

# 2020 Radiology CPT Codes



## BONE DENSITOMETRY

<input type="checkbox"/> Bone Density/DEXA	77080				
<b>CT</b>					
<input type="checkbox"/> CT Abd & Pelvis W/ Contrast	74177	<input type="checkbox"/> CT Enterography W/ Contrast	74177	<input type="checkbox"/> CT Max/Facial W/O Contrast	70486
<input type="checkbox"/> CT Abd & Pelvis W/O Contrast	74178	<input type="checkbox"/> CT Extremity Lower W/ Contrast	73701	<input type="checkbox"/> CT Neck W/ Contrast	70491
<input type="checkbox"/> CT Abd & Pelvis W/O Contrast	74176	<input type="checkbox"/> CT Extremity Lower W/O Contrast	73700	<input type="checkbox"/> CT Neck W/O Contrast	70490
<input type="checkbox"/> CT Abd W/ Contrast	74160	<input type="checkbox"/> CT Extremity Upper W/ Contrast	73201	<input type="checkbox"/> CT Orbit/ IAC W/ Contrast	70481
<input type="checkbox"/> CT Abd W/O Contrast	74150	<input type="checkbox"/> CT Extremity Upper W/O Contrast	73200	<input type="checkbox"/> CT Orbit/ IAC W/O Contrast	70480
<input type="checkbox"/> CT Abd W W/O Contrast	74170	<input type="checkbox"/> CT Head W/ Contrast	70460	<input type="checkbox"/> CT Orbit/ IAC W W/O Contrast	70482
<input type="checkbox"/> CT Chest W/ Contrast	71260	<input type="checkbox"/> CT Head W/O Contrast	70450	<input type="checkbox"/> CT Pelvis W/ Contrast	72193
<input type="checkbox"/> CT Chest W/O Contrast	71250	<input type="checkbox"/> CT Head W W/O Contrast	70470	<input type="checkbox"/> CT Pelvis W/O Contrast	72192
<input type="checkbox"/> CT Chest W W/O Contrast	71270	<input type="checkbox"/> CT Max/Facial W/ Contrast	70487	<input type="checkbox"/> CT Pelvis W W/O Contrast	72194
<input type="checkbox"/> CT Sinus Complete W/O Contrast	70486				
<input type="checkbox"/> CT Sinus Limited W/O Contrast	76380				
<input type="checkbox"/> CT Spine Cervical W/ Contrast	72126				
<input type="checkbox"/> CT Spine Cervical W/O Contrast	72125				
<input type="checkbox"/> CT Spine Lumbar W/ Contrast	72132				
<input type="checkbox"/> CT Spine Lumbar W/O Contrast	72131				
<input type="checkbox"/> CT Spine Thoracic W/ Contrast	72129				
<input type="checkbox"/> CT Spine Thoracic W/O Contrast	72128				
<input type="checkbox"/> CT Stone Protocol W/O Contrast	74176				

## CTA

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

## 3D MAMMOGRAPHY

\*Tomo code is used in conjunction with Mammo code

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

## MRA

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

## MRI

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

## NUCLEAR MEDICINE

<input type="checkbox"/> 3 Phase Bone Scan	78315	<input type="checkbox"/> Hepatobiliary/Disida/Hida with CCK	78227	<input type="checkbox"/> MUGA	78472	<input type="checkbox"/> Thyroid Uptake and Scan	78014
<input type="checkbox"/> Cardiac Nuclear Stress Testing	78452, 93015	<input type="checkbox"/> Hepatobiliary/Disida/Hida W/O CCK	78226	<input type="checkbox"/> Parathyroid Planar Imaging	78070	<input type="checkbox"/> WB I-131 Thyroid Carcinoma Scan	78018
<input type="checkbox"/> Non-Nuclear Treadmill Only Stress	93015	<input type="checkbox"/> I-131 TX ___mCi	CALL	<input type="checkbox"/> Triple Renal Scan w/ Lasix	78708	<input type="checkbox"/> Whole Body Bone Scan	78306
<input type="checkbox"/> DaT Scan (Boca and Delay)	78803	<input type="checkbox"/> Liver Spleen Scan	78215	<input type="checkbox"/> Triple Renal Scan w/o Lasix	78707		
<input type="checkbox"/> Gastric Empty	78264	<input type="checkbox"/> Liver Spect	78803	<input type="checkbox"/> SPECT Bone Scan	78803		

## PET/CT

<input type="checkbox"/> Brain PET/CT Localization W/O IV	78608	<input type="checkbox"/> Melanoma/Merkel cell PET/CT Localization W/O IV	78816	<input type="checkbox"/> NaF PET/CT Bone Scan	78816	<input type="checkbox"/> Eyes - Thighs PET/CT Localization W/O IV	78815
<input type="checkbox"/> Brain PET/CT Diagnostic W/O IV	78608, 70450	<input type="checkbox"/> Melanoma/Merkel PET/CT Diagnostic with IV & Oral (Chest/Abd/Pelvis)	78813, 74177, 71260			<input type="checkbox"/> Eyes - Thighs PET/CT Diagnostic (Chest/Abd/Pelvis) with IV & Oral	78812, 71260, 74177

## RADIOLOGY

<input type="checkbox"/> Abdomen 1 view	74018	<input type="checkbox"/> Finger (s) 2 or more views	73140	<input type="checkbox"/> Ribs Unilat w/AP CXR 3 or more views	71101	<input type="checkbox"/> Spine Cervical AP, Lat and Obliques with flex ext. 6 or more views	72052
<input type="checkbox"/> Abdomen 2 views	74019	<input type="checkbox"/> Foot 3 or more views	73630	<input type="checkbox"/> Ribs Bilat w/AP CXR 4 or more views	71111	<input type="checkbox"/> Spine Lumbar Spine 2 or 3 views	72100
<input type="checkbox"/> Abdomen 3 or more views	74021	<input type="checkbox"/> Forearm 2 views	73090	<input type="checkbox"/> Ribs Bilat w/o CXR 3 views	71110	<input type="checkbox"/> Spine Lumbosacral min. 4 views	72110
<input type="checkbox"/> AC Joints	73050	<input type="checkbox"/> Hand 3 or more views	73130	<input type="checkbox"/> Sacrum / Coccyx 2 or more views	72220	<input type="checkbox"/> Spine Lumbar Complete Bend min. 6 views	72114
<input type="checkbox"/> Ankle 3 views	73610	<input type="checkbox"/> Heel 2 or more views	73650	<input type="checkbox"/> SC Joints 3 or more views	71130	<input type="checkbox"/> Spine Lumbar Bend only 2 or 3 views	72120
<input type="checkbox"/> Bone Age Studies	77072	<input type="checkbox"/> Hip Bilateral w/ Pelvis 5 or more views	73523	<input type="checkbox"/> Scapula	73010	<input type="checkbox"/> Spine Scoliosis Study 1 view	72081
<input type="checkbox"/> Chest single view	71045	<input type="checkbox"/> Hip Unilateral w/ Pelvis 2 to 3 views	73502	<input type="checkbox"/> Shoulder 2 or more views	73030	<input type="checkbox"/> Spine Scoliosis Study 2 or 3 views	72082
<input type="checkbox"/> Chest 2 views	71046	<input type="checkbox"/> Humerus 2 or more views	73060	<input type="checkbox"/> SI Joints 3 or more views	72202	<input type="checkbox"/> Spine Thoracic 3 views	72072
<input type="checkbox"/> Chest 3 views	71047	<input type="checkbox"/> IVP	74400	<input type="checkbox"/> Sinuses 3 or more views	70220	<input type="checkbox"/> Sternum 2 or more views	71120
<input type="checkbox"/> Chest 4 or more views	71048	<input type="checkbox"/> Knee 3 views	73562	<input type="checkbox"/> Skull 4 or more views	70260	<input type="checkbox"/> Tib / Fib 2 views	73590
<input type="checkbox"/> Clavicle	73000	<input type="checkbox"/> Mandible 4 or more views	70110	<input type="checkbox"/> Soft Tissue Neck	70360	<input type="checkbox"/> TMJ Joints-Bilateral	70330
<input type="checkbox"/> Elbow 3 views	73080	<input type="checkbox"/> Nasal Bones 3 or more views	70160	<input type="checkbox"/> Spine Cervical 2 or 3 views	72040	<input type="checkbox"/> Toe (s) 2 or more views	73660
<input type="checkbox"/> Eyes, Foreign Body	70030	<input type="checkbox"/> Orbits 4 or more views	70200	<input type="checkbox"/> Spine Cervical AP, Lat and Obliques 4 or 5 views	72050	<input type="checkbox"/> Wrist 3 or more views	73110
<input type="checkbox"/> Facial Bones Complete	70150	<input type="checkbox"/> Osseous Survey (Metastatic)	77075				
<input type="checkbox"/> Femur 2 or more views	73552	<input type="checkbox"/> Pelvis 1 or 2 views	72170				

## ULTRASOUND

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

## CONTRAST GUIDELINES

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

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

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

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

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