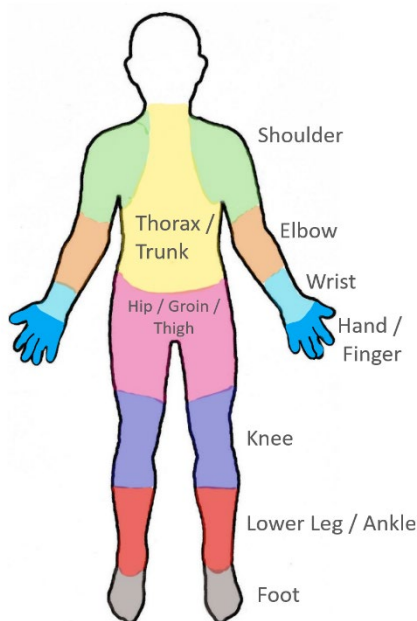


List of Available Codes

Musculoskeletal Orders

SHLD	ELB	WRIST	HAND	THORAX	HIP	KNEE	ANKLE	FOOT	
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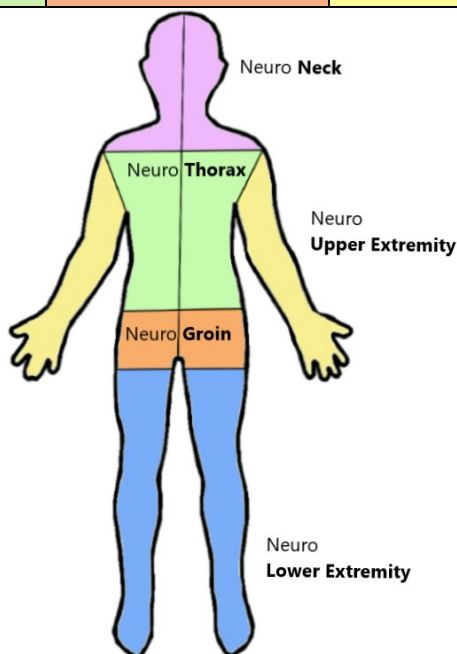
All US exams are targeted and will be tailored to the patient's symptoms unless otherwise requested.
Please be specific in the request.

Exam Title	Exam Code	Regions Assessed
Ultrasound Musculoskeletal SHOULDER	USHLDR, USHDL	Rotator Cuff, Glenohumeral Joint, AC Joint, Subacromial/Subdeltoid Bursa, Pectoralis* *(only on request)
Ultrasound Musculoskeletal ELBOW	UELBWR, UELBWL	Elbow Joint, Distal Biceps, Distal Triceps, Olecranon Bursa, Common Extensor/Common Flexor origins, Radial/Ulnar Collateral Ligaments. Note: order as NEURO if nerve is required
Ultrasound Musculoskeletal WRIST	UWRISTR, UWRISTL	Extensor/Flexor tendons, Dorsal/Volar joint spaces, select ligaments*, ganglia. *(specific ligaments on request) Note: order as NEURO if nerve is required
Ultrasound Musculoskeletal HAND/FINGER	UHANDR, UHANDL	Extensor/Flexor tendons, Pulleys, Sagittal bands/extensor hood, Volar plates
Ultrasound Musculoskeletal THORAX	UTHORAX	Sternoclavicular joints, Scapulothoracic bursa, Rib surfaces and relationships
Ultrasound Musculoskeletal HIP/GROIN/THIGH	UHIPR, UHIPL	Iliopsoas, Rectus Femoris, Adductors, TFL/ITB/sartorius, Gluteal tendon insertions/muscle bellies, Trochanteric bursae,

		<i>Piriformis, Quadratus Femoris, Hamstrings, Ischiofemoral space, Ischial bursa</i> <i>Note: order as NEURO if nerve is required</i>
Ultrasound Musculoskeletal KNEE	UKNEER, UKNEEL	<i>Quadriceps/patellar tendon, Prepatellar Bursa, MCL, Pes Anserine complex, hamstring insertions, fibular collateral ligament, ITB insertion, Popliteal Fossa, Popliteus</i> <i>NOTE: if study of sciatic/tibial/peroneal nerve is required, order as NEURO</i>
Ultrasound Musculoskeletal LOWER LEG/ANKLE	UANKR, UANKL	<i>Achilles tendon, Gastrocnemius, Retrocalcaneal bursa, Plantar Fascia, Lateral/medial Ankle ligaments, Lateral/medial/anterior ankle tendons, ganglia</i> <i>NOTE: if study of tarsal tunnel/tibial nerve is required, order as NEURO</i>
Ultrasound Musculoskeletal FOOT	UFOOTR, UFOOTL	<i>Midfoot/forefoot joints, Intermetatarsal spaces, Plantar Plate, flexor/extensor tendons</i> <i>Note: order as NEURO if nerve is required</i>
Ultrasound Musculoskeletal GUIDED INJECTION/ASPIRATION	UMSKGR UMSKGL	<i>Ultrasound Guided aspiration and/or injection</i> <i>Includes local anesthetic, steroid, Botox, saline, other.</i> <i>Musculoskeletal locations only (joints, tendons, etc).</i> <i>Note: For injections relating to nerves, please use US NEURO GUIDED INJECTION</i> <i>Note: For soft tissue sampling, please use US MUSCULOSKELETAL GUIDED BIOPSY (below)</i>
Ultrasound Musculoskeletal GUIDED BIOPSY	UMSKBXR ** TBA UMSKBXL **TBA	<i>Ultrasound Guided Biopsy</i> <i>Specialized sampling of musculoskeletal target with specimen sent to Pathology.</i> <i>For more subcutaneous/general targets please use ULTRASOUND GUIDED SOFT TISSUE BIOPSY</i>


Peripheral Nerve (Neuro) Orders

NECK	THORAX	GROIN	UPPER EXTREMITY	LOWER EXTREMITY
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All US exams are targeted and will be tailored to the patient's symptoms unless otherwise requested.
Please be specific about which nerves should be imaged in the request.


Exam Title	Exam Code	Regions Assessed
Ultrasound Peripheral Nerve NECK	UNNECKR UNNECKL	Brachial Plexus (including nerve roots, trunks, divisions, cords and branches), Greater Occipital Nerves, Phrenic Nerve
Ultrasound Peripheral Nerve THORAX	UNTHORAX	Nerves at or around the Abdominal Wall (including at rectus sheath, rectus abdominis, internal/external obliques, transverse abdominis), Intercostal nerves
Ultrasound Peripheral Nerve GROIN	UNGROINR UNGROINL	Nerves at or around Groin, Inguinal/Femoral canal, Inguinal Ligament, Iliacus, Sartorius
Ultrasound Peripheral Nerve UPPER EXTREMITY	UNUENR UNUENL	Nerves at or around Shoulder, Upper Arm, Elbow, Forearm, Wrist, Hand, Finger
Ultrasound Peripheral Nerve LOWER EXTREMITY	UNLENR UNLENL	Nerves at or around Hip, Thigh, Knee, Lower Leg, Ankle, Hindfoot, Midfoot, Forefoot, Toes
Ultrasound Peripheral Nerve GUIDED INJECTION	UNGR UNGL	Ultrasound Guided Injection, relating to a nerve . Includes local anesthetic, steroid, Botox, saline, other. <i>Neuro locations only.</i> <i>All cervical/thoracic/lumbar spine nerve/facet procedures are only performed under CT guidance.</i>

Title: MSK & Peripheral Nerve (Neuro) ORDERING GUIDE for Providers			
Version: 1.5	Date: 6/4/2024	Author: D.Hammond	

Other/Miscellaneous


For specific cases not previously covered.

Exam Title	Exam Code	Description
Ultrasound SOFT TISSUE	USOFT	<p><i>For investigation of: Subcutaneous lumps/bumps, lipomas, fatty deposition, hematomas, seromas, collections, abscesses, foreign body studies.</i></p> <p>Note: <i>Not to be used for anything relating to the hands or feet (with the exception of foreign body/subcutaneous abscess assessments); please use the appropriate US Musculoskeletal or US Peripheral Nerve code.</i></p> <p>Note: <i>Not to be used for joints, ligaments, muscles, tendons or nerves</i></p>
Ultrasound ABDOMEN LIMITED	UABDL	<i>Hernia – abdominal (ventral, umbilical, spigelian) or inguinal or femoral</i>

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General Ordering Guidelines

Individual Orders	Each order represents a single site and single side. <i>If multiple sites and/or sides are desired, place a separate order for each.</i>	<i>i.e. Right Median Nerve and Left Knee</i> Place UNUENR (Ultrasound Peripheral Nerve Upper Extremity, Right) and UKNEEL (Ultrasound Knee, Left)
Bilateral	When placing an order for a bilateral study, please place both the Right <u>and</u> Left orders independently. <i>If only one order is placed, the second side may need to be rescheduled.</i>	<i>i.e. Bilateral Brachial Plexus Ultrasound</i> Place UNNECKR (Ultrasound Peripheral Nerve Neck, Right) and UNNECKL (Ultrasound Peripheral Nerve Neck, Left)
Diagnostic Scan + Procedure	Place two orders: one for the body part <u>and</u> one for the relevant procedure.	<i>i.e. Right Knee Ultrasound and Steroid Injection</i> Place UKNEER (Ultrasound Knee, Right) and UMSKGR (Ultrasound MSK Guided Injection, Right)
Diagnostic Scan +/- Procedure Conditional Order	Place two orders: one for the body part <u>and</u> one for the relevant procedure. <i>Any unused Procedure Orders will be discarded.</i>	<i>i.e. Right Shoulder Ultrasound +/- Steroid Injection if pathology seen.</i> Place USHLDR (Ultrasound Shoulder, Right) and UMSKGR (Ultrasound MSK Guided Injection, Right)
Daily Billing Limits	Limits exist which determine the total number of studies that can be performed and billed in one day. We can perform a maximum of two diagnostic studies AND two procedures per patient, per day. <i>Any further studies will be scheduled on future days.</i>	<i>i.e. Bilateral Knee Ultrasound <u>and</u> Bilateral Knee Injection, plus Ultrasound Right Shoulder</i> Place 5 orders total: <u>Performed Day 1</u> UKNEER (Ultrasound Knee Right) + UKNEEL (Ultrasound Knee, Left) + UMSKGR (Ultrasound MSK Guided Injection, Right) + UMSKGL (Ultrasound MSK Guided Injection, Left) + <u>Performed Day 2</u> USHLDR (Ultrasound Shoulder, Right)
Vascular	Consider using the <i>Ultrasound Doppler</i> Order code set for Vascular applications.	

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