

CT Study Scheduling Information

Walk in Anytime Studies - ■

Same Day/IV Contrast Required - ■

Prep Required - ■

Creatinine required at AGE 50 OR OVER within 90 days of exam.

Schedule non-emergent, allergic & pre-medicated patients 24 hours in advance.

Send emergent patients directly to our office for instructions.



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Pomerado Imaging

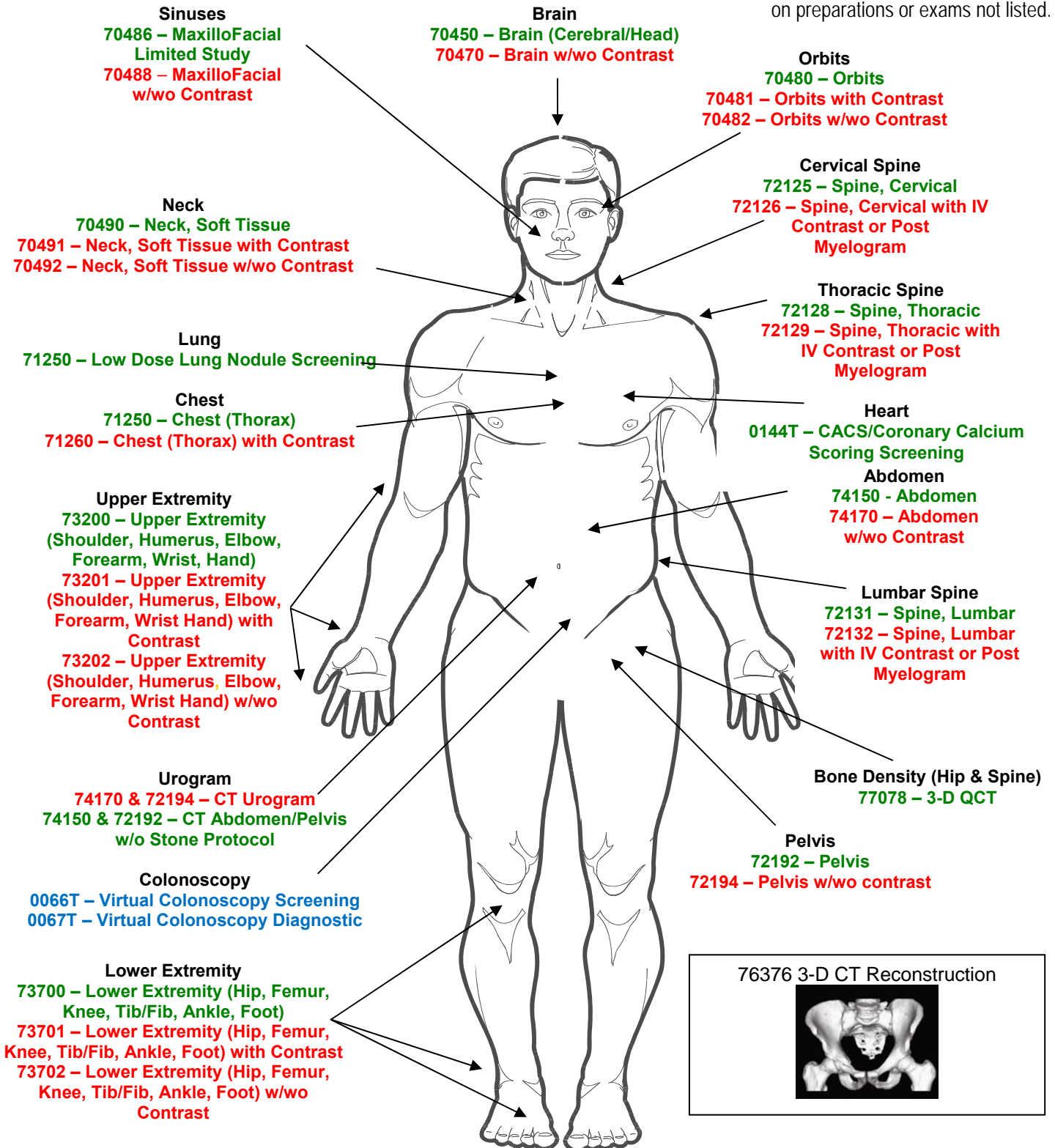
www.PomeradoImaging.com

Multidetector Computed Tomography (CT)

15725 Pomerado Road, Suite 109
Poway, CA 92064

Tel 858.485.6094 Fax 858.485.6059

Please call us for additional information on preparations or exams not listed.



CPT CODES	CT EXAM	NPO
Walk In Anytime Studies		
77078	Bone Density Study (QCT)	NO
70450	Brain (Cerebral/Head)	NO
70486	Dentalscan	NO
74150 & 72192	Abdomen/Pelvis without Stone Protocol	NO
73700	Lower Extremity (Hip, Femur, Knee, Tib/Fib, Ankle, Foot)	NO
70490	Neck, Soft Tissue	NO
70480	Orbits	NO
70486	Sinuses - MaxilloFacial Limited Study	NO
71250	Chest (Thorax)	NO
74150	Abdomen	NO
72125	Spine, Cervical	NO
72128	Spine, Thoracic	NO
72131	Spine, Lumbar	NO
72192	Pelvis	NO
73200	Upper Extremity (Shoulder, Humerus, Elbow, Forearm, Wrist, Hand)	NO
0144T	Heart - CACS/Coronary Calcium Scoring Screening	NO
71250	Lung - Low Dose Lung Nodule Screening	NO
Same Day/IV Contrast Required <i>Creatinine required age 50 or over within 90 days of exam.</i>		
70470	Brain (Cerebral/Head) w/wo Contrast	YES
71260	Chest (Thorax) with Contrast	YES
74175	CT Angiography, Abd with Contrast (AAA)	YES
75635	CT Angiography Aorta Runoff with Contrast	YES
71275	CT Angiography Chest with Contrast	YES
70496	CT Angiography Head with Contrast	YES
73706	CT Angiography Lower Ext with Contrast	YES
72191	CT Angiography Pelvis with Contrast	YES
70488	Sinuses - MaxilloFacial w/wo Contrast	YES
73701	Lower Extremity (Hip, Femur, Knee, Tib/Fib, Ankle, Foot) with Contrast	YES
73702	Lower Extremity (Hip, Femur, Knee, Tib/Fib, Ankle, Foot) w/wo Contrast	YES
70481	Orbits with Contrast	YES
70482	Orbits w/wo contrast	YES
70491	Neck, Soft Tissue with Contrast	YES
70492	Neck, Soft Tissue w/wo Contrast	YES
72126	Spine, Cervical with IV Contrast or Post Myelogram	YES
72129	Spine, Thoracic with IV Contrast or Post Myelogram	YES
74170	Abdomen w/wo Contrast	YES
72132	Spine, Lumbar with IV Contrast or Post Myelogram	YES
70482	Sella w/wo Contrast	YES
73201	Upper Extremity (Shoulder, Humerus, Elbow, Forearm, Wrist, Hand) with Contrast	YES
73202	Upper Extremity (Shoulder, Humerus, Elbow, Forearm, Wrist, Hand) w/wo Contrast	YES
74170 & 72194	Urogram	YES
Prep Required		
0066T	Virtual Colonoscopy Screening	PREP REQ
0067T	Virtual Colonoscopy Diagnostic	PREP REQ
76376	3-D Reconstruction of CT Images	order with primary CPT

This list represents the most commonly requested procedures and is not inclusive of all CPT codes. Please call us for details on other exam procedures or for further instructions on specific needs and requirements. Emergent patients may have different requirements.

Please call us at 858.485.6094 with any questions or fax to 858.485.6059.

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