spine, cervical w/wo contrast	72156
<b>THORACIC</b>	Radiculopathy Degenerative disc disease/herniation Canal Stenosis Compression fracture	NO	NO	MRI spine, thoracic w/o contrast	72146
	MS Discitis/osteomyelitis Post-op pain Tumor/mass/metastasis	YES	NO	MRI spine, thoracic w/wo contrast	72147
<b>LUMBAR</b>	Radiculopathy Degenerative disc disease/herniation Canal Stenosis Compression fracture	NO	NO	MRI spine, lumbar w/o contrast	72148
	MS Discitis/osteomyelitis Post-op pain Tumor/mass/metastasis	YES	NO	MRI spine, lumbar w/wo contrast	72149

**ARTHROGRAMS**

Body Part	Reason for exam	IV Contrast	Oral Contrast	Procedure Name	Code
<b>WRIST</b>	Ligament tear (pre and post-op)	Intra-articular	NO	MRI arthrogram wrist	73222+ 25246+ 77002
<b>ELBOW</b>	Ligament tear Loose bodies (pre and post-op)	Intra-articular	NO	MRI arthrogram elbow	73222+ 24220+ 77002
<b>SHOULDER</b>	Labral tear Rotator cuff (post-op)	Intra-articular	NO	MRI arthrogram shoulder	73222+ 23350+ 77002
<b>HIP</b>	Labral/Ligament tear (pre and post-op)	Intra-articular	NO	MRI arthrogram hip	73222+ 27093+ 77002
<b>KNEE</b>	Meniscus (post-op)	Intra-articular	NO	MRI arthrogram knee	73722+ 27370+ 77002
<b>ANKLE</b>	Osteochondral lesion (post-op)	Intra-articular	NO	MRI arthrogram ankle	73222+ 27648+ 77002

**MRI****PROSTATE**

Body Part	Reason for exam	IV Contrast	Oral Contrast	Procedure Name	Code
<b>PROSTATE (DETECTION)</b>	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	NO	MRI Prostate w/wo contrast with 3D-Rendering	72197 76377
<b>PROSTATE (STAGING &amp; RECURRANCE)</b>	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	NO	MRI Prostate w/wo contrast with 3D-Rendering	72197 76377
<b>PROSTATE (BONES &amp; NODES)</b>	PSA relapse Post treatment Initial staging high risk patient	YES	NO	MRI Prostate w/wo contrast	72148 72146
<b>PROSTATE (RADIATION TREATMENT PLANNING/ HYDROGEL SPACER CONFIRMATION - LIMITED EXAM)</b>	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	NO	MRI Prostate wo contrast	72195

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**ULTRASOUND**

<b>Body Part</b>	<b>Reason for exam</b>	<b>Code</b>
<b>THYROID</b>	Elevated calcium/abnormal thyroid blood work Enlarged thyroid gland History of thyroid cancer Hyper/hypothyroidism Mass Multinodular goiter Parathyroid adenomas	76536
<b>SOFT TISSUE NECK</b>	Lymph node Parotid Sub mandibular mass	76536
<b>CAROTIDS</b>	Amaurosis Fugax Aphasia Ataxia Bruit Hemiplegia Syncope Transient vision loss Vertigo/dizziness	93880
<b>CHEST</b>	Pleural effusion Palpable/Superficial Mass	76604
<b>BREAST</b>	Abnormal mammographic findings Palpable mass Targeted area of pain	76642 x2
<b>ABDOMINAL AORTA</b>	Abdominal aortic aneurysm screening or follow-up Bruit Pulsatile aorta	76775
<b>ABDOMEN</b>	Abnormal LFT'S/fatty liver Cirrhosis of hepatic disease Gallstones Hepatomegaly Jaundice Pain Splenomegaly	76770
<b>PELVIS-FEMALE</b>	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	Tras Vaginal only - 76830 Trans Abdominal only - 76856 TV and TA - 76856 & 76830

## ULTRASOUND

Body Part	Reason for exam	Code
<b>PELVIS-MALE</b>	Bladder Only General Pain Urinary Frequency	76856
<b>SCROTUM</b>	Epididymitis Hydrocele (swelling) Mass Pain Trauma Torsion Undescended testes Varicocele	76870
<b>KIDNEY &amp; BLADDER</b>	Bladder diverticula Hematuria Hydronephrosis Neurogenic bladder Renal failure/disease Renal stone Trauma UTI/cystitis/pyelonephritis Urinary retention	Renal Only 76775  Renal and Bladder 76770  Bladder Only 76857
<b>UPPER OR LOWER EXTREMITY (NON VASCULAR) (SOFT TISSUE)</b>	Fluid collection Palpable Mass	76882
<b>UPPER OR LOWER EXTREMITY (VENOUS DOPPLER)</b>	Calf pain DVT follow-up Edema/swelling Positive Homan sign	93970
<b>ARTERIAL BRACHIAL INDEX (ABI)</b>	Claudication PAD PVD Diabetes Weak Pedal Pulses Rest Pain	93923

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## OUR LOCATIONS

Center	Address	Phone	Fax
<b>Ahwatukee</b>	4530 E. Ray Rd. Ste. 160, Phoenix, AZ 85044	(480) 893-1004	(480) 893-0306
<b>Apache Junction</b>	1840 W. Apache Trail, Apache Junction, AZ 85120	(480) 288-6400	(480) 288-4079
<b>Casa Grande</b>	1669 E. McMurray Blvd., Casa Grande, AZ 85122	(520) 876-0297	(520) 876-0167
<b>Gilbert</b>	4915 E. Baseline Rd. Ste. 116, Gilbert, AZ 85234	(480) 354-9200	(480) 354-9201
<b>Maricopa</b>	21300 N. John Wayne Pkwy. Ste. 113, Maricopa, AZ 85139	(520) 568-6411	(520) 568-6312
<b>Phoenix Osborn</b>	444 W. Osborn Rd. Ste. 105, Phoenix, AZ 85013	(602) 277-4111	(602) 277-1333
<b>Tempe</b>	2501 E. Southern Ave. Ste. 8, Tempe, AZ 85282	(480) 820-2021	(480) 345-7080

