



CT

ORDERING  
GUIDE



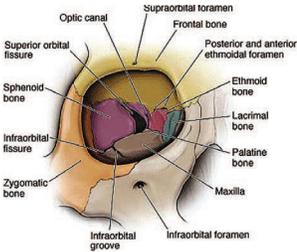
**CENTRA**

Central Virginia Imaging

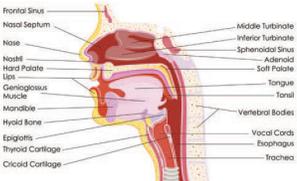
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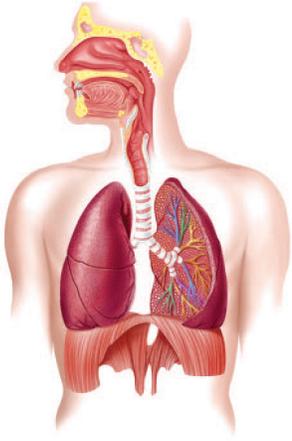
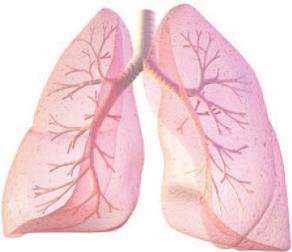
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IMAGE	BODY PART(S)	REASON FOR EXAM	ORAL CONTRAST	IV CONTRAST	CPT CODE
	<b>CT Head W/O</b>	<ul style="list-style-type: none"> <li>• Headache</li> <li>• Vertigo</li> <li>• Dizziness</li> <li>• Trauma</li> <li>• Memory loss</li> <li>• Confusion</li> <li>• Shunt position</li> <li>• Hemorrhage</li> <li>• CVA</li> <li>• TIA</li> <li>• Seizures (history)</li> <li>• Hydrocephalus</li> </ul>	No	No	70450
	<b>CT Head W &amp; W/O</b>	<ul style="list-style-type: none"> <li>• History of any cancer (<i>except basal cell</i>)</li> <li>• Seizures (new onset)</li> <li>• Meningitis</li> </ul>	No	Yes	70470
	<b>CTA Head W &amp; W/O</b>	<ul style="list-style-type: none"> <li>• Arterial Venous Malformation (AVM)</li> <li>• Aneurysm</li> </ul>	No	Yes	70496
	<b>CT Sinus Evaluation (Limited)</b>	<ul style="list-style-type: none"> <li>• Sinus Disease</li> <li>• Drainage</li> <li>• Congestion</li> <li>• Allergic Rhinitis (AR)</li> <li>• Facial pressure</li> <li>• Headache</li> </ul>	No	No	76380
	<b>CT Sinus (Complete)</b>	Same as limited	No	No	76486
	<b>CT Orbit W/O</b>	<ul style="list-style-type: none"> <li>• Trauma</li> <li>• Fracture</li> <li>• Pain</li> <li>• Foreign body</li> <li>• Graves Disease</li> <li>• Diplopia</li> </ul>	No	No	76480
	<b>CT Orbit W &amp; W/O</b>	<ul style="list-style-type: none"> <li>• Pseudo Tumor</li> <li>• Mass</li> <li>• Abscess</li> </ul>	No	Yes	76482

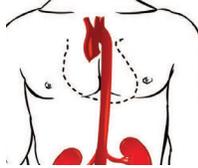
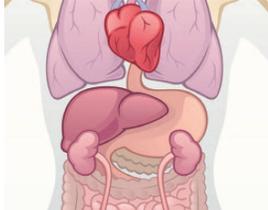
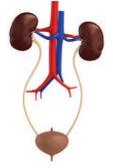
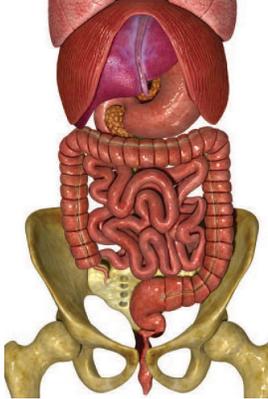
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IMAGE	BODY PART(S)	REASON FOR EXAM	ORAL CONTRAST	IV CONTRAST	CPT CODE
	<b>CT Temporal Bone</b>	<ul style="list-style-type: none"> <li>• Hearing Loss (conductive)</li> <li>• Trauma</li> <li>• Cholesteatoma</li> <li>• Mastoiditis</li> </ul>	No	No	70480
	<b>CT Facial Bone / Maxillofacial W/O</b>	<ul style="list-style-type: none"> <li>• Fracture</li> <li>• Traumatic Injury</li> </ul>	No	No	70486
	<b>CT Facial Bone / Maxillofacial W &amp; W/O</b>	<ul style="list-style-type: none"> <li>• Abscess</li> <li>• Cellulitis</li> </ul>	No	Yes	70488
	<b>CT Soft Tissue Neck with IV Contrast</b>	<ul style="list-style-type: none"> <li>• Mass</li> <li>• Abscess</li> <li>• Hoarseness</li> <li>• Adenopathy</li> <li>• Trauma</li> <li>• Difficulty swallowing</li> <li>• Vocal cord paralysis</li> <li>• Goiter</li> </ul>	No	Yes	70491
	<b>CT Soft Tissue Neck W &amp; W/O</b>	<ul style="list-style-type: none"> <li>• Salivary / Submandibular Gland</li> <li>• Parotid Gland</li> </ul>	No	Yes	70492

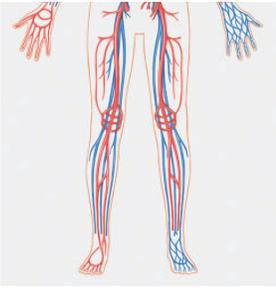
# CT ORDERING GUIDE

IMAGE	BODY PART(S)	REASON FOR EXAM	ORAL CONTRAST	IV CONTRAST	CPT CODE
	<b>CT Chest W/O</b>	F/U Lung Nodule <ul style="list-style-type: none"> <li>• Refer to prior chest CT report for nodule characteristics</li> </ul>	No	No	71250
	<b>CT Chest with IV Contrast</b>	<ul style="list-style-type: none"> <li>• Pneumonia</li> <li>• Cough</li> <li>• Hemoptysis</li> <li>• Mass</li> <li>• Atelectasis</li> <li>• Effusion</li> <li>• Infiltrate</li> <li>• Lung CA</li> <li>• Dyspnea</li> <li>• Chest pain</li> <li>• Infection</li> <li>• Abnormal chest X-Ray</li> <li>• Lung nodules seen on neck CT</li> <li>• Lung nodules seen on abdomen/pelvis CT</li> </ul>	No	Yes	71260
	<b>CT Chest with High Resolution</b>	<ul style="list-style-type: none"> <li>• Interstitial Lung Disease</li> <li>• Fibrosis</li> <li>• Bronchiectasis</li> <li>• Asbestosis</li> </ul>	No	No	71250
	<b>CT Lung Screening Low Dose</b>  <b>Note:</b> This exam may <b>not</b> be covered by all insurances.  Call for details.	History of smoking criteria for patients: <ul style="list-style-type: none"> <li>• Have a 20 pack-year or more smoking history, and</li> <li>• Smoke now or have quit within the past 15 years, and</li> <li>• Are between 50 and 80 years old.</li> </ul>	No	No	71271
	<b>CT Chest PE Protocol with IV Contrast</b>  <b>Note:</b> 3D reconstruction must be written on order.	Pulmonary Embolus	No	Yes	71275
	<b>CTA Chest W &amp; W/O</b>	Thoracic Aneurysm Dissection	No	Yes	71275

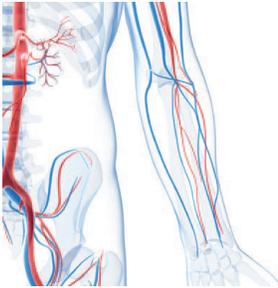
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IMAGE	BODY PART(S)	REASON FOR EXAM	ORAL CONTRAST	IV CONTRAST	CPT CODE
	<b>CTA Chest &amp; CTA Abdomen W &amp; W/O</b>	<ul style="list-style-type: none"> <li>• Aortic Dissection</li> <li>• Aneurysm</li> </ul>	No	Yes	71275 74175
	<b>CT Abdomen with IV</b> (Imaging stops at crest.)	<ul style="list-style-type: none"> <li>• RUQ/LUQ pain</li> <li>• Pancreas</li> <li>• Abnormalities</li> <li>• Gallbladder</li> <li>• Spleen</li> </ul>	Yes	Yes	74160
	<b>CT Abdomen W &amp; W/O</b> (Imaging stops at crest.)	<ul style="list-style-type: none"> <li>• Elevated LFT</li> <li>• Hematuria</li> </ul>	No	Yes	74170
	<b>CT Abdomen Multi-Phase</b> <b>Renal Mass Protocol</b> <b>Liver Mass Protocol</b> <b>W &amp; W/O</b>	<ul style="list-style-type: none"> <li>• Liver mass</li> <li>• Renal (Kidney) Mass</li> <li>• Adrenal Lesion</li> <li>• F/U from ultrasound</li> </ul>	No	Yes	70170
	<b>CTA Abdomen W &amp; W/O</b>	<ul style="list-style-type: none"> <li>• Renal Artery Stenosis</li> <li>• Aneurysm</li> <li>• Dissection</li> </ul>	No	Yes	74175
	<b>CT Stone Protocol</b>	<ul style="list-style-type: none"> <li>• Flank pain</li> <li>• Hematuria</li> <li>• Kidney stone</li> <li>• Suspected urinary tract stone</li> <li>• Renal colic</li> </ul>	No	No	70176
	<b>CT Abdomen &amp; Pelvis with IV Contrast</b>	<ul style="list-style-type: none"> <li>• Pain</li> <li>• Tenderness</li> <li>• Distention</li> <li>• Crohn's</li> <li>• Appendicitis</li> <li>• Diverticulitis</li> <li>• Colitis</li> <li>• Bowel obstruction</li> <li>• Abscess</li> <li>• Hernia (ventral/umbilical/inguinal)</li> <li>• Unexplained weight Loss</li> <li>• Cancer staging</li> <li>• GI symptoms</li> </ul>	No	No	70176
	<b>CT Abdomen W &amp; W/O &amp; Pelvis with IV Contrast</b>	<ul style="list-style-type: none"> <li>• Elevated LFT</li> <li>• Hematuria</li> </ul>	Yes	Yes	74178

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IMAGE	BODY PART(S)	REASON FOR EXAM	ORAL CONTRAST	IV CONTRAST	CPT CODE
	<b>CTA Abdomen &amp; Pelvis W &amp; W/O</b>	<ul style="list-style-type: none"> <li>• Abdominal Aortic</li> <li>• Aneurysm (AAA)</li> <li>• Mesenteric Ischemia</li> </ul>	No	Yes	74174
	<b>CTA Abdomen with Runoff W &amp; W/O</b>	Peripheral Artery Disease (PAD)	No	Yes	75635
	<b>CT Cervical Spine</b>	<ul style="list-style-type: none"> <li>• Trauma</li> <li>• Pain</li> <li>• Fracture</li> <li>• Degenerative Disc Disease (DDD)</li> <li>• Spondylolisthesis</li> </ul>	No	No	72125
	<b>CT Thoracic Spine</b>	<ul style="list-style-type: none"> <li>• Trauma</li> <li>• Pain</li> <li>• Fracture</li> <li>• Degenerative Disc Disease (DDD)</li> <li>• Spondylolisthesis</li> </ul>	No	No	72128
	<b>CT Lumbar Spine</b>	<ul style="list-style-type: none"> <li>• Trauma</li> <li>• Pain</li> <li>• Fracture</li> <li>• Degenerative Disc Disease (DDD)</li> <li>• Spondylolisthesis</li> </ul>	No	Yes	72131

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IMAGE	BODY PART(S)	REASON FOR EXAM	ORAL CONTRAST	IV CONTRAST	CPT CODE
	<b>CT Extremity (Upper) Shoulder, Arm, Hand, Wrist</b>	<ul style="list-style-type: none"> <li>• Fracture</li> <li>• Fusion</li> <li>• Non-Union</li> <li>• Malunion</li> <li>• Arthritis</li> </ul>	No	No	73200
	<b>CTA Extremity (Upper) W &amp; W/O</b>	<ul style="list-style-type: none"> <li>• Peripheral Artery Disease (PAD)</li> <li>• Vascular Injury</li> <li>• Upper Extremity Disease</li> </ul>	No	Yes	73206
	<b>CT Extremity (Lower) Thigh, Knee, Ankle, Foot</b>	<ul style="list-style-type: none"> <li>• Fracture</li> <li>• Fusion</li> <li>• Non-Union</li> <li>• Malunion</li> <li>• Arthritis</li> </ul>	No	No	73700
	<b>CTA Extremity (Lower) W &amp; W/O</b>	CTA Abdomen with Runoff Recommended	No	Yes	75635

1. In the interest of patient safety we request that exams ordered **with IV contrast** include patient's most recent creatinine level and date drawn.
2. **W & W/O** is used to reference the administration of IV contrast, not oral contrast. Exams ordered w & w/o are initially performed without IV contrast, then followed with an IV contrast injection. This is primarily used when imaging the liver, kidneys and some head CTs.
3. All **routine** Abdomen/Pelvis CTs include oral contrast, unless referring physician specifies otherwise.
4. **Abdomen only** CTs are scanned from the base of lungs to the top of the iliac crest. No anatomy/pathology below this landmark will be imaged.
5. **Multi-phase CT** is used when specific detailed imaging of a certain organ is necessary. This technique is primarily used as a follow-up of prior imaging of the liver or kidneys.



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This guide is intended as a general tool for the selection of appropriate care. Given the individual needs of patients, careful correlation with clinical information is needed. As always, consultation with your local radiologist can provide valuable guidance.

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