

## CT PROCEDURE REFERENCE GUIDE 2019

Procedure	Contrast	Scan Field	Preparation	Diagnosis
<b>Head</b>	Without -70450- <b>*Protocol*</b>	Base of Skull to Vertex	NONE	<ul style="list-style-type: none"> <li>• HA</li> <li>• AMS</li> <li>• Trauma</li> <li>• Seizure</li> </ul>
	With & Without -70470-		<b><u>LIQUIDS ONLY 2 HRS PRIOR</u></b>	<ul style="list-style-type: none"> <li>• Mass</li> <li>• Cancer Hx R/O Mets</li> </ul>
<b>Sinuses</b>	Without -70486- <b>*Protocol*</b>	Hard Palate thru Frontal Sinus	NONE	<ul style="list-style-type: none"> <li>• Sinusitis</li> <li>• HA</li> <li>• Sinus Drainage/ Pressure</li> </ul>
	With -70487-		<b><u>LIQUIDS ONLY 2 HRS PRIOR</u></b>	<ul style="list-style-type: none"> <li>• Mass</li> </ul>
<b>Orbits</b>	Without -70480- <b>*Protocol*</b>	Hard Palate thru Frontal Sinus	NONE	<ul style="list-style-type: none"> <li>• Fracture</li> <li>• Trauma</li> </ul>
	With -70481-		<b><u>LIQUIDS ONLY 2 HRS PRIOR</u></b>	<ul style="list-style-type: none"> <li>• Swelling</li> <li>• Cellulitis</li> <li>• Abscess</li> </ul>
<b>Mastoids/IAC/ Temporal Bones</b>	Without -70480- <b>*Protocol*</b>  <b>**CT Sella Turcica- Radiologist prefers MRI**</b>	Detailed cuts thru Mastoid and Temporal Bones	NONE	<ul style="list-style-type: none"> <li>• Mastoiditis</li> <li>• Hearing Loss</li> </ul>
<b>Facial Bones</b>	Without -70486- <b>*Protocol*</b>	Mandible thru Frontal Sinus	NONE	<ul style="list-style-type: none"> <li>• Fracture</li> <li>• Trauma</li> </ul>
	With -70487-		<b><u>LIQUIDS ONLY 2 HRS PRIOR</u></b>	<ul style="list-style-type: none"> <li>• Swelling</li> <li>• Cellulitis</li> <li>• Abscess</li> </ul>
<b>ST Neck</b>	With -70491- <b>*Protocol*</b>	Mastoids to Aortic Arch	<b><u>LIQUIDS ONLY 2 HRS PRIOR</u></b>	<ul style="list-style-type: none"> <li>• Cancer</li> <li>• Lump/Swelling</li> <li>• Lymphedema</li> </ul>
<b>Low Dose Lung Screening</b>	Without  <b>*Exam does not need precertificatio n *Exam free while grant money available</b>	Apex thru lung bases	NONE	<ul style="list-style-type: none"> <li>• Screening</li> </ul> <b>*Pt must meet screening criteria*</b>

<b>Routine Chest</b>	With -71260- <b>*Protocol*</b>	Apex thru adrenal glands	<b><u>LIQUIDS</u></b> <b><u>ONLY 2 HRS</u></b> <b><u>PRIOR</u></b>	<ul style="list-style-type: none"> <li>• Cancer</li> <li>• Abnormal CXR</li> <li>• Pneumonia</li> <li>• Cough</li> <li>• Chest Pain</li> <li>• SOB</li> </ul>
<b>Chest Without</b>	Without -71250	Apex thru Costaphrenic Angles	None	<ul style="list-style-type: none"> <li>• Nodule follow-up</li> <li>• Aneurysm (can be done as a Without or Angio Chest- if Follow-up Aneurysm)</li> </ul>
<b>Hi Res Chest</b>	Without -71250-	Apex to Costaphrenic Angles- Specific for Lung Markings	NONE	<ul style="list-style-type: none"> <li>• COPD</li> <li>• Emphysema</li> </ul>
<b>Chest for PE</b>	With -71275-	T1-T11 Specific for Pulmonary Arteries	<b><u>LIQUID</u></b> <b><u>ONLY 2 HRS</u></b> <b><u>PRIOR</u></b> Must Have 20g or Larger IV in antecubital	<ul style="list-style-type: none"> <li>• SOB</li> <li>• Chest Pain</li> <li>• Blood Clot</li> <li>• DVT</li> </ul>
<b>Cardiac Score</b>  <b>**Cannot be done at ODIC**</b>	Without -75571-  <b>*\$49 due at time of service.</b>	Screen for Coronary Artery Calcifications	NO caffeine, stimulants, or strenuous exercise after midnight day of service	<ul style="list-style-type: none"> <li>• Family Hx CAD</li> <li>• Hypertension</li> <li>• High Cholesterol</li> </ul>
<b>CTA Cardiac</b>  <b>**RN's call these patients**</b>	With -75574-	Coronary Arteries	<b><u>NPO 6 HRS</u></b> <b><u>PRIOR</u></b> NO caffeine, stimulants, or strenuous exercise 24 hrs prior, NO ED meds 4 hrs prior, NO Excedrin 12 hrs prior	<ul style="list-style-type: none"> <li>• CAD</li> <li>• Chest Pain</li> <li>• ABN Stress Test</li> </ul>

<p align="center"><b><u>Question asked by Scheduling and Care Connect:</u></b>  <b>If patient's pain is BELOW the umbilicus,</b>  <b>then exam should be ordered as an Abdomen and</b>  <b>Pelvis CT with contrast.</b></p>				
<p><b>Abdomen/Pelvis</b></p> <p><b>**Pt will be drinking oral contrast for 1 hr before scan.</b></p>	<p>With IV &amp; Oral -74177- <b>*Protocol*</b></p>	<p>Diaphragm thru Pelvic Rami</p>	<p><b><u>LIQUIDS ONLY 2 HRS PRIOR</u></b></p>	<ul style="list-style-type: none"> <li>• Abd pain</li> <li>• Nausea</li> <li>• Vomiting</li> <li>• Diarrhea</li> <li>• Cancer</li> <li>• R/O Appy</li> </ul>
<p><b>Abdomen</b></p> <p><b>**Pt will be drinking oral contrast for 30 min before scan</b></p>	<p>With IV &amp; Oral -74160-</p>	<p>Diaphragm thru Iliac Crest</p>	<p><b><u>LIQUIDS ONLY 2 HRS PRIOR</u></b></p>	<ul style="list-style-type: none"> <li>• Upper abd pain</li> <li>• Nausea</li> <li>• Vomiting</li> </ul> <p><b>**Will Not R/O appendicitis, or if patient has pain below iliac crest**</b></p>

<p><b>Dual Pancreas Triphase Kidneys Adrenal Glands</b></p> <p><b>*Must be Specified*</b></p> <p><b>**If pelvis also, this patient will drink oral contrast for 1 hour prior to scan. Otherwise, the patient doesn't drink oral.</b></p>	<p>With &amp; Without -74170-</p>	<p>Exam is organ specific Special multi-phase studies <b>*Must be specified on the order*</b></p>	<p><b><u>LIQUIDS</u></b> <b><u>ONLY 2 HRS</u></b> <b><u>PRIOR</u></b></p>	<ul style="list-style-type: none"> <li>• Mass</li> </ul>
<p><b>Tri-Phase Liver</b></p> <p><b>*Must be Specified*</b></p> <p><b>**If pelvis also, this patient will drink oral contrast for 1 hour prior to scan. Otherwise, the patient doesn't drink oral.</b></p>	<p>With IV &amp; Oral -74160- <b>**Routine**</b></p> <p>With &amp; Without -74170- <b>**Only if microspheres, Cirrhosis of Liver, or if Specific for a Cancer Patient**</b></p>	<p>Exam is organ specific Special multi-phase studies <b>*Must be specified on the order*</b></p>	<p><b><u>LIQUIDS</u></b> <b><u>ONLY 2 HRS</u></b> <b><u>PRIOR</u></b></p>	<ul style="list-style-type: none"> <li>• Mass</li> </ul>
<p><b>Renal Stone</b></p> <p><b>**Must be Abdomen and Pelvis scan**</b></p>	<p>Without -74176- <b>*Protocol*</b></p>	<p>Diaphragm thru Pelvic Rami-Specific for Renal Stone</p>	<p>NONE</p>	<ul style="list-style-type: none"> <li>• Flank pain</li> <li>• Hematuria</li> <li>• Hx of Stones</li> </ul>
<p><b>Urogram</b></p>	<p>With &amp; Without -74178-</p>	<p>Urinary System Special Multi-Phase study</p>	<p><b><u>LIQUIDS</u></b> <b><u>ONLY 2 HRS</u></b> <b><u>PRIOR</u></b></p>	<ul style="list-style-type: none"> <li>• Hematuria</li> <li>• Mass</li> </ul>
<p><b>Extremity</b></p>	<p>Without</p> <p>Upper Ext -73200- Lower Ext -73700- <b>*Protocol*</b></p>	<p>Specify Right or Left and area of interest</p>	<p>NONE</p>	<ul style="list-style-type: none"> <li>• Fracture</li> <li>• Trauma</li> <li>• Pain</li> </ul>

<b>Arthrograms</b>  <b>**Ask patient to arrive 40 minutes prior to X-ray table time.</b>	With contrast  Upper ext 73201 Lower ext 73701	Specify Rt or Left and area of interest	No prep No driver No NPO	
<b>Myelograms</b>  <b>**RN's call these patients**</b>	C-spine w 72126 T-spine w 72129 L-spine w 72132	<u>C</u> spine- Base of Skull to T1 <u>T</u> spine- C7-L1 <u>L</u> spine- T12-Sacrum	See RN Notes for Specifics	<ul style="list-style-type: none"> <li>• Pain</li> <li>• Radiculopathy</li> </ul>
<b>C-Spine</b>	Without -72125- <b>*Protocol*</b>	Base of Skull to T1	NONE	<ul style="list-style-type: none"> <li>• Pain</li> <li>• Trauma</li> </ul>
<b>T-Spine</b>	Without -72128- <b>*Protocol*</b>	C7-L1	NONE	<ul style="list-style-type: none"> <li>• Pain</li> <li>• Trauma</li> </ul>
<b>L-Spine</b>	Without -72131- <b>*Protocol*</b>	T12-Sacrum	NONE	<ul style="list-style-type: none"> <li>• Pain</li> <li>• Trauma</li> </ul>
<b>CTA Carotids/Neck</b>	With -70498-	Aortic arch to Circle of Willis	<b><u>LIQUIDS ONLY 2 HRS PRIOR</u></b> Must have 18 or 20g IV in antecubital vein	<ul style="list-style-type: none"> <li>• Bruit</li> <li>• Stenosis</li> </ul>
<b>CTA Chest</b>  <b>**Cannot be done at ODIC**</b>	With -71275-	Apices to crux of diaphragm	<b><u>LIQUIDS ONLY 2 HRS PRIOR</u></b> Must have 18 or 20g IV in antecubital vein	<ul style="list-style-type: none"> <li>• Aneurysm</li> <li>• (can be done as a Without or Angio Chest- if Follow-up Aneurysm)</li> <li>• Dissection</li> </ul>
<b>CTA Abd/Pelvis</b>	With -74174-	Diaphragm to Pelvic Rami	<b><u>LIQUIDS ONLY 2 HRS PRIOR</u></b> Must have 18 or 20g IV in antecubital vein	<ul style="list-style-type: none"> <li>• Aneurysm</li> <li>• Dissection</li> </ul>
<b>CTA Runoff</b>	With -75635-	Diaphragm to Feet	<b><u>LIQUIDS ONLY 2 HRS PRIOR</u></b> Must have 18 or 20g IV in AC vein	<ul style="list-style-type: none"> <li>• PVD</li> <li>• Claudication</li> <li>• Non-healing ulcer/wound</li> </ul>

<b>CT Colonography</b>	Without (Always Diagnostic) -74261-	Diaphragm thru Symphysis Pubis	<u>Follow detailed prep picked up from Outpatient Imaging Center</u>	<ul style="list-style-type: none"> <li>• Failed colonoscopy</li> <li>• Tortuous Colon</li> <li>• High Cardiac Risk patients</li> <li>• Risk for GI Bleed</li> </ul>
<b>CT Biopsies or Drains</b>  <b>**RN's call these patients**</b>	Without	Done per Radiologist in CT (Must be pre-approved by Radiologist)	<ul style="list-style-type: none"> <li>❑ NPO after midnight or 6 hours prior to procedure</li> <li>❑ Must have PT/PTT/Platelets/INR drawn prior</li> <li>❑ Must stop anticoagulant/ antiplatelets 5 days prior</li> <li>❑ Must not drive post procedure</li> </ul>	

**\*\*SPECIAL CONSIDERATIONS:**

<ul style="list-style-type: none"> <li>❑ When contrast is indicated for the exam, lab creatinine must be checked within 30 days for any patients 65 years of age and above, renal disease, multiple myeloma, diabetic, or taking any Metformin containing medications. Patients with Iodine Allergy must be scheduled at the hospital and be premedicated. Scheduling will fax premedication instructions when the exam is ordered.</li> <li>❑ <b>If IV contrast is indicated</b> patients must be NPO except liquids for 2 hours prior. Patients should be encouraged to be well hydrated since an IV will need to be obtained. This is especially important for CTA's where a larger IV is required.</li> <li>❑ <b>Dialysis patients must receive their dialysis treatment within 24 hours after having an IV contrast injection.</b></li> </ul>
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