



Radiology Services & Diagnostic Imaging
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Ordering Guidelines for Ultrasound Examinations Updated 2/2021

The following guidelines are provided to help you decide which ultrasound exam(s) to order for your patient based on many common indications. **Please be aware** that many of MRCH's ultrasound studies will use multiple CPT codes for charging due to our performance protocol requirements. These additional codes are already built into our main charges and are only charged if done during the actual exam.

Body Imaging:

Body Part	Reason for Exam	Exam Prep	Procedure to Order	CPT Code
Thyroid or Soft tissues of the head and neck	<ul style="list-style-type: none"> • Thyroid goiter or nodules • Abnormal thyroid function tests • Hypo- or Hyperthyroid • Difficulty swallowing • Hoarseness • Palpable lump/mass • Follow-up from other imaging 	No turtlenecks, high collar shirts, necklaces or neckties.	US Thyroid	76536
			US ST Head/Neck	76536
Breast	<ul style="list-style-type: none"> • Abnormal mammographic findings (differentiate cyst from solid lesion) • Palpable mass • Targeted area of pain • Nipple discharge • Infection (abscess) • Implants- with clinical indications (non-Medicare) 	NONE	US Breast RT	76641
			US Breast LT	76641
			US Breast Bilateral*	76641
			*Since there is no specific CPT code for a bilateral study, US Breast Bilateral has charges for RT and LT breast built in (patient will be charged for 2 exams)	
Back- soft tissues	<ul style="list-style-type: none"> • Superficial mass/lump • Lipoma • Wound/infection 	NONE	US ST Upper Back	76604
			US ST Lower Back	76705
Chest and/or soft tissues	Soft tissues: <ul style="list-style-type: none"> • Superficial mass/lump • Lipoma • Wound/infection Internal: <ul style="list-style-type: none"> • Pleural effusion (fluid around the lungs) • Pericardial effusion (fluid around the heart) 	NONE	US ST Chest	76604
			US Pleural Effusion	76604
			US Pericardial Effusion	76604

<p>Entire abdomen to include organs and structures in the region between the diaphragms and the belly button: liver, gallbladder, bile ducts, pancreas, spleen, limited views of kidneys, proximal aorta and IVC.</p>	<p>Typically this exam is ordered if a comprehensive evaluation of the upper abdomen is desired for general reasons such as:</p> <ul style="list-style-type: none"> • Abdominal pain • Nausea and/or vomiting • Abnormal liver function tests <p>*If you want to check for a ventral or umbilical hernia in addition to other symptoms, an order for an US Abdomen Limited needs to be added as well.</p> <p>*Ultrasound is not the exam of choice for gastrointestinal disorders</p>	<p>NPO 8 hours including no smoking and no gum. However, patients may take needed medications with small amounts of water.</p>	<p>US Abdomen Survey</p>	<p>76700</p>
<p>Limited abdomen to evaluate a single abdominal organ (Liver, pancreas, gallbladder and common bile duct, or spleen) or quadrant (RUQ or LUQ) in the region between the diaphragms and the belly button.</p>	<p>This limited exam is typically ordered when the focus is to evaluate a single organ or quadrant (right upper quadrant or left upper quadrant) for reasons such as:</p> <ul style="list-style-type: none"> • Gallstones • Hepatitis • Hepatomegaly • Focal lesions • Splenomegaly • RUQ or LUQ pain • Follow-up to other imaging <p>Exceptions: this exam is ordered when a 4-quadrant survey for ascites check is desired OR, for assessment of a ventral or umbilical hernia or mass.</p>	<p>NPO 8 hours including no smoking and no gum. However, patients may take needed medications with small amounts of water.</p> <p>*Patients for ascites/hernia/mass, no prep is needed.</p>	<p>US Abdomen Limited</p> <p>*Limited exams are for known/specific reasons and should have some sort of prior imaging (US, CT or MRI) of the specified area within the previous 12 months. If not, an Abdomen Survey should be performed.</p>	<p>76705</p>
<p>Kidneys <u>and</u> Bladder (pre- and post-void)</p>	<ul style="list-style-type: none"> • Hydronephrosis (obstruction) • Urinary tract infection • Cystitis • Pyelonephritis • Hematuria • Renal stone • Trauma • Flank pain • Poor kidney function labs 	<p>Full Bladder- Drink 32 oz of clear liquids 1 hour prior to appointment. DO NOT VOID.</p>	<p>US Retroperitoneum</p>	<p>76770</p>

Body Part	Reason for Exam	Exam Prep	Procedure to Order	CPT Code
Kidneys only	<ul style="list-style-type: none"> • Chronic kidney disease (CKD) • Renal failure • Renal cyst(s) • Renal cancer • Polycystic kidney disease (PCKD) • Hydronephrosis (obstruction) 	NONE	US Retroperitoneum Limited *Limited exams are for known/specific reasons and should have some sort of prior imaging (US, CT or MRI) of the specified area within the previous 12 months. If not, an US Retroperitoneum should be performed.	76775
Entire Pelvis to include organs and structures in the pelvis below the belly button. This scan is used to evaluate the uterus and ovaries.	<ul style="list-style-type: none"> • Endometriosis • Fibroids • Menstrual disorders (multiple -orrhoea or -orrhagia terms) • Ovarian cysts • PCOS • Vaginal bleeding • Pelvic mass • Pelvic Pain (relating specifically to uterus or ovaries; ultrasound is not the exam of choice for intestinal disorders) 	Full Bladder- Drink 32 oz of clear liquids 1 hour prior to appointment. DO NOT VOID.	US Pelvic MRCH's preferred protocol is to perform <u>both</u> Transabdominal and Transvaginal scans as these will give the most detailed information. The transvaginal charge will be applied if completed during the exam.	76856
Endovaginal (Transvaginal) ONLY	Done only for these very specific reasons: <ul style="list-style-type: none"> • Check IUD placement • OB Cervical length only • Vaginal bleeding for post-menopausal women 	Empty Bladder for IUD or CL. Full bladder for PM vaginal bleeding	US Endovaginal Non Pregnant US Endovaginal Pregnant	76830 76817
Limited Pelvis For bladder specific imaging only (pre- and post-void imaging performed) OR , for limited and specific female reasons.	Used for very specific bladder symptoms such as: <ul style="list-style-type: none"> • Bladder mass or stone • Neurogenic bladder • Bladder diverticula • Urinary retention • Gross hematuria • Dysuria Female reasons: <ul style="list-style-type: none"> • Follicle count • *IUD placement verification- WITH other symptoms (otherwise order Endovaginal only) 	Full Bladder- Drink 32 oz of clear liquids 1 hour prior to appointment. DO NOT VOID. *For follicle count, exam must be done 1-14 days after start of menses	US Pelvic Bladder *Bladder specific reasons should have some sort of prior imaging (US, CT or MRI) of the specified area within the previous 12 months. If not, an US Retroperitoneum should be performed. US Pelvic Follicle Count US Pelvic Limited	76857 76857 76857

Sonohysterogram - an imaging study of the uterus	Done for multiple reasons including: <ul style="list-style-type: none"> • Pelvic pain • Infertility • Vaginal bleeding • Examining the uterus if history of miscarriages or inability to get pregnant 	Should be scheduled in the week after monthly menses ends.	US Sonohysterogram	76831
Scrotum	<ul style="list-style-type: none"> • Epididymitis • Hydrocele • Orchalgia • Pain/swelling • Palpable lump • Torsion • Varicocele 	NONE	US Scrotum	76870
Groin	<ul style="list-style-type: none"> • Mass/lump • Pain • Inguinal hernia 	NONE	US Groin (Hernia) Unilateral (double code for bilateral)	76882
Buttocks	<ul style="list-style-type: none"> • Superficial mass/lump • Lipoma • Wound/infection 	NONE	US ST Buttock	76857
Axilla (armpit)	<ul style="list-style-type: none"> • Mass/lump • Pain 	NONE	US ST Axilla	76882
Joints- This is a COMPLETE evaluation of a joint to include muscles, tendons, nerves and soft tissues. *This should be a very rare order as MRCH Radiologists highly recommend MRI as the preferred comprehensive evaluation of complete joints (unless contraindicated).	Can be ordered for many reasons such as joint effusion or hematoma. However, some of the most common reasons include: <ul style="list-style-type: none"> • Suspected rotator cuff tear (shoulder) (exception to MRI rule- easily seen with US) • Bursitis (shoulder, elbow, hip or knee) • Tennis elbow aka Epicondylitis (elbow) *For evaluation of JUST a mass, order the appropriate soft tissue location (US ST ...)	NONE	US Joint Complete LT (must specify joint of interest) US Joint Complete RT (must specify joint of interest)	76881 76881

<p>Extremity-soft tissues *Use for any soft tissue area of interest from shoulder to finger or hip to toe EXCEPT axilla and groin (see separate orders above).</p>	<p>For localized reasons such as:</p> <ul style="list-style-type: none"> • Superficial/palpable mass/lump • Muscle or tendon specific, localized injuries (although MRI is the preferred modality) • Achilles tendon tear or rupture (exception to MRI rule-easily seen with US) • Popliteal (Baker's) cyst (knee) 	<p>NONE</p>	<p>US ST Extremity Limited (must specify area of interest)</p>	<p>76882</p>
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Obstetrics Imaging:

Body Part	Reason for Exam	Exam Prep	Procedure to Order	CPT Code
<p>Pregnancy- First Trimester (14 weeks or less)</p>	<ul style="list-style-type: none"> • Determination of the number of gestational sacs and fetuses • Gestational sac/fetal measurements appropriate for gestation (less than 14 wks 0 days) • Survey of visible fetal and placental anatomic structure • Qualitative assessment of amniotic fluid volume (AFI) and gestational sac shape • Examination of the maternal uterus and adnexa 	<p>Full Bladder- Drink 32 oz of clear liquids 1 hour prior to appointment. DO NOT VOID.</p>	<p>US OB First Trimester and, as applicable, US OB <14 Weeks Additional Fetus (Charge for each additional fetus, no limit)</p>	<p>76801 76802</p>
<p>Pregnancy- later gestation (greater than 14 weeks)</p>	<ul style="list-style-type: none"> • Determination of the number of fetuses and amniotic/chorionic sacs • Measurements appropriate for gestational age (greater than or equal to 14 wks 0 days) • Survey of intracranial/spinal/abdominal anatomy • Verify 4-chambered heart • Umbilical cord insertion site • Placenta location and amniotic fluid assessment • When visible, examination of maternal adnexa 	<p>Full Bladder- Drink 32 oz of clear liquids 1 hour prior to appointment. DO NOT VOID.</p>	<p>US OB >14 weeks and, as applicable, US OB >14 Weeks Additional Fetus (Charge for each additional fetus, no limit)</p>	<p>76805 76810</p>

<p>Fetal Anatomy Survey (FAS)</p> <p>Recommended to be done at 19-20 weeks gestation</p>	<p>Includes all elements of US OB >14 weeks as listed above, as well as detailed anatomic evaluation of:</p> <ul style="list-style-type: none"> • Fetal brain/ventricles/face • Heart/outflow tracts and chest anatomy • Abdominal organ specific anatomy • Number/length/architecture of limbs • Detailed evaluation of the umbilical cord and placenta • Other fetal anatomy as clinically indicated 	<p>Full Bladder-Drink 32 oz of clear liquids 1 hour prior to appointment. DO NOT VOID.</p>	<p>US OB Fetal Anatomy Survey Complete</p> <p>and, as applicable,</p> <p>US OB FAS Additional Fetus (Charge for each additional fetus, no limit)</p>	<p>76811</p> <p>76812</p>
<p>Pregnancy-Limited</p>	<p>Done for 1 or more of the following reasons:</p> <ul style="list-style-type: none"> • Fetal heart beat • Fetal position • Placental location • Qualitative amniotic fluid volume (AFI) 	<p>Full Bladder-Drink 32 oz of clear liquids 1 hour prior to appointment. DO NOT VOID.</p>	<p>US OB Limited (same charge regardless of number of fetuses)</p>	<p>76815</p>
<p>Pregnancy-Follow-up</p>	<p>Re-evaluation from a previously performed exam to assess:</p> <ul style="list-style-type: none"> • Fetal size by measuring standard growth parameters and AFI • Suspected or confirmed abnormal findings seen on previous scan • Attempt to view portions of the fetus that were unsuccessful during previous FAS scan 	<p>Full Bladder-Drink 32 oz of clear liquids 1 hour prior to appointment. DO NOT VOID.</p>	<p>US OB Follow Up (Duplicate 76816 charge for each fetus)</p>	<p>76816</p>
<p>Endovaginal (Transvaginal) ONLY</p>	<p>This would be done only for these very specific reasons:</p> <ul style="list-style-type: none"> • Check IUD placement • OB Cervical length only • Vaginal bleeding for post-menopausal women 	<p>Empty Bladder for IUD or CL.</p> <p>Full bladder for PM vaginal bleeding.</p>	<p>US Endovaginal Non Pregnant</p> <p>US Endovaginal Pregnant</p>	<p>76830</p> <p>76817</p>

<p>Pregnancy-Fetal BioPhysical Profile (BPP)</p> <p>Will check, and score, 4 main fetal functions:</p> <ul style="list-style-type: none"> • Fetal breathing • Fetal muscle tone • Gross body movements • Amniotic fluid volume 	<p>Done to check fetal well-being, usually after 32 weeks gestation, for reasons such as:</p> <ul style="list-style-type: none"> • Multiple pregnancy (twins+) with certain complications • Mom has diabetes, high blood pressure, lupus or heart disease • The pregnancy has extended two weeks past the due date (post-term pregnancy) • History of pregnancy loss or previous pregnancy complications • Baby has decreased fetal movements or possible fetal growth problems • Too much amniotic fluid (polyhydramnios) or a low amniotic fluid volume (oligohydramnios) • Mom older than age 35 and/or is obese 	<p>NONE</p>	<p>US OB BPP/AFI</p> <p>(Duplicate 76819 charge for each fetus)</p>	<p>76819</p>
<p>Pregnancy-External Cephalic Version</p>	<p>Ultrasound guided procedure done to turn the fetus from a breech/footling position into a cephalic position for birth.</p>	<p>NONE</p>	<p>US OB Version</p>	<p>76816</p>
<p>Pregnancy-Amniocentesis</p> <p>A procedure in which amniotic fluid is removed from the uterus for testing or treatment.</p>	<p>Amniocentesis can be done for various reasons such as:</p> <ul style="list-style-type: none"> • Genetic testing • Fetal lung testing • Diagnosis of fetal infection • Treatment for polyhydramnios (too much amniotic fluid) • Paternity testing 	<p>NONE</p>	<p>US OB Amniocentesis</p>	<p>76946</p>
<p>Pregnancy-Placental location</p>	<p>Limited exam used to determine the location of the placenta and its proximity to the cervix.</p>	<p>NONE</p>	<p>US OB Placenta Localization</p>	<p>76815</p>
<p>Pregnancy-Fetal Umbilical Artery</p>	<p>Doppler (blood-flow) study. Done when there is a risk of fetal growth restriction or poor perinatal outcome. It is also used to stage twin-twin transfusion.</p> <p>Maternal conditions:</p> <ul style="list-style-type: none"> • Diabetes mellitus • Chronic kidney disease 	<p>NONE</p>	<p>US OB Fetal Umbilical Artery</p>	<p>76820</p>

	<ul style="list-style-type: none"> • Hypertension • Prothrombotic states Pregnancy-related conditions: <ul style="list-style-type: none"> • Suspected IUGR (Intrauterine Growth Restriction) • Previous pregnancy with IUGR or fetal demise • Decreased fetal movement • Oligo-, poly- or anhydramnios • Multifetal pregnancy 			
Pregnancy-Fetal Middle Cerebral Artery	Doppler (blood-flow) study. Assess fetal cardiovascular distress, fetal anemia or fetal hypoxia. Often used in conjunction with fetal umbilical artery Doppler to assess: <ul style="list-style-type: none"> • Intrauterine growth restriction (IUGR) • Twin to twin transfusion syndrome (TTTS) • Twin anemia polycythemia sequence (TAPS) 	NONE	US OB Fetal Middle Cerebral Artery	76821

Pediatric Imaging:

Body Part	Reason for Exam	Exam Prep	Procedure to Order	CPT Code
Abdomen	<ul style="list-style-type: none"> • Appendicitis • Intussusception (intestinal obstruction- usually in children 5 and younger) • Pyloric Stenosis 	NPO preferable, if possible	US Abdomen Limited	76705
Neonatal Head	<ul style="list-style-type: none"> • Intracranial hemorrhage • Neonatal seizures • Enlarging head circumference • Follow up hydrocephalus • Hypoxic Ischemic • Encephalopathy 	NONE *Performed on patients up to 6 months of age	US Infant Head	76506
Spine and contents	<ul style="list-style-type: none"> • Sacral dimple • Neoplasm of spinal cord/meninges • Spina bifida • Congenital anomalies of spinal cord • Injury to spine/cord, birth trauma 	NONE *Performed on patients up to 6 months of age	US Infant Spinal Canal	76800

Infant Hips (dynamic)	<ul style="list-style-type: none"> • Developmental dysplasia of the hip (DDH) • Breech birth • Hip click • Family history of DDH • Postural molding • Foot deformity 	<p>NONE</p> <p>*Performed on patients up to 12 months of age</p>	US Infant Hip Dynamic < 12 months	76885
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Vascular Imaging:

Body Part	Reason for Exam	Exam Prep	Procedure to Order	CPT Code
<p>Heart (Doppler)</p> <p>* MRCH usually does not do Echos for congenital disease or known inflammatory diseases (Endo-, Myo-, or Pericarditis).</p>	<p>Detailed views of the heart's anatomy and how it functions used to diagnose things such as:</p> <ul style="list-style-type: none"> • Heart failure (CHF) • Cardiomyopathy • Causes for syncope (aortic stenosis, pulmonary hypertension, etc.) 	<p>NONE</p> <p>Patient must be at least 15 years old.</p>	<p>US Echocardiogram</p> <p>US Echocardiogram Limited (usually only done for specific emergent reasons like cardiac tamponade or if the tech needs to change to this order when factors like an enlarged heart or pt behavior limit a full echo evaluation)</p>	<p>93306</p> <p>93308</p>
<p>Aorta (AAA Screening)</p> <p>Includes abdominal aorta and common iliac arteries (Grayscale)</p> <p>**This is a Medicare order ONLY and a once per lifetime order ONLY</p>	<p>PATIENTS MUST MEET CONDITIONS:</p> <ul style="list-style-type: none"> • No prior screening US • Have a family history of AAA (male or female) <p>Or,</p> <ul style="list-style-type: none"> • A male age 65-75 that has smoked 100 or more cigarettes in their lifetime <p>**If conditions not met, change to US Aorta.</p>	<p>NPO 8 hours including no smoking and no gum. However, patients may take needed medications with small amounts of water.</p>	US Aorta (AAA Screen)	76706
<p>Aorta (Grayscale and Doppler)</p> <p>Includes abdominal aorta and common iliac arteries</p>	<ul style="list-style-type: none"> • Abdominal aortic aneurysm (screening or follow-up to known AAA) • Pulsatile aorta • Bruit • EVAR (Endovascular Aneurysm Repair) • >65 yrs with CV risk factors • >50 yrs with family history of aortic/PV aneurysmal disease • Personal history of aortic/PV aneurysmal disease 	<p>NPO 8 hours including no smoking and no gum. However, patients may take needed medications with small amounts of water.</p>	US Aorta	76775

<p>Carotids (Doppler)</p>	<p>To assess blood flow through the arteries in the neck for signs of damage or disease for reasons such as:</p> <ul style="list-style-type: none"> • Stenosis (vessel narrowing) • High blood pressure • Diabetes • High cholesterol • Atherosclerosis (plaque in arteries) • Family history of stroke or heart disease • Recent transient ischemic attack (TIA) or stroke • Abnormal sound in carotid arteries (bruit) • Coronary artery disease (CAD) / Peripheral artery disease (PAD) • Post stent placement and patency • Post endarterectomy (surgery to remove plaque) • Screen for blood clots 	<p>No turtlenecks, high collar shirts, necklaces or neckties.</p>	<p>US Carotids (bilateral scan)</p>	<p>93880</p>
<p>Liver (Doppler)</p> <p>*These orders usually come from a specialty MD</p>	<p>To evaluate the hepatic vasculature for patency, directional flow, and evidence of portal hypertension. Common indicators include:</p> <ul style="list-style-type: none"> • Signs, symptoms or follow-up of vascular insufficiency or venous thrombosis attributable to the liver (examples: ascites, varices, splenomegaly, acute liver failure) • Known liver disease (cirrhosis, hepatitis, etc.) with suspected portal hypertension • Known hepatic artery stenosis; follow up to angioplasty and/or stent • Abnormal findings on other imaging studies • Pre or post Liver Transplant • Pre or post TIPS procedure (shunt) 	<p>NONE</p>	<p>US Liver Doppler</p>	<p>93975</p>

Body Part	Reason for Exam	Exam Prep	Procedure to Order	CPT Code
Arteries of the Pelvis, Groin and upper thigh (Doppler)	To assess blood flow through the pelvic and upper leg arteries for signs of damage or disease for reasons such as: <ul style="list-style-type: none"> • Blood clots • Decreased blood circulation in legs (peripheral artery disease) • Aneurysm • Narrowing of an artery (stenosis) • Pelvic, groin or leg pain/swelling 	NONE	US Iliac Femoral Arteries	93979
Arteries of the Arms or Legs (Doppler)	To assess blood flow through the arteries in the arms or legs for signs of damage or disease for reasons such as: <ul style="list-style-type: none"> • Blood clots • Decreased blood circulation in legs (peripheral artery disease) • Bulging arteries (aneurysms) • Narrowing of an artery (stenosis) • Arm or leg pain/swelling • Non-healing wounds/infection 	NONE	US Artery <u>Lower</u> Ext RT US Artery <u>Lower</u> Ext LT US Artery <u>Lower</u> Ext Bilateral US Artery <u>Upper</u> Ext RT US Artery <u>Upper</u> Ext LT US Artery <u>Upper</u> Ext Bilateral	93926 93926 93925 93931 93931 93930
Veins of the Arms or Legs (Doppler)	To assess blood flow through the veins in the arms or legs for signs of damage or disease for reasons such as: <ul style="list-style-type: none"> • Blood clots/ Deep vein thrombosis (DVT) • Poorly functioning valves in leg veins, which can cause blood or other fluids to pool in legs (venous insufficiency) • Arm or leg pain/swelling • Non-healing wounds/infection • Redness or other discoloration 	NONE	US Venous <u>Lower</u> Unilateral RT US Venous <u>Lower</u> Unilateral LT US Venous <u>Lower</u> Bilateral US Venous <u>Upper</u> Unilateral RT US Venous <u>Upper</u> Unilateral LT US Venous <u>Upper</u> Bilateral	93971 93971 93970 93971 93971 93970

Renal Arteries (Doppler)	<ul style="list-style-type: none"> • Hypertension- usually documented as “uncontrollable” or “resistant” • Elevated serum creatinine levels or other signs of kidney failure • Atherosclerosis • Back pain attributable to renal disease • Electrolyte disturbances such as hyperkalemia, hyperphosphatemia, hypocalcemia, etc., and associated metabolic acidosis. 	NPO 8 hours including no smoking and no gum. However, patients may take needed medications with small amounts of water.	US Renal Arteries	93975
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