

## NUCLEAR MEDICINE PROCEDURE QUICK GUIDE

PROCEDURE/CPT CODE	PATIENT PREP/DURATION	COMMON INDICATIONS
<p><b>NUCLEAR CARDIAC STRESS TEST</b></p> <p>-78452 NM rest &amp; str myo perf SPECT                      -93017 NM cardiac stress test                      -A9502 X2 Isotope Diagnostic Myoview</p> <p style="text-align: center;"><b>PHARMACOLOGIC OPTIONS                      (IF TREADMILL STRESS IS NOT                      APPROPRIATE FOR PATIENT)</b></p> <p>-J2785 Regadenoson Inj 4 MG                      -J1250 Dobutamine inj. per 250 mg</p> <p><b>**USE CARDIAC STRESS FORM**</b></p> <p><b>**NM WILL USE DECISION TREE TO                      SELECT APPROPRIATE STRESS                      OPTION**</b></p> <p><b>**OBTAIN CLINIC NOTES ON ONE                      CHART OR PHYSICIAN OFFICE**</b></p>	<ul style="list-style-type: none"> <li>- Get a good night's rest the night before the test</li> <li>- Nothing to eat or drink after midnight. (If patient is diabetic and has low blood glucose, they may have OJ and toast)</li> <li>- Wear comfortable loose-fitting clothes and walking shoes (tennis shoes, no sandals)</li> <li>- For 12 hours before the test, no caffeinated or decaf products. This includes: coffee, decaf coffee, colas, chocolate, any energy drinks or powders and Excedrin.</li> <li>- Please review your medications with your ordering physician if you have questions</li> <li>- For 24 hours before the test, you should not take any beta blockers (any medication that ends in -OLOL) or any nitrates (Nitro, Ranexa, or any medication that starts with ISO-)</li> <li>- Hold diabetic medications on the morning of the test</li> <li>- You may take any other medications including blood pressure medications with water</li> <li>- You may bring medications to take as soon as the stress test is completed</li> <li>- Please bring a snack or money for the cafeteria</li> <li>- Nuclear Stress Test time: 3.5 hours</li> </ul>	<ul style="list-style-type: none"> <li>- CHEST PAIN</li> <li>- ABNORMAL EKG</li> <li>- CHF</li> <li>- CAD</li> <li>- PALPITATIONS</li> <li>- SOB</li> <li>- PRE-OPERATIVE EVAL.</li> <li>- ANGINA PECTORIS</li> <li>- CABG STATUS</li> <li>- ACUTE MI</li> </ul>

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<p style="text-align: center;"><b>BONE SCAN 3-PHASE</b></p> <p>-78315 NM bone 3 phase -A9503 TC99M Medronate up to 30 mCi</p> <p style="text-align: center;"><b>SPECT/CT IF INDICATED (1 FOV)</b></p> <p>-78830 NM Rp Loc Tum Spect wCT 1 Area</p>	<ul style="list-style-type: none"> <li>- NO PREP</li> <li>- GENERAL HYDRATION IS HELPFUL</li> <li>- EXAM TIME TOTAL: 4HRS.                             <ul style="list-style-type: none"> <li>• INITIAL: 15-30 MIN.</li> <li>• CIRCULATION TIME: 3 HRS. PATIENT MAY LEAVE DURING THIS TIME.</li> <li>• SCAN TIME: 15-45 MIN.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>- POSSIBLE FRACTURE</li> <li>- LOOSENING PROSTHESIS</li> <li>- OSTEOMYELITIS VS. CELLULITIS</li> <li>- EVALUATION OF REFLEX SYMPATHETIC DYSTROPHY</li> </ul>
<p style="text-align: center;"><b>BONE SCAN LIMITED</b></p> <p>-78300 NM bone/joint limited -A9503 TC99M Medronate up to 30 mCi</p> <p style="text-align: center;"><b>SPECT/CT IF INDICATED (1 FOV)</b></p> <p>-78830 NM Rp Loc Tum Spect wCT 1 Area</p>	<ul style="list-style-type: none"> <li>- NO PREP</li> <li>- GENERAL HYDRATION IS HELPFUL</li> <li>- EXAM TIME TOTAL: 3.5- 4 HRS.                             <ul style="list-style-type: none"> <li>• INJECTION: 15 MIN.</li> <li>• CIRCULATION TIME: 3 HRS., PATIENT MAY LEAVE DURING THIS TIME.</li> <li>• SCAN TIME: 30 MIN.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>- BONE/JOINT PAIN OF A FOCAL AREA</li> </ul>
<p style="text-align: center;"><b>BONE SCAN MULTIPLE (2 OR &gt; AREAS)</b></p> <p>-78305 NM bone/joint multiple -A9503 TC99M Medronate up to 30 mCi</p> <p style="text-align: center;"><b>SPECT/CT IF INDICATED (1 FOV)</b></p> <p>-78830 NM Rp Loc Tum Spect wCT 1 Area</p>	<ul style="list-style-type: none"> <li>- NO PREP</li> <li>- GENERAL HYDRATION IS HELPFUL</li> <li>- EXAM TIME TOTAL: 3.5- 4 HRS.                             <ul style="list-style-type: none"> <li>• INJECTION: 15 MIN.</li> <li>• CIRCULATION TIME: 3 HRS. PATIENT MAY LEAVE DURING THIS TIME.</li> <li>• SCAN TIME: 30 MIN.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>- BONE/JOINT PAIN OF MORE THAN ONE AREA</li> </ul>
<p style="text-align: center;"><b>BONE SCAN WHOLE BODY (TOTAL)</b></p> <p>-78306 NM bone scan whole body -A9503 TC99M Medronate up to 30 mCi</p> <p style="text-align: center;"><b>SPECT/CT IF INDICATED (1 FOV)</b></p> <p>-78830 NM Rp Loc Tum Spect wCT 1 Area</p>	<ul style="list-style-type: none"> <li>- NO PREP</li> <li>- GENERAL HYDRATION IS HELPFUL</li> <li>- EXAM TIME TOTAL: 4 HRS.                             <ul style="list-style-type: none"> <li>• INJECTION: 15 MIN.</li> <li>• CIRCULATION TIME: 3 HRS. PATIENT MAY LEAVE DURING THIS TIME.</li> <li>• SCAN TIME: 30-45 MIN.</li> </ul> </li> </ul> <p><b>*CANCER PATIENTS MUST HAVE CLINIC NOTES*</b></p>	<ul style="list-style-type: none"> <li>- STAGING, RE-STAGING EVALUATIONS FOR ANY TYPE OF CANCER</li> <li>- METASTATIC DISEASE</li> <li>- WIDESPREAD BONE PAIN</li> <li>- PAGET'S DISEASE</li> </ul>

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<p><b>GASTRIC EMPTYING (SOLID)</b>                      -78264 NM gastric emptying study                      -A9541 TC99M Sulf/Colloid Unfiltered</p> <p><b>**IF ALLERGIC TO EGGS, OATMEAL PROTOCOL MAY BE USED**</b></p> <p><b>**LIQUID GASTRIC EMPTYING MAY BE ORDERED BY PHYSICIAN IF PATIENT CANNOT EAT SOLID FOOD**</b></p> <p><b>**PLEASE ALERT IF ALLERGIC TO EGGS OR GLUTEN INTOLERANT**</b></p>	<ul style="list-style-type: none"> <li>- STRICT NPO AFTER MIDNIGHT</li> <li>- DISCONTINUE SEDATIVES/NARCOTICS 12 HR. PRIOR</li> <li>- BRING MEDICATION LIST</li> <li>- CONTRAINDICATION: ALLERGY TO EGGS</li> <li>- BRING MEDS; TECHNOLOGIST WILL INSTRUCT WHICH ONES CAN BE TAKEN WITH MEAL</li> <li>- TAKE ½ DIABETES MEDS DURING EXAM WITH MEAL</li> <li>- EXAM TIME: 4.25 HRS.</li> </ul> <p style="text-align: center;"><b>**USE GASTRIC FORM**</b></p>	<ul style="list-style-type: none"> <li>- GASTROPARESIS</li> <li>- WEIGHT LOSS</li> <li>- DELAYED GASTRIC EMPTYING</li> <li>- NAUSEA, VOMITING, EARLY SATIETY, BLOATING, UPPER ABDOMINAL DISCOMFORT</li> <li>- EVALUATE MECHANICAL OBSTRUCTION</li> </ul>
<p><b>GI BLEED</b>                      -78278 NM GI bleed study                      -A9560 TC99M labeled RBCs (in vivo or in vitro)</p> <p><b>WITH SPECT/CT IF INDICATED</b>                      -78830 NM Rp Loc Tum SPECT/CT 1 area</p> <p><b>ONLY PERFORMED DURING REGULAR BUSINESS HOURS, IF CT CTA IS NEGATIVE</b></p>	<ul style="list-style-type: none"> <li>- IT IS ONLY PERFORMED AFTER CT CTA IS PERFORMED AND NO ACTIVE BLEED IS FOUND. IF PATIENT HAS KIDNEY DYSFUNCTION OR ALLERGIES, THE APPROPRIATE HYDRATION OR PRE-MEDICATION PROTOCOL SHOULD BE UTILIZED</li> <li>- EXAM TIME TOTAL: 2 HRS.                             <ul style="list-style-type: none"> <li>- RBC TAGGING TIME: 30 MIN.</li> <li>- IMAGING TIME: 1-1.5 HRS.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>- ACTIVE GI BLEED OF UNKNOWN ORIGIN</li> </ul>
<p><b>HIDA</b>                      -78226 NM hepatobiliary wo pharm (also used for EF with fatty meal)                      -A9537 Technetium TX 99M choletec</p> <p><b>WITH SPECT/CT IF INDICATED</b>                      -78830 NM Rp Loc Tum Spect wCT 1 Area</p>	<ul style="list-style-type: none"> <li>- NO PREP</li> <li>- EXAM TIME: 1.25 HRS.</li> </ul>	<ul style="list-style-type: none"> <li>- EVALUATION OF CHOLECYSTITIS, GALL BLADDER INFLAMMATION, CYSTIC OR COMMON BILE DUCTS</li> <li>- EVALUATION OF OBSTRUCTION</li> <li>- EVALUATION AFTER GALLBLADDER SURGERY FOR SUSPECTED LEAK.</li> </ul>

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<p><b>HIDA W/EJECTION FRACTION (CCK)</b>                      -78227 NM hepatobiliary w pharm                      -A9537 Technetium TX 99M choletec                      -J2805 Kinevac</p> <p><b>Technologist Note:</b> Order HIDA w/o pharm if fatty meal protocol is used</p>	<ul style="list-style-type: none"> <li>- STRICT NPO 6 HRS.</li> <li>- NO NARCOTICS MINIMUM 6 HRS. PRIOR</li> <li>- EXAM TIME: 2.5 HRS. +</li> </ul>	<ul style="list-style-type: none"> <li>- RUQ PAIN</li> <li>- ABDOMINAL PAIN</li> <li>- EVALUATION OF CHOLEYCYSTITIS</li> <li>- EVALUATION OF CHOLELITHIASIS; OBSTRUCTION</li> <li>- CALCULATION OF EF</li> </ul>
<p><b>MECKEL'S DIVERTICULUM</b>                      -78290 NM meckel's                      -A9512 TC99M Pertechetate/mCi</p> <p><b>SPECT/CT IF INDICATED (1 FOV)</b>                      -78830 NM Rp Loc Tum Spect wCT 1 Area</p>	<ul style="list-style-type: none"> <li>- NPO MINIMUM 4 HRS.</li> <li>- NO LAXATIVES OR POTASSIUM PERCHOLORATE 24 HRS. PRIOR</li> <li>- DOSE TAGAMET 20 mg/kg (PEDIATRIC) OR 300 mg/kg (ADULT) 2 DAYS PRIOR TO STUDY, 6X/DAY</li> <li>- EXAM TIME: 1.25 HRS.</li> </ul>	<ul style="list-style-type: none"> <li>- LOCALIZATION OF MECKEL'S</li> <li>- DIVERTICULUM</li> </ul>
<p><b>PARATHYROID SCAN WITH SPECT/CT</b>                      -78072 NM parathyroid                      -A9500 TC99M Sestamibi per dose</p>	<ul style="list-style-type: none"> <li>- NO PREP</li> <li>- PLEASE PROVIDE PTH AND CA+ LAB RESULTS</li> <li>- EXAM TIME TOTAL: 2.5 HRS.</li> <li>- PATIENT WILL BE IMAGED 15 MINUTES AND 2 HOURS POST INJECTION TIME; THEY WILL HAVE APPROX. 1.5 HR. BREAK</li> </ul> <p><b>*OBTAIN PTH AND CA+ LAB VALUES *</b></p>	<ul style="list-style-type: none"> <li>- ELEVATED PTH AND CA+ LAB RESULTS</li> <li>- DETECTION/LOCALIZATION OF PARATHYROID CA</li> <li>- DETECTION/LOCALIZATION OF ADENOMAS OR PARATHYROID TISSUE</li> </ul>
<p><b>MUGA</b>                      -78472 NM muga                      -A9560 TC99M Labeled Blood Cell/30 mCi</p>	<ul style="list-style-type: none"> <li>- NO PREP</li> <li>- EXAM TIME: 1.25 HRS.</li> </ul>	<ul style="list-style-type: none"> <li>- EVALUATE WALL MOTION</li> <li>- CALCULATION OF EF, VENTRICULAR VOLUME, CARDIAC OUTPUT AND DIASTOLIC FUNCTION</li> <li>- ASSESSMENT OF CHF</li> <li>- EVALUATION PRE/POST CHEMO OR RAD. TX</li> <li>- DYSPNEA</li> </ul>

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<p><b>SENTINEL NODE FOR BREAST</b>                      -38792 NM sentinel node inject only                      -A9520 TC99m lymphoseek</p>	<ul style="list-style-type: none"> <li>- NPO FOR SURGERY</li> <li>- NO IMAGING REQUIRED</li> <li>- EXAM TIME: 15 MINUTES</li> </ul> <p><b>**ORDER FROM DS SCHEDULING SYSTEM SHOULD STATE NM INJECTION, INDICATING LATERALITY**</b></p>	<ul style="list-style-type: none"> <li>- AIDS IN SURGICAL LOCALIZATION OF LYMPH NODES FOR SURGICAL INTERVENTION</li> </ul>
<p><b>LYMPHOSCINTIGRAPHY WITH SPECT/CT</b>                      -78195 NM sentinel node w imaging                      -A9520 TC99m lymphoseek                      -78830 NM Rp Loc Tum Spect wCT 1 Area  <b>Technologist Note: Head/Face injections x 2; Other Locations x 4</b></p>	<ul style="list-style-type: none"> <li>- NPO FOR SURGERY</li> <li>- EXAM TIME: 2 HRS.</li> </ul> <p><b>**ORDER FROM DS SCHEDULING SHOULD STATE NM INJECTION WITH IMAGING, INDICATING LOCATION AND LATERALITY**</b></p>	<ul style="list-style-type: none"> <li>- IMAGING LOCALIZATION OF LYMPH NODE INVOLVEMENT FOR SURGICAL INTERVENTION</li> <li>- MELANOMA</li> </ul>
<p><b>RENAL SCAN W/FLOW AND FUNCTION</b>                      -78707 NM renal flow wo pharm int                      -A9562 Mertiatide Mag3 per 15 mCi</p>	<ul style="list-style-type: none"> <li>- PATIENT SHOULD BE WELL HYDRATED</li> <li>- EXAM TIME: 30-45 MIN.</li> </ul>	<ul style="list-style-type: none"> <li>- EVALUATION OF KIDNEY TRANSPLANT</li> <li>- EVALUATION OF RENAL TUBULAR FUNCTION AND PERFUSION</li> </ul>
<p><b>RENAL SCAN W/FLOW, FUNCTION, AND WASHOUT (LASIX)</b>                      -78708 NM renal flow w pharm int                      -A9562 Mertiatide Mag3 per 15 mCi</p>	<ul style="list-style-type: none"> <li>- PATIENT SHOULD BE WELL HYDRATED</li> <li>- EXAM TIME: 45 MIN.-1 HR.</li> </ul>	<ul style="list-style-type: none"> <li>- EVALUATION OF RENAL OBSTRUCTIVE NEPHROPATHY AND/OR HYDRONEPHROSIS</li> <li>- EVALUATION OF KIDNEY TRANSPLANT</li> <li>- EVALUATION OF RENAL TUBULAR FUNCTION AND PERFUSION</li> </ul>

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<p style="text-align: center;"><b>CARDIAC AMYLOID</b></p> <p><b>-78830</b> (PLANAR WITH SPECT/CT) NM Rp Loc Tum Spect wCT 1 Area; NM cardiac amyloid study</p> <p><b>-A9538</b> TC99M Pyrophosphate up to 25 mCi</p> <p style="text-align: center;"><b>**MUST CONTACT NM COLLEAGUE TO CHECK AVAILABILITY OF ISOTOPE FOR SCHEDULING**</b></p>	<ul style="list-style-type: none"> <li>- NO PREP</li> <li>- GENERAL HYDRATION IS HELPFUL</li> <li>- EXAM TIME TOTAL: 3.5 HRS.               <ul style="list-style-type: none"> <li>• INJECTION TIME: 15 MIN.</li> <li>• CIRCULATION TIME: 1 HR.</li> <li>• IMAGING TIME: 30 MIN.</li> <li>• IMAGING AT 3 HRS AT DISCRETION OF RADIOLOGIST BASED ON INITIAL IMAGES.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>- DETECTION OF TRANSTHYRETIN-RELATED CARDIAC AMYLOIDOSIS (ATTR)</li> <li>- HEART FAILURE AND UNEXPLAINED INCREASE IN LV WALL THICKNESS</li> <li>- UNEXPLAINED HEART FAILURE WITH PRESERVED EF, OVER 60</li> <li>- EVALUATION OF CARDIAC INVOLVEMENT IN INDIVIDUALS WITH FAMILIAL AMYLOIDOSIS HISTORY</li> </ul>
<p style="text-align: center;"><b>LUNG PERFUSION/QUANTIFICATION</b></p> <p><b>-78597</b> NM pul perf quan dif w image</p> <p><b>-A9540</b> TC99M Macroag Albumin/10 mCi</p>	<ul style="list-style-type: none"> <li>- NO PREP</li> <li>- SCAN TIME: 20 MINUTES</li> </ul> <p style="text-align: center;"><b>**2-VIEW CHEST X-RAY REQUIRED WITHIN 24 HRS. OF SCAN**</b></p>	<ul style="list-style-type: none"> <li>- EVALUATE HIGH-RISK PATIENTS PREOPERATIVELY FOR SURGICAL CANDIDACY</li> <li>- EVALUATION OF PULMONARY PERFUSION</li> </ul>
<p style="text-align: center;"><b>LUNG PERFUSION</b></p> <p><b>-78580</b> NM pul perfusion</p> <p><b>-A9540</b> TC99M Macroag Albumin/10 mCi</p> <p style="text-align: center;"><b>**LUNG VENTILATION IS NO LONGER PERFORMED AT THIS FACILITY**</b></p> <p style="text-align: center;"><b>**If a physician is trying to order this for evaluation of PE, they should order a CT PE study instead, using the hydration protocol or premedicate patient as necessary**</b></p>	<ul style="list-style-type: none"> <li>- NO PREP</li> <li>- SCAN TIME: 20 MINUTES</li> </ul> <p style="text-align: center;"><b>**2-VIEW CHEST X-RAY REQUIRED WITHIN 24 HRS. OF SCAN**</b></p>	<ul style="list-style-type: none"> <li>- EVALUATION OF PULMONARY PERFUSION</li> </ul>

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<p><b>THYROID CANCER ABLATION</b>                      -78018 (X2) NM thyroid ca whole body                      -78020 NM thyroid ca mets uptake add                      -78830 NM Rp Loc Tum SPECT/CT 1                      Area                      -79005 NM tx rad pharm oral                      -A9517 I131 Sodium Iodide TH Cap/mCi</p>	<p><b>CONTACT NUCLEAR MEDICINE @                      EXT.#2605</b></p>	<p>- THYROID CANCER TREATMENT</p>
<p><b>THYROID CA EVALUATION</b>                      -78018 NM thyroid ca whole body                      -78020 NM thyroid ca mets uptake add                      -78830 NM Rp Loc Tum SPECT/CT 1                      Area                      -A9528 I131 Sodium Iodide Dx Cap/mCi</p> <p><b>THYROGEN (IF INDICATED)</b>                      -J3240 (x2) Thyrogen Drug                      -96372 (x2) Injection Ther/Proph/Diag</p>	<p><b>CONTACT NUCLEAR MEDICINE @                      EXT.#2605</b></p>	<p>- THYROID CANCER</p>
<p><b>THYROID UPTAKE AND SCAN                      (RAIU DIAGNOSTIC)</b>                      -78014 NM thyroid uptake multiple                      -A9516 (x3) I123 Thyroid per/100 uCi</p>	<p>- DAY 1, TIME INITIAL: 15 MIN.                      - CIRCULATION: 4 HRS (PATIENT MAY LEAVE DURING THIS TIME)                      - UPTAKE AND SCAN: 30 MIN.                      - DAY 2 UPTAKE EXAM TIME: 5 MIN.</p> <p><b>**DO NOT CALL**</b>  <b>**REQUIRED LABS**</b>                      -FREE T3                      -FREE T4                      TSH</p> <p><b>**USE THYROID FORM**</b></p>	<p>- EVALUATION OF THYROID ANATOMY                      - EVALUATION OF HYPERTHYROIDISM OR HYPOTHYROIDISM                      - TOXIC GOITER                      - THYROIDITIS                      - ABN THYROID SERUM LAB RESULTS                      - DIFFERENTIATION OF BENIGN VS. MALIGNANT THYROID NODULES</p>

## **SPECIAL CONSIDERATIONS**

**\*\*CHECK SCHEDULE AT 12 PM OR AFTER. AFTER 12 PM, PATIENT ACCESS SHOULD NOTIFY NUCLEAR MEDICINE OF ALL NEXT DAY ADD-ONS, NEXT DAY CANCELLATIONS, AND NEXT DAY TIME CHANGES SO THAT ISOTOPES MAY BE ORDERED OR CANCELLED.**

**\*\*I-123 UPTAKE AND SCANS REQUIRE FREE T3, FREE T4, AND TSH LAB VALUES. PLEASE OBTAIN FROM EMR OR PHYSICIAN'S OFFICE.**

**\*\*CLINIC NOTES SHOULD BE PULLED ON ALL CANCER PATIENTS**

**\*\*ALL THERAPY PROCEDURES MUST BE SCHEDULED DIRECTLY WITH NM COORDINATOR.**