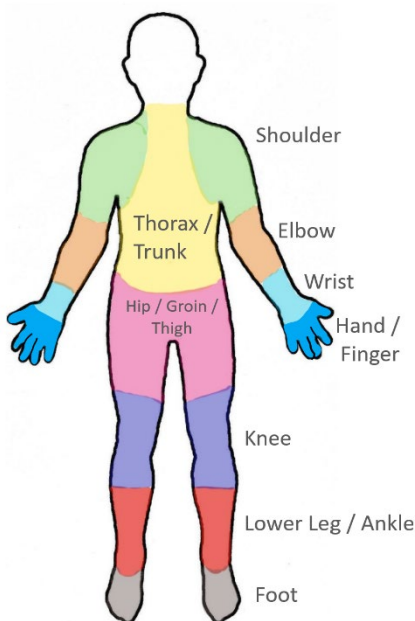


List of Available Codes

Musculoskeletal Orders

| | | | | | | | | | |
|------|-----|-------|------|--------|-----|------|-------|------|--|
| SHLD | ELB | WRIST | HAND | THORAX | HIP | KNEE | ANKLE | FOOT | |
|------|-----|-------|------|--------|-----|------|-------|------|--|



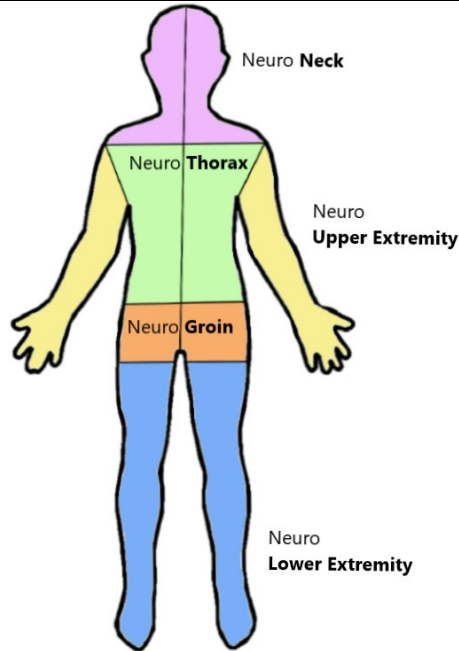
All US exams are targeted and will be tailored to the patient's symptoms unless otherwise requested.
Please be specific in the request.

| Exam Title | Exam Code | Regions Assessed |
|---|------------------|---|
| Ultrasound Musculoskeletal SHOULDER | USHLDR, USHLDL | 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, |

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


Peripheral Nerve (Neuro) Orders

| | | | | |
|------|--------|-------|-----------------|-----------------|
| NECK | THORAX | GROIN | UPPER EXTREMITY | LOWER EXTREMITY |
|------|--------|-------|-----------------|-----------------|



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: 1.4 | Date: 2/20/2024 | 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); please use the appropriate US Musculoskeletal or US Neuro 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> |

General Ordering Guidelines

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