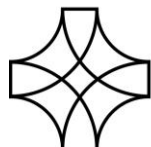


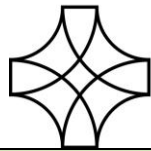


2025 ULTRASOUND RECOMMENDED VASCULAR SCHEDULING GUIDE:

PROCEDURE/CPT CODE	PATIENT PREP	COMMON INDICATIONS
<u>Vascular/Noninvasive</u>		
<u>Carotid Duplex</u> -93880- Carotid Duplex Unilateral -93882-	NONE	CVA/TIA BRUIT S/P CAROTID ENDARTERECTOMY CAROTID STENOSIS
<u>Abdominal Aorta Duplex</u> -93978- Ordered only s/p surgical intervention	NPO after midnight or for 6-8 hours prior	EVAR/ BYPASS GRAFT EVALUATION ATHEROSCLEROSIS ABDOMINAL BRUIT
<u>Mesenteric Duplex</u> -93976-	NPO after midnight or for 6-8 hours prior	RUQ pain RLQ pain Epigastric Pain
<u>Renal Artery Duplex</u> -93975- *protocol includes: Renal parenchyma -76775- Renal Transplant Duplex -76776	NPO after midnight or for 6-8 hours prior	UNCONTROLLED HTN
<u>Liver Duplex</u> -93975- *protocol includes: Liver Parenchyma -76705-	NPO after midnight or for 6-8 hours prior	EVALUATE HEPATIC VEINS HEPATIC ARTERIES AND PORTAL VEIN TIPS
<u>Splenic Artery Duplex</u> -93976-	NPO after midnight or for 6-8 hours prior	SUSPECTED STENOSIS
<u>UPPER EXTREMITY VENOUS DOPPLER</u> Bilateral -93970- Unilateral -93971-	NONE	DVT REDNESS SWELLING PAIN



<u>LOWER EXTREMITY VENOUS DOPPLER</u> Bilateral -93970- Unilateral -93971-	NONE	DVT REDNESS SWELLING PAIN
<u>Venous Insufficiency</u> Lower Extremity Exam includes DVT study Bilateral -93970- Unilateral -93971-	NONE	VENOUS HTN NON-HEALING ULCER EDEMA LEG PAIN
<u>Vein Mapping</u> Not done at this facility <u>Fistula Maturation</u> Not done at this facility		
LEA – Lower extremity arterial Physiological Screening Segmental Pressures/PVRs *No duplex imaging, physiological evaluation only. *For patients WITHOUT known lower extremity arterial disease or leg interventions <u>With Stress (if ambulatory) per protocol</u> Treadmill stress -93924- Rest only -93923-	Wear comfortable walking shoes	CLAUDICATION NON-HEALING ULCER PVD *No documentation of personal history of disease to lower extremities
<u>ABI/TBI</u> -93922 Treadmill stress -93924-	NONE	PVD CLAUDICATION NON-HEALING ULCER PRE-OP OR POST-OP EVALUATION
LEA – Duplex/Comprehensive/ Lower Extremity Arterial Bypass &/or Stent evaluation Arterial mapping <u>Iliac Arteries</u> Bilat -93978- Unilat -93979- <u>Legs</u> Bilat -93925- Unilat -93926- *ABI/TBI is included with treadmill for all Duplex evaluations *Ordered only s/p intervention or following CTA. For no prior imaging order LEA screening	Wear comfortable walking shoes *If Iliacs are to be done: NPO after midnight or 6-8 hours prior to exam *Legs only: NONE	LEG PAIN CLAUDICAITON BYPASS GRAFT SURVEILLANCE PVD NON-HEALING ULCER



Goshen Health

<u>Iliac Arteries</u> Bilateral -93978- Unilateral -93979- <i>*ABI/TBI is included with treadmill for all Duplex evaluations</i>	NPO after midnight or for 6-8 hours prior	Atherosclerosis Stents/bypass Surgical intervention
<u>Pseudoaneurysm</u> Lower extremity – 93926 Upper extremity - 93931 Specify side, limb and for pseudoaneurysm on order	NONE	POST INTERVENTIONAL PROCEDURE OR CATHETERIZATION
UEA -Upper Extremity Arterial Physiological study - pressures Limited – 93922 Complete - 93923	NONE	THORACIC OUTLET SYNDROME FINGER, ARM PAIN BERGER'S SYNDROME
UEA – Duplex/Doppler Bilateral – 93930 Unilateral - 93931	NONE	FINGER, ARM PAIN BERGER'S SYNDROME
Raynauds -93923- Ordered on hands only Please specify on order this is for Raynauds	None	Finger discoloration Cold sensitivity
Thoracic outlet -93923- Must specify this is a thoracic outlet exam on order Exam includes provocative maneuvers to reproduce symptoms	None	Arm Pain Arm tingling Arm weakness Arm fatigue

***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.

***Many exams share CPT codes. Please add as much detail on order as possible to verify correct test is performed