

2023 ULTRASOUND RECOMMENDED SCHEDULING GUIDE:

US / CPT CODE	PT. PREPARATION	REASONS FOR EXAM
<u>Abdominal Exams</u>		
<u>Abdomen Complete</u> -76700- *exam does not evaluate pelvic region or below umbilicus	Fat Free dinner & NPO after midnight (6-8 hours)	ABD PAIN NAUSEA/VOMITING
<u>Abdominal Aorta Limited</u> -76775- Use for all F/U AAA evaluations	NPO after midnight or for 6-8 hours prior	AAA ABDOMINAL BRUIT
<u>Abdominal Aorta Aneurysm (AAA) Screening</u> -76706- Use for ALL AAA screenings *initial exam to determine if AAA *screening order must include Z13.6 and either Z87.891 or Z84.89 *only one screening per patient	NPO after midnight or for 6-8 hours prior	HX OF TOBACCO USE Z87.891 FAMILY HX CARDIOVASCULAR DISEASE Z84.89 SCREENING FOR OTHER CARDIOVASC. CONDITIONS Z13.6
<u>RUQ/GB/Liver/Pancreas</u> -76705- *complete evaluation of single organ listed and RUQ	Fat Free dinner & NPO after midnight at least 6-8 hours	RUQ/ABD PAIN BILIARY COLIC NAUSEA JAUNDICE CIRRHOSIS ABNORMAL LFT'S LIVER MASS PANCREATIC MASS
<u>Abdominal Visualization</u> -76705-	NONE	LOOK FOR ASCITES LOOK FOR HERNIA
<u>Renal with Bladder</u> -76770- Kidneys only -76775- Transplant w/ Doppler -76776-	Drink 24 oz. fluid finishing 30 minutes before appointment & hold **If 76775 or 76776 ordered—No Prep**	HEMATURIA FLANK PAIN CHRONIC KIDNEY DISEASE
<u>Spleen</u> -76705-	NONE	LEUKOPENIA ANEMIA SPLENOMEGALY
<u>OB/GYN</u>		
<u>Pregnancy 1st Tri.</u> -76801- *protocol includes: <u>Transvaginal if indicated</u> -76817-	Drink 32 oz. fluid finishing 30 minutes before appointment & hold	SIZE/DATES VAG. BLEEDING PAIN RULE OUT ECTOPIC
<u>Pregnancy 2nd/3rd Tri.</u> -76805- *Patient must be at least 20 weeks for anatomy survey *protocol includes: <u>Transvaginal if indicated</u> -76817-	Drink 24 oz. fluid finishing 30 minutes before appointment & hold	FETAL ANATOMICAL SURVEY WITH SIZE/DATES

<p><u>Pregnancy Limited</u> -76815- *2nd/3rd tri. Only *limited evaluation for specific symptoms or prior to the full anatomical survey *should be ordered if no prior OB exams done through Goshen Health <u>Transvaginal if indicated</u> -76817-</p>	<p>Drink 24 oz. fluid finishing 30 minutes before appointment & hold</p>	<p>VAGINAL BLEEDING CRAMPING DECREASED FETAL MOVEMENT NO FETAL HEART TONES GEST. DATING PRIOR TO 20 week anatomical survey</p>
<p><u>Biophysical Profile Preg.</u> -76819- *protocol NO Longer includes: (Please order separately if needed) <u>Umbilical Artery Doppler</u> -76820- For IUGR order 76816 or 76815 for dating</p>	<p>Drink 24 oz. fluid finishing 30 minutes before appointment & hold</p>	<p>DECREASED FETAL MOVEMENT MATERNAL HTN GEST. DIABETES</p>
<p><u>Pregnancy Follow-up</u> -76816- *only can be ordered when patient has already had a fetal survey or previous imaging done through Goshen Health *protocol includes: <u>Transvaginal if indicated</u> -76817-</p>	<p>Drink 24 oz. fluid finishing 30 minutes before appointment & hold</p>	<p>**Exam when patient has had prior gestational dating and/or fetal anatomical survey SIZE/DATES INCOMPLETE FETAL SURVEY IUGR</p>
<p><u>Pelvic Non-OB</u> -76856- *protocol includes: <u>Transvaginal if indicated</u> -76830- *for pain/R/O torsion also add: <u>Pelvic (Retroperitoneal) Inflow/Outflow</u> -93975-</p>	<p>Drink 32 oz. fluid finishing 30 minutes before appointment & hold</p>	<p>PELVIC PAIN DYSFUNCTIONAL UTERINE BLEEDING ABNORMAL MENSES OVARIAN CYST</p>
<p><u>Pelvic Limited (bladder, buttocks or penis)</u> -76857-</p>	<p>If scanning bladder Drink 32 oz. fluid finishing 30 minutes before appointment & hold</p>	<p>SOFT TISSUE MASS ON BUTTOCKS TROUBLE VOIDING BLADDER PENILE TRAUMA</p>
<u>Small Part/Soft tissue</u>		
<p><u>Soft Tissue Chest</u> -76604-</p>	<p>NONE</p>	<p>POSSIBLE PLEURAL EFFUSION MASS ON CHEST OR MEDIASTINUM MASS ON UPPER BACK</p>
<p><u>Soft Tissue Abdomen</u> -76705-</p>	<p>NONE</p>	<p>MASS ON ABDOMEN, LOWER BACK OR TRUNK</p>
<p><u>Extremity Non Vascular Limited</u> -76882- *specify extremity</p>	<p>NONE</p>	<p>MASS ON EXTREMITY GENERALIZED SWELLING ENLARGED LYMPH NODES POSSIBLE FLUID COLLECTION</p>

<u>Thyroid/Soft Tissue</u> <u>Neck/Head</u> -76536-	NONE	NODULES/GOITER HYPER/HYPO-THYROIDISM LUMP ON NECK LUMP ON HEAD
<u><i>Infant Specific Exams</i></u>		
<u>Infant Hip- always bilateral</u> -76886- * MUST BE BETWEEN 3 WEEKS-3 MONTHS OF AGE	NONE	HIP CLICK BREECH PRESENTATION IN UTERO
<u>Infant Spinal Canal</u> -76800- *UP TO 6 MONTHS IN AGE, LIMITED AFTER 4 MONTHS	NONE	SACRAL DIMPLE
<u>Neonatal Head</u> -76506- **Not performed at Goshen Health**	**Not performed at Goshen Health**	**Not performed at Goshen Health**
<u>Pylorus</u> (0-6 months only) -76705-	NPO for 3 hours prior to scan if possible	PROJECTILE VOMITING
<u>Special Procedures</u>	*** <u>These exams are now performed in Interventional Radiology. Please call 574-364-1438 with any questions.</u> ***	
<u>Thyroid FNA w/Needle Guide Placement 1st lesion</u> -10005- <u>Each Additional Lesion</u> -10006-	Discontinue anticoagulants/ anti-platelets for 5 days prior.	THYROID NODULE GOITER
<u>Lymph Node Biopsy</u> -38505- Needle placement guide -76942	Discontinue anticoagulants/ anti-platelets for 5 days prior.	ENLARGED LYMPH NODE
<u>Liver Biopsy</u> -47000- Needle placement guide -76942	Discontinue anticoagulants/ anti-platelets for 5 days prior. Labs-INR and Platelets within 30 days of procedure. If previous labs abnormal, labs to be drawn prior to procedure.	LIVER MASS FATTY LIVER CIRRHOSIS ELEVATED LIVER ENZYMES
<u>Thoracentesis</u> Bilateral -6615680- Right -6615181- Left- 6615679-	Discontinue anticoagulants/ anti-platelets for 5 days prior. Labs-INR and Platelets within 30 days of procedure. If previous labs abnormal, labs to be drawn prior to procedure.	PLEURAL EFFUSION
<u>Paracentesis</u> -49083-	Discontinue anticoagulants/ anti-platelets for 5 days prior. Labs-INR and Platelets within 30 days of procedure. If previous labs abnormal, labs to be drawn prior to procedure.	ASCITES
<u>Muscle/Soft Tissue Biopsy</u> -20206- Needle placement guide -76942	Discontinue anticoagulants/ anti-platelets for 5 days prior. Labs-INR and Platelets within 30 days of procedure. If previous labs abnormal, labs to be drawn prior to procedure.	ABNORMAL MASS OR LUMP



Revised 04/2023

*****PLEASE CALL US AT 574-364-2819 WITH ANY QUESTIONS.**
*****BASED ON PATIENT HISTORY/PREVIOUS EXAMS, EXAM MAY NEED TO BE MODIFIED PER RADIOLOGIST'S PROTOCOL.**

ALPHABETICAL PROCEDURE LISTING					
PROCEDURE	CPT CODE	PROCEDURE	CPT CODE	PROCEDURE	CPT CODE
Abdominal Aorta Duplex	93978	Infant Hip	76886	Renal Artery And Kidneys evaluation	93975 76775
		Infant Spine	76800	Renal complete	76770
Abd. Aorta Aneurysm (AAA) Screening.	76706	Kidneys	76770	Renal limited	76775
Abdominal Aorta Limited	76775	LEA Comp. Bilat. Legs Arterial duplex	93925	Renal Transplant Duplex	76776
Abdomen Complete	76700	LEA Comp. Unilat. Legs Arterial duplex	93926	Scrotum	76870 93975
Abd. Pylorus	76705	LEA Comp. Bilat. Iliacs Arterial duplex	93978	Soft Tissue Abdomen/Trunk	76705
Abd. Renal with Bladder Kidneys without bladder	76770 76775	LEA Comp. Unilat. Iliacs Arterial duplex	93979	Soft Tissue Chest	76604
Abd.RUQ/GB/Liver/Panc	76705	LEA Screening w/ treadmill	93923 93924	Splenic Artery Duplex	93976
Abd. Spleen	76705			Thoracentesis Bilateral	6615680
Abd Visualization – single quadrant	76705	Liver Biopsy	47000	Thoracentesis Right	6615181
		Liver Duplex	93975	Thoracentesis Left	6615679
ABI's	93922	Mesenteric Duplex	93976		
ABI's LEA	93924	Neonatal Head	76506		
		Paracentesis	49083	Thyroid	73536
Carotid Duplex	93880	Pelvic Non-OB	76856	Thyroid FNA	10022
Carotid Duplex Limited	93882	Pelvic Retro. (pain)	93975		
		Pelvic Transvaginal	76830		
Chest	76604	Pelvic Limited	76857		
		Pregnancy 1 st Trimester	76801	Venous Doppler Bilateral	93970
Extremity Non Vascular Limited	76882	Pregnancy 2 nd /3 rd Trim.	76805	Venous Doppler Unilateral	93971
		Pregnancy Biophysical Profile (BPP)	76819	Venous Insufficiency Bilat.	93970
		Additional fetus	76820		
		Pregnancy Follow up	76816	Venous Insufficiency Uni.	93971
		Pregnancy Limited	76816		
		Pregnancy Vaginal	76817		
		Pregnancy Additional Fetus			
		1 st trimester	76802		
		2 nd Trimester	76810		
		F/U	7681659		
		Pylorus	76705		

**** Please see the vascular ultrasound quick guide for additional vascular information. ****