CT SCAN & MRI CPT CODES

CT SCAN CPT CODES

70450 – CT BRAIN W/O CONT
70460 – CT BRAIN W/ CONT
70470 – CT BRAIN W/WO CONT
70480 – CT IACS, ORBIT, SELLA OR POSTERIOR FOSSA W/O CONT
70481 – CT IACS, ORBIT, SELLA OR POSTERIOR FOSSA W/ CONT
70482 – CT IACS, ORBIT, SELLA OR POSTERIOR FOSSA W/WO CONT

70486 – CT MAXILOFACIAL W/O CONT(CT DENTAL)
70487 – CT MAXILOFACIAL W/ CONT
70488 – CT MAXILOFACIAL W/WO CONT

72125 – CT C-SPINE W/O CONT
72126 – CT C-SPINE W/ CONT
72127 – CT C-SPINE W/WO CONT

70490 – CT SOFT TISSUE NECK W/O CONT
70491 – CT SOFT TISSUE NECK W/ CONT
70492 – CT SOFT TISSUE NECK W/WO CONT

72128 – CT T-SPINE W/O CONT
72129 – CT T-SPINE W/ CONT
72130 – CT T-SPINE W/WO CONT
71250 – CT THORAX W/O CONT (Diagnostic)
71260 – CT THORAX W/ CONT (Diagnostic)
71270 – CT THORAX W/WO CONT (Diagnostic)
71271 – CT THORAX (Low Dose) W/O CONT

73200 – CT UPPER EXT W/O CONT
73201 – CT UPPER EXT W/ CONT
73202 – CT UPPER EXT W/WO CONT
74150 – CT ABDOMEN W/O CONT
74160 – CT ABDOMEN W/ CONT
74170 – CT ABDOMEN W/WO CONT
74176 – CT ABD & PELVIS W/O CONT
74177 – CT ABD & PELVIS W/CONT
74178 – CT ABD & PELVIS W/WO CONT

72131 – CT L-SPINE W/O CONT
72132 – CT L-SPINE W/ CONT
72133 – CT L-SPINE W/WO CONT
72192 – CT PELVIS W/O CONT
72193 – CT PELVIS W/ CONT
72194 – CT PELVIS W/WO CONT
73700 – CT LOWER EXTREMITY W/O CONT
73701 – CT LOWER EXTREMITY W/ CONT
73702 – CT LOWER EXTREMITY W/WO CONT
74178 +74400 – CT UROGRAM
77080 – CT BONE DENSITY

CTA/ANGIOGRAPHY

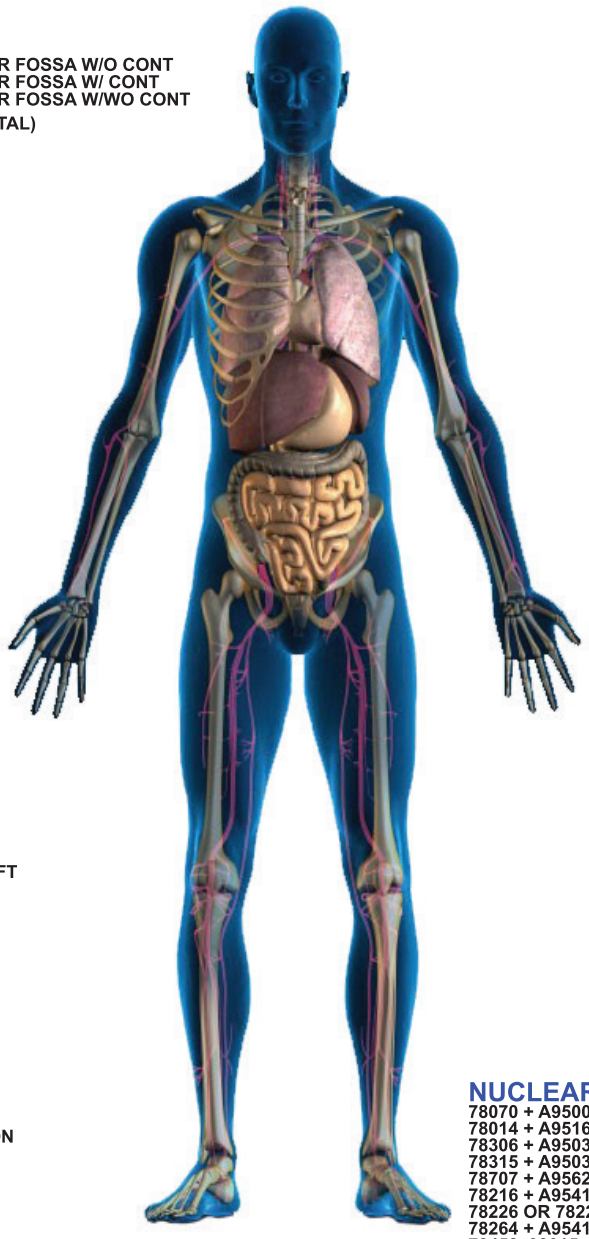
75572 – CARDIAC W/CONTRAST
75573 – CARDIAC W/CONTRAST/CHD
75574 – CARDIAC W/CONTRAST/BYPASS GRAFT
70471 – CTA HEAD AND NECK W/CONTRAST
70496 – CTA HEAD W/WO CONTRAST
70498 – CTA NECK W/WO CONTRAST
71275 – CTA CHEST NON-CORONARY W/CONT
73206 – CTA UPPER EXT W/WO CONT
72191 – CTA PELVIS W/WO CONT
74175 – CTA ABDOMEN W/WO CONT
75635 – CTA ABDOMINAL AORTA W/WO CONT
73706 – CTA LOWER EXT W/WO CONT
99144 – SEDATION

RECONSTRUCTION

76376 – CT RECONSTRUCTION (3D)
76377 – CT RECONSTRUCTION (3D)IND STATION

PET/CT

78815 + A9552 – PET/CT SKULL TO MID-THIGH
78816 + A9552 – PET/CT WHOLE BODY



MRI CPT CODES

70551 – MRI BRAIN W/O CONT
70552 – MRI BRAIN W/ CONT
70553 – MRI BRAIN W/WO CONT

70543 – MRI ORBIT/FACE/NECK W/WO CONT
70540 – MRI ORBIT/FACE/NECK W/O CONT
70542 – MRI ORBIT/FACE/NECK W/ CONT
70336 – MRI TMJ'S
71550 – MRI CHEST W/O CONT
71551 – MRI CHEST W/ CONST
71552 – MRI CHEST W/WO/ CONT
72156 – MRI C-SPINE W/WO CONT
72141 – MRI C-SPINE W/O CONT
72142 – MRI C-SPINE W/ CONT

72146 – MRI T-SPINE W/O CONT
72147 – MRI T-SPINE W/ CONT
72157 – MRI T-SPINE W/WO CONT
72148 – MRI L-SPINE W/O CONT
72149 – MRI L-SPINE W/ CONT
72158 – MRI L-SPINE W/WO CONT

72195 – MRI PELVIS W/O CONT
72197 – MRI PELVIS W/WO CONT
72196 – MRI PELVIS W/ CONT

75557 – MRI CARDIAC W/O CONT
75561 – MRI CARDIAC W/WO CONT
74181 – MRI ABDOMEN W/O CONT (MRCP)
74182 – MRI ABDOMEN W/ CONT
74183 – MRI ABDOMEN W/WO CONT
73218 – MRI UPPER EXT NON JOINT W/O CONT
73219 – MRI UPPER EXTNON JOINT W/CONT
73220 – MRI UPPER EXT NON JOINT W/WO CONT
73221 – MRI UPPER EXT JOINT W/O CONT
73222 – MRI UPPER EXT JOINT W/ CONT
73223 – MRI UPPER EXT JOINT W/WO CONT
73718 – MRI LOWER EXT NON JOINT W/O CONT
73719 – MRI LOWER EXT NON JOINT W/CONT
73720 – MRI LOWER EXT NON JOINT W/WO CONT
73721 – MRI LOWER EXT JOINT W/O CONT
73722 – MRI LOWER EXT JOINT W/CONT
73723 – MRI LOWER EXT JOINT W/WO CONT
77046 – MRI BREAST W/O CONT UNILATERAL
77047 – MRI BREAST W/O CONT BILATERAL
77048 – MRI BREAST W/WO CONT (CAD) UNILATERAL
77049 – MRI BREAST W/WO CONT (CAD) BILATERAL
77084 – MRI BONE MARROW BLOOD SUPPLY

MRA CPT CODES

70544 – MRA HEAD W/O CONT
70545 – MRA HEAD W/ CONT
70546 – MRA HEAD W/WO CONT
70547 – MRA NECK W/O CONT
70548 – MRA NECK W/ CONT
70549 – MRA NECK W/WO CONT
71555 – MRA CHEST W/WO CONT
72159 – MRA SPINAL CANAL W/WO CONT
74185 – MRA ABDOMEN W/WO CONT
72198 – MRA PELVIS W/WO CONT
73725 – MRA LOWER EXT W/WO CONT

**ARTHROGRAM CPT CODES **

73722 – LOWER EXTREMITY JOINT W/ CONT
73723 – LOWER EXTREMITY JOINT W/WO CONT
73222 – UPPER EXTREMITY JOINT W/ CONT
73223 – UPPER EXTREMITY JOINT W/WO CONT
** PLEASE CONTACT US FOR CPT LISTING**

NUCLEAR MEDICINE

78070 + A9500 – PARATHYROID SCAN
78014 + A9516 – THYROID SCAN (24 HOUR UPTAKE)
78306 + A9503 – WHOLE BODY BONE SCAN
78315 + A9503 – 3 PHASE BONE SCAN
78707 + A9562 – RENAL SCAN
78216 + A9541 – LIVER & SPLEEN SCAN
78226 OR 78227 + A9510 – HIDA SCAN (HEPATOBILIARY)
78264 + A9541 – GASTRIC EMPTYING SCAN
78452, 93015, J2785 + A9500 – LEXI SCAN (CARDIAC STRESS TEST)

LOS ANGELES COUNTY LOCATIONS

UMI of BELLFLOWER
10230 Artesia Blvd. #100
Bellflower, CA 90706
Tel: (562) 461-3400
Fax: (562) 216-7207

UMI of CENTRAL LONG BEACH
701 E. 28th St. #318
Long Beach, CA 90806
Tel: (562) 426-7000
Fax: (562) 426-7099

UMI of CENTURY CITY
2080 Century Park East #104
Los Angeles, CA 90067
Tel: (310) 432-8000
Fax: (310) 432-8019

UMI of COMMERCE
4916 Whittier Blvd
Los Angeles CA 90022
Tel: (213) 596-810 NEW
Fax: (213) 596-81 NEW

UMI of DOWNEY
11411 Brookshire Ave. #101
Downey, CA 90241
Tel: (562) 869-9192
Fax: (562) 250-1423

UMI of EAST LOS ANGELES
3513 Whittier Blvd.
Los Angeles, CA 90023
Tel: (323) 859-8000
Fax: (323) 262-1699

UMI of GARDENA
1141 W. Redondo Beach #105
Gardena, CA 90247
Tel: (310) 818-2000
Fax: (310) 436-1731

MINOO HEIKALI WOMEN'S CENTER of GARDENA
1141 W. Redondo Beach Blvd. #307
Gardena, CA 90247
Tel: (310) 818-2010 NEW
Fax: (310) 846-4305 NEW

UMI of GLENDALE
624 S Central Ave.
Glendale, CA 91204
Tel: (818) 241-3369
Fax: (818) 485-2213

UMI of INGLEWOOD
110 South La Brea #150
Inglewood, CA 90301
Tel: (310) 671-6000
Fax: (310) 671-6302

UMI of LOS ANGELES
1127 Wilshire Blvd. #100
Los Angeles, CA 90017
Tel: (213) 223-5000
Fax: (213) 202-5709

MINOO HEIKALI WOMEN'S CENTER of LOS ANGELES
1127 Wilshire Blvd. #202
Los Angeles, CA 90017
Tel: (213) 223-5050 NEW
Fax: (213) 223-5098 NEW

UMI of LYNWOOD
3737 Martin Luther King Jr. Blvd. #104
Lynwood, CA 90262
Tel: (310) 554-1000
Fax: (310) 667-4998

UMI of MAYWOOD
4316 E. Slauson Ave.
Maywood, CA 90270
Tel: (323) 374-6200
Fax: (323) 771-6094

UMI of MID-WILSHIRE
6310 San Vicente Blvd. #102
Los Angeles, CA 90048
Tel: (323) 556-3000
Fax: (323) 556-3012

UMI of NORTHRIDGE
18250 Roscoe Blvd. #135
Northridge, CA 91325
Tel: (818) 701-7111
Fax: (818) 701- 7841

UMI of SANTA CLARITA
24036 Lyons Ave.
Newhall, CA 91321
Tel: (661) 255-2111
Fax: (661) 255-2812

UMI of SOUTH LONG BEACH
1040 Elm Ave. #102
Long Beach, CA 90813
Tel: (562) 285-1000
Fax: (562) 285-1019

UMI of TORRANCE
3640 Lomita Blvd. #105
Torrance, CA 90505
Tel: (310) 802-7000
Fax: (310) 375-8659

MINOO HEIKALI WOMEN'S CENTER of TORRANCE
3640 Lomita Blvd. #106
Torrance, CA 90505
Tel: (310) 375-8088 NEW
Fax: (310) 375-8734 NEW

UMI of WEST COVINA
1401 W. Merced Ave. #102
West Covina, CA 91790
Tel: (626) 813-6100
Fax: (626) 813-0075

MINOO HEIKALI WOMEN'S CENTER of WEST COVINA
1401 W. Merced Ave. #203
West Covina, CA 91790
Tel: (626) 869-1000 NEW
Fax: (626) 869-1099 NEW

ORANGE COUNTY LOCATIONS

UMI of ANAHEIM
1801 W. Romneya Dr. #104
Anaheim, CA 92801
Tel: (714) 678-4000
Fax: (714) 678-4022

UMI of BREA
380 W. Central Ave. #210
Brea, CA 92821
Tel: (714) 987-6000
Fax: (714) 987-6019

UMI of BUENA PARK
6131 Orangethorpe Ave. #130
Buena Park, CA 90620
Tel: (714) 522-2077
Fax: (714) 522-2474

UMI of FOUNTAIN VALLEY
11160 Warner Ave. #105
Fountain Valley, CA 92708
Tel: (714) 619-7500
Fax: (714) 619-7599

UMI of GARDEN GROVE
12665 Garden Grove Blvd. #103
Garden Grove, CA 92843
Tel: (714) 620-8200
Fax: (714) 620-8211

UMI of HUNTINGTON BEACH
16161 Gothard St. #C
Huntington Beach, CA 92647
Tel: (714) 500-6600
Fax: (714) 500-4099

UMI of IRVINE
15825 Laguna Canyon Rd. #101
Irvine, CA 92618
Tel: (949) 777-9000
Fax: (949) 777-9007

UMI of SANTA ANA
800 N Tustin Ave. # M
Santa Ana, CA 92705
Tel: (714) 450-1410
Fax: (714) 450-1429

UMI of MISSION VIEJO
26522 La Alameda Ave. #170 & 190
Mission Viejo CA. 92691
Tel: (949) 535-2100 NEW
Fax: (949) 535-2109 NEW

MINOO HEIKALI WOMEN'S CENTER of MISSION VIEJO
26522 La Alameda, Suite 280
Mission Viejo, CA 92691
Tel: (949) 994-8410 NEW
Fax: (949) 994-8411 NEW

UMIH
United Medical Imaging Healthcare

XRAY/ULTRASOUND/MAMMO HYSTEROSALPINGOGRAM & FLUOROSCOPY CPT CODES

DIGITAL X-RAY HEAD AND NECK
70100 – MANDIBLE PARTIAL LESS THAN 4 VIEWS
70110 – MANDIBLE COMPLETE MIN 4 VIEWS
70140 – FACIAL BONES LESS THAN 3 VIEWS
70150 – FACIAL BONES COMPLETE MIN 3 VIEWS
70160 – NASAL BONES COMPLETE MIN 3 VIEWS
70200 – ORBITS COMPLETE MIN 4 VIEWS
70210 – SINUSES PARANASAL LESS THAN 3 VIEWS
70220 – SINUSES COMPLETE MIN 3 VIEWS
70260 – SKULL COMPLETE MIN 4 VIEWS
70360 – NECK SOFT TISSUE
77071 – MANUAL STRESS APP FOR JOINT X-RAY

DIGITAL X-RAY CHEST
71045 – CHEST 1 VIEW
71046 – CHEST 2 VIEWS
71047 – CHEST 3 VIEWS
71048 – CHEST 4+ VIEWS
71100 – RIBS UNILATERAL 2 VIEWS
71110 – RIBS BILATERAL 3 VIEWS
71120 – STERNUM MIN 2 VIEWS
71130 – STERNOCLAVICULAR JOINTS MIN 3 VIEWS

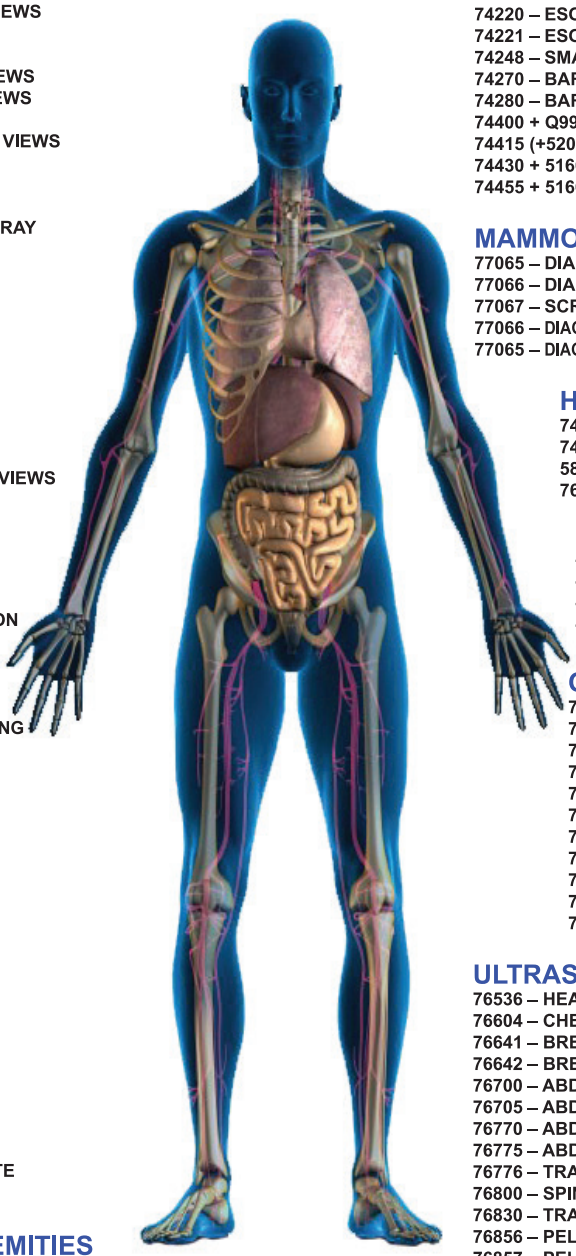
DIGITAL X-RAY SPINE
72040 – CERVICAL SPINE 2/3 VIEWS
72050 – CERVICAL SPINE COMPLETE
72052 – CERVICAL SPINE OBLIQUE & FLEXION
72070 – THORACIC SPINE 2 VIEWS
72074 – THORACIC SPINE MIN 4 VIEWS
72100 – LUMBAR SPINE 2/3 VIEWS
72110 – LUMBAR SPINE MIN 4 VIEWS
72114 – LUMBAR SPINE COMPLETE W/BENDING

DIGITAL X-RAY EXTREMITIES
73000 – CLAVICLE COMPLETE
73030 – SHOULDER COMPLETE
73050 – SHOULDER AC JOINTS BILAT
73060 – HUMERUS MIN 2 VIEWS
73080 – ELBOW COMPLETE MIN 3 VIEWS
73090 – FOREARM 2 VIEWS
73110 – WRIST COMPLETE MIN 3 VIEWS
73130 – HAND MIN 3 VIEWS
73140 – FINGERS MIN 2 VIEWS

DIGITAL X-RAY ABDOMEN
74018 – ABDOMEN 1 VIEW
74019 – ABDOMEN 2 VIEWS
74021 – ABDOMEN 3+ VIEWS
74022 – ABDOMEN SERIES COMPLETE ACUTE

DIGITAL X-RAY LOWER EXTREMITIES
73501 – HIP UNILATERAL, OR HIP & PELVIS 1 VIEW
73502 – HIP UNILATERAL, OR HIP & PELVIS 2-3 VIEWS
73503 – HIP UNILATERAL, OR HIP & PELVIS COMPLETE MIN 4 VIEWS
73521 – HIPS BILATERAL, OR HIPS & PELVIS 2 VIEWS
73522 – HIPS BILATERAL, OR HIPS & PELVIS 3-4 VIEWS
73523 – HIPS BILATERAL, OR HIPS & PELVIS 5 VIEWS
73551 – FEMUR 1 VIEW
73552 – FEMUR MIN 2 VIEWS
73562 – KNEE UNILATERAL 3 VIEWS
73564 – KNEE UNILATERAL COMPLETE MIN 4 VIEWS
73565 – BILATERAL STANDING KNEES
73590 – TIBIA & FIBULA 2 VIEWS
73592 – LOWER EXT INFANT MIN 2 VIEWS
73610 – ANKLE COMPLETE MIN 3 VIEWS
73650 – CALCANEUS MIN 2 VIEWS
73660 – TOES 2 VIEWS
73620 – FOOT 2 VIEWS

DEXA SCAN BONE DENSITY
77080 – DEXA AXIAL HIPS, PELVIS SPINE
77081 – DEXA PERIPHERAL RADIUS WRIST, HEEL
77086 – DEXA VERTEBRAL FRACTURE ASSESSMENT



FLUOROSCOPY
74220 – ESOPHAGUS W/BARIUM SULFATE "BARIUM SWALLOW"
74221 – ESOPHAGRAM
74248 – SMALL BOWEL SERIES
74270 – BARIUM ENEMA WITH KUB
74280 – BARIUM ENEMA-WITH AIR & KUB
74400 + Q9951– UROGRAPHY IVP LIMITED STUDY
74415 (+52005 + 74420 RETRO) – UROGRAPHY IVP WITH TOMO
74430 + 51600 + Q9951 – CYSTOGRAPHY
74455 + 51600 + 51701 + Q9951 – VOIDING CYSTOGRAM

MAMMOGRAPHY
77065 – DIAGNOSTIC MAMMO DIGITAL UNILATERAL
77066 – DIAGNOSTIC MAMMO DIGITAL BILATERAL
77067 – SCREENING MAMMO 77063 3D BREAST TOMOSYNTHESIS
77066 – DIAGNOSTIC BILATERAL MAMMO + G0279 3D BREAST TOMOSYNTHESIS
77065 – DIAGNOSTIC UNILATERAL MAMMO + G0279 3D BREAST TOMOSYNTHESIS

HYSTEROSALPINGOGRAM
74740 – HYSTEROSALPINGOGRAM (ADDTL CODES BELOW)
74742 – TRANSCERVICAL CATHETER FALLOPIAN TUBE
58340 – INTRO OF CONTRAST MATERIAL VIA CATHETER
76000 – UP TO 1 HR RAD/MD TIME – CATH PLACEMENT

OB U/S—FIRST TRIMESTER
76801 – OB EVAL-TRANSABD < 14 WKS
76802 – OB EVAL < 14 WKS EACH ADDTL FETUS
76813 – FETAL NUCHAL TRANSLUCENCY MEASUREMENT
76814 – FETAL NUCHAL TRANS MEASURE EACH + FETUS

OB U/S—SECOND & THIRD TRIMESTER
76805 – OB EVAL TRANSABD. MORE THAN 14 WKS
76810 – OB EVAL MORE THAN 14 WKS EACH + FETUS
76811 – FETAL&MATERN EVAL +DETAIL FETAL ANATOMY
76812 – FETAL & MATERN EVAL+DETAIL EACH + FETUS
76815 – FETAL EVALUATION LIMITED 1+ FETUSES
76816 – FETAL EVALUATION FUP/RE-EVAL ON PREV SCAN
76817 – TRANSVAGINAL OBSTETRIC EXAM
76819 – FETAL BIO-PHYS PROF W/O NON-STRESS TESTING
76820 – DOPPLER VELOCITY UMBILICAL ARTERY
76825 – FETAL ECHOCARDIOVASCULAR SYSTEM
76827 – DOPLER ECHOCARDIOGRAPH COMPLETE

ULTRASOUND
76536 – HEAD/NECK THYROID, PARATHYROID
76604 – CHEST MEDIASTINUM AND STRUCTURES
76641 – BREAST UNILATERAL COMPLETE
76642 – BREAST UNILATERAL LIMITED
76700 – ABD COMPLETE-LIVER,GALL,KIDNEY,SPLEEN
76705 – ABD LMTD-SINGLE ORGAN OR QUADRANT
76770 – ABD BACK WALL COMP. RENAL,AORTA,LYMPH
76775 – ABD BACK WALL LMTD-ONE ORGAN,
76776 – TRANSPLANTED KIDNEY W/DUPLEX DOPPLER
76800 – SPINAL CANAL AND CONTENTS
76830 – TRANSVAGINAL
76856 – PELVIC COMP.-UTER,FALPN TUBES, ENDO STRIPE
76857 – PELVIC LIMITED
76870 – SCROTUM AND CONTENTS
76872 – TRANSRECTAL
76873 – PROSTATE VOLUME FOR THERAPY PLANNING
76880 – EXTREMITY STRUCTURE-NON VASCULAR
76881 – COMPLETE JOINT
76882 – LIMITED JOINT OR NONVASCULAR EXTREMITY STRUCTURE(S)
76970 – ULTRASOUND STUDY FUP (SPECIFY PREV U/S)

VASCULAR STUDIES
93880 – DUPLEX EXTRACRANIAL (CAROTID) BILATERAL COMPLETE
93925 – DUPLEX ARTERIAL LOWER EXTREMITY BILATERAL COMPLETE
93926 – DUPLEX ARTERIAL LOWER EXTREMITY UNILATERAL
93930 – DUPLEX ARTERIAL UPPER EXTREMITY BILATERAL COMPLETE
93931 – DUPLEX ARTERIAL UPPER EXTREMITY UNILATERAL
93970 – DUPLEX VEINOUS EXTREMITY BILATERAL COMPLETE
93971 – DUPLEX VEINOUS EXTREMITY UNILATERAL
93978 – DUPLEX AORTA INFLOW VENA CAVA COMPLETE

BIOPSY
10005 – FINE NEEDELE ASPIRATION BIOPSY, INCLUDING ULTRASOUND GUIDANCE; FIRST LESION
+10006 – FINE NEEDLE ASPIRATION BIOPSY, INCLUDING ULTRASOUND GUIDANCE; EACH ADDITIONAL LESSION
19081 – STEREOTACTIC BIOPSY, FIRST LESSION
+19082 – STEREOTACTIC BIOPSY; EACH ADDITIONAL LESSION