

2011 RADIOLOGY CPT CODES

CARDIAC EXAMS

<input type="checkbox"/> CT CALCIUM SCORING	75571	<input type="checkbox"/> MRI CARDIAC FUNCTION(MORPHOLOGY W/CONTRAST	75557	<input type="checkbox"/> HEART MUSCLE IMAGING (PET)	78459	<input type="checkbox"/> MYOCARDIAL PERFUSION SPECT	78452
<input type="checkbox"/> CT ANGIOGRAPHY OF CORONARY ARTERIES W/O CALCIUM SCORING	75574	<input type="checkbox"/> MRI CARDIAC FUNCTION(MORPHOLOGY W/CONTRAST	75561	<input type="checkbox"/> CARDIAC PET (MYOCARDIAL PERFUSION) SINGLE	78491	TREADMILL	93015
<input type="checkbox"/> CTA CARDIAC AND MORPHOLOGY WITH CALCIUM SCORE	75574	<input type="checkbox"/> GATED HEART, PLANAR, SINGLE	78472	<input type="checkbox"/> CARDIAC PET (MYOCARDIAL PERFUSION) MULTIPLE	78492	<input type="checkbox"/> MPI PLANAR MULTIPLE	78454
						TREADMILL	93015

CTA

<input type="checkbox"/> CT ANGIOGRAPHY HEAD W/ AND W/O CONTRAST	70496	<input type="checkbox"/> CT ANGIOGRAPHY CHEST W/ AND W/O CONTRAST	71275	<input type="checkbox"/> CT ANGIOGRAPHY UPPER EXTREMITY W/ AND W/O CONTRAST	73206	<input type="checkbox"/> CT ANGIOGRAPHY ABDOMEN W/ AND W/O CONTRAST (RENAL ART.)	74175
<input type="checkbox"/> CT ANGIOGRAPHY NECK W/ AND W/O CONTRAST	70498	<input type="checkbox"/> CT ANGIOGRAPHY PELVIS W/ AND W/O CONTRAST	72191	<input type="checkbox"/> CT ANGIOGRAPHY LOWER EXTREMITY W/ AND W/O CONTRAST	73706	<input type="checkbox"/> CT ANGIOGRAPHY ABDOMINAL AORTA RUN OFF	75635

PET/CT

<input type="checkbox"/> PET/CT LIMITED AREA (E.G. CHEST, HEAD/NECK)	78814	<input type="checkbox"/> PET/CT SKULL BASE TO MID THIGH	78815	<input type="checkbox"/> PET/CT WHOLE BODY	78816	<input type="checkbox"/> REFRACTORY SEIZURES AND ALZHEIMERS DISEASE	78608
--	-------	---	-------	--	-------	---	-------

CT

<input type="checkbox"/> CT VIRTUAL CONONOSCOPY	0166T	<input type="checkbox"/> CT SOFT TISSUE NECK W/O CONTRAST	70490	<input type="checkbox"/> CT THORACIC SPINE W/ CONTRAST	72129	<input type="checkbox"/> CT UPPER EXTREMITY W/ AND W/O CONTRAST	73202
<input type="checkbox"/> CT HEAD OR BRAIN W/O CONTRAST	70450	<input type="checkbox"/> CT SOFT TISSUE NECK W/ CONTRAST	70491	<input type="checkbox"/> CT THORACIC SPINE W/ AND W/O CONTRAST	72130	<input type="checkbox"/> CT LOWER EXTREMITY W/O CONTRAST	73700
<input type="checkbox"/> CT HEAD OR BRAIN W/ CONTRAST	70460	<input type="checkbox"/> CT SOFT TISSUE NECK W/ AND W/O CONTRAST	70492	<input type="checkbox"/> CT LUMBAR SPINE W/O CONTRAST	72131	<input type="checkbox"/> CT LOWER EXTREMITY W/ CONTRAST	73701
<input type="checkbox"/> CT HEAD OR BRIAN W/ AND W/O CONTRAST	70470	<input type="checkbox"/> CT THROAX W/O CONTRAST	71250	<input type="checkbox"/> CT LUMBAR SPINE W/ CONTRAST	72132	<input type="checkbox"/> CT LOWER EXTREMITY W/ AND W/O CONTRAST	73702
<input type="checkbox"/> CT ORBIT, SELLA, EAR W/O CONTRAST	70480	<input type="checkbox"/> CT THROAX W/ CONTRAST	71260	<input type="checkbox"/> CT LUMBAR SPINE W/ AND W/O CONTRAST	72133	<input type="checkbox"/> CT ABDOMEN W/O CONTRAST	74150
<input type="checkbox"/> CT ORBIT, SELLA, EAR W/ CONTRAST	70481	<input type="checkbox"/> CT THORAX W/ AND W/O CONTRAST	71270	<input type="checkbox"/> CT PELVIS W/O CONTRAST	72192	<input type="checkbox"/> CT ABDOMEN W/ CONTRAST	74160
<input type="checkbox"/> CT ORBIT, SELLA, EAR W/ AND W/O CONTRAST	70482	<input type="checkbox"/> CT CERVICAL SPINE W/O CONTRAST	72125	<input type="checkbox"/> CT PELVIS W/ CONTRAST	72193	<input type="checkbox"/> CT ABDOMEN W/ AND W/O CONTRAST	74170
<input type="checkbox"/> CT MAXILLOFACIAL/SINUS AREA W/O CONTRAST	70486	<input type="checkbox"/> CT CERVICAL SPINE W/ CONTRAST	72126	<input type="checkbox"/> CT PELVIS W/ AND W/O CONTRAST	72194	<input type="checkbox"/> CT 3D RECONSTRUCTION	76376
<input type="checkbox"/> CT MAXILLOFACIAL/SINUS AREA W/ CONTRAST	70487	<input type="checkbox"/> CT CERVICAL SPINE W/ AND W/O CONTRAST	72127	<input type="checkbox"/> CT UPPER EXTREMITY W/O CONTRAST	73200		
<input type="checkbox"/> CT MAXILLOFACIAL/SINUS AREA W/ AND W/ CONTRAST	70488	<input type="checkbox"/> CT THORACIC SPINE W/O CONTRAST	72128	<input type="checkbox"/> CT UPPER EXTREMITY W/ CONTRAST	73201		

MRI

<input type="checkbox"/> MRI TEMPOROMANDIBULAR JOINTS	70336	<input type="checkbox"/> MRI CERVICAL SPINE W/O CONTRAST	72141	<input type="checkbox"/> MRI PELVIS W/ CONTRAST	72196	<input type="checkbox"/> MRI LOWER EXT W/ AND W/O CONTRAST	73720
<input type="checkbox"/> MRI ORBIT, FACE, NECK W/O CONTRAST	70540	<input type="checkbox"/> MRI CERVICAL SPINE W/ CONTRAST	72142	<input type="checkbox"/> MRI PELVIS W/ AND W/O CONTRAST	72197	<input type="checkbox"/> MRI JOINT LOWER EXT W/O CONTRAST	73721
<input type="checkbox"/> MRI ORBIT, FACE, NECK W/ CONTRAST	70542	<input type="checkbox"/> MRI THORACIC SPINE W/O CONTRAST	72146	<input type="checkbox"/> MRI UPPER EXT W/O CONTRAST	73218	<input type="checkbox"/> MRI JOINT LOWER EXT W/ CONTRAST	73722
<input type="checkbox"/> MRI ORBIT, FACE, NECK W/ AND W/O CONTRAST	70543	<input type="checkbox"/> MRI THORACIC SPINE W/ CONTRAST	72147	<input type="checkbox"/> MRI UPPER EXT W/ CONTRAST	73219	<input type="checkbox"/> MRI JOINT LOWER EXT W/ AND W/O CONTRAST	73723
<input type="checkbox"/> MRI BRAIN W/O CONTRAST	70551	<input type="checkbox"/> MRI LUMBAR SPINE W/O CONTRAST	72148	<input type="checkbox"/> MRI UPPER EXT W/ AND W/O CONTRAST	73220	<input type="checkbox"/> MRI ABDOMEN W/O CONTRAST	74181
<input type="checkbox"/> MRI BRAIN W/ CONTRAST	70552	<input type="checkbox"/> MRI LUMBAR SPINE W/ CONTRAST	72149	<input type="checkbox"/> MRI JOINT UPPER EXT W/O CONTRAST	73221	<input type="checkbox"/> MRI ABDOMEN W/ CONTRAST	74182
<input type="checkbox"/> MRI BRIAN W/ AND W/O CONTRAST, IAC	70553	<input type="checkbox"/> MRI CERVICAL SPINE W/ AND W/O CONTRAST	72156	<input type="checkbox"/> MRI JOINT UPPER EXT W/ CONTRAST	73222	<input type="checkbox"/> MRI ABDOMEN W/ AND W/O CONTRAST	74183
<input type="checkbox"/> MRI CHEST W/O CONTRAST	71550	<input type="checkbox"/> MRI THORACIC SPINE W/ AND W/O CONTRAST	72157	<input type="checkbox"/> MRI JOINT UPPER EXT W/ AND W/O CONTRAST	73223		
<input type="checkbox"/> MRI CHEST W/ CONTRAST	71551	<input type="checkbox"/> MRI LUMBAR SPINE W/ AND W/O CONTRAST	72158	<input type="checkbox"/> MRI LOWER EXT W/O CONTRAST	73718		
<input type="checkbox"/> MRI CHEST W/ AND W/O CONTRAST	71552	<input type="checkbox"/> MRI PELVIS W/O CONTRAST	72195	<input type="checkbox"/> MRI LOWER EXT W/ CONTRAST	73719		

MRA

<input type="checkbox"/> MRA HEAD/BRAIN W/O CONTRAST	70544	<input type="checkbox"/> MRA NECK W/O CONTRAST	70547	<input type="checkbox"/> MRA CHEST W/ OR W/O CONTRAST	71555	<input type="checkbox"/> MRA ABDOMEN W/ OR W/O CONTRAST	74185
<input type="checkbox"/> MRA HEAD/BRAIN W/ CONTRAST	70545	<input type="checkbox"/> MRA NECK W/ CONTRAST	70548	<input type="checkbox"/> MRA PELVIS W/ OR W/O CONTRAST	72198		
<input type="checkbox"/> MRA HEAD/BRAIN W/ AND W/O CONTRAST	70546	<input type="checkbox"/> MRA NECK W/ AND W/O CONTRAST	70549	<input type="checkbox"/> MRA JOINT LOWER EXT W/ AND W/O CONTRAST	73725		

NUCLEAR MEDICINE

<input type="checkbox"/> NUC 3 PHASE BONE SCAN	78315	<input type="checkbox"/> NUC MUGA SCAN	78472	<input type="checkbox"/> NUC WHOLE BODY SCAN	78306		
--	-------	--	-------	--	-------	--	--

ULTRASOUND

<input type="checkbox"/> US SOFT TISSUE NECK/THYROID	76536	<input type="checkbox"/> US LIMITED, FETAL HEART BEAT, PLACENTAL LOCATION	76815	<input type="checkbox"/> US PROSTATE	76873	<input type="checkbox"/> US BILATERAL DUPLEX UPPER EXTREMITY	93930
<input type="checkbox"/> US CHEST	76604	<input type="checkbox"/> US OB TRANSABDOMINAL, RE-EVALUATE FETAL SIZE	76816	<input type="checkbox"/> US EXTREMITY, NON-VASCULAR, COMPLETE	76881	<input type="checkbox"/> US UNILATERAL DUPLEX UPPER EXTREMITY	93931
<input type="checkbox"/> US BREAST	76645	<input type="checkbox"/> US OB TRANSVAGINAL	76817	<input type="checkbox"/> US EXTREMITY, NON-VASCULAR, LIMITED	76882	<input type="checkbox"/> US BILATERAL VENOUS DOPPLER	93965
<input type="checkbox"/> US ABDOMEN-COMPLETE	76700	<input type="checkbox"/> US TRANSVAGINAL, NON OB	76830	<input type="checkbox"/> US EXTRACRANIAL/ CAROTID DUPLEX EXT.	93880	<input type="checkbox"/> US BILATERAL VENOUS DOPPLER	93970
<input type="checkbox"/> US RETROPERITONEAL	76770	<input type="checkbox"/> US PELVIC, COMPLETE	76856	<input type="checkbox"/> US UNILATERAL ARTERIAL DOPPLER UPPER OR LOWER EXT.	93922	<input type="checkbox"/> US UNILATERAL VENOUS DOPPLER	93971
<input type="checkbox"/> US SPINAL CANAL AND CONTENTS	76800	<input type="checkbox"/> US PELVIC, LIMITED	76857	<input type="checkbox"/> US BILATERAL ARTERIAL DOPPLER UPPER OR LOWER EXT.	93923	<input type="checkbox"/> US ABDOMINAL, PELVIC, OR RETRO ARTERIAL FLOW DUPLEX	93975
<input type="checkbox"/> US OB TRANSABDOMINAL, 14WKS, SINGLE/FIRST GESTATION	76805	<input type="checkbox"/> US SCROTUM	76870	<input type="checkbox"/> US BILATERAL DUPLEX LOWER EXTREMITY	93925	<input type="checkbox"/> US AORTA DUPLEX	93978
<input type="checkbox"/> US OB DETAILED, FETAL ANATOMY, FETAL/MATERNAL EVAL	76811	<input type="checkbox"/> US TRANSRECTAL	76872	<input type="checkbox"/> US UNILATERAL DUPLEX LOWER EXTREMITY	93926		

XRAY (COLUMBIA OFFICE)

<input type="checkbox"/> ABD COMPLETE (DEC)	74020	<input type="checkbox"/> THORACIC SPINE	72070	<input type="checkbox"/> LUMBAR SPINE AP & LAT	72100	<input type="checkbox"/> SHOULDER 2 VIEWS	73030
<input type="checkbox"/> ABDOMEN KUB 1 view	74000	<input type="checkbox"/> ELBOW 3 VIEWS	73080	<input type="checkbox"/> LUMBAR SPINE BENDING	72114	<input type="checkbox"/> SI JOINTS 3 VIEWS	72200
<input type="checkbox"/> AC JOINTS	73050	<input type="checkbox"/> FACIAL BONES COMPLETE	70150	<input type="checkbox"/> LUMBOSACRAL BEND 4 VIEWS	72120	<input type="checkbox"/> SINUSES 3 VIEWS	70220
<input type="checkbox"/> ANKLE 3 VIEWS	73610	<input type="checkbox"/> FEMUR 2 VIEWS	73550	<input type="checkbox"/> MANDIBLE 4 VIEWS	70110	<input type="checkbox"/> SKULL 4 VIEWS	70260
<input type="checkbox"/> AP CHEST	71010	<input type="checkbox"/> FINGER(S) 2 VIEWS	73140	<input type="checkbox"/> NASAL BONES 3 VIEWS	70160	<input type="checkbox"/> SOFT TISSUE NECK	70360
<input type="checkbox"/> BONE AGE STUDIES	77072	<input type="checkbox"/> FOOT 3 VIEWS	73630	<input type="checkbox"/> ORBITS 4 VIEWS	70200	<input type="checkbox"/> STERNUM	71120
<input type="checkbox"/> CERVICAL SPINE 3 VIEWS	72040	<input type="checkbox"/> FOREARM 2 VIEWS	73090	<input type="checkbox"/> OSSEOUS SRVY(Metastatic)	77074	<input type="checkbox"/> TIB/FIB 2 VIEWS	73590
<input type="checkbox"/> CERVICAL SPINE, AP & Lat	72050	<input type="checkbox"/> HAND 3 VIEWS	73130	<input type="checkbox"/> PELVIS 2 VIEWS	72170	<input type="checkbox"/> TMJ JOINTS- BILATERAL	70330
<input type="checkbox"/> CERVICAL SPINE- Flex Ext.	72052	<input type="checkbox"/> HEEL 2 VIEWS	73650	<input type="checkbox"/> RIBS (1) SIDE 3 VIEWS	71101	<input type="checkbox"/> TOE (S) 2 VIEWS	73660
<input type="checkbox"/> CHEST DECUBITUS	71035	<input type="checkbox"/> HIP BILATERAL	73520	<input type="checkbox"/> RIBS (2) SIDES 4 VIEWS	71111	<input type="checkbox"/> WRIST 3 VIEWS	73110
<input type="checkbox"/> CHEST OBLIQUES	71022	<input type="checkbox"/> HIP UNILATERAL 2 VIEWS	73510	<input type="checkbox"/> SACRUM / COCCYX 2 VIEWS	72220		
<input type="checkbox"/> CHEST PA &LAT	71020	<input type="checkbox"/> HUMERUS 2 VIEWS	73060	<input type="checkbox"/> SCAPULA	73010		
<input type="checkbox"/> CLAVICLE	73000	<input type="checkbox"/> KNEE 3 VIEWS	73562	<input type="checkbox"/> SCOLIOSIS STUDY	72090		

