## Outpatient Radiology Orders

### CT Scan
- CT Calcium Scoring
- Head
- S.T. Neck w/ contrast
- Facial Bone
- Sinus
- Chest
- High Res. Chest
- Pelvis
- CT Abd
- Abdomen/Pelvis
- Virtual Colonoscopy
- C-Spine
- T-Spine
- L-Spine
- Cervical Myelogram*
- Thoracic Myelogram*
- Lumbar Myelogram*
- 3D Reconstruction*
- CTA Abdomen/ CTA Pelvis w/ & w/o contrast
- CTA Abdomen w/ runoff w/ & w/o contrast
- CTA Chest w/ & w/o contrast
- CTA Coronary w/ & w/o contrast /calcium scoring
- CTA Head w/ & w/o contrast
- CTA Neck w/ & w/o contrast
- Other

### Nuclear Medicine
- Bone, Whole Body
- Bone, 3 Phases
- Lung, V/Q/CXR
- Lung, Diff/CXR
- Chest, Gallium Scan & Spect
- Gastric Emptying
- Bone Spect
- Gallium/Whole Body
- Image Merge
- Indium/Whole Body
- HIDA
- Liver-Spleen
- RBC Liver
- Mag 3 Renal
- Mag 3 Renal w/Lasis
- Renal Scan Ace Inhibitor
- Myocardial Spect R/E w/EF
- Other

### Bone Density
- AP Spine & Prox Femur

### MRI
- HEAD
  - Brain
  - IAC
  - Sella & Pituitary
  - Other
- BODY
  - Abdomen
  - Pelvis
  - Breast
  - Neck
  - MRCP
  - Specify
- SPINE
  - CIRCLE SIDE
  - Brachial Plexus w/o
  - C-Spine
  - L-Spine
  - T-Spine
- JOINT (Specify)
  - CIRCLE SIDE
  - Lower w/o
  - Lower w/o w/o
  - Upper w/o
  - Upper w/o w/o
- EXTREMITY (Specify)
  - CIRCLE SIDE
  - Lower Extremity w/o w/o
  - Upper Extremity w/o w/o

### Ultrasound
- Abdominal
- Appendix
- Pelvic
- Transvaginal
- Anal Sphincter
- Testicular
- Prostate
- Extremity w/ biopsy
- Lower Extremity
- Non Vascular
- Arterial Lower
- Hips
- Knee
- Extremity w/ biopsy

### Special Procedures
- for scheduling call: 504-456-5406
  - X-RAY
- CIRCLE SIDE: BILAT(B) LEFT(L) RIGHT(R)
- Fingers
- Humerus
- Tibia/Fibula
- Shoulder
- Ankle
- Forearm
- Foot
- Ribs
- Hips
- Elbow
- Knee
- Hand
- Toe
- Wrist
- Femur
- Pelvis
- Arthogram with MRI

### Mammography
- Screening Mammogram
- Diagnostic Mammogram
- Stereotactic Core Biopsy
- Ultrasound Guided Core Biopsy
- Ultrasound Guided Aspiration
- Breast Ultrasound

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*Contrast per Radiologist Protocol

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East Jefferson General Hospital  
Domino Pavilion • Yenni Pavilion • Breast Care Center  
4200 Houma Blvd. • Metairie LA 70006  
Scheduling: 504-883-6900 or 504-454-4164  
Fax: 504-456-8048  
www.ejgh.org

East Jefferson Imaging Center  
3100 Clearview Pkwy • Metairie LA 70006  
Scheduling: 504-885-4223  
Fax: 504-887-6620  
www.eastjeffersonimaging.org

FCO-7020-1783 APRIL-2013
Radiology Exam Preparation Instructions

DIAGNOSTIC (X-RAYS)
- UGI & Esophagram
  Nothing by mouth after midnight
- UGI Small Bowel
  Nothing by mouth after midnight (This exam could take between one & four hours)
- Barium Enema & IVP Nephrotomogram
  The required prep should be picked up from your pharmacy at least two days prior to the exam.

ULTRASOUND
- Abdominal
  Fast for 6-8 hours before appointment time.
- Bladder & Pelvis
  Drink four 8 oz. glasses of water. You must have a full bladder.

CT SCANS
- Virtual Colonoscopy
  The required prep should be picked up from your pharmacy at least two days prior to the exam.
- CT without oral or IV
  No Prep is needed.
- CT with IV and/or oral contrast
  Nothing by mouth three hours before exam. If oral contrast is needed, arrive 2 hours before the scheduled exam time.

MRI
- MRI Breast
  Premenopausal women should be scanned in day 7-15 of their cycle. Postmenopausal women should be off hormones for a minimum of one month before MRI.
  (A Breast Care Center Nurse will contact the patient)
- MRI Abdomen
  Nothing by mouth six hours prior to scheduled time.

NUCLEAR MEDICINE
- NM Gastric Emptying Time – Nothing by mouth after midnight
- NM Hida Scan – Nothing by mouth after midnight
- NM Cardiac Stress – Six-hour fast prior to exam time

MAMMOGRAPHY
- Mammogram
  Do not wear deodorant, powder or perfume under the arm or around breasts.
REQUEST for additional radiology forms

Please fill out the attached postage paid card to re-order radiology examination order forms or call 504-454-4133.

EJGH Imaging offers clinical excellence and convenience. To learn more about the services we provide, please feel free to contact us at one of the following locations:

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Scheduling: 504-883-6900 or 504-454-4164
Fax: 504-456-8048
www.ejgh.org

East Jefferson Radiology Exam Request Form

Name: ____________________________________________________
Address: ___________________________________Ste.:____________
City/State: _______________________________Zip: ______________
Telephone: ________________________________________________
Number of Pads Requested: ___________________________________
Mail to the Attention of: ______________________________________

Comprehensive Imaging
• High Field Open MRI/3T/1.5T
• 64 Slice CT
• Nuclear Medicine
• Digital Mammography
• Ultrasound
• DEXA
• X-ray services
• PET/CT scans
• CT Flash

Quality Service
• Same- or next-day appointments
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IMPORTANT: DO NOT ENLARGE, REDUCE OR MOVE the FIM and POSTNET barcodes. They are only valid as printed!

Special care must be taken to ensure FIM and POSTNET barcode are actual size AND placed properly on the mail piece to meet both USPS regulations and automation compatibility standards.
CPT Codes for Radiology Exams

CT SCAN
CT Calcium Scoring 75571
Head w/o 70450
Head w & w/o 70470
S.T. Neck w/ contrast 70491
Facial Bone w/ contrast 70487
Facial Bone w/o contrast 70486
Sinus w/ contrast 70487
Sinus w/o contrast 70486
Chest w/ contrast 71260
Chest w/o contrast 71250
High Res. Chest 71250
Abdomen w & w/o contrast 74170
Abdomen w/o contrast 74150
Abdomen w/contrast 74160
Pelvis w/contrast 72195
Pelvis w/o contrast 72192
Virtual Colonoscopy 74626
CTA Abdomen 74175
CTA Pelvis w/ & w/o contrast 72191
CTA Abdomen w/runoff w/ & w/o contrast 75635
CTA Chest w/ & w/o contrast 71275
CTA Coronary w/ & w/o contrast w/calcium scoring 75574
CTA Head w/ & w/contrast 70496
CTA Neck w/ w/o contrast 70498
CT C-spine w/ cont.* 72126/76377
CT C-spine w/o cont.* 72125/76377
CT T-spine w/ cont.* 72129/76377
CT T-spine w/o cont.* 72128/76377
CT L-spine w/ cont.* 72132/76377
CT L-spine w/o cont.* 72131/76377
Cervical 72240/62284/72126
C-Spine: 2 or more regions 72270/62284/72126
Thoracic 72255/62284/72129
T-Spine: 2 or more regions 72270/62284/72129
Lumbar 72265/62284/72132
L-Spine: 2 or more regions 72270/62284/72132
* w/ 3D reconstruction
CT Abd/Pelv w/contrast 74176
CT Abd/Pelv w/ contrast 74177
CT Abd/Pelv w/ & w/o contrast 74178

CT ARTHROGRAM
Shoulder 23350/77002/73201
Hip 27093/77002/73701
Knee 27370/77002/73701

BONE DENSITY
AP Spine & Prox Femur 77080

NUCLEAR MEDICINE
Bone, Whole Body 78306
Bone, 3 Phases 78315
Lung, V/Q 78580/78594
Lung, Diff 78596
Chest, Gallium 78800
Wall motion 78472
Parathyroid Scan/Spect 78803
Gastric Emptying 78264
Bone Spect 78320
Gallium/Whole Body 78802
Image Merge 78399
Indium/Whole Body 78806
HIDA 78223
Liver- Spleen 78215
RBC Liver 78205
Mag 3 Renal 78707
Mag 3 Renal w/ Lasix 78709
Renal Scan Ace Inhibitor 78709
Myocardial Spect R/E with EF 78480

MRI
HEAD w/o 70551
Brain 70551
IC 70551
Sella & Pituitary 70553
BODY w/o 70553
Abdomen 74181
Pelvis 72195
Breast 77059
Neck 70543
MRCP 74183
Arthrogram Shoulder 23350/77002/73222
Arthrogram Hip 27093/77002/73722
Arthrogram Knee 27370/77002/73722
SPINE w/ w/o 73218
Brahcial Plexus 73218
C-Spine 72141
L-Spine 72148
T-Spine 72146
JOINT w/ w/o 73720
Lower 73721
Upper 73221
EXTREMITY w/o w/ & w/o 73720
Lower 73718
Upper 73221
MRA
Circle of Willis w/o contrast (Hea 70544
Arterial Artery w & w/ contrast 70549
Pelvis w & w/o contrast 72198
Abdomen w & w/o 74185
Lower Extremity w & w/o 73725
MAMMOGRAPHY
Screening Mammogram G0202
Diagnostic Mammo bilat G0204
Left or Right G0206
Stereotactic Core Biopsy 77031/19103/19295
Ultrasound Guided Core Biopsy 76942/19102
Ultrasound Guided Aspiration 76942/19000
Breast Ultrasound 76645

ULTRASOUND
Abdominal 76700
Aorta 76770
Appendix 76856
Kidney 76770
Pelvic 76850
OB 76830
Transvaginal 93880
Carotid 76872
Anal Sphincter 76536
Thyroid 76670
Testicular 76870
Penile 93980
Prostate 76872
Prostate with biopsy 76872/55700

EXTREMITY
Groin 76881
Hips 76881
Knee 76881
NON-INV. VENOUS
Arms bilateral 93970
Left or Right 93971
Legs bilateral 93970
Left or Right 93971
NON-INV. ARTERIAL with Cuffs (ABI)
Arms bilateral 93923
Legs bilateral 93923

X-RAY
Hysterosalpingogram 74740/58340
Small Bowel 74250
BE with Air 74280
BE 74270
Esophogram 74220
UGI 74247
IVP, Nephrographom 74115
UGI small bowel 74249
Chest- 2 view 71020
Chest- 1 view 71010
Mestastatic Series 77075
Skull 70260
Saccrum/Coccyx 72220
KUB 74000
Flat & Erect (Abd 2 view) 74020
Abd/KUB 74010
Thoracic Spine 72072
Lumbar Spine 72110
Lumbar w/ flex & Ext 72114
Flex & Ext only 72100
Bending Views only 72120
Cervical Spine 72050
g
w/ flex & Ext 72052
Flex & Ext only 72040
Humerus 73060
Pelvis Knee 73564
Tibia/Fibula 73590
Hand 73130
Shoulder 73030
Toe 73660
Ankle 73610
Wrist 73110
Forearm 73090
Femur 73550
Foot 73630
Ribs Bilat 71111
Unilat 71101
Hips Bilat 73520
Unilat 73510

04/2013

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12/2012
<table>
<thead>
<tr>
<th>ICD-9</th>
<th>CODE DESCRIPTION</th>
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<tr>
<td>441.4</td>
<td>Abdominal Aortic Aneurysm without Mention of Rupture</td>
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<td>789.06</td>
<td>Abdominal Pain, Epigastric</td>
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<td>Abdominal Pain, Generalized</td>
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<td>Abdominal Pain, Left Lower Quadrant</td>
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<td>Abdominal Pain, Right Upper Quadrant</td>
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<td>789.00</td>
<td>Abdominal Pain, Unspecified Site</td>
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<td>793.80</td>
<td>Abnormal Mammogram, Unspecified</td>
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<td>Aortic Valve Disorders</td>
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<td>Brachial Neuritis or Radiculitis Nos</td>
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<td>Cervical Spondylosis without Myelopathy</td>
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<td>723.1</td>
<td>Cervicalgia</td>
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<td>496</td>
<td>Chronic Airway Obstruction, not elsewhere classified</td>
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<td>593.2</td>
<td>Cyst Of Kidney, Acquired</td>
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<td>250.00</td>
<td>Diabetes Mellitus Without Mention Of Complication, Type II or Unspecified Type,not Stated as Uncontrolled</td>
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<td>Displacement of Cervical Intervertebral Disc without Myelopathy</td>
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<td>722.10</td>
<td>Displacement of Lumbar Intervertebral Disc without Myelopathy</td>
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<td>162.9</td>
<td>Malignant Neoplasm of Bronchus And Lung, Unspecified</td>
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<tr>
<td>189.0</td>
<td>Malignant Neoplasm of Kidney, Except Pelvis</td>
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<tr>
<td>162.5</td>
<td>Malignant Neoplasm of Lower Lobe, Bronchus or Lung</td>
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<td>174.5</td>
<td>Malignant Neoplasm of Lower-outer Quadrant of Female Breast</td>
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<td>174.8</td>
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<tr>
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<td>Malignant Neoplasm of Ovary</td>
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<tr>
<td>185</td>
<td>Malignant Neoplasm of Prostate</td>
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