

What to order, When?

A guide to the most common clinical
indications related to radiology

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CT

The following are general guidelines to follow for the most common clinical indications related to radiology. It is important to start with the least invasive study (e.g. pelvic ultrasound before ordering CT), and to protect the patient from any unnecessary radiation and contrast exposure.

HEAD & NECK

Body Part	Reason for exam	IV Contrast	Oral Contrast	Procedure Name	Code
SINUS	<ul style="list-style-type: none">• Polyps• Post nasal drip• Sinusitis• Surgical Planning	No	No	CT sinus complete w/o contrast	70486
FACE	<ul style="list-style-type: none">• Cellulitis• Infection/abscess• Soft Tissue Mass	Yes	No	CT maxillofacial soft tissue w/ contrast	70487
	<ul style="list-style-type: none">• Injury/trauma, concern for fracture	No	No	CT maxillofacial bones w/o contrast	70486
ORBITS	<ul style="list-style-type: none">• Injury/trauma, concern for fracture	No	No	CT orbits w/o contrast	70480
	<ul style="list-style-type: none">• Mass• Proptosis• Infection• Swelling• Vision changes	Yes	No	CT orbits w/wo contrast	70482
TEMPORAL BONES	<ul style="list-style-type: none">• Otitis Media• Cholesteatoma• Conductive hearing loss• Mastoiditis	No	No	CT temporal bones (includes mastoids) w/o contrast	70480
SOFT TISSUE NECK	<ul style="list-style-type: none">• Adenopathy• Dysphagia• Infection/abscess• Mass/neoplasm• Vocal cord paralysis	Yes	No	CT neck soft tissue w/contrast	70491
	<ul style="list-style-type: none">• Salivary gland calculi/adenitis• Foreign body	Yes	No	CT neck soft tissue wo/w contrast	70492

SPINE

*in patients with history of cancer contrast may be indicated

Body Part	Reason for exam	IV Contrast	Oral Contrast	Procedure Name	Code
CERVICAL SPINE	<ul style="list-style-type: none">• Evaluate hardware/fusion status• Degenerative changes• R/O Fx	No	No	CT spine, cervical w/o contrast	72125
THORACIC SPINE	<ul style="list-style-type: none">• Evaluate hardware/fusion status• Degenerative changes• R/O Fx	No	No	CT spine, thoracic w/o contrast	72128
LUMBAR SPINE	<ul style="list-style-type: none">• Evaluate hardware/fusion status• Degenerative changes• R/O Fx	No	No	CT spine, lumbar w/o contrast	72131

ABDOMEN & PELVIS

Body Part	Reason for exam	IV Contrast	Oral Contrast	Procedure Name	Code
ABDOMEN	• Renal mass	Yes	Water	CT renals triple phase wo/w contrast - ABDOMEN	74170
	• Abnormal liver enzymes • Jaundice • Liver mass	Yes	Water	Multiphase CT abdomen/liver wo/w contrast	74170
	• Pancreatitis • Pancreatic mass	Yes	Water	Multiphase CT abdomen/w/wo contrast	74170
	• Ventral, umbilical hernia	No	No	CT abdomen w/o contrast (with contrast if painful)	74150
ABDOMEN & PELVIS	• Abdominal pain • Abnormal labs • Abscess • Adenopathy • Ascites • Injury/trauma • Metastasis • Pancreatitis • Pelvic pain • Tumor/mass • Unexplained weight loss	Yes	Yes	CT abdomen/pelvis w/contrast	74177
STONE PROTOCOL	• Flank pain • Renal stones	No	No	CT abdomen/pelvis w/o contrast	74176
UROGRAM	• Hydronephrosis without flank pain) • Flank pain • Renal stones	Yes	Water	CT stone protocol w/ wo contrast (aka urogram)	74178
SOFT TISSUE PELVIS	• Adenopathy • Mass • Pain	Yes	Yes	CT pelvis w/contrast	72193
SOFT TISSUE PELVIS	• Inguinal hernia	No	No	CT pelvis w/o contrast (with contrast if painful)	72192
BONY PELVIS	• Trauma, concern for fracture	No	No	CT pelvis w/o contrast	72192

CT

CHEST

Body Part	Reason for exam	IV Contrast	Oral Contrast	Procedure Name	Code
CHEST	<ul style="list-style-type: none"> Asthma Atelectasis Bronchiectasis COPD Cough Interstitial Lung Disease Emphysema Follow up pulmonary nodule Injury/trauma Pericardial effusion Pleural effusion Pneumothorax Pulmonary nodule Rib Fracture 	No	No	CT chest w/o contrast	71250
	<ul style="list-style-type: none"> Abnormality involving hilum Empyema Infiltrate Lung cancer Mass Pneumonia Work up of other cancer/malignancy 				
LUNG	<ul style="list-style-type: none"> History of smoking 	No	No	Low Dose Lung Cancer CT	71250

ANGIOGRAPHY (CTA)

Body Part	Reason for exam	IV Contrast	Oral Contrast	Procedure Name	Code
HEAD	<ul style="list-style-type: none"> Stenosis (MRA Preferred) Aneurysm 	Yes	No	CT angio brain w/wo contrast	70496
NECK	<ul style="list-style-type: none"> Carotid Stenosis (MRA Preferred) Dissection 	Yes	No	CT angio neck w/wo contrast	70498
CHEST	<ul style="list-style-type: none"> Suspected PE or evaluation of chronic PE Thoracic aneurysm (if ascending, must have cardiac gating) 	Yes	No	CT angio chest w/ contrast	71275
ABDOMEN	<ul style="list-style-type: none"> Abdominal aortic aneurysm 	Yes	No	CT angio abdomen w/ contrast	74175
ABDOMEN & PELVIS	<ul style="list-style-type: none"> Mesenteric ischemia Pre op AAA surgery Pre or post op evaluation Post stent grafting 	Yes	No	CT angio abdomen/pelvis w/contrast	75635

ANGIOGRAPHY (CTA)

Body Part	Reason for exam	IV Contrast	Oral Contrast	Procedure Name	Code
ABDOMEN & PELVIS W/ RUNOFF	<ul style="list-style-type: none"> • Intermittent claudication • Lower extremity ischemia • Peripheral vascular disease 	Yes	No	CT angio abdominal aorta and bilateral iliofemoral with BLE runoff w/contrast	75635
				CT angio BLE's to include bifurcation of aorta into iliac vessels w/contrast CT angio BLE's w/ contrast	73706-50

MRI

BRAIN

Body Part	Reason for exam	IV Contrast	Oral Contrast	Procedure Name	Code
BRAIN	<ul style="list-style-type: none"> • CVA/TIA • Dizziness • Memory loss • Trauma • Tremors 	No	No	MRI brain w/o contrast	70551
	<ul style="list-style-type: none"> • Cranial nerve (IAC and Trigeminal Protocol) • Chiari Malformation • IAC lesion/hearing • Infection • Lesions (specify) • Multiple sclerosis • Neurofibromatosis • Seizures • Pituitary lesion [Pituitary Protocol] • Tumor/mass/metastasis 				
ORBITS	<ul style="list-style-type: none"> • Diplopia • Hyperthyroidism (e.g. Graves disease) • Nystagmus • Strabismus • Tumor/mass/metastasis • Unexplained vision loss • Unilateral vision defect 	Yes	No	MRI orbits w/wo contrast	70553
FACE	<ul style="list-style-type: none"> • Infection • Tumor/Mass/Metastasis 	Yes	No	MRI face w/wo contrast	70543
	<ul style="list-style-type: none"> • Trauma 	No	No	MRI Face w/o contrast	70540

The following recommendations are a general guideline and may not be applicable to everyone.

MRI

HEAD & NECK

Body Part	Reason for exam	IV Contrast	Oral Contrast	Procedure Name	Code
NECK SOFT TISSUE	<ul style="list-style-type: none"> Dysphagia Infection Persistent hoarseness Tumor/mass/metastasis Vocal cord paralysis 	Yes	No	MRI soft tissue neck w/wo contrast	70543

NEUROGRAM

Body Part	Reason for exam	IV Contrast	Oral Contrast	Procedure Name	Code
BRACHIAL PLEXUS	<ul style="list-style-type: none"> Brachial plexus injury Nerve avulsion Tumor/mass/metastasis 	Yes	No	MRI brachial plexus w/wo contrast - brachial plexus protocol	73220-22
LUMBOSACRAL PLEXUS	<ul style="list-style-type: none"> Lumbosacral plexus injury Nerve avulsion Tumor/mass/metastasis 	Yes	No	MRI Lumbosacral plexus w/wo contrast - brachial plexus protocol	72197

SPINE

Body Part	Reason for exam	IV Contrast	Oral Contrast	Procedure Name	Code
CERVICAL	<ul style="list-style-type: none"> MS Neck Pain Radiculopathy Degenerative disc disease/herniation Canal stenosis Compression fracture 	No	No	MRI spine, cervical w/o contrast	72141
	<ul style="list-style-type: none"> MS Discitis/osteomyelitis Post op pain Tumor/mass/metastasis 	Yes	No	MRI spine, cervical w/wo contrast	72156
THORACIC	<ul style="list-style-type: none"> MS Neck Pain Radiculopathy Degenerative disc disease/herniation Canal stenosis Compression fracture 	No	No	MRI spine, thoracic w/o contrast	72146

SPINE

Body Part	Reason for exam	IV Contrast	Oral Contrast	Procedure Name	Code
THORACIC	<ul style="list-style-type: none"> • MS • Discitis/osteomyelitis • Post op w/T-S surgery within the last 8 years • Tumor/mass/metastasis 	Yes	No	MRI spine, thoracic w/o contrast	72157
LUMBAR	<ul style="list-style-type: none"> • Neck Pain • Radiculopathy • Degenerative disc disease/herniation • Canal stenosis • Compression fracture 	No	No	MRI spine, lumbar w/o contrast	72148
	<ul style="list-style-type: none"> • MS • Discitis/osteomyelitis • Post op w/T-S surgery within the last 8 years • Tumor/mass/metastasis 	Yes	No	MRI spine, lumbar w/o contrast	72158

CHEST

Body Part	Reason for exam	IV Contrast	Oral Contrast	Procedure Name	Code
CHEST	<ul style="list-style-type: none"> • Chest wall pain (CT exam is preferred) • Rib pain (CT exam is preferred) • Sternoclavicular joint/clavicle/scapula pain 	No	No	MRI MSK chest w/o contrast	71550
BREAST	<ul style="list-style-type: none"> • Silicone implant rupture 	No	No	MRI breast w/o contrast -implant rupture study	77059
	<ul style="list-style-type: none"> • Abnormal mammogram with recommendation to do MRI • High risk for malignancy • Personal history of cancer 	Yes	No	MRI breast w/contrast - malignancy study	77059
SOFT TISSUE	<ul style="list-style-type: none"> • Mediastinal Mass 	Yes	No	MRI w/ contrast and w/o IV contrast	71552

ABDOMEN & PELVIS

Body Part	Reason for exam	IV Contrast	Oral Contrast	Procedure Name	Code
ABDOMEN	<ul style="list-style-type: none"> • MRCP (biliary/pancreatic ducts, stones, jaundice) 	Yes/No	No	MRI abd/panc/biliary tree w/o contrast	74181
	<ul style="list-style-type: none"> • Liver disease • Mass (adrenal, liver, pancreatic, renal) 	Yes	No	MRI abdomen wo/w contrast	74183

The following recommendations are a general guideline and may not be applicable to everyone.

MRI

ABDOMEN & PELVIS

Body Part	Reason for exam	IV Contrast	Oral Contrast	Procedure Name	Code
MR ENTEROGRAPHY	<ul style="list-style-type: none"> Bowel obstructions Evaluate small bowel Crohn's disease Ulcerative Colitis 	Yes	Yes	MR Enterography	74183 + 72197
MSK PELVIS	<ul style="list-style-type: none"> MSK pain - SI joints, sacrum, coccyx Muscle tear Osteomyelitis 	No	No	MRI pelvis w/o contrast	72195
SOFT TISSUE PELVIS	<ul style="list-style-type: none"> Abscess Adenomyosis Endometrial abnormalities Fibroid Prostate cancer Septic arthritis Tumor/mass/metastasis 	Yes	No	MRI pelvis wo/w contrast	72197

EXTREMITIES

Body Part	Reason for exam	IV Contrast	Oral Contrast	Procedure Name	Code
NON-JOINT EXTREMITY: HAND=FINGER, ARM, FOOT=TOE, LEG	<ul style="list-style-type: none"> Morton's neuroma Muscle/tendon tear Osteomyelitis Stress/fracture 	No	No	MRI upper extremity, non-joint w/o contrast MRI lower extremity, non-joint w/o contrast	73218 73718
	<ul style="list-style-type: none"> Abscess Cellulitis Foot osteomyelitis in diabetic patients Osteomyelitis Tumor/mass/metastasis (soft tissue) 	Yes	No	MRI upper extremity, non-joint wo/w contrast MRI lower extremity, non-joint wo/w contrast	73220 73720
JOINT EXTREMITY: SHOULDER, ELBOW, WRIST, HIP, KNEE, ANKLE	<ul style="list-style-type: none"> Arthritis AVN Joint pain Ligament/tendon/muscle/cartilage/labral tear (initial study) Stress/fracture 	No	No	MRI upper extremity, joint w/o contrast MRI lower extremity, joint w/o contrast	73221 73721
	<ul style="list-style-type: none"> Abscess Cellulitis Inflammatory arthritis Septic arthritis Synovitis Tumor/mass 	No	No	MRI upper extremity, joint wo/w contrast MRI lower extremity, joint wo/w contrast	73223 73723

ARTHROGRAMS

Body Part	Reason for exam	IV Contrast	Oral Contrast	Procedure Name	Code
WRIST	• Ligament tear (pre and post op)	No	No	MR arthrogram wrist	73222+ 25246+77002
ELBOW	• Ligament tear (post op)	No	No	MR arthrogram elbow	73222+ 24220+77002
SHOULDER	• Labral tear • Rotator cuff (post op)	No	No	MR arthrogram shoulder	73222+ 23350+77002
HIP	• Labral/ligament tear (pre or post op)	No	No	MR arthrogram hip	73722+ 27093+77002
KNEE	• Meniscus (post op)	No	No	MR arthrogram knee	73722+ 27370+77002
ANKLE	• Osteochondral Lesion (post op)	No	No	MR arthrogram ankle	73722+ 27648+77002

ANGIOGRAPHY (MRA)

Body Part	Reason for exam	IV Contrast	Oral Contrast	Procedure Name	Code
MRA HEAD	• Headaches • Stenosis • AVM (MRI brain wo/w contrast) • CVA/TIA • Aneurysm • Strong family history of cerebral aneurysms	No	No	MR Angio Head w/o contrast	70544
	• Dissection (CTA preferred) • Surgery history of aneurysm clips	Yes	No	MR Angio Head wo/w contrast	70546
MRV HEAD	• Venous thrombosis	Yes	No	MR Venogram Head wo/w contrast	70546
MRA NECK	• Stenosis • Aneurysm • AVM • CVA/TIA • Dissection/vessel injury (CTA preferred) • Subclavian Steal	Yes	No	MR Angio Neck w/wo contrast	70549
MRA ABDOMEN	• Renal artery stenosis	No	No	MRA Abdomen w/o contrast	74185

The following recommendations are a general guideline and may not be applicable to everyone.

MRI

ANGIOGRAPHY

Body Part	Reason for exam	IV Contrast	Oral Contrast	Procedure Name	Code
MRA ABDOMEN	<ul style="list-style-type: none"> • Abdominal Aortic Aneurysm • Dissection • Mesenteric ischemia • Renal artery stenosis/ Aneurysm • Vasculitis 	Yes	No	MRA Abdomen w/wo contrast	74185
MRA EXTREMITIES	<ul style="list-style-type: none"> • Aneurysm • Arterial occlusion/ stenosis • A-V fistula/AVM • Claudication • Cold foot • Gangrene • Pain • Thoracic Outlet syndrome • Ulcer • Venous occlusion/ thrombosis 	Yes	No	RA Abd Aorta, bilateral iliofemoral w/runoff wo/w contrast (74185+72198+73725-50) MRA bilateral lower extremities wo/w contrast (73725-50) MRA bilateral upper extremities wo/w contrast (73225-50)	

NUCLEAR MEDICINE

BONE SCAN

Body Part	Reason for exam	Code
BONE SCAN - WHOLE BODY	<ul style="list-style-type: none"> • Elevated alkaline phosphatase (bone) • Evaluation of abnormal finding by other imaging modalities • Pathologic fracture • Primary or metastatic tumors • Unexplained back or bone pain 	78306+A9503
LIMITED TRIPLE PHASE BONE SCAN	<ul style="list-style-type: none"> • Charcot's joint • Complex Regional Pain Syndrome (RSD) • Non-union fractures • Osteomyelitis • Prosthetic joint evaluation for loosening or infection • Solitary bone lesion • Stress or occult fractures 	78315+A9503
BONE SCAN SPECT	<ul style="list-style-type: none"> • Osteoid Osteoma • Post op Spine Sx • Spinal fractures in pediatric patients • Spondylolisthesis • Spondylosis 	78320+ 78300+A9503

CARDIOVASCULAR

Body Part	Reason for exam	Code
MUGA SCAN	<ul style="list-style-type: none"> • Cardiomyopathy • Evaluate cardio toxic effects of chemotherapy 	78472+A9560
MYOCARDIAL PERFUSION IMAGING SPECT (MPS)	<ul style="list-style-type: none"> • Abnormal EKG • CAD • Chest pain • Coronary stenosis • SOB • S/P CABG • S/P myocardial infarction • S/P stent 	78452+A9500

ABSCESS IMAGING

Body Part	Reason for exam	Code
GALLIUM SCAN	<ul style="list-style-type: none"> • Fever of unknown origin • Infection/inflammation • Malignancy • Sarcoid/sarcoidosis • Vertebral osteomyelitis 	78803+A9956
INDIUM-111 WBC SCAN	<ul style="list-style-type: none"> • Evaluation of vascular graft infection • Infection • Infection of prosthesis w/prior positive 3-phase bone scan • Osteomyelitis 	Whole body: 78806+A9570 Bone marrow scan w/sulphur colloid: 78806+78103+A9541

GALLBLADDER

Body Part	Reason for exam	Code
HIDA SCAN	<ul style="list-style-type: none"> • Acute/chronic cholecystitis • Bile duct obstruction • Post-op complications (e.g. bile leaks/fistulas) • RUQ Pain 	78227+A9537

GI SCANS

Body Part	Reason for exam	Code
GASTRIC EMPTYING STUDY	<ul style="list-style-type: none"> • Dumping syndrome • Early satiety • Gastric outlet obstruction • Nausea, vomiting • Gastroparesis 	78264+A9541
MECKELS SCAN	<ul style="list-style-type: none"> • Meckel's diverticulum 	78290+A9512

The following recommendations are a general guideline and may not be applicable to everyone.

— NUCLEAR MEDICINE —

GI SCANS

Body Part	Reason for exam	Code
LIVER IMAGING SPECT W/ VASCULAR FLOW	<ul style="list-style-type: none">Accessory spleenAdenomaFocal nodular hyperplasiaGI BleedTrauma to liver or spleen	78206+A9541
RCB STUDY - HEMANGIOMA PROTOCOL	<ul style="list-style-type: none">Cavernous hemangioma (liver)	78206+A9540

LUNGS

Body Part	Reason for exam	Code
PULMONARY PERfusion W/ VENTILATION (V/Q SCAN)	<ul style="list-style-type: none">Acute or chronic pulmonary embolusElevated d-dimerSOB	78528+A9540
QUANTITATIVE DIFFERENTIAL PULMONARY PERfusion & VENTILATION	<ul style="list-style-type: none">COPDPlanned lung resectionRadiation therapy	78598+A9567

RENAL

Body Part	Reason for exam	Code
RENAL SCAN W/VASCULAR FLOW & FUNCTION W/O DRUGS	<ul style="list-style-type: none">Evaluate renal perfusion and functionPre op renal resection	78707+A9562
RENAL SCAN W/VASCULAR FLOW & FUNCTION W/DRUGS (E.G. LASIX)	<ul style="list-style-type: none">HydronephrosisUrinary tract obstruction	78708+A9562
CAPTOPRIL RENAL SCAN	<ul style="list-style-type: none">Renal artery stenosisRenovascular disease hypertension	78709+A9562

PARATHYROID

Body Part	Reason for exam	Code
PARATHYROID SCAN (SESTAMIBI)	<ul style="list-style-type: none">Elevated PTHHypercalcemiaParathyroid adenomaPrimary hyperparathyroidism	78070+A9500

THYROID

Body Part	Reason for exam	Code
I-123 THYROID UPTAKE & SCAN	<ul style="list-style-type: none"> Evaluation for hyperthyroidism, Graves Disease, Toxic Nodular Goiter Evaluation of thyroid nodules/mass & function Subacute thyroiditis 	78014+A9516
I-123 THYROID SCAN (WITHOUT UPTAKE)	<ul style="list-style-type: none"> Evaluation of thyroid nodules (must be >1cm on ultrasound) Evaluation of thyroid size 	78013+A9516

TUMOR IMAGING

Body Part	Reason for exam	Code
OCTREOTIDE SCAN W/SPECT	<ul style="list-style-type: none"> Carcinoid Gastrinoma Glucagonoma Insulinoma Islet Cell Carcinoma Medullary Thyroid Carcinoma Neuroblastoma Paraganglioma Pheochromocytoma Primary and metastatic neuroendocrine tumors 	78803

PET/CT

Body Part	Reason for exam	Code
PET-CT [SKULL BASE TO MID-THIGH]	<ul style="list-style-type: none"> All cancer indications: diagnosis and initial staging, restaging and monitoring treatment response (Exceptions: Initial staging to evaluate local nodal metastasis in Breast Cancer & Melanoma) Initial staging of prostate cancer 	78815
PET-CT [WHOLE BODY]	<ul style="list-style-type: none"> Initial staging, restaging and monitoring treatment Melanoma Merkel cell carcinoma MSK sarcoma Myeloma Squamous cell CA skin T-cell lymphoma 	78816
BRAIN PET SCAN	<ul style="list-style-type: none"> Differentiate between Alzheimer's vs frontotemporal dementia Pre-surgical evaluation 	78608
NAF BONE PET-CT	<ul style="list-style-type: none"> Evaluation of osseous tumors & bony mets Primary bone tumors and bony metastases Recurrent prostate cancer (PSA~10 or accelerated rise) 	78816

The following recommendations are a general guideline and may not be applicable to everyone.

— NUCLEAR MEDICINE —

WBS (metastatic thyroid cancer)

Body Part	Reason for exam	Code
I-123 WHOLE BODY SCAN		78018+A9509
I-131 WHOLE BODY SCAN*	<ul style="list-style-type: none">Thyroid cancer: s/p total thyroidectomy, s/p RAI treatment, elevated thyroglobulin	78018+A9528 <i>*only available at Rolling Oaks Radiology and West Coast Radiology</i>

— ULTRASOUND —

Body Part	Reason for exam	Code
THYROID	<ul style="list-style-type: none">Elevated calcium/abnormal thyroid blood workEnlarged thyroid glandHistory of thyroid cancerHyper/hypothyroidismMassMultinodular goiterParathyroid adenomas	76536
SOFT TISSUES NECK	<ul style="list-style-type: none">Lymph nodeParotidSub mandibular mass	
CAROTIDS	<ul style="list-style-type: none">Amaurosis FugaxAphasiaAtaxiaBruitHemiplegiaSyncopeTransient vision lossVertigo/dizziness	93880
CHEST	<ul style="list-style-type: none">Pleural effusionSuperficial mass	76604
BREAST	<ul style="list-style-type: none">Abnormal mammographic findingsPalpable massTargeted area of pain	76641
ABDOMINAL AORTA	<ul style="list-style-type: none">Abdominal aortic aneurysm screening or follow-upBruitPulsatile aorta	76770
ABDOMEN	<ul style="list-style-type: none">Abnormal LFT'S/fatty liverCirrhosis or hepatic diseaseGallstonesHepatomegalyJaundicePainSplenomegaly	76770

Body Part	Reason for exam	Code
PELVIS-FEMALE	<ul style="list-style-type: none"> • Adnexal abnormalities • Dysfunctional uterine bleeding • Enlarged uterus or ovary • Excessive bleeding/pain after surgery • Fibroid uterus • Localization of intrauterine contraceptive device • Menstrual cycle irregularities • Ovarian cyst • Ovarian torsion • Pain • PCOD • Precocious puberty • Post menopausal bleeding 	Trans Vaginal only - 76830 Trans Abdominal only - 76856 TV and TA - 76856 & 76830
PELVIS-MALE	<ul style="list-style-type: none"> • Bladder Only • General Pain • Prostate Only 	76856
SCROTUM	<ul style="list-style-type: none"> • Epididymitis • Hydrocele (swelling) • Mass • Pain • Trauma • Torsion • Undescended testes • Varicocele 	76870
KIDNEY & BLADDER	<ul style="list-style-type: none"> • Bladder diverticula • Hematuria • Hydronephrosis • Neurogenic bladder • Renal failure/disease • Renal stone • Trauma • UTI/cystitis/pyelonephritis • Urinary retention 	76770 (complete) 76775 (limited)
RENAL DOPPLER	<ul style="list-style-type: none"> • Hypertension • Renal artery aneurysm • Renal artery stenosis • Renal vein thrombosis 	93975 (complete) 93976 (limited)
UPPER OR LOWER EXTREMITY (NON VASCULAR) (SOFT TISSUE)	<ul style="list-style-type: none"> • Fluid collection • Mass 	76882
UPPER OR LOWER EXTREMITY (VENOUS DOPPLER)	<ul style="list-style-type: none"> • Calf pain • DVT follow-up • Edema/swelling • Positive Homan sign 	93970
UPPER OR LOWER EXTREMITY (ARTERIAL DOPPLER)	<ul style="list-style-type: none"> • Claudication • Decreased or absent pulses • Gangrene • Ischemic rest pain 	93922
UPPER OR LOWER EXTREMITY ARTERIAL DUPLEX	<ul style="list-style-type: none"> • Aneurysm (femoral, popliteal or upper extremity) • Arterial embolus • Trauma to artery • Vein graft surveillance 	93930 (upper) 93925 (lower)

The following recommendations are a general guideline and may not be applicable to everyone.

LOCATIONS

Breastlink Women's Imaging Center Tarzana

18133 Ventura Blvd. • Suite 200 • Tarzana, CA 91356 • P: 818.784.8799

Burbank Advanced Imaging Center

10101 Riverside Dr. • Toluca Lake, CA 91062 • P: 818.762.2626

Burbank Breast Care Center

2601 W. Alameda Ave. • Suite 101 • Burbank, CA 91505 • P: 818.843.7462

Burbank Imaging X-Ray

3808 Riverside Dr. • Suite 120 • Burbank, CA 91505 • P: 818.842.5742

Imaging Specialists of Burbank

1821 W. Olive Ave. • Burbank, CA 91506 • P: 818.841.8880

Imaging Specialists of Glendale

700 N. Central Ave. • Suite 100 • Glendale, CA 91203 • P: 818.480.7234

Imaging Specialists of Pasadena

630 S. Raymond Ave. • Suite 210 • Pasadena, CA 91105 • P: 800.378.5597

Liberty Pacific Advanced Imaging Encino

16130 Ventura Blvd. • Suite 100 • Encino, CA 91436 • P: 818.933.2020

Liberty Pacific Advanced Imaging Tarzana

18133 Ventura Blvd. • Suite 100 • Tarzana, CA 91356 • P: 818.933.2020

Marcia Ray Breastlink Women's Imaging Center

222 W. Eulalia St. • Glendale, CA 91204 • P: 818.502.2323

Northridge Diagnostic Center Walk-In X-Ray

8327 Reseda Blvd. • Reseda, CA 91325 • P: 818.407.2643

Northridge Diagnostic Imaging Center

8227 Reseda Blvd. • Reseda, CA 91335 • P: 818.773.6500

Santa Clarita Imaging Center

25775 W. McBean Pkwy • Suite 100 and 216 • Valencia, CA 91355 • P: 661.255.7627

San Fernando Valley Advanced Imaging Center

14860 Roscoe Blvd. • Suite 100 and 101 • Panorama City, CA 91402 • P: 818.901.0115

San Fernando Valley Interventional Radiology & Imaging Center

16311 Ventura Blvd. • Suite 120 • Encino, CA 91436 • P: 818.817.7707

Valley Hills Imaging

23101 Sherman Place • Suite 210 • West Hills, CA 91307 • P: 818.251.9811

Vanowen Advanced Imaging

15243 Vanowen St. • Suite 106 • Van Nuys, CA 91405 • P: 818.782.6110
