



# ULTRASOUND: General Diagnostic Imaging (DI) Ordering Guide

**Standardization Guide**

Version 1, Last Update: August 2023

# ULTRASOUND: General

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

**Ultrasounds are done on a scheduled basis at our main campus.**

Appointment Type	Indication	CPT
US 1st Trimester Screening	6 to 14 weeks	76801
US 1st Trimester Screen Twins	6 to 14 weeks	76801/76802
US 1st Trimester Transvaginal OB	6 to 14 weeks	76817
US 1st Trimester Pelvic Tvag panel	6 to 14 weeks	76817
US 2nd Trimester Screen Twins	19 to 20 weeks	76805/76810
US 3rd Trimester Screening	30 to 32 weeks	76816
US Abdomen Limited	1) RUQ pain, elevated/abnl LFT 2) Lumps / ? hernia / Lower Bac	76705
US Abdomen Complete	Generalized Abdomen pain/Includes all 4 quadrants	76700
US Aorta Baseline Screening	CMS Medicare AAA SCREEN ONLY	76706
US Aorta Diagnostic	F/U AAA, pulsatile mass, NONMEDICARE Screen	76775
US Breast Bilateral Complete	Done for heterogeneous or dense breasts, or for patients with a high risk for breast cancer. Dense breast = screening, Mammo done within calendar yr. 4 quad breast, retro areolar & axilla	76641
US Breast Bilateral Limited	Focused study to evaluate for a specific clinical symptom (pain, lump) or to evaluate a finding on a different study. Localized symptoms – pain, nipple discharge, lump 1 or more (not all) quads/axilla	76642
US Breast Left Complete	Done for heterogeneous or dense breasts, or for patients with a high risk for breast cancer. Dense breast = screening, Mammo done within calendar yr. 4 quad breast, retro areolar & axilla	76641
US Breast Left Limited	Focused study to evaluate for a specific clinical symptom (pain, lump) or to evaluate a finding on a different study. Localized symptoms – pain, nipple discharge, lump 1 or more (not all) quads/axilla	76642
US Breast Right Complete	Done for heterogeneous or dense breasts, or for patients with a high risk for breast cancer. Dense breast = screening, Mammo done within calendar yr. 4 quad breast, retro areolar & axilla	76641
US Breast Right Limited	Focused study to evaluate for a specific clinical symptom (pain, lump) or to evaluate a finding on a different study. Localized symptoms – pain, nipple discharge, lump 1 or more (not all) quads/axilla	76642
US Chest	Lumps, cysts / Upper Back / non-breast – above diaphragm Area of interest only	76604
US Extremity W Dop Bilat Lower	Pain, swelling (DVT) Bilateral Limbs/Legs	93970
US Extremity W Dop LT or Rt Lower	Pain, swelling (DVT) Entire leg	93971
US Ext Nonvas Bilat Lim NO MED	Lumps, cysts, nodes – including and distal to inguinal crease/axilla Area of interest only	76882
US Ext Nonvas LT Limited	Lumps, cysts, nodes – including and distal to inguinal crease/axilla Area of interest only	76882
US Ext Nonvas RT Limited	Lumps, cysts, nodes – including and distal to inguinal crease/axilla Area of interest only	76882

Appointment Type	Indication	CPT
US Extremity W Dop Bilat Upper	Pain, swelling (DVT) Bilateral Arms	93970
US Extremity W Dop LT Upper	Pain, swelling (DVT) Entire arm	93971
US Extremity W Dop RT Upper	Pain, swelling (DVT) Entire arm	93971
US Guided FNA BX Addtl Site		76942/10006
US Guided FNA		76942/10005
US Gd Br Bx Addl Site Bilat	Breast mass/ The contra-lateral and each additional breast image-guided biopsy	19083/19084
US Gd Br Bx Addl Site LT	Breast mass/ The contra-lateral and each additional breast image-guided biopsy	19083/19084
US Gd Br Bx Addl Site RT	Breast mass/ The contra-lateral and each additional breast image-guided biopsy	19083/19084
US Guided Breast Biopsy Bilateral	Breast mass	19083
US Guided Breast Biopsy Left	Breast mass	19083
US Guided Breast Biopsy Right	Breast mass	19083
US Guided Breast Needle	OR case (breast mass)	19285
US Guided Breast Needle	OR case (breast mass)	19285
US Guided Breast Needle	OR case (breast mass)	19285
US Gd Br Ndl Loc Add Site Bil	OR case (breast mass)/ EACH ADDITIONAL LESION, INCLUDING ULTRASOUND GUIDANCE	19285/19286
US Gd Br Ndl Loc Add Site Bil	OR case (breast mass)	19285
US Gd Br Ndl Loc Add Site LT	OR case (breast mass)/ EACH ADDITIONAL LESION, INCLUDING ULTRASOUND GUIDANCE	19285/19286
US Gd Br Ndl Loc Add Site Rt	OR case (breast mass)/ EACH ADDITIONAL LESION, INCLUDING ULTRASOUND GUIDANCE	19285/19286
US Guided Node Biopsy	Suspicious lymph node	38505
US Kidney Limited	CPT code is used when the ultrasound is limited (e.g., renal, aorta, or nodes) and requires real time image documentation. It is important to note that an ultrasound for the kidneys and bladder, when performed for urinary pathology, is considered a complete retroperitoneal exam, code 76770, rather than codes 76775 (limited retroperitoneal) and 76857 (limited pelvic exam).	76775
US Kidney Renal Complete	Stones, UTI, cyst, mass, hematuria Both kidneys, pre/ post void bladder	76770
US Paracentesis	Ascites = fluid in Abdomen	49083
US Pelvic Non-OB Complete	Description and measurements of the uterus and adnexal structures, measurement of the endometrium and bladder, and a description of any pelvic pathology.	76856
US Pelvic Non-OB Limited	Male or female Bladder ONLY, pilonidal cyst Bladder, pre/ post void	76857
US Renal Artery Duplex Comp	HTN, bruit- Bilateral Renal Arteries	93975
US Thoracentesis	Pleural effusion = fluid in chest	32555
US Guided Thoracentesis Bilateral	Bilateral: Pleural effusion = fluid in chest	32555
US Guided Thoracentesis Left	Left Sided Only	32555
US Guided Thoracentesis Right	Right Sided only	32555
US Thyroid Soft Tissue Neck	Nodules, nodes, cyst Thyroid, neck	76536
US Testicular Scrotal	Pain, lump, swelling Testicles, epididymis	76870
US Transvaginal Non-OB	Endovaginal ultrasound for visualization of the endometrium, uterus, and other internal structures. GYN concerns, RLQ, LLQ pain Uterus and ovaries	76830

- “Reason for Visit” should state specific body part and R/L/BL
- Pelvic Complete & Transvaginal MAY be ordered together (uterus, endometrium, ovaries, and surrounding tissue). TV US
- may be contraindicated based on age, sexual activity, patient status, or physical limitation to tolerating the probe.
- WE DO NOT SCAN: Musculoskeletal (MSK), Arterial Imaging for Extremities, Venous Insufficiency, or pediatric cases such as Infant Spines/Hips, pyloric stenosis, or r/o intussusception.
- OB Exams over a 1st trimester are no longer routinely scanned in DI. Please call for assistance with scheduling the 2nd and 3rd trimester exams.
- All Procedures (OP and Surgical Services) and Renal Artery Duplex Exams need to be scheduled with Modality Lead. Please indicate laterality, site, and US Guidance on all orders placed. Ultrasounds are done on a scheduled basis at our main campus.