**CT and MRI Exam CPT Code Reference Guide**



If the CPT code you require is not listed, or you are unsure
of a CPT code needed please call us before submitting
authorization and we’ll be happy to assist you.

Valley Radiology Authorizations: 877-393-1933 Ext 2521



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| **CT Exam CPT Code Reference**Use this reference to quickly determine the correct exam for your patients based on their indications described herein and the CPT for the folder. |  |

\*Creatinine levels should be obtained prior to contrast studies. Please call if you have any questions.

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| **BODY PART** | **PROCEDURE FOR PREAUTHORIZATION** | **CPT CODE** | **INDICATIONS FOR EXAM OR STUDY** |
| CT HEAD | CT Head without contrast | 70450 | Trauma Shunt CheckHeadaches HydrocephalusTIA/CVA Change in Mental Status/Bleed ConfusionMemory Loss/ Dizziness/Vertigo Alzheimer’s |
| CT Head with and without contrast. (Note: MRI Brain may be preferred study if patient is able. Consult a radiologist) | 70470 | Primary Brain Cancer Metastases/known cancer (MRI preferable) Infection/Abscess |
| CT ORBITS | CT Orbits without contrast | 70480 | Trauma Foreign BodyFracture Bony Abnormalities Proptosis |
| CT Orbits with and without contrast | 70482 | Infection PainAbscess Mass/TumorCellulitis Cancer |
| CT SINUS | CT Sinus without contrast | 70486 | Sinusitis Nasal PolypsMass Deviated SeptumPain Sinus HeadacheRhinitisCongestion |
| CT FACE(From orbits to madible) | CT Maxillofacial without contrast | 70486 | Trauma FracturePain Bony Abnormalities |
| CT Maxillofacial with contrast | 70487 | Tumor InfectionSwelling Abscess Mass in Face |
| CT TEMPORAL BONES/MASTOIDS | CT Temporal Bones without contrast | 70480 | Hearing Loss Drainage in Ear Cholesteatoma |
| CT Temporal Bones with and without contrast | 70482 | Acoustic Neuroma (when there are contradictions in MRI) Tinnitus (Rigning in Ears) Mass |
| CT NECK | CT Soft Tissue Neck with contrast | 70491 | Focal Mass InfectionSwollen Lymph Nodes AbscessLymphoma Cancer TX Follow Up Dysphagia |
| CT Soft Tissue Neck without and with contrast | 70492 | Salivary Gland Stone |
| CT CHEST: General | CT Chest with contrast | 71260 | Abnormal CXR Neoplasm / MassShortness of Breath COPD / EmphysemaPneumonia Pleural effusion/empeyamaCough SarcoidosisHemoptysis AdenopathyChest Pain Asbestos Exposure Hilar Abnormality |
| CT Chest without contrast | 71250 | Lung Nodule Follow Up CoughIncedential Nodule on CXR COPD / Emphysema |
| CT CHEST:Low Dose Screening | CT Chest without contrast |   | Lung Cancer Screening(Please see requirements detailed on page 8) |



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| **BODY PART** | **PROCEDURE FOR PREAUTHORIZATION** | **CPT CODE** | **INDICATIONS FOR EXAM OR STUDY** |
| HIGH RESOLUTION | CT Chest without contrast | 71270 | Interstilial Disease Emphysema |
| CHEST | High Resolution |   | Fibrosis Bronchiectasis |
|   |   |   | COPD |
| CT ABDOMEN: | CT Abdomen with contrast | 74160 | Abdominal Pain Weight Loss |
| General |   |   | Abdominal US Nausea |
|   |   |   | Obstruction/Mass Vomiting |
|   | CT Abdomen without contrast | 74150 | Hernia Retroperitonal Hematoma |
|   |   |   | See Renal Stone Section |
| CT ABDOMEN & PELVIS: | Dual study: | 74177 | Mass Trauma |
| General (From lung bases | CT Abdomen with contrast |   | Abdominal Pain/Pelvic Pain Abnormal US |
| to pubis) | CT Pelvis with contrast |   | Appendicitis Constipation/ObstructionBloody Stool Cancer Staging |
|   |   |   | Nausea/Vomitting/Diarrhea |
|   |   |   | Diverticulitis |
|   |   |   | Weight Loss |
|   | Dual study: | 74170 | Cancer staging for Melanoma or Carcinoid |
|   | CT Abdomen with and without contrast | 72193 |   |
|   | CT Pelvis with contrast |   |   |
| CT COLONOGRAPHY: | CT Abdomen | 74263 | Colon Cancer Screening |
| Screening | CT Pelvis without contrast |   |   |
| CT COLONOGRAPHY: | CT Abdomen | 74261 | Rectal Bleeding: |
| Diagnostic | CT Pelvis with and without contrast |   | Changes in bowel habits changes in stool |
| RENAL STONE | Dual study: | 74176 | Hematuria Stone |
|   | CT Abdomen without contrast |   | Flank Pain Renal/Ureteral |
|   | CT Pelvis without contrast |   | Lower Back Pain Dysuria |
|   |   |   | Urinary Frequency |
| TRI-PHASE RENAL | CT Abdomen with and without contrast | 74170 | Hematuria Suspected Renal MassFlank Pain Polycystic Kidney Disease |
|   |   |   | Lower Back Pain History of Renal Cancer |
|   |   |   | Hydronephrosis Abnormal US |
| CT UROGRAM: | Dual study: | 74178 | Painless Hematuria History of Renal Cancer |
| (Urinary System, kidneys to bladder) | CT Abdomen with and without contrast |   | Abnormal Cystogram Abnormal Renal US Bladder Mass or Tumor |
|   | CT Pelvis with and without contrast |   |   |
| ADRENAL | CT Abdomen with and without contrast | 74170 | Adrenal Mass |
|   |   |   | LLQ or RLQ Pain Dysuria |
| CT PELVIS: | CT Pelvis with contrast | 72193 | Pelvic Pain Groin Pain |
| General (from iliac crest to |   |   | Abnormal Pelvic US Trauma |
| pubis) |   |   | Pelvic Mass Prostatis Infection/Abscess |
| CT PELVIS: without contrast | CT Pelvis without contrast | 72192 | Hernia Workup |



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| **BODY PART** | **PROCEDURE FOR PREAUTHORIZATION** | **CPT CODE** | **INDICATIONS FOR EXAM OR STUDY** |
| CT SPINE without CONTRAST | CT Cervical wo contrast | 72125 |

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| Pain Fracture |
| Trauma Post-op/Fusion |

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|  |  CT Thoracic wo contrast CT Lumbar wo contrast | 7212872132 |  |
|  |  | 72131 |

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|  Degenerative Disc Disease |
| Trauma Post-op/Fusion |

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|   |  |   |   |
| CT EXTREMITIES: | Dual study: | 73201 | Infection |
| Uper (hand, wrist, elbow, radius/ulna, humerus, shoulder) | CT Upper Extremity with contrast CT Lower Extremity with contrast | 73701 | Tumor/Mass/Cancer/Mets (MRI is more sensitive) |
|   |   |   |
|   | Dual study: | 73200 | Pain Fusion |
| CT EXTREMITIES: | CT Upper Extremity without | 73700 | Arthritis Malunion |
| Lower (foot, ankle, knee, hip | contrast |   | Fracture assessment |
| libia/fibula, femur) | CT Lower Extremity without contrast |   |   |
| CTA HEAD: | CT Brain with and without contrast | 70496 | Aneurysm TIA/CVA |
| (Circle of Willis) |   |   | Non-traumatic SAH Vascular Malformation Family history of Aneurysm |
|   |   |   | 3rd Nerve Palsy |
|  CT BRAIN |  CT Brain with and without contrast |  70470 |

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| Aneurysm TIA/CVA |
| Non-traumatic SAH Vascular Malformation Family history of Aneurysm |
| 3rd Nerve Palsy |

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| CT NECK ARTERIES | CT Angiography Neck with and without contrast | 70498 | Carotid Stenosis Abnormal CarotidBruit Sonogram |
|   |   |   | Stroke/CVA/TIA |
| CTA CHEST | CTA Chest with and without contrast | 71275 | Pulmonary Embolism Thoracic Aneurysm |
|   |   |   | Aortic Dissection Lung Nodule Follow Up |
| CTA ABDOMEN | CT Abdomen with and without contrast | 74175 | Abdominal Aortic Aneurysm Post Stent Grafting(AAA) Mesenteric Ischemia |
|   |   |   | Renal Artery Stenosis Retroperitoneal Bleed |
|   |   |   | Dissection |
| CTA ABDOMEN | CT Abdomen and pelvis with and | 74174 | Aneurysm |
| CTA PELVIS | without contrast |   | Stent Graft Assessment |
| CTA AORTA  | CT AORTA W / RUN OFF WITH WITHOUT INCLUDING IMAGES |  75635 |  |
| CTA ABDOMEN | CT Abdomen, pelvis, and lower | 74174 | Claudication |
| CTA PELVIS | extremities with and without | 73706 | Peripheral Vascular Disease |
| CTA LOWER EXTREMITIES | contrast |   | Aneurysm |
|   |   |   | Graft Assessment |

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| MRI Exam CPT Code ReferenceUse this reference to quickly determine the correct exam for your patients based on their indications described herein and the CPT for the folder. |  |

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| BODY PART | PROCEDURE FOR PREAUTHORIZATION | CPT CODE | INDICATIONS FOR EXAM OR STUDY | CONTRAST | SPEC |
| BRAIN | MRI Brain without contrast | 70551 | Alzheimer’s Stroke/CVAMental Status Change TIA (transient ischamicConfusion attack)Dementia TraumaMemory Loss Dizziness/Vertigo | No Contrast | Neuro |
| MRI Brain with and without contrast | 70553 | Tumor/Mass/Cancer weakness)Cranial Nerve Lesions Pituitary lesionHIV/AIDS Acoustic NeuromaInfection Syringomyelia (Syrinx)MS (multiple sclerosis) Visual ChangesNeurofibromatosis MetastasesHearing Loss IAC Vascular lesions (AVM)mass Elevated prolactinBell’s Palsy (facial Suspected MS | Yes Contrast | Neuro |
| MRA BRAIN: Arterial Circulation Cirlce of Willis | MRA Brain without contrast | 70544 | Aneurysm Family HistoryTIA (transient ischemic attack)Stroke/CVA (cerebrovascular accident) | No Contrast | Neuro |
| MRA Brain: Venous Circulation | MRA Brain without contrast | 70544 | Venous Thrombosis | No Contrast | Neuro |
| MRA Brain with and without contrast | 70546 | AVMSinus ThrombosisVenous Circulatory Symptoms | As determined by radiologist | Neuro |
| MRA Neck | MRA Neck with and without contrast | 70549 | Alzheimer’s TIAMental Status Change (transient ischemicStroke/CVA attack) | Yes Contrast | Neuro |
| MRI ORBITS: Includes brain plus cuts through the orbits |   | 70543 | Trauma Tumor/Mass/Cancer/Graves Disease MetsExpothalmos/proptosis Vascular lesionsPseudotumor (Hemangiome) | Yes Contrast | Neuro |
| MRI NECK: Soft Tissue | MRI Orbits/face/neck with and without contrast | 70543 | Infection Cancer/MetsPain Vocal Cord Paralysis Tumor/Mass | Yes Contrast | Neuro |
| MRI SPINE: Cervical | MRI Cervical Spine without contrast | 72141 | Neck Pain Degenerative DiskArm/Shoulder Pain DiseaseDisk Herniation (HNP) Radiculopathy Numbness | No contrast | Neuro Ortho |
| MRI Cervical Spine with and without contrast | 72156 | Syringomyelia (Syrinx) MS (Multiple Sclerosis)Discitis (disk infection) Tumor/Mass/Cancer/Osteomyelitis Mets Myelopathy | Yes contrast | Neuro Ortho |
| MRI SPINE: Thoracic | MRI Thoracic Spine without contrast | 72146 | Back Pain RadiculopathyDegenerative Disk TraumaDisease Compression FractureDisk Herniation (HNP) (no history of malignancy) | No contrast | Neuro Ortho |
| MRI Thoracic Spine with and without contrast | 72157 | Syringomyelia (Syrinx) MS (Multiple Sclerosis)Discitis (disk infection) Tumor/Mass/Cancer/Osteomyelitis Mets Myelopathy | Yes contrast | Neuro Ortho |



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| **BODY PART** | **PROCEDURE FOR PREAUTHORIZATION** | **CPT CODE** | **INDICATIONS FOR EXAM OR STUDY** | **CONTRAST** | **SPEC** |
| MRI SPINE: Lumbar | MRI Lumbar Spine without contrast | 72148 | Back/Leg Pain ScoliosisDegenerative Disk Sciatica/radiculopathyDisease Spinal stenosisDisk Herniation (HNP) Compression FractureRadiculopathy (no history of malignancy) Trauma | No contrast | Neuro Ortho |
| MRI Lumbar Spine with and without contrast | 72158 | Discitis (disk infection) Tumor/Mass/Cancer/Osteomyelitis MetsPost-op of backsurgery | Yes contrast | Neuro Ortho |
| MRILUMBOSACRAL PLEXUS | MRI Pelvis without contrast | 72195 | Leg Pain Lumbar plexopathySciatica Sacral/coccyx pain Radiculopathy | No Contrast | Neuro |
| MRIBRACHIAL PLEXUS | MRI Upper Extremity Non-joint with and without contrast | 73220 | Shoulder Injury nerve avulsion brachial plexopathy | Determined by radiologist | Neuro |
| MRI CHEST | MRI Chest/mediastinum with and without contrast | 71552 | Tumor/Mass/Cancer/Mets | Yes Contrast | Body |
| MRA AORTA | MRA Aorta with and without contrast | 74185 | Abdominal aortic dissection | Yes Contrast | Body |
| MRA AORTA: with peripheral runoff | MRA Aorta with and without contrast Lower extremity with and without contrast | 7418573725 | Peripheral vascular disease Claudication | No Contrast | Body |
| MRA CHEST | MRA Chest with and without contrast | 71555 | Excluding myocardium Thoracic aorta | Yes Contrast | Body |
| BREAST MRI | MRI Breast bilateral with and without contrast | 77049 | Newly diagnosed breast cancerFamily history of breast cancerBRCA1 and BRCA2 genes (some criterai may apply)Implant integrity rupture | Yes Contrast | Body |
| BREAST MRI | MRI Breast without contrast | 77046 | Breast Implant Evaluation | No Contrast | Body |
| MRIABDOMEN: | MRI Abdomen with and without contrast | 74183 | Tumor/Mass/Cancer/Mets Abdominal Pain | Yes Contrast | Body |
| MRIABDOMEN: Liver | Post embolization CirrhosisHemangioma Increased liver functionHepatoma tets Hepatitis |
| MRIABDOMEN: Renal | Hematuria (blood in Renal mass (cyst orurine) solid)Transitional cell Abnormal findings carcinoma of kidney |
| MRIABDOMEN: Adrenal | MRI Abdomen with and without contrast | 74183 | Adrenal mass or lesion Pheochromocytoma Hypertension | Determined by radiologist | Body |
| MRCP:Biliary | MRI Abdomen with and without contrast | 74183 | Abdominal Pain JaundiceBiliary obstruction Abnormal enzymes Stones | Yes contrast | Body |



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| **BODY PART** | **PROCEDURE FOR PREAUTHORIZATION** | **CPT CODE** | **INDICATIONS FOR EXAM OR STUDY** | **CONTRAST** | **SPEC** |
| MRCP: Pancreas | MRI Abdomen with and without contrast | 74183 | Pancreatitis Increased liver functionPancreas Mass tests | Yes contrast | Body |
|   |   |   | Cholangiocarcinoma Painless jaundice |   |   |
|   |   |   | PSC (Primary Ampulia evaluation |   |   |
|   |   |   | Sclerosis Cholangitis |   |   |
| MRAABDOMEN | MRA Abdomen with and without contrast | 74185 | Renal artery stenosis Mesenteric arterialHypertension Ischemia | Yes contrast | Body |
| MRA PELVIS: ilias vessels | MRA Pelvis with and without contrast | 72198 | Pelvic venous thrombosis | Yes contrast | Body |
| MRI PELVIS: Soft tissue: | MRI Pelvis with and without contrast | 72197 | Pain MetsAbscess Decubitus Ulcer | Yes contrast | Body |
| General |   |   | Tumor/Mass/Cancer/ |   |   |
| MRI PELVIS: Soft tissue: | MRI Pelvis with and without contrast | 72197 | Fibroid Fibroid EmbolizationAdenomysis (UFE) | Yes contrast | Body |
|   |   |   | Infertility Endometrioma |   |   |
| Uterus/Overies |   |   | Pre/Post-Unterine Ovarian Mass |   |   |
| MRI | Dual Study: | 74183 |   | Yes contrast | Body |
| ENTEROGRAPHY | MRI Abdomen with and without contrast | 72197 | Crohn’s Disease Crohn’s fistulousCeliac Disease disease | and Glucagon |   |
|   | MRI Pelvis with and without contrast |   | (Spruce) Small bowel tumor |   |   |
| MRI | MRI Non-joint without | 73218 | Fracture | No contrast | Body |
| EXTREMITY: | contrast: | 73718 | Stress fracture |   |   |
| NON-JOINT: | Upper extremity Lower extremity |   | Muscle or tendon tear |   |   |
| Forearm, humerus, Lower |   |   |   |   |   |
| MRI Non-joint with and | 73220 | Abscess Myositis | Yes contrast | Ortho |
| leg/calf, Femur/ thigh | without contrast: Upper extremity | 73720 | Ulcer OsteomyelitisTumor/Mass/Cancer/ Morton’s neuroma |   |   |
|   | Lower extremity |   | Mets Soft tissue tumor or |   |   |
|   |   |   | Plantar fascititis mass |   |   |
| MRI | MRI Joint without contrast: | 73221 | Arthritis Meninscla tear | No contrast | Ortho |
| EXTREMITY: | Upper extremity Lower extremity | 73721 | Avascular necrosis Muscle tear(AVN) Ligament tear |   |   |
| JOINT: |   |   | Stress fracture Cartilage tear |   |   |
| UPPER: |   |   | Internal derangement Ostochondritis |   |   |
| Hand |   |   | Joint pain dissecans (OCD) |   |   |
| Wrist |   |   |   |   |   |
|   |   |   |   |   |
| Elbow | MRI Joint with and without | 73223 | Abscess Inflammatory arthritis | Yes contrast | Ortho |
| Shoulder | contrast: | 73723 | Ulcer Septic arthritis |   |   |
| SC Joint | Upper extremity |   | Cellulitis Tumor/Mass/Cancer/ |   |   |
|   | Lower extremity |   | Plantar fascititis Mets |   |   |
| LOWER: |   |   | Myositis Labral tear Osteomyelitis |   |   |
| Foot |   |   |   |   |   |
| Ankle |   |   |   |   |   |
| Knee |   |   |   |   |   |
| Hip (whole pelvis) |   |   |   |   |   |



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| **BODY PART** | **PROCEDURE FOR PREAUTHORIZATION** | **CPT CODE** | **INDICATIONS FOR EXAM OR STUDY** | **CONTRAST** | **SPEC** |
| MRI HIP/ PELVIS | MRI Pelvis without contrast | 72195 | Fracture TraumaHip/Pelvis Pain Muscle/Tendon tear | No contrast | Ortho |
| MRI Pelvis with and without contrast | 72197 | Tumor/Mass/Cancer/ OsteomyelitisMets Septic arthritis | Yes contrast | Ortho |
| MRA UPPER EXTREMITY | MRA Upper Extremity with and without contrast | 73225 | Subiciavian Tenderness Redness or swelling | Yes contrast | Ortho |
| MRA LOWER EXTREMITY | MRA Lower Extremity with and without contrast | 73725 | Peripheral vascular disease | Yes contrast | Ortho |
| MR ARTHO- GRAM: Upper Extremity: Shoulder Elbow Wrist | MRI Upper Extremity Joint with and without contrast | 73222 | Slap tear Ligament injuryLabral tear Tunnel syndromeLoose body TFCC tear | Yes contrast | Ortho |
| MR ARTHO- GRAM: Lower Extremity: HipKnee Ankle | MRI Lower Extremity Joint with and without contrast | 73723 | Labral Tear FAI (Femoracetabular impingement) Loose Body OCD lesion (Osteochondritis Dissecans) | Yes contrast | Ortho |



**Lung Cancer Screening Requirements**

**Decision Memo for Screening for Lung Cancer with Low Dose Computed Tomography (LDCT) (CAG-00439N)**

**Decision Summary**

The Centers for Medicare & Medicaid Services (CMS) has determined that the evidence is sufficient to add a lung cancer screening counseling and shared decision making visit, and for appropriate beneficiaries, annual screening for lung cancer with low dose computed tomography (LDCT), as an additional preventive service benefit under the Medicare program only if all of the following criteria are met:

Beneficiary eligibility criteria:

* Age 55 — 77 years;
* Asymptomatic (no signs or symptoms of lung cancer);
* Tobacco smoking history of at least 30 pack-years (one pack-year = smoking one pack per day for one year; 1 pack = 20 cigarettes);
* Current smoker or one who has quit smoking within the last 15 years; and
* Receives a written order for LDCT lung cancer screening that meets the following criteria:
* *For the initial LDCT lung cancer screening service:* a beneficiary must receive a written order for LDCT lung cancer screening during a lung cancer screening counseling and shared decision making visit, furnished by a physician (as defined in Section 1861(r)(1) of the Social Security Act) or qualified non-physician practitioner (meaning a physician assistant, nurse practitioner, or clinical nurse specialist as defined in §1861(aa)(5) of the Social Security Act). A lung cancer screening counseling and shared decision making visit includes the following elements (and is appropriately documented in the beneficiary's medical records):
* Determination of beneficiary eligibility including age, absence of signs or symptoms of lung cancer, a specific calculation of cigarette smoking pack-years; and if a former smoker, the number of years since quitting;
* Shared decision making, including the use of one or more decision aids, to include benefits and harms of screening, follow-up diagnostic testing, over-diagnosis, false positive rate, and total radiation exposure;
* Counseling on the importance of adherence to annual lung cancer LDCT screening, impact of comorbidities and ability or willingness to undergo diagnosis and treatment;
* Counseling on the importance of maintaining cigarette smoking abstinence if former smoker; or the importance of smoking cessation if current smoker and, if appropriate, furnishing of information about tobacco cessation interventions; and
* If appropriate, the furnishing of a written order for lung cancer screening with LDCT.
* *For subsequent LDCT lung cancer screenings:* the beneficiary must receive a written order for LDCT lung cancer screening, which may be furnished during any appropriate visit with a physician (as defined in Section 1861(r)(1) of the Social Security Act) or qualified non-physician practitioner (meaning a physician assistant, nurse practitioner, or clinical nurse specialist as defined in Section 1861(aa) (5) of the Social Security Act). If a physician or qualified non-physician practitioner elects to provide a lung cancer screening counseling and shared decision making visit for subsequent lung cancer screenings with LDCT, the visit must meet the criteria described above for a counseling and shared decision making visit.
* Written orders for both initial and subsequent LDCT lung cancer screenings must contain the following information, which must also be appropriately documented in the beneficiary's medical records:
* Beneficiary date of birth;
* Actual pack - year smoking history (number);
* Current smoking status, and for former smokers, the number of years since quitting smoking;
* Statement that the beneficiary is asymptomatic (no signs or symptoms of lung cancer); and
* National Provider Identifier (NPI) of the ordering practitioner.



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