CT ordering guide

For questions on how to order any Adena CT exam, please call the department at **740-779-7470** or **740-779-5681**. Internally: EXT 27470 or 25681. Radiologists are available 24/7 for consult. Call 740-202-7133.

BODY PART	ADENA PROCEDURE DESCRIPTION	INDICATIONS FOR EXAM	COMMENTS	CPT
Abdomen	CT ENTEROGRAPHY	Crohns Disease, inflammatory bowel disease, carcinoid tumor obscure GI bleed (stable bleed)	CT Abdomen Pelvis w/ contrast	74177
Abdomen	CT ANGIO ABDOMINAL AORTA W/ RUNOFF	PAD, claudication, ischemic pain, ulcers		75635
Abdomen	CT ABDOMEN W/ & W/O IV CONTRAST	Renal mass protocol, Adrenal gland protocol.	**Routine CT Abd with and without contrast should not be performed until provider has reviewed/approved with radiologist before ordering. These are only appropriate for specialty abdomen/pelvis protocols. Otherwise, a single scan should be selected as with or without contrast.**	74170
Abdomen	CT ABDOMEN W/ IV CONTRAST	abdominal pain, cancer, abscess		74160
Abdomen	CT ABDOMEN W/ ORAL AND IV CONTRAST	abdominal pain, cancer, abscess		74160
Abdomen	CT ABDOMEN W/ ORAL CONTRAST ONLY	Hematoma, kidney stone, contraindication to IV contrast	CT abdomen without contrast	74150
Abdomen	CT ABDOMEN W/O CONTRAST	Hematoma, kidney stone, contraindication to IV contrast		74150
Abdomen	CT ANGIO ABDOMEN	Localized trauma, renal artery stenosis, mesenteris ischemia		74175
Abdomen/Pelvis	CT ABDOMEN & PELVIS W/ ORAL CONTRAST ONLY	Hematoma, kidney stone, contraindication to IV contrast	CT abd/pelvis w/o contrast	74176
Abdomen/Pelvis	CT ABDOMEN & PELVIS W/O CONTRAST	Hematoma, kidney stone, contraindication to IV contrast		74176
Abdomen/Pelvis	CT ANGIO ABDOMEN AND PELVIS	Localized trauma, renal artery stenosis, mesenteris ischemia, endoleak detection		74174
Abdomen/Pelvis	CT ABDOMEN & PELVIS W/ IV CONTRAST ONLY	pain, cancer, abscess, appendicitis, diverticulitis, diarrhea, constipation		74177
Abdomen/Pelvis	CT ABDOMEN & PELVIS W/ ORAL AND IV CONTRAST	pain, cancer, abscess, appendicitis, diverticulitis, diarrhea, constipation		74177
Abdomen/Pelvis	CT ABDOMEN & PELVIS W/ & W/O IV CONTRAST	Specialty CT Urogram protocol, Renal mass protocol, Adrenal gland protocol.	**Routine CT Abd/Pelvis with and without contrast should not be performed until provider has reviewed/approved with radiologist before ordering. These are only appropriate for specialty abdomen/pelvis protocols. Otherwise, a single scan should be selected as with or without contrast.**	74178

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BODY PART	ADENA PROCEDURE DESCRIPTION	INDICATIONS FOR EXAM	COMMENTS	CPT
Arms	CT ANGIO UPPER EXTREMITY BILATERAL	aneurysm, dissection, infection blood clot, pain, graft patency, trauma.		73206
Arms	CT ANGIO UPPER EXTREMITY LEFT	aneurysm, dissection, infection blood clot, pain, graft patency, trauma.		73206
Arms	CT ANGIO UPPER EXTREMITY RIGHT	aneurysm, dissection, infection blood clot, pain, graft patency, trauma.		73206
Arms	CT UPPER EXTREMITY W/ CONTRAST	Infection, cellulitis	must indicate body part and laterality	73201
Arms	CT UPPER EXTREMITY W/O CONTRAST	Injury/trauma, pain	must indicate body part and laterality	73200
Arms	CT UPPER EXTREMITY W/ & W/O CONTRAST		**Contact a radiologist for review/approval**	73202
Brain	CT ANGIO BRAIN	Carotid stenosis, aneurysm with or without repair, acute stroke, AVM		70496
Brain	CT HEAD W/O CONTRAST	Headache, trauma, bleed, stroke		70450
Brain	CT HEAD W/ & W/O CONTRAST	Mass, infection,cancer history	If patient has had a head without contrast in previous 24 hours, please order head with contrast only	70470
Brain	CT HEAD W/ CONTRAST	Mass, infection	patient required to have head without contrast in previous 24 hours or will need performed before giving IV contrast	70460
Brain/Neck	CT ANGIO HEAD AND NECK	Carotid stenosis, cervical fracture to evaluate vessels, vessel patency, pre/post surgical eval, Syncope, Vertebral artery dissection		70471
Chest	CT LUNG CANCER SCREENING	evaluate for lung nodule	Pt must meet criteria for age/smoking history	71271
Chest	CT CHEST W/O CONTRAST	lung nodule		71250
Chest	CT CHEST W/ & W/O CONTRAST	Mass, lesion, cancer, pneumonia, hemoptysis, pleural effusion (contrast per ordering/Radiologist preference)		71270
Chest	CT CHEST W/ CONTRAST	Mass, lesion, cancer, pneumonia, hemoptysis, pleural effusion (contrast per ordering/Radiologist preference)		71260
Chest	CT PE STUDY	SOB, hypoxia, elevated D-Dimer, chest pain	CT Angio Chest	71275
Chest	CT ANGIO CHEST (NON-CORONARY)			71275
Chest/Abd/Pelvis	CT ANEURYSM STUDY W/CONTRAST CHEST/ABD/PELVIS	Aortic dissection, acute aortic syndrome, intramural hematoma, penetrating atherosclerotic ulcer	CT Angio Abd/Pelvis & CT Angio Chest	74174 & 71275
Chest/Abd/Pelvis	CT ANEURYSM STUDY W/O CONTRAST CHEST/ABD/PELVIS	Aortic dissection, acute aortic syndrome, intramural hematoma, penetrating atherosclerotic ulcer	CT Abd/Pelvis w/o contrast & CT Chest w/o contrast	74176 & 71250

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BODY PART	ADENA PROCEDURE DESCRIPTION	INDICATIONS FOR EXAM	COMMENTS	CPT
Face	CT ORBITS W/ CONTRAST	Infection, abscess, cellulitis (not for mass/neoplasm)		70481
Face	CT ORBITS W/O CONTRAST	Injury, trauma		70480
Face	CT ORBITS W/ & W/O CONTRAST	Mass, neoplasm, cancer (not for infection/cellulitis)		70482
Heart	CT ANGIO CARDIAC WITH CORONARY ARTERIES	Chest pain, NSTEMI, angina, abnormal stress test/EKG		75574
Heart	CT CARDIAC CALCIUM SCORING ONLY	Coronary artery disease screening		75571
Legs	CT LOWER EXTREMITY W/ CONTRAST	Infection, cellulitis	must indicate body part and laterality	73701
Legs	CT LOWER EXTREMITY W/O CONTRAST	Injury/trauma, pain	must indicate body part and laterality	73700
Legs	CT ANGIO LOWER EXTREMITY BILATERAL	Leg trauma		73706
Legs	CT ANGIO LOWER EXTREMITY LEFT	Leg trauma		73706
Legs	CT ANGIO LOWER EXTREMITY RIGHT	Leg trauma		73706
Legs	CT LOWER EXTREMITY W/ & W/O CONTRAST		**Contact a radiologist for review/approval**	73702
Neck	CT ANGIO NECK	Carotid stenosis, cervical fracture to evaluate vessels, vessel patency, pre/post surgical eval, Syncope, Vertebral artery dissection		70498
Neck	CT NECK W/ & W/O CONTRAST	Sialadentitis, parotid stone		70492
Neck	CT NECK W/ CONTRAST	pain, difficulty swallowing, swelling, ymphadenopathy, neoplasm		70491
Neck	CT NECK W/O CONTRAST	only order if patient has a contraindication to IV contrast		70490
Pelvis	CT ANGIO PELVIS	localized trauma, mesenteric ischemia, renal artery stenosis		72191
Pelvis	CT PELVIS W/ & W/O CONTRAST		**Routine CT Pelvis with and without contrast should not be performed until provider has reviewed/approved with radiologist before ordering. These are only appropriate for specialty abdomen/pelvis protocols. Otherwise, a single scan should be selected as with or without contrast.**	72194
Pelvis	CT PELVIS W/ IV CONTRAST	pain, cancer, abscess, appendicitis, diverticulitis, diarrhea, constipation		72193
Pelvis	CT PELVIS W/ ORAL AND IV CONTRAST	pain, cancer, abscess, appendicitis, diverticulitis, diarrhea, constipation		72193
Pelvis	CT PELVIS W/ ORAL CONTRAST ONLY	Hematoma, kidney stone, contraindication to IV contrast	CT Pelvis w/o contrast	72192
Pelvis	CT PELVIS W/O CONTRAST	Hematoma, kidney stone, contraindication to IV contrast		72192

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BODY PART	ADENA PROCEDURE DESCRIPTION	INDICATIONS FOR EXAM	COMMENTS	CPT
Sinus/Maxilla/Face	CT FACIAL W/ CONTRAST	Infection, cellulitis, neoplasm, mass		70487
Sinus/Maxilla/Face	CT FACIAL W/O CONTRAST	Sinusitis, headache, trauma. If ruling out mass or cancer, order CT Facial w/ contrast		70486
Sinus/Maxilla/Face	CT FACIAL W/ & W/O CONTRAST		**Contact a radiologist for review/approval**	70488
Spine	CT SPINE CERVICAL W/ CONTRAST	Infection, discitis, neoplasm		72126
Spine	CT SPINE LUMBAR W/ CONTRAST	Infection, discitis, neoplasm		72132
Spine	CT SPINE THORACIC W/ CONTRAST	Infection, discitis, neoplasm		72129
Spine	CT SPINE LUMBAR W/O CONTRAST	Trauma, back pain, extremity tingling/paresthesia		72131
Spine	CT SPINE THORACIC W/O CONTRAST	Trauma, back pain, extremity tingling/paresthesia		72128
Spine	CT SPINE CERVICAL W/O CONTRAST	Trauma, neck pain, arm tingling/paresthesia		72125
Spine	CT SPINE CERVICAL W/ & W/O CONTRAST		**Contact a radiologist for review/approval**	72127
Spine	CT SPINE LUMBAR W/ & W/O CONTRAST		**Contact a radiologist for review/approval**	72133
Spine	CT SPINE THORACIC W/ & W/O CONTRAST		**Contact a radiologist for review/approval**	72130

ADENA HEALTH