



REFERRAL REFERENCE

Comprehensive Scheduling Guide

*Your complete guide to scheduling
imaging and interventional radiology
with Eastern Radiologists.*



2101 W. Arlington Blvd
Greenville, NC 27834



(252) 752-5000



info@easternrad.com
easternrad.com



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LOCATIONS

Imaging Center, Breast Imaging Center,
Greenville MRI, Interventional Radiology

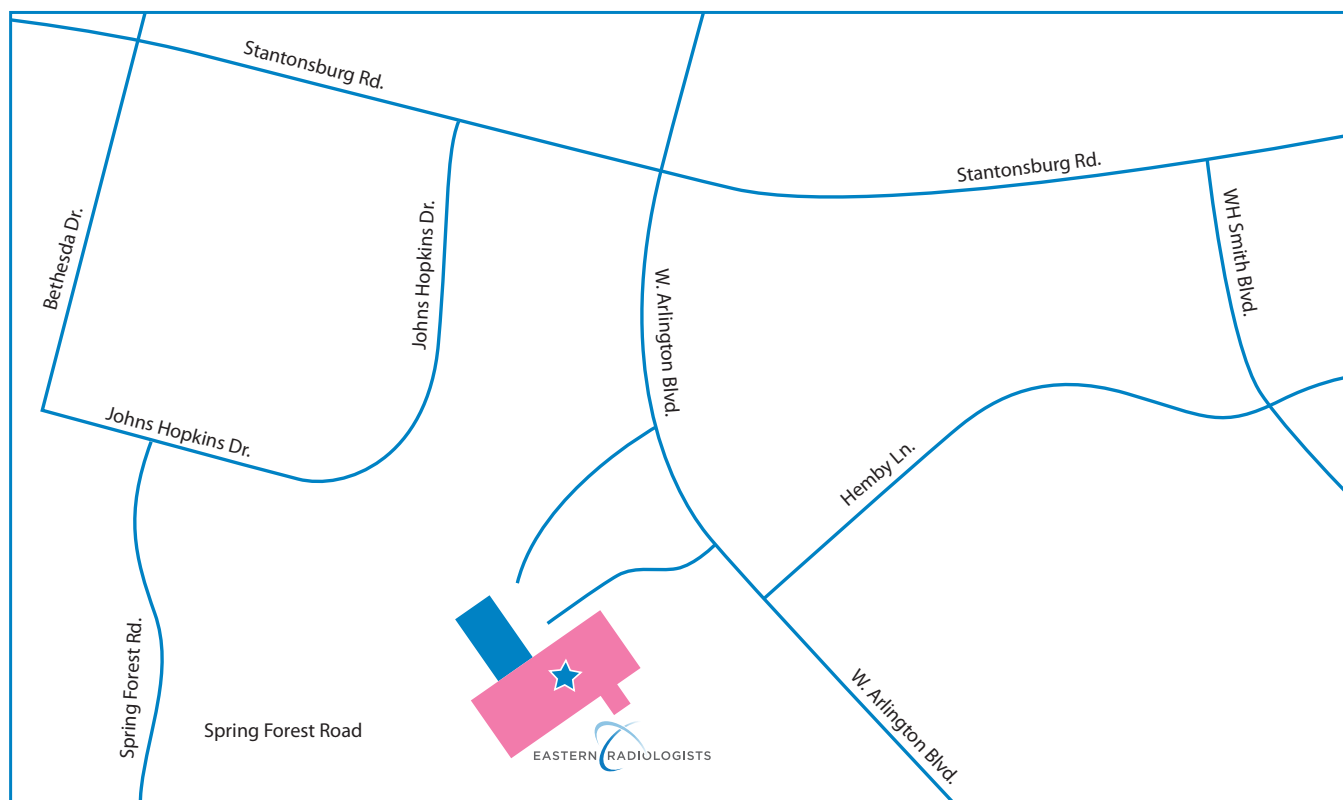
2101 W. Arlington Blvd, Greenville, NC 27834



252.752.5000

Hours:

Imaging Center	Mon – Fri	7:30 a.m. – 6:00 p.m.
	Sat	9:00 a.m. – 1:00 p.m.
Breast Imaging Center	Mon – Wed	7:45 a.m. – 6:00 p.m.
	Thurs	7:45 a.m. – 5:00 p.m.
	Fri	7:30 a.m. – 7:00 p.m.
	Sat	8:00 a.m. – 8:00 p.m.
	Sun	
Greenville MRI	Mon – Fri	7:00 a.m. – 9:00 p.m.
	Sat/Sun	8:00 a.m. – 8:00 p.m.
Interventional Radiology	Mon – Fri	9:00 a.m. – 5:00 p.m.



LOCATIONS



Eastern Radiologists Washington

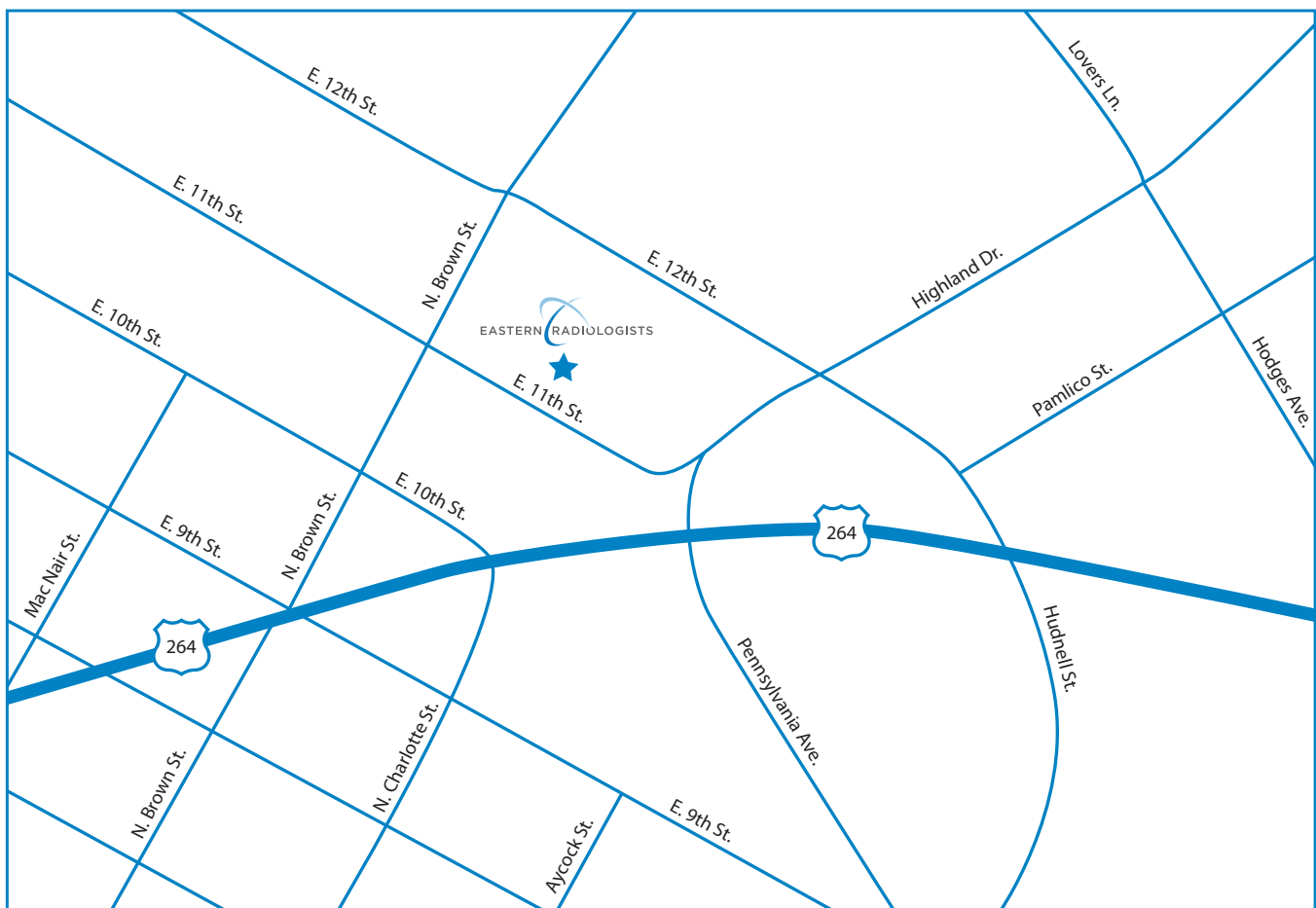
630 East 11th St., Washington, NC 27889



252.946.2137

Hours:

Mon – Fri 7:30 a.m. – 5:00 p.m.
Sat 9:00 a.m. – 1:00 p.m.



LOCATIONS



Eastern Radiologists Kinston

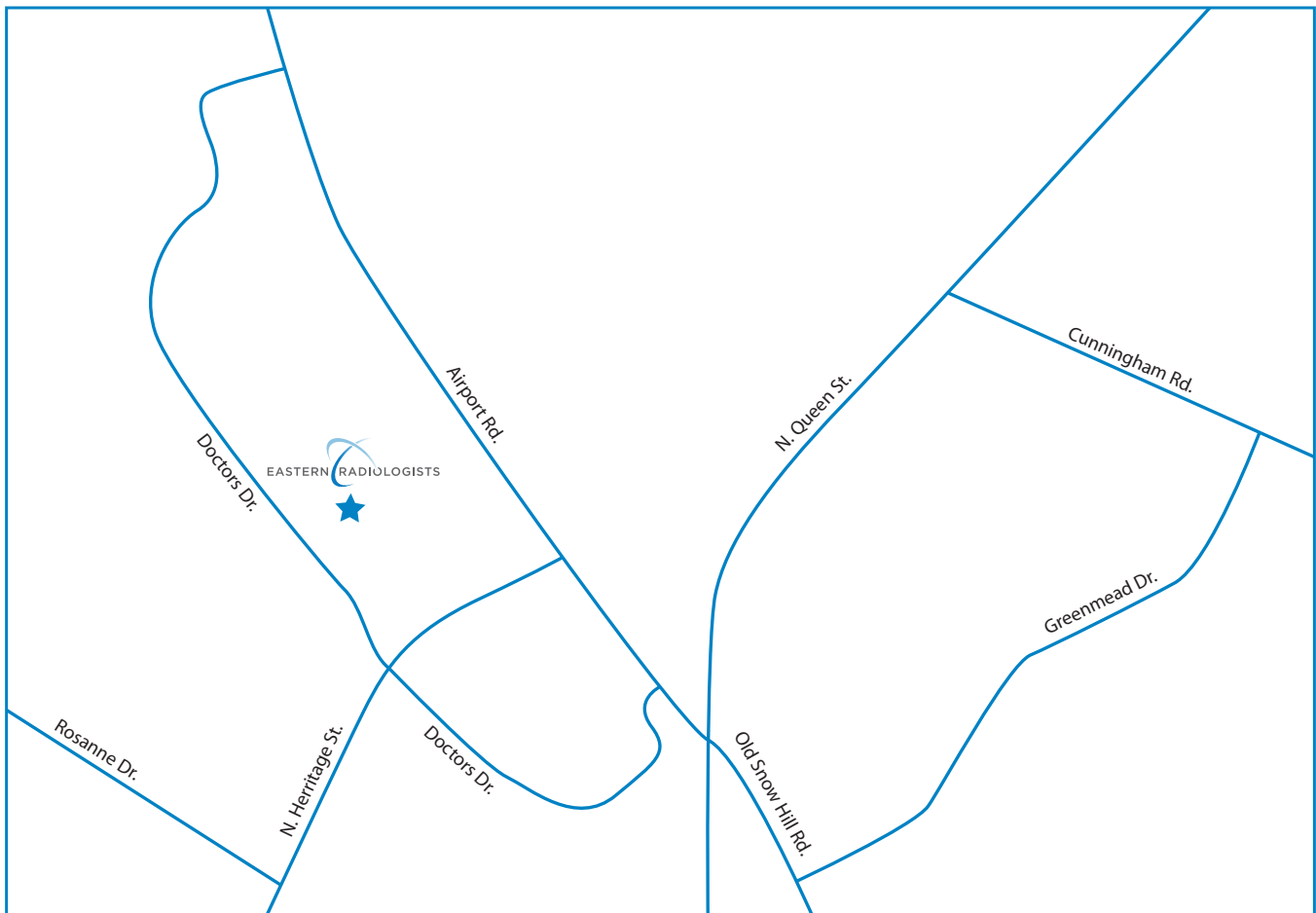
701 M Doctors Drive, Kinston, NC 28501



252.527.7077

Hours:

Mon – Fri 7:30 a.m. – 6:00 p.m.
Sat 9:00 a.m. – 1:00 p.m.



LOCATIONS



Seashore Imaging

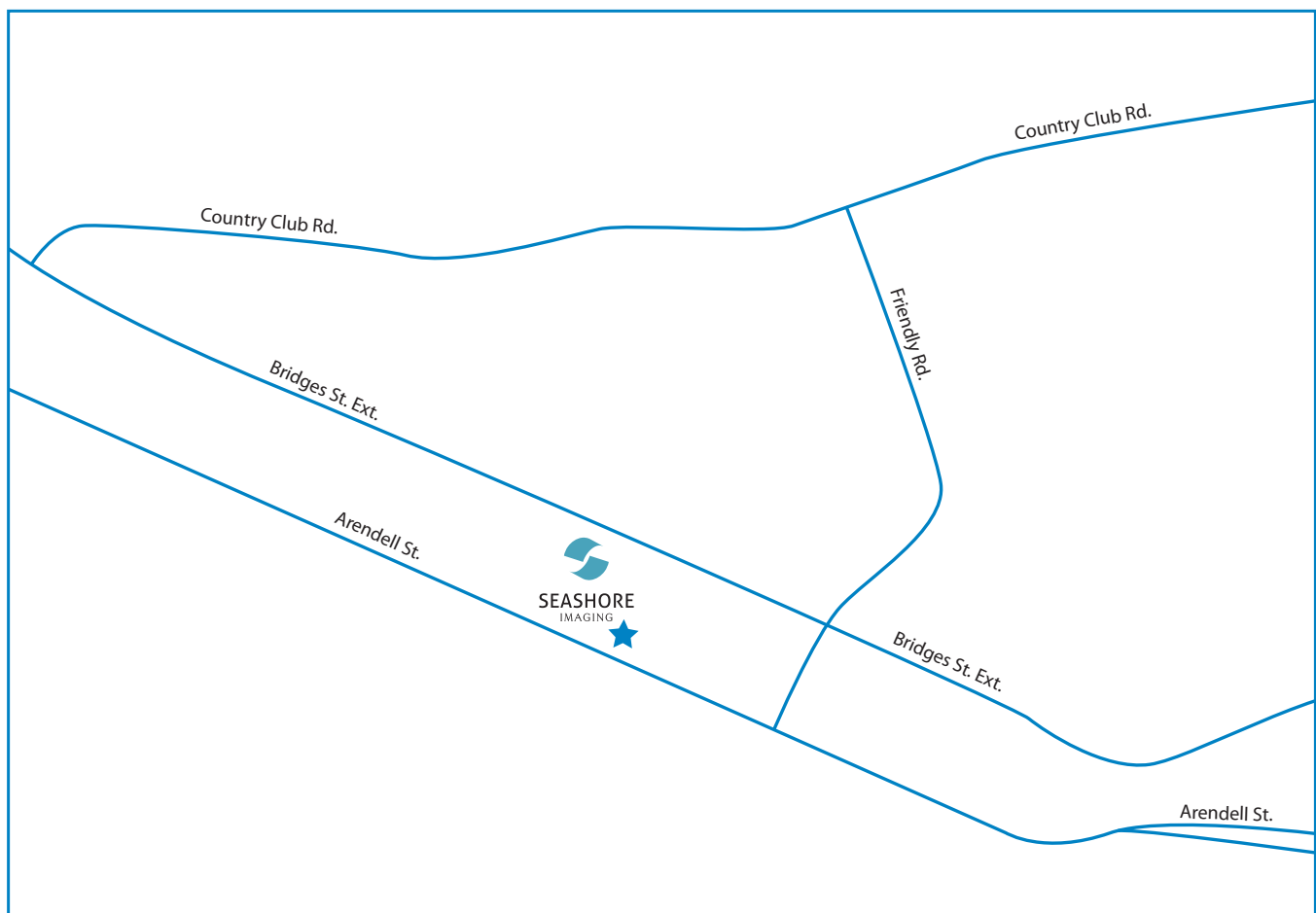
4252 Arendell St., Suite B, Morehead City, NC 28557



252.247.9777

Hours:

Mon – Fri 8:00 a.m. – 5:00 p.m.



LOCATIONS

Modality Overview



OUR LOCATIONS

252.752.5000
EASTERNRAD.COM

IMAGING CENTER

BREAST IMAGING CENTER

GREENVILLE MRI

INTERVENTIONAL

WASHINGTON

KINSTON

SEASHORE IMAGING

	IMAGING CENTER	BREAST IMAGING CENTER	GREENVILLE MRI	INTERVENTIONAL	WASHINGTON	KINSTON	SEASHORE IMAGING
DIAGNOSTIC IMAGING	✓	✗	✗	✗	✓	✓	✗
ULTRASOUND	✓	✓	✗	✗	✓	✓	✗
CT	✓	✗	✗	✗	✗	✓	✗
MRI/MRA	✗	✗	✓	✗	✗	✗	✓
NUCLEAR MEDICINE	✓	✗	✗	✗	✗	✗	✗
MAMMOGRAPHY	✗	✓	✗	✗	✓	✓	✗
BREAST BIOPSY	✗	✓	✗	✗	✗	✓	✗
BONE DENSITY	✗	✓	✗	✗	✓	✓	✗
VEIN/INTERVENTIONAL	✗	✗	✗	✓	✗	✗	✗
PAIN MANAGEMENT	✓	✗	✗	✓	✗	✗	✗

AUTHORIZATIONS

Tax ID

56-0994806

NPI

1215990171

Tax ID and NPI are the same for **ALL** Eastern Radiologists locations

Procedures requiring authorizations:

Nuclear Medicine, MRI, CT, Carotid Doppler
Ultrasound, Myelogram/ESI (carrier dependent, check with insurance company)

Any questions regarding obtaining an authorization, call the Pre-Authorizations Dept at 252.754.5217

Eastern Radiologists is not permitted, by NC law, to obtain authorizations. All authorizations must be obtained by the referring provider.

Referrals should include:



Date, Procedure, Patient Name, DOB, Diagnosis code/symptoms, Provider Signature

HOW TO SCHEDULE:



Online

This is the preferred method for non ECU Health practices. If you currently do not have access to our online portal, OpenDr, please email marketing@easternrad.com to gain access.

PORTAL.OPENDR.COM



Phone/Fax

Schedulers are available by phone Monday - Friday from 7:00 am - 5:30 pm. If calling to schedule, please make sure to fax the referral as well.

**P 252.752.5000 Opt. 2
F 252.752.8941**



Carelink

Carelink is the preferred method for all ECU Health providers. This is available to all staff through Epic.

**Through ECU Health
EMR**



In Network Insurance Carriers

Medicare

NC Medicaid Original

NC Medicaid Healthy Blue

NC Medicaid UHC

NC Medicaid Wellcare

NC Medicaid Amerihealth

NC Medicaid CCH

Veterans Administration

VA Optum

Tricare

ChampVa

Workers Compensation

BCBS NC Commercial

BCBS State

BCBS Federal

Blue Medicare

Healthy Blue Medicare

Medcost

UHC Commercial

UHC Medicare

Cigna Commercial

Cigna Medicare

Aetna Commercial

Aetna Medicare

Humana Commercial

Humana Medicare

AIH/Gateway Medicare

Coventry





Hours

Monday	7:45am – 6:00pm
Tuesday	7:45am – 6:00pm
Wednesday	7:45am – 6:00pm
Thursday	7:45am – 5:00pm
Friday	7:30am – 7:00pm
Saturday	8:00am – 8:00pm

Location

2101 W. Arlington Blvd., Suite 100
Greenville, NC 27834

Scheduling

Please call 252-752-5000
for scheduling questions.

Eastern Radiologists Inc. is committed to providing the most advanced technology and comprehensive patient care. We provide digital 3D mammography, which is standard of care and interpreted by our board certified, subspecialized radiologists.

Since 2007, Eastern Radiologists, Inc. Breast Imaging Center has been recognized by the American College of Radiology (ACR) as a Breast Imaging Center of Excellence. This designation is awarded to breast imaging centers who have earned accreditation for mammography, breast ultrasound, ultrasound guided breast biopsy, stereotactic breast biopsy, and breast MRI. We offer an array of breast care services that have been evaluated for quality and use state of the art equipment that ensures safe and accurate exams, while our specialized team keeps our patients comfortable, and provides unparalleled care. Our Breast Imaging Center is the hub

to 14 mammography sites. Additionally, we've been trusted radiology providers of ECU Health hospitals and outpatient clinics for decades.

We follow the ACR, American College of Surgeons, Society for Breast Imaging (SBI), National Accreditation Program for Breast Centers (NAPBC), along with other frontrunners in the field that maintain that age 40 is the appropriate age to begin annual screening mammography. Eastern Radiologists supports this recommendation. Annual screening has been proven to significantly reduce breast cancer mortality. Seventy five percent of breast cancer diagnoses have no family history. Women with a family history of breast disease should consult with their health care provider, as they may be advised to begin screening mammograms earlier than 40.



Breast Imaging



Screening Mammography

Mammography is the only screening method proven to reduce cancer deaths. This simple exam uses low-dose X-rays to evaluate breast tissue, often detecting cancer long before a lump can be felt. And with one in eight women facing a breast cancer diagnosis, early detection is essential to positive outcomes. We strongly recommend annual screening mammograms beginning at age 40.

Screening mammography is for patients who are asymptomatic and is also performed on breast cancer patients immediately after a mastectomy or three years following a lumpectomy.

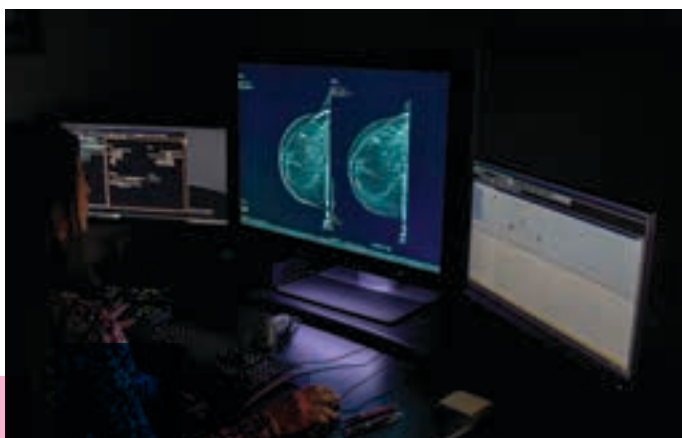


3D Mammography

Tomosynthesis (3D Mammography) imaging utilizes advanced imaging technology to produce a 3D image of the breast. Instead of the two pictures taken of each breast with 2D mammography, a sequence of images is taken of each breast from different angles. This provides a more detailed and accurate view of the breast and reveals structures that may be obscured by conventional mammography.

3D mammography™ also reduces the frequency of return visits by providing a clearer and more detailed image of the breast tissue. Tomosynthesis has been shown to improve cancer detection, especially with the more aggressive and potentially fatal invasive cancers. It's most useful for women with dense breast tissue or a greater amount of glandular tissue in their breasts (as dense tissue patterns can limit the sensitivity of standard 2D mammography).

All Eastern Radiologists locations utilize the latest 3D mammography™ (Tomosynthesis) equipment.



Breast Imaging



Prior Mammograms Availability

Mammograms are most effective when radiologists can compare current images with those of a prior mammogram. Ideally, it is best have prior mammograms available at the time the mammogram is performed. This can be accomplished by providing us with the facility name, city and state during scheduling, so we can obtain the patient's prior mammograms in advance.

Patient Preparation

Patients should arrive 10-15 minutes prior to appointment time with their insurance card and photo ID card. We recommend wearing a two-piece outfit with a top that is easy to remove and refrain from using deodorants, lotions, or powders in the breast area or underarms, as these may interfere with quality of the mammogram. The entire visit should take around 20 to 30 minutes. In order to lower the radiation dose, minimize motion, and separate overlapping breast tissue, the breast must be compressed for a few seconds during the x-ray. While this may be slightly uncomfortable, it should not be painful. Our goal is always to perform the highest quality mammogram in the fastest time possible with minimal discomfort.

Mammography Referral

Decision Tree

ASYMPTOMATIC Patients*

Personal History of Breast Cancer

Screening

Lumpectomy

Mastectomy

Will be bilateral diagnostic for first 3 years after diagnosis, then return to screening

Unilateral screening for remaining breast

SYMPTOMATIC Patients

Palpable Abnormality
Breast Pain (only if new onset pain and specific area)
Lumpectomy (within 3 years of diagnosis)
Nipple Discharge

Has it been at least 9 months since prior mammogram?

Yes

No

Bilateral Diagnostic and
Ultrasound of affected side

Unilateral Diagnostic and
Ultrasound of affected side

* Male patients should never be referred for screening mammograms. They are always diagnostic.

Bone Densitometry

(DEXA)

Medicare Part B covers a bone density scan once every 24 months (or more often IF medically necessary).



In order for the test to be covered, at least one of the following conditions must be met:

- Provider has determined patient is estrogen-deficient and at risk for osteoporosis, based on medical history and other findings (menopausal or post-menopausal)
 - Prior x-rays show possible osteoporosis, osteopenia or vertebral fractures
 - Patient is taking prednisone or steroid-type drugs or planning to begin such treatment
 - Patient has been diagnosed with primary hyperparathyroidism
 - Patient is being monitored for response to osteoporosis drug therapy
- Osteoporosis Drug Therapies as defined by National Coverage Determination (NCD)(150.3) including but not limited to: Fosamax, Actonel, Calcimar, Miacalcin, Cibacalcin, Evista, Skelid, Didronel, Xometa, Aredia, Forteo, Boniva, Reclast, Prolia*

PLEASE BE SURE TO INCLUDE PROPER DIAGNOSIS CODE WHEN SCHEDULING.

If the patient does not meet one of the above criteria, they will be asked to sign an ABN stating Medicare may not cover the test and they may be responsible for full balance.

Preparing for appointment:

Should be scheduled at least one week after any barium studies, nuclear medicine tests or abdominal/intestinal studies involving contrast.

Should not take calcium or vitamin D three days prior to appointment.

Wearing a two-piece outfit without zippers or metal will prevent having to change into a gown.

If prior bone density performed at another facility, please provide name of facility and date of study at time of scheduling.



For convenience, DEXA scans may be scheduled at the same time as annual screening mammograms.

Performed at the Breast Imaging Center, Eastern Radiologists Kinston & Eastern Radiologists Washington.

Diagnostic X-Ray



STANDARD X-RAY PROTOCOLS

EXTREMITIES	
Ankle	Min 3 Views
Bone Age Study	<i>DX-Other-DX Bone Age Study*</i>
Elbow	3 Views Min
Femur	2 Views
Foot	Complete Min 3 Views
Hand	Min 3 Views
Hip	(Unilateral) 1 View W/ Pelvis OR 2 Views Min (provider preference) (Bilateral) Bilat 2 View W/ Pelvis
Knee	4 or More Views Both Knees Standing AP (FOR RICKETS)
Pelvis	1 or 2 Views
Scanogram/ Bone Length Study	<i>DX-Lower Ext-Scanogram*</i>
Wrist	3 Views Min

SPINE	
Cervical	4-5 Views
Lumbar	4 or more Views OR 2-3 Views for AP/Lat Bending - Bending Only Min 4 Views
Scoliosis	1 View
SI Joints	<i>DX-Pelvis-Sacrum-3 Views Min*</i>
Thoracic	Min 4 Views OR 2 Views for AP/Lat

OTHER	
Abdomen	Child always KUB Adult is 2 Views (unless for kidney stones)
Chest	2 Views Frontal Lateral B Read - 1 View Frontal 4 View for Lead Placement only
Skeletal Survey	<i>DX-Other-Bone Survey Complete*</i>

Note: These are standard protocols for number of views performed in all Eastern Radiologists locations. This serves as a reference for ordering standard view procedures. If the ordering provider would like different views performed, please order what is being requested.

**Red text indicates how to locate procedure for ordering in Open Dr.*

CT Imaging



CT Pre-Authorization Requirements:



Many insurance companies require CT scans to be pre-authorized. If you have questions, our Pre-Authorization Department may be reached at (252) 754-5217.



Scheduling

When scheduling, our schedulers need to know the following:

- Does patient have any allergies to contrast or iodine?
- Has patient ever had an anaphylactic reaction to any foods/medication?
- Does patient have asthma or use inhalers?

Must be scheduled at least 7 days after any barium study performed.

Creatinine Testing

- ALL patients age 55 and older must have Creatinine labs drawn within the past three months.
- If under age 55 and history of high blood pressure, kidney disease or heart problems must have drawn within past 3 months.
- Diabetic patients must have drawn within past seven days.
- If eGFR is below 30, no IV contrast will be given unless radiologist approved.

2024 CT Scan Exam CPT Codes*



Brain / Head	
w	70460
wo	70450
w/wo	70470
CTA Head (angiogram)	70496
Orbits, Temporal Bone (IAC), Sella (Pituitary)	
w	70481
wo	70480
w/wo	70482
Sinuses	
w	70487
wo	70486
w/wo	70488
Neck, Soft Tissue	
w	70491
wo	70490
w/wo	70492
Upper Extremity	
w	73201
wo	73200
w/wo	73202
Lower Extremity	
w	73701
wo	73700
w/wo	73702
CTA (angiogram)	73706
Cervical Spine	
w	72126
wo	72125
w/wo	72127
Thoracic Spine	
w	72129
wo	72128
w/wo	72130
Lumbar Spine	
w	72132
wo	72131
w/wo	72133

Virtual Colonoscopy	
w	74262
wo	74261
Calcium Score (Self-Pay)	
wo	75571
Chest	
w	71260
wo	71250
w/wo	71270
CTA Chest (angiogram)	71275
Chest Low Dose Screen	71271
Abdomen	
w	74160
wo	74150
w/wo	74170
CTA Abdomen (angiogram)	74175
Angio Aorta Runoff	75635
Pelvis	
w	72193
wo	72192
w/wo	72194

COMBINATION CODES

Abdomen & Pelvis	
Renal Stone Study (wo)	74176
Urogram (w/wo)	74178
CT Abdomen & Pelvis (w/wo)	74174
Enterography	74177
Abdomen & Pelvis (wo)	74176
Abdomen (wo) & Pelvis (w)	74178
Abdomen (wo) & Pelvis (w/wo)	74178
Abdomen (w) & Pelvis (w/wo)	74178
Abdomen (w/wo) & Pelvis (wo)	74178
Abdomen (w/wo) & Pelvis (w)	74178
Abdomen & Pelvis (w/wo)	74178
Abdomen & Pelvis (w)	74177
Abdomen (w) & Pelvis (wo)	74178

Abbreviation Key

w = with IV contrast
wo = without IV contrast
w/wo = with & without IV contrast

*These CPT codes represent the most commonly ordered CT exams.
For any coding inquiry not listed please call us at (252) 752-5000.

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CT Lung Cancer Screening



Low Dose Lung CT screening saves lives

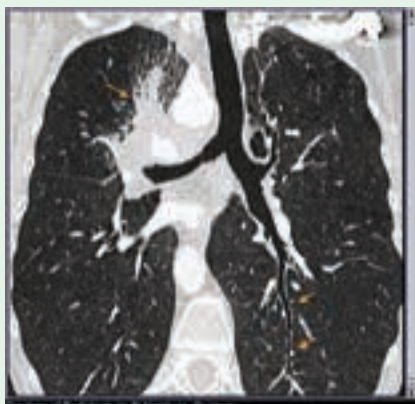
Studies have shown that current and former smokers, evaluated with low dose CT, have a much greater survival rate than those evaluated with other methods. What's more, low dose CT can find smaller, earlier stage and more treatable cancers than X-ray, at a significantly lower radiation dose than a standard chest CT.



Which of my patients are eligible?

A Low Dose Lung CT Scan requires pre-authorization from commercial payers (**CPT: S8032**). In order for you to obtain an authorization number, your patients must meet the following criteria:

- 50-77 years of age
- No signs or symptoms of lung cancer
- 20-pack years or greater of tobacco smoking (cigar and non-cigarette smokers are not eligible)
- Current smokers or quit smoking within the last 15 years, AND
- Written order for Low Dose Lung CT Screening from a qualified health professional following a lung cancer screening counseling that attests to shared decision-making having taken place before their first screening CT



Did You Know...?

A low dose lung CT screening carries an overall average effective dose of less than 2 mSv as compared with an average effective dose of 7 mSv for a typical standard-dose chest CT examination.

Source: Larke et al. 2011 Estimated Radiation Dose Associated With Low-Dose Chest CT of Average-Size Participants in the National Lung Screening Trial

MRI



MRI Pre-Authorization Requirements:



Many insurance companies require MRI scans to be pre-authorized. If you have questions, our Pre-Authorization Department may be reached at (252) 754-5217.



Scheduling

When scheduling, our schedulers need to know the following:

- Does patient have any allergies to contrast or iodine?
- Has patient ever had an anaphylactic reaction to any foods/medication?
- Does patient have asthma or use inhalers?

Must be scheduled at least 7 days after any barium study performed.

Creatinine Testing

- ALL patients age 55 and older must have Creatinine labs drawn within the past three months.
- If under age 55 and history of high blood pressure, kidney disease or heart problems must have drawn within past 3 months.
- Diabetic patients must have drawn within past seven days.
- If eGFR is below 30, no IV contrast will be given unless radiologist approved.

MRI

Location

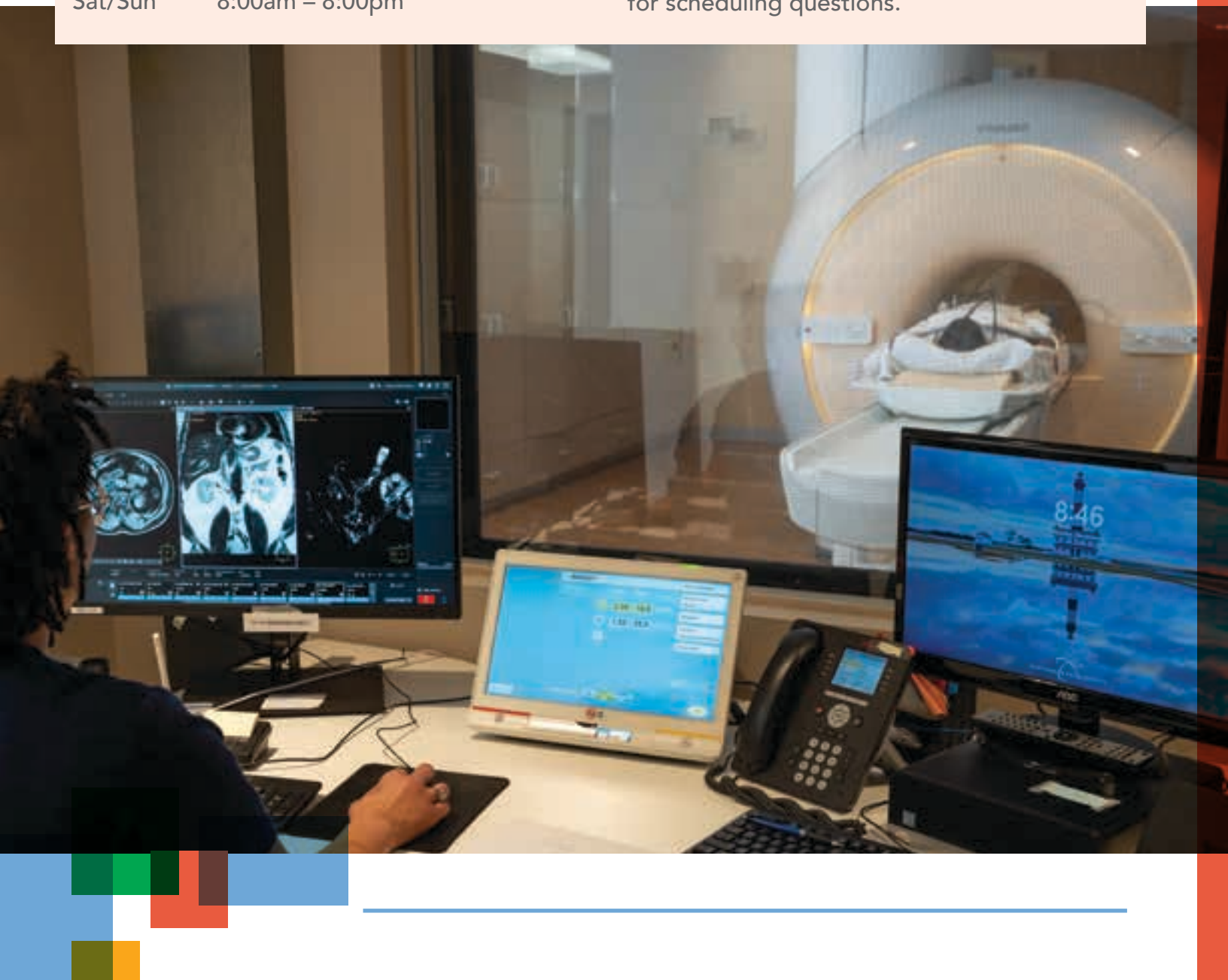
2101 W. Arlington Blvd., Suite 100
Greenville, NC 27834

Scheduling

Please call 252-752-5000
for scheduling questions.

Hours

Monday	7:00am – 9:00pm
Tuesday	7:00am – 9:00pm
Wednesday	7:00am – 9:00pm
Thursday	7:00am – 9:00pm
Friday	7:00am – 9:00pm
Sat/Sun	8:00am – 8:00pm



MRI

Safety Guidelines

Safety Questions

- Does patient have pacemaker or defibrillator? If yes, these patients must NEVER have an MRI.
- Is patient claustrophobic?
- Does patient have any ear implants (cochlear/stapes implants)? If so, must know make and model to determine if it's MRI compatible.
- Does patient have brain aneurysm clips? If so, must know make and model to determine if it's MRI compatible.
- Has patient ever done any grinding/welding of metal? If so, patient may be required to have orbital X-rays 1 hour prior to MRI.
- Female patients(getting contrast): pregnant or nursing? If nursing, do not breastfeed or pump and keep milk for 24 hours
- Does patient have a bone stimulator or infusion pump for medication delivery in or on your body? Must know make and model to determine if it's MRI compatible.
- Patient on dialysis or suffer from any kind of kidney disease?
- Creatinine is not required for MRI except if referring provider is ordering MRI Liver w/ Eovist

Scheduling Notes

WE DO NOT SEDATE PATIENTS!!

If patients needs IV sedation they must be scheduled at ECU Health. If Valium is needed they must get it from their provider.

2024 MRI Scan Exam CPT Codes*



Brain / MRA Brain	
w	70552
wo	70551
w/wo	70553
MRA Brain (angiogram)	70544
Orbits / Face (Pituitary, IAC, TMJ)	
w	70542
wo	70540
w/wo	70543
TMJ (wo)	70336
Neck Soft Tissue	
w	70542
wo	70540
w/wo	70543
MRA Neck (angiogram)	70549
Cervical Spine	
w	72142
wo	72141
w/wo	72156
Thoracic Spine	
w	72147
wo	72146
w/wo	72157
Lumbar Spine	
w	72149
wo	72148
w/wo	72158
Abdomen	
w	74182
wo	74181
w/wo	74183
MRA Abdomen (angiogram)	74185
Breast	
Unilateral w and/or wo	77048
Bilateral w and/or wo	77049
Chest	
w	71551
wo	71550
w/wo	71552
MRA Chest (angiogram)	71555
Cardiac	
Cardiac & Morphology w/wo	75561
Cholangiogram	
Cholangiogram w/wo MRCP	74181 & 76377



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*These CPT codes represent the most commonly ordered MRI exams.
For any coding inquiry not listed please call us at (252) 752-5000.

Pelvis	
w	72196
wo	72195
w/wo	72197
Upper Extremity	
Non Joint (Humerus, Forearm, Hand)	
w	73219
wo	73218
w/wo	73220
Joint (Shoulder, Elbow, Wrist)	
w	73222
wo	73221
w/wo	73223
Lower Extremity	
Non Joint (Thigh, Calf, Foot)	
w	73719
wo	73718
w/wo	73720
Joint (Hip, Knee, Ankle)	
w	73722
wo	73721
w/wo	73723
Arthrogram	
Hip	
Injection	27093
Fluoroscopy	73525
wo	73723
Knee	
Injection	27370
Fluoroscopy	73580
w/wo	73723
Ankle	
Injection	27648
Fluoroscopy	73615
w/wo	73720
Wrist	
Injection	25246
Fluoroscopy	73115
w/wo	73222
Elbow	
Injection	24220
Fluoroscopy	73085
w/wo	73222
Shoulder	
Injection	23350
Fluoroscopy	73040
w/wo	73222

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A FASTER, MORE ACCURATE MRI

Thanks to our new Philips SmartSpeed technology, MRI examinations can now be performed up to three times faster and with 65% higher resolution when using artificial intelligence (AI).

Faster scanning means less time in the machine for patients, which is especially important for those patients experiencing pain or anxiety, those who have difficulty remaining still and young children. The higher resolution means improved image detail to help achieve an accurate diagnosis.



3X

Scans are performed up to three times faster than conventional MRI



3D Free Breathing

Ultra-fast, high-quality imaging with reduced artifacts and greater patient comfort



65%

Improves clinical confidence with 65% higher resolution and outstanding image quality



Fast, flexible patient scheduling, timely report turnaround and easy access to our radiology team

SmartSpeed technology is available at our Greenville MRI location.
For more information, or to consult with us about a patient, please visit easternrad.com or call 252.752.5000.



Monday – Friday 7am – 9pm
Saturday and Sunday 8am – 8pm



easternrad.com

P: (252) 752.5000 | F: (252) 830.3689

2101 W. Arlington Blvd., Suite 110, Greenville, NC 27834

Ultrasound



EXAM/BODY PART	INDICATIONS FOR EXAM	CPT CODE	PREP
US Abdomen Complete	Abdomen pain, nausea, abnormal labs, hepatitis, suspected mass, epigastric pain, cirrhosis	76700	Nothing to eat or drink after midnight or 8 hours prior to exam
US Abdomen Limited	RUQ including pancreas, liver, gallbladder, bile ducts, right kidney OR LUQ including spleen, left kidney OR single organ, same indications as abdomen but more specific to a quadrant	76705	Nothing to eat or drink after midnight or 8 hours prior to exam
US Abdomen Limited Pediatric	Pyloric ultrasound, projectile vomiting, weight loss	76705	Nothing to eat or drink 3-4 hours prior to study
US Aorta Medicare Screening	Specific to Welcome to Medicare Screening guidelines	76706	Nothing to eat or drink after midnight or 8 hours prior to exam
US Aorta/Retro Complete	Abdominal aorta to bifurcation, suspect aneurysm, bruit, palpable mass	76770	Nothing to eat or drink after midnight or 8 hours prior to exam
US Aorta/Retro Limited	Abdominal aorta to bifurcation, suspect aneurysm, bruit, palpable mass	76775	Nothing to eat or drink after midnight or 8 hours prior to exam
US Axilla	Soft tissue lump in axilla (not breast related)	76882 - Unilateral	No Prep
US Infant Hips w/Manipulation	Breech presentation, hip click, asymmetry of leg length, 4 weeks-6 months of age	76885	No Prep
US Transplanted Kidney	Transplant evaluation, urinary tract pathology, CKD, pain over transplant	76776	No Prep
US Pelvis Male Ltd	Pain in male pelvis, bulging	76856	Must have full bladder, do not empty bladder
US Pelvis Complete & Transvaginal	Pelvic pain, fibroids, abnormal menstruation, ovarian cysts, dysmenorrhea, transvaginal exam included (preferred)	76856 & 76830	Make sure to have a full bladder for exam, drink liquids to fill and do not void before exam, if on renal dialysis-no prep needed
US Pelvis (Gyn) Complete w/o TV	Pelvic pain, fibroids, abnormal menstruation, ovarian cysts, patient unable to do transvaginal portion of exam	76856	Make sure to have a full bladder before exam, drink liquids to fill bladder and do not void before exam, if on renal dialysis-no prep needed
US Pelvis TV Only (Non Ob)	Pelvic pain, ovarian cyst, irregular menstruation, fibroids, check IUD placement, radiologists prefer pelvic complete with transvaginal unless contraindicated	76830	Must have full bladder, do not empty bladder
US Renal/Retro (Kidney) Comp	Chronic kidney disease, difficulty urinating, flank pain	76770	Nothing to eat after midnight, can drink clear liquids to have a full bladder before exam, do not void before exam, if on renal dialysis-no prep needed
US Renal/Retro (Kidney) Ltd		76775	Nothing to eat after midnight, can drink clear liquids to have a full bladder before exam, do not void before exam, if on renal dialysis-no prep needed

US Testicular (Scrotum & Contents)	Scrotum and contents, undescended testicles, pain, swelling, mass, testicular torsion	76870	No Prep
US Thyroid/Head/Neck	Goiter, hyperthyroidism, hypothyroidism, enlarged thyroid, abnormal thyroid function, soft tissue mass, superficial palpable lump on head/face/neck region	76536	No Prep
US Chest	Palpable soft tissue nodules/mass	76604	No Prep
US Elastography Abdomen Complete	May be referred to as Fibro scan, looking for fibrous liver or liver analysis, cirrhosis, fatty liver, eval liver texture	76700, 76981	Nothing to eat or drink after midnight or 8 hours prior to exam
US Elastography RUQ	May be referred to as Fibro scan, looking for fibrous liver or liver analysis	76705, 76981	Nothing to eat or drink after midnight or 8 hours prior to exam
US Extremity Ltd Non-Vasc	R/O Bakers Cyst, palpable soft tissue nodules/mass	76882	No Prep
US Lower Extremity (Non Vascular)	R/O Bakers Cyst, palpable soft tissue nodules/mass	76881	No Prep
US Upper Extremity (Non Vascular)	Palpable soft tissue nodules/mass	76881	No Prep
US Pseudo Aneurysm	Abnormal outpouching or dilation of arteries in the outermost layer of arterial wall, palpable mass after a procedure	93926	No Prep
US Soft Tissue	**Order ultrasound of body part that includes area of soft tissue to be evaluated	Specific to body part to be examined	No Prep
US Tips Doppler	Transjugular intrahepatic portosystemic shunt follow up	93975	Nothing to eat or drink after midnight or 8 hours prior to exam

OB	INDICATIONS FOR EXAM	CPT CODE	PREP
Pregnancy < 14 weeks 1st Gest	Look for intrauterine pregnancy, rule out ectopic, evaluate for bleeds, early ob dating, need Pregnancy Transvaginal to also be included	76801	
Pregnancy > 14 weeks Single Gest	Anatomy, measurements, evaluate for spotting	76805	
Pregnancy Limited	Does not include fetal measurements, looks at something specific	76815	
Pregnancy Follow Up		76816	
Fetal Biophysical Profile	Observation of fetus to evaluate fetal breathing, movement, muscle tone and amniotic fluid level	76819	
Pregnancy Transvaginal	To confirm intrauterine pregnancy, endovaginal cervical length measurement, placenta previa in relationship to cervix, included as part of Pregnancy <14 weeks	76817	

VASCULAR	INDICATIONS FOR EXAM	CPT CODE	PREP
US Venous Dopp Upper Extremity	R/O DVT	93970 - Bilateral 93971 - Unilateral	No Prep
US Carotid Dopp Bilateral	Carotid Bruit, Smoker, HTN, Vertigo	93880	No Prep
US Venous Dopp Lower Extremity	Non healing ulcer, leg pain, swelling, History or R/O DVT	93970 - Bilateral 93971 - Unilateral	No Prep
US Renal Doppler Complete	Uncontrolled HTN	93975	Nothing to eat or drink after midnight or 8 hours prior to exam
US Renal Doppler Pediatric	R/O Renal Artery Stenosis, uncontrolled HTN	93975	Nothing to eat or drink 3-4 hours prior to study



VASCULAR

Services Offered:

Migraine Treatment

SpenoCath

- Under fluoroscopic guidance, one of our specially trained vascular and interventional radiologists places a small, curved catheter, called a SPG Block in the nasal cavity. The catheter delivers an anesthetic to the SPG nerves. This provides immediate relief for migraines that can last weeks to months. This treatment can also help some patients with cluster headaches and other types of facial pain.

Oncologic Intervention

- Most common procedures performed include radioembolization, chemoembolization, cryoablation, ablation and spine tumor ablation and augmentation.

Outpatient PICC Line Placement/Removal, Powerline Placement/Removal, Port Insertion and Removal

Uterine Fibroid Embolization

- Minimally invasive with quick recovery time
- Our team of fellowship-trained vascular and interventional radiologists have extensive experience in the evaluation and treatment of uterine fibroids. Consultations available to determine if the patient is a candidate for UFE.

Varicose Vein Treatment

- Endovenous ablation (EVLT)
- Sclerotherapy
- Consultations and treatments are performed as convenient outpatient procedures

Vertebral Augmentation Consultation

Varicocele Treatment



Insurance Authorizations

Insurance Authorization is required for Permacath, PICC, Powerline, Port insertion and removals.

Vascular Scheduling Phone Number: 252.752.5253

