



MEDICAL IMAGING



DIAGNOSTIC IMAGING  
NORTHWEST

An Alliance of TRA Medical Imaging and MultiCare Health System

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# RADIOLOGY ORDERING GUIDE

## OUR GUIDING PRINCIPLE

Patients come first.

## OUR CORE VALUES

Compassionate Care  
 Accountability and Integrity  
 Respect  
 Excellent Service

## OUR MISSION

Deliver the highest quality medical imaging services to you and your family through teamwork, empathy, and innovation.  
 Trust our family to care for yours.

## TRA MEDICAL IMAGING

Scheduling (Pierce County)	253-761-4200
Scheduling Fax (Pierce County)	253-761-4201
Scheduling (Thurston County)	360-413-8383
Scheduling Fax (Thurston County)	360-413-8323
Billing	866-231-9211
Prior Authorization Specialists	253-761-4200 Opt. 6 Ext. 7603
Medical Records	253-761-4200 Opt. 4

[tranow.com](http://tranow.com)

## DIAGNOSTIC IMAGING NORTHWEST

Scheduling	253-841-4353
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Billing	866-807-9785
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Medical Records	253-841-4353 Opt. 4

[dinw.com](http://dinw.com)

## STREAMLINED ACCESS FOR PROVIDERS

To connect with a radiologist any time, call: 253-761-4200, Opt. 1



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*The information in this guide is for reference only. This does not imply protocol standards for all radiology facilities. Information is subject to change. For the most current information, visit [tranow.com/ordering-guide](https://www.tranow.com/ordering-guide).*

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## RISK FACTORS FOR BREAST IMAGING

Consider performing breast cancer risk assessment for all women at age 30.

### AVERAGE RISK WOMEN:

- Start conversation at age 40 to begin screening mammography.
- The American College of Radiology recommends beginning annual screening mammography at age 40. Discuss with your patient regarding the most appropriate screening regimen.

### HIGH RISK WOMEN:

- Annual screening mammography at age 40 or 10 years prior to age of diagnosis in first degree relative.
- Annual breast MRI.
- No role for screening breast ultrasound unless patient cannot tolerate MRI.

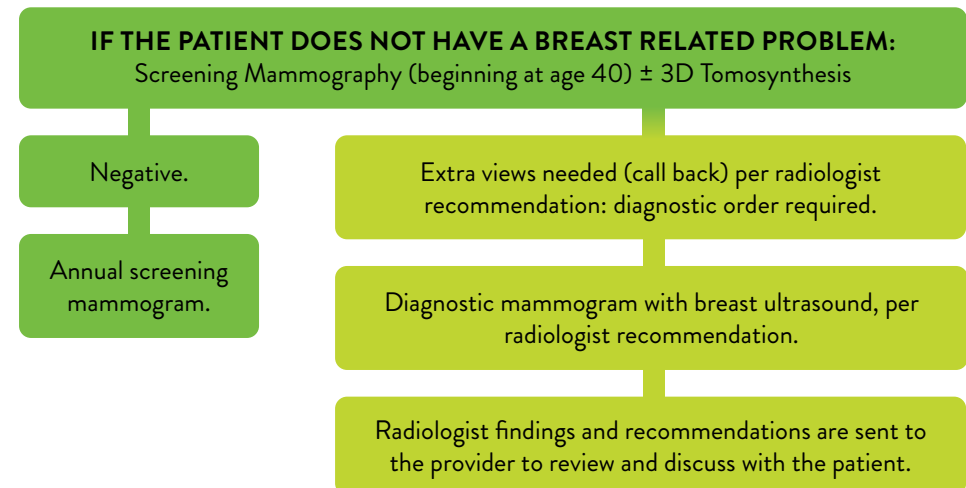
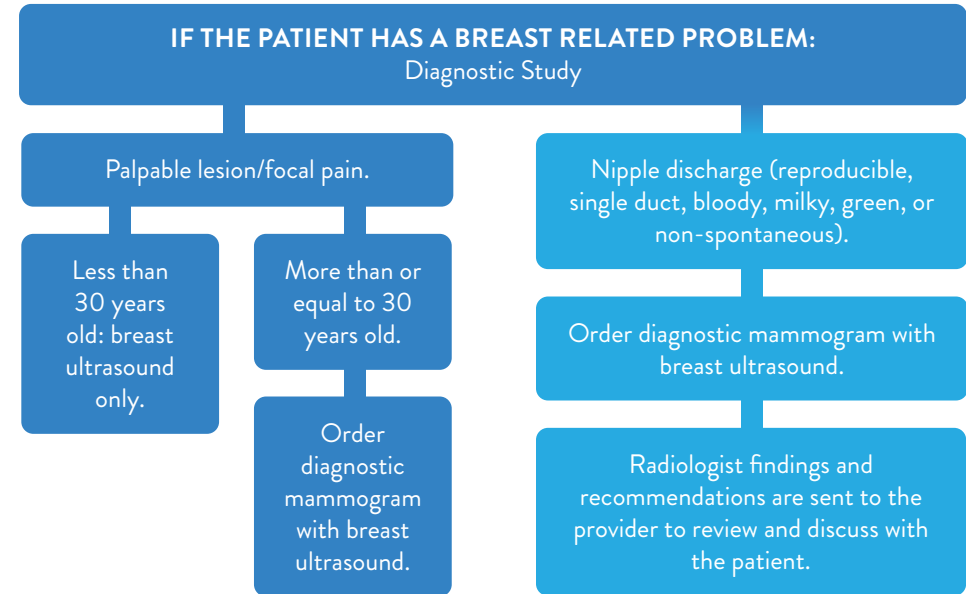
### RISK FACTORS FOR BREAST CANCER:

- Obesity
- Tobacco use
- African American race
- Gene mutation (BRCA, p53, Chek2)
- Atypia found on previous breast biopsy
- Chest wall radiation
- Personal history of breast cancer

### PREGNANT/LACTATING PATIENTS:

- If there is a sign or symptom (pain, lump, nipple discharge): order both an ultrasound and a mammogram.
- If no breast complaints, these patients can undergo screening as any other patient.

## MAMMOGRAPHY ORDERING DECISION TREE



## CPT CODES FOR BREAST IMAGING

**Screening Mammography**

77067: Bilateral digital mammography including CAD

77063: Screening breast 3D tomosynthesis

**Diagnostic Mammography Unilateral**

77065: Unilateral digital mammography including CAD

77061: Unilateral breast 3D tomosynthesis

**Diagnostic Mammography Bilateral**

77066: Bilateral digital mammography including CAD

77062: Bilateral breast 3D tomosynthesis

**Biopsy**

Coding varies depending on procedure. Contact coding department for detailed explanation.

**Breast MRI**

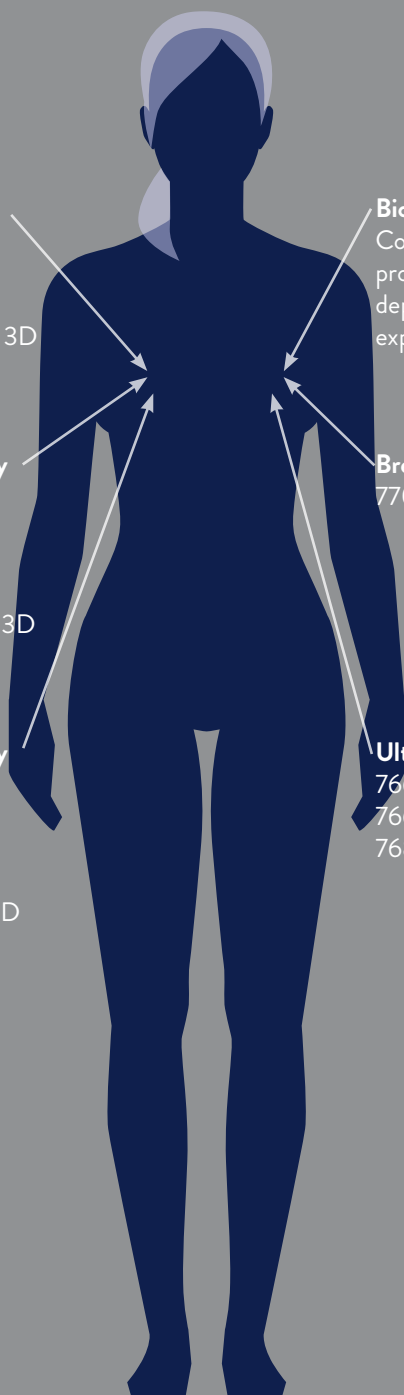
77059: Bilateral breast MRI

**Ultrasound**

76641: Unilateral complete

76642: Unilateral limited

76882: Axilla alone

BREAST IMAGING: DIAGNOSTIC/  
CLINICAL SCENARIOS

SYMPTOMS/BODY PART	GUIDELINES	PROCEDURE
Lump or focal pain	Women < 30	US only. If suspicious finding on US, perform mammography (CC and MLO).
	Women ≥ 30	Mammogram (bilateral CC and MLO) and US. <ul style="list-style-type: none"> <li>• If mammogram performed less than 6 months prior, start with US.</li> <li>• If mammogram performed less than 12 months prior, perform unilateral mammogram.</li> </ul>
Diffuse or cyclical pain (this is a benign symptom - if patient presents for imaging, the ordered study will be performed)	Women < 30	Start with US. If suspicious finding on US, perform mammography.
	Women ≥ 30	Mammogram (bilateral CC and MLO). US performed at discretion of radiologist. <ul style="list-style-type: none"> <li>• If mammogram performed less than 6 months prior, start with US.</li> <li>• If mammogram performed less than 12 months prior, perform unilateral mammogram.</li> </ul>
Nipple discharge	Women < 30	Targeted US. If suspicious finding on US, perform mammography (CC and MLO).
	Women ≥ 30	Mammogram (bilateral CC and MLO) and US. <ul style="list-style-type: none"> <li>• If mammogram performed less than 6 months prior, start with US.</li> <li>• If mammogram performed less than 12 months prior, perform unilateral mammogram.</li> </ul>
Skin changes	Women < 30	Targeted US. If suspicious finding on US, perform mammography (CC and MLO).
	Women ≥ 30	Mammogram (bilateral CC and MLO). US performed at discretion of radiologist. <ul style="list-style-type: none"> <li>• If mammogram performed less than 6 months prior, start with US.</li> <li>• If mammogram performed less than 12 months prior, perform unilateral mammogram.</li> </ul>
Post lumpectomy	Annual bilateral diagnostic mammogram for 5 years. If first exam is ordered as a unilateral, subsequent exams will be bilateral.	
Post mastectomy	Screening mammogram annually on contralateral side.	
Pregnant/lactating patient (lump, pain, nipple discharge)	Initial evaluation with US. If malignancy suspected, perform mammogram (CC and MLO). Shield patient. Have patient sign consent for mammography. Pregnant patients can undergo mammographic screening. Guidelines are the same for non-pregnant patients.	

**MEN:**

- Age < 20. Perform US. Add mammogram (CC and MLO) if necessary.
- Age > 20. Mammogram (bilateral CC and MLO). Add US if needed.

## BREAST IMAGING: HIGHER THAN AVERAGE RISK PATIENTS

SCENARIO	PROCEDURE
Patients at high lifetime risk (BRCA mutation, chest wall radiation, strong family history) for breast cancer (>20%)	<p>Begin annual screening mammography 10 years prior to diagnosis of nearest relative, but not before age 30.</p> <p>Patients with chest wall radiation should begin annual screening mammography 8 years after radiation, but not before age 25.</p> <p>Consider annual breast MR in addition to annual mammography.</p>
Patients at intermediate risk (atypia on bx, previous breast cancer history) for breast cancer (15 - 20%)	Begin annual screening mammography at time of diagnosis (atypia, cancer), but not before 30.

## HOW EARLY SCREENING HELPED SAVE A PATIENT'S LIFE

Until recently, conventional wisdom and most doctors recommended that women start getting annual mammograms at age 50. If Jaci had heeded that advice, odds of her surviving beyond the next few years would have been as low as 20 percent. Instead, through early detection and the care she received at TRA, Jaci is looking forward to enjoying life alongside her new husband and family with a 95 percent chance of success.

To learn about early detection and view Jaci's full story, visit [tranow.com/early-detection](http://tranow.com/early-detection).



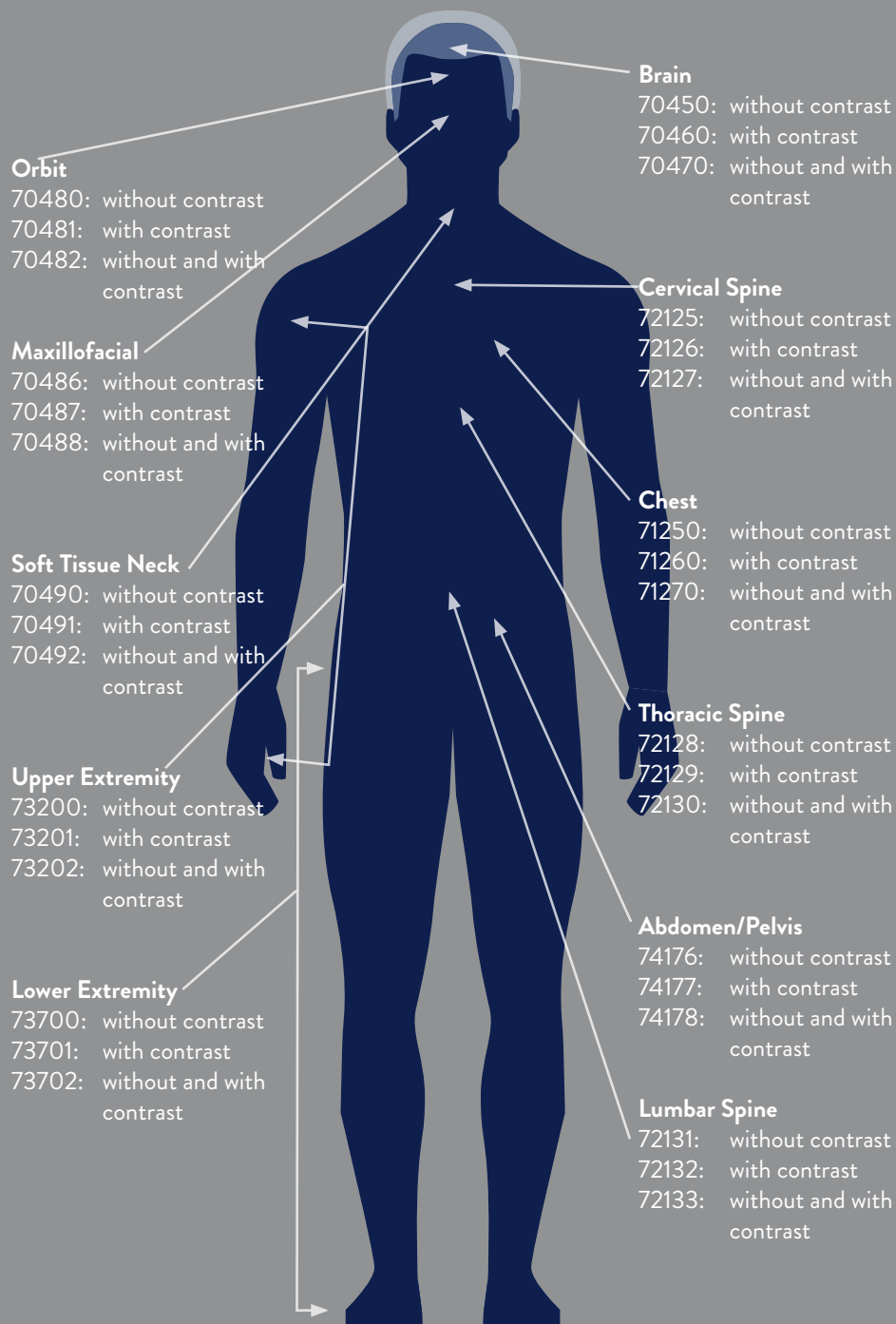
## LOW-DOSE CT LUNG CANCER SCREENING (LDCT)

Low-dose CT Lung Cancer Screening (LDCT) is a non-invasive procedure which evaluates your lungs for any signs of lung cancer. This screening tool is for individuals who have a high risk of developing lung cancer but no signs or symptoms of the disease.

This quick CT scan of your lungs is designed to detect small nodules (possible cancers) that may be present but not yet visible on a standard chest x-ray. Recent research suggests that detection of these nodules at a very small size may dramatically improve likelihood of survival of lung cancer.

To learn about criteria, insurance, and more, visit [tranow.com/LDCT](http://tranow.com/LDCT).

# CPT CODES FOR CT SCANS



# CT: BRAIN AND SPINE

BODY PART	COMMON REASON FOR EXAM	PROCEDURE	CODE
Brain/head	<ul style="list-style-type: none"> <li>Alzheimer's</li> <li>CVA</li> <li>Headache less than 7 days</li> <li>Hydrocephalus</li> <li>Memory loss, confusion</li> <li>Shunt check</li> <li>Stroke/bleed</li> <li>Trauma</li> </ul>	CT head/brain without contrast	70450
	<ul style="list-style-type: none"> <li>Limited indications</li> <li>Headache</li> <li>Infection</li> <li>Mass/tumor</li> <li>Metastatic staging</li> <li>Seizures</li> </ul>	CT head with and without contrast <i>*MRI preferred - order only if MRI contraindications</i>	70460
Sinus / Face	<ul style="list-style-type: none"> <li>Functional endoscopic sinus surgery</li> <li>Sinusitis</li> </ul>	CT sinus without contrast	70486
	<ul style="list-style-type: none"> <li>Mass</li> </ul>	CT sinus with contrast	70487
Pituitary	<ul style="list-style-type: none"> <li>MRI unless contraindicated</li> </ul>	CT brain without and with contrast	70470
Temporal Bone/ IACs	<ul style="list-style-type: none"> <li>Cholesteotoma</li> <li>Trauma</li> <li>Hearing loss</li> </ul>	CT inner ears, temporal bones without contrast	70480
Spine: Cervical	<ul style="list-style-type: none"> <li>Trauma, fracture, fusion</li> <li>Neck pain</li> </ul>	CT cervical spine without contrast	72125
	<ul style="list-style-type: none"> <li>Abscess or infection</li> <li>MRI recommended for disc herniation, mets, infection</li> </ul>	CT cervical spine with contrast	72126
Spine: Thoracic	<ul style="list-style-type: none"> <li>Trauma, fracture, fusion</li> <li>Mid back pain</li> </ul>	CT thoracic spine without contrast	72128
	<ul style="list-style-type: none"> <li>Abscess or infection</li> <li>MRI recommended for disc herniation, mets, infection</li> </ul>	CT thoracic spine with contrast	72129
Spine: Lumbar/ Sacral	<ul style="list-style-type: none"> <li>Trauma, fracture, fusion,</li> <li>Pars defect</li> </ul>	CT lumbar spine without contrast	72131
	<ul style="list-style-type: none"> <li>Abscess or infection</li> <li>MRI recommended for disc herniation, mets, infection</li> </ul>	CT lumbar spine with contrast	72132

## CT: HEAD AND NECK

BODY PART	COMMON REASON FOR EXAM	PROCEDURE	CODE
Orbit	<ul style="list-style-type: none"> <li>• Foreign body</li> <li>• Fracture</li> <li>• Trauma</li> </ul>	CT orbit without contrast	70480
	<ul style="list-style-type: none"> <li>• Cellulitis</li> <li>• Exophthalmos</li> <li>• Graves' disease</li> <li>• Mass</li> <li>• Pain</li> <li>• Pseudotumor</li> </ul>	CT orbit with contrast	70481
Neck	<ul style="list-style-type: none"> <li>• Cancer surveillance</li> <li>• Dysphagia</li> <li>• Infection</li> <li>• Lymphadenopathy</li> <li>• Mass</li> </ul>	CT neck with contrast	70491

## CTA: HEAD AND NECK

BODY PART	COMMON REASON FOR EXAM	PROCEDURE	CODE
Brain	<ul style="list-style-type: none"> <li>• Aneurysm</li> <li>• Arteriovenous malformation</li> <li>• Bruit</li> <li>• CVA</li> <li>• Stroke</li> <li>• TIA</li> <li>• Vascular tumor</li> </ul>	CTA head/brain (reconstruction)	70496
Neck, Carotid Artery	<ul style="list-style-type: none"> <li>• Arteriovenous malformation</li> <li>• Bruit</li> <li>• Carotid stenosis</li> <li>• Vascular tumor</li> </ul>	CTA neck	70498
	<ul style="list-style-type: none"> <li>• Vertebrobasilar insufficiency</li> <li>• CVA</li> <li>• Stroke</li> <li>• TIA</li> </ul>	CTA head, neck <i>*If both ordered, authorize both codes.</i>	70498 70496

## CT: CHEST

BODY PART	COMMON REASON FOR EXAM	PROCEDURE	CODE
Chest	<ul style="list-style-type: none"> <li>• Lung nodules (follow-up)</li> <li>• Pneumonia</li> <li>• Shortness of breath</li> <li>• Dyspnea</li> <li>• Abnormal chest x-ray</li> </ul>	CT chest without contrast	71250
	<ul style="list-style-type: none"> <li>• Cancer surveillance</li> <li>• Pneumonia</li> <li>• Dyspnea</li> <li>• Hemoptysis</li> <li>• COPD</li> <li>• Lung nodules &gt; 2cm</li> <li>• Mediastinal masses</li> <li>• Thoracic aortic dilation/dissection/aneurysm</li> </ul>	CT chest with contrast	71260
	<ul style="list-style-type: none"> <li>• Interstitial/fibrotic lung disease</li> <li>• Chronic progressive dyspnea/shortness of breath</li> <li>• Bronchiectasis</li> <li>• Connective tissue disease associated lung disease</li> </ul>	CT chest without contrast, high resolution	71250
Coronary Calcium Score	Screening, hyperlipidemia, family history of early myocardial infarction	CT calcium score without contrast	75571
Lung Cancer Screening	LDCT Lung Cancer Screening – must meet lung cancer criteria for Medicare/Medicaid <i>*please see page 19</i>	CT Low Dose: Lung Cancer Screening	71250 G0297: Medicare

## CTA: CHEST

BODY PART	COMMON REASON FOR EXAM	PROCEDURE	CODE
Chest - Pulmonary Arteries	<ul style="list-style-type: none"> <li>• Pulmonary embolism</li> <li>• Shortness of breath</li> <li>• Chest pain</li> </ul>	CTA chest with contrast (PE protocol)	71275
Chest -Thoracic Aorta	<ul style="list-style-type: none"> <li>• Thoracic aortic dilation</li> <li>• Thoracic aortic dissection</li> <li>• Thoracic aortic aneurysm</li> </ul>	CTA chest with contrast (aorta protocol with EKG gating per protocol) <i>*With and without contrast in special cases use same code.</i>	71275



## CT: ABDOMEN

BODY PART	COMMON REASON FOR EXAM	PROCEDURE	CODE
Abdomen	LIMITED INDICATION <ul style="list-style-type: none"> <li>Upper abdominal pain</li> <li>Epigastric pain</li> </ul>	CT abdomen with contrast <i>*This exam should not be ordered for most causes of abdominal pain as it excludes the pelvis. If pelvis is included use code 74177.</i>	74160 *74177
Abdomen: Adrenal	Adrenal mass	CT abdomen with and without contrast (adrenal protocol)  <i>*If pelvis is included, use code 74178.</i>	74170  *74178
Abdomen: Liver	MRI PREFERRED <ul style="list-style-type: none"> <li>Liver mass</li> <li>HCC, hepatitis, cirrhosis</li> <li>Liver hemangioma</li> </ul>	CT abdomen with and without contrast (liver protocol)  <i>*If pelvis is included, use code 74178.</i>	74170  *74178
Abdomen: Pancreas	<ul style="list-style-type: none"> <li>Pancreatic mass</li> <li>Pancreatitis</li> <li>Pseudocyst</li> </ul>	CT abdomen with and without contrast (pancreas protocol)  <i>*If pelvis is included, use code 74178.</i>	74170  *74178
Abdomen: Renal	<ul style="list-style-type: none"> <li>Renal mass (MRI preferred)</li> <li>Any renal pathology</li> </ul> <p>Note: In previously characterized renal masses, only a CT abdomen (74160) or CT abdomen/pelvis with contrast (74177) may be appropriate (without multiphase examination)</p>	CT abdomen with and without contrast (renal protocol)  <i>*If pelvis is included, use code 74178.</i>	74170  *74178

## CT: PELVIS

BODY PART	COMMON REASON FOR EXAM	PROCEDURE	CODE
Pelvis (soft tissue)	<ul style="list-style-type: none"> <li>Cancer surveillance</li> <li>Cysts</li> <li>Hernia</li> <li>Infection</li> <li>Mass/lymphadenopathy</li> <li>Pain</li> </ul>	CT pelvis with contrast  <i>*If abdomen is included use code 74177.</i>	72193  *74177
Pelvis (bone)	<ul style="list-style-type: none"> <li>Fracture</li> <li>Hip pain</li> <li>Arthritis</li> </ul>	CT pelvis without contrast	72192

## CT: ABDOMEN/PELVIS

BODY PART	COMMON REASON FOR EXAM	PROCEDURE	CODE
Abdomen/Pelvis	<ul style="list-style-type: none"> <li>Most causes of abdominal pain (including disorders of the bowel, liver, gallbladder, pancreas, etc.)</li> <li>Cancer staging</li> <li>Appendicitis</li> <li>Diarrhea</li> <li>Diverticulitis</li> <li>Epigastric pain</li> </ul>	CT abdomen and pelvis with contrast	74177
	<ul style="list-style-type: none"> <li>Renal stone</li> <li>Pain</li> </ul>	CT abdomen and pelvis without contrast	74176
Kidneys	<ul style="list-style-type: none"> <li>Hematuria (microscopic or macroscopic)</li> <li>Follow up urothelial tumor</li> <li>Known bladder cancer, evaluate for upper tract disease</li> </ul>	CT urogram/IVP- (CT abdomen and pelvis without and with contrast)	74178
Small Intestine (bowel)	<ul style="list-style-type: none"> <li>Crohn's disease</li> <li>Small bowel related issues               <ul style="list-style-type: none"> <li>Abscess</li> <li>Bleeding sources</li> <li>Bowel obstruction</li> <li>Fistula</li> <li>Inflammation</li> <li>Tumor</li> </ul> </li> </ul>	CT enterography <i>*Special patient oral contrast preparation.</i>	74177
Urinary Bladder	<ul style="list-style-type: none"> <li>Bladder cancer</li> <li>Bladder polyps</li> <li>Bladder leak</li> </ul>	CT cystogram <i>*Authorize both codes.</i>	72192 51600
Colon	<ul style="list-style-type: none"> <li>Failed colonoscopy</li> <li>Patients taking blood thinners who are not candidates for routine colonoscopy</li> <li>Screening</li> </ul>	CT colonography with 3D rendering (virtual colonoscopy)	74263 (screening)  74261 (diagnostic)

## CARDIAC CT FOR CALCIUM SCORING

CT Cardiac Calcium Scoring is a non-invasive procedure which evaluates the presence, location, and extent of calcified plaque in the coronary arteries. This quick CT scan of your chest is designed to detect Coronary Artery Disease (CAD) and to what extent. A low calcium score indicates little risk of heart attack. A high score can be lifesaving by alerting you and your medical provider to the presence of heart disease and the need for further evaluation.

To learn about criteria, insurance, and more, visit [tranow.com/cardiac](https://tranow.com/cardiac)

## CTA: ABDOMEN/PELVIS

BODY PART	COMMON REASON FOR EXAM	PROCEDURE	CODE
Thoracic and Abdominal Aorta	<ul style="list-style-type: none"> <li>Aortic dissection</li> <li>Thoracic/abdominal aortic stent graft</li> </ul>	CTA chest (aorta protocol)	71275
		CTA abdomen and pelvis (aorta protocol) <i>*Without and with contrast in special cases use same code. *If chest, abdomen, and pelvis, authorize both codes.</i>	74174
Abdomen: Abdominal Aorta Mesenteric Vessels	<ul style="list-style-type: none"> <li>AAA</li> <li>Crossing vessels</li> <li>Stent obstruction/leak/malfunction</li> <li>Mesenteric ischemia</li> <li>Acute GI bleed</li> <li>Post endograft or vascular surgery</li> </ul>	CTA abdomen and pelvis with contrast <i>*Without and with contrast in special cases use same code.</i>	74174
Abdomen: Renal Arteries	<ul style="list-style-type: none"> <li>Renal artery stenosis</li> <li>Hypertension</li> </ul>	CTA abdomen with contrast	74175

## CT: MUSCULOSKELETAL

BODY PART	COMMON REASON FOR EXAM	PROCEDURE	CODE
Lower Extremities: Hip, Thigh, Knee, Calf, Ankle, Foot	<ul style="list-style-type: none"> <li>Pain</li> <li>Fracture</li> <li>Arthritis</li> </ul>	CT without contrast lower extremity (mention part)	73700
Upper Extremities: Arm, Forearm, Wrist, Hand, Finger	<ul style="list-style-type: none"> <li>Pain</li> <li>Fracture</li> <li>Arthritis</li> </ul>	CT without contrast upper extremity (mention part)	73200
Extremities	<ul style="list-style-type: none"> <li>Mass</li> <li>Infection</li> </ul>	CT with contrast: upper	73201
		CT with contrast: lower	73701

## CTA: EXTREMITIES

BODY PART	COMMON REASON FOR EXAM	PROCEDURE	CODE
Ischemia (lower extremity) Arterial Stenosis (lower extremity)	<ul style="list-style-type: none"> <li>Peripheral artery disease</li> </ul>	CTA upper extremity	73206
		CTA lower extremity	73706
Abdomen and Run Off	<ul style="list-style-type: none"> <li>Claudication</li> <li>Peripheral artery disease</li> </ul>	CTA abdomen and run off	75635

## LUNG CANCER SCREENING DECISION TREE

### 1 ARE THEY ELIGIBLE?

During a shared decision making visit between the provider and patient, eligibility is discussed and documented. Provider then ensures patient meets the exam eligibility requirements.

#### Eligibility Requirements

- Must be 55 – 80\* years of age.  
*\*Age range may vary by insurance carrier. Medicare Advantage, Medicare, and Medicaid plans only cover up to age 77.*
- Asymptomatic with no signs or symptoms of lung disease.
- Have a tobacco smoking history of 30 pack-years\*\*  
*\*\*One pack-year = smoking one pack per day for one year; 1 pack = 20 cigarettes.*
- Currently smoke or have quit within the past 15 years.
- A written order for a Low-dose CT Lung Cancer Screening from a physician.
- Physician provided smoking cessation guidance.
- Evidence of shared decision-making with a physician.

Y

### 2 Order CT Lung Screening

Send us a CT Lung Screening order and attest to the eligibility requirements; include shared decision making notes.

### 3 Schedule Exam

Our team verifies insurance eligibility and indications. We schedule an exam with the patient.

N

Eligibility not verified. Reasons stated to provider.  
**\*Uninsured: financial assistance available.**

Y

### 4 Patient Exam

Patient undergoes the CT Lung Screening exam.

N

If patient does not meet the requirements, the provider can order a diagnostic chest CT.

### 5 Radiologist Reads the Exam

### 6 Reports Delivered

Findings and recommendations are sent to the provider to review and discuss with the patient.

## DEXA: BONE DENSITOMETRY

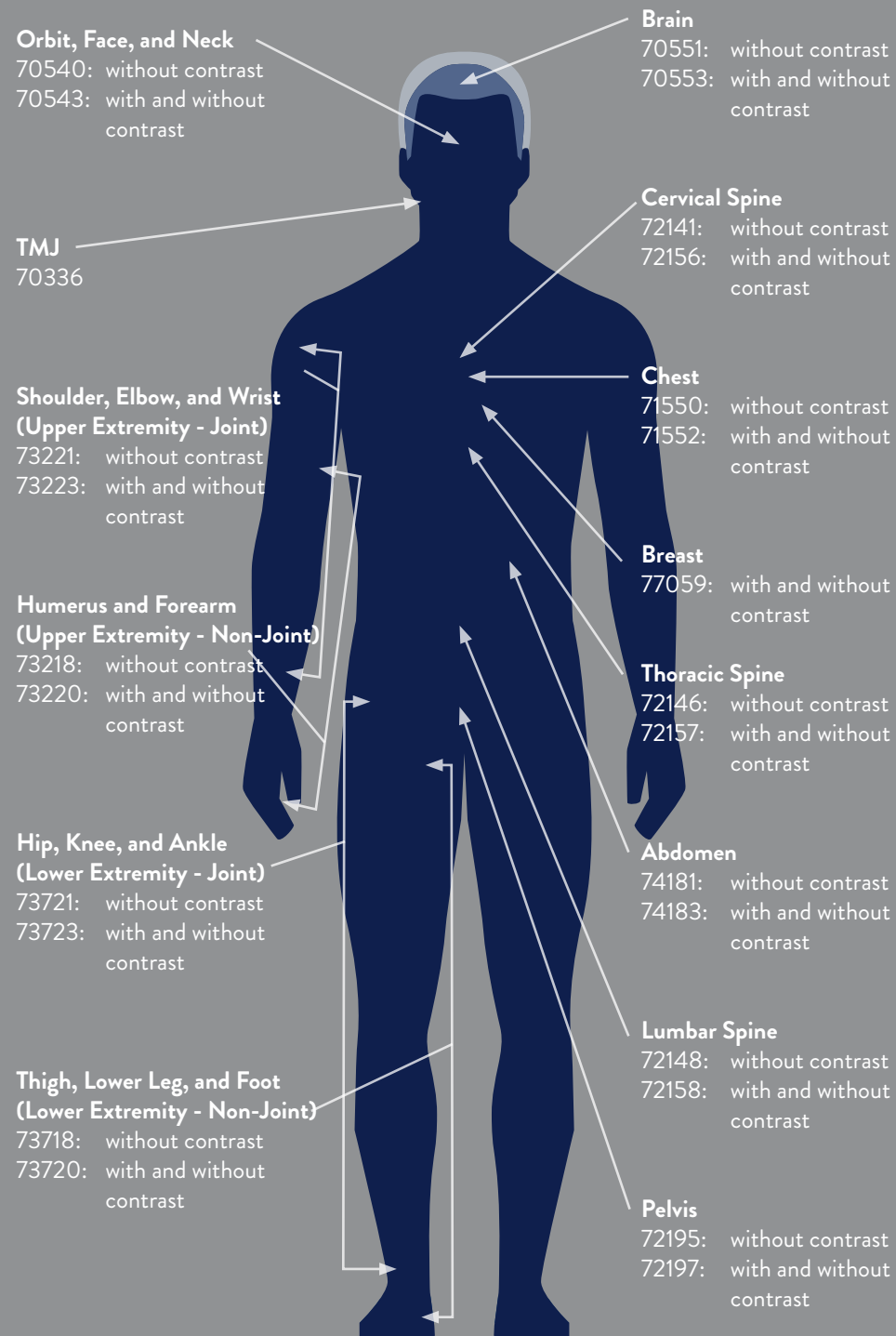
CLINICAL INDICATIONS	PROCEDURE	CODE
<ul style="list-style-type: none"> <li>• DEXA with vertebral fracture assessment</li> </ul>	DEXA + VFA	77085
<ul style="list-style-type: none"> <li>• Post menopause</li> <li>• Early surgical menopause</li> <li>• Long-term current use of other medication</li> <li>• Long-term current use of steroid treatment</li> <li>• Vertebral abnormalities</li> <li>• Follow-up treatment for prevention/monitoring of osteoporosis</li> </ul>	DEXA	77080 – hips, spine (axial skeleton)  77081 (appendicular skeleton)
<ul style="list-style-type: none"> <li>• Primary bone disease</li> <li>• Long-term current use of other medications</li> <li>• Chronic illness</li> <li>• Inflammatory disease</li> <li>• Malnutrition</li> </ul>	DEXA (WB)	76499
<ul style="list-style-type: none"> <li>• Vertebral fracture assessment</li> </ul>	DEXA (VFA)	77086

## WE VALUE YOUR FEEDBACK

TRA Medical Imaging and Diagnostic Imaging Northwest strive for excellence in patient care and building strong relationships with our colleagues.

Please let us know how we are doing and how we can serve you better by completing a survey at [tranow.com/provider-feedback](https://tranow.com/provider-feedback).

## CPT CODES FOR MRI SCANS



## MRI: BRAIN

BODY PART	REASON FOR EXAM	PROCEDURE	CODE
Brain	<ul style="list-style-type: none"> <li>Alzheimer's, confusion, dementia, hydrocephalus, memory loss, mental status changes</li> <li>Headache</li> </ul>	MRI brain without contrast	70551
	<ul style="list-style-type: none"> <li>Pseudotumor</li> <li>Seizures</li> <li>Tumor/mass/cancer/mets</li> <li>Vascular lesions</li> <li>Demyelinating disease</li> </ul>	MRI brain without and with contrast	70553
	<ul style="list-style-type: none"> <li>Mass/tumor</li> <li>Metabolic abnormality</li> </ul>	MRI brain with spectroscopy without and with contrast	70553 76390
Cranial Nerve Series	<ul style="list-style-type: none"> <li>Bell's palsy</li> <li>Trigeminal neuralgia</li> </ul>	MRI brain without and with contrast <i>*Attention: cranial nerves.</i>	70553
Ear (IAC) Brain	<ul style="list-style-type: none"> <li>Hearing loss</li> </ul>	MRI brain without and with contrast (IAC or trigeminal protocol)	70553
Pituitary	<ul style="list-style-type: none"> <li>Elevated prolactin</li> <li>Mass</li> </ul>	MRI brain without and with contrast <i>*Attention: pituitary.</i>	70553

## MRI: HEAD AND NECK

BODY PART	REASON FOR EXAM	PROCEDURE	CODE
Orbits/Face	<ul style="list-style-type: none"> <li>Exophthalmos, proptosis</li> <li>Graves' disease</li> <li>Orbital mass/tumor</li> <li>Facial tumor</li> </ul>	MRI brain and orbits without and with contrast	70543
Brachial Plexus	<ul style="list-style-type: none"> <li>Brachial plexus injury</li> <li>Nerve avulsion</li> <li>Tumor/mass/cancer/mets</li> </ul>	MRI neck without and with contrast	70549
		MRI chest without and with contrast	71552
		MRI shoulder area without and with contrast	73223
Neck/Face: Soft Tissue	<ul style="list-style-type: none"> <li>Infection</li> <li>Pain</li> <li>Tumor/mass/cancer/mets</li> <li>Vocal cord paralysis</li> <li>Horner's syndrome</li> </ul>	MRI neck without and with contrast	70543

## MRA: BRAIN/NECK

BODY PART	REASON FOR EXAM	PROCEDURE	CODE
Arch/Great Vessels, Brain Neck	<ul style="list-style-type: none"> <li>Stroke/CVA</li> <li>TIA</li> <li>Vertebrobasilar insufficiency</li> </ul>	MRI brain with and without contrast	70553
		MRA brain without contrast	70544
		MRA neck with and without contrast	70548
MRV: Brain	<ul style="list-style-type: none"> <li>Venous thrombosis</li> </ul>	MRV without contrast	70544

## MRI: SPINE

BODY PART	COMMON REASON FOR EXAM	PROCEDURE	CODE
Spine: Cervical	<ul style="list-style-type: none"> <li>Degenerative disease</li> <li>Disc herniation</li> <li>Neck pain</li> <li>Arm/shoulder pain and/or weakness</li> </ul>	MRI cervical spine without contrast	72141
	<ul style="list-style-type: none"> <li>Discitis/osteomyelitis</li> <li>Multiple sclerosis</li> <li>Myelopathy</li> <li>Syrinx</li> <li>Tumor/mass/cancer/mets</li> <li>Vascular lesions, arteriovenous malformation</li> </ul>	MRI cervical spine without and with contrast	72156
Spine: Thoracic	<ul style="list-style-type: none"> <li>Back pain</li> <li>Degenerative disease</li> <li>Disc herniation</li> <li>Compression fracture (cancer/mets)</li> <li>Radiculopathy</li> <li>Trauma</li> </ul>	MRI thoracic spine without contrast	72146
	<ul style="list-style-type: none"> <li>Compression fracture (cancer/mets)</li> <li>Discitis/osteomyelitis</li> <li>Multiple sclerosis</li> <li>Myelopathy</li> <li>Syrinx</li> <li>Tumor/mass/cancer/mets</li> <li>Vascular lesions, arteriovenous malformation</li> </ul>	MRI thoracic spine with and without contrast	72157
Spine: Lumbar	<ul style="list-style-type: none"> <li>Back pain</li> <li>Degenerative disease</li> <li>Disc herniation</li> <li>Radiculopathy</li> <li>Compression fracture (not cancer/mets)</li> <li>Sciatica</li> <li>Stenosis</li> <li>Trauma</li> </ul>	MRI lumbar spine with and without contrast	72148
	<ul style="list-style-type: none"> <li>Discitis/osteomyelitis</li> <li>Post-op (if surgery in last 7 years)</li> <li>Tumor/mass/cancer/mets</li> <li>Compression fracture (cancer/mets)</li> </ul>	MRI lumbar spine without contrast	72158
Spine: Lumbar and Sacrum	<ul style="list-style-type: none"> <li>Back and sacroiliac joint pain</li> </ul>	MRI pelvis without contrast (SI joint protocol)	72195
		MRI lumbar spine without contrast  <i>*Consider including Lumbar spine if not evaluated in the past year.</i>	72148
Sacral Plexus	<ul style="list-style-type: none"> <li>Sacral plexopathy</li> <li><i>*Consider including Lumbar spine (both codes) if not evaluated in the past year</i></li> </ul>	MRI pelvis with and without contrast (sacral plexus protocol)	72197

## MRI: CHEST

BODY PART	COMMON REASON FOR EXAM	PROCEDURE	CODE
Chest Mediastinum	<ul style="list-style-type: none"> <li>• Mediastinal mass</li> <li>• Chest wall mass</li> </ul>	MRI chest without and with contrast	71552
Heart	<ul style="list-style-type: none"> <li>• Viability/myocardial infarction</li> <li>• Infiltrative cardiomyopathy</li> <li>• Cardiac mass</li> <li>• Valve anatomy/function</li> <li>• Adult congenital heart disease</li> <li>• Pulmonary vein mapping for atrial fibrillation</li> </ul>	MRI cardiac without contrast	75557
		MRI cardiac without and with contrast	75561
		MRI cardiac for velocity flow mapping (in addition to one of the above exams)	75565

## MRA: CHEST AND ABDOMEN

BODY PART	COMMON REASON FOR EXAM	PROCEDURE	CODE
Thoracic Aorta	<ul style="list-style-type: none"> <li>• Aortic aneurysm, aortic dissection</li> <li>• Pulmonary embolism</li> <li>• Atrial fibrillation</li> </ul>	MRA Chest	71555
		<i>*If extending to abdomen, authorize both exams (MRA chest and MRA abdomen)</i>	*74185
Abdominal Aorta	<ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm (AAA)</li> <li>• Abdominal aorta dissection</li> </ul>	MRA abdomen	74185
Abdominal and Lower Extremity Runoff	<ul style="list-style-type: none"> <li>• Claudication</li> <li>• Peripheral arterial disease</li> <li>• Pain in lower extremities</li> <li>• Cellulitis/non-healing wound</li> <li>• Lower extremity arterial embolism</li> </ul>	Order/authorize 3 exams: <ul style="list-style-type: none"> <li>• MRA abdomen</li> <li>• MRA pelvis</li> <li>• MRA bilateral lower extremities</li> </ul>	74185 72198 73725RT/LT

## MRI: ABDOMEN

BODY PART	COMMON REASON FOR EXAM	PROCEDURE	CODE
Abdomen (Renal, Adrenal, Pancreas, Biliary Tree)	<ul style="list-style-type: none"> <li>• Kidney mass</li> <li>• Adrenal mass</li> <li>• Pancreas mass</li> </ul> <i>*If study is to follow up a pancreatic cyst that has already been evaluated with contrast, then MRCP without contrast can be used.</i>	MRI abdomen without and with contrast	74183
Biliary Tree	<ul style="list-style-type: none"> <li>• Biliary stones (choledocholithiasis)</li> <li>• Follow up pancreatic cyst (not initial evaluation)</li> </ul> <i>*Primarily intraductal papillary mucinous neoplasm (IPMN).</i>	MRI abdomen without contrast	74181
		<i>*MRCP without contrast.</i>	
		<ul style="list-style-type: none"> <li>• Evaluation of biliary tree pathology (unless only to evaluate for choledocholithiasis)</li> <li>• Examples include: unexplained jaundice, cholestatic LFTs, elevated alkaline phosphatase or bilirubin</li> </ul> <i>*In most cases, MRCP without and with contrast is preferred as subtle biliary tree abnormalities may not be evident without contrast.</i>	MRI abdomen without contrast
		MRCP without and with contrast	74183
Liver	<ul style="list-style-type: none"> <li>• Liver mass (HCC, liver mets, indeterminate liver lesions)</li> </ul>	MRI abdomen without contrast (liver protocol)	74181
		<ul style="list-style-type: none"> <li>• Indeterminate liver lesion with differential diagnosis including focal nodular hyperplasia (FNH)</li> </ul> <i>*Typically hepatic adenoma vs. mets vs. FNH.</i>	MRI abdomen without and with contrast (liver protocol, Eovist)

## MRI: ABDOMEN/PELVIS

BODY PART	COMMON REASON FOR EXAM	PROCEDURE	CODE
Small Bowel	<ul style="list-style-type: none"> <li>• Inflammatory bowel disease (Crohn's disease, ulcerative colitis)</li> <li>• Small bowel carcinoid</li> </ul> <i>*For initial evaluation, CT enterography may be more appropriate.</i>	MRI enterography <ul style="list-style-type: none"> <li>• MRI abdomen without and with contrast</li> </ul>	74183
Urogram	<ul style="list-style-type: none"> <li>• Hematuria with contraindication to CT</li> <li>• Congenital abnormalities</li> </ul>	MRI abdomen without and with contrast	74183
		<ul style="list-style-type: none"> <li>• MRI pelvis without and with contrast</li> </ul> <i>*Must include both codes.</i>	72197
Other	<ul style="list-style-type: none"> <li>• Malignancy staging with contraindication to CT (anaphylaxis to iodinated contrast) or in pediatric patient</li> </ul>	MRI abdomen and pelvis without and with contrast (MRI abdomen and pelvis screening)	74183 72197

# MRI PELVIS

BODY PART	COMMON REASON FOR EXAM	PROCEDURE	CODE
Bladder	<ul style="list-style-type: none"> <li>Bladder cancer (initial evaluation or follow-up) with contraindication to CT</li> <li><i>*Bladder cancer evaluation with MRI is rarely done and only if CT cannot be performed or if specifically requested by the urologist or oncologist.</i></li> </ul>	MRI pelvis without and with contrast (bladder protocol)	72197
Female Pelvis: Uterus	<ul style="list-style-type: none"> <li>Congenital uterine anomalies</li> </ul>	MRI pelvis without contrast	72195
	<ul style="list-style-type: none"> <li>Adenomyosis</li> <li>Uterine lesion: leiomyomas/fibroids, leiomyosarcoma, or endometrial lesion</li> <li>Cervical lesion: cancer staging (protocol involves vaginal gel placement prior to imaging)</li> </ul>	MRI pelvis without and with contrast	72197
Female Pelvis: Ovaries/ Adnexa	<ul style="list-style-type: none"> <li>Ovarian and adnexal lesions (masses, large or complex cysts, etc.)</li> <li>Abscess</li> <li>Tumor/mass/cancer/mets</li> <li>Endometriosis</li> </ul>	MRI pelvis without and with contrast	72197
Prostate	<ul style="list-style-type: none"> <li>Prostate cancer</li> <li>Elevated PSA</li> </ul>	MRI pelvis without and with contrast	72197
Rectum	<ul style="list-style-type: none"> <li>Rectal cancer staging</li> </ul>	MRI pelvis without and with contrast	72197
Urethra	<ul style="list-style-type: none"> <li>Urethral diverticulum</li> <li>Urinary frequency or urgency</li> <li>Urethral or periurethral mass</li> <li>Anterior vaginal wall lesions</li> </ul>	MRI pelvis without and with contrast	72197

# MRI: MUSCULOSKELETAL

BODY PART	COMMON REASON FOR EXAM	PROCEDURE	CODE
TMJ	<ul style="list-style-type: none"> <li>Pain</li> <li>Disc abnormality</li> </ul>	MRI TMJ without contrast	70336
Non-Joints: • Arm • Scapula • Leg	<ul style="list-style-type: none"> <li>Pain</li> <li>Fracture</li> <li>Muscle/tendon abnormality</li> </ul>	MRI – non joint without contrast: • Upper extremity • Lower extremity	73218 73718
	<ul style="list-style-type: none"> <li>Infection</li> <li>Mass/lesion</li> </ul>	MRI – non joint without and with contrast: • Upper extremity • Lower extremity	73220 73720
Joints: • Hand • Wrist • Elbow • Shoulder • Knee • Ankle • Foot	<ul style="list-style-type: none"> <li>Pain</li> <li>Decreased range of motion</li> <li>Internal derangement</li> <li>Fracture</li> <li>Muscle/tendon abnormality</li> <li>Cartilage abnormality</li> </ul>	MRI joint without contrast: • Upper extremity • Lower extremity	73221 73721
	<ul style="list-style-type: none"> <li>Infection</li> <li>Inflammatory arthritis</li> <li>Mass/lesion</li> </ul>	MRI joint without and with contrast: • Upper extremity • Lower extremity	73223 73723
Pelvis/Sacrum: Bone	<ul style="list-style-type: none"> <li>Pain</li> <li>Fracture</li> <li>Muscle/tendon abnormality</li> </ul>	MRI pelvis without contrast	72195
	<ul style="list-style-type: none"> <li>Infection</li> <li>Mass/lesion</li> </ul>	MRI pelvis with and without contrast	72197
SI Joints	<ul style="list-style-type: none"> <li>Sacroiliitis</li> <li>Infection</li> <li>Elevated inflammatory markers</li> </ul>	MRI pelvis without and with contrast (SI joint protocol)	72197
MRI Arthrography: • Wrist • Elbow • Shoulder • Hip • Knee • Ankle	<ul style="list-style-type: none"> <li>Ligamentous tear</li> <li>Labral tear</li> <li>Recurrent rotator cuff tear</li> <li>Post-op meniscal tear</li> <li>OCD</li> </ul>	MRI joint with contrast, order with 3 codes:	
		Upper extremity with contrast	73222
		Lower extremity with contrast	73722
		Body part: Shoulder Elbow Wrist Hip Knee Ankle	23350, 73040 24220, 73085 25246, 73115 27093, 73525 27369, 73580 27648, 73615

## CLINICAL DECISION SUPPORT

We want to make sure that you and your staff understand the new PAMA regulatory requirements and can identify the tools that will be required for successful reporting. To support early adoption, we will be rolling out a Medicare Advanced Imaging Referral Form where referring providers or delegates can document which qCDSM was consulted and what the result was. A free web-based tool is available to support AUC consultation: [priorauth.org](http://priorauth.org)

At TRA, we recognize that change is not easy, that this is a new and potentially burdensome regulatory requirement, and that overnight adoption is not expected or remotely possible.

Learn more at [tranow.com/CDS](http://tranow.com/CDS)



## PET/CT: GENERAL

BODY PART	PROCEDURE	CODE
Brain	PET/CT brain	78608
Skull Base to Mid-Thigh	Axumin PET/CT prostate (diagnosis: recurrent prostate cancer)	78815
Skull Base to Mid-Thigh	PET/CT skull to mid-thigh (all other diagnoses)	78815
Skull Base to Mid-Thigh	Netspot (Ga-68 Dotatate) PET/CT scan (diagnosis: neuroendocrine tumor)	78815 A9587
Whole Body	PET/CT whole body (diagnoses: melanoma, myeloma, sarcoma, merkel cell carcinoma, cutaneous lymphoma)	78816

## PET/CT: BONE SCAN

BODY PART	PROCEDURE	CODE
Breast Lung Prostate Thyroid	PET/CT bone scan with sodium fluoride (sodium fluoride PET bone scans are not covered by Medicare)	78816

## IMAGING CONSULTATIONS

### 866-761-4200, option 1

- Available 24-hours a day
- Questions about results from a current patient exam?
- Questions about which exam to order?

### Sub-Specialized Radiology

- Neuroradiology
- Musculoskeletal Radiology
- Breast Imaging/Digital Mammography
- PET/CT and Nuclear Medicine exams
- Pediatric Radiology
- Cardiovascular and Thoracic Imaging
- Interventional Radiology
- NeuroInterventional Radiology
- Abdominal and Pelvic Imaging
- Emergency Radiology

## ULTRASOUND: GENERAL

BODY PART	COMMON REASON FOR EXAM	PROCEDURE	CODE
Thyroid/Neck	<ul style="list-style-type: none"> <li>• Thyroid nodule</li> <li>• Abnormal thyroid function test</li> <li>• Palpable mass, head and neck</li> <li>• Lymphadenopathy</li> </ul>	Ultrasound soft tissues of head and neck	76536
Abdomen	<ul style="list-style-type: none"> <li>• Abdominal, flank, and/or back pain</li> <li>• Hepatosplenomegaly</li> <li>• Jaundice</li> </ul>	Ultrasound abdomen complete	76700
	<ul style="list-style-type: none"> <li>• Right upper quadrant pain</li> <li>• Gallstones</li> <li>• Abnormal liver function test</li> <li>• Liver lesion</li> </ul>	Ultrasound abdomen limited (RUQ)	76705
Aorta	<ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm symptomatic or follow up</li> </ul>	Ultrasound aorta or retroperitoneal limited	76775
	<ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm: screening</li> </ul>	Ultrasound Medicare screening	76706
Appendix	<ul style="list-style-type: none"> <li>• Right lower quadrant pain</li> </ul> <i>*CT is preferred in patients with a BMI &gt;25 as ultrasound is unlikely to diagnostically assess the appendix in this patient population</i>	Ultrasound abdomen limited	76705
Pelvis: Female	<ul style="list-style-type: none"> <li>• Pelvic pain</li> <li>• Pelvic masses</li> <li>• Abnormal bleeding</li> <li>• Dysmenorrhea</li> </ul>	Ultrasound pelvis: transabdominal and/or transvaginal	76856 76830
Obstetric	<ul style="list-style-type: none"> <li>• First trimester pregnancy: dating and/or viability</li> <li>• Bleeding/pain in first trimester</li> </ul>	Ultrasound OB <14 weeks <i>*Transvaginal as needed for visualization.</i>	76801 *76817
	<ul style="list-style-type: none"> <li>• Anatomic survey</li> </ul>	Ultrasound OB 18-22 weeks	76805
		Ultrasound OB: detailed anatomic survey high risk 18-22 weeks	76811
	<ul style="list-style-type: none"> <li>• Follow up fetal anatomy, placenta, or AFI</li> </ul>	Ultrasound limited OB follow up without growth	76815
		Ultrasound limited OB follow up with growth	76816
	<ul style="list-style-type: none"> <li>• Biophysical profile alone</li> </ul>	Ultrasound limited <i>*If growth needed, also order 76816.</i>	76819
Bladder	<ul style="list-style-type: none"> <li>• Bladder mass/stone</li> </ul>	Ultrasound bladder	76857
	<ul style="list-style-type: none"> <li>• Pre and post void</li> <li>• Urinating frequently</li> </ul>	Ultrasound bladder	51798

## ULTRASOUND: GENERAL

BODY PART	COMMON REASON FOR EXAM	PROCEDURE	CODE
Kidneys	<ul style="list-style-type: none"> <li>• Flank and/or back pain</li> <li>• Hematuria</li> <li>• Follow up of kidney and/or bladder pathology</li> </ul>	Ultrasound renal	76770
Scrotum and contents	<ul style="list-style-type: none"> <li>• Scrotal pain, including but not limited to testicular trauma, ischemia/torsion, and infectious or inflammatory scrotal disease</li> <li>• Palpable scrotal or testicular mass</li> </ul>	Ultrasound scrotum	76870
Hernia	<ul style="list-style-type: none"> <li>• Abdominal wall pain</li> <li>• Ventral hernia</li> </ul>	Ultrasound abdomen limited	76705
	<ul style="list-style-type: none"> <li>• Inguinal or femoral hernia</li> </ul>	Ultrasound pelvis limited	76882
Pediatric Hip	<ul style="list-style-type: none"> <li>• Abnormal or equivocal findings of hip instability on physical examination of the hip</li> <li>• Any family history of DDH</li> <li>• Breech presentation at birth</li> <li>• Neuromuscular conditions</li> <li>• Monitoring infants with DDH</li> </ul>	Ultrasound hip	76885

## ULTRASOUND: VASCULAR

BODY PART	COMMON REASON FOR EXAM	PROCEDURE	CODE
Carotid	<ul style="list-style-type: none"> <li>• Amaurosis fugax</li> <li>• Arterial vascular disease</li> <li>• Ataxia</li> <li>• HTN</li> <li>• Hyperlipidemia</li> <li>• Stenosis</li> <li>• Stroke</li> <li>• TIA</li> </ul>	Carotid duplex/Doppler	93880
Renal Artery	<ul style="list-style-type: none"> <li>• Renal artery stenosis</li> <li>• Uncontrolled HTN</li> </ul>	Renal artery duplex/Doppler	93975
Abdominal	<ul style="list-style-type: none"> <li>• Portal HTN</li> <li>• Portal venous thrombosis</li> <li>• Liver transplant</li> </ul>	Abdominal duplex/Doppler	93975
	<ul style="list-style-type: none"> <li>• TIPS</li> </ul>		93975
Abdomen: Portohepatic, Mesenteric vasculature	<ul style="list-style-type: none"> <li>• Portal vein hypertension/thrombosis</li> <li>• Cirrhosis</li> <li>• Mesenteric ischemia</li> </ul>	Abdomen Doppler	93975
Venous Upper and Lower Extremity	<ul style="list-style-type: none"> <li>• DVT</li> <li>• Redness</li> <li>• Upper and lower extremity swelling/pain</li> </ul>	Venous duplex/Doppler <i>*Specify upper or lower and bilateral, right, or left with indication for each.</i>	93971 unilat 93970 bilat
Arterial-Venous Extremity	<ul style="list-style-type: none"> <li>• Preoperative vessel assessment prior to creation of hemodialysis access</li> </ul>	Arterial and venous duplex, extremity	93986 unilat
			93985 bilat



# X-RAY: GENERAL

BODY PART	VIEW	CODE
Orbits	4 view min complete	70200
Eye FB	2 view Caldwell/LAT	70030
Facial Bones	Complete	70150
Nasal Bones	3 view min complete	70160
Sinus (ages 2-13 years)	1-2 view limited	70210
Sinus (ages 13 years and older)	3 view min complete	70220
Mastoids	3 view min complete	70130
Mandible	4 view min complete	70110C4
TMJ	3 view BILAT	70330
Skull	1-3 view limited	70250
	4 view min complete	70260
Neck Soft Tissue	1-2 view AP/LAT	70360
C-Spine	2-3 view LAT/AP/OM	72040
	2-3 view FLEX/EXT only	72040
	4-5 view	72050
	6 or more view complete	72052
Clavicle	2 view left	73000L
	2 view right	73000R
SC Joints	3 view min PA both OBL	71130
Scapula	2 view min left	73010L
	2 view min right	73010R
Shoulder	2 view min left	73030L
	2 view min right	73030R
Chest	1 view AP only	71045
	2 view AP/LAT	71046
	3 view AP/LAT/DECUB	71047
	4 view AP/LAT/BILAT DECUB	71048
Sternum	2 view min OBL/LAT	71120
Ribs	3 view UNI left or UNI left + chest 3 view min	71101L
	3 view UNI right or UNI right + chest 3 view min	71101R
	4 view BILAT or BILAT + chest 4 view min	71111
Thoracic Spine	2 view AP/LAT	72070
	3 view AP/LAT/swimmers	72072
Thoracolumbar	2 view AP/LAT	72080

# X-RAY: GENERAL

BODY PART	VIEW	CODE
Abdomen	1 view supine	74018
	2 view supine/upright or DECUB	74019
	3 view min supine/upright/DECUB	74021
	2 view supine/upright or DECUB + 1 view CXR *acute abdomen series	74022
Humerus	2 view left	73060L
	2 view right	73060R
Elbow	3 view min left	73080L
	3 view min right	73080R
L-Spine	2-3 view AP/LAT/SPOT	72100
	4-5 view min	72110
	7 view complete	72114
	2-3 view bending FLEX/EXT	72120
Pelvis	1-2 view limited	72170
	3 view complete	72190
Hip/Pelvis Combo	1 view hip UNI	73501
	2-3 view hip UNI, may include pelvis	73502
	4 or more view UNI, may include pelvis	73503
	2 view hips BILAT, may include pelvis	73521
	3-4 view hips BILAT, may include pelvis	73522
5 or more view hips BILAT, may include pelvis	73523	
SI Joints	3 view min BILAT	72202
Forearm	2 view left	73090L
	2 view right	73090R
Wrist	3 view min left	73110L
	3 view min right	73110R
Hand	3 view left	73130L
	3 view right	73130R
	3 view BILAT	73130BILAT
Upper Extremity: Infant (< 12 months old)	2 view min left	73092L
	2 view min right	73092R
Bone Age	1 view left hand PA	77072
Bone Length	Leg length study, i.e. scanogram	77073

## X-RAY: GENERAL

BODY PART	VIEW	CODE
Bone Survey	For cancer, complete	77075
	For infant, < 12 months old	77076
Finger	3 view left	73140L
	3 view right	73140R
Sacrum/Coccyx	2 view min sacrum/coccyx AP/LAT	72220
Scoliosis	1 view (follow up scoliosis study)	72081
	2-3 view (first scoliosis study)	72082
Femur	1 view	73551
	2 or more views	73552
Knee	1-2 view left	73560L
	1-2 view right	73560R
	3 view left	73562L
	3 view right	73562R
Knee BILAT Combo	1 view BILAT AP standing	73565
	2 view BILAT	W73560B
	3 view BILAT	W73562B
	4 view BILAT combo, UNI	73564B
	4 or more views	73564
Tib/Fib	2 view left	73590L
	2 view right	73590R
Lower Extremity: Infant (< 12 months old)	2 view left	73592L
	2 view right	73592R
AC Joints	Always BILAT	73050
Ankle	3 view left	73610L
	3 view right	73610R
Calcaneous	2 view left	73650L
	2 view right	73650R
Foot	3 view left	73630L
	3 view right	73630R
Toe	2 view min left	73660L
	2 view min right	73660R



## VEIN TREATMENT

TRA Interventional and Vascular Clinic is pleased to offer state-of-the-art vein treatments for patients who are experiencing symptoms secondary to chronic vein insufficiency or who just want to have beautiful legs for the summer.

We use thin endovascular catheters to ablate abnormal veins, putting an end to discomfort and a beginning to smooth legs in just about an hour. This technology gives excellent results without the pain and lengthy recovery of surgical vein stripping. There is no hospital stay, minimal-to-no scarring, no lengthy recovery, and rapid relief of symptoms.

Signs and symptoms of chronic vein insufficiency may include:

- Varicose veins
- Leg aches or cramping
- Heaviness or tiredness
- Leg swelling
- Poorly healing wounds

To schedule a free consultation, please call 253-284-0841 or visit [tranow.com/vein-consultation](https://tranow.com/vein-consultation).

# INTERVENTIONAL RADIOLOGY

## INTERVENTIONAL RADIOLOGY HOTLINE: 253-284-0841

### One phone number to address all of your Interventional Radiology needs:

- Schedule a consult
- Schedule a procedure
- Ask a question
- Discuss a case directly with an Interventional provider
- Text us a question

### TRA Interventional Radiology performs procedures at 10 sites throughout the region:

- Allenmore Hospital
- Good Samaritan Hospital
- Highline Medical Center
- Mary Bridge Children's Hospital
- St. Anthony Hospital
- St. Clare Hospital
- St. Francis Hospital
- St. Joseph Medical Center
- Tacoma General Hospital
- TRA Medical Imaging Interventional and Vascular Clinic and NeuroInterventional Radiology Surgery Clinic

**Fax Referrals: 253-284-0847**

# INTERVENTIONAL RADIOLOGY

DISORDERS/SYMPTOMS	PROCEDURES
Wound care: delayed healing from venous stasis or arterial insufficiency	Arterial: • Angioplasty, stent, atherectomy  Venous: • Thermal vein ablation • Nonthermal vein ablation • Injection sclerotherapy
Peripheral Arterial Disease (PAD)	• Angiography, angioplasty, stent, atherectomy
Symptomatic varicose veins	• Thermal vein ablation • Non-thermal vein ablation • Injection sclerotherapy
Vertebral compression fractures	• Vertebral augmentation (kyphoplasty) • Vertebroplasty
Interventional Oncology	• Y90 radioembolization • Chemoembolization • Tumor ablation • PleurX catheter placement/management • Percutaneous biopsy
Dialysis Access	• AV fistula/graft de-clot • AV fistula/graft angioplasty and stent • Dialysis catheter placement
GU	• Nephrostomy tube placement and maintenance • Nephroureteral stent placement and maintenance
Thromboembolic disease	• IVC filter placement • IVC filter retrieval • Venous thrombolysis • Pulmonary artery thrombolysis
Symptomatic uterine fibroids	• Uterine fibroid embolization
Pain management	• Facet injection • Lumbar epidural steroid injection • Sacroiliac joint injection • Joint injection • Bursa injection • Piriformis injection • Barbotage for calcific tendinitis • Genicular and SI nerve destruction • Muscle dry needling
Abnormal fluid collections	• Thoracentesis/paracentesis • Image guided needle aspiration • Image guided drain placement and drain management
Pelvic congestion syndrome	• Ovarian vein embolization
Varicocele	• Gonadal vein embolization
Renovascular hypertension	• Renal artery stent/angioplasty
GI	• Gastrostomy tube placement and maintenance • Gastrojejunostomy tube placement and maintenance

## TRA MEDICAL IMAGING IS CONTRACTED WITH MOST INSURANCE PROVIDERS

Our referral coordinators assist you and your health care provider with insurance verification and prior-authorizations necessary for your exam.

TRA accepts all patients and bills all insurances. Your financial responsibility for your exam or procedure will depend on the type of insurance plan you have and the individual contract TRA Medical Imaging has with your insurance company. We urge you to contact your insurance provider for more information about your individual coverage.

TRA Medical Imaging Financial Counselors are available to discuss exam estimates, payment plans and financial assistance (if eligible). Contact a Financial Counselor at 855-271-2416, option 1.

## QUESTIONS TO ASK YOUR INSURER

- Is this exam covered by my insurance?
- If you have a deductible: Have I met my deductible already or will I be responsible for some or all of the cost for this exam?
- If you have co-insurance: What percentage of the exam fee will I be responsible for?

### **If your exam is not covered by insurance:**

- What does the exam cost if I am responsible for 100%?
- Are all fees, including the professional fees, technical fees and any facility charge included in this price?
- Am I eligible for any discounts?
- What if I pre-pay the entire amount or a portion of the amount of the exam?
- Am I eligible for community assistance, or financial assistance?
- Will I receive one or several bills for my exam?

## CONTRACTED INSURANCE PLANS

- Aetna
- AmeriGroup Healthy Options
- CHPW (Community Health Plan of WA)
- Cigna/Great West
- Coordinated Care Healthy Options
- First Health/Coventry
- Medicaid (Healthcare Authority)-Formerly DSHS
- Essence Medicare
- First Choice Health Network
- Federal Blue Cross
- Group Health PPO Option Plans (Direct Contract)
- Group Health Option Plans (First Choice Network)
- Group Health Cooperative (HMO Plans)
- Humana Medicare
- Humana VA
- Labor and Industries (L&I)
- Medicare
- Molina
- Multiplan (Private Healthcare Systems)
- NPN (Northwest Physicians Network)
- Premera Blue Cross (Med Advantage)
- Premera Blue Cross (all other products)
- Sound Health Partners
- Railroad Medicare
- Regence Blue Shield (all products)
- Sterling Medicare
- Uniform Medical
- United HealthCare (all products)
- United HealthCare NPN (Northwest Physicians Network)
- Three Rivers Network
- TRICARE (formerly Champus)
- Veterans Administration

# PROTECTING ACCESS TO MEDICARE ACT

Starting January 1, 2020 – Protecting Access to Medicare Act (PAMA) will require referring providers to consult Appropriate Use Criteria (AUC) using a Clinical Decision Support (CDS) tool when ordering advanced diagnostic imaging services – CT, MR, Nuclear Medicine and PET – for Medicare patients.

The AUC mandate, included in the Protecting Access to Medicare Act, requires all providers ordering advanced imaging exam to consult an approved CDS mechanism and relay the results of the consultation to the imaging facility.

## How does an ordering provider consult AUC?

Ordering providers must utilize a CMS approved Clinical Decision Support tool to perform the AUC Consultation.

## What are approved CDSMs?

As of June 2018, the approved CDMS are:

- AIM Specialty Health ProviderPortal®\*
- Applied Pathways CURION™ Platform
- Cranberry Peak ezCDS
- eviCore healthcare's Clinical Decision Support Mechanism
- MedCurrent OrderWise™
- Medicalis Clinical Decision Support Mechanism
- National Decision Support Company CareSelect™\*
- National Imaging Associates RadMD
- Sage Health Management Solutions Inc. RadWise®
- Stanson Health's Stanson CDS
- Test Appropriate CDSM\*

\*Free Tool Available

## What information is provided to the ordering provider when they consult the AUC?

When the ordering provider consults the AUC, the system will indicate whether the clinical information provided for the exam adheres or does not adhere to the AUC.

## What do modifiers communicate and does every advanced imaging procedure code require a modifier?

Modifiers communicate the following:

- If the consultation adhered to the AUC recommendation,
- If the consultation did not adhere to the AUC recommendation or;
- No consultation was required due to an exception for location (e.g., inpatient), type of patient (e.g., emergent) or ordering provider (e.g., hardship).

For Medicare patients, every outpatient advanced imaging procedure will require a modifier.

## Can a radiology practice/center perform this service for their referring physicians?

No. CMS allows the provider's employed clinical staff to perform the consultation on behalf of the ordering provider. No other entity or individual, including the radiologist may perform the AUC consultation.

**TRA Medical Imaging is working hard to put the pieces in place to make this new CMS requirement as easy as possible for our referring providers. We look forward to sharing those with you soon!**

For more information on Medicare and Appropriate Use Criteria, please visit: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Appropriate-Use-Criteria-Program/index.html>

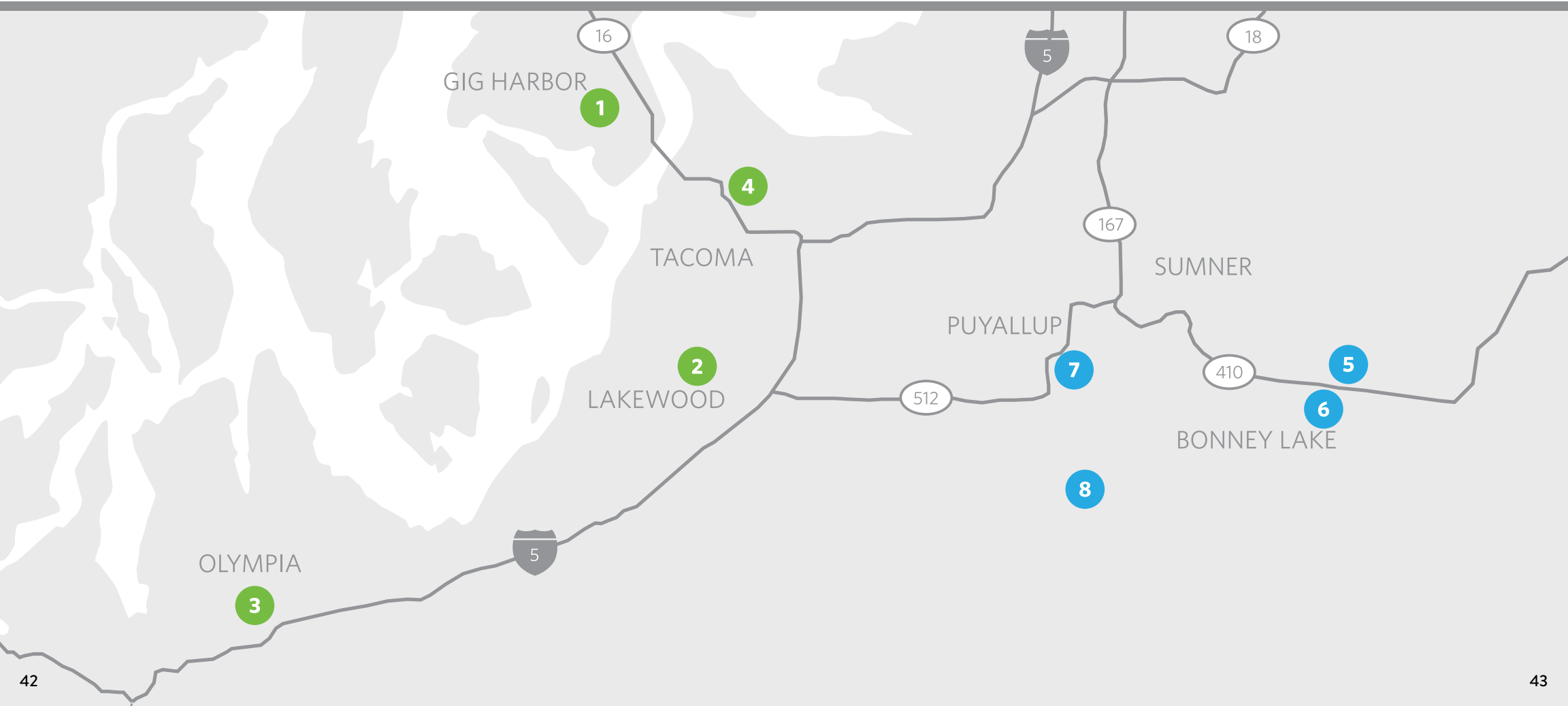
# OUT PATIENT IMAGING LOCATIONS

## TRA MEDICAL IMAGING LOCATIONS

- 1 TRA Gig Harbor**  
4700 Pt Fosdick Dr NW Ste 110  
Gig Harbor WA 98335
- 2 TRA Lakewood**  
5919 100th St SW  
Lakewood WA 98499
- 3 TRA Olympia - on Lilly**  
500 Lilly Rd NE Ste 160  
Olympia WA 98506
- 4 TRA Tacoma - on Union**  
2502 S Union Ave  
Tacoma WA 98405

## DIAGNOSTIC IMAGING NORTHWEST LOCATIONS

- 5 Bonney Lake Imaging Center**  
21110 SR 410 E Ste 110  
Bonney Lake WA 98391
- 6 Bonney Lake Medical Building**  
10004 204th Ave E Ste 2600  
Bonney Lake WA 98391
- 7 Puyallup Imaging Center**  
222 15th Ave SE  
Puyallup WA 98372
- 8 Sunrise Imaging Center**  
11212 Sunrise Blvd Ste 200  
Puyallup WA 98374



# PROCEDURES AND SERVICES BY LOCATION

EXAM	DIAGNOSTIC IMAGING NORTHWEST				TRA MEDICAL IMAGING				AFFILIATED CENTERS	
	Bonney Lake Medical Building	Bonney Lake Imaging Center	Puyallup Imaging Center	Sunrise Imaging Center	TRA Gig Harbor	TRA Lakewood	TRA Olympia - on Lilly	TRA Tacoma - on Union	Carol Milgard Breast Center	Union Avenue Open MRI
Biopsy (breast)			●				●		●	
Biopsy (CT/US/FL-guided)							●	●		
Bone Densitometry (DEXA)		●	●	●		●	●		●	
CT		●	●	●	●	●	●	●		
CT Angiography		●	●	●	●	●	●	●		
Fluoroscopy (arthrography)			●				●	●		
Fluoroscopy (digestive, urology)			●				●			
Hysterosalpingogram			●				●	●		
Hysterosonogram			●				●	●		
Interventional Radiology Procedures							●	●		
Mammography (screening only)		●		●		●				
Mammography (screening and diagnostic)			●				●		●	
MR Angiography		●	●	●	●	●	●	●		●
MRI		●	●	●	●	●	●	●		●
MRI Breast			●				●		●	
MRI Cardiac							●			
MRI TMJ			●		●	●	●	●		●
Neurointerventional Radiology Consultations							●			
Open MRI										●
PET/CT (oncology, cardiac, and neurology)							●			
Therapeutic Injection			●				●			
Ultrasound		●	●	●	●	●	●	●		
Ultrasound (breast)			●				●		●	
VenaCure/VenaSeal (varicose vein therapy)							●			
X-ray (digital)	●		●	●		●	●	●		





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