

- NEUROSCAN
- CONTRA COSTA IMAGING CENTER
- JOHN MUIR MAGNETIC IMAGING CENTER
- JOHN MUIR OUTPATIENT CENTER, BRENTWOOD



## CT/MRI REQUISITION

**Scheduling Phone: (925) 952-2701      Scheduling Fax: (925) 941-4065**

Date: \_\_\_\_\_

Patient Name Last		First		M	DOB
Home Phone			Work/Cell Phone		Name of Insurance
Clinical History / Symptoms					Ins. ID #
					Auth. #
Diagnosis and ICD-9 Codes (Required)					Office Contact Person.
<input type="checkbox"/> CDs: <input type="checkbox"/> Films <input type="checkbox"/> Patient to Hand Carry <input type="checkbox"/> Send to Physician				Copies to Name (Last, First)	
Referring Physician: (Print Name)				Physicians Signature (Required)	

**CLAUSTROPHOBIC:**  Yes  No    If medication/sedation is required, please order or provide medication for the patient. The patient is to arrive one hour prior to their exam time with a driver to complete registration and will self-medicate after their interview

**MRI TABLE WEIGHT LIMITS:** JMMRI Limit: 300 pounds - CCIC & Brentwood Limit 350 pounds

**BUN/CREATININE/DRAW DATE**

Prior related studies  MRI  US  CT  X-RAY When: \_\_\_\_\_ Where: \_\_\_\_\_

For any exam with IV Contrast, we need a Bun/Creatinine within the past 30 days on any patient age 60 or older, or has kidney disease, or is diabetic.

**SPECIAL IMAGING INSTRUCTIONS:**

Bun \_\_\_\_\_ Creatinine \_\_\_\_\_

*\*IF EXAM NEEDED ON AN EMERGENCY BASIS, CALL SCHEDULING (925) 952-2701*

Draw Date \_\_\_\_\_ GFR \_\_\_\_\_

**IMPORTANT:** Please inform us if the patient has a history of: iodine allergy or contrast material reaction; diabetes; multiple myeloma; sickle cell disease or kidney disease. Female patients of child-bearing age should inform us if they are, or might be, pregnant. Please note if the patient has had a Barium Enema or Upper GI within the past week.

MRI		CT	
HEAD	SPINE	HEAD AND SINUS	SPINE
<input type="checkbox"/> Brain <input type="checkbox"/> IACs <input type="checkbox"/> Orbits <input type="checkbox"/> Pituitary/Sella <input type="checkbox"/> Other _____ _____ _____ _____	<input type="checkbox"/> Cervical <input type="checkbox"/> Thoracic attn: upper T-spine _____ levels from _____ to _____ attn: lower T-spine _____ levels from _____ to _____ <input type="checkbox"/> Thoracolumbar T10-L3 <input type="checkbox"/> Lumbar L1-S1 <input type="checkbox"/> Other _____	<input type="checkbox"/> HEAD AND SINUS <input type="checkbox"/> Brain <input type="checkbox"/> Temporal Bones/IAC's <input type="checkbox"/> Facial Bones (hard palate through frontal sinuses) <input type="checkbox"/> Orbits <input type="checkbox"/> Pituitary/Sella <input type="checkbox"/> Mandible <input type="checkbox"/> Screening Sinuses <input type="checkbox"/> Full Sinuses <input type="checkbox"/> Dental Scan (Neuroscan only) <input type="checkbox"/> 3D Reconstructions <input type="checkbox"/> Other _____	<input type="checkbox"/> Cervical Spine (std: C1-T1) LEVELS: from _____ to _____ <input type="checkbox"/> Thoracic Spine LEVELS: from _____ to _____ <input type="checkbox"/> L/S Spine (std: L1-S1) LEVELS: from _____ to _____ <input type="checkbox"/> Post Intrathecal Contrast Injection <input type="checkbox"/> Post Discogram <input type="checkbox"/> Bone Density Study (Neuroscan only) <input type="checkbox"/> 3D Reconstructions <input type="checkbox"/> Other _____
BODY	EXTREMITY	BODY	EXTREMITY
<input type="checkbox"/> Neck (Soft Tissue) <input type="checkbox"/> Brachial Plexus <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Breast(s) JMMRI only <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Abdomen/Liver/Kidneys <input type="checkbox"/> MRCP <input type="checkbox"/> Adrenals <input type="checkbox"/> Prostate (JMMRI only 3T) <input type="checkbox"/> Pelvis <input type="checkbox"/> Flat Table Pelvis <input type="checkbox"/> Chest /Mediastinum <input type="checkbox"/> Other _____	Arthrogram Injection <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Shoulder <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Elbow <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Wrist <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Hand <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Hip <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Knee <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Ankle (Hindfoot & Midfoot) <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Forefoot <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Whole foot (to r/o osteomyelitis only) <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Other <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Neck (Soft Tissue) <input type="checkbox"/> Chest <input type="checkbox"/> P.E. Study <input type="checkbox"/> Abdomen/Pelvis <input type="checkbox"/> Abdomen Only <input type="checkbox"/> Pelvis Only <input type="checkbox"/> Urogram <input type="checkbox"/> Kidney Stone <input type="checkbox"/> Other _____	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Hip <input type="checkbox"/> Scanogram (for leg length) <input type="checkbox"/> Knee <input type="checkbox"/> 3D Reconstruction <input type="checkbox"/> Ankle <input type="checkbox"/> Other <input type="checkbox"/> Foot <input type="checkbox"/> Shoulder <input type="checkbox"/> Elbow <input type="checkbox"/> Wrist
MRA/MRV: (Any contrast enhanced MRA needs Bun/Creatinine)		CARDIAC (CCIC ONLY)	
<input type="checkbox"/> Head <b>ONLY</b> (Circle of Willis) <input type="checkbox"/> Thoracic Aorta <input type="checkbox"/> Neck <b>ONLY</b> (Carotids / Vertebrals) <input type="checkbox"/> Abdominal Aorta (including Mesenteric and Iliac Arteries) <input type="checkbox"/> Head <b>AND</b> Neck Only <input type="checkbox"/> Abdominal Aorta with runoff <input type="checkbox"/> MRV (Brain Only) <input type="checkbox"/> Renal Artery MRA (Hypertension) <input type="checkbox"/> Other: _____ _____ _____		<input type="checkbox"/> Coronary Artery Calcium Scoring <input type="checkbox"/> CTA Chest - pulmonary vein mapping  Reading Physician: _____	
		CTA EXAMS	
		<input type="checkbox"/> CTA Head <input type="checkbox"/> CTA Neck <input type="checkbox"/> CTA Chest <input type="checkbox"/> CTA Abd/Pelvis <input type="checkbox"/> CTA Abd Only <input type="checkbox"/> CTA Lower Extremity/Run-off <input type="checkbox"/> CTA Upper Extremity	
		INTERVENTIONAL RADIOLOGY	
		<input type="checkbox"/> Biopsy    (Neuroscan Only) <input type="checkbox"/> Drainage	

## GENERAL INFORMATION

Instructions particular to your exam will be given at the time of scheduling. Arrival times will vary per site and type of exam. Please inform the staff if there is any possibility of PREGNANCY at the time of scheduling your appointment. The physician may request prior x-ray, CT or MRI exams performed on the same body region for comparison. If prior exams were performed at a facility other than John Muir Health, please bring a copy with you to your appointment. On the day of your appointment, allow time before your scheduled appointment to complete registration and any necessary paperwork

## PREPARING FOR YOUR MRI PROCEDURE

**Explanation of Exam:** MRI (Magnetic Resonance Imaging) is a radiology imaging technique used to show the composition and function of the body. The MRI is comprised of a series of sequences which produce images of body tissue to assist in the accurate diagnosis of a medical condition. Each sequence shows a cross-section of the area being scanned. Examination times vary between 30 minutes and 1 hour, depending on the area being scanned. You will be positioned on a table inside the opening of the MRI. If you are uncomfortable in tight spaces, please speak with your physician so he/she may prescribe a sedative to help you relax for the procedure. If a sedative is required, you must arrive 1 hour prior to your exam time with a driver to complete registration. You will self-medicate after your interview with the MRI staff. During the imaging process you will hear a very loud knocking noise. The use of ear protection is essential and will be provided to you.

**Preparation Instructions:** Leave jewelry, hairpins, cell phones, watches and other metallic objects at home or you may use the locker provided in the changing room to store them for the duration of your exam. Please inform the staff if you have a pacemaker, prosthesis, surgical clips, metal implants, tattoos, body piercings or any other internal metal objects. The make and model of an implanted device should be provided to our scheduling staff.

## PREPARING FOR YOUR CT PROCEDURE

**Explanation of Exam:** CT (Computed Axial Tomography) is a radiology imaging technique that produces a series of x-ray images to assist in accurate diagnosis of a medical condition. Examination times vary between 15 minutes and 30 minutes, depending on the area being scanned. You will be asked to lie on a table and the part of your body to be scanned will be positioned in the middle of a ring-shaped x-ray scanner.

**Preparation Instructions:** Please follow the instructions provided to you at the time of scheduling very carefully. **Oral contrast** is often used in examinations of the abdomen and pelvis. You may be given 2 bottles of contrast to drink prior to your exam. For these examinations, do not eat solid food after midnight. You may drink water only. Sometimes you may be required to follow a **Water Prep**. In this case, we are essentially asking that you hydrate yourself in order for us to obtain better images. **Intravenous Contrast** may be utilized to enhance CT scans. This is a solution containing an organic iodine compound. As with any medication, patients may be allergic to the iodine compound. Inform us if you have a known allergy, asthma, or kidney disease. You may be required to take prednisone if this is the case. **NOTE:** If you are diabetic and taking Metformin (Glucophage), you must remain off your medication for 48 hours after the administration of the IV contrast. You must inform your physician that you will be off your medication and a blood test is required.

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MRI	
HEAD	SPINE
<input type="checkbox"/> Brain <input type="checkbox"/> IACs <input type="checkbox"/> Orbits <input type="checkbox"/> Pituitary/Sella <input type="checkbox"/> Other _____ _____ _____ _____	<input type="checkbox"/> Cervical <input type="checkbox"/> Thoracic attn: upper T-spine _____ levels from _____ to _____ attn: lower T-spine _____ levels from _____ to _____ <input type="checkbox"/> Thoracolumbar T10-L3 <input type="checkbox"/> Lumbar L1-S1 <input type="checkbox"/> Other _____

CT	
HEAD AND SINUS	SPINE
<input type="checkbox"/> HEAD AND SINUS <input type="checkbox"/> Brain <input type="checkbox"/> Temporal Bones/IAC's <input type="checkbox"/> Facial Bones (hard palate through frontal sinuses) <input type="checkbox"/> Orbits <input type="checkbox"/> Pituitary/Sella <input type="checkbox"/> Mandible <input type="checkbox"/> Screening Sinuses <input type="checkbox"/> Full Sinuses <input type="checkbox"/> Dental Scan (Neuroscan only) <input type="checkbox"/> 3D Reconstructions <input type="checkbox"/> Other _____	<input type="checkbox"/> Cervical Spine (std: C1-T1) LEVELS: from _____ to _____ <input type="checkbox"/> Thoracic Spine LEVELS: from _____ to _____ <input type="checkbox"/> L/S Spine (std: L1-S1) LEVELS: from _____ to _____ <input type="checkbox"/> Post Intrathecal Contrast Injection <input type="checkbox"/> Post Discogram <input type="checkbox"/> Bone Density Study (Neuroscan only) <input type="checkbox"/> 3D Reconstructions <input type="checkbox"/> Other _____

BODY	EXTREMITY
<input type="checkbox"/> Neck (Soft Tissue) <input type="checkbox"/> Brachial Plexus <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Breast(s) JMMRI only <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Abdomen/Liver/Kidneys <input type="checkbox"/> MRCP <input type="checkbox"/> Adrenals <input type="checkbox"/> Prostate (JMMRI only 3T) <input type="checkbox"/> Pelvis <input type="checkbox"/> Flat Table Pelvis <input type="checkbox"/> Chest /Mediastinum <input type="checkbox"/> Other _____	<p style="text-align: center;">Arthrogram Injection</p> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Shoulder <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Elbow <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Wrist <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Hand <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Hip <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Knee <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Ankle (Hindfoot & Midfoot) <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Forefoot <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Whole foot (to r/o osteomyelitis only) <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Other <input type="checkbox"/> L <input type="checkbox"/> R

BODY
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EXTREMITY
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<input type="checkbox"/> Hip <input type="checkbox"/> Scanogram (for leg length) <input type="checkbox"/> Knee <input type="checkbox"/> 3D Reconstruction <input type="checkbox"/> Ankle <input type="checkbox"/> Other <input type="checkbox"/> Foot <input type="checkbox"/> Shoulder <input type="checkbox"/> Elbow <input type="checkbox"/> Wrist

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INTERVENTIONAL RADIOLOGY
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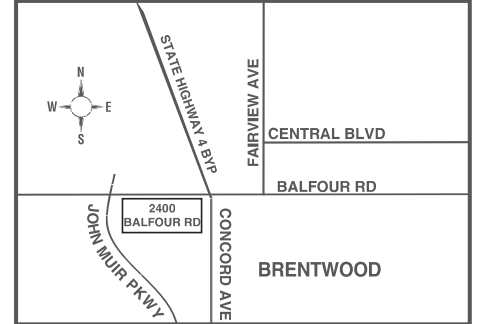
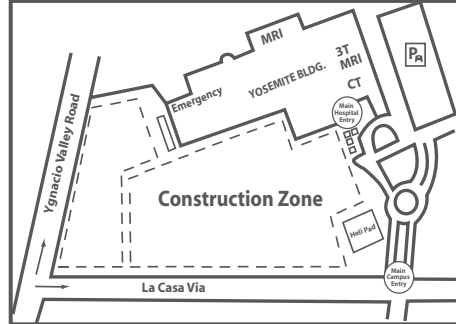
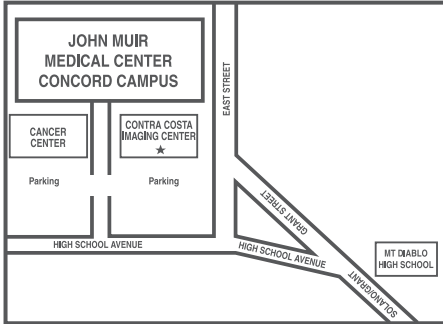
**Contra Costa Imaging Ctr.**  
*On the Concord Campus*  
 2410 High School Avenue  
**Info: (925) 687-5600**  
**Services Offered:** CT, MRI  
 Tax ID# 68-0202020

**Neuroscan**  
*On the Walnut Creek Campus*  
 115 La Casa Via, Suite 202  
**Info:(925)933-9440**  
**Services Offered:** CT  
 Tax ID# 68-0017617

**John Muir Magnetic Imaging Ctr.**  
*On the Walnut Creek Campus*  
 1601 Ygnacio Valley Road  
**Info: (925) 295-1545**  
**Services Offered:** MRI  
 Tax ID# 68-0202020

**John Muir Outpatient Ctr. Brentwood**  
 2400 Balfour Rd.  
**Info: (925) 308-8123**  
**Services Offered:** CT, MRI  
 Tax ID # 94-1461843

## MRI, CT and Neuroscan Specialty Locations



### CONTRA COSTA IMAGING CENTER DIRECTIONS

**From CA-242 South** - take the Solano Way exit toward Grant Street. Turn left onto Solano Way (Solano Way becomes Grant St.). Turn left onto High School Ave. Turn into the first driveway on your right.

**From CA-242 North** - take the Solano Way exit toward Grant Street. Turn right onto Grant Street. Turn left onto High School Ave. Turn into the first driveway on your right.

### JOHN MUIR MAGNETIC IMAGING CENTER AND NEUROSCAN DIRECTIONS

**From Hwy 680 South** - take the North Main Street exit. Turn right on North Main. Turn left on Ygnacio Valley Road. Turn right on La Casa Via. Turn left into the hospital main campus entry.

**From Hwy 680 North** - take the Ygnacio Valley Road exit. Turn right on Ygnacio Valley Road. Turn right on La Casa Via. Turn left into the hospital main campus entry.

\* **NEUROSCAN** is located within the Yosemite Building

### JOHN MUIR BRENTWOOD CAMPUS DIRECTIONS

**From Walnut Creek** - 680 North to HWY 242 (Concord/Pittsburg): Take the Stockton/Pittsburg exit onto HWY 4 Eastbound; go about 15 miles and exit CA-4 Bypass Road/Brentwood; turn right onto Balfour Road, make left at Cortona Way onto Balfour Road. Arrive at 2400 Balfour Road. Please make sure to check in with registration when arriving for all appointments.

**From Benicia Area** - 680 South to HWY 4 (Pittsburg/Antioch): Continue for about 18 miles and take left fork onto CA-4 Bypass Road/Brentwood; turn right onto Balfour Road, make left at Cortona Way onto Balfour Road. Arrive at 2400 Balfour Road. Please make sure to check in with registration when arriving for all appointments.

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Tax ID # 94-1461843

**CPT CODES***The following is a partial list of CPT codes. They are for reference purposes only. For more complete information, please refer to your CPT Manual.***MAGNETIC RESONANCE IMAGING**

<b>CPT</b>	<b>DESCRIPTION</b>
70336	TEMPOROMANDIBULAR JOINT(S)
70551	BRAIN, SELLA, IAC'S (WITHOUT)
70553	BRAIN SELLA, IAC'S (WITHOUT & WITH)
70540	ORBITS, FACE, AND/OR NECK (WITHOUT)
70543	ORBITS, FACE, AND/OR NECK (WITHOUT & WITH)
70544	MRA HEAD (WITHOUT)
70546	MRA HEAD (WITHOUT & WITH)
70547	MRA NECK (WITHOUT)
70549	MRA NECK (WITHOUT & WITH)
70554	MRI BRAIN, FUNCTIONAL MRI WITHOUT PHYSICIAN ADMINISTRATION
70555	MRI BRAIN, FUNCTIONAL MRI REQUIRING PHYSICIAN ADMINISTRATION OF ENTIRE NEUROFUNCTIONAL TESTING
96020	26 NEURO FUNCTIONAL TESTING
71550	CHEST (WITHOUT)
71552	CHEST (WITHOUT & WITH)
71555	MRA CHEST EXCLUDING MYOCARDIUM (WITHOUT OR WITH)
77058	BREAST, UNILATERAL (WITHOUT &/OR WITH CONTRAST)
77059	BREAST, BILATERAL (WITHOUT &/OR WITH CONTRAST)
0159T	CAD OF MRI IMAGE DATA FOR LESION DETECTION WITH FURTHER PHYSICIAN REVIEW FOR INTERPRETATIONAL BREAST ABDOMEN (WITHOUT)
74181	ABDOMEN (WITHOUT)
74183	ABDOMEN (WITHOUT & WITH)
74185	MRA ABDOMEN (WITHOUT OR WITH)
72195	PELVIS (WITHOUT)
72197	PELVIS (WITHOUT & WITH)
72198	MRA, PELVIS (WITHOUT OR WITH)
73221	UPPER EXTREMITY JOINT (WITHOUT)
73222	UPPER EXTREMITY JOINT (WITH)
73223	UPPER EXTREMITY JOINT (WITHOUT & WITH)
73218	UPPER EXTREMITY NON-JOINT (WITHOUT)
73219	UPPER EXTREMITY NON-JOINT (WITH)
73220	UPPER EXTREMITY NON-JOINT (WITHOUT & WITH)
73225	MRA, UPPER EXTREMITY (WITHOUT OR WITH)
73721	LOWER EXTREMITY JOINT (WITHOUT)
73722	LOWER EXTREMITY JOINT (WITH)
73723	LOWER EXTREMITY JOINT (WITHOUT & WITH)
73718	LOWER EXTREMITY NON-JOINT (WITHOUT)
73719	LOWER EXTREMITY NON-JOINT (WITH)
73720	LOWER EXTREMITY NON-JOINT (WITHOUT & WITH)
73725	MRA, LOWER EXTREMITY (WITHOUT OR WITH)
72141	CERVICAL SPINE (WITHOUT)
72156	CERVICAL SPINE (WITHOUT & WITH)
72146	THORACIC SPINE (WITHOUT)
72157	THORACIC SPINE (WITHOUT & WITH)
72148	LUMBAR SPINE (WITHOUT)
72158	LUMBAR SPINE (WITHOUT & WITH)
72159	MRA, SPINAL CANAL (WITHOUT OR WITH)
76376	3D RENDERING ON ACQUISITION SCANNER WITH INTERPRETATION AND REPORTING OF IMAGES (CT, MRI, US, AND OTHER TOMOGRAPHIC MODALITY)
76377	3D RENDERING ON INDEPENDENT WORKSTATION WITH INTERPRETATION AND REPORTING OF IMAGES (CT, MRI, US, AND OTHER TOMOGRAPHIC MODALITY)
76390	MR SPECTROSCOPY
77021	MRI FOR NEEDLE PLACEMENT (BIOPSY, NEEDLE ASPIRATION, INJECTION, OR PLACEMENT OF LOCALIZATION DEVICES) S&I
76498	UNLISTED MAGNETIC RESONANCE PROCEDURE

**BONE DENSITY**

77080	BONE DENSITY HIP & OR SPINE
77081	BONE DENSITY WRIST/FOREARM
77082	VEREBRAL FRACTURE ASSESMENT

**COMPUTED TOMOGRAPHY**

<b>CPT</b>	<b>DESCRIPTION</b>
70450	HEAD (WITHOUT)
70460	HEAD (WITH)
70470	HEAD (WITHOUT & WITH)
70480	POSTERIOR FOSSA, ORBITS, SELLA, OR IAC'S (WITHOUT)
70481	POSTERIOR FOSSA, ORBITS, SELLA, OR IAC'S (WITH)
70482	POSTERIOR FOSSA, ORBITS, SELLA, OR IAC'S (WITHOUT & WITH)

**COMPUTED TOMOGRAPHY**

<b>CPT</b>	<b>DESCRIPTION</b>
70496	CTA, HEAD (INCLUDES POST - PROCESSING)
76380	LOW COST SCREENING PARANASAL SINUS LIMITED OR LOCALIZED STANDARD PARANASAL SINUS (OSTEOMEATAL UNIT EVAL)
70486	70486 COMPLEX MAXILLOFACIAL AND/OR PARANASAL SINUSES WITHOUT (TRAUMA, NEOPLASM, ETC.)
70487	70487 COMPLEX MAXILLOFACIAL AND/OR PARANASAL SINUSES WITH (TRAUMA, NEOPLASM, ETC.)
70488	70488 COMPLEX MAXILLOFACIAL AND/OR PARANASAL SINUSES WITHOUT & WITH (TRAUMA, NEOPLASM, ETC.)
76380	LIMITED OR LOCALIZED FOLLOW-UP STUDY
76380	TEMPOROMANDIBULAR JOINTS (BILATERAL), (WITHOUT)
70490	NECK (SOFT TISSUE) (WITHOUT)
70491	NECK (SOFT TISSUE) (WITH)
70492	NECK (SOFT TISSUE) (WITHOUT & WITH)
70498	CTA, NECK (INCLUDES POST - PROCESSING)
72125	CERVICAL SPINE (WITHOUT)
72126	CERVICAL SPINE (WITH INTRATHECAL OR INTRAVENOUS CONTRAST)
72127	CERVICAL SPINE (WITHOUT & WITH CONTRAST)
72128	THORACIC SPINE (WITHOUT)
72129	THORACIC SPINE (WITH INTRATHECAL OR INTRAVENOUS CONTRAST)
72130	THORACIC SPINE (WITHOUT & WITH CONTRAST)
72131	LUMBAR SPINE (WITHOUT)
72132	LUMBAR SPINE (WITH INTRATHECAL OR INTRAVENOUS CONTRAST)
72133	LUMBAR SPINE (WITHOUT & WITH CONTRAST)
71250	THORAX (WITHOUT)
71260	THORAX (WITH)
71270	THORAX (WITHOUT & WITH)
71275	CTA, CHEST (NONCORONARY) (INCLUDES POST-PROCESSING)
0144T	HEART (WITHOUT) INCLUDES POSTPROCESSING AND EVAL OF CORONARY CALCIUM GATING AND 3D POST PROCESSING, CARDIAC STRUCTURE AND MORPHOLOGY
0145T	HEART, WITH CONTRAST, INCLUDING NONCONTRAST IMAGES, IF PERFORMED, CARDIAC CTA OF CORONARY ARTERIES (ALL ARTERIES AND GRAFTS) WO CORONARY CALCIUM
0146T	CTA OF CORONARY ARTERIES (ALL ARTERIES AND GRAFTS) WITH CORONARY CALCIUM
0147T	CARDIAC STRUCTURE AND MORPHOLOGY AND CTA OF CORONARY ARTERIES (ALL ARTERIES AND GRAFTS) WO CORONARY CALCIUM
0148T	CARDIAC STRUCTURE AND MORPHOLOGY AND CTA OF CORONARY ARTERIES (ALL ARTERIES AND GRAFTS) WITH CORONARY CALCIUM
0149T	CARDIAC STURCTURE AND MORPHOLOGY AND CTA OF CORONARY ARTERIES (ALL ARTERIES AND GRAFTS) WITH CORONARY CALCIUM
0150T	CARDIAC STRUCTURE AND MORPHOLOGY IN CONGENITAL HEART DISEASE
0151T	HEART (WO AND WITH) AND FURTHER SECTIONS INCLUDING CARDIAC GATING AND 3D IMAGE POSTPROCESSING; FUNCTION EVALUATION
74150	ABDOMEN (WITHOUT)
74160	ABDOMEN (WITH)
74170	ABDOMEN (WITHOUT & WITH)
74175	CTA, ABDOMEN (INCLUDES POST-PROCESSING)
72193	PELVIS (WITH)
72194	PELVIS (WITHOUT & WITH)
72192	PELVIMETRY
72191	CTA, PELVIS (INCLUDES POST - PROCESSING) (TRAUMA, NEOPLASM, ETC.)
73200	UPPER EXTREMITY (WITHOUT)
73201	UPPER EXTREMITY (WITH)
73202	UPPER EXTREMITY (WITHOUT & WITH)
73206	CTA, UPPER EXTREMITY (INCLUDES POST - PROCESSING)
73700	LOWER EXTREMITY (WITHOUT)
73701	LOWER EXTREMITY (WITH)
73702	LOWER EXTREMITY (WITHOUT & WITH)
73706	CTA, LOWER EXTREMITY (INCLUDES POST - PROCESSING)
75635	CTA, AORTA ILEOFEMORAL WITH BILATERAL RUNOFF (INCLUDES POST PROCESSING)
75989	GUIDANCE FOR PERCUTANEOUS DRAINAGE WITH PLACEMENT OF CATHETER, S&I
77011	STEREOTACTIC LOCALIZATION GUIDANCE
77012	NEEDLE PLACEMENT (BIOPSY, ASPIRATION, INJECTION, LOCALIZATION) S&I
77013	GUIDANCE FOR AND MONITORING OF PARENCHYMAL TISSUE ABLATION
77014	GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS
76380	LIMITED OR FOLLOW-UP CT, ANY REGION
76376	3D RENDERING ON ACQUISITION SCANNER WITH INTERPRETATION AND REPORTING OF IMAGES (CT, MRI, US, AND OTHER TOMOGRAPHIC MODALITY)
76377	3D RENDERING ON INDEPENDENT WORKSTATION WITH INTERPRETATION AND REPORTING OF IMAGES (CT, MRI, US, AND OTHER TOMOGRAPHIC MODALITY)
76497	UNLISTED CT PROCEDURE
77073	BONE LENGTH STUDY (SCANOGRAM) (PERIPHERAL) (e.g. RADIUS, WRIST, HEEL)
77078	BONE MINERAL DENSITY STUDY AXIAL SKELETON (e.g. HIPS, PELVIS, SPINE) 1 OR MORE SITES
77079	BONE MINERAL DENSITY STUDY APPENDICULAR SKELETON