

CPT	DESCRIPTION	NOTES
70336	MRI T/M JOINT WITHOUT CONTRAST	
70540	MRI NECK/FACE/ORBITS W/O CONTRAST	
70543	MRI NECK/FACE/ORBITS WITH & WITHOUT CONTRAST	Order this study alone for disorders arising BELOW the palate. For oral cavity, floor of mouth, oropharynx, submandibular glands, larynx/hypopharynx, and thyroid/parathyroid. This request would also be appropriate for the common lump in the neck when it arises below the angle of the jaw.
70544	MRA HEAD WITHOUT CONTRAST	
70546	MRA HEAD WITH & WITHOUT CONTRAST	
70547	MRA NECK WITHOUT CONTRAST	
70548	MRA NECK WITH CONTRAST	
70549	MRA NECK WITH & WITHOUT CONTRAST	
70551	MRI BRAIN W/OUT CONTRAST	
70553	MRI BRAIN WITH & WITHOUT CONTRAST	Order this study AND 70543 - MRI NECK/FACE/ORBITS W&W/O CONTRAST for disorders originating at or above the level of the palate. The Neck is needed for comprehensive staging. For palate (hard or soft), nasal cavity, paranasal sinus, nasopharynx, parotid and parapharyngeal space. This category would be appropriate for the lump in the neck that arises above the angle of the jaw.
71550	MRI CHEST WITHOUT CONTRAST	
71552	MRI CHEST WITH & WITHOUT CONTRAST	
71555	MRA CHEST WITH OR WITHOUT CONTRAST	
72141	MRI SPINE CERVICAL WITHOUT CONTRAST	
72146	MRI SPINE THORACIC WITHOUT CONTRAST	
72148	MRI SPINE LUMBAR WITHOUT CONTRAST	
72156	MRI SPINE CERVICAL WITH & WITHOUT CONTRAST	Always order w/o contrast except for: MS, history of cancer or surgery, schedule w/ & w/o contrast.
72157	MRI SPINE THORACIC WITH & WITHOUT CONTRAST	Always order w/o contrast except for: history of cancer or surgery, schedule w/ & w/o contrast.
72158	MRI SPINE LUMBAR WITH & WITHOUT CONTRAST	Always order w/o contrast except for: history of cancer or surgery, schedule w/ & w/o contrast.
72195	MRI PELVIS WITHOUT CONTRAST	
72197	MRI PELVIS WITH & WITHOUT CONTRAST	Pelvis / Hips order w/o contrast except for: Arthrogram, lump or mass, schedule w/ & w/o contrast.
72198	MRA PELVIS WITH OR WITHOUT CONTRAST	
73218	MRI UPPER EXTREMITY WITHOUT CONTRAST	Order for humerus, forearm or hand.
73220	MRI UPPER EXTREMITY WITH & WITHOUT CONTRAST	Order for humerus, forearm or hand. Always order w/o contrast except for: Arthrogram, lump or mass, schedule w/ & w/o contrast.
73221	MRI JOINT UPPER EXTREMITY WITHOUT CONTRAST	Order for shoulder, wrist, fingers or elbow.
73222	MRI ARTHROGRAM SHOULDER, ELBOW, WRIST	Order for shoulder, elbow, wrist
73223	MRI JOINT UPPER EXTREMITY WITH & WITHOUT CONTRAST	Order for shoulder, wrist, fingers or elbow. Always order w/o contrast except for: Arthrogram, lump or mass, schedule w/ & w/o contrast.
73225	MRA UPPER EXTREMITY WITH OR WITHOUT CONTRAST	This is NOT a covered service by Medicare. Order for humerus, forearm or hand.

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73718	MRI LOWER EXTREMITY NOT JOINT WITHOUT CONTRAST	Order for thigh, femur, lower leg, foot or toe.
73720	MRI LOWER EXTREMITY NOT JOINT WITH & WITHOUT CONTRAST	Order for thigh, femur, lower leg, foot or toe. Always order w/o contrast except for: Arthrogram, lump or mass, schedule w/ & w/o contrast.
73721	MRI JOINT LOWER EXTREMITY WITHOUT CONTRAST	Order for hip, knee or ankle.
73722	MRI JOINT LOWER EXTREMITY WITH CONTRAST	Order for hip, knee or ankle.
73723	MRI JOINT LOWER EXTREMITY WITH & WITHOUT CONTRAST	Order for hip, knee or ankle. Always order w/o contrast except for: Arthrogram, lump or mass, schedule w/ & w/o contrast.
73725	MRA LOWER EXTREMITY	Order for thigh, femur, lower leg, foot or toe.
74181	MRI ABDOMEN WITHOUT CONTRAST	
74183	MRI ABDOMEN WITH & WITHOUT CONTRAST	Liver / Kidneys / Pancreas order w/ & w/o contrast except for: MRCP or Adrenals, order w/o contrast.
74185	MRA ABDOMEN WITH OR WITHOUT CONTRAST	
77058	MRI BREAST UNILATERAL WITHOUT AND/OR WITH CONTRAST	Pre-cert 3D Reconstruction (76377) with this Breast MRI for all providers except Aetna (all plans), Amerihealth HMO, Horizon (Direct Access & NJ Direct), and Oxford (all plans).
77059	MRI BREAST BILATERAL WITHOUT AND/OR WITH CONTRAST	Pre-cert 3D Reconstruction (76377) with this Breast MRI for all providers except Aetna (all plans), Amerihealth HMO, Horizon (Direct Access & NJ Direct), and Oxford (all plans).
70450	CAT SCAN HEAD WITHOUT CONTRAST	
70460	CAT SCAN HEAD WITH CONTRAST	
70470	CAT SCAN HEAD WITH & WITHOUT CONTRAST	
70480	CAT SCAN HEAD ORBITS / IACS WITHOUT CONTRAST	
70481	CAT SCAN HEAD ORBITS / IACS WITH CONTRAST	
70482	CAT SCAN HEAD ORBITS / IACS WITH & WITHOUT CONTRAST	
70486	CAT SCAN FACIAL BONES / SINUSES WITHOUT CONTRAST	
70487	CAT SCAN FACIAL BONES WITH CONTRAST	
70488	CAT SCAN FACIAL BONES WITH & WITHOUT CONTRAST	
70490	CAT SCAN NECK WITHOUT CONTRAST	
70491	CAT SCAN NECK WITH CONTRAST	
70492	CAT SCAN NECK WITH & WITHOUT CONTRAST	
70496	CAT SCAN ANGIO HEAD WITH CONTRAST	Includes non-contrast if performed
70498	CAT SCAN ANGIO NECK WITH CONTRAST	Includes non-contrast if performed
71250	CAT SCAN CHEST WITHOUT CONTRAST	
71260	CAT SCAN CHEST WITH CONTRAST	
71270	CAT SCAN CHEST WITH & WITHOUT CONTRAST	
71275	CAT SCAN ANGIO CHEST WITH CONTRAST	Includes non-contrast if performed
72125	CAT SCAN SPINE CERVICAL WITHOUT CONTRAST	Need to pre-certify: 76375 - 3-D Reconstruction along w/ this Spine CT.
72126	CAT SCAN SPINE CERVICAL WITH CONTRAST	Need to pre-certify: 76375 - 3-D Reconstruction along w/ this Spine CT.

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72127	CAT SCAN SPINE CERVICAL WITH & WITHOUT CONTRAST	Need to pre-certify: 76375 - 3-D Reconstruction along w/ this Spine CT.
72128	CAT SCAN SPINE THORACIC WITHOUT CONTRAST	Need to pre-certify: 76375 - 3-D Reconstruction along w/ this Spine CT.
72129	CAT SCAN SPINE THORACIC WITH CONTRAST	Need to pre-certify: 76375 - 3-D Reconstruction along w/ this Spine CT.
72130	CAT SCAN SPINE THORACIC WITH & WITHOUT CONTRAST	Need to pre-certify: 76375 - 3-D Reconstruction along w/ this Spine CT.
72131	CAT SCAN SPINE LUMBOSACRAL WITHOUT CONTRAST	Need to pre-certify: 76375 - 3-D Reconstruction along w/ this Spine CT.
72132	CAT SCAN SPINE LUMBOSACRAL WITH CONTRAST	Need to pre-certify: 76375 - 3-D Reconstruction along w/ this Spine CT.
72133	CAT SCAN SPINE LUMBOSACRAL WITH & WITHOUT CONTRAST	Need to pre-certify: 76375 - 3-D Reconstruction along w/ this Spine CT.
72191	CAT SCAN ANGIO PELVIS WITH CONTRAST	Includes non-contrast if performed
72192	CAT SCAN PELVIS WITHOUT CONTRAST	Order w/o contrast for high creatinine levels. Pre-certify CPT Codes for BOTH Abdomen & Pelvis for GI, Appendix, and Lower Abdomen pain.
72193	CAT SCAN PELVIS WITH CONTRAST	Pre-certify CPT Codes for BOTH Abdomen & Pelvis for GI, Appendix, and Lower Abdomen pain.
72194	CAT SCAN PELVIS WITH & WITHOUT CONTRAST	Always order w/ & w/o for a history of cancer. Pre-certify CPT Codes for BOTH Abdomen & Pelvis for GI, Appendix, and Lower Abdomen pain.
73200	CAT SCAN UPPER EXTREMITY WITHOUT CONTRAST	
73201	CAT SCAN UPPER EXTREMITY WITH CONTRAST	
73202	CAT SCAN UPPER EXTREMITY WITH & WITHOUT CONTRAST	
73206	CAT SCAN ANGIO UPPER EXTREMITY WITH & WITHOUT CONTRAST	
73700	CAT SCAN LOWER EXTREMITY WITHOUT CONTRAST	
73701	CAT SCAN LOWER EXTREMITY WITH CONTRAST	
73702	CAT SCAN LOWER EXTREMITY WITH & WITHOUT CONTRAST	
74150	CAT SCAN ABDOMEN WITHOUT CONTRAST	Order w/o contrast for high creatinine levels. Pre-certify CPT Codes for BOTH Abdomen & Pelvis for GI, Appendix, and Lower Abdomen pain.
74160	CAT SCAN ABDOMEN WITH CONTRAST	Pre-certify CPT Codes for BOTH Abdomen & Pelvis for GI, Appendix, and Lower Abdomen pain.
74170	CAT SCAN ABDOMEN WITH & WITHOUT CONTRAST	Codes for BOTH Abdomen & Pelvis for GI, Appendix, and
74175	CAT SCAN ANGIO ABDOMEN WITH & WITHOUT CONTRAST	
CT Combined Codes for Abdomen and Pelvis performed on the same day (effective Jan. 2011):		
74176	CT ABDOMEN AND PELVIS WITHOUT CONTRAST	
74177	CT ABDOMEN AND PELVIS WITH CONTRAST	
74178	CT ABDOMEN AND PELVIS WITH & WITHOUT CONTRAST	

CPT	DESCRIPTION	NOTES
75635	CAT SCAN ANGIO ABDOMINAL AORTA & BILATERAL ILEOFEMORAL	
76801	US PREGNANCY 0-13 WEEKS	OXFORD & QUALCARE: Need to pre-certify 2nd OB Ultrasound referral and subsequent referrals.
76802	US PREGNANCY 0-13 WKS (ADDITIONAL FETUS)	OXFORD & QUALCARE: Need to pre-certify 2nd OB Ultrasound referral and subsequent referrals.
76805	US PREGNANCY 14-40+ WEEKS	OXFORD & QUALCARE: Need to pre-certify 2nd OB Ultrasound referral and subsequent referrals.
76810	US PREGNANCY 14-40+ WKS (ADDITIONAL FETUS)	OXFORD & QUALCARE: Need to pre-certify 2nd OB Ultrasound referral and subsequent referrals.
76815	US PREGNANCY LIMITED	OXFORD & QUALCARE: Need to pre-certify 2nd OB Ultrasound referral and subsequent referrals. This exam evaluates limited anatomy (fetal heart beat, placental location, fetal position and/or quantitative amniotic fluid volume).
76816	US PREGNANCY FOLLOW-UP	OXFORD & QUALCARE: Need to pre-certify 2nd OB Ultrasound referral and subsequent referrals. Order as a follow-up to re-evaluate fetal size by measuring the amniotic fluid index (AFI) or estimated fetal weight (EFW) and/or to re-evaluate organ systems suspected or confirmed to be abnormal on a previous scan.
76817	US PREGNANCY TRANSVAGINAL	OXFORD & QUALCARE: Need to pre-certify 2nd OB Ultrasound referral and subsequent referrals.
76818	US PREGNANCY NON-STRESS BIOPHYSICAL PROFILE	OXFORD & QUALCARE: Need to pre-certify 2nd OB Ultrasound referral and subsequent referrals.
76819	US PREGNANCY BIOPHYSICAL PROFILE	OXFORD & QUALCARE: Need to pre-certify 2nd OB Ultrasound referral and subsequent referrals. If this code is used for the second or any other additional fetuses, it should be pre-certified with either 76816 or 76815.
93306	US ECHOCARDIOGRAM WITH DOPPLER	This procedure requires pre-certification through HORIZON, UNITED HEALTHCARE, OXFORD, and AETNA NORTH.
93307	US CARDIOGRAM	This procedure requires pre-certification through HORIZON, UNITED HEALTHCARE, OXFORD, and AETNA NORTH.
93308	US CARDIOGRAM LIMITED/FOLLOW-UP	This procedure requires pre-certification through HORIZON, UNITED HEALTHCARE, OXFORD, and AETNA NORTH.
93325	US CARDIOGRAM COLOR FLOW	This procedure requires pre-certification through HORIZON (as of 3/1/08) and AETNA NORTH (as of 9/1/08).
74740	HYSTEOSALPINGOGRAM	
78608	PET (FDG) BRAIN - METABOLIC	MEDICARE: If PET is ordered for Alzheimer's, the patient needs to have BOTH a recent CT or MRI AND an mini-mental status exam prior to scheduling. Also - Medicare only pays for ONE life-time study.If you need help scheduling this PET scan, call Betsy in the PET Scheduling Department at 609.409.4573.
78814	PET/CT SCAN - LIMITED AREA	Head & Neck Only. If not Head & Neck use 78815. If you need help scheduling this PET/CT scan, call Betsy at 609.409.4573.

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78815	PET/CT SCAN SKULL BASE TO MID-THIGH	For Oncology - Cancer Staging. If you need help scheduling this PET/CT scan, call Betsy at 609.409.4573.
78816	PET/CT SCAN WHOLE BODY WITH EXTREMITIES	For Melanoma and Multiple Myeloma. If you need help scheduling this PET/CT scan, call Betsy at 609.409.4573.