

2019 RADIOLOGY CPT CODES

BONE DENSITOMETRY

| | | | |
|--|-------|--|--|
| <input type="checkbox"/> Bone Density/DEXA | 77080 | | |
|--|-------|--|--|

CT

| | | | | | | | |
|---|-------|--|-------|---|-------|---|-------|
| <input type="checkbox"/> CT Abd & Pelvis W/ Contrast | 74177 | <input type="checkbox"/> CT Enterography W/ Contrast | 74177 | <input type="checkbox"/> CT Max/Facial W/O Contrast | 70486 | <input type="checkbox"/> CT Sinus Complete W/O Contrast | 70486 |
| <input type="checkbox"/> CT Abd & Pelvis W/O Contrast | 74178 | <input type="checkbox"/> CT Extremity Lower W/ Contrast | 73701 | <input type="checkbox"/> CT Neck W/ Contrast | 70491 | <input type="checkbox"/> CT Sinus Limited W/O Contrast | 76380 |
| <input type="checkbox"/> CT Abd & Pelvis W/O Contrast | 74176 | <input type="checkbox"/> CT Extremity Lower W/O Contrast | 73700 | <input type="checkbox"/> CT Neck W/O Contrast | 70490 | <input type="checkbox"/> CT Spine Cervical W/ Contrast | 72126 |
| <input type="checkbox"/> CT Abd W/ Contrast | 74160 | <input type="checkbox"/> CT Extremity Upper W/ Contrast | 73201 | <input type="checkbox"/> CT Orbit/ IAC W/ Contrast | 70481 | <input type="checkbox"/> CT Spine Cervical W/O Contrast | 72125 |
| <input type="checkbox"/> CT Abd W/O Contrast | 74150 | <input type="checkbox"/> CT Extremity Upper W/O Contrast | 73200 | <input type="checkbox"/> CT Orbit/ IAC W/O Contrast | 70480 | <input type="checkbox"/> CT Spine Lumbar W/ Contrast | 72132 |
| <input type="checkbox"/> CT Abd W W/O Contrast | 74170 | <input type="checkbox"/> CT Head W/ Contrast | 70460 | <input type="checkbox"/> CT Orbit/ IAC W W/O Contrast | 70482 | <input type="checkbox"/> CT Spine Lumbar W/O Contrast | 72131 |
| <input type="checkbox"/> CT Chest W/ Contrast | 71260 | <input type="checkbox"/> CT Head W/O Contrast | 70450 | <input type="checkbox"/> CT Pelvis W/ Contrast | 72193 | <input type="checkbox"/> CT Spine Thoracic W/ Contrast | 72129 |
| <input type="checkbox"/> CT Chest W/O Contrast | 71250 | <input type="checkbox"/> CT Head W W/O Contrast | 70470 | <input type="checkbox"/> CT Pelvis W/O Contrast | 72192 | <input type="checkbox"/> CT Spine Thoracic W/O Contrast | 72128 |
| <input type="checkbox"/> CT Chest W W/O Contrast | 71270 | <input type="checkbox"/> CT Max/Facial W/ Contrast | 70487 | <input type="checkbox"/> CT Pelvis W W/O Contrast | 72194 | <input type="checkbox"/> CT Stone Protocol W/O Contrast | 74176 |

CTA

| | | | | | | | |
|--|-------|---|-------|---|-------|--|-------|
| <input type="checkbox"/> Cardiac Calcium Score only | 75571 | <input type="checkbox"/> CT Angiogram Abd & Pelvis W W/O Contr. | 74174 | <input type="checkbox"/> CT Angiogram Head W W/O Contrast | 70496 | <input type="checkbox"/> CT / CTA Heart W Contrast | 75574 |
| <input type="checkbox"/> CT Angiogram Abdomen W W/O Contrast | 74175 | <input type="checkbox"/> CT Angiogram Chest W W/O Contrast | 71275 | <input type="checkbox"/> CT Angiogram Neck W W/O Contrast | 70498 | <input type="checkbox"/> CT Heart W Contrast | 75572 |

MAMMOGRAPHY

*Tomo code is used in conjunction with Mammo code

| | | | | | | | |
|---|-------|---|-------|--|-------|---|-------|
| <input type="checkbox"/> Mammogram, Screen/Yearly | 77067 | <input type="checkbox"/> Mammogram Unilateral | 77065 | <input type="checkbox"/> Mammogram Bilateral | 77066 | <input type="checkbox"/> Tomosynthesis Screening * | 77063 |
| | | | | | | <input type="checkbox"/> Tomosynthesis Diagnostic Uni / Bil * | G0279 |

MRA

| | | | | | | | |
|---|-------|---|-------|--|-------|--|-----------------|
| <input type="checkbox"/> MRA Abdomen W W/O Contrast | 74185 | <input type="checkbox"/> MRA Extremity Upper W W/O Contrast | 73225 | <input type="checkbox"/> MRA Head W W/O Contrast | 70546 | <input type="checkbox"/> MRA Neck W W/O Contrast | 70549 |
| <input type="checkbox"/> MRA Chest W W/O Contrast | 71555 | <input type="checkbox"/> MRA Head W/ Contrast | 70545 | <input type="checkbox"/> MRA Neck W/ Contrast | 70548 | <input type="checkbox"/> MRA Pelvis W W/O Contrast | 72198 |
| <input type="checkbox"/> MRA Extremity Lower W W/O Contrast | 73725 | <input type="checkbox"/> MRA Head W/O Contrast | 70544 | <input type="checkbox"/> MRA Neck W/O Contrast | 70547 | <input type="checkbox"/> MRA Runoff | 74185, 73725 x2 |

MRI

| | | | | | | | |
|---|-------|--|-------|--|--------------|---|--------------|
| <input type="checkbox"/> MRI Abdomen W/O Contrast | 74181 | <input type="checkbox"/> MRI Extremity Lower W W/O Contrast | 73720 | <input type="checkbox"/> MRI Extremity Upper Joint W/O Contrast - Shoulder, Elbow, Wrist | 73221 | <input type="checkbox"/> MRI Pelvis Attn: Prostate W W/O Contrast (Prostate W/ 3D Reconstruction) | 72197, 76377 |
| <input type="checkbox"/> MRI Abdomen W W/O Contrast | 74183 | <input type="checkbox"/> MRI Extremity Lower Joint W/O Tib/Fib, Mid/Foreft, Femur, Foreft/Toes | 73721 | <input type="checkbox"/> MRI Extremity Upper Joint W W/O Contrast - Shoulder, Elbow, Wrist | 73223 | <input type="checkbox"/> MRI Spine Cervical W/O Contrast | 72141 |
| <input type="checkbox"/> MRI Brain W/O Contrast | 70551 | <input type="checkbox"/> MRI Extremity Lower Joint W/O Contrast - Knee, Ankle, Mid/Hindfoot, Hip | 73723 | <input type="checkbox"/> MR Enterography W W/O Contrast | 74183, 72197 | <input type="checkbox"/> MRI Spine Cervical W W/O Contrast | 72156 |
| <input type="checkbox"/> MRI Brain W W/O Contrast | 70553 | <input type="checkbox"/> MRI Extremity Upper W/O Contrast | 73218 | <input type="checkbox"/> MRI Orbit, Face, Neck W/O Contrast | 70540 | <input type="checkbox"/> MRI Spine Lumbar W/O Contrast | 72148 |
| <input type="checkbox"/> MRI Breast W/O Contrast | 77047 | <input type="checkbox"/> MRI Extremity Upper W/O Contrast Brachial Plexus, Scapula, Humerus, Forearm, Hand | 73220 | <input type="checkbox"/> MRI Orbit, Face, Neck W W/O Contrast | 70543 | <input type="checkbox"/> MRI Spine Lumbar W W/O Contrast | 72158 |
| <input type="checkbox"/> MRI Breast W W/O Contrast | 77049 | <input type="checkbox"/> MRI Extremity Upper W W/O Contrast Tib/Fib, Mid/Foreft, Femur, Foreft/Toes | 73220 | <input type="checkbox"/> MRI Pelvis W/O Contrast | 72195 | <input type="checkbox"/> MRI Spine Thoracic W/O Contrast | 72146 |
| <input type="checkbox"/> MRI Chest W/O Contrast | 71550 | | | <input type="checkbox"/> MRI Pelvis W/O Contrast | 72195 | <input type="checkbox"/> MRI Spine Thoracic W W/O Contrast | 72157 |
| <input type="checkbox"/> MRI Chest W W/O Contrast | 71552 | | | <input type="checkbox"/> MRI Pelvis W/O Contrast | 72197 | <input type="checkbox"/> MRI TMJ W/O Contrast | 70336 |

NUCLEAR MEDICINE

| | | | | | | | |
|--|--------------|---|-------|---|-------|--|-------|
| <input type="checkbox"/> 3 Phase Bone Scan | 78315 | <input type="checkbox"/> Hepatobiliary/Disida/Hida with CCK | 78227 | <input type="checkbox"/> MUGA | 78472 | <input type="checkbox"/> SPECT Bone Scan | 78320 |
| <input type="checkbox"/> Cardiac Nuclear Stress Testing | 78452, 93015 | <input type="checkbox"/> Hepatobiliary/Disida/Hida W/O CCK | 78226 | <input type="checkbox"/> Parathyroid Planar Imaging | 78070 | <input type="checkbox"/> Thyroid Uptake and Scan | 78014 |
| <input type="checkbox"/> Non-Nuclear Treadmill Only Stress | 93015 | <input type="checkbox"/> I-131 TX ___mCi | CALL | <input type="checkbox"/> Renal Captopril | 78708 | <input type="checkbox"/> WB I-131 Thyroid Carcinoma Scan | 78018 |
| <input type="checkbox"/> DaT Scan (Boca and Delray) | 78607 | <input type="checkbox"/> Liver Spleen Scan | 78215 | <input type="checkbox"/> Renal Lasix | 78708 | <input type="checkbox"/> Whole Body Bone Scan | 78306 |
| <input type="checkbox"/> Gastric Empty | 78264 | <input type="checkbox"/> Liver Spect | 78205 | <input type="checkbox"/> Triple Renal Scan | 78708 | | |

PET/CT

| | | | | | | | |
|---|--------------|--|---------------------|---|-------|--|---------------------|
| <input type="checkbox"/> Brain PET/CT Localization W/O IV | 78608 | <input type="checkbox"/> Melanoma/Merkel cell PET/CT Localization W/O IV | 78816 | <input type="checkbox"/> NaF PET/CT Bone Scan | 78816 | <input type="checkbox"/> Eyes - Thighs PET/CT Localization W/O IV | 78815 |
| <input type="checkbox"/> Brain PET/CT Diagnostic W/O IV | 78608, 70450 | <input type="checkbox"/> Melanoma/Merkel PET/CT Diagnostic with IV & Oral (Chest/Abd/Pelvis) | 78816, 74177, 71260 | | | <input type="checkbox"/> Eyes - Thighs PET/CT Diagnostic (Chest/Abd/Pelvis) with IV & Oral | 78815, 71260, 74177 |

RADIOLOGY

| | | | | | | | |
|--|-------|--|-------|---|-------|--|-------|
| <input type="checkbox"/> Abdomen 1 view | 74018 | <input type="checkbox"/> Finger (s) 2 or more views | 73140 | <input type="checkbox"/> Ribs Unilat w/AP CXR 3 or more views | 71101 | <input type="checkbox"/> Spine Lumbar Spine 2 or 3 views | 72100 |
| <input type="checkbox"/> Abdomen 2 views | 74019 | <input type="checkbox"/> Foot 3 or more views | 73630 | <input type="checkbox"/> Ribs Bilat w/AP CXR 4 or more views | 71111 | <input type="checkbox"/> Spine Lumbosacral min. 4 views | 72110 |
| <input type="checkbox"/> Abdomen 3 or more views | 74021 | <input type="checkbox"/> Forearm 2 views | 73090 | <input type="checkbox"/> Sacrum / Coccyx 2 or more views | 72220 | <input type="checkbox"/> Spine Lumbar Complete Bend min. 6 views | 72114 |
| <input type="checkbox"/> AC Joints | 73050 | <input type="checkbox"/> Hand 3 or more views | 73130 | <input type="checkbox"/> SC Joints 3 or more views | 71130 | <input type="checkbox"/> Spine Lumbar Bend only 2 or 3 views | 72120 |
| <input type="checkbox"/> Ankle 3 views | 73610 | <input type="checkbox"/> Heel 2 or more views | 73650 | <input type="checkbox"/> Scapula | 73010 | <input type="checkbox"/> Spine Scoliosis Study 1 view | 72081 |
| <input type="checkbox"/> Bone Age Studies | 77072 | <input type="checkbox"/> Hip Bilateral w/ Pelvis 5 or more views | 73523 | <input type="checkbox"/> Shoulder 2 or more views | 73030 | <input type="checkbox"/> Spine Scoliosis Study 2 or 3 views | 72082 |
| <input type="checkbox"/> Chest single view | 71045 | <input type="checkbox"/> Hip Unilateral w/ Pelvis 2 to 3 views | 73502 | <input type="checkbox"/> SI Joints 3 or more views | 72202 | <input type="checkbox"/> Spine Thoracic 3 views | 72072 |
| <input type="checkbox"/> Chest 2 views | 71046 | <input type="checkbox"/> Humerus 2 or more views | 73060 | <input type="checkbox"/> Sinuses 3 or more views | 70220 | <input type="checkbox"/> Sternum 2 or more views | 71120 |
| <input type="checkbox"/> Chest 3 views | 71047 | <input type="checkbox"/> IVP | 74400 | <input type="checkbox"/> Skull 4 or more views | 70260 | <input type="checkbox"/> Tib / Fib 2 views | 73590 |
| <input type="checkbox"/> Chest 4 or more views | 71048 | <input type="checkbox"/> Knee 3 views | 73562 | <input type="checkbox"/> Soft Tissue Neck | 70360 | <input type="checkbox"/> TMJ Joints-Bilateral | 70330 |
| <input type="checkbox"/> Clavicle | 73000 | <input type="checkbox"/> Mandible 4 or more views | 70110 | <input type="checkbox"/> Spine Cervical 2 or 3 views | 72040 | <input type="checkbox"/> Toe (s) 2 or more views | 73660 |
| <input type="checkbox"/> Elbow 3 views | 73080 | <input type="checkbox"/> Nasal Bones 3 or more views | 70160 | <input type="checkbox"/> Spine Cervical AP, Lat and Obliques 4 or 5 views | 72050 | <input type="checkbox"/> Wrist 3 or more views | 73110 |
| <input type="checkbox"/> Eyes, Foreign Body | 70030 | <input type="checkbox"/> Orbits 4 or more views | 70200 | <input type="checkbox"/> Spine Cervical AP, Lat and Obliques with flex ext. 6 or more views | 72052 | | |
| <input type="checkbox"/> Facial Bones Complete | 70150 | <input type="checkbox"/> Osseous Survey (Metastatic) | 77075 | | | | |
| <input type="checkbox"/> Femur 2 or more views | 73552 | <input type="checkbox"/> Pelvis 1 or 2 views | 72170 | | | | |

ULTRASOUND

| | | | | | | | |
|--|-------|---|-------|--|-------|---|-------|
| <input type="checkbox"/> US Abdomen Complete | 76700 | <input type="checkbox"/> Echocardiography | 93306 | <input type="checkbox"/> US OB additional gestation | 76802 | <input type="checkbox"/> US Retroperitoneal Ltd. (Aorta or Renal) | 76775 |
| <input type="checkbox"/> US Abdomen Limited | 76705 | <input type="checkbox"/> EKG ONLY | 93000 | <input type="checkbox"/> US OB > 14 weeks | 76805 | <input type="checkbox"/> US Scrotum & Contents | 76870 |
| <input type="checkbox"/> US Bi-Carotid Dop-extracranial Artery | 93880 | <input type="checkbox"/> US Extremity Arteries Bilateral | 93925 | <input type="checkbox"/> US OB < 14 weeks Pregnancy 1st Trim. | 76801 | <input type="checkbox"/> US Stress Echo | 93351 |
| <input type="checkbox"/> US Bladder | 76857 | <input type="checkbox"/> US Extremity Arteries Unilateral | 93926 | <input type="checkbox"/> US OB Transvaginal | 76817 | <input type="checkbox"/> US Transvaginal | 76830 |
| <input type="checkbox"/> US Breast Complete (w/ axilla) | 76641 | <input type="checkbox"/> US Extremity Veins Bilateral | 93970 | <input type="checkbox"/> US Pelvic | 76856 | | |
| <input type="checkbox"/> US Breast Limited | 76642 | <input type="checkbox"/> US Extremity Veins Unilateral | 93971 | <input type="checkbox"/> US Pleural Effusion Chest | 76604 | | |
| <input type="checkbox"/> US Joint/Soft Tissue Limited | 76882 | <input type="checkbox"/> US Neck, Thyroid/Parathyroid | 76536 | <input type="checkbox"/> US Retroperitoneal Compl. (Renal & Bladder) | 76770 | | |

CONTRAST GUIDELINES

Please be assured these are recommendations only. If you would like to speak to one of our radiologists for the best contrast guidelines for your patient, please call us directly.

The ACR recommends that patients taking Metformin be classified into one of two categories based on the patient's renal function (as measured by GFR).

1. Based on the ACR recommendations, patients who are taking Metformin and are non-renal compromised i.e., with normal creatinine level, can safely take their Metformin, without any restriction before or after the contrast injection.
2. In patients taking Metformin who are known to have acute kidney injury or severe chronic kidney disease (stage IV or stage V), the contrast will not be administered unless the patient is scheduled for dialysis the next day or within 24 hours. In which case, the Metformin should be temporarily discontinued at the time of the procedure, and be withheld for 48 hours subsequent to the procedure and reinstated thereafter.

| Contrast Guidelines | | With | Without | With/Without |
|--------------------------------------|---|------|---------|--------------|
| CT Brain | Cancer | | | * |
| | Infection | | | * |
| | CVA / TIA | | * | |
| | Trauma | | * | |
| | Headache | | * | * |
| Neck | All | * | | |
| | Exception: Salivary Stone | | | * |
| Chest | Cancer | * | | |
| | Inflammation | * | | |
| | Infections | * | | |
| | Pulmonary Nodule | | * | |
| | Pulmonary Fibrosis | | * | |
| | R/O Aortic Dissection | | | * |
| Abdomen / Pelvis | In general all: | * | | |
| | Cancer / Liver mets: Abdomen | | | * |
| | Cancer / Liver mets: Pelvis | * | | |
| | Renal Calculi (No IV, no oral) | | * | |
| | Renal Tumor | | | * |
| IVP / KUB / CT Abd / Pelvis: No Oral | | | | * |
| MRI Brain | All | | | * |
| MRI Abdomen | All | | | * |
| Musculoskeletal | Most | | * | |
| | Exception Tumor / Infection | | | * |
| MRI Spine | Most | | * | |
| | Exception S / P Laminectomy, Surgery, Metastatic Disease, Infection | | | * |
| MRCP | | | * | |
| MRA Head | | | * | |
| MRA Carotid / Neck | | | | * |
| MRA Chest | | | | * |
| MRA Abdomen | | | | * |

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