



**MEDICAL IMAGING**



**DIAGNOSTIC  
IMAGING NW**

A MULTICARE HEALTH SYSTEM AND TRA MEDICAL IMAGING PARTNERSHIP

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# **RADIOLOGY ORDERING GUIDE**

# GUIDING PRINCIPLE - MISSION - VALUES

## 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.



# CONTACT INFORMATION

## 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:	888-350-2006
Prior Authorization Specialists	253-680-3444
Medical Records	253-761-4200 Opt. 4

**tranow.com**

## DIAGNOSTIC IMAGING NORTHWEST

Scheduling	253-841-4353
Scheduling Fax	253-446-3973
Billing:	888-350-2006
Prior Authorization Specialists	253-680-3444
Medical Records	253-841-4353 Opt. 4

**dinw.com**

## STREAMLINED ACCESS FOR PROVIDERS

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

# DID YOU KNOW?

TRA and DINW offer multiple options for streamlining care with electronic integration options.

## BI-DIRECTIONAL INTERFACE

We are pleased to offer bi-directional EMR interface integration to referring clinics who are interested in a higher level of connectivity with our radiology practice. By interfacing with us, referring providers will have the ability to send us orders electronically and receive imaging results directly into their electronic medical records as soon as they are available.

This is an ideal solution for clinics who primarily use TRA/DINW facilities for their patients' imaging and whose EMR vendor has bi-directional capability.

### **Benefits of Interfacing:**

- Replaces faxed orders with secure electronic transfer of patient sensitive data
- Replaces faxed or mailed reports with secure electronic transfer of patient sensitive data
- Imaging results are submitted electronically, automatically and in real-time, directly into the patient's chart
- Improves response time and quality of care for patients

## DIGITALONE ORDERS CADDY

We are excited to offer a solution to those clinics whose EMR vendor doesn't have bi-directional capability, or who don't send a lot of imaging referrals but still want an electronic option. Orders Caddy from Digital One allows practices to send orders straight from their EMR to our scheduling system and can log into a dashboard to see a repository of the orders that have been placed, as well as the final reports.

### **Benefits of Orders Caddy:**

- Replaces faxed orders with secure electronic transfer of patient sensitive data.
- Reduces the time it takes to receive the referral and for a call to go out to the patient to schedule by at least 2 business days.
- Track the referrals you've sent.

***Email [marketing@tranow.com](mailto:marketing@tranow.com) for more information!***

# TRA & DINW MOBILE APPLICATION

## INTRODUCING TRA & DINW MOBILE

We have created a virtual platform to streamline the patient experience. Now patients can download our mobile app to schedule or change appointments, check in for their exam, complete registration forms, pay their bill, and view their imaging results!

We want to make the transition from scheduling through the phone to online as easy as possible. That's why we have created an easy workflow for patients to complete everything they need for their appointment!

## DOWNLOAD TRA MOBILE

### IOS QR CODE



### ANDROID QR CODE



## DOWNLOAD DINW MOBILE

### IOS QR CODE



### ANDROID QR CODE



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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 25.

## 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:** (Lifetime risk 20% >: known genetic mutation i.e. BRCA 1/2 and/or previous chest wall radiation)

- 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:

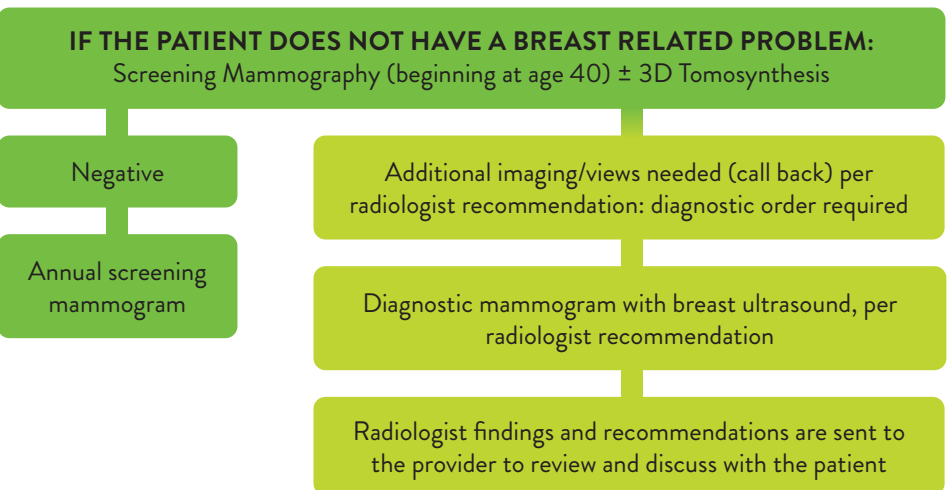
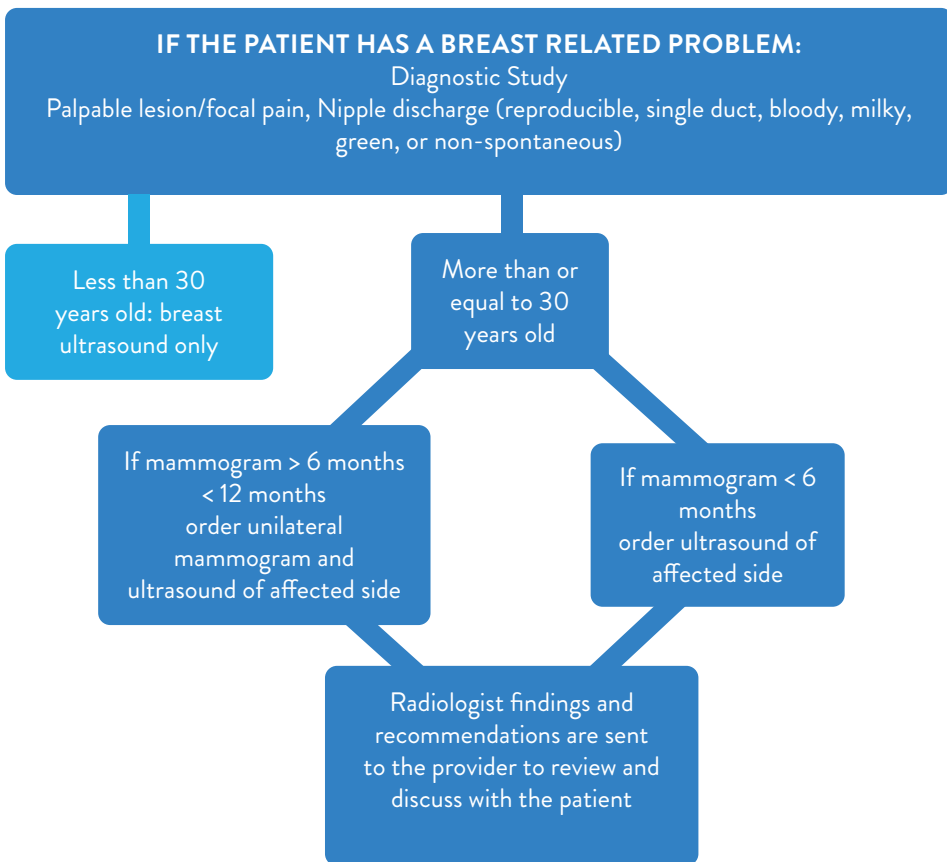
- Obesity
- Tobacco use
- African American race
- Gene mutation (BRCA, p53, Chek2)
- Atypia found on previous breast biopsy
- Chest wall radiation
- Personal history of breast cancer

## PREGNANT/LACTATING PATIENTS:

- If there is a sign or symptom (pain, lump, nipple discharge): order both an ultrasound and a mammogram.



# 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

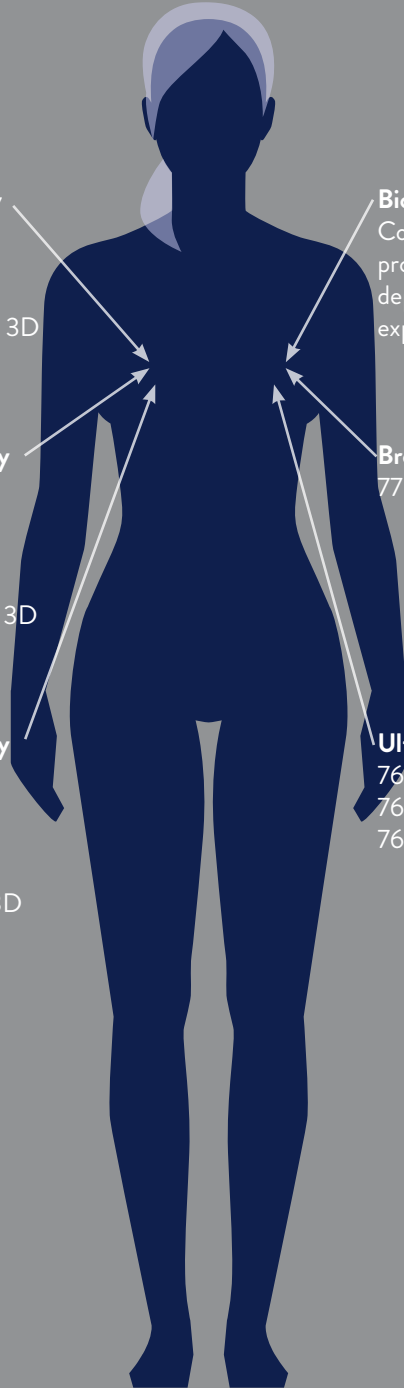
77059: Bilateral breast MRI

## Ultrasound

76641: Unilateral complete

76642: Unilateral limited

76882: Axilla alone



# BREAST IMAGING: DIAGNOSTIC/CLINICAL SCENARIOS

SYMPTOMS/BODY PART	GUIDELINES	ORDER THE FOLLOWING
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, order US of affected breast.</li> <li>• If mammogram performed less than 12 months prior, but more than 6 months order unilateral mammogram and US unilateral.</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, order US of affected breast.</li> <li>• If mammogram performed less than 12 months prior, but more than 6 months order unilateral mammogram and US unilateral.</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, order US of affected breast.</li> <li>• If mammogram performed less than 12 months prior, but more than 6 months order unilateral mammogram and US unilateral</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, order US of affected breast.</li> <li>• If mammogram performed less than 12 months prior, but more than 6 months order unilateral mammogram and US unilateral.</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.	

## LACTATING PATIENT:

- Patient asked to nurse/express prior to appointment.

## MEN:

- Age < 20. Perform US. Add mammogram (CC and MLO) if necessary.
- Age > 20. Mammogram with US of affected side (bilateral CC and MLO).

# 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%)	Begin annual screening mammography 10 years prior to diagnosis of nearest relative, but not before age 30.  Patients with chest wall radiation should begin annual screening mammography 8 years after radiation, but not before age 25.  Consider annual breast MR in addition to annual mammography.
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).





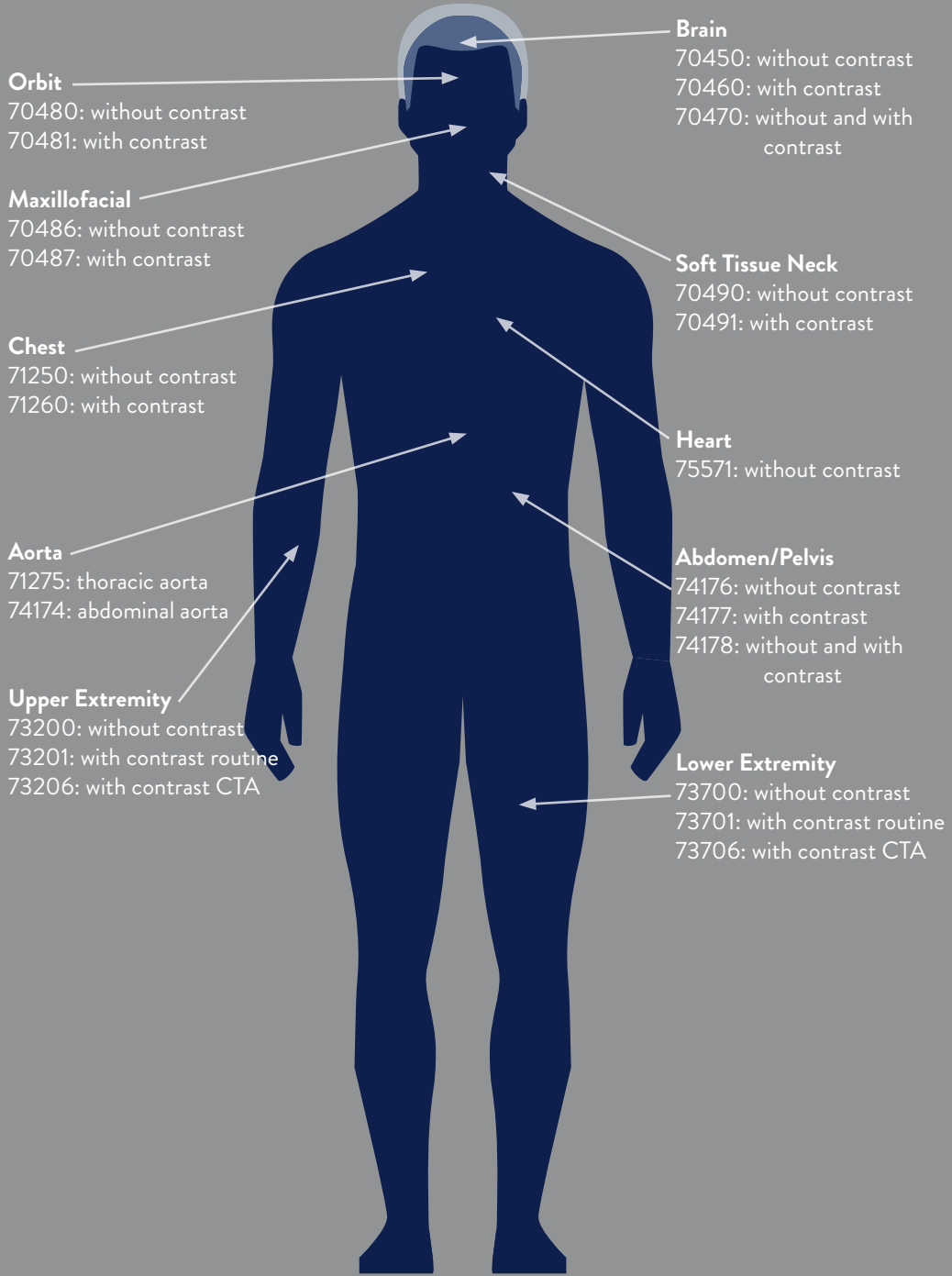
## LOW-DOSE CT LUNG CANCER SCREENING (LDCT)

Low-dose CT Lung Cancer Screening (LDCT) is a non-invasive procedure which evaluates the 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.

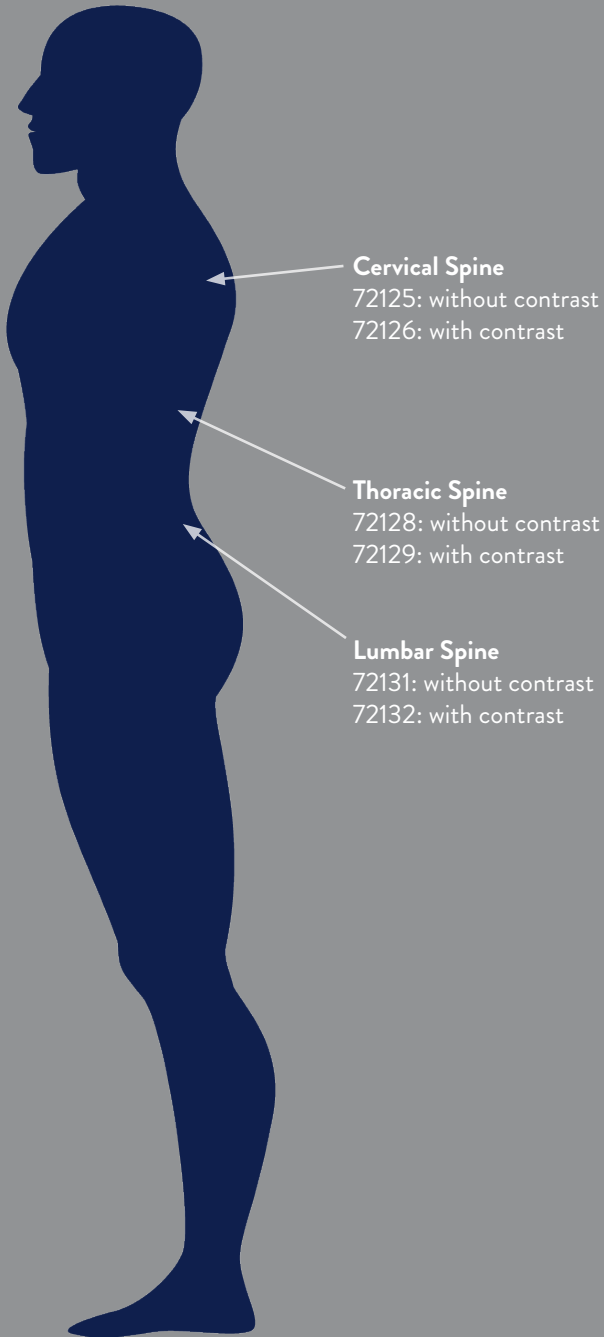
This quick CT scan of the lungs is designed to detect small nodules (possible cancers) that may be present but not yet visible on a standard chest x-ray. Recent research suggests that detection of these nodules at a very small size may dramatically improve likelihood of survival of lung cancer.

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

# CPT CODES FOR CT SCANS



# 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> <li>• Low back pain</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> <li>• Tinnitus</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>• 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 / Shortness of Breath</li> <li>• Hemoptysis</li> <li>• COPD</li> <li>• Lung nodules &gt; 2cm</li> <li>• Mediastinal masses</li> <li>• Abnormal chest x-ray</li> </ul>	CT chest with contrast	71260
	<ul style="list-style-type: none"> <li>• Interstitial/fibrotic lung disease</li> </ul>	CT chest without contrast, high resolution	71250
Lung Cancer Screening	LDCT Lung Cancer Screening – must meet lung cancer criteria for Medicare / Medicaid *please see page 19	CT Low Dose: Lung Cancer Screening	71250 G0297: Medicare

# 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 50 – 80\* years of age.  
*\*Age range may vary by insurance carrier. Medicare Advantage, Medicare, and Medicaid plans only cover up to ages 50-77.*
- Asymptomatic with no signs or symptoms of lung disease.
- Have a tobacco smoking history of 20 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.
- Has not had a CT Chest or CTA Chest in the past 12 months for any reason.
- 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.

N

If the patient does NOT qualify for the study per the eligibility requirements above, they cannot have the exam, even as self-pay. This would be exposing the patient to unnecessary radiation. CT Low Dose Lung Screening is a screening study, not a diagnostic study. If the patient is having new symptoms, they would need a Routine CT Chest so a complete diagnostic test can be done.

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.

## 5 Radiologist Reads the Exam

## 6 Reports Delivered

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

BODY PART	COMMON REASON FOR EXAM	PROCEDURE	CODE
Heart	<ul style="list-style-type: none"> <li>• Screening</li> <li>• Hyperlipidemia</li> <li>• Strong family history of coronary artery disease</li> </ul>	CT Calcium score without contrast	75571
Thoracic Aorta	<ul style="list-style-type: none"> <li>• Thoracic aortic aneurysm / dilation</li> <li>• Thoracic aortic dissection</li> <li>• Chest pain</li> </ul>	CTA chest with contrast	71275
Aorta	<ul style="list-style-type: none"> <li>• Aortic dissection</li> <li>• Thoracic / abdominal aortic stent graft</li> <li>• TAVR planning</li> <li>• Vasculitis / vasculopathy</li> </ul>	CTA chest (aorta protocol)  CTA abdomen and pelvis (aorta protocol) <i>*If chest, abdomen, and pelvis, authorize both codes.</i>	71275  74174
Abdominal Aorta	<ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm</li> <li>• Mesenteric ischemia</li> <li>• Acute GI bleed</li> <li>• Post endograft or vascular surgery</li> <li>• Renal artery stenosis / hypertension</li> <li>• Splenic artery aneurysm</li> </ul>	CTA abdomen and pelvis with contrast	74174
Abdomen / Pelvis and Lower Extremity Runoff	<ul style="list-style-type: none"> <li>• Peripheral artery disease</li> <li>• Claudication</li> <li>• Venous thromboembolism</li> </ul>	CTA abdomen / pelvis and run off	75635
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

## 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 the 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 alert patients and medical providers of the need to initiate medication or further testing to address the presence of coronary artery disease.

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

# 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>• Pancreatitis</li> <li>• Pancreatic mass (MRI Preferred)</li> <li>• Pseudocyst (MRI Preferred)</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
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)

# CT: MUSCULOSKELETAL

BODY PART	COMMON REASON FOR EXAM	PROCEDURE	CODE
Upper Extremities: Shoulder, Humerus, Elbow, Radius/Ulna, Wrist, Hand,	<ul style="list-style-type: none"> <li>• Pain</li> <li>• Fracture</li> <li>• Arthritis</li> </ul>	CT without contrast upper extremity (mention part)	73200
Lower Extremities: Hip, Femur, Knee, Tibia/Fibula, 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
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
Upper Extremity	<ul style="list-style-type: none"> <li>• Peripheral artery disease</li> <li>• Thoracic outlet syndrome</li> <li>• Venous thromboembolism</li> </ul>	CTA upper extremity	73206
Lower Extremity	<ul style="list-style-type: none"> <li>• Peripheral artery disease</li> <li>• Arterial injury</li> <li>• Venous thromboembolism</li> </ul>	CTA lower extremity	73706
Abdomen / Pelvis and Lower Extremity Runoff	<ul style="list-style-type: none"> <li>• Peripheral artery disease</li> <li>• Claudication</li> <li>• Venous thromboembolism</li> </ul>	CTA abdomen / pelvis and run off	75635

# 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) ( <i>Pediatric Study</i> )	76499
<ul style="list-style-type: none"> <li>• Vertebral fracture assessment</li> </ul>	DEXA (VFA)	77086

## The BodyLogic™ Scan

Did you know that select TRA and DINW locations offer BodyLogic, an advanced body composition analysis? This scan can serve as an additional tool in monitoring patients' weight loss and/or healthy lifestyle programs, and track progress in muscle development.

This comprehensive analysis can be self-referred by the patient or part of a weight management or healthy lifestyle package offered by your clinic.

For more information on pricing or how we can partner together to help patients achieve healthy, long-term weight loss or weight management, please visit [tranow.com](http://tranow.com) or [dinw.com](http://dinw.com).



# CPT CODES FOR MRI SCANS

## Orbit, Face, and Neck

70540: without contrast  
70543: with and without contrast

## Brain

70551: without contrast  
70553: with and without contrast

## TMJ

70336

## Cervical Spine

72141: without contrast  
72156: with and without contrast

## Shoulder, Elbow, and Wrist (Upper Extremity - Joint)

73221: without contrast  
73223: with and without contrast

## Chest

71550: without contrast  
71552: with and without contrast

## Humerus and Forearm (Upper Extremity - Non-Joint)

73218: without contrast  
73220: with and without contrast

## Breast

77059: with and without contrast

## Hip, Knee, and Ankle (Lower Extremity - Joint)

73721: without contrast  
73723: with and without contrast

## Thoracic Spine

72146: without contrast  
72157: with and without contrast

## Thigh, Lower Leg, and Foot (Lower Extremity - Non-Joint)

73718: without contrast  
73720: with and without contrast

## Abdomen

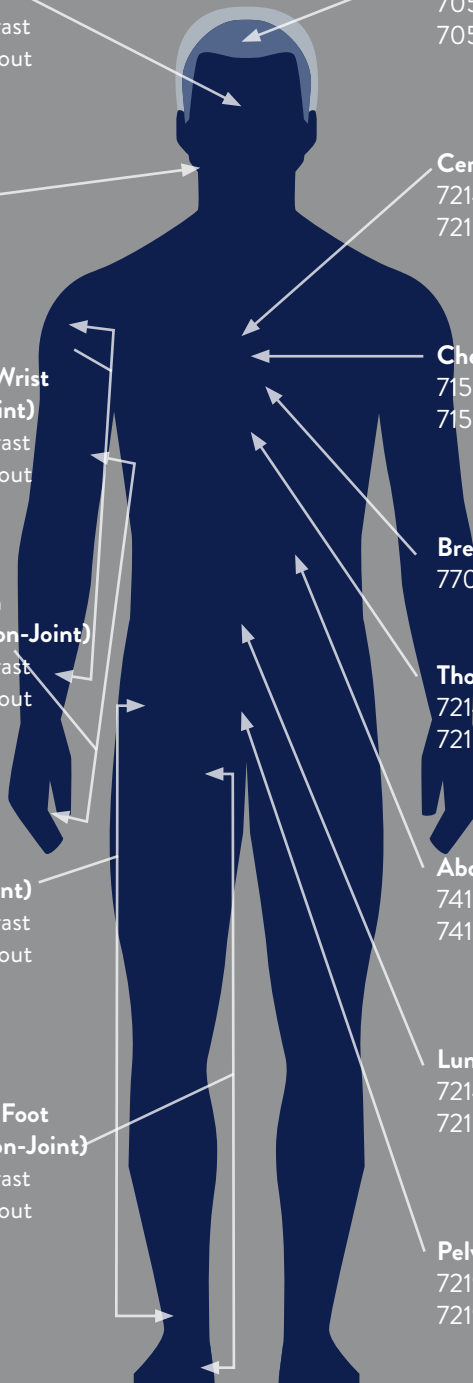
74181: without contrast  
74183: with and without contrast

## Lumbar Spine

72148: without contrast  
72158: with and without contrast

## Pelvis

72195: without contrast  
72197: with and without contrast



## 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 <i>*Attention: IAC.</i>	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> <li>Optic Neuritis</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 chest without and with contrast <i>*Per our radiologist protocol must have Cervical MRI 4 - 6 weeks prior</i>	71552
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>• Radiculopathy</li> <li>• Trauma</li> <li>• Compression fracture</li> </ul>	MRI thoracic spine without contrast	72146
	<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 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</li> <li>• Sciatica</li> <li>• Stenosis</li> <li>• Trauma</li> </ul>	MRI lumbar spine without contrast	72148
	<ul style="list-style-type: none"> <li>• Discitis/osteomyelitis</li> <li>• Post-op (if surgery in last 5 years)</li> <li>• Tumor/mass/cancer/mets</li> </ul>	MRI lumbar spine with and without contrast	72158
Sacral Plexus	<ul style="list-style-type: none"> <li>• Sacral plexopathy</li> </ul> <p><i>*Consider including Lumbar spine (both codes) if not evaluated in the past year</i></p>	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  <i>*If extending to abdomen, authorize both exams (MRA chest and MRA abdomen)</i>	71555  *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	<ul style="list-style-type: none"> <li>• Kidney mass</li> <li>• Adrenal mass</li> <li>• Pancreas mass</li> <li>• Liver mass or cancer</li> </ul>	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, has previously been evaluated with contrast)</li> </ul> <i>*Primarily intraductal papillary mucinous neoplasm (IPMN).</i>	MRI abdomen without contrast <i>*MRCP without contrast.</i>	74181
	<ul style="list-style-type: none"> <li>• Evaluation of biliary tree pathology</li> <li>• Examples include: unexplained jaundice, cholestatic LFTs, elevated alkaline phosphatase or bilirubin</li> </ul> <i>*In most cases, MRCP/Pancreas without and with contrast is preferred as subtle biliary tree abnormalities may not be evident without contrast.</i>	MRCP/Pancreas 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 and with 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)	74183

## 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 • MRI abdomen without and with contrast	74183
Urogram	<ul style="list-style-type: none"> <li>• Hematuria with contraindication to CT</li> <li>• Congenital abnormalities</li> </ul> <i>*Evaluation with MRI is rarely done and only if CT cannot be performed or if specifically requested by the urologist or oncologist.</i>	MRI abdomen without and with contrast	74183
		MRI pelvis without and with contrast <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> </ul> <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>	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> <i>*Direct to St. Joseph Or TG #: (253)-573-7320 Option #2 FAX (253)-426-6610</i>	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
Joints: • Hand • Wrist • Elbow • Shoulder • Hip • Knee • Ankle • Foot • Forefoot	• Pain • Decreased range of motion • Internal derangement • Fracture • Muscle / tendon abnormality • Cartilage abnormality	MRI joint without contrast: • Upper extremity • Lower extremity	73221 73721
	• Infection • Inflammatory arthritis • Mass / lesion	MRI joint without and with contrast: • Upper extremity • Lower extremity	73223 73723
MRI Arthrography: • Wrist • Elbow • Shoulder • Hip • Knee • Ankle	• Ligamentous tear • Labral tear • Recurrent rotator cuff tear • Post-op meniscal tear • OCD	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
Non-Joints: • Scapula • Pectoralis • Upper arm • Forearm • Thigh • Lower Leg • Humerus • Femur • Tibula/Fibula • Foot	• Pain • Fracture • Muscle / tendon abnormality	MRI – non joint without contrast: • Upper extremity • Lower extremity	73218 73718
	• Infection • Mass / lesion	MRI – non joint without and with contrast: • Upper extremity • Lower extremity	73220 73720
Pelvis/Sacrum	• Pain • Fracture • Muscle / tendon abnormality	MRI pelvis without contrast	72195
	• Infection • Mass/lesion	MRI pelvis with and without contrast	72197
SI Joints	• Elevated inflammatory markers • Sacroilitiis • Infection	MRI pelvis without and with contrast (SI joint protocol)	72197
TMJ	• Pain • Clicking • Disc abnormality	MRI TMJ without contrast	70336
Chest: • Sternoclavicular Joint • Chest Wall	• Pain	MRI chest without contrast	71550
	• Mass / lesion • Infection	MRI chest with and without contrast	71552

## PET/CT: GENERAL

BODY PART	DIAGNOSIS	PROCEDURE	CODE
Skull Base to Mid-Thigh	• All Other Diagnoses	PET/CT skull to mid-thigh	78815
Brain	• Dementia/Alzheimers	PET/CT brain	78608
Vertex to Toes	<ul style="list-style-type: none"> <li>• Melanoma</li> <li>• Myeloma</li> <li>• Sarcoma</li> <li>• Merkel Cell Carcinoma</li> <li>• Cutaneous Lymphoma</li> </ul>	PET/CT vertex to toes	78816

## PET/CT: SPECIFIC CANCER

BODY PART	DIAGNOSIS	PROCEDURE	CODE
Vertex to Mid-Thigh	• Neuroendocrine Tumor	Dotatate PET/CT (Ga-68 or Cu-64)	78815
Mid-Thigh to Vertex	<ul style="list-style-type: none"> <li>• Initial Staging</li> <li>• Recurrent prostate cancer</li> <li>• Prior to Lu-177 PSMA Therapy</li> </ul>	PSMA/PSMA-11 PET/CT	78815
Vertex to Mid-Thigh	<ul style="list-style-type: none"> <li>• Initial Staging</li> <li>• Recurrent ER-Positive breast cancer</li> <li>• Patients must be off SERM and SERD therapies for a minimum of 8 weeks prior to Cerianna Imaging</li> </ul>	Cerianna/FES PET/CT	78815
Mid-Thigh to Vertex	• Recurrent Prostate Cancer	Axumin PET/CT Prostate	78815

## PET/CT: RADIONUCLIDE THERAPIES

BODY PART	DIAGNOSIS	PROCEDURE	CODE
*	• Recurrent Prostate Cancer	Lu-177 PSMA Therapy (Pluvicto)	Coming Soon



## 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>	Limited retroperitoneal OR see Ultrasound: vascular duplex aorta	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> <p><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></p>	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

## IUD VISUALIZATION

When trying to visualize an IUD, please include “2-view abdominal x-ray at radiologist’s discretion for IUD visualization” on Pelvic Ultrasound with TV order.

# 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	76857
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
		Limited Retroperitoneal	76775
Abdominal: Hepatoportal Duplex - Liver Dulex	<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
Abdominal: Mesenteric Duplex	<ul style="list-style-type: none"> <li>• Weight loss</li> <li>• Mesenteric ischemia</li> <li>• Pain</li> </ul>	Abdomen Doppler	93975
Venous Upper and Lower Extremity	<ul style="list-style-type: none"> <li>• DVT</li> <li>• Swelling</li> <li>• Pain</li> <li>• Redness</li> <li>• Varicose vein</li> <li>• Vein mapping</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 Duplex Upper and Lower Extremity	<ul style="list-style-type: none"> <li>• PVD</li> <li>• Claudication</li> <li>• Numbness</li> <li>• Tingling</li> </ul>	Arterial and venous duplex, extremity	93986 unilat
			93985 bilat
Aorta	<ul style="list-style-type: none"> <li>• AAA</li> <li>• Atherosclerosis</li> <li>• Post-operative</li> </ul>	Duplex aorta	93978
		Duplex aorta IVC iliac limited	93979

## 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
AC Joints	Always BILAT	73050
Ankle	3 view left	73610L
	3 view right	73610R
Bone Age	1 view left hand PA	77072
Bone Length	Leg length study, i.e. scanogram	77072
Bone Survey	For cancer, complete	77075
	For infant, < 12 months old	77076
Calcaneous	2 view left	73650L
	2 view right	73650R
Chest	2 view AP/LAT	71046
Clavicle	2 view left	73000L
	2 view right	73000R
C-Spine	2-3 view LAT/AP/OM	72040
	2-3 view FLEX/EXT only	72040
	4-5 view (specify view)	72050
	6 or more view complete	72052
Elbow	2 view min left	73070L
	2 view min right	73070R
	3 view min left	73080L
	3 view min right	73080R
Eye FB	2 view Caldwell/LAT	70030
Facial Bones	Complete	70150
Femur	2 or more views	73552
Finger	3 view left	73140L
	3 view right	73140R
Foot	3 view left	73630L
	3 view right	73630R
Forearm	2 view left	73090L
	2 view right	73090R

# X-RAY: GENERAL

BODY PART	VIEW	CODE
Hand	3 view left	73130L
	3 view right	73130R
	3 view BILAT	73130BILAT
Hip/Pelvis Combo	2-3 view hip UNI, may include pelvis	73502
	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
Humerus	2 view left	73060L
	2 view right	73060R
Knee	1-2 view left	73560L
	1-2 view right	73560R
	3 view left	73562L
	3 view right	73562R
	4 view left	73564L
	4 view right	73564R
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
Lower Extremity: Infant (< 12 months old)	2 view left	73592L
	2 view right	73592R
L-Spine	2-3 view AP/LAT/SPOT	72100
	4-5 view min (specify view)	72110
	7 view complete	72114
	2-3 view bending FLEX/EXT	72120
Mastoids	3 view min complete	70130
Mandible	4 view min complete	70110C4
Nasal Bones	3 view min complete	70160
Neck Soft Tissue	2 view AP/LAT	70360
Orbits	4 view min complete	70200
Pelvis	1-2 view limited	72170
	2 view complete pelvis (for pediatric hips)	73521

# X-RAY: GENERAL

BODY PART	VIEW	CODE
Ribs	2 view UNI left or UNI right without chest	71100R
	3 view UNI left or UNI left + chest 3 view min	71101L
	3 view UNI right or UNI right + chest 3 view min	71101R
	3 view BILAT without chest	71110
	4 view BILAT or BILAT + chest 4 view min	71111
Sacrum/Coccyx	2 view min sacrum/coccyx AP/LAT	72220
Scapula	2 view min left	73030L
	2 view min right	73030R
SC Joints	3 view min PA both OBL	71130
Scoliosis	1 view (follow up scoliosis study)	72081
	2-3 view (first scoliosis study)	72082
Shoulder	2 view min left	73030L
	2 view min right	73030R
SI Joints	3 view min BILAT	72202
Sinus (ages 2-13 years)	1-2 view limited	70210
Sinus (ages 13 years and older)	3 view min complete	70220
Skull	1-3 view limited	70250
	4 view min complete	70260
Sternum	2 view min OBL/LAT	71120
Thoracic Spine	3 view AP/LAT/swimmers	72072
Thoracolumbar	2 view AP/LAT	72080
Tib/Fib	2 view left	73590L
	2 view right	73590R
TMJ	3 view BILAT	70330
Toe	2 view min left	73660L
	2 view min right	73660R
Upper Extremity: Infant (< 12 months old)	2 view min left	73092L
	2 view min right	73092R
Wrist	3 view min left	73110L
	3 view min right	73110R

# INTERVENTIONAL & NEUROINTERVENTIONAL RADIOLOGY

## INTERVENTIONAL AND NEUROINTERVENTIONAL RADIOLOGY

uses image guidance to perform minimally invasive vascular and non-vascular procedures. Compared to open surgeries, these types of interventional procedures generally are with less risk, pain, and cost, and typically have shorter recovery times. Vascular techniques include angiography, endovascular stenting, embolization and thrombolytic therapy. Non-vascular procedures include biopsies, drainage of abscesses/cysts, feeding tube placement, vertebroplasty, and radiofrequency ablation.

**INTERVENTIONAL ONCOLOGY** is a sub-specialty branch of Interventional Radiology. Interventional Oncology further bridges the diagnosis and treatment of cancer by using diagnostic imaging techniques to perform targeted and precise treatment of benign and malignant tumors located in various organs of the body. Interventional Oncology treatments may be offered in combination with many oncologic therapies. Adopting a multidisciplinary approach, our physicians will work in close collaboration with referring providers to design the optimal treatment plan to help take care of these patients from the initial clinic consult through post-treatment care and re-staging.

TRA Endovascular and the Neurointerventional Surgery Clinic are located at TRA Tacoma – on Union. Our radiology providers see patients for pre- and post-procedure consultations, dressing changes, drain maintenance, and to address any questions or concerns they may have.

**INTERVENTIONAL  
RADIOLOGY HOTLINE** >> **253-284-0841**

**One phone number to address all of your IR and NIR needs:**

- Schedule a consult and/or procedure
- Call or text a question
- Discuss a case directly with a provider

# INTERVENTIONAL RADIOLOGY

## INTERVENTIONAL RADIOLOGY PROCEDURES

	Consult/Procedure Type	Consultation Pre-Procedure	TRA - IR Clinic
IV Access	Central Venous Catheter Placement		•
	PICC Line Placement		•
	Port Placement & Port Injection		•
	Tunneled Central Catheter (TCC)		•
	Tunneled Dialysis Access Catheter (permacath, TDAC)		•
Drainage and Tube Management	Abscess Drainage		•
	Chest Tube Placement		•
	Drainage Catheter Placement/ Exchange		•
	Gastrostomy and Gastrojejunostomy Placement/Maintenance/ Exchange/Removal		•
	Pancreatic Pseudocyst Drainage		•
	PleurX Catheter Placement	•	•
Aspiration	Paracentesis		•
	Thoracentesis		•
	Lumbar Puncture		•
	Joint Aspiration and Steroid Injection		•
Bone & Joint, Pain Management	Arthrograms		•
	Celiac Plexus Block/Ablation	•	
	Joint Aspiration and Steroid Injection		•
Spinal Intervention	Epidural and Facet Injections		•
	Vertebral Augmentation (vertebralplasty, kyphoplasty)	•	•
	Lumbar Puncture		•
	Lumbar Selective Nerve Root Block		•
	Myelogram		•



	Consult/Procedure Type	Consultation Pre-Procedure	TRA - IR Clinic
<b>Biopsy, Interventional Oncology</b>	CT Guided Biopsy (Lung, Liver, Renal, Lymph Node, Bone, Bone Marrow)		•
	Ultrasound Guided Biopsy (Thyroid, Liver, Renal, Lymph Node)		•
	Thermal Ablation / Cryoablation	•	
	Chemoembolization	•	
	Radioembolization/Y90	•	
	HACE/TACE	•	
<b>Women's Health</b>	Uterine Fibroid Embolization	•	•
	Gonadal Vein Embolization	•	•
	Fallopian Tube Recanalization	•	•
	Hysterosalpingogram		•
<b>Arterial and Venous Intervention</b>	Arteriogram (Aortogram)	•	•
	Balloon Angioplasty and Stenting	•	•
	BRT0	•	
	IVC (inferior vena cava) Filter Placement	•	•
	IVC (inferior vena cava) Filter Removal	•	•
	TIPS placement	•	
	TIPS (transjugular intrahepatic portalsystemic shunt) Revision		•
	Venogram	•	•
	Varicose Vein Therapy (Laser vein ablation, sclerotherapy)	•	•
	Varicocele Embolization	•	•
	Adrenal Vein Sampling	•	

# NEUROINTERVENTIONAL RADIOLOGY

## NEUROINTERVENTIONAL PROCEDURES

Procedure	TRA - NIR Clinic	Consultation Required TRA - NIR Clinic	St. Joseph Hospital (Tacoma)	Tacoma General
Arteriovenous Malformation		•	•	•
Brain Aneurysm		•	•	•
Carotid Artery Stenosis		•	•	•
Carotid / Vertebral Dissection		•	•	•
Cerebral Angiogram	•	•	•	•
Dural Arteriovenous Fistula		•	•	•
Epistaxis		•	•	•
Intracranial Mass Embolization		•	•	•
Intracranial Stenosis		•	•	•
Vertebral Augmentation (vertebralplasty, kyphoplasty)	•	•	•	•
Middle Meningeal Artery	•	•	•	•
Petrosal Sinus Sampling		•	•	•
Spine Lesion / Mass		•	•	•
Subclavian Stenosis	•	•	•	•
Vertebral Stenosis		•	•	•
Consultations & Follow-up	•			

**Please note:** Both Interventional Radiology (IR) procedures and pre-procedure consultations that are offered at TRA's Interventional & Vascular Clinic in Tacoma are as indicated. Additionally, we offer a full array of IR services at both CHI Franciscan and MultiCare hospitals:

### CHI Franciscan

- St. Anthony
- St. Clare
- St. Francis
- St. Anne (Highline)
- St. Joseph

### MultiCare

- Allenmore
- Good Samaritan
- Tacoma General



## VEIN CARE SERVICES

The TRA Endovascular offers a wide range of minimally invasive, outpatient procedures to treat vein and vascular issues. During a free consultation, one of our expert providers may suggest a particular procedure or treatment to address your specific concerns.

- **Adhesive Venous Closure:** uses medical adhesive to close the diseased vein, rerouting blood to nearby healthy veins.
- **Ambulatory Phlebectomy:** uses a hook to pull varicose veins out of the leg, resulting in immediate changes in associated symptoms like skin sores, leg swelling, bleeding, and blood clots.
- **Radiofrequency Venous Ablation:** uses radiofrequency energy to generate heat to close the diseased vein, which redirects blood flow to healthy veins, relieving symptoms.
- **Cosmetic Sclerotherapy Injection:** sclerosant is injected into the affected veins causing them to close and reabsorb back into the body.
- **Ultrasound-Guided Sclerotherapy:** uses a sclerosant to block blood flow, causing the veins to collapse and absorb back into the body's tissue.

For more information or to schedule a free consultation, please call 253-284-0841 or visit [traendovascular.com](http://traendovascular.com).

# UTERINE FIBROID EMBOLIZATION (UFE)

## THE PROCEDURE

While sedated, a catheter is inserted into the femoral or radial artery guided by fluoroscopy. Tiny particles are injected into the vessels that supply blood to the fibroid(s), blocking the blood supply and shrinking the fibroid(s). Once blood flow to the fibroids is -blocked, patients can return home while the fibroids gradually shrink over the next weeks and months.

Uterine Fibroid Embolization (UFE) is a minimally invasive therapy that does not require surgery, offered as an outpatient procedure, decreasing recovery time.

## THE RECOVERY

Following UFE, most patients are able to recover at home or following a short (<24 hour) stay in the hospital. Patients may experience flu-like symptoms (fever, chills, lethargy, etc.) for 3-5 days after the procedure. Medications for pain and nausea will be prescribed to use at home as needed.

It can take 1 - 3 months following the UFE procedure to notice a significant difference. Fibroids can continue to shrink 6-9 months or longer.

## THE BEST CANDIDATES FOR UFE ARE WOMEN WHO:

- Have fibroids that are causing heavy bleeding
- Have fibroids that are causing pain or pressing on other organs
- Don't want to have a hysterectomy
- Do not desire future pregnancy

## INSURANCE COVERAGE

Nearly all insurance companies, including Medicaid, will cover treatment of symptomatic fibroids. Our team will work with insurance companies to authorize coverage before the procedure is performed.

## CONTACT INFORMATION

At TRA Endovascular, we believe in a collaborative approach to treating patients. That means we are here to consult with you and your patients on effective, minimally invasive, cost effective treatment options.

TRA Endovascular is located within TRA Tacoma - on Union.

**IR Consultation:** (253)-680-3470  
**IR Scheduling Phone:** (253)-284-0841  
**IR Scheduling Fax:** (253)-284-0847

# A LESS INVASIVE WAY TO TREAT UTERINE FIBROIDS

## TRA ENDOVASCULAR - YOUR PARTNER IN TREATING UTERINE FIBROIDS

Many women will develop uterine fibroids in their lifetime. In fact, 75 - 80% of women will be diagnosed with fibroids at some point in their lives. Luckily, many women will experience little to no symptoms, but for those that do, it can be debilitating and embarrassing.

### Severe symptoms of fibroids include:

- Pelvic pain or cramping that won't go away
- Overly heavy, prolonged or painful periods
- Spotting or bleeding between periods
- Anemia
- Feeling of needing to urinate frequently
- Constipation
- Difficulty getting pregnant and/or problems with childbirth

### Treatment Options For Severe Uterine Fibroids:

- Medication or birth control to relieve symptoms like heavy, irregular, or painful periods
- Uterine Fibroid Embolization
- Myomectomy
- Hysterectomy



# INSURANCE INFORMATION

## 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 TRA Financial Counselor at 855-271-2416, option 1.

For a DINW Financial Counselor, call 253-680-3485.

## 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

- AARP
- Aetna
- Aetna Whole Health ACO
- Ambetter of Washington
- AmeriGroup
- Appl Health – Washington Medicaid
- Cigna/Great West
- CHPW (Community Health Plan of WA)
- Coordinated Care
- CoreChoice EPO, PPO
- Crime Victims WA
- Federal Blue Cross
- First Choice Health Network
- First Health/Coventry Commercial Plans
- Federal Blue Cross
- GEHA (through Aetna)
- Humana Medicare
- Kaiser PPO Plans
- Kaiser HMO & POS Plans
- Key Health
- Labor and Industries (L & I)
- Medicare
- Molina
- Molina Marketplace Commercial Plans
- Multiplan/ Beech Street/ PHCS
- NPN (Northwest Physicians Network)
- Premera
- Premera Medicare Advantage
- Providence Medicare Advantage
- Railroad Medicare
- Regence
- Regence HMO & PPO Medicare Advantage
- Sterling Medicare
- Three Rivers Network (TRPN)
- Tricare (HealthNet)
- TriWest
- United HealthCare
- United HealthCare Community Plans of WA
- UHC Medicare Plans
- US Family Health Plan (Pac Med)
- Veteran's Administration
- Willow Health

# OUT PATIENT IMAGING LOCATIONS

## TRA MEDICAL IMAGING LOCATIONS

**1** **TRA Gig Harbor**  
4700 Pt Fosdick Dr NW Ste 110  
Gig Harbor WA 98335  
*Tax ID #:* 91-0979582 *NPI:* 1396814166

**4** **TRA Lakewood**  
5919 100th St SW  
Lakewood WA 98499  
*Tax ID #:* 91-0979582 *NPI:* 1396814166

**2** **TRA Olympia - on Lilly**  
500 Lilly Rd NE Ste 160  
Olympia WA 98506  
*Tax ID #:* 91-0979582 *NPI:* 1396814166

**3** **TRA Tacoma - on Union**  
2502 S Union Ave  
Tacoma WA 98405  
*Tax ID #:* 91-0979582 *NPI:* 1396814166



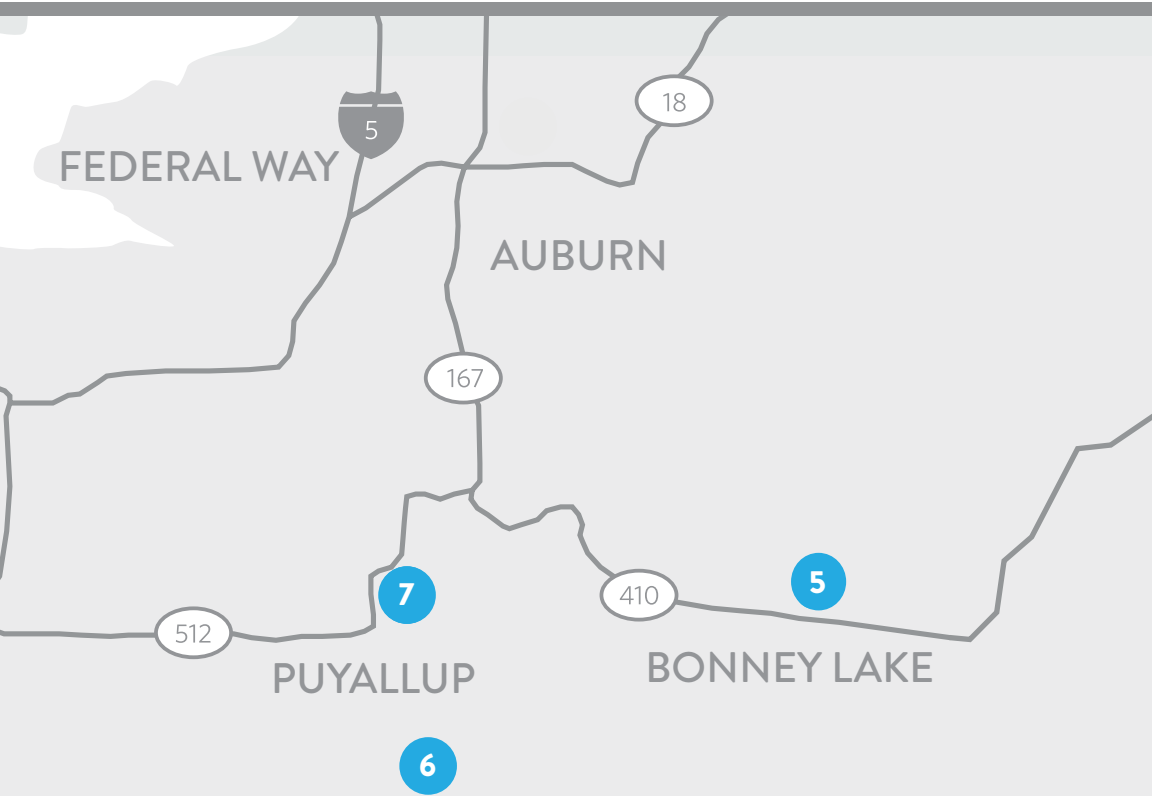


# DIAGNOSTIC IMAGING NORTHWEST LOCATIONS

**5 Bonney Lake Imaging Center**  
21110 SR 410 E Ste 110  
Bonney Lake WA 98391  
*Tax ID #:* 26-1166816 *NPI:* 1083802946

**6 Sunrise Imaging Center**  
11212 Sunrise Blvd Ste 200  
Puyallup WA 98374  
*Tax ID #:* 26-1166816 *NPI:* 1083802946

**7 Puyallup Imaging Center**  
222 15th Ave SE  
Puyallup WA 98372  
*Tax ID #:* 26-1166816 *NPI:* 1083802946



# PROCEDURES AND SERVICES BY LOCATION

EXAM	TRA Medical Imaging		
	TRA Gig Harbor	TRA Olympia - on Lilly	TRA Tacoma - on Union
Biopsy (breast)		●	
Biopsy (CT/US/FL-guided)		●	●
Bone Densitometry (DEXA)		●	
CT	●	●	●
CT Angiography	●	●	●
Fluoroscopy (arthrography)		●	●
Fluoroscopy (digestive, urology)		●	
Interventional Radiology Procedures		●	●
Mammography (screening only)			
Mammography (screening and diagnostic)		●	
MRI 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)		●	●

\*call TRA Lilly to special request at (360)-413-8383

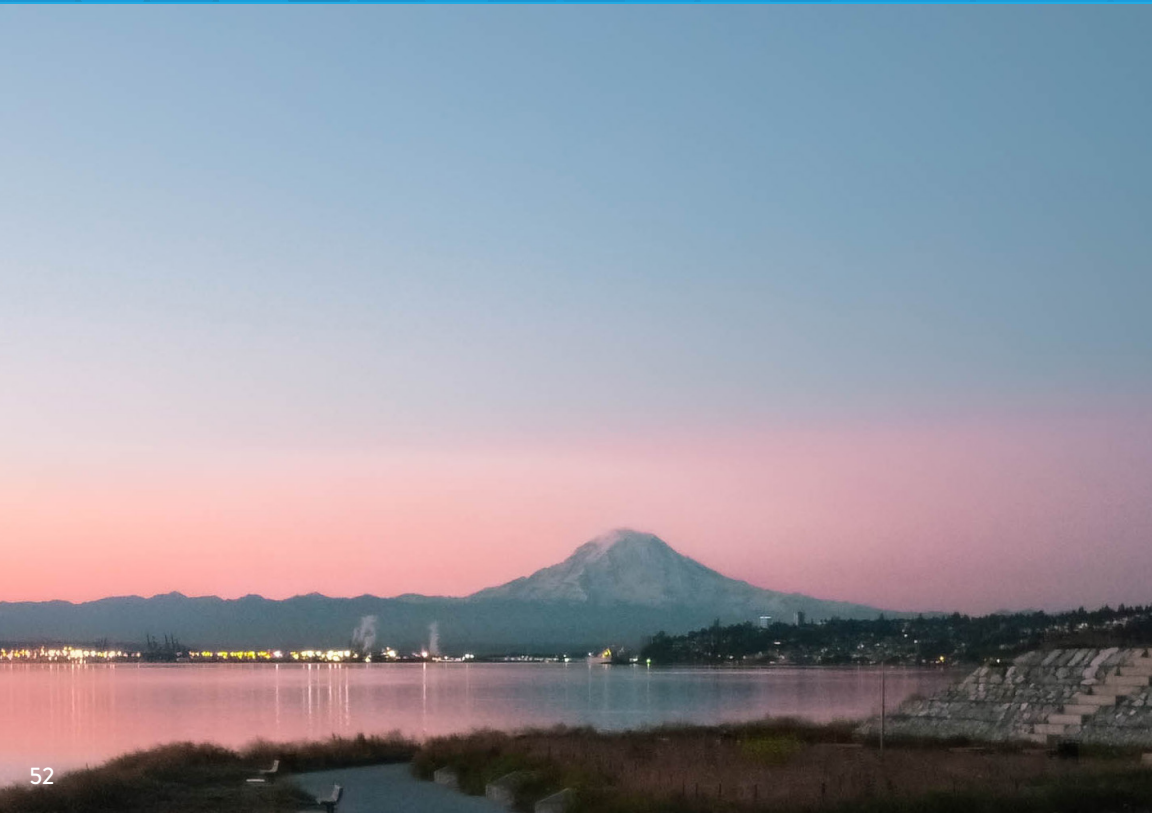
\*MRI Cardiac: please refer patient to Tacoma General, St Josephs or UW

	DIAGNOSTIC IMAGING NORTHWEST			AFFILIATED CENTERS	
TRA Lakewood	Bonney Lake Imaging Center	Puyallup Imaging Center	Sunrise Imaging Center	Carol Milgard Breast Center	Union Avenue Open MRI
		●		●	
●		●	●	●	
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# 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) or scan the QR code shown here.









**tranow.com**  
**dinw.com**

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