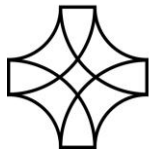




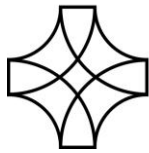
2025 ULTRASOUND RECOMMENDED SCHEDULING GUIDE:

US / CPT CODE	PT. PREPARATION	REASONS FOR EXAM
<u>Abdominal Exams</u>		
<u>Abdomen Complete</u> -76700- *exam does not evaluate pelvic region or below umbilicus	Fat Free dinner & NPO after midnight (6-8 hours)	ABD PAIN NAUSEA/VOMITING
<u>Abdominal Aorta Limited</u> -76775- Use for all F/U AAA evaluations	NPO after midnight or for 6-8 hours prior	AAA ABDOMINAL BRUIT
<u>Abdominal Aorta Aneurysm (AAA) Screening</u> -76706- Use for <u>ALL</u> AAA screenings *initial exam to determine if AAA *screening order must include Z13.6 and <i>either Z87.891 or Z84.89</i> *only one screening per patient	NPO after midnight or for 6-8 hours prior	HX OF TOBACCO USE Z87.891 (male patients only 65-75) FAMILY HISTORY OF OTHER SPECIFIED CONDITIONS Z84.89 SCREENING FOR OTHER CARDIOVASC. CONDITIONS Z13.6
<u>RUQ/GB/Liver/Pancreas</u> -76705- *complete evaluation of single organ listed and RUQ	Fat Free dinner & NPO after midnight at least 6-8 hours	RUQ/ABD PAIN BILIARY COLIC NAUSEA JAUNDICE CIRRHOIS ABNORMAL LFT'S LIVER MASS PANCREATIC MASS
<u>Abdominal Visualization</u> -76705-	NONE	LOOK FOR ASCITES LOOK FOR HERNIA ABDOMINAL LUMP LOWER BACK LUMP
<u>Retroperitoneal Complete</u> -76770- Includes kidneys and bladder pre and post void	Drink 24 oz. fluid finishing 30 minutes before appointment & hold	HEMATURIA FLANK PAIN CHRONIC KIDNEY DISEASE
<u>Retroperitoneal Limited</u> -76775- Includes kidneys only	None	ACUTE KIDNEY DISEASE FLANK PAIN CHRONIC KIDNEY DISEAE
<u>PELVIC LIMITED</u> Includes bladder, buttock, or penis	Drink 24 oz fluid finishing 30 minutes before appointment & hold for bladder imaging. Buttocks or penile no prep	HEMATURIA BLADDER MASS URINARY RETENTION PENILE TRAUMA SOFT TISSUE MASS ON BUTTOCKS
<u>Spleen</u> -76705-	NONE	LEUKOPENIA ANEMIA SPLENOMEGALY



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<u>OB/GYN</u>		
<u>OB <=14 WEEKS</u> -76801- *protocol includes: <u>Transvaginal if indicated</u> -76817- ONLY ONE PER PREGNANCY	Drink 32 oz. fluid finishing 30 minutes before appointment & hold	SIZE/DATES VAG. BLEEDING PAIN RULE OUT ECTOPIC
<u>OB >= 14 WEEKS</u> -76805- *Patient must be at least 20 weeks for anatomy survey *protocol includes: <u>Transvaginal if indicated</u> -76817-	Drink 24 oz. fluid finishing 30 minutes before appointment & hold	FETAL ANATOMICAL SURVEY WITH SIZE/DATES
<u>OB Limited</u> -76815- *2 nd /3 rd tri. Only *limited evaluation for specific symptoms or prior to the full anatomical survey *should be ordered if no prior OB exams done through Goshen Health <u>Transvaginal if indicated</u> -76817-	Drink 24 oz. fluid finishing 30 minutes before appointment & hold	VAGINAL BLEEDING CRAMPING DECREASED FETAL MOVEMENT NO FETAL HEART TONES GEST. DATING PRIOR TO 20 week anatomical survey
<u>Biophysical Profile Preg.</u> -76819- *protocol NO Longer includes: <u>Umbilical Artery Doppler</u> (Please order separately if needed) -76820- For IUGR order 76816 or 76815 for dating	Drink 24 oz. fluid finishing 30 minutes before appointment & hold	DECREASED FETAL MOVEMENT MATERNAL HTN GEST. DIABETES
<u>OB Follow-up</u> -76816- *only can be ordered when patient has already had a fetal survey or previous imaging done through Goshen Health *protocol includes: <u>Transvaginal if indicated</u> -76817-	Drink 24 oz. fluid finishing 30 minutes before appointment & hold	**Exam when patient has had prior gestational dating and/or fetal anatomical survey SIZE/DATES INCOMPLETE FETAL SURVEY IUGR
<u>Pelvic Non-OB</u> -76856- *protocol includes: <u>Transvaginal if indicated</u> -76830- *for pain/R/O torsion also add:	Drink 32 oz. fluid finishing 30 minutes before appointment & hold	PELVIC PAIN DYSFUNCTIONAL UTERINE BLEEDING ABNORMAL MENSES OVARIAN CYST



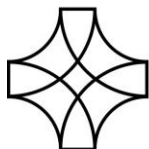
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<u>Pelvic (Retroperitoneal) Inflow/Outflow</u> -93975-		
<u>Small Part/Soft tissue</u>		
<u>Abdomen Visualization</u> -76705-	NONE	MASS ON ABDOMEN, LOWER BACK OR TRUNK
<u>Axillary</u> *order only if not related to breast pathology	NONE	AXILARY LUMP
<u>Breast</u> *not performed at hospital Breast imaging and axilla for breast pathology ordered through Retreat	NONE	BREAST MASS
<u>Chest</u> -76604- *not to be ordered for breast	NONE	POSSIBLE PLEURAL EFFUSION MASS ON CHEST OR MEDIASTINUM MASS ON UPPER BACK
<u>Extremity Non Vascular Limited</u> -76882- *specify extremity	NONE	MASS ON EXTREMITY GENERALIZED SWELLING ENLARGED LYMPH NODES INGUINAL HERNIA
<u>Thyroid/Soft Tissue Neck/Head</u> -76536-	NONE	NODULES/GOITER HYPER/HYPO-THYROIDISM LUMP ON NECK LUMP ON HEAD
<u>Infant Specific Exams</u>		
<u>Infant Hip- always bilateral</u> -76886- *Ordered without manipulation only* * MUST BE BETWEEN 3 WEEKS-3 MONTHS OF AGE	NONE	HIP CLICK BREECH PRESENTATION IN UTERO
<u>Infant Spinal Canal</u> -76800- *UP TO 6 MONTHS IN AGE, LIMITED AFTER 4 MONTHS	NONE	SACRAL DIMPLE
<u>Neonatal Head</u> -76506- **Not performed at Goshen Health**	**Not performed at Goshen Health**	**Not performed at Goshen Health**
<u>Pylorus</u> (0-6 months only) -76705-	NPO for 3 hours prior to scan if possible	PROJECTILE VOMITING

***PLEASE CALL US AT 574-364-2819 WITH ANY QUESTIONS.

***BASED ON PATIENT HISTORY/PREVIOUS EXAMS, EXAM MAY NEED TO BE MODIFIED PER RADIOLOGIST'S PROTOCOL.

02/10/2025; KT



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ALPHABETICAL PROCEDURE LISTING					
<u>PROCEDURE</u>	<u>CPT CODE</u>	<u>PROCEDURE</u>	<u>CPT CODE</u>	<u>PROCEDURE</u>	<u>CPT CODE</u>
Abdominal Aorta Duplex	93978	Infant Hip	76886	Renal Artery And Kidneys evaluation	93975 76775
		Infant Spine	76800	Renal complete	76770
Abd. Aorta Aneurysm (AAA) Screening.	76706	Kidneys	76770	Renal limited	76775
Abdominal Aorta Limited	76775	LEA Comp. Bilat. Legs Arterial duplex	93925	Renal Transplant Duplex	76776
Abdomen Complete	76700	LEA Comp. Unilat. Legs Arterial duplex	93926	Scrotum	76870 93975
Abd. Pylorus	76705	LEA Comp. Bilat. Iliacs Arterial duplex	93978	Soft Tissue Abdomen/Trunk	76705
Abd. Renal with Bladder Kidneys without bladder	76770 76775	LEA Comp. Unilat. Iliacs Arterial duplex	93979	Soft Tissue Chest	76604
Abd.RUQ/GB/Liver/Panc	76705	LEA Screening w/ treadmill	93923 93924	Splenic Artery Duplex	93976
Abd. Spleen	76705			Thoracentesis Bilateral	6615680
Abd Visualization – single quadrant	76705	Liver Biopsy	47000	Thoracentesis Right	6615181
		Liver Duplex	93975	Thoracentesis Left	6615679
ABI's	93922	Mesenteric Duplex	93976		
ABI's LEA	93924	Neonatal Head	76506		
		Paracentesis	49083	Thyroid	73536
Carotid Duplex	93880	Pelvic Non-OB	76856	Thyroid FNA	10022
Carotid Duplex Limited	93882	Pelvic Retro. (pain)	93975		
		Pelvic Transvaginal	76830		
Chest	76604	Pelvic Limited	76857		
		Pregnancy 1 st Trimester	76801	Venous Doppler Bilateral	93970
Extremity Non Vascular Limited	76882	Pregnancy 2 nd /3 rd Trim.	76805	Venous Doppler Unilateral	93971
		Pregnancy Biophysical. Profile (BPP)	76819	Venous Insufficiency Bilat.	93970
		Additional fetus	76820		
		Pregnancy Follow up	76816	Venous Insufficiency Uni.	93971
		Pregnancy Limited	76816		
		Pregnancy Vaginal	76817		
		Pregnancy Additional Fetus			
		1 st trimester	76802		
		2 nd Trimester	76810		
		F/U	7681659		
		Pylorus	76705		

**** Please see the vascular ultrasound quick guide for additional vascular information. ****