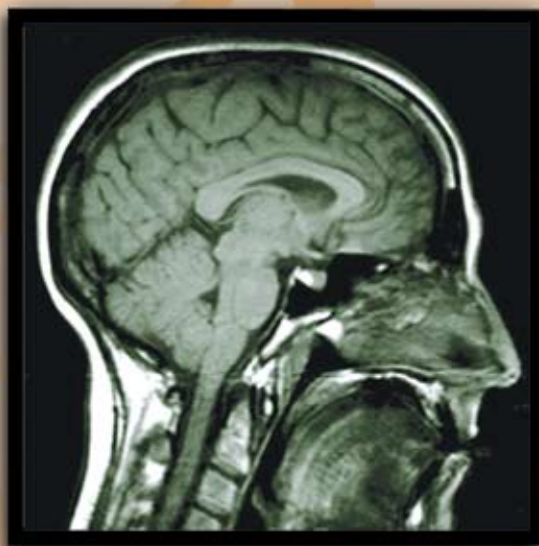


Radiology Ltd. Ordering Guide

Revised August 2009



There Is A Difference



Important Numbers:

Centralized Scheduling

Tel: 733-7226

Fax: 290-8377

Toll Free: 1-866-565-2220

Interventional Coordination/Scheduling

Tel: 545-1906

Fax: 545-1898

PET/CT Scheduling

Tel: 545-1906, Opt. 3

Fax: 545-1898

Breast MRI Scheduling

Tel: 901-6631

Fax: 545-1848

Breast Biopsy Scheduling

Tel: 901-6792

Fax: 545-1848

Authorization Verification.....	901-6767
Patient Billing.....	296-0278
Coding & Pricing.....	545-1818
Courier Services (Film Pick-up).....	545-1844
HIPAA Hotline.....	545-1969
Medical Records (film Library).....	545-1822
Professional Relations.....	901-6614
RadVision Hotline.....	901-6747
RadVision Tech Support.....	545-1720
Supply Line.....	733-4104

Radiology Ltd. is a preferred provider for the following:

Major Insurance Plans

AETNA US Healthcare - HMO / PPO

AHCCCS (All Plans)

Arizona Physicians IPA Personal Care Plus

Banner Health Plans

Blue Cross Blue Shield of AZ

HMO / PPO / Indemnity

Cigna - HMO / PPO

Health Choice Generations

Health Management Network

EPO / PPO

Health Net - HMO / POS / PPO

Health Net Medicare Advantage

Humana (All Plans)

Lifewise Health Plan of AZ

MAYO Health Plan of Arizona

Medicare

Mercy Care Healthcare Group

Pacificare - HMO / PPO

Schaller Anderson

Secure Horizons

State Compensation Fund

Major Insurance Plans continued...

Triwest - Tricare

United - Evercare Healthcare

Insurance Company

United Healthcare of AZ

HMO / PPO / Indemnity

United Healthcare Medicare Complete

University Physicians Healthcare Group

Major Network Plans

Accountable Health Plans / Interplan Health Group

Arizona Foundation for Medical Care

Beech Street

CCN - PPO

First Health (Individual Provider Contracts)

Great West - HMO

Health Network America

RAN / AMN / HMN

**If you need further assistance
with insurances, please call our
Insurance Audit Supervisor
at 795-0520, ext. 2710.**

Radiology Ltd. Ordering Guide

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BREAST IMAGING

This is for reference only. This does not imply protocol standards for all radiology facilities. Information is subject to change.

PATIENT SYMPTOMS	PARAMETERS	ORDER / PERFORM	SUGGESTED TEXT FOR ORDER
Asymptomatic Annual Screening (G0202) CAD for Screening (77052)	Annual After Age 40 (12 months and 1 day since last screening exam)	Screening Mammogram	Screening Mammogram (specify baseline or annual exam)
Implants (G0202) CAD for Screening (77052)	Same as above	Screening Mammogram	Screening Mammogram (specify patient has implants and is NOT symptomatic but needs extra time for exam)
History of Breast Cancer (G0204/Bilateral) CAD for Diagnostic (G0206/Unilateral) (77051)	Lumpectomy	Diagnostic Mammogram	Diagnostic Mammogram: Personal History of Breast Cancer – Lumpectomy
	Mastectomy, < 5 years since surgery	Diagnostic Mammogram	Diagnostic Mammogram: Personal History of Breast Cancer – Mastectomy (date)
	Mastectomy, 6 years since surgery	Screening or Diagnostic Mammogram	Personal History of Breast Cancer (date)
Clinical Findings - Symptoms (G0204/Bilateral) (G0206/Unilateral) CAD (77051)	Mass	Diagnostic Mammogram	Diagnostic Mammogram with Ultrasound (identify area of mass)
	Pain – Localized	Diagnostic Mammogram	Diagnostic Mammogram: Pain (identify area of pain) with Ultrasound (localized pain)
Under 30 Years Of Age – Order Ultrasound (76645)	Mass Discharge – Localized Pain	Diagnostic	Diagnostic Breast Ultrasound with Mammogram, if needed

BREAST IMAGING continued

PATIENT SYMPTOMS	PARAMETERS	ORDER / PERFORM	SUGGESTED TEXT FOR ORDER
Short Term Follow-up Exam	Recommendation of previous exam. 3-6 months	Diagnostic Mammogram	Diagnostic Mammogram – Short Term Follow-up
		Diagnostic Mammogram	Diagnostic Mammogram – Post Biopsy
Recommendation Of Additional Imaging (Callback Or Recall Exam)	Mammography	Mammogram Additional Exam	Radiology Ltd will contact the patient to schedule this exam. A report with the final recommendation will be sent to the referring provider:
	Ultrasound	Ultrasound	Ultrasound (specify call back indicated on mammography report)
Nipple Discharge	Unilateral Reproduceable Single Duct Discharge; patient must be able to express discharge at time of ductogram	Diagnostic Mammogram first	Diagnostic Mammogram: Discharge (identify breast and describe discharge)
		Left/Right Ductogram	Ductogram for nipple discharge
Indeterminate Lesion	Found on Ultrasound Ultrasound visualizing solid lesion	Ultrasound guided Core Biopsy	Left/Right indeterminate lesion/mass
Cystic Mass/ Lesion Found On Previous Breast Ultrasound	Previous ultrasound report indicating need for aspiration	Left/Right Cystic Aspiration	Left/Right Cystic Aspiration
Indeterminate Calcifications (Or Mass Not Seen Under Ultrasound)	Previous abnormal mammogram with indeterminate calcification/lesion	Stereotactic Biopsy	Left/Right indeterminate calcifications/lesion

To schedule an appointment: Call (520)733-7226 or Fax (520)290-8377

BREAST IMAGING: BREAST MRI			
This is for reference only. This does not imply protocol standards for all radiology facilities. Information is subject to change.			
PATIENT SYMPTOMS	PARAMETERS	ORDER / PERFORM	SUGGESTED TEXT FOR ORDER
Annual Screening - No Symptoms	<p>BRCA 1 or 2 Mutation</p> <p>First degree relative with BRCA 1 or 2 mutation and are untested</p> <p>Lifetime risk of breast cancer of 20-25 percent or more using standard risk assessment models</p> <p>Received radiation treatment to the chest between ages 10 and 30, such as for Hodgkin Disease</p> <p>Carry or have a first degree relative who carries a genetic mutation in the TP53 or PTEN genes (Li-Fraumeni syndrome and Cowden and Bannyan-Riley-Ruvalcaba syndromes)</p>	Bilateral Breast MRI	Bilateral Breast MRI
Pre-operative Staging - No Symptoms	Recent diagnosis of breast cancer	Bilateral Breast MRI (and Chest if necessary)	Bilateral Breast MRI (and Chest MRI if necessary)
Palpable Lump, Pain	Suspected silicone implant leak	Bilateral Breast MRI	Bilateral Breast MRI "Implant Protocol"

BREAST IMAGING: BREAST MRI continued			
This is for reference only. This does not imply protocol standards for all radiology facilities. Information is subject to change.			
PATIENT SYMPTOMS	PARAMETERS	ORDER / PERFORM	SUGGESTED TEXT FOR ORDER
Indeterminate Clinical or Imaging Results	Further evaluation of indeterminate clinical or imaging results ("radiologist recommendation")	Bilateral Breast MRI	Bilateral Breast MRI
Follow-up for Chemotherapy Treatment	Follow-up for Neo-Adjuvant Chemotherapy	Bilateral Breast MRI	Bilateral Breast MRI

ULTRASOUND: GENERAL			
This is for reference only. This does not imply protocol standards for all radiology facilities. Information is subject to change.			
BODY PART	REASON FOR EXAM	PROCEDURE	CODE
Abdomen	<p>Abdominal Pain Above Umbilicus</p> <p>Abnormal LFT's</p> <p>Hepatitis C</p> <p>Cirrhosis</p> <p>Hepatomegaly</p> <p>Splenomegaly</p> <p>Polycystic Disease</p>	Abdominal Ultrasound	76700
Pelvic Area (Non-OB)	<p>Pelvic Pain Below Umbilicus (relating specifically to uterus or ovaries; ultrasound is not the exam of choice for intestinal disorders)</p> <p>Inguinal Hernia</p> <p>IUD</p> <p>Ovarian Cysts</p> <p>Fibroids / Enlarged Uterus</p> <p>Menstrual Disorders</p> <p>PCOS</p> <p>Endometriosis</p>	Pelvic Ultrasound	Trans Abd 76856 & Trans Vag 76830

To schedule an appointment: Call (520)733-7226 or Fax (520)290-8377

ULTRASOUND: GENERAL continued

This is for reference only. This does not imply protocol standards for all radiology facilities. Information is subject to change.

BODY PART	REASON FOR EXAM	PROCEDURE	CODE
Aorta (seen to iliacs)	AAA Abd Bruit / Pulsatile Mass Aortic Dissection	Abdominal Aorta Ultrasound	76775
Kidneys	Renal Cyst / Mass UTI Incomplete Bladder Emptying Flank / Back Pain Hematuria Renal Disease (CKD) Neurogenic Bladder Polycystic Kidneys	Renal Ultrasound	76775
Bladder	Check Post Void Residual Hematuria Bladder Mass / Stone	Bladder Ultrasound	76857
Thyroid or Soft Tissue Neck	Goiter Enlarged Thyroid / Fullness Nodules Hypo- / Hyper-Thyroid Thyroiditis Palpable Mass on Neck Enlarged Lymph Node	Thyroid Ultrasound	76536
Testicles	Pain / Swelling Hydrocele Varicocele Orchalgia Epididymitis Torsion	Testicular Ultrasound	76870

ULTRASOUND: VASCULAR

This is for reference only. This does not imply protocol standards for all radiology facilities. Information is subject to change.

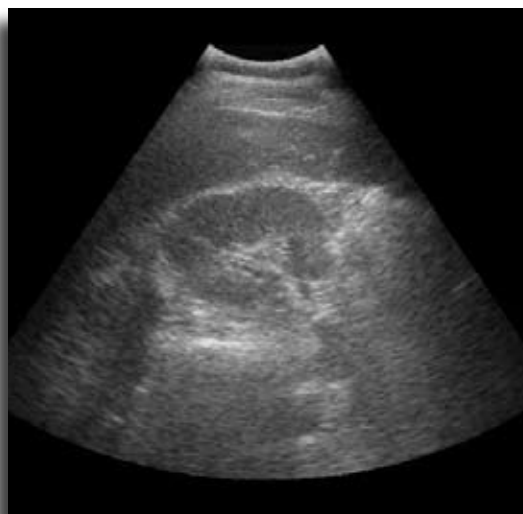
BODY PART	REASON FOR EXAM	PROCEDURE	CODE
Carotid	Stenosis Amaurosis Fugax Ataxia Stroke TIA Arterial Vascular Disease HTN Hyperlipidemia	Carotid Duplex / Doppler	93880
Venous Upper and Lower Extremity	DVT Upper and Lower Extremity Swelling / Pain Redness Valvular Incompetency Reflux	Venous Duplex / Doppler	Unilat 93971 Bilat 93970
Abdominal	TIPS Portal Venous Thrombosis Portal HTN Liver Transplant	Abdominal Duplex / Doppler	93975
Renal Artery	Uncontrolled HTN Renal Artery Stenosis Abd Bruit	Renal Artery Duplex / Doppler	Duplex Scan Complete (Abdominal, Pelvic, Scrotal contents and/or retroperitoneal organs) 93975 Duplex Scan Limited 93976
Lower Extremity	Claudication (pain in legs with walking) Weak Foot Pulses Ulcers Diabetic History of PVD	Peripheral Vascular Study / Ankle Brachial Index (ABI)	93923

To schedule an appointment: Call (520)733-7226 or Fax (520)290-8377

ULTRASOUND: MISC.

This is for reference only. This does not imply protocol standards for all radiology facilities. Information is subject to change.

BODY PART	REASON FOR EXAM	PROCEDURE	CODE
Upper or Lower Extremity	Baker's Cyst Palpable Mass on Arms or Legs	Extremity Ultrasound	76880
Anywhere on Body	Palpable Mass	Unlisted Ultrasound	76999



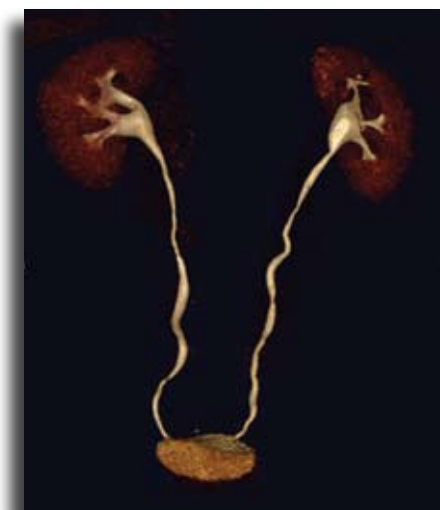
CT: GENERAL

This is for reference only. This does not imply protocol standards for all radiology facilities. Information is subject to change.

BODY PART	REASON FOR EXAM	PROCEDURE	CODE
Chest	Lung Nodules (1 st Exam)	CT Chest without and with Contrast	71270
	Lung Nodules (Follow Up)	CT Chest without Contrast	71250
	COPD Cough Esophageal CA Hemoptysis Lung CA Lymphoma Mass Pneumonia Tracheal Stenosis	CT Chest with Contrast (exception: renal failure)	71260
Chest, High Resolution	Asbestosis Bronchiectasis Fibrosis Interstitial Lung Disease Pleural Plaques Sarcoidosis	CT Chest without Contrast, Hi-Resolution	71250
CTA Chest (PE Study)	Pulmonary Embolism Vascular Evaluation	CTA Chest with Contrast including noncontrast images, if performed	71275
CTA Chest & Abdomen	Thoracic Aortic Aneurysm Aortic Dissection	CTA Chest and Abdomen without and with Contrast including noncontrast images, if performed (Please authorize BOTH codes)	74175 71275
Neck/Parotid	Cancer Workups Dysphagia Infection Infection of Parotid Gland Infection of Submandibular Gland Mass Parotid Mass Parotid Stone Submandibular Stone	CT Neck, Parotid with Contrast (Please authorize BOTH codes)	70491 70490

CT: GENERAL continued			
BODY PART	REASON FOR EXAM	PROCEDURE	CODE
Pelvis (Soft Tissue)	Cancer Staging Cysts Hernia Infection Mass Pain	CT Pelvis with Contrast NOTE: Symptoms must be in pelvis or lower abdomen to be covered by Medicare	72193
Pelvis (Bone)	Fracture	CT Pelvis without Contrast	72192
Pubic Arch Study Protocol	Prostate Treatment Planning	CT Pelvis without Contrast	72192
Abdomen / Pelvis	Stone (Stone Protocol)	CT Abdomen and Pelvis without Contrast (Stone Protocol) (Please authorize BOTH codes)	74150 72192
	All Cancer Staging (except melanoma & carcinoid) Abdominal Pain (upper & lower quadrants) Abscess Appendicitis / Diverticulitis Crohns / Ulcerative Colitis / IBD Diarrhea Hernia (i.e. ventral, umbilical, inguinal) Mass For certain CA's, some insurance companies will not cover CT Pelvis (i.e. Breast & Lung CA).	CT Abdomen with Contrast AND CT Pelvis with Contrast (Please authorize BOTH codes)	74160 72193
Abdomen and / or Pelvis	Carcinoid Melanoma Painless Hematuria	CT Abdomen without and with Contrast	74170
		CT Pelvis with Contrast	72193
Adrenal	Adrenal Mass	CT Abdomen without Contrast	74150
Liver	Hepatoma, Hepatitis, Cirrhosis Liver Hemangioma (MR preferred)	CT Abdomen without and with Contrast (Liver Protocol)	74170

CT: GENERAL continued			
BODY PART	REASON FOR EXAM	PROCEDURE	CODE
Pancreas	Pancreatic Mass Pancreatitis Pseudocyst	CT Abdomen without and with Contrast (Pancreatic Protocol)	74170
Kidney	Any Renal Pathology	CT Abdomen without and with Contrast (Kidney Protocol)	74170
CT Urogram / CT IVP	Transitional Cell Carcinoma of Kidney and/or Bladder Hematuria	CT IVP or CT Urogram (Please authorize BOTH codes)	74170 72194
CTA Abdomen & Run Off	Claudication Peripheral Artery Disease (PAD)	CTA Abdomen and Run Off	75635
Abdomen & Pelvis Aorta, Renal, Stent, Mesenteric Vessels	Anatomic Marking for Partial/ Complete Nephrectomy Crossing Vessels Renal Artery Stenosis Stent Obstruction / Leak / Malfunction Mesenteric Ischemia	CTA Abdomen and Pelvis	74175
		AAA- without and with Contrast (1 st time) (With only for all follow-up studies)	72191



CT: HEAD AND SPINE			
This is for reference only. This does not imply protocol standards for all radiology facilities. Information is subject to change.			
BODY PART	REASON FOR EXAM	PROCEDURE	CODE
Head / Brain	Alzheimer's CVA Headache less than 4 days Hydrocephalus Memory Loss, Confusion Shunt Check Stroke / Bleed Trauma	CT Head, Brain without Contrast	70450
	Headache more than 4 days HIV Infection Mass / Tumor Meningioma Meningitis Metastatic Staging Seizures Toxoplasmosis Vertigo / Dizziness	CT Head, Brain without and with Contrast	70470
Head (CTA Brain)	Aneurysm AVM (Arterio/Venous Malformation) Bruit Carotid Stenosis CVA Intracranial Disease TIA Vascular Malformation Vascular Tumor	CTA Head / Brain with Contrast (Reconstruction)	70496
Orbit	Foreign Body Fracture Trauma	CT Orbit without Contrast	70480
	Cellulitis Exophthalmus Graves Disease Mass Pain Pseudo Tumor	CT Orbit with Contrast	70481
	Retinoblastoma	CT Orbit without and with Contrast	70482

CT: HEAD AND SPINE continued			
BODY PART	REASON FOR EXAM	PROCEDURE	CODE
Sinus	Functional Endoscopic Sinus Surgery Ostiomeatal Complex Sinusitis	CT Sinus without Contrast	70486
Spine: Cervical	Trauma, Fracture, Fusion MR recommended for disc herniation, mets, infection	CT Cervical Spine without Contrast	72125
Spine: Thoracic	Assess Bony Degenerative Changes MR Recommended for disc herniation, mets, infection	CT Thoracic Spine without Contrast	72128
Spine: Lumbar / Sacral	Trauma, Fracture, Fusion, Pars Defect MR recommended for disc herniation, mets, infection	CT Lumbar Spine without Contrast	72131
Temporal Bone / IAC's	Cholesteotoma Trauma	CT Inner Ears, Temporal Bones without Contrast	70480
Pituitary	MRI unless contraindicated	CT Brain without and with Contrast	70470



To schedule an appointment: Call (520)733-7226 or Fax (520)290-8377

CT: MUSCULOSKELETAL

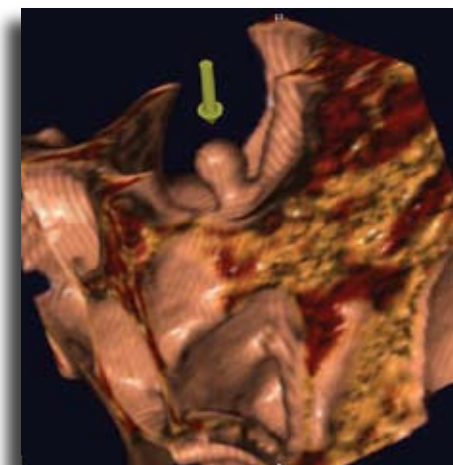
This is for reference only. This does not imply protocol standards for all radiology facilities. Information is subject to change.

BODY PART	REASON FOR EXAM	PROCEDURE	CODE
Ankle Arm Calf Finger Foot Hand Knee Thigh Wrist	All Bone Exams Ordered Without Contrast Except For Tumor Evaluations	CT without Contrast Lower Extremity Upper Extremity (mention part)	73700 73200
Extremities	Tumor / Mass / Cancer / Mets	CT without and with Contrast – Lower CT without and with Contrast – Upper	73702 73202
Ischemia (Lower Extremity) Arterial Stenosis (Lower Extremity)	Peripheral Artery Disease	CT Angiography Lower Extremity	73706
Pelvis	Bone Infection Infection Tumor / Mass / Cancer / Mets	CT Pelvis with Contrast	72193
Extremities, Leg Lengths	Abnormality Leg Length Malrotation	CT Leg Lengths without Contrast (Please authorize BOTH codes)	76380 77073
Pelvis Hips Acetabulum	Arthritis Fracture Non Union	CT Pelvis without Contrast	72192

CT: SPECIALTY

This is for reference only. This does not imply protocol standards for all radiology facilities. Information is subject to change.

BODY PART	REASON FOR EXAM	PROCEDURE	CODE
Colon	Screening Failed Colonoscopy	CT Colonography (Virtual Colonoscopy)	Screening 0066T Diagnostic 0067T
Renal Artery (or Mesenteric Artery)	Renal Artery Stenosis Hypertension	CTA Abdomen for Renal Arteries	74175
Carotid Artery	Carotid Stenosis Stroke TIA	CTA Neck	70498



To schedule an appointment: Call (520)733-7226 or Fax (520)290-8377

MRI: GENERAL			
This is for reference only. This does not imply protocol standards for all radiology facilities. Information is subject to change.			
BODY PART	REASON FOR EXAM	PROCEDURE	CODE
Abdomen	Adrenal MRCP (Biliary / Pancreatic Ducts)	MRI Abdomen without Contrast (MRCP)	74181
	All other reasons	MRI Abdomen without and with Contrast	74183
Brachial Plexus	Brachial Plexus Injury Nerve Avulsion Tumor / Mass / Cancer / Mets	MRI Chest / Mediastinum without and with Contrast (Specify Brachial Plexus)	71552
Chest Mediastinum	Tumor / Mass / Cancer / Mets	MRI Chest without and with Contrast	71552
Neck	Infection Pain Tumor / Mass / Cancer / Mets Vocal Cord Paralysis	MRI Neck without and with Contrast	70543
Pelvis	Adenomyosis Fracture Muscle / Tendon Tear	MRI Pelvis without Contrast	72195
	Abscess Fibroid Osteomyelitis Pre / Post Fibroid Embolization Septic Arthritis Tumor / Mass / Cancer / Mets Urethral Diverticulum	MRI Pelvis without and with Contrast	72197

MRI: BREAST			
This is for reference only. This does not imply protocol standards for all radiology facilities. Information is subject to change.			
BODY PART	REASON FOR EXAM	PROCEDURE	CODE
Breast (Annual Screening)	BRCA 1 or 2 Mutation	Bilateral Breast MRI	77059 & 0159T
	First degree relative with BRCA 1 or 2 mutation and are untested		
	Lifetime risk of breast cancer of 20-25 percent or more using standard risk assessment models		
	Received radiation treatment to the chest between ages 10 and 30, such as for Hodgkin Disease		
	Carry or have a first degree relative who carries a genetic mutation in the TP53 or PTEN genes (Li-Fraumeni syndrome and Cowden and Bannyan-Riley-Ruvalcaba syndromes)		
Breast (Pre-operative Staging)	Recent diagnosis of breast cancer	Bilateral Breast MRI (and Chest MRI if necessary)	77059 & 0159T
Breast (Silicone Implants)	Suspected silicone implant leak Palpable Lump Pain	Bilateral Breast MRI in addition to "Implant Protocol"	77059 & 0159T
Breast (Indeterminate Clinical or Imaging Results)	Further evaluation of indeterminate clinical or imaging results ("radiologist recommendation")	Bilateral Breast MRI	77059 & 0159T
Follow-up for	Follow-up for Neo-Adjuvant Chemotherapy	Bilateral Breast MRI	77059 & 0159T

Please note: Breast MRI does not replace mammography and can not influence the decision to biopsy a known abnormality.

To schedule an appointment: Call (520)733-7226 or Fax (520)290-8377

MRI: HEAD & SPINE			
This is for reference only. This does not imply protocol standards for all radiology facilities. Information is subject to change.			
BODY PART	REASON FOR EXAM	PROCEDURE	CODE
Spine: Cervical	Arm / Shoulder Pain and/or Weakness Chiari Malformation Degenerative Disease Disc Herniation Neck Pain Post-op Fusion Radiculopathy	MRI Cervical Spine without Contrast	72141
	Discitis Multiple Sclerosis Myelopathy Osteomyelitis Syrinx Tumor / Mass / Cancer / Mets Vascular Lesions, AVM	MRI Cervical Spine without and with Contrast	72156
Spine: Thoracic	Back Pain Compression Fx (no hx malig / mets) Degenerative Disease Disc Herniation Radiculopathy Trauma Vertebroplasty Planning (with no hx malig)	MRI Thoracic Spine without Contrast	72146
	AVM Compression Fx (with hx malig / mets) Discitis Multiple Sclerosis Myelopathy Osteomyelitis Syrinx Tumor / Mass / Cancer / Mets Vascular Lesions Vertebroplasty Planning (with hx malig)	MRI Thoracic Spine without and with Contrast	72157

MRI: HEAD & SPINE continued			
BODY PART	REASON FOR EXAM	PROCEDURE	CODE
Spine: Lumbar	Back Pain Compression Fx (no hx malig / mets) Degenerative Disease Disc Herniation Radiculopathy Sciatica Spondylolisthesis Stenosis Trauma Vertebroplasty Planning (with no hx malig)	MRI Lumbar Spine without Contrast	72148
	Compression Fx (hx malig / mets) Discitis Osteomyelitis Post-op Tumor / Mass / Cancer / Mets Vertebroplasty (with hx malig)	MRI Lumbar Spine without and with Contrast	72158
Brain	Alzheimer's, Dementia, Hydrocephalus, Memory Loss, Mental Status Changes, Confusion	MRI Brain without Contrast	70551
Orbits / Brain	Exophthalmos, Proptosis Graves Disease Pseudotumor Tumor / Mass / Cancer / Mets Vascular Lesions Seizures Headache All other reasons	MRI Brain and Orbits without and with Contrast (If patient has not had recent MRI Brain, please add MRI Brain without and with Contrast) (Please authorize BOTH codes)	70553 70543
		MRI Brain without and with Contrast	70553
MRA Arch & Great Vessels Brain Neck	Stroke / CVA TIA Vertebrobasilar Insufficiency	MRA Brain without Contrast	70544
		MRA Neck with Contrast (Please authorize BOTH codes)	70548
MRV Brain	Venous Thrombosis	MRV without Contrast	70544

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MRI: MUSCULOSKELETAL			
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BODY PART	REASON FOR EXAM	PROCEDURE	CODE
Arm Finger Hand Leg Foot Toe	Fracture Stress Fracture Muscle / Tendon Tear	MRI - Non Joint without Contrast Lower Extremity Upper Extremity	73718 73218
	Abscess Bone Tumor / Mass / Cancer / Mets Cellulitis Fasciitis Myositis Morton's Neuroma Osteomyelitis Soft Tissue Tumor / Mass / Cancer / Mets Ulcer	MRI - Non Joint without and with Contrast Lower Extremity Upper Extremity	73720 73220
Shoulder Elbow Wrist Hip Knee Ankle	Avascular Necrosis (AVN) Cartilage Tear Fracture Internal Derangement Joint Pain (specify joint) Labral Tear Ligament Tear Meniscal Tear Muscle Tear Osteochondritis Dissecans (OCD) Stress Fracture Tendon Tear	MRI - Joint without Contrast Lower Extremity Upper Extremity	73721 73221
	Abscess Arthritis Cellulitis Fasciitis Inflammatory Arthritis (pannus eval) Myositis Osteomyelitis Septic Arthritis Tumor / Mass / Cancer / Mets Ulcer	MRI Lower Extremity – Joint without and with contrast Lower Extremity Upper Extremity	73723 73223

MRI: MUSCULOSKELETAL continued			
BODY PART	REASON FOR EXAM	PROCEDURE	CODE
MR Arthrography Elbow Wrist Hip Knee Ankle	Labral Tear Loose Bodies OCD Stability Post-op Meniscus Evaluation	MRI Joint with Contrast – Order with 3 codes: 1 – Lower Extremity with Contrast or Upper Extremity with Contrast	73722 73222
		2 – Fluoro Guided Arthrogram 3 – Choose one code for body part: Elbow Wrist Hip Knee Ankle	77002 24220 25246 27093 27370 27648
MR Arthrography Shoulder	Labral Tear Loose Bodies OCD Stability Post-op Meniscus Evaluation	MRI Joint with Contrast – Order with 4 codes: 1 – Upper Extremity with Contrast 2 – Fluoro Guided Arthrogram 3 – Shoulder	73222 77002 73040 23350

Interventional Scheduling:
Call: (520) 545-1906
Fax: (520) 545-1898



MRA: GENERAL

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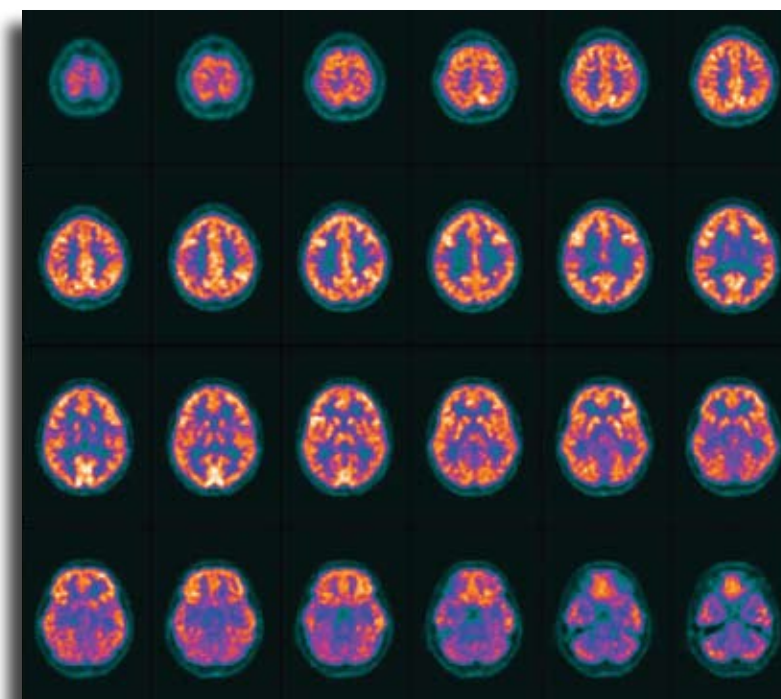
BODY PART	REASON FOR EXAM	PROCEDURE	CODE
Abdomen	AAA (abdominal aortic aneurysm) Abdominal Aorta Dissection Mesenteric Ischemia Renal Artery Stenosis	MRA Abdomen with Contrast	74185
	Pre Liver Transplant Pre Kidney Transplant Renal Mass-Evaluation / Pre-op	Order 2 Exams: MRA Abdomen with Contrast AND MRI Abdomen without and with Contrast (Please authorize BOTH codes)	74185 74183
Chest	Subclavian Vessels Thoracic Aorta (other than dissection) Vascular Anomalies	MRA Chest with Contrast	71555
	Aortic Dissection	Order 2 Exams: MRA Chest with Contrast AND MRA Abdomen with Contrast (Please authorize BOTH codes)	71555 74185
Pelvis	AVM May Thurner	MRA Pelvis with Contrast	72198
Peripheral Run-off	Claudication Cold Foot Pain	Order 3 Exams: MRA Abdomen with Contrast	74185
		AND MRA Lower Extremity with Contrast LEFT	73725
		AND MRA Lower Extremity with contrast RIGHT (Please authorize ALL codes)	73725

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PET/CT

This is for reference only. This does not imply protocol standards for all radiology facilities. Information is subject to change.

BODY PART	REQUESTED TEXT	CODE
Skull Base to Mid-Thigh	PET/CT skull base to mid-thigh (all other diagnosis)	78815
Whole Body	PET/CT Whole Body (Diagnosis: Melanoma, Myeloma, Sarcoma, & Merkel Cell Carcinoma, Cutaneous Lymphoma)	78816
Brain	PET/CT Brain	78608
Myocardium	PET/CT Myocardium	78459



ICD-9 CODES 2009

Note: Codes that include NOS (not otherwise specified) or unspec. (unspecified) have alternative diagnosis codes that are more specific. These alternatives can be found in or near the section of ICD-9-CM that deals with the relevant three-digit codes.

CODE	REQUESTED TEXT	CODE	REQUESTED TEXT
NEOPLASMS		BENIGN NEOPLASMS CONT'D	
238.2	Skin, uncertain behavior	239.2	Skin, soft tissue neoplasm, unspec.
MALIGNANT NEOPLASMS		216.9	Skin, unspec.
188.9	Bladder, unspec.	229.9	Unspec.
174.9	Breast, female, unspec.	218.9	Uterus (leiomyoma, unspec.)
153.9	Colon, unspec.	ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS	
184.9	Female genital, unspec., CIS excluded	266.2	B12 deficiency w/o anemia
159.0	Gastrointestinal tract, unspec.	V85.51	BMI < 5th percentile, pediatric
201.90	Hodgkin's, NOS	V85.54	BMI ≥ 95th percentile, pediatric
208.90	Leukemia, w/o remission, NOS	276.51	Dehydration
162.9	Lung, unspec.	250.01	Diabetes I, uncomplicated
187.9	Male genital, unspec.	250.91	Diabetes I, w/ unspec. complications
185	Prostate	250.00	Diabetes II, uncomplicated
165.9	Respiratory tract, NOS	250.90	Diabetes II, w/ unspec. complications
173.9	Skin, unspec.	250.13	Diabetic ketoacidosis
199.1	Unspec.	271.9	Glucose intolerance
189.9	Urinary, unspec.	240.9	Goiter, unspec.
BENIGN NEOPLASMS		274.9	Gout, unspec.
211.3	Colon	275.42	Hypercalcemia
214.9	Lipoma, any site	272.0	Hypercholesterolemia, pure
239.9	Neoplasm, unspec.		

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CODE	REQUESTED TEXT	CODE	REQUESTED TEXT
ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS CONT'D		BLOOD DISEASES CONT'D	
276.7	Hyperkalemia	285.21	Anemia, chronic kidney disease
272.2	Hyperlipidemia, mixed	285.22	Anemia, chronic neoplastic disease
272.4	Hyperlipidemia, unspec.	280.9	Anemia, iron deficiency, unspec.
276.0	Hypernatremia	285.9	Anemia, other, unspec.
252.00	Hyperparathyroidism, unspec.	281.0	Anemia, pernicious
242.90	Hyperthyroidism, NOS	289.9	Blood disease, unspec.
275.41	Hypocalcemia	287.9	Hemorrhagic conditions, unspec.
250.80	Hypoglycemia, DM, uncontrolled	289.81	Hypercoagulable state, primary
251.2	Hypoglycemia, nondiabetic, unspec.	288.50	Leukocytopenia, unspec.
276.8	Hypokalemia	289.1	Lymphadenitis, chronic
276.1	Hyponatremia	284.1	Pancytopenia
244.9	Hypothyroidism, unspec.	238.4	Polycythemia vera
269.9	Nutritional deficiencies, unspec.	282.60	Sickle-cell disease, unspec.
278.00	Obesity, NOS	282.5	Sickle-cell trait
278.02	Overweight	MENTAL DISORDERS	
241.0	Thyroid nodule	309.9	Adjustment reaction, unspec.
BLOOD DISEASES		305.00	Alcohol abuse, unspec.
288.9	Abnormal white blood cells, unspec.	303.90	Alcoholism, unspec.
285.1	Anemia, acute blood loss	331.0	Alzheimer's
285.29	Anemia, chronic disease, other	307.1	Anorexia nervosa

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CODE	REQUESTED TEXT	CODE	REQUESTED TEXT
MENTAL DISORDERS CONT'D		NERVOUS SYSTEM & SENSE ORGAN DISORDERS	
300.00	Anxiety state, unspec.	NERVOUS SYSTEM DISEASES	
314.01	Attention deficit, w/ hyperactivity	351.0	Bell's palsy
314.00	Attention deficit, w/o hyperactivity	354.0	Carpal tunnel
307.51	Bulimia nervosa	434.91	Cerebral art. occl., w/ infarction, unspec.
312.9	Conduct disorder, unspec.	331.83	Cognitive impairment, mild
293.0	Delirium, acute	438.9	CVA, late effect, unspec.
290.0	Dementia, senile, uncomplicated	345.90	Epilepsy, unspec., not intractable
290.40	Dementia, vascular, uncomplicated	432.9	Intracranial hemorrhage, NOS
311	Depressive disorder, NOS	322.9	Meningitis, unspec.
305.90	Drug abuse, unspec.	346.90	Migraine, unspec., not intractable
307.40	Insomnia, sleep disorder, unspec.	333.90	Movement disorder, unspec.
315.9	Learning disability/develop. delay, NOS	340	Multiple sclerosis
319	Mental retardation, unspec.	359.9	Myopathy, unspec.
300.9	Neurosis, NOS	349.9	Nervous system, NOS
300.01	Panic disorder, no agoraphobia	357.9	Neuropathy, unspec.
301.9	Personality disorder, unspec.	332.0	Parkinsonism, primary
298.9	Psychosis, unspec.	333.94	Restless legs syndrome
295.90	Schizophrenia, unspec.	327.23	Sleep apnea, obstructive
302.70	Sexual dysfunction, unspec.	333.1	Tremor, essential/familial
308.3	Situational disturbance, acute	781.0	Tremor/spasms, NOS
307.81	Tension headache	350.1	Trigeminal neuralgia
305.1	Tobacco abuse		

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CODE	REQUESTED TEXT	CODE	REQUESTED TEXT
NERVOUS SYSTEM & SENSE ORGAN DISORDERS CONT'D		EAR DISEASES CONT'D	
EYE DISEASES		382.00	Otitis media, acute
373.00	Blepharitis, unspec.	382.01	Otitis media, acute w/ rupture of TM
366.9	Cataract, unspec.	381.10	Otitis media, chronic serous
373.2	Chalazion	386.2	Vertigo, central
372.30	Conjunctivitis, unspec.	386.10	Vertigo, peripheral, unspec.
918.1	Corneal abrasion	CIRCULATORY SYSTEM	
370.00	Corneal ulcer, unspec.	794.31	Abnormal electrocardiogram
379.90	Eye disorder, unspec.	428.1	Left heart failure with acute pulmonary edema
930.9	Eye foreign body, external, unspec.	518.4	Acute pulmonary edema, unspecified
378.9	Eye movement disorder, unspec.	413.9	Angina pectoris, NOS
365.9	Glaucoma, unspec.	411.1	Angina, unstable
373.11	Hordeolum (stye)	441.9	Aortic aneurysm, unspec.
367.9	Refractive errors, unspec.	447.9	Arterial disorder, other, unspec.
362.9	Retinal disorder, unspec.	440.9	Atherosclerosis, NOS (not heart/brain)
368.10	Visual disturbance, unspec.	427.31	Atrial fibrillation
369.9	Visual loss, unspec.	861.01	Cardiac contusion
EAR DISEASES		414.9	Chronic ischemic heart disease, unspec.
380.4	Cerumen impaction	459.9	Circulatory disorder, unspec.
388.9	Ear disorder, unspec.	426.9	Conduction disorder, unspec.
381.50	Eustachian salpingitis, unspec.	796.2	Elevated BP w/o hypertension
389.9	Hearing loss, unspec.		
380.10	Otitis externa, unspec.		

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CODE	REQUESTED TEXT	CODE	REQUESTED TEXT
CIRCULATORY SYSTEM CONT'D		CIRCULATORY SYSTEM CONT'D	
429.9	Heart disease, other, unspec.	420.91	Pericarditis, acute, nonspecific
428.40	Heart failure, combined, unspec.	443.9	Peripheral vascular disease, unspec.
428.0	Heart failure, congestive, unspec.	451.19	Phlebitis, deep, lower extrem., other
428.30	Heart failure, diastolic, unspec.	427.60	Premature beats, unspec.
428.20	Heart failure, systolic, unspec.	415.19	Pulmonary embolism, not iatrogenic
424.1	Heart valve, aortic, not rheum.	416.9	Pulmonary heart dis., chronic, unspec.
424.0	Heart valve, mitral, not rheum.	398.90	Rheumatic heart disease, unspec.
424.3	Heart valve, pulmonary, not rheum.	427.81	Sick sinus syndrome
424.2	Heart valve, tricuspid, not rheum.	451.9	Thrombophlebitis, unspec.
401.1	Hypertension, benign	435.9	Transient ischemic attack, unspec.
401.0	Hypertension, malignant	454.9	Varicose veins, asymptomatic
401.9	Hypertension, unspec.	459.81	Venous insufficiency, unspec.
403.90	Hypertensive chronic kidney disease, w/ chronic kidney disease, unspec.	RESPIRATORY SYSTEM	
402.91	Hypertensive heart disease, unspec., w/ heart failure	478.19	Abscess/ulcer of nose
426.82	Long QT syndrome	493.02	Asthma, extrinsic, acute exacerbation
410.90	Myocardial infarction, NOS (to 8 weeks)	493.12	Asthma, intrinsic, acute exacerbation
410.70	Myocardial infarction, NSTEMI (to 8 weeks)	493.90	Asthma, unspec.
412	Myocardial infarction, old	466.11	Bronchiolitis, acute, due to RSV
458.0	Orthostatic hypotension	466.0	Bronchitis, acute
427.0	Paroxysmal supraventricular tachycardia	491.9	Bronchitis, chronic, unspec.
		519.11	Bronchospasm, acute

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CODE	REQUESTED TEXT	CODE	REQUESTED TEXT
RESPIRATORY SYSTEM CONT'D		RESPIRATORY SYSTEM CONT'D	
493.81	Bronchospasm, exercise induced	463	Tonsillitis, acute
496	COPD, NOS	465.9	Upper respiratory infection, acute, NOS
464.4	Croup	DIGESTIVE SYSTEM	
492.8	Emphysema	565.0	Anal fissure, nontraumatic
464.00	Laryngitis, acute, no obstruction	540.9	Appendicitis, unspec.
475	Peritonsillar abscess	575.0	Cholecystitis, acute
462	Pharyngitis, acute	574.20	Cholelithiasis, NOS
511.9	Pleural effusion, NOS	571.9	Chronic liver disease, unspec.
511.0	Pleurisy, NOS	571.5	Cirrhosis, NOS
486	Pneumonia, unspec.	564.00	Constipation, unspec.
512.8	Pneumothorax, spontaneous	555.9	Crohn's disease, NOS
519.9	Respiratory disease, other, NOS	522.5	Dental abscess
477.9	Rhinitis, allergic, cause unspec.	521.00	Dental caries, unspec.
472.0	Rhinitis, chronic	525.9	Dental, unspec.
461.1	Sinusitis, acute, frontal	562.11	Diverticulitis of colon, NOS
461.0	Sinusitis, acute, maxillary	562.10	Diverticulosis of colon
461.9	Sinusitis, acute, NOS	536.8	Dyspepsia
473.1	Sinusitis, chronic, frontal	530.9	Esophageal disease, unspec.
473.0	Sinusitis, chronic, maxillary	530.10	Esophagitis, unspec.
473.9	Sinusitis, chronic, NOS	564.9	Functional disorder intestine, unspec.
474.9	Tonsil/adenoid disease, chronic, unspec.	575.9	Gallbladder disease, unspec.

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CODE	REQUESTED TEXT	CODE	REQUESTED TEXT
DIGESTIVE SYSTEM CONT'D		URINARY SYSTEM DISEASES CONT'D	
535.50	Gastritis, unspec., w/o hemorrhage	580.9	Glomerulonephritis, acute, unspec.
558.9	Gastroenteritis, noninfectious, unspec.	582.9	Glomerulonephritis, chronic, unspec.
530.81	Gastroesophageal reflux, no esophagitis	599.7	Hematuria, unspecified
455.6	Hemorrhoids, NOS	791.0	Proteinuria, nonpostural, nonobstetric
553.3	Hernia, hiatal, noncongenital	590.10	Pyelonephritis, acute, no necrosis
550.90	Hernia, inguinal, NOS	584.9	Renal failure, acute, unspec.
553.9	Hernia, other, NOS	585.9	Renal failure/insuffic., chronic, unspec.
560.1	Ileus	593.9	Renal insufficiency, acute
560.9	Intestinal obstruction, unspec.	597.81	Urethral syndrome, non-VD, NOS
564.1	Irritable bowel syndrome	592.9	Urinary calculus, unspec.
528.00	Mucositis, stomatitis, unspec., NOS	599.60	Urinary obstruction, unspec.
528.9	Oral, soft tissue diseases, unspec.	599.0	Urinary tract infection, unspec./pyuria
529.9	Oral, tongue diseases, unspec.	MALE GENITAL ORGAN DISEASES	
577.0	Pancreatitis, acute	607.1	Balanitis
533.90	Peptic ulcer disease, unspec., w/o obstruction	600.01	BPH/LUTS w/ obstruction
524.60	TMJ disorder, unspec.	600.00	BPH/LUTS w/o obstruction
556.9	Ulcerative colitis, unspec.	608.82	Hematospermia
GENITOURINARY SYSTEM		603.9	Hydrocele, unspec.
URINARY SYSTEM DISEASES		607.84	Impotence, organic
595.0	Cystitis, acute	302.72	Impotence, psychosexual dysfunction
595.1	Cystitis, interstitial, chronic	608.9	Male genital disease, other, unspec.

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CODE	REQUESTED TEXT	CODE	REQUESTED TEXT
GENITOURINARY SYSTEM CONT'D		FEMALE GENITAL ORGAN DISEASES CONT'D	
MALE GENITAL ORGAN DISEASES CONT'D		618.9	Cystocele/rectocele/prolapse, unspec.
604.90	Orchitis/epididymitis, unspec.	620.0	Cyst of ovary, follicular
605	Phimosis	625.0	Dyspareunia
601.9	Prostatitis, NOS	617.9	Endometriosis, unspec.
790.93	PSA, elevated	629.9	Female genital disease, unspec.
099.40	Urethritis, nongonococcal, unspec.	614.9	Pelvic inflammatory disease, unspec.
456.4	Varicocele	625.6	Stress incontinence, female
BREAST DISEASES		616.10	Vaginitis/vulvitis, unspec.
611.9	Breast disease, unspec.	DISORDERS OF MENSTRUATION	
611.72	Breast lump	626.0	Amenorrhea
610.2	Fibroadenosis	627.9	Menopausal disorders, unspec.
610.1	Fibrocystic disease	626.2	Menstruation, excessive/frequent
611.6	Galactorrhea	626.6	Metrorrhagia
793.80	Mammogram, abnormal, unspec.	625.3	Painful menstruation
675.90	Mastitis, lactating, unspec.	V07.4	Postmenopausal hormone replacement
611.0	Mastitis, NOS	625.4	Premenstrual tension syndrome
FEMALE GENITAL ORGAN DISEASES		FERTILITY PROBLEMS	
616.2	Bartholin cyst	628.9	Infertility, female, unspec.
622.7	Cervical polyp, NOS	606.9	Infertility, male, unspec.
616.0	Cervicitis		

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CODE	REQUESTED TEXT	CODE	REQUESTED TEXT
MUSCULOSKELETAL & CONNECTIVE TISSUE		MUSCULOSKELETAL & CONNECTIVE TISSUE CONT'D	
736.9	Acquired deformity, limb, unspec.	726.10	Shoulder syndrome, unspec.
716.90	Arthropathy, unspec.	727.00	Synovitis/tenosynovitis, unspec.
724.4	Back pain w/ radiation, unspec.	716.10	Traumatic arthropathy, unspec.
723.9	Cervical disorder, NOS	SIGNS & SYMPTOMS	
710.9	Connective tissue disease, unspec.	789.00	Abdominal pain, unspec.
722.2	Disc syndrome, no myelopathy, NOS	790.6	Abnormal blood chemistry, other
727.43	Ganglion, unspec.	790.29	Abnormal glucose, other
717.9	Internal derangement, knee, unspec.	783.21	Abnormal loss of weight
737.9	Kyphosis/scoliosis, unspec.	795.01	Abnormal Pap, ASC-US
728.87	Muscle weakness, generalized	795.02	Abnormal Pap, ASC, possible HGSIL
729.1	Myalgia/myositis, unspec.	795.09	Abnormal Pap, other and HPV
721.90	Osteoarthritis of spine, NOS	795.00	Abnormal Pap, unspec.
715.90	Osteoarthrosis, unspec.	790.4	Abnormal transaminase/LDH
730.00	Osteomyelitis, acute, unspec.	793.1	Abnormal X-ray lung
730.10	Osteomyelitis, chronic, unspec.	790.09	Abnormalities of RBCs
733.00	Osteoporosis, unspec.	995.0	Anaphylaxis, NOS
729.5	Pain in limb	783.0	Anorexia
719.46	Pain, knee	719.40	Arthralgia, unspec.
724.2	Pain, low back	789.51	Ascites, malignant
725	Polymyalgia rheumatica	789.59	Ascites, other
714.0	Rheumatoid arthritis (not JRA)	569.3	Bleeding, rectal

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CODE	REQUESTED TEXT	CODE	REQUESTED TEXT
SIGNS & SYMPTOMS CONT'D		SIGNS & SYMPTOMS CONT'D	
578.1	Blood in stool, melena	783.41	Failure to thrive
792.1	Blood in stool, occult	780.79	Fatigue and malaise, other
427.5	Cardiac arrest	783.3	Feeding problem, infant/elderly
786.50	Chest pain, unspec.	780.60	Fever, unspecified
780.71	Chronic fatigue syndrome	787.3	Gas/bloating
338.29	Chronic pain, other	271.9	Glucose intolerance
338.28	Chronic pain, other post-op	791.5	Glycosuria
338.22	Chronic pain, post-thoracotomy	784.0	Headache, unspec.
338.21	Chronic pain, trauma	787.1	Heartburn
338.4	Chronic pain syndrome, w/ psychosocial dysfunction	578.0	Hematemesis
789.00	Colic, infantile	786.3	Hemoptysis
780.01	Coma, nondiabetic/nonhepatic	789.1	Hepatomegaly
786.2	Cough	786.8	Hiccups
787.91	Diarrhea, NOS	784.49	Hoarseness
780.4	Dizziness/vertigo, NOS	306.1	Hyperventilation
787.20	Dysphagia, unspec.	799.02	Hypoxemia
788.1	Dysuria	788.30	Incontinence/enuresis, NOS
782.3	Edema, localized, NOS	780.92	Infant excessive crying
719.00	Effusion/swelling of joint, unspec.	783.40	Lack of norm. physiolog. dev., unspec.
787.6	Encopresis, NOS, fecal incontinence	799.81	Libido, decreased
784.7	Epistaxis	782.2	Localized swelling/mass, superficial
		785.6	Lymph nodes, enlarged

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CODE	REQUESTED TEXT	CODE	REQUESTED TEXT
SIGNS & SYMPTOMS CONT'D		SIGNS & SYMPTOMS CONT'D	
780.93	Memory loss	780.2	Syncope
780.02	Transient alteration of awareness	788.41	Urinary frequency
780.97	Change in mental status	788.63	Urinary urgency
781.0	Movement disorder	787.03	Vomiting, alone
785.2	Murmur of heart, undiagnosed	719.7	Walking difficulty
787.01	Nausea w/ vomiting	786.07	Wheezing
787.02	Nausea, alone	INJURIES & ADVERSE EFFECTS	
788.43	Nocturia	FRACTURE	
790.6	Other abnormal blood chemistry	824.8	Fracture: ankle, closed, unspec.
799.89	Other ill-defined conditions	814.00	Fracture: carpal, closed, unspec.
338.3	Pain, neoplasm related	810.00	Fracture: clavicle, closed, unspec.
785.1	Palpitations	820.8	Fracture: femur/hip, closed, unspec.
788.42	Polyuria	821.01	Fracture: femur/shaft, closed
782.1	Rash, nonvesicular, unspec.	823.81	Fracture: fibula, closed, unspec.
780.39	Seizures, convulsions, other	825.20	Fracture: foot, closed, unspec. (not toes)
780.31	Seizures, simple, febrile, unspec.	813.80	Fracture: forearm, closed, unspec.
780.09	Semicoma, stupor	812.20	Fracture: humerus, closed, unspec.
782.0	Sensory disturbance skin	802.20	Fracture: mandible, closed, unspec.
785.50	Shock, unspec.	815.00	Fracture: metacarpal, closed, unspec.
786.05	Shortness of breath	802.0	Fracture: nose, closed
782.9	Skin, other symptoms		
789.2	Splenomegaly		
780.8	Sweating excess		

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CODE	REQUESTED TEXT	CODE	REQUESTED TEXT
INJURIES & ADVERSE EFFECTS CONT'D		DISLOCATIONS, SPRAINS & STRAINS CONT'D	
FRACTURES CONT'D		845.10	Sprain/strain: foot, unspec.
829.0	Fracture: other sites, closed, unspec.	842.10	Sprain/strain: hand, unspec.
808.8	Fracture: pelvic, closed, unspec.	844.9	Sprain/strain: knee/leg, unspec.
826.0	Fracture: phalanges, foot, closed	847.0	Sprain/strain: neck, unspec.
816.00	Fracture: phalanges, hand, closed, unspec.	848.9	Sprain/strain: other site, unspec.
807.00	Fracture: ribs, closed, unspec.	840.9	Sprain/strain: shoulder/arm, unspec.
803.00	Fracture: skull, closed, unspec.	847.9	Sprain/strain: vertebral, unspec.
823.80	Fracture: tibia, closed, unspec.	842.00	Sprain/strain: wrist, unspec.
823.82	Fracture: tibia/fibula, closed, unspec.	OTHER TRAUMA, ADVERSE EFFECTS	
805.8	Fracture: vertebral, closed, unspec.	919.0	Abrasion, unspec.
733.94	Fracture, stress: metatarsals	995.81	Adult physical abuse
733.95	Fracture, stress: other bone	949.0	Burn, degree unspec.
733.93	Fracture, stress: tibia or fibula	995.50	Child abuse, unspec.
V67.4	Healed fracture, follow-up exam	991.9	Cold injury, unspec.
DISLOCATIONS, SPRAINS & STRAINS		850.11	Concussion, LOC less than 30 min.
839.8	Dislocation: other, closed, unspec.	850.9	Concussion, unspec.
831.00	Dislocation: shoulder, closed, unspec.	924.9	Contusion, unspec.
836.2	Knee meniscus injury, unspec.	929.9	Crushing injury, unspec.
845.00	Sprain/strain: ankle, unspec.	994.4	Exhaustion due to exposure
		938	Foreign body, digestive system, unspec.

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CODE	REQUESTED TEXT	CODE	REQUESTED TEXT
INJURIES & ADVERSE EFFECTS CONT'D		Please use the spaces below for notes or additional codes common in your practice.	
OTHER TRAUMA, ADVERSE EFFECTS CON'T			
931	Foreign body, ear		
932	Foreign body, nose		
919.6	Foreign body, skin, superficial, unspec.		
E922.9	Gunshot wound, NOS		
854.00	Head injury, NOS		
992.9	Heat injury, unspec.		
919.4	Insect bite		
908.9	Late effects of injury, unspec.		
995.20	Medication, adverse effects, unspec.		
879.8	Open wound, head/neck/trunk, unspec.		
894.0	Open wound, lower limb, unspec.		
884.0	Open wound, upper limb, unspec.		
959.9	Other trauma, unspec.		
977.9	Poisoning, medicine overdose, unspec.		
989.9	Poisoning, unspec.		
V71.5	Rape		



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