



CT and MRI Exam CPT Code Reference Guide

If the CPT code you require is not listed, or you are unsure of a CPT code needed please call us before submitting authorization and we'll be happy to assist you.

Valley Radiology Authorizations: 877-393-1933 Ext 2521



March 2022

CT Exam CPT Code Reference

Use this reference to quickly determine the correct exam for your patients based on their indications described herein and the CPT for the folder.

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BODY PART	PROCEDURE FOR PREAUTHORIZATION	CPT CODE	INDICATIONS FOR EXAM OR STUDY
CT HEAD	CT Head without contrast	70450	Trauma Headaches TIA/CVA Bleed Memory Loss/ Alzheimer's Shunt Check Hydrocephalus Change in Mental Status/ Confusion Dizziness/Vertigo
	CT Head with and without contrast. (Note. MRI Brain may be preferred study if patient is able. Consult a radiologist)	70470	Primary Brain Cancer Metastases/known cancer (MRI preferable) Infection/Abscess
CT ORBITS	CT Orbits without contrast	70480	Trauma Fracture Proptosis Foreign Body Bony Abnormalities
	CT Orbits with and without contrast	70482	Infection Abscess Cellulitis Pain Mass/Tumor Cancer
CT SINUS	CT Sinus without contrast	70486	Sinusitis Mass Pain Rhinitis Congestion Nasal Polyps Deviated Septum Sinus Headache
CT FACE (From orbits to mandible)	CT Maxillofacial without contrast	70486	Trauma Pain Fracture Bony Abnormalities
	CT Maxillofacial with contrast	70487	Tumor Swelling Mass in Face Infection Abscess
CT TEMPORAL BONES/MASTOIDS	CT Temporal Bones without contrast	70480	Hearing Loss Drainage in Ear Cholesteatoma
	CT Temporal Bones with and without contrast	70482	Acoustic Neuroma (when there are contradictions in MRI) Tinnitus (Ringing in Ears) Mass
CT NECK	CT Soft Tissue Neck with contrast	70491	Focal Mass Swollen Lymph Nodes Lymphoma Dysphagia Infection Abscess Cancer TX Follow Up
	CT Soft Tissue Neck without and with contrast	70492	Salivary Gland Stone
CT CHEST: General	CT Chest with contrast	71260	Abnormal CXR Shortness of Breath Pneumonia Cough Hemoptysis Chest Pain Hilar Abnormality Neoplasm / Mass COPD / Emphysema Pleural effusion/empeyama Sarcoidosis Adenopathy Asbestos Exposure
	CT Chest without contrast	71250	Lung Nodule Follow Up Incidental Nodule on CXR Cough COPD / Emphysema
CT CHEST: Low Dose Screening	CT Chest without contrast		Lung Cancer Screening (Please see requirements detailed on page 8)

BODY PART	PROCEDURE FOR PREAUTHORIZATION	CPT CODE	INDICATIONS FOR EXAM OR STUDY	
HIGH RESOLUTION CHEST	CT Chest without contrast High Resolution	71270	Interstitial Disease Fibrosis COPD	Emphysema Bronchiectasis
CT ABDOMEN: General	CT Abdomen with contrast	74160	Abdominal Pain Abdominal US Obstruction/Mass	Weight Loss Nausea Vomiting
	CT Abdomen without contrast	74150	Hernia See Renal Stone Section	Retroperitoneal Hematoma
CT ABDOMEN & PELVIS: General (From lung bases to pubis)	Dual study: CT Abdomen with contrast CT Pelvis with contrast	74177	Mass Abdominal Pain/Pelvic Pain Appendicitis Bloody Stool Nausea/Vomiting/Diarrhea Diverticulitis Weight Loss	Trauma Abnormal US Constipation/Obstruction Cancer Staging
	Dual study: CT Abdomen with and without contrast CT Pelvis with contrast	74170 72193	Cancer staging for Melanoma or Carcinoid	
CT COLONOGRAPHY: Screening	CT Abdomen CT Pelvis without contrast	74263	Colon Cancer Screening	
CT COLONOGRAPHY: Diagnostic	CT Abdomen CT Pelvis with and without contrast	74261	Rectal Bleeding, Changes in bowel habits changes in stool	
RENAL STONE	Dual study: CT Abdomen without contrast CT Pelvis without contrast	74176	Hematuria Flank Pain Lower Back Pain Urinary Frequency	Stone Renal/Ureteral Dysuria
TRI-PHASE RENAL	CT Abdomen with and without contrast	74170	Hematuria Flank Pain Lower Back Pain Hydronephrosis	Suspected Renal Mass Polycystic Kidney Disease History of Renal Cancer Abnormal US
CT UROGRAM: (Urinary System, kidneys to bladder)	Dual study: CT Abdomen with and without contrast CT Pelvis with and without contrast	74178	Painless Hematuria Abnormal Cystogram Bladder Mass or Tumor	History of Renal Cancer Abnormal Renal US
ADRENAL	CT Abdomen with and without contrast	74170	Adrenal Mass	
CT PELVIS: General (from iliac crest to pubis)	CT Pelvis with contrast	72193	LLQ or RLQ Pain Pelvic Pain Abnormal Pelvic US Pelvic Mass Infection/Abscess	Dysuria Groin Pain Trauma Prostatitis
CT PELVIS: without contrast	CT Pelvis without contrast	72192	Hernia Workup	

BODY PART	PROCEDURE FOR PREAUTHORIZATION	CPT CODE	INDICATIONS FOR EXAM OR STUDY
CT SPINE without CONTRAST	CT Cervical wo contrast	72125	Pain Fracture
	CT Thoracic wo contrast	72128 72131	Trauma Post-op/Fusion
			Degenerative Disc Disease
CT EXTREMITIES: Uper (hand, wrist, elbow, radius/ulna, humerus, shoulder)	Dual study. CT Upper Extremity with contrast CT Lower Extremity with contrast	73201 73701	Infection Tumor/Mass/Cancer/Mets (MRI is more sensitive)
	Dual study. CT Upper Extremity without contrast CT Lower Extremity without contrast	73200 73700	Pain Arthritis Fracture assessment
CT EXTREMITIES: Lower (foot, ankle, knee, hip libia/fibula, femur)			Fusion Malunion
CTA HEAD: (Circle of Willis)	CT Brain with and without contrast	70496	Aneurysm Non-traumatic SAH Family history of Aneurysm 3rd Nerve Palsy
			TIA/CVA Vascular Malformation
CT BRAIN	CT Brain with and without contrast	70470	Aneurysm Non-traumatic SAH Family history of Aneurysm 3rd Nerve Palsy
			TIA/CVA Vascular Malformation
CT NECK ARTERIES	CT Angiography Neck with and without contrast	70498	Carotid Stenosis Bruit Stroke/CVA/TIA
			Abnormal Carotid Sonogram
CTA CHEST	CTA Chest with and without contrast	71275	Pulmonary Embolism Aortic Dissection
			Thoracic Aneurysm Lung Nodule Follow Up
CTA ABDOMEN	CT Abdomen with and without contrast	74175	Abdominal Aortic Aneurysm (AAA) Renal Artery Stenosis Dissection
			Post Stent Grafting Mesenteric Ischemia Retroperitoneal Bleed
CTA ABDOMEN CTA PELVIS	CT Abdomen and pelvis with and without contrast	74174	Aneurysm Stent Graft Assessment
CTA AORTA	CT AORTA W / RUN OFF WITH WITHOUT INCLUDING IMAGES	75635	
CTA ABDOMEN CTA PELVIS CTA LOWER EXTREMITIES	CT Abdomen, pelvis, and lower extremities with and without contrast	74174 73706	Claudication Peripheral Vascular Disease Aneurysm Graft Assessment

MRI Exam CPT Code Reference

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BODY PART	PROCEDURE FOR PREAUTHORIZATION	CPT CODE	INDICATIONS FOR EXAM OR STUDY		CONTRAST	SPEC
BRAIN	MRI Brain without contrast	70551	Alzheimer's Mental Status Change Confusion Dementia Memory Loss	Stroke/CVA TIA (transient ischemic attack) Trauma Dizziness/Vertigo	No Contrast	Neuro
	MRI Brain with and without contrast	70553	Tumor/Mass/Cancer Cranial Nerve Lesions HIV/AIDS Infection MS (multiple sclerosis) Neurofibromatosis Hearing Loss IAC mass Bell's Palsy (facial	weakness) Pituitary lesion Acoustic Neuroma Syringomyelia (Syrinx) Visual Changes Metastases Vascular lesions (AVM) Elevated prolactin Suspected MS	Yes Contrast	Neuro
MRA BRAIN: Arterial Circulation Circle of Willis	MRA Brain without contrast	70544	Aneurysm Family History TIA (transient ischemic attack) Stroke/CVA (cerebrovascular accident)		No Contrast	Neuro
MRA Brain: Venous Circulation	MRA Brain without contrast	70544	Venous Thrombosis		No Contrast	Neuro
	MRA Brain with and without contrast	70546	AVM Sinus Thrombosis Venous Circulatory Symptoms		As determined by radiologist	Neuro
MRA Neck	MRA Neck with and without contrast	70549	Alzheimer's Mental Status Change Stroke/CVA	TIA (transient ischemic attack)	Yes Contrast	Neuro
MRI ORBITS: Includes brain plus cuts through the orbits		70543	Trauma Graves Disease Exophthalmos/proptosis Pseudotumor	Tumor/Mass/Cancer/ Mets Vascular lesions (Hemangiome)	Yes Contrast	Neuro
MRI NECK: Soft Tissue	MRI Orbits/face/neck with and without contrast	70543	Infection Pain Tumor/Mass	Cancer/Mets Vocal Cord Paralysis	Yes Contrast	Neuro
MRI SPINE: Cervical	MRI Cervical Spine without contrast	72141	Neck Pain Arm/Shoulder Pain Disk Herniation (HNP) Numbness	Degenerative Disk Disease Radiculopathy	No contrast	Neuro Ortho
	MRI Cervical Spine with and without contrast	72156	Syringomyelia (Syrinx) Discitis (disk infection) Osteomyelitis Myelopathy	MS (Multiple Sclerosis) Tumor/Mass/Cancer/ Mets	Yes contrast	Neuro Ortho
MRI SPINE: Thoracic	MRI Thoracic Spine without contrast	72146	Back Pain Degenerative Disk Disease Disk Herniation (HNP)	Radiculopathy Trauma Compression Fracture (no history of malignancy)	No contrast	Neuro Ortho
	MRI Thoracic Spine with and without contrast	72157	Syringomyelia (Syrinx) Discitis (disk infection) Osteomyelitis Myelopathy	MS (Multiple Sclerosis) Tumor/Mass/Cancer/ Mets	Yes contrast	Neuro Ortho

BODY PART	PROCEDURE FOR PREAUTHORIZATION	CPT CODE	INDICATIONS FOR EXAM OR STUDY	CONTRAST	SPEC	
MRI SPINE: Lumbar	MRI Lumbar Spine without contrast	72148	Back/Leg Pain Degenerative Disk Disease Disk Herniation (HNP) Radiculopathy Trauma	Scoliosis Sciatica/radiculopathy Spinal stenosis Compression Fracture (no history of malignancy)	No contrast	Neuro Ortho
	MRI Lumbar Spine with and without contrast	72158	Discitis (disk infection) Osteomyelitis Post-op of back surgery	Tumor/Mass/Cancer/ Mets	Yes contrast	Neuro Ortho
MRI LUMBOSACRAL PLEXUS	MRI Pelvis without contrast	72195	Leg Pain Sciatica Radiculopathy	Lumbar plexopathy Sacral/coccyx pain	No Contrast	Neuro
MRI BRACHIAL PLEXUS	MRI Upper Extremity Non-joint with and without contrast	73220		Shoulder Injury nerve avulsion brachial plexopathy	Determined by radiologist	Neuro
MRI CHEST	MRI Chest/mediastinum with and without contrast	71552		Tumor/Mass/Cancer/Mets	Yes Contrast	Body
MRA AORTA	MRA Aorta with and without contrast	74185		Abdominal aortic dissection	Yes Contrast	Body
MRA AORTA: with peripheral runoff	MRA Aorta with and without contrast Lower extremity with and without contrast	74185 73725		Peripheral vascular disease Claudication	No Contrast	Body
MRA CHEST	MRA Chest with and without contrast	71555		Excluding myocardium Thoracic aorta	Yes Contrast	Body
BREAST MRI	MRI Breast bilateral with and without contrast	77049		Newly diagnosed breast cancer Family history of breast cancer BRCA1 and BRCA2 genes (some criteria may apply) Implant integrity rupture	Yes Contrast	Body
BREAST MRI	MRI Breast without contrast	77046		Breast Implant Evaluation	No Contrast	Body
MRI ABDOMEN:	MRI Abdomen with and without contrast	74183		Tumor/Mass/Cancer/Mets Abdominal Pain	Yes Contrast	Body
MRI ABDOMEN: Liver			Post embolization Hemangioma Hepatoma Hepatitis	Cirrhosis Increased liver function tests		
MRI ABDOMEN: Renal			Hematuria (blood in urine) Transitional cell carcinoma of kidney	Renal mass (cyst or solid) Abnormal findings		
MRI ABDOMEN: Adrenal	MRI Abdomen with and without contrast	74183		Adrenal mass or lesion Pheochromocytoma Hypertension	Determined by radiologist	Body
MRCP:Biliary	MRI Abdomen with and without contrast	74183	Abdominal Pain Biliary obstruction Stones	Jaundice Abnormal enzymes	Yes contrast	Body

BODY PART	PROCEDURE FOR PREAUTHORIZATION	CPT CODE	INDICATIONS FOR EXAM OR STUDY	CONTRAST	SPEC	
MRCP: Pancreas	MRI Abdomen with and without contrast	74183	Pancreatitis Pancreas Mass Cholangiocarcinoma PSC (Primary Sclerosis Cholangitis	Increased liver function tests Painless jaundice Ampulia evaluation	Yes contrast	Body
MRA ABDOMEN	MRA Abdomen with and without contrast	74185	Renal artery stenosis Hypertension	Mesenteric arterial Ischemia	Yes contrast	Body
MRA PELVIS: iliac vessels	MRA Pelvis with and without contrast	72198	Pelvic venous thrombosis		Yes contrast	Body
MRI PELVIS: Soft tissue: General	MRI Pelvis with and without contrast	72197	Pain Abscess Tumor/Mass/Cancer/	Mets Decubitus Ulcer	Yes contrast	Body
MRI PELVIS: Soft tissue: Uterus/Ovaries	MRI Pelvis with and without contrast	72197	Fibroid Adenomyosis Infertility Pre/Post-uterine	Fibroid Embolization (UFE) Endometrioma Ovarian Mass	Yes contrast	Body
MRI ENTEROGRAPHY	Dual Study: MRI Abdomen with and without contrast MRI Pelvis with and without contrast	74183 72197	Crohn's Disease Celiac Disease (Spruce)	Crohn's fistulous disease Small bowel tumor	Yes contrast and Glucagon	Body
MRI EXTREMITY: NON-JOINT: Forearm, humerus, Lower leg/calf, Femur/ thigh	MRI Non-joint without contrast: Upper extremity Lower extremity	73218 73718	Fracture Stress fracture Muscle or tendon tear		No contrast	Body
	MRI Non-joint with and without contrast: Upper extremity Lower extremity	73220 73720	Abscess Ulcer Tumor/Mass/Cancer/ Mets Plantar fasciitis	Myositis Osteomyelitis Morton's neuroma Soft tissue tumor or mass	Yes contrast	Ortho
MRI EXTREMITY: JOINT: UPPER: Hand Wrist Elbow Shoulder SC Joint LOWER: Foot Ankle Knee Hip (whole pelvis)	MRI Joint without contrast: Upper extremity Lower extremity	73221 73721	Arthritis Avascular necrosis (AVN) Stress fracture Internal derangement Joint pain	Meninscla tear Muscle tear Ligament tear Cartilage tear Ostochondritis dissecans (OCD)	No contrast	Ortho
	MRI Joint with and without contrast: Upper extremity Lower extremity	73223 73723	Abscess Ulcer Cellulitis Plantar fasciitis Myositis Osteomyelitis	Inflammatory arthritis Septic arthritis Tumor/Mass/Cancer/ Mets Labral tear	Yes contrast	Ortho

BODY PART	PROCEDURE FOR PREAUTHORIZATION	CPT CODE	INDICATIONS FOR EXAM OR STUDY	CONTRAST	SPEC	
MRI HIP/ PELVIS	MRI Pelvis without contrast	72195	Fracture Hip/Pelvis Pain	Trauma Muscle/Tendon tear	No contrast	Ortho
	MRI Pelvis with and without contrast	72197	Tumor/Mass/Cancer/ Mets	Osteomyelitis Septic arthritis	Yes contrast	Ortho
MRA UPPER EXTREMITY	MRA Upper Extremity with and without contrast	73225	Subiciavian Redness or swelling	Tenderness	Yes contrast	Ortho
MRA LOWER EXTREMITY	MRA Lower Extremity with and without contrast	73725	Peripheral vascular disease		Yes contrast	Ortho
MR ARTHO- GRAM: Upper Extremity: Shoulder Elbow Wrist	MRI Upper Extremity Joint with and without contrast	73222	Slap tear Labral tear Loose body	Ligament injury Tunnel syndrome TFCC tear	Yes contrast	Ortho
MR ARTHO- GRAM: Lower Extremity: Hip Knee Ankle	MRI Lower Extremity Joint with and without contrast	73723	Labral Tear FAI (Femoracetabular impingement) Loose Body OCD lesion (Osteochondritis Dissecans)		Yes contrast	Ortho

Lung Cancer Screening Requirements

Decision Memo for Screening for Lung Cancer with Low Dose Computed Tomography (LDCT) (CAG-00439N)

Decision Summary

The Centers for Medicare & Medicaid Services (CMS) has determined that the evidence is sufficient to add a lung cancer screening counseling and shared decision making visit, and for appropriate beneficiaries, annual screening for lung cancer with low dose computed tomography (LDCT), as an additional preventive service benefit under the Medicare program only if all of the following criteria are met.

Beneficiary eligibility criteria.

- Age 55 — 77 years;
- Asymptomatic (no signs or symptoms of lung cancer);
- Tobacco smoking history of at least 30 pack-years (one pack-year = smoking one pack per day for one year; 1 pack = 20 cigarettes);
- Current smoker or one who has quit smoking within the last 15 years; and
- Receives a written order for LDCT lung cancer screening that meets the following criteria.
 - *For the initial LDCT lung cancer screening service:* a beneficiary must receive a written order for LDCT lung cancer screening during a lung cancer screening counseling and shared decision making visit, furnished by a physician (as defined in Section 1861(r)(1) of the Social Security Act) or qualified non-physician practitioner (meaning a physician assistant, nurse practitioner, or clinical nurse specialist as defined in §1861(aa)(5) of the Social Security Act). A lung cancer screening counseling and shared decision making visit includes the following elements (and is appropriately documented in the beneficiary's medical records):
 - Determination of beneficiary eligibility including age, absence of signs or symptoms of lung cancer, a specific calculation of cigarette smoking pack-years; and if a former smoker, the number of years since quitting;
 - Shared decision making, including the use of one or more decision aids, to include benefits and harms of screening, follow-up diagnostic testing, over-diagnosis, false positive rate, and total radiation exposure;
 - Counseling on the importance of adherence to annual lung cancer LDCT screening, impact of comorbidities and ability or willingness to undergo diagnosis and treatment;
 - Counseling on the importance of maintaining cigarette smoking abstinence if former smoker; or the importance of smoking cessation if current smoker and, if appropriate, furnishing of information about tobacco cessation interventions; and
 - If appropriate, the furnishing of a written order for lung cancer screening with LDCT.
 - *For subsequent LDCT lung cancer screenings:* the beneficiary must receive a written order for LDCT lung cancer screening, which may be furnished during any appropriate visit with a physician (as defined in Section 1861(r)(1) of the Social Security Act) or qualified non-physician practitioner (meaning a physician assistant, nurse practitioner, or clinical nurse specialist as defined in Section 1861(aa) (5) of the Social Security Act). If a physician or qualified non-physician practitioner elects to provide a lung cancer screening counseling and shared decision making visit for subsequent lung cancer screenings with LDCT, the visit must meet the criteria described above for a counseling and shared decision making visit.
 - Written orders for both initial and subsequent LDCT lung cancer screenings must contain the following information, which must also be appropriately documented in the beneficiary's medical records:
 - Beneficiary date of birth;
 - Actual pack - year smoking history (number);
 - Current smoking status, and for former smokers, the number of years since quitting smoking;
 - Statement that the beneficiary is asymptomatic (no signs or symptoms of lung cancer); and
 - National Provider Identifier (NPI) of the ordering practitioner.