

CT SCAN CPT CODES

70450 – CT BRAIN W/O CONT
 70460 – CT BRAIN W/ CONT
 70470 – CT BRAIN W/WO CONT
 70480 – CT IACS, ORBIT, SELLA OR POSTERIOR FOSSA W/O CONT
 70481 – CT IACS, ORBIT, SELLA OR POSTERIOR FOSSA W/ CONT
 70482 – CT IACS, ORBIT, SELLA OR POSTERIOR FOSSA W/WO CONT
 70486 – CT MAXILOFACIAL W/O CONT(CT DENTAL)
 70487 – CT MAXILOFACIAL W/ CONT
 70488 – CT MAXILOFACIAL W/WO CONT
 72125 – CT C-SPINE W/O CONT
 72126 – CT C-SPINE W/ CONT
 72127 – CT C-SPINE W/WO CONT
 70490 – CT SOFT TISSUE NECK W/O CONT
 70491 – CT SOFT TISSUE NECK W/ CONT
 70492 – CT SOFT TISSUE NECK W/WO CONT
 72128 – CT T-SPINE W/O CONT
 72129 – CT T-SPINE W/ CONT
 72130 – CT T-SPINE W/WO CONT
 71250 – CT THORAX W/O CONT
 71260 – CT THORAX W/ CONT
 71270 – CT THORAX W/WO CONT
 73200 – CT UPPER EXT W/O CONT
 73201 – CT UPPER EXT W/ CONT
 73202 – CT UPPER EXT W/WO CONT
 74150 – CT ABDOMEN W/O CONT
 74160 – CT ABDOMEN W/ CONT
 74170 – CT ABDOMEN W/WO CONT
 74176 – CT ABD & PELVIS W/O CONT
 74177 – CT ABD & PELVIS W/CONT
 74178 – CT ABD & PELVIS W/WO CONT
 72131 – CT L-SPINE W/O CONT
 72132 – CT L-SPINE W/ CONT
 72133 – CT L-SPINE W/WO CONT
 72192 – CT PELVIS W/O CONT
 72193 – CT PELVIS W/ CONT
 72194 – CT PELVIS W/WO CONT
 74178 +74400 – CT UROGRAM
 77080 – CT BONE DENSITY

CTA/ANGIOGRAPHY

75572 – CARDIAC W/CONTRAST
 75573 – CARDIAC W/CONTRAST/CHD
 75574 – CARDIAC W/CONTRAST/BYPASS GRAFT
 70496 – CTA HEAD W/WO CONTRAST
 70498 – CTA NECK W/WO CONTRAST
 71275 – CTA CHEST NON-CORONARY W/CONT
 73206 – CTA UPPER EXT W/WO CONT
 72191 – CTA PELVIS W/WO CONT
 74175 – CTA ABDOMEN W/WO CONT
 75635 – CTA ABDOMINAL AORTA W/WO CONT
 73706 – CTA LOWER EXT W/WO CONT
 Q9951 + Q9965 – CT CONTRAST
 99144 – SEDATION

RECONSTRUCTION

76376 – CT RECONSTRUCTION (3D)
 76377 – CT RECONSTRUCTION (3D)IND STATION



MRI CPT CODES

70551 – MRI BRAIN W/O CONT
 70552 – MRI BRAIN W/ CONT
 70553 – MRI BRAIN W/WO CONT
 70543 – MRI ORBIT/FACE/NECK W/WO CONT
 70540 – MRI ORBIT/FACE/NECK W/O CONT
 70542 – MRI ORBIT/FACE/NECK W/ CONT
 70336 – MRI TMJ'S
 72156 – MRI C-SPINE W/WO CONT
 72141 – MRI C-SPINE W/O CONT
 72142 – MRI C-SPINE W/ CONT
 72146 – MRI T-SPINE W/O CONT
 72147 – MRI T-SPINE W/ CONT
 72157 – MRI T-SPINE W/WO CONT
 72148 – MRI L-SPINE W/O CONT
 72149 – MRI L-SPINE W/ CONT
 72158 – MRI L-SPINE W/WO CONT
 75557 – MRI CARDIAC W/O CONT
 75561 – MRI CARDIAC W/WO CONT
 74181 – MRI ABDOMEN W/O CONT (MRCP)
 74182 – MRI ABDOMEN W/ CONT
 74183 – MRI ABDOMEN W/WO CONT
 73218 – MRI UPPER EXT NON JOINT W/O CONT
 73219 – MRI UPPER EXTNON JOINT W/CONT
 73220 – MRI UPPER EXT NON JOINT W/WO CONT
 73221 – MRI UPPER EXT JOINT W/O CONT
 73222 – MRI UPPER EXT JOINT W/ CONT
 73223 – MRI UPPER EXT JOINT W/WO CONT
 73718 – MRI LOWER EXT NON JOINT W/O CONT
 73719 – MRI LOWER EXT NON JOINT W/CONT
 73720 – MRI LOWER EXT NON JOINT W/WO CONT
 73721 – MRI LOWER EXT JOINT W/O CONT
 73722 – MRI LOWER EXT JOINT W/CONT
 73723 – MRI LOWER EXT JOINT W/WO CONT
 77084 – MRI BONE MARROW BLOOD SUPPLY

MRA CPT CODES

70544 – MRA HEAD W/O CONT
 70545 – MRA HEAD W/ CONT
 70546 – MRA HEAD W/WO CONT
 70547 – MRA NECK W/O CONT
 70548 – MRA NECK W/ CONT
 70549 – MRA NECK W/WO CONT
 71555 – MRA CHEST W/WO CONT
 72159 – MRA SPINAL CANAL W/WO CONT
 74185 – MRA ABDOMEN W/WO CONT
 72198 – MRA PELVIS W/WO CONT
 73725 – MRA LOWER EXT W/WO CONT

ARTHROGRAM CPT CODES

73722 – LOWER EXTREMITY JOINT W/ CONT
 73723 – LOWER EXTREMITY JOINT W/WO CONT
 73222 – UPPER EXTREMITY JOINT W/ CONT
 73223 – UPPER EXTREMITY JOINT W/WO CONT

** PLEASE CONTACT US FOR CPT LISTING**

RECONSTRUCTION

76376 – MRI RECONSTRUCTION (3D)
 76377 – MRI RECONSTRUCTION (3D) IND STATION

LOS ANGELES COUNTY LOCATIONS

UMI of BEVERLY HILLS 3T
 9134 Olympic Blvd.
 Beverly Hills, CA 90212
 Tel: (310) 432-1000
 Fax: (310) 432-4321

UMI of CENTRAL LONG BEACH
 701 E. 28th St. #318
 Long Beach, CA 90806
 Tel: (562) 426-7000
 Fax: (562) 426-7099

UMI of CENTURY CITY
 2080 Century Park East #104
 Los Angeles, CA. 90067
 Tel: (310) 432-8000
 Fax: (310) 432-8019

UMI of DOWNEY
 11411 Brookshire Ave. #101
 Downey, CA 90241
 Tel: (562) 869-9192
 Fax: (562) 250-1423

UMI of EAST LOS ANGELES
 3513 Whittier Blvd.
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UMI of GARDENA
 1141 W. Redondo Beach #105
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UMI of INGLEWOOD
 110 South La Brea #150
 Inglewood, CA 90301
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UMI of LOS ANGELES
 1127 Wilshire Blvd. #100
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UMI of MAYWOOD
 4316 E. Slauson Ave.
 Maywood, CA 90270
 Tel: (323) 374-6200
 Fax: (323) 771-6094

UMI of MID-WILSHIRE
 6310 San Vicente Blvd., #102
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 Fax: (323) 556-3012

UMI of NORTHBRIDGE
 18250 Roscoe Blvd. #135
 Northridge, CA 91325
 Tel: (818) 701-7111
 Fax: (818) 701-7841

UMI of SANTA CLARITA
 24036 Lyons Ave.
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 Fax: (661) 255-2812

UMI of SOUTH LONG BEACH
 1040 Elm Ave. #102
 Long Beach, CA 90813
 Tel: (562) 285-1000
 Fax: (562) 285-1019

UMI of TORRANCE
 3640 Lomita Blvd. #105
 Torrance, CA 90505
 Tel: (310) 802-7000
 Fax: (310) 375-8659

UMI of WEST COVINA
 1401 W. Merced Ave., #102
 West Covina, CA 91790
 Tel: (626) 813-6100
 Fax: (626) 813-0075

ORANGE COUNTY LOCATIONS

UMI of ANAHEIM
 1801 W. Romneya Dr. #104
 Anaheim, CA 92801
 Tel: (714) 678-4000
 Fax: (714) 678-4022

UMI of BREA
 375 W. Central Ave. #A
 Brea, CA 92821
 Tel: (714) 987-6000
 Fax: (714) 987-6019

UMI of BUENA PARK
 6131 Orangethorpe Ave. #130
 Buena Park, CA 90620
 Tel: (714) 522-2077
 Fax: (714) 522-2474

UMI of FOUNTAIN VALLEY
 11160 Warner Ave. #105
 Fountain Valley, CA 92708
 Tel: (714) 619-7500
 Fax: (714) 619-7599

UMI of GARDEN GROVE
 12665 Garden Grove Blvd. #103
 Garden Grove, CA 92843
 Tel: (714) 620-8200
 Fax: (714) 620-8211

UMI of HUNTINGTON BEACH
 16161 Gothard St. #C
 Huntington Beach, CA 92647
 Tel: (714) 500-6600
 Fax: (714) 500-4099

UMI of IRVINE
 15825 Laguna Canyon Rd. #101
 Irvine, CA 92618
 Tel: (949) 777-9000
 Fax: (949) 777-9007

DIGITAL X-RAY HEAD AND NECK

- 70100 – MANDIBLE PARTIAL LESS THAN 4 VIEWS
- 70110 – MANDIBLE COMPLETE MIN 4 VIEWS
- 70140 – FACIAL BONES LESS THAN 3 VIEWS
- 70150 – FACIAL BONES COMPLETE MIN 3 VIEWS
- 70160 – NASAL BONES COMPLETE MIN 3 VIEWS
- 70200 – ORBITS COMPLETE MIN 4 VIEWS
- 70210 – SINUSES PARANASAL LESS THAN 3 VIEWS
- 70220 – SINUSES COMPLETE MIN 3 VIEWS
- 70260 – SKULL COMPLETE MIN 4 VIEWS
- 70360 – NECK SOFT TISSUE
- 77071 – MANUAL STRESS APP FOR JOINT X-RAY

DIGITAL X-RAY CHEST

- 71045 – CHEST 1 VIEW
- 71046 – CHEST 2 VIEWS
- 71047 – CHEST 3 VIEWS
- 71048 – CHEST 4+ VIEWS
- 71100 – RIBS UNILATERAL 2 VIEWS
- 71110 – RIBS BILATERAL 3 VIEWS
- 71120 – STERNUM MIN 2 VIEWS
- 71130 – STERNOCLAVICULAR JOINTS MIN 3 VIEWS

DIGITAL X-RAY SPINE

- 72040 – CERVICAL SPINE 2/3 VIEWS
- 72050 – CERVICAL SPINE COMPLETE
- 72052 – CERVICAL SPINE OBLIQUE & FLEXION
- 72070 – THORACIC SPINE 2 VIEWS
- 72074 – THORACIC SPINE MIN 4 VIEWS
- 72100 – LUMBAR SPINE 2/3 VIEWS
- 72110 – LUMBAR SPINE MIN 4 VIEWS
- 72114 – LUMBAR SPINE COMPLETE W/BENDING

DIGITAL X-RAY EXTREMITIES

- 73000 – CLAVICLE COMPLETE
- 73030 – SHOULDER COMPLETE
- 73050 – SHOULDER AC JOINTS BILAT
- 73060 – HUMERUS MIN 2 VIEWS
- 73080 – ELBOW COMPLETE MIN 3 VIEWS
- 73090 – FOREARM 2 VIEWS
- 73110 – WRIST COMPLETE MIN 3 VIEWS
- 73130 – HAND MIN 3 VIEWS
- 73140 – FINGERS MIN 2 VIEWS

DIGITAL X-RAY ABDOMEN

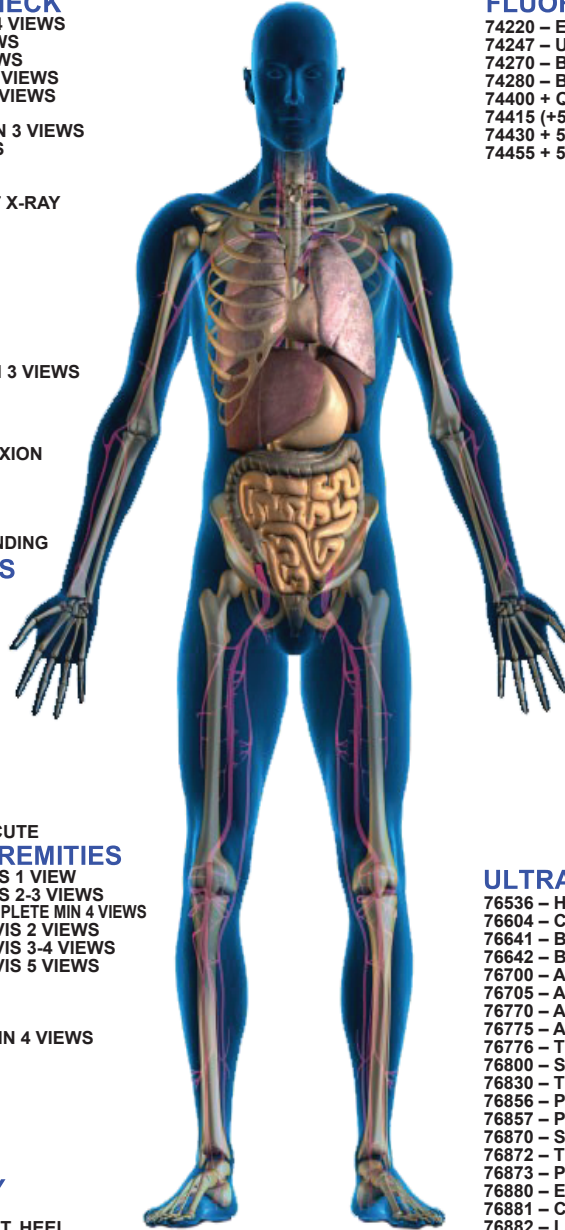
- 74018 – ABDOMEN 1 VIEW
- 74019 – ABDOMEN 2 VIEWS
- 74021 – ABDOMEN 3+ VIEWS
- 74022 – ABDOMEN SERIES COMPLETE ACUTE

DIGITAL X RAY LOWER EXTREMITIES

- 73501 – HIP UNILATERAL, OR HIP & PELVIS 1 VIEW
- 73502 – HIP UNILATERAL, OR HIP & PELVIS 2-3 VIEWS
- 73503 – HIP UNILATERAL, OR HIP & PELVIS COMPLETE MIN 4 VIEWS
- 73521 – HIPS BILATERAL, OR HIPS & PELVIS 2 VIEWS
- 73522 – HIPS BILATERAL, OR HIPS & PELVIS 3-4 VIEWS
- 73523 – HIPS BILATERAL, OR HIPS & PELVIS 5 VIEWS
- 73551 – FEMUR 1 VIEW
- 73523 – FEMUR MIN 2 VIEWS
- 73562 – KNEE UNILATERAL 3 VIEWS
- 73564 – KNEE UNILATERAL COMPLETE MIN 4 VIEWS
- 73565 – BILATERAL STANDING KNEES
- 73590 – TIBIA & FIBULA 2 VIEWS
- 73592 – LOWER EXT INFANT MIN 2 VIEWS
- 73610 – ANKLE COMPLETE MIN 3 VIEWS
- 73650 – CALCANEUS MIN 2 VIEWS
- 73660 – TOES 2 VIEWS
- 73620 – FOOT 2 VIEWS

DEXA SCAN BONE DENSITY

- 77080 – DEXA AXIAL HIPS, PELVIS SPINE
- 77081 – DEXA PERIPHERAL RADIUS WRIST, HEEL
- 77086 – DEXA VERTEBRAL FRACTURE ASSESSMENT



FLUOROSCOPY

- 74220 – ESOPHAGUS W/BARIUM SULFATE "BARIUM SWALLOW"
- 74247 – UPPER GI WITH KUB W/HIGH DENSITY BARIUM &/OR GLUC
- 74270 – BARIUM ENEMA WITH KUB
- 74280 – BARIUM ENEMA-WITH AIR & KUB
- 74400 + Q9951– UROGRAPHY IVP LIMITED STUDY
- 74415 (+52005 + 74420 RETRO) – UROGRAPHY IVP WITH TOMO
- 74430 + 51600 + Q9951 – CYSTOGRAPHY
- 74455 + 51600 + 51701 + Q9951 – VOIDING CYSTOGRAM

MAMMOGRAPHY

- 77051 – CAD LESION DETECTION DIAGNOSTIC MAMMO
- 77052 – CAD LESION DETECTION SCREENING MAMMO
- 77065 – DIAGNOSTIC MAMMO DIGITAL UNILATERAL
- 77066 – DIAGNOSTIC MAMMO DIGITAL BILATERAL
- 77067 – SCREENING MAMMO DIGITAL BILATERAL

HYSTEOSALPINGOGRAM

- 74740 – HYSTEOSALPINGOGRAM (ADDTL CODES BELOW)
- 74742 – TRANSCERVICAL CATHETER FALLOPIAN TUBE
- 58340 – INTRO OF CONTRAST MATERIAL VIA CATHETER
- 76000 – UP TO 1 HR RAD/MD TIME – CATH PLACEMENT

OB U/S—FIRST TRIMESTER

- 76801 – OB EVAL-TRANSABD < 14 WKS
- 76802 – OB EVAL < 14 WKS EACH ADDTL FETUS
- 76813 – FETAL NUCHAL TRANSLUCENCY MEASUREMENT
- 76814 – FETAL NUCHAL TRANS MEASURE EACH + FETUS

OB U/S—SECOND & THIRD TRIMESTER

- 76805 – OB EVAL TRANSABD. MORE THAN 14 WKS
- 76810 – OB EVAL MORE THAN 14 WKS EACH + FETUS
- 76811 – FETAL&MATERN EVAL +DETAIL FETAL ANATOMY
- 76812 – FETAL & MATERN EVAL+DETAIL EACH + FETUS
- 76815 – FETAL EVALUATION LIMITED 1+ FETUSES
- 76816 – FETAL EVALUATION FUP/RE-EVAL ON PREV SCAN
- 76817 – TRANSVAGINAL OBSTETRIC EXAM
- 76819 – FETAL BIO-PHYS PROF W/O NON-STRESS TESTING
- 76820 – DOPPLER VELOCITY UMBILICAL ARTERY
- 76825 – FETAL ECHOCARDIOVASCULAR SYSTEM
- 76827 – DOPPLER ECHOCARDIOGRAPH COMPLETE

ULTRASOUND

- 76536 – HEAD/NECK THYROID, PARATHYROID
- 76604 – CHEST MEDIASTINUM AND STRUCTURES
- 76641 – BREAST UNILATERAL COMPLETE
- 76642 – BREAST UNILATERAL LIMITED
- 76700 – ABD COMPLETE-LIVER,GALL,KIDNEY,SPLEEN
- 76705 – ABD LMTD-SINGLE ORGAN OR QUADRANT
- 76770 – ABD BACK WALL COMP. RENAL,AORTA,LYMPH
- 76775 – ABD BACK WALL LMTD-ONE ORGAN,
- 76776 – TRANSPLANTED KIDNEY W/DUPLEX DOPPLER
- 76800 – SPINAL CANAL AND CONTENTS
- 76830 – TRANSVAGINAL
- 76856 – PELVIC COMP.-UTER,FALPN TUBES, ENDO STRIPE
- 76857 – PELVIC LIMITED
- 76870 – SCROTUM AND CONTENTS
- 76872 – TRANSRECTAL
- 76873 – PROSTATE VOLUME FOR THERAPY PLANNING
- 76880 – EXTREMITY STRUCTURE-NON VASCULAR
- 76881 – COMPLETE JOINT
- 76882 – LIMITED JOINT OR NONVASCULAR EXTREMITY STRUCTURE(S)
- 76970 – ULTRASOUND STUDY FUP (SPECIFY PREV U/S)

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Fax: (323) 556-3012 **NEW**

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Fax: (818) 701-7841 **NEW**

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