

REFERENCE GUIDE FOR ORDERING US EXAMINATIONS

Body Part	Reason for Exam	Coverage	PREP?	Comments	Procedure Name	CPT
ABDOMEN	Pain, Nausea, Vomiting, Jaundice, Abdominal trauma, Masses/cysts Abnormal LFTs.	Liver, biliary system, kidneys, pancreas, aorta, IVC, spleen.	YES NPO 8 hrs		US ABDOMEN COMPLETE (IMG524)	76700
	Biliary symptoms, RUQ pain, N/V, Jaundice, Pediatric abdominal masses.	Limited area of abdomen (RUQ)	YES NPO 8 hrs	Enter specific indications in Comments.	US ABDOMEN LIMITED (IMG2416)	76705
	Evaluation for appendicitis, RLQ pain, suspicion of appendicitis, Rebound tenderness, Fever, Elevated WBC.	Appendix.	No	<u>MUST INDICATE IF THERE IS SUSPICION OF APPENDICITIS IN COMMENTS.</u>	US ABDOMEN LIMITED (IMG2416)	76705
	Flank pain, hematuria, suspicion of kidney stones/pyelonephritis, hydronephrosis, bladder mass.	Kidneys, bladder, ureters (if possible)	YES 16 oz water 2 hrs prior		US RENAL (IMG1080)	76770
	Pulsatile abd. mass, Follow up known AAA, Buttock/Thigh claudication.	Aorta, iliac arteries	YES NPO 8 hrs	If emergent, skip prep or order CT instead.	VAS AORTA ILIAC DUPLEX COMPLETE (IMG2163)	93978
	Family hx AAA or male age 65-75 that has smoked \geq 100 cigarettes in lifetime.	Aorta	YES NPO 8 hrs	Must be referred from Welcome to Medicare visit; for new Medicare pts.	AAA MEDICARE SCREENING (IMG775)	G0389
PELVIS	Pelvic pain, Vaginal bleeding, Follow up mass seen on prior imaging, Evaluation of ovarian cyst/mass, Uterine fibroid(s), Adnexal mass, Endometrial abnormality	Uterus, ovaries, adnexal spaces.	YES 32 oz water 2 hrs prior	Complete transabdominal and transvaginal ultrasound.	US PELVIS WITH TRANSVAGINAL (IMG2207)	76856 76830
	Pelvic pain, follow up mass seen on prior imaging, evaluation of ovarian cyst(s), adnexal mass.	Uterus, ovaries, adnexal spaces.	YES 32 oz water 2 hrs prior	Transabdominal ONLY. For pediatric patients or who decline TV. LTD evaluation of the endometrium.	US PELVIS TRANSABDOMINAL ONLY (IMG2206)	76856
	Abnormal bleeding, RPOC.	Uterus, ovaries, adnexal spaces	No	<u>EMERGENT LIMITED</u> evaluation of the female pelvis. Intended for ED use.	US NON OB TRANSVAGINAL (IMG547)	76830
	Mass/pain/swelling/redness, Symptoms of testicular torsion, Abscess.	Scrotum, testicles, epididymii	No		US SCROTUM AND TESTICLES (IMG551)	76870
OB	Evaluation of first trimester pregnancy, Dating.	Uterus, fetus, ovaries, adnexal spaces.	YES 32 oz water 2 hrs prior		US OB <14 WEEKS W TRANSVAGINAL (IMG2195)	76817 76801
	Evaluation of second trimester pregnancy, fetal anatomy, size, dates, placenta, fluid and cervix.	Uterus, cervix, fetus, adnexal space, maternal kidneys.	No	Complete OB scan for anatomy, size, dates.	US OB 14+ WEEKS SINGLE OR FIRST GESTATION (IMG532)	76805
	1 or 2 specific concerns such as: Fetal size/age or AFI or Targeted anatomy or Bleeding or IUGR or LGA or SROM	Very specific concern.	No	Enter specific indications in Comments. Order for 1 or 2 specific concerns.	US OB LTD 1+ FETUSES (IMG536)	76815
	1 or 2 specific concerns for a patient who has had a survey. Typically performed following a survey to evaluate anatomy not seen previously.	Limited to sub portions of a complete survey that could not be seen previously.	No	Enter specific indications in Comments. Prior images & report must be present at time of scan or survey may be repeated.	US OB TRANSABDOMINAL FOLLOW UP (IMG537)	76816
	IUGR, Macrosomia, Pre-eclampsia, Placental insufficiency, Fetal distress	Umbilical artery, umbilical vein	No	May be added to a singleton/twin OB scan or BPP.	US FETAL UMBILICAL CORD DOPPLER (IMG8661)	76820
	Abnormal cord Doppler, Abnormal growth.	Fetal middle cerebral artery (MCA)	No	May be added to a singleton/twin OB scan or BPP. PSPH ONLY.	US FETAL MIDDLE CEREBRAL ARERY (IMG8662)	76821

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EXTREMITY	Lump, subcutaneous cyst, abscess, Baker's cyst, suspicion of foreign body.	Any part of body, targeted check of specific palpable lump.	No	Must indicate specific body part and diagnosis in Comments to trigger correct protocol.	US EXTREMITY NON VASCULAR COMPLETE RIGHT (IMG2181) US EXTREMITY NON VASCULAR COMPLETE LEFT (IMG2180)	76881
	Suspicion of DVT, Redness, pain, swelling, positive Homann's sign, positive D-dimer, Extremity circumference discrepancy.	Deep and superficial veins.	No		VAS LOWER EXTREMITY VENOUS BILATERAL (IMG1212)	93970
					VAS LOWER EXTREMITY VENOUS RIGHT (IMG1215)	93971
					VAS LOWER EXTREMITY VENOUS LEFT (IMG1213)	93971
					----- VAS UPPER EXTREMITY VENOUS BILATERAL (IMG2230)	93970
VAS UPPER EXTREMITY VENOUS RIGHT (IMG2235)	93971					
VAS UPPER EXTREMITY VENOUS LEFT (IMG2231)	93971					
Claudication.	Arterial perfusion of the lower extremities.	No	PCH only. Patient is walked on a treadmill to induce symptoms.	VAS ANKLE BRACHIAL INDEX W EXERCISE (IMG2161)	93924	
Diminished or absent arterial pulse in lower extremities with, non healing ulcers, cardiovascular co-morbidities.	Resting arterial perfusion of the lower extremities.	No	ABI performed at rest and patient is not exercised.	VAS ANKLE BRACHIAL INDEX RESTING (IMG2160)	93922	