



# **RHODE ISLAND MEDICAL IMAGING RESOURCE GUIDE**



**RHODE ISLAND  
MEDICAL IMAGING**

Scan this QR code with your smartphone camera to view our current hours and locations.



FULL SERVICE LOCATIONS

LIMITED SERVICE LOCATIONS

	3T MRI	MRI	Open MRI	CT	Screening Mammography	Diagnostic Breast Imaging	Ultrasound	DEXA	X-Ray	Arthrograms / Therapeutic Joint Injections / MSK	Thyroid Biopsy	Breast Biopsy
<b>Barrington</b> Barrington Medical Center 1525 Wampanoag Trail, Suite 101 East Providence, RI 02915	◆			◆	◆		◆	◆	◆			
<b>Cranston</b> 1301 Reservoir Avenue Cranston, RI 02920		◆		◆	◆		◆	◆	◆			
<b>East Greenwich</b> Greenwich Medical Center 1351 South County Trail Building 1, Lower Level East Greenwich, RI 02818	◆	◆		◆	◆	◆	◆	◆	◆			◆
<b>Johnston</b> 1526 Atwood Avenue, Lower Level Johnston, RI 02919		◆		◆	◆	◆	◆	◆	◆		◆	◆
<b>Lincoln</b> Blackstone Center 6 Blackstone Valley Place Building 5, Suite 506, Lincoln, RI 02865		◆		◆	◆		◆	◆	◆	◆	◆	
<b>North Providence</b> 1500 Mineral Spring Avenue North Providence, RI 02904			◆	◆	◆		◆	◆	◆			
<b>Pawtucket</b> Blackstone Valley Medical Building 333 School Street, Suite 105 Pawtucket, RI 02860	◆			◆	◆		◆	◆	◆	◆		
<b>Providence</b> Moshassuck Medical Center 1 Randall Square, Suite 103 Providence, RI 02904		◆		◆	◆	◆	◆	◆	◆			◆
<b>Warwick</b> 250 Toll Gate Road Warwick, RI 02886	◆			◆	◆		◆	◆	◆			
<b>East Providence</b> Metacomet Office Park 450 Veterans Memorial Parkway Building 2, Suite 203 East Providence, RI 02914					◆	◆	◆	◆	◆			
<b>Lincoln (Wake Robin)</b> George Washington Medical Center 2 Wake Robin Road, Suite 107 Lincoln, RI 02865							◆		◆			
<b>Warren</b> Warren Medical Center 851 Main Street Warren, RI 02885									◆			

### IMPORTANT INFORMATION

Scheduling.....(401) 432-2400

Authorizations ....(401) 427-7820

Billing .....(401) 432-2500

**RIMI NPI # 1205874930**

Scheduling Fax ..... (401) 432-2519

Authorizations Fax.. (401) 427-7815

Billing Fax..... (401) 453-8220

**RIMI TAX ID # 05-0318025**

# Scheduling Exams

**STAT requests must be CALLED into our Central Scheduling Department. Please DO NOT FAX STAT referral slips. If a STAT exam is ordered after 4:00 PM or on weekends, the referring Provider's CELL PHONE NUMBER is required to call important results in.**

- X-ray exams are performed on a walk-in basis. No need to schedule an appointment. Please have patients call our office to check-in before coming inside.
- All diagnostic breast exams must be booked through our Mammography Coordinators. Please call (401) 432-2548 and a representative will assist you.
- **Be prepared with the following information when scheduling a patient exam:**
  - Patient name
  - Date of birth
  - Patient address
  - Patient last 4 digits of Social Security Number
  - Contact phone numbers
  - Insurance information - Exam will not be booked unless insurance information is provided
  - Reason for exam (signs or symptoms)
    - "Rule out" or "question of" is not sufficient
  - Referring Provider and any additional Provider to be copied on report
  - Patient's Primary Care Provider
  - Previous imaging information specific to the exam being ordered
  - Special instructions (patient arriving via stretcher, patient is wheelchair bound, patient is hearing impaired/interpreter is needed, etc.)
  - Referral slip is to be faxed prior to exam
  - Is there an Authorization on file?
- **MRI Protocol Questions:** (subject to change)
  - Does the patient have a pacemaker? If yes, the patient **cannot** have the MRI at RIMI.
  - Has the patient ever had an injury where metal has entered their eye? If so, they may need an orbit X-ray prior to the exam.
  - Is patient claustrophobic? If so, will they be taking medication?
- **CT with Contrast Protocol Questions:** (subject to change)
  - Does the patient have asthma? If yes, does the patient use an inhaler and how often?
  - Does the patient have any allergies? If yes, what are their reaction(s)?
  - Has the patient had a previous CT with contrast? If yes, did the patient have a reaction?
  - Does the patient have diabetes and on Metformin or renal failure? If yes to any of these questions, we will need results of a Creatinine level within 6 months of appointment date.

# CT Cardiac Calcium Scoring

Dear Referring Colleagues,

I am pleased to announce that CT Cardiac Calcium Scoring is now available on an outpatient basis at two locations with Rhode Island Medical Imaging (RIMI). This exam is performed on our state-of-the-art 64-slice Siemens CT scanner on Reservoir Avenue in Cranston and on our newest 128-slice Philips CT scanner on Atwood Avenue in Johnston. The scan quality is excellent and the exam is often a better indicator of coronary events than cholesterol screening and other tests. **The CPT Code is 75571, however, Authorization is not required for this exam and the self-pay rate is \$100.00.**

The scan itself is a non-contrast CT performed with EKG electrodes on the patient's chest to monitor heart rate. I or another RIMI radiologist with subspecialty fellowship training in thoracic and cardiac imaging will be interpreting the exam.

The calcium score, also known as an Agatston score, is based on the amount of plaque found via the CT scan. This number is then turned into a percentage ranking based on a patient's age and gender. The score directly corresponds to their likelihood of having heart disease or a heart attack.

New guidelines from the American College of Cardiology (ACC) and the American Heart Association (AHA) suggest that if the calcium score is zero in patients between 40-75 years of age, treatment with statin therapy may be withheld or delayed, except in those patients with specific risk factors such as smoking, diabetes or a strong family history of premature atherosclerotic cardiovascular disease.

I am excited about our outpatient CT Cardiac Calcium Scoring service and would be more than happy to address any questions or concerns that you have at any time. Please feel free to call or email questions as they arise. We sincerely thank you for referring your patients to RIMI.

Saurabh Agarwal, MD  
Director, CT Cardiac Calcium Scoring (CCS)

**Rhode Island Medical Imaging, Inc.**

Cell: (307) 760-1173

Email: [Sagarwal@rimirad.com](mailto:Sagarwal@rimirad.com)

# Coronary/Cardiac CTA (CCTA)

Dear Referring Colleagues,

We are pleased to announce that Coronary/Cardiac CTA (CCTA) is now available on an outpatient basis at Rhode Island Medical Imaging (RIMI). This exam is performed on our new state-of-the-art 128-slice Philips CT scanner at our newest location at 1526 Atwood Avenue in Johnston. Authorization is required for most insurances and the CPT Code is 75574.

CCTA uses advanced CT technology along with IV Contrast to obtain high-resolution 2D and 3D images of the heart and its blood vessels. It is a highly accurate, non-invasive test, that takes approximately 5 seconds to perform and only requires 15 minutes of monitoring in our office once completed.

CCTA accurately depicts coronary artery anatomy and can identify stenoses or blockages associated with atherosclerotic plaque. **In patients with chest pain, a normal or near normal examination essentially rules out coronary pathology as a cause of symptoms.**

You may want to consider ordering CCTA for patients with the following risk factors:

- Stable chest pain (not acute) with low or intermediate risk for coronary artery disease (CAD)
- Continued or worsening symptoms (e.g., chest pain, shortness of breath) with a prior normal stress test result
- Unclear or inconclusive stress test results
- New onset heart failure with reduced heart function

Details: Patients will receive a sublingual nitroglycerin tablet immediately prior to the study to dilate the coronary arteries. A high-quality CCTA examination requires a steady heart rate of < 65 bpm at the time of examination. We therefore ask that you prescribe a single dose of metoprolol PO (suggested dose: 50 mg) to be taken one hour prior to the study to lower the heart rate. (We will administer additional IV beta-blocker as appropriate.) If the patient has a resting heart rate < 65 bpm, a systolic blood pressure < 110 mmHg, OR any of the following conditions, a beta-blocker should NOT be taken prior to the examination and the patient may not be a candidate for CCTA:

- Allergy to beta-blocker
- Decompensated cardiac failure
- Severe aortic stenosis
- Active bronchospasm
- Asthma or COPD on  $\beta$ 2-agonist inhaler
- Any heart block

Also, because the study requires a steady heart rate, atrial fibrillation is a contraindication.

We are excited about our outpatient CCTA service and would be more than happy to address any questions or concerns that you may have. Thank you for referring your patients to RIMI.

Saurabh Agarwal, MD  
Director, CT Cardiac Calcium Scoring (CCS)  
**Rhode Island Medical Imaging, Inc.**  
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Michael Atalay, MD, PhD  
Director, Coronary/Cardiac CTA (CCTA)  
**Rhode Island Medical Imaging, Inc.**  
Cell: (401) 588-2734  
Email: [Matalay@rimirad.com](mailto:Matalay@rimirad.com)

# Guidelines for Ordering CT Lung Cancer Screening and Follow-Up Exams

Qualified patients must satisfy all of the criteria listed below. The information must be documented on your referral or a RIMI representative will have to contact you for a new order.

- Asymptomatic patient (no signs or symptoms of lung cancer).
- Patient is between 55-77 years old (80 with some insurances).
- Pack year smoking history must equal or exceed 30 pack years. You must include the actual calculations on the referral and "greater than 30 years" is not sufficient.  
Packs/Day: \_\_\_\_\_ x Years Smoked: \_\_\_\_\_ = Pack Years
- Patient is a current smoker (or has quit within the last 15 years). If not currently smoking, you must include how many years since they quit.
- Provider NPI must be included on your order.



**For Initial Exam or  
1+ Year Follow-Up**

Low Dose CT Chest WO  
Contrast for Lung Cancer  
Screening = **CPT 71271**

**Recommended Interval  
Follow-Up  
Less Than 1 Year  
(1, 3, 6, 9 Months, etc.)**

Low Dose CT Chest WO  
Contrast for Follow-Up to Lung  
Cancer Screening  
= **CPT 71250**

**Recommended 1 Year  
Follow-Up? Continue  
With Annual Screening**

Low Dose CT Chest WO  
Contrast for Lung Cancer  
Screening = **CPT 71271**

# CT for Lung Cancer Screening

CPT for Lung Cancer Screening is 71271 as of 1/1/2021\*\*

Blue Cross of Rhode Island - No Age Limit Blue Chip Commercial - No Age Limit	Covered but requires Authorization CPT Code 71271
Cigna Health Care & Carelink Ages 55-80	Covered but requires Authorization CPT Code 71271
Federal Employees Ages 55-80	Covered Service - FEP Focus Plan requires Authorization <b>Only criteria required is age and history of tobacco use</b> CPT Code 71271
RI Medical Assistance/EDS Ages 55-80	Covered but requires Authorization CPT Code 71271
Medicare - Ages 55-77 United Medicare - Ages 55-77 BlueChip Medicare - No Age Limit	Covered Service CPT Code 71271
Neighborhood Health Plan of RI (NHPRI) - No Age Limit NHPRI Access Plan - No Age Limit NHPRI Integrity Plan - No Age Limit	Covered but requires Authorization CPT Code 71271
Tufts Ages 55-80	Covered but requires Authorization CPT Code 71271
Harvard Pilgrim Ages 55-80	Covered but requires Authorization CPT Code 71271
United Health Care Ages 55-80	Covered but requires Authorization CPT Code 71271

**\*\*Aetna (71271) and Tricare (71271) - Ages 55-80\*\***

Patients can have an annual (**1 per year**) Lung Cancer Screening CT performed. Patients must meet all of the following criteria in order to have a Lung Cancer Screening. **If the exam is authorized but the patient does not meet the screening criteria, the patient must sign the waiver form.**

- They are age appropriate according to each insurance company, and are either current smokers or have quit smoking within the last 15 years
- They have a tobacco smoking history of at least 30 “pack years” (an average of one pack a day for 30 years)
- Asymptomatic/no signs or symptoms of lung cancer
- Written order from a physician or qualified health professional
- Referring Providers NPI number

**Referring Providers must include the above Lung Cancer Screening criteria on all orders.**

# Guidelines for Ordering CTs

Please obtain creatinine and eGFR on all patients with diabetes and renal failure receiving IV contrast

	Without IV Contrast	With IV Contrast	With & Without IV Contrast
<b>HEAD</b>	(70450) • Trauma • Bleed • See CTA Brain Below For Aneurysm	(70460) • Soft Tissue Mass • Known Brain Lesion • Metastases	
<b>SINUS &amp; FACE</b>	(70486) • Trauma • Fracture • Sinusitis	(70487) • Soft Tissue Mass	
<b>TEMPORAL BONES &amp; ORBITS</b>	(70480) • Hearing Loss • Mastoiditis • Orbit Fx • Cholesteatoma	(70481) • Soft Tissue Mass	
<b>NECK</b>	(70490) • Stones	(70491) • Mass • Difficulty Swallowing	(70492)
<b>SPINE</b>	• Stenosis C - (72125) • Pain T - (72128) • Fracture L - (72131)	• Infection C - (72126) T - (72129) L - (72132)	
<b>EXTREMITIES</b>	• Fracture Upper (73200) • Eval Joint Lower (73700) • Hip Fx	• Soft Tissue Mass Upper (73201) • Osteomyelitis or Infection Lower (73701)	Upper (73202) Lower (73702)
<b>CHEST</b>	(71250) • Pulmonary Nodule • Abnormal Chest X-ray • Cough • Interstitial Lung Disease (High Resolution) (71271) • Lung Cancer Screening (Initial/Annual) (71250) • Lung Follow-Up	(71260) • Lymph Nodes Adenopathy • Hilar Mass	(71270)
<b>ABDOMEN &amp; PELVIS</b>	(74176) • Kidney Stones • Eval For Aortic Aneurysm	(74177) • Generalized Abdomen Pain (Diverticulitis, Appendicitis, Pancreatitis, or Hernia) • Cancer Staging • Crohn's (Enterography)	(74178) • Urogram For Hematuria • Abdomen Multiphase W/WO (Liver, Pancreas Mass, Adrenal Mass, Renal Mass and Pelvis WITH Contrast)
<b>ABDOMEN</b>		(CPT 74160) • Epigastric Pain	(74170) • Multiphase Exams (Liver, Pancreas Mass, and Adrenal Mass) • Kidney Mass
<b>BONY PELVIS</b>	(72192) • Pelvic Fracture	<b>NPO for 2 hours prior to contrast exams</b>	<b>NPO for 2 hours prior to contrast exams</b>
<b>CORONARY/CARDIAC CT &amp; CTA</b>		<b>CTA EXAMS</b>	
<b>CARDIAC CALCIUM SCORE</b>	(75571) • Hyperlipidemia or Hypertension • Family History of CAD	<b>BRAIN</b>	• Brain Aneurysm (70496)
<b>No prep needed</b>		<b>NECK</b>	• Carotids (70498)
<b>CORONARY CTA</b>	(75574) • Chest Pain, Stress Test Equivocal and/or Coronary Artery Disease (CAD)	<b>CHEST</b>	• Pulmonary Embolism (71275) • Aortic Dissection (71275)
<b>No caffeine or nicotine for 12 hours AND NPO for 2 hours prior to contrast exams</b>		<b>ABDOMEN &amp; PELVIS</b>	• Evaluate Aneurysm Graft (74174)
<b>CHEST, ABDOMEN &amp; PELVIS WITH TAVI</b>	(75574 + 74174) • Transcatheter Aortic Valve Implantation	<b>RUNOFF</b>	• Claudication (75635)
<b>NPO for 2 hours prior to contrast exams</b>		<b>NPO for 2 hours prior to contrast exams</b>	
<p><b>Disclaimer:</b> The information contained in this document represents the most common current procedural terminology codes utilized but is not all inclusive. Other codes do apply. This is provided solely for assistance and easy access to information.</p>			



# Guidelines for Ordering MRIs

Please obtain creatinine and eGFR on all patients with renal disease receiving IV contrast

	NEURO	MSK	BODY
Without IV Contrast	<p><b>BRAIN (70551)</b></p> <ul style="list-style-type: none"> <li>Headaches</li> <li>Concern for Infarct</li> <li>Aneurysm</li> <li>AVM</li> <li>Syncope</li> </ul> <p><b>CONGENITAL EPILEPSY (70551)</b></p> <ul style="list-style-type: none"> <li>Seizure disorder</li> </ul> <p><b>MRA BRAIN (70544)</b></p> <p><b>FACE (70540)</b></p> <ul style="list-style-type: none"> <li>TMJ</li> </ul>	<p><b>UPPER EXTREMITY (CYST)</b></p> <ul style="list-style-type: none"> <li>Pain</li> </ul> <p>NON-JOINT (73218)      JOINT (73221)</p> <ul style="list-style-type: none"> <li>Arm</li> <li>Clavicle</li> <li>Scapula</li> <li>Hand</li> <li>Shoulder</li> <li>Wrist</li> <li>Elbow</li> <li>Finger</li> </ul> <p><b>LOWER EXTREMITY (CYST)</b></p> <ul style="list-style-type: none"> <li>Pain</li> </ul> <p>NON-JOINT (73718)      JOINT (73721)</p> <ul style="list-style-type: none"> <li>Femur</li> <li>Tib / Fib</li> <li>Foot</li> <li>Hip</li> <li>Knee</li> <li>Ankle</li> <li>Toe</li> </ul> <p><b>BONY PELVIS (72195)</b></p> <ul style="list-style-type: none"> <li>Pain</li> <li>Sports Hernia</li> <li>Stress Fx</li> </ul> <p><b>C / T / L SPINE</b></p> <ul style="list-style-type: none"> <li>Pain</li> <li>Radiculopathy</li> <li>Chronic Myelopathy</li> <li>C = (72141)</li> <li>T = (72146)</li> <li>L = (72148)</li> </ul>	<p><b>KIDNEYS (74181)</b></p> <ul style="list-style-type: none"> <li>Renal Insufficiency</li> </ul> <p><b>LIVER ELASTOGRAPHY (76391 and 74181)</b></p> <ul style="list-style-type: none"> <li>Stage Liver Disease</li> </ul>
With & Without IV Contrast	<p><b>ORBITS (INCLUDES BRAIN) (70543)</b></p> <ul style="list-style-type: none"> <li>Optic Nerve Tumors</li> <li>Infection</li> <li>Focal Orbital Disease</li> <li>Visual Loss</li> <li>Optic Neuritis</li> </ul> <p><b>BRAIN (70553)</b></p> <ul style="list-style-type: none"> <li>Mass or Lesions</li> <li>Infection / Inflammation</li> <li>Metastatic Disease</li> <li>Multiple Sclerosis (Known)</li> <li>Pituitary Disorders</li> <li>Hypothalamic Parasellar Pathology</li> <li>Internal Auditory Canal (IAC)</li> <li>Hearing Loss / Tinnitus</li> <li>Vestibular Disease</li> <li>Trigeminal Neuralgia</li> <li>Cranial Nerve</li> <li>Focal Pain of Cranial Nerves</li> </ul> <p><b>MRV BRAIN (70546)</b></p> <ul style="list-style-type: none"> <li>Venous Thrombosis</li> </ul> <p><b>NECK (70543)</b></p> <ul style="list-style-type: none"> <li>Vascular Anatomy</li> <li>Mass Assessment</li> </ul> <p><b>MRA NECK (70549)</b></p> <ul style="list-style-type: none"> <li>Stenosis</li> <li>Dissection</li> </ul>	<p><b>UPPER EXTREMITY</b></p> <ul style="list-style-type: none"> <li>Mass, Osteomyelitis, Infection, OA</li> </ul> <p>NON-JOINT (73220)      JOINT (73223)</p> <ul style="list-style-type: none"> <li>Arm</li> <li>Clavicle</li> <li>Scapula</li> <li>Hand</li> <li>Shoulder</li> <li>Wrist</li> <li>Elbow</li> <li>Finger</li> </ul> <p><b>LOWER EXTREMITY</b></p> <ul style="list-style-type: none"> <li>Mass, Osteomyelitis, Infection, Morton's Neuroma</li> </ul> <p>NON-JOINT (73720)      JOINT (73723)</p> <ul style="list-style-type: none"> <li>Femur</li> <li>Tib / Fib</li> <li>Foot</li> <li>Hip</li> <li>Knee</li> <li>Ankle</li> <li>Toe</li> </ul> <p><b>BONY PELVIS (72197)</b></p> <ul style="list-style-type: none"> <li>Mass</li> <li>Osteomyelitis / Infection</li> <li>Sacroiliitis</li> </ul> <p><b>C/T SPINE</b></p> <ul style="list-style-type: none"> <li>Tumor / Mass</li> <li>Acute Myelopathy</li> <li>Known Multiple Sclerosis</li> <li>Osteomyelitis / Discitis / Infection</li> <li>C = (72156)</li> <li>T = (72157)</li> </ul> <p><b>L SPINE (72158)</b></p> <ul style="list-style-type: none"> <li>Tumor / Mass</li> <li>Acute Myelopathy</li> <li>Prior Back Surgery</li> <li>Osteomyelitis / Discitis / Infection</li> </ul>	<p><b>BRACHIAL PLEXUS (Auth Varies By Dx)</b></p> <p><b>BREAST (77048)</b></p> <p><b>CHEST (71552)</b></p> <p><b>NECK (70543)</b></p> <p><b>MRA</b></p> <ul style="list-style-type: none"> <li>Chest (71555)</li> <li>Renal (74185)</li> </ul> <p><b>ENTEROGRAPHY (ABDOMEN &amp; PELVIS)</b></p> <p>(74183)      (72197)</p> <ul style="list-style-type: none"> <li>Crohn's Disease</li> </ul> <p><b>ABDOMEN (74183)</b></p> <ul style="list-style-type: none"> <li>Overview</li> <li>Concern for Mass</li> </ul> <p><b>PANCREAS (74183)</b></p> <ul style="list-style-type: none"> <li>Bile Ducts</li> <li>Gallbladder</li> <li>Pancreas</li> </ul> <p><b>FEMALE PELVIS (72197)</b></p> <p><b>PROSTATE (72197)</b></p> <p><b>ADNEXAL MASS (72197)</b></p>

**Disclaimer:** The information contained in this document represents the most common current procedural terminology codes utilized but is not all inclusive. Other codes do apply. This is provided solely for assistance and easy access to information.

# Guidelines for Ordering Ultrasounds

Ultrasound Exam	Body Parts Included	Common Indications	Exam Preparations
<b>Thyroid or Soft Tissue Neck</b> CPT: 76536	<ul style="list-style-type: none"> <li>• Thyroid gland</li> <li>• Cervical lymph nodes</li> <li>• Focused ultrasound to the area of concern</li> </ul>	Goiter Hypothyroidism Hyperthyroidism Thyroid nodule(s) Follow-up thyroid nodule(s) Cervical lymphadenopathy	NO PREP
<b>Carotid</b> CPT: 93880	<ul style="list-style-type: none"> <li>• Bilateral carotid artery</li> <li>• Duplex / Doppler</li> </ul>	TIA Stroke HTN Atherosclerotic disease	NO PREP
<b>Abdomen Complete</b> CPT: 76700	<ul style="list-style-type: none"> <li>• Pancreas</li> <li>• Liver</li> <li>• Gallbladder</li> <li>• Bile duct</li> <li>• Right kidney</li> <li>• Left kidney</li> <li>• Spleen</li> <li>• Aorta (Limited)</li> <li>• IVC (Limited)</li> </ul>	Abdominal pain, unspecified Epigastric pain Flank pain Nonspecific abdominal symptoms	Fast for 6 hours
<b>RUQ Ultrasound (Abdomen, Limited)</b> CPT: 76705	<ul style="list-style-type: none"> <li>• Pancreas</li> <li>• Liver</li> <li>• Gallbladder</li> <li>• Bile duct</li> <li>• Right kidney</li> <li>• Aorta (Limited)</li> <li>• IVC (Limited)</li> </ul>	RUQ pain Epigastric pain Abnormal LFTs Jaundice Liver abnormality seen on other imaging HCC screening	Fast for 6 hours
<b>Liver Ultrasound (Abdomen, Limited with Complete Doppler)</b> CPT: 76705 93975	<ul style="list-style-type: none"> <li>• Pancreas</li> <li>• Liver</li> <li>• Gallbladder</li> <li>• Bile duct</li> <li>• Right kidney</li> <li>• Aorta (Limited)</li> <li>• IVC (Limited)</li> <li>• Complete Doppler of the hepatic vasculature (hepatic veins, hepatic artery, portal vein)</li> </ul>	Hepatic cirrhosis Chronic viral hepatitis Portal hypertension Hemochromatosis	Fast for 6 hours
<b>Liver Elastography (With Right Upper Quadrant Ultrasound and Complete Doppler)</b> CPT: 76705 93975 76981	<ul style="list-style-type: none"> <li>• Pancreas</li> <li>• Liver</li> <li>• Gallbladder</li> <li>• Bile duct</li> <li>• Spleen</li> <li>• Aorta (Limited)</li> <li>• IVC (Limited)</li> <li>• Complete Doppler of the hepatic vasculature (hepatic veins, hepatic artery, portal vein)</li> </ul>	Hepatic cirrhosis Chronic viral hepatitis Steatohepatitis Fatty liver disease Liver staging *US of choice to evaluate hepatic fibrosis	Fast for 6 hours
<b>Ultrasound Aorta Diagnostic (Retroperitoneum, Limited)</b> CPT: 76775	<ul style="list-style-type: none"> <li>• Aorta</li> </ul>	Pulsatile abdominal mass AAA follow-up	Fast for 6 hours
<b>Ultrasound Aorta Screening (Retroperitoneum, Limited)</b> CPT: 76706	<ul style="list-style-type: none"> <li>• Aorta</li> </ul>	AAA screening Family history	Fast for 6 hours
<b>Kidneys Ultrasound (Retroperitoneum, Limited)</b> CPT: 76775	<ul style="list-style-type: none"> <li>• Right kidney</li> <li>• Left kidney</li> </ul> <p><i>Not included:</i></p> <ul style="list-style-type: none"> <li>• Urinary bladder</li> </ul>	Flank pain Hematuria Kidney stones Renal cysts Renal abnormality seen on other imaging Renal disease (CKD) UTI	NO PREP
<b>Kidney Ultrasound and Renal Arteries WITH Complete Doppler</b> CPT: 76775 93975	<ul style="list-style-type: none"> <li>• Right kidney</li> <li>• Left kidney</li> <li>• Complete Doppler of the renal arteries, renal veins and intrarenal vessels</li> </ul>	Primary hypertension	Fast for 6 hours

# Guidelines for Ordering Ultrasounds

Ultrasound Exam	Body Parts Included	Common Indications	Exam Preparations
<b>Kidneys Ultrasound and Bladder</b> CPT: 76770	<ul style="list-style-type: none"> <li>• Right kidney</li> <li>• Left kidney</li> <li>• Urinary bladder</li> <li>• Post void residual</li> </ul>	Hematuria UTI Post void residual Incontinence	The patient must finish drinking 3 (8 OZ) glasses of any liquid 1 hour prior to appointment and not empty bladder. The patient may eat.
<b>Bladder Ultrasound</b> CPT: 76857	<ul style="list-style-type: none"> <li>• Urinary bladder</li> <li>• Post void residual</li> </ul>	Post void residual Incontinence	The patient must finish drinking 3 (8 OZ) glasses of any liquid 1 hour prior to appointment and not empty bladder. The patient may eat.
<b>Pelvic Ultrasound Transvaginal AND Transpelvic WITHOUT Doppler (&lt;18 Years Old Transpelvic Only)</b> CPT: 76856 76830	<ul style="list-style-type: none"> <li>• Bilateral ovaries</li> <li>• Bilateral adnexa</li> <li>• Uterus</li> </ul>	Dysfunctional uterine bleeding Post menopausal bleeding Uterine fibroids Ovarian adnexal cysts, mass Ovarian / adnexal abnormality seen on other imaging Pelvic mass Polycystic ovary disease Ovarian follicles monitoring	The patient must finish drinking 3 (8 OZ) glasses of any liquid 1 hour prior to appointment and not empty bladder. The patient may eat.
<b>Pelvic Ultrasound Transvaginal AND Transpelvic WITH Doppler</b> CPT: 76856 76830 93975	<ul style="list-style-type: none"> <li>• Bilateral ovaries</li> <li>• Bilateral adnexa</li> <li>• Uterus</li> </ul>	Suspected ovarian torsion	The patient must finish drinking 3 (8 OZ) glasses of any liquid 1 hour prior to appointment and not empty bladder. The patient may eat.
<b>OB &lt; 14 Weeks (Includes Transvaginal AND Transpelvic)</b> CPT: 76815 76817	<ul style="list-style-type: none"> <li>• Bilateral ovaries</li> <li>• Bilateral adnexa</li> <li>• Uterus</li> </ul>	Viability Dating	The patient must finish drinking 3 (8 OZ) glasses of any liquid 1 hour prior to appointment and not empty bladder. The patient may eat.
<b>Scrotal Ultrasound WITHOUT Doppler</b> CPT: 76870	<ul style="list-style-type: none"> <li>• Bilateral testicles</li> <li>• Bilateral epididymitis</li> </ul>	Scrotal lump / mass / swelling Hydrocele Varicocele Undescended testicle	NO PREP
<b>Scrotal Ultrasound WITH Complete Doppler</b> CPT: 76870 93975	<ul style="list-style-type: none"> <li>• Bilateral testicles</li> <li>• Bilateral epididymitis</li> <li>• Testicular vasculature</li> </ul>	Suspected torsion Scrotal pain Scrotal trauma	NO PREP
<b>Venous Upper / Lower Extremity</b> Unilateral CPT: 93971 Bilateral CPT: 93970	<ul style="list-style-type: none"> <li>• Venous Duplex / Doppler</li> </ul>	DVT Limb pain / swelling	NO PREP
<b>Hernia / Palpable Abnormality</b>			
<b>Abdominal Hernia (Abdomen Limited)</b> CPT: 76705	<ul style="list-style-type: none"> <li>• Focused ultrasound to the area of concern</li> </ul>	Umbilical Hernia	NO PREP
<b>Inguinal Hernia (Extremity, Nonvascular)</b> CPT: 76882	<ul style="list-style-type: none"> <li>• Focused ultrasound to the area of concern</li> </ul>	Inguinal Hernia	NO PREP
<b>Chest / Upper Back</b> CPT: 76604	<ul style="list-style-type: none"> <li>• Focused ultrasound to the area of concern</li> </ul>	Lump	NO PREP
<b>Lower Abdomen / Lower Back</b> CPT: 76705	<ul style="list-style-type: none"> <li>• Focused ultrasound to the area of concern</li> </ul>	Lump	NO PREP
<b>Upper / Lower Extremity Nonvascular</b> CPT: 76882	<ul style="list-style-type: none"> <li>• Focused ultrasound to the area of concern</li> </ul>	Palpable lump (groin extremity) Groin lymphadenopathy Baker's cyst Foreign body Ganglion cyst	NO PREP
<b>MSK / Musculoskeletal</b>			
<b>Hand / Wrist</b> CPT: 76881		Suspected radial / ulnar nerve injury Suspected tendon injury	NO PREP
<b>Elbow</b> CPT: 76881		Biceps rupture Bursitis Suspected ulnar nerve abnormality	NO PREP
<b>Shoulder</b> CPT: 76881		Rotator cuff tear Biceps rupture Bursitis Muscle strain	NO PREP
<b>Foot</b> CPT: 76881		Morton's neuroma Plantar fasciitis Muscle strain	NO PREP
<b>Ankle</b> CPT: 76881		Suspected achilles injury Suspected medial / lateral ankle tendon injury	NO PREP
<b>Knee</b> CPT: 76881		Suspected patellar tendon injury Suspected quadriceps injury	NO PREP

# Guidelines for Ordering Adult X-Rays

Adult X-Ray Exams (18 Years and Older)	Description of Views Included	Standard Views
<b>HEAD</b>		
Skull	PA, Towne, and Right/Left Lateral	4
Facial Bones	Waters, PA Caldwell, and Lateral	3
Orbits	Waters, Modified Waters, PA Caldwell, and Lateral of Affected Side	4
Orbits (For Foreign Body)	Waters and Left Lateral	2
Sinuses	Waters, PA, and Lateral of Affected Side (All Images Upright)	3
Nasal Bones	Waters and Right/Left Lateral	3
TMJ	Towne, PA, and Right/Left Lateral Open Mouth and Closed Mouth	6
Mandible	Towne, PA, and Both Axialaterals	4
Mastoids	Towne and Axialateral Oblique/Stenvers	3
<b>UPPER EXTREMITY</b>		
Clavicle	AP with Cephalic Angle	1
AC Joints	AP Without Weights	1
SC Joints	PA and Bilateral Obliques	3
Scapula	AP and Lateral	2
Shoulder	AP, Outlet, and Axillary Lateral	3
Shoulder (For Trauma)	AP and Axillary Lateral	2
Humerus	AP and Lateral	2
Elbow	AP, Lateral, and Radial Head	3
Forearm	AP and Lateral	2
Wrist	PA, Oblique, and Lateral (Navicular if Area of Pain)	3 to 4
Hand	PA, Oblique, and Lateral	3
Finger	PA of Hand, Oblique, and Lateral of Affected Finger	3
<b>ABDOMEN, TORSO AND SPINE</b>		
Cervical Spine	AP, Bilateral Obliques, and Lateral (Add Open Mouth for Trauma)	4 to 5
Cervical Spine (With Flexion/Extension)	AP, Bilateral Obliques, Lateral, and Lateral Flexion/Extension	6
Soft Tissue Neck	AP and Lateral	2
Thoracic Spine	AP and Lateral	2
Sternum	Oblique and Lateral	2
Chest	PA and Left Lateral	2
Ribs	PA or AP Upper/Lower and Oblique	3 to 4
Abdomen (KUB)	AP Supine	1
Abdomen (Flat and Upright)	AP Supine and AP Upright	2
Lumbar Spine	AP, Lateral, and Coned Lateral	3
Lumbar Spine (With Flexion/Extension)	AP, Lateral, Coned Lateral, and Lateral Flexion/Extension	5
Lumbar Spine (With Obliques)	AP, Lateral, Coned Lateral, and Bilateral Obliques	5
Pelvis	AP	1
Hip	AP and Lateral (AP Standing)	2
Bilateral Hips	AP and Lateral of Each Hip (APs Standing)	4
Bilateral Hips and Pelvis	AP, Lateral of Each Hip, and AP Pelvis (AP Hips Standing)	5
SI Joints	AP, Right Oblique, and Left Oblique	3
Sacrum	AP and Lateral	2
Coccyx	AP and Lateral	2
Sacrum and Coccyx	AP Cephalad, AP Caudal, and Lateral	3
Spine Screen for Scoliosis	Spine AP and Lateral ( <i>Johnston Office Only</i> )	2
<b>LOWER EXTREMITY</b>		
Femur	AP and Lateral	2
Knee	AP, Lateral, and Sunrise (AP/Lateral Standing)	3
Bilateral Knees	AP, Lateral of Each Side, and Sunrise of Each Side (AP/Laterals Standing)	5
Lower Leg	AP and Lateral	2
Ankle	AP, Lateral, and Oblique (All Done Standing if Able)	3
Heel	Lateral and Semi-Axial	2
Foot	AP, Lateral, and Oblique (All Done Standing if Able)	3
Toes	AP/Oblique of Forefoot and Lateral of Affected Toe	3
Leg Length	Bilateral AP ( <i>Johnston Office Only</i> )	1

# Guidelines for Ordering Pediatric X-Rays

Pediatric X-Ray Exams (Under 18 Years Old)	Description of Views Included	Standard Views
<b>HEAD</b>		
Sinus	Upright Waters, PA, and Lateral of Affected Side	3
Skull	PA, Towne, and Right/Left Lateral	4
Nasal Bones	Waters and Right/Left Laterals	3
<b>UPPER EXTREMITY</b>		
Upper Extremity (Less Than 1 Year)	AP/Lateral Shoulder to Elbow and AP/Lateral Elbow to Wrist	4
Clavicle	AP and Angled AP	2
Shoulder	AP and Axillary Lateral	2
Humerus	AP and Lateral	2
Elbow	AP, Lateral, and Internal Oblique	3
Forearm	AP and Lateral	2
Wrist	PA, Oblique, and Lateral (Navicular if Area of Pain)	3 to 4
Hand	PA, Oblique, and Lateral	3
Finger	PA of Hand, Oblique, and Lateral of Affected Finger	3
<b>ABDOMEN, TORSO AND SPINE</b>		
Cervical Spine (14 and Under)	AP and Lateral	2
Cervical Spine (Trauma)	AP, Lateral, and Open Mouth	3
Cervical Spine (Stability)	Lateral: Neutral, Flexion and Extension	3
Soft Tissue Neck (Snoring and Evaluation of Adenoids/Tonsils)	Lateral	1
Soft Tissue Neck (For Difficulty Breathing/Stridor)	AP and Lateral	2
Thoracic Spine	AP and Lateral	2
Chest	PA and Left Lateral	2
Sternum	Oblique and Lateral	2
Ribs	PA or AP, Oblique, and Spot	3 to 4
Abdomen (KUB)	AP Supine	1
Abdomen (Flat and Upright)	AP Supine and AP Upright (Under 5 Left Lateral Decubitus)	2
Lumbar Spine	AP and Lateral	2
Pelvis	AP	1
Hips (Under 15 Always Done Bilateral)	AP Pelvis and Frog Lateral Pelvis	2
Spine Screen for Scoliosis	Spine AP and Lateral ( <i>Johnston Office Only</i> )	2
<b>LOWER EXTREMITY</b>		
Lower Extremity (Less Than 1 Year)	AP/Lateral Hip to Knee and AP/Lateral Knee to Ankle	4
Femur	AP and Lateral	2
Knee	AP and Lateral	2
Bilateral Knees	AP and Lateral of Each Side	4
Lower Leg	AP and Lateral	2
Ankle	AP, Lateral, and Oblique	3
Heel	Lateral and Semi-Axial	2
Foot	AP, Lateral, and Oblique	3
Toes	AP/Oblique of Forefoot and Lateral of Affected Toe	3
Leg Length	Bilateral AP ( <i>Johnston Office Only</i> )	1
<b>MISCELLANEOUS</b>		
Bone Age	PA of Left Hand and Wrist	1

# Insurances Requiring Prior Authorizations For MRI, MRA, MRE, CT, CTA, and CTE

INSURANCE	REFERRING PHYSICIANS MUST OBTAIN THESE PRE-AUTHS	RIMI CAN OBTAIN THESE PRE-AUTHS
AETNA		X
ALLWAYS HEALTH PARTNERS		X
ANTHEM BLUE CROSS (Prefix XGC book 4 days out)		X
BEACON	X	
BLUE CROSS OF NJ (Prefix UFD book 5 days out)		X
BLUE CROSS OF RI, BLUECHIP	X	
BLUECHIP MEDICARE	X	
BMC HEALTH NET		X
CIGNA (All Plans)		X
FEP BLUE FOCUS	X	
GREAT WEST HEALTHCARE		X
HARVARD PILGRIM		X
HUMANA	X	
MASS HEALTH		X
NEIGHBORHOOD HEALTH PLAN OF RI (All plans)		X
OXFORD HEALTH		X
RI MEDICAL ASSISTANCE		X
TUFTS (All plans)		X
UNICARE/COMMONWEALTH OF MASS		X
UNITED COMMERCIAL (NOT ALL PLANS)	X	
UNITED SENIOR CARE PRODUCTS	X	
UNITED RITE CARE, RHODY	X	
WORKERS COMPENSATION	VARIES	VARIES

## Top Insurance Not Accepted

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- 1) BlueChip Direct Advance
  - Please check website for all insurance companies

## General Information to Start Authorization

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- Patient demographic information
- Member's ID number and/or SS number from insurance card
- Date of birth
- Type of procedure(s) / modality (CPT & ICD-10 codes)
- Clinical information (treatment history, treatment plan medications)
- Previous imaging study results

# Authorizations Process

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**AUTHORIZATIONS THAT REFERRING OFFICES MUST OBTAIN:** Please provide an Authorization number on your referral slip, or at the time of scheduling, for all CT and MRI appointments, if available. If we do not receive the required Authorization prior to the scheduled appointment the exam will be rescheduled.

**AUTHORIZATIONS THAT RIMI CAN OBTAIN FOR YOU:** Please fax all relevant clinical notes and patient demographics with the CT or MRI order. If the clinical notes are not available at the time of your fax please send them as soon as possible to our Authorizations department at (401) 427-7815. Any delay in receiving this information may result in patient appointments being rescheduled.

**STAT EXAMS:** For STAT CT or MRI exams the referring office must obtain all Authorizations regardless of the insurance and STAT exams for all modalities must be called in by the referring office to our Central Scheduling Department.

- Direct Phone: (401) 432-2400, press 2 for Scheduling, and press 1 for STAT exams
- Direct Fax: (401) 432-2519

**WAIVER OF LIABILITY:** If an Authorization is not obtained 4 hours prior to the exam and the patient still wants to be seen, the patient will be given the option to sign a Waiver of Liability form. This form states that if the exam is denied by the insurance company that the patient will be financially responsible for the exam. If the Authorization is not obtained 4 hours prior to the exam and the patient does not want to sign the Waiver of Liability form, we will cancel or reschedule the appointment until the Authorization is obtained.

**FOR AUTHORIZATIONS AND PATIENT FINANCIAL SERVICES:** If you have inquiries about CT or MRI Authorizations please contact our Patient Financial Services Department directly and not the Central Scheduling Department.

- Direct Phone: (401) 427-7820
- Direct Fax: (401) 427-7815

# Patient Out-of-Pocket Expenses

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Rhode Island Medical Imaging will reach out to patients informing them of their financial responsibility before their scheduled appointment. Patients will be responsible to pay all out-of-pocket expenses at the time of service.

We offer affordable payment plans and also accept MasterCard, Visa, and American Express. Please have your patients call (401) 427-7820 for more information.

## Prospect Health

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If a patient has Bluechip Medicare and the patient's Primary Care Physician is part of Prospect Health, the Authorization for all MRIs and CTs will need to be obtained through Prospect Health. You can contact Prospect Health at (401) 214-3517 to request a Treatment Authorization Form or you can contact the Patient Financial Services Department at (401) 427-7820 to have one faxed to you.

**For STAT exams:** referring physicians will need to call in the Authorization request to (844) 762-9231.

## BCBS Prior Authorization Process

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There are four ways to obtain prior Authorization of coverage for an imaging exam from eviCore.

1. [www.evicore.com](http://www.evicore.com)
2. Fax forms can be obtained on the [www.evicore.com](http://www.evicore.com) website or in the provider section of [www.BCBSRI.com](http://www.BCBSRI.com).
3. Contact eviCore toll-free, 8 am - 9 pm EST, Monday - Friday at (888) 693-3211 and provide all pertinent clinical information over the telephone.
4. Retro-Authorizations can be started online.

## BCBS STAT Exams

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STAT Authorization requests are obtained through eviCore:

- STAT requests are accepted **by phone only at (888) 693-3211.**
- Please be sure to let the representative know that this is a STAT request.

## BCBS Retro-Authorizations

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- Retro-Authorizations are accepted by phone and online.
- For Retro-Authorizations, please call eviCore at (888) 693-3211.
- Please be sure to give the representative the exam date of service for the Authorization.
- We expect our referring offices to assist in obtaining an Authorization for all exams.
- If no Authorization is on file, you will be contacted by our staff to assist in obtaining a Retro-Authorization.



## United Prior Authorization Process

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- Telephone number to start authorizations: (866) 889-8054, option 1.
- Fax number to send clinical information with the case number: (866) 889-8061.
- Not all plans need an Authorization. When obtaining an Authorization, you will see an Authorization number or a note stating "No Authorization/Notification Required." Please print and fax to Rhode Island Medical Imaging at (401) 427-7815.

## United STAT Exams

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Please call United at (866) 889-8054 to start the Authorization and give clinical information to the United representative. Please advise the representative that this is a STAT exam.

## United Retro-Authorizations

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- **United Retro-Authorizations need to be obtained within 2 days from date of service.**
- Retro-Authorizations are accepted **by phone only**.
- Please be sure to give the representative the exam date of service for the Authorization and the correct procedure code.
- We expect our referring offices to assist in obtaining an Authorization for all exams.
- If no Authorization is on file, you will be contacted by our staff to assist in obtaining a Retro-Authorization.

## Harvard Pilgrim

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- When starting a Harvard Pilgrim Authorization, please be sure to obtain it using the name of a Rhode Island Medical Imaging Radiologist. **DO NOT USE RI MEDICAL IMAGING.** Please call (401) 427-7820 with questions.

# Prior Authorization Resource Sheet

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**AETNA** ..... Eligibility: **(888) 632-3862**  
www.evicore.com ..... Pre-Auth: **(888) 693-3211**

**BEACON MUTUAL** ..... Pre-Auth: (401) 825-2989

**BLUE CROSS of NJ (UFD prefix)** ..... Eligibility & Pre-Auth: **(888) 773-8329**  
Fax#: **(201) 569-1085**

**NOTE:** BCBS NJ requires all CT/CTAs and MRI/MRAs to be scheduled 5 days out.

**BLUE CROSS BLUE SHIELD of RI** ..... Eligibility: **(401) 272-1590**  
www.evicore.com ..... Pre-Auth: **(888) 693-3211**

**BLUE CROSS BLUE SHIELD (out-of-state)** ..... Eligibility: **(800) 676-2583**  
Pre-Auth: **All states are different**

Call the BlueCard line at (800) 676-2583 to verify eligibility and benefits.

**NOTE:** You will need to have the first 3 letters of the card available when you place the call. The three-character alpha prefix at the beginning of the member's identification number identifies the plan or national account to which the member belongs.

**CIGNA** ..... Eligibility: **(800) 244-6224**  
www.cigna.com ..... Pre-Auth: **(800) 558-3644**  
www.evicore.com ..... Pre-Auth: **(888) 693-3211**

All Cigna HMO-POS and PPO network contracts require prior Authorizations for CT/CTAs and MRI/MRAs. If the patient has a Cigna/Tufts Carelink Plan and the ID number begins with 7, 8, or 9 the Authorization is obtained through Cigna. If the ID number begins with "U" the Authorization number goes through eviCore. Please follow the eviCore process guidelines for obtaining these. eviCore typically requires that all clinical documentation be submitted with the initial request.

**GREAT WEST** ..... Eligibility: **(800) 663-8081**  
www.evicore.com ..... Pre-Auth: **(888) 693-3211**

All CT/CTAs and MRI/MRAs require prior Authorization. Ultrasound and diagnostic X-rays do not require prior Authorization. Great West requires Authorization through eviCore. You will need the location and CPT code when calling.

**HARVARD PILGRIM** ..... Eligibility: **(888) 333-4742**  
www.radmd.com Pre-Auth: **(800) 642-7543**

**MEDICAID** ..... Eligibility: **(401) 784-8100**  
www.evicore.com Pre-Auth: **(888) 693-3211**

**NOTE: Medicaid/Medicare Supplemental Policies** do not require prior Authorizations. However, we do advise that you check eligibility.

**NEIGHBORHOOD HEALTH PLAN OF RI** ..... Eligibility: **(401) 459-6020**  
www.evicore.com Pre-Auth: **(888) 693-3211**

**OXFORD HEALTH (care core)** ..... Eligibility & Pre-Auth: **(800) 444-6222**

**TUFTS** ..... Eligibility: **(888) 884-2404**  
www.radmd.com Pre-Auth: **(866) 642-9703**

**UNICARE** ..... Eligibility: **(800) 442-9300**  
Pre-Auth: **(866) 766-0247**

**UNITED COMMERCIAL** ..... Eligibility: **(877) 842-3210**  
www.unitedhealthcareonline.com Pre-Auth: **(866) 889-8054**

**UNITED (Senior Care Products)** ..... Eligibility: **(877) 842-3210**  
www.unitedhealthcareonline.com Pre-Auth: **(866) 889-8054**

**UNITED (Ritecare, Rhody)** ..... Eligibility: **(877) 842-3210**  
www.unitedhealthcareonline.com Pre-Auth: **(866) 889-8054**

# Clinical Decision Support

Please provide RIMI with proper Clinical Decision Support through the year 2022, the testing period for Centers for Medicare and Medicaid Services.

During this testing period, we encourage our referring providers to prepare and participate in this program. Referring providers that order Medicare Part B and Railroad Medicare advanced diagnostic imaging services must consult Appropriate Use Criteria (AUC) through a qualified Clinical Decision Support Mechanism (CDSM). This includes orders that list both Medicare Part B and Railroad Medicare as primary or secondary insurance. The referring physician must provide the appropriate information to the imaging facility so they can report the AUC consultation information on their Medicare claims.

Rhode Island Medical Imaging has provided a Clinical Decision Support Mechanism (CDSM) called Care Select for our referring providers to access (<https://openaccess.careselect.org/registration>). Please visit our website at [www.rimirad.com](http://www.rimirad.com), "For Providers", and select "Clinical Decision Support" for more information.

## What is a Clinical Decision Support Mechanism (CDSM)?

A Clinical Decision Support Mechanism (CDSM) is an interactive, electronic tool for use by clinicians that communicates appropriate use criteria information to the user and assists them in making the most appropriate treatment decision for a patient's specific condition.

RIMI has provided a Clinical Decision Support Mechanism (CDSM) called Care Select for our referring providers to access (<https://openaccess.careselect.org/registration>).

## How do I access the Care Select CDSM?

**To register as a Care Select user:** To access the Care Select Imaging Open Access Portal for the first time, navigate to <http://openaccess.careselect.org/registration> and register for an account. To register, you will need to provide basic information, including your name, NPI, email, etc. Once your registration is complete, you will be able to log into the application.

**To access Care Select after you've registered:** Navigate to <http://openaccess.careselect.org> and enter your username and password created during your initial registration.

### Additional information:

- For further instruction, the User Guide and Frequently Asked Questions (FAQS) documents can be found on Care Select Portal after login.
- Google Chrome needs to be used when accessing Care Select.

## If my patient has Medicare Part B or Railroad Medicare as a secondary insurance, do I need to consult Appropriate Use Criteria?

Yes, referring providers must consult Appropriate Use Criteria for patients with Medicare Part B and Railroad Medicare listed as secondary insurance.

## Do all medical providers have to participate with Clinical Decision Support?

Yes, all medical providers that order imaging exams for patients that have Medicare Part B and Railroad Medicare as either primary or secondary insurance must comply with the AUC Mandate unless they qualify for a hardship. Hardships are: insufficient internet access, electronic Medical Records or CDSM issues or extreme and uncontrollable circumstances.

## What high tech imaging exams does the Appropriate Use Criteria Mandate apply to in an office setting?

All CT and MRI exams ordered by a medical provider for patients that have primary or secondary Medicare Part B and Railroad Medicare insurance.

## Do Senior Managed Insurance Plans (Advantage Plans) have to comply with the Appropriate Use Criteria /Clinical Decisions Support mandate?

No, the mandate does not apply to Senior Managed Insurance Plans.

# Clinical Decision Support

## Will you provide services to my Medicare Part B and Railroad Medicare patients if the Appropriate Use Criteria information is not included on the referral slip?

No, Rhode Island Medical Imaging will refuse Medicare Part B and Railroad Medicare referred patients without the proper AUC documentation, as stated in the Appropriate Use Criteria Mandate.

## What information will the Clinical Decision Support Mechanism ask for?

The Clinical Decision Support Mechanism, Care Select, that RIMI has provided will ask for the patient's age and sex. You will also have to provide information about the patient's signs and symptoms as well as the test being ordered. You may be required to answer additional clinical questions in order to complete the request. Based on what is entered, an appropriateness score will be generated.

## Can Rhode Island Medical Imaging access the Clinical Decision Support Mechanism on behalf of referring provider?

No, the law and regulations are clear that the Appropriate Use Criteria consultation must be performed by the referring provider's office.

## Who can perform an Appropriate Use Criteria Consultation in the ordering physician's office?

As the ordering professional, you may delegate the Appropriate Use Criteria consultation to clinical staff acting under your direction if you do not personally perform the Appropriate Use Criteria consultation yourself.

## What if my patient presents with an emergent condition?

Patients that present with an emergent condition are exempt from AUC. To qualify for an emergency exemption, the clinician only needs to determine that the medical condition manifests itself by acute symptoms of sufficient severity (including severe pain) such that absence of immediate medical attention could reasonably be expected to result in: placing the health of the individual (or a woman's unborn child) in serious jeopardy; serious impairment to bodily functions; or serious dysfunction to any bodily organ or part.

## How will the qualified Clinical Decision Support Mechanism information get communicated to Rhode Island Medical Imaging?

The referring provider is responsible for providing the Appropriate Use Criteria consultation information to Rhode Island Medical Imaging as part of the order by electronically or manually writing it on the patient's referral slip.

## What information will the referring provider need to provide to Rhode Island Medical Imaging?

The referring provider will need to provide the name of the Clinical Decision Support Mechanism used and whether the result of the consultation was "adhere," "not adhere," or "not applicable." A series of G codes will represent the CDSM used by the ordering provider and modifiers will represent the outcome of the Appropriate Use Criteria.

## What G codes will be used to indicate the Clinical Decision Support Mechanism used by the referring provider's office?

**G1001** - Clinical Decision Support Mechanism eviCore, as defined by the Medicare Appropriate Use Criteria Program

**G1002** - Clinical Decision Support Mechanism MedCurrent, as defined by the Medicare Appropriate Use Criteria Program

**G1003** - Clinical Decision Support Mechanism Medicalis, as defined by the Medicare Appropriate Use Criteria Program

**G1004** - Clinical Decision Support Mechanism National Decision Support Company CareSelect<sup>TM\*</sup>, as defined by the Medicare Appropriate Use Criteria Program

**G1007** - Clinical Decision Support Mechanism AIM Specialty Health, as defined by the Medicare Appropriate Use Criteria Program

**G1008** - Clinical Decision Support Mechanism Cranberry Peak, as defined by the Medicare Appropriate Use Criteria Program

**G1009** - Clinical Decision Support Mechanism Sage Health Management Solutions, as defined by the Medicare Appropriate Use Criteria Program

**G1010** - Clinical Decision Support Mechanism Stanson, as defined by the Medicare Appropriate Use Criteria Program

(continued on next page)

# Clinical Decision Support

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**G1012** - Clinical Decision Support Mechanism AgileMD, as defined by the Medicare Appropriate Use Criteria Program

**G1013** - Clinical Decision Support Mechanism EvidenceCare's Imaging Advisor, as defined by the Medicare Appropriate Use Criteria Program

**G1014** - Clinical Decision Support Mechanism InveniQA's Semantic Answers in Medicine, as defined by the Medicare Appropriate Use Criteria Program

**G1015** - Clinical Decision Support Mechanism Reliant medical Group, as defined by the Medicare Appropriate Use Criteria Program

**G1016** - Clinical Decision Support Mechanism Speed of Care, as defined by the Medicare Appropriate Use Criteria Program

**G1017** - Clinical Decision Support Mechanism HealthHelp, as defined by the Medicare Appropriate Use Criteria Program

**G1018** - Clinical Decision Support Mechanism INFINX, as defined by the Medicare Appropriate Use Criteria Program

**G1019** - Clinical Decision Support Mechanism LogicNets, as defined by the Medicare Appropriate Use Criteria Program

**G1020** - Clinical Decision Support Mechanism Curbside Clinical Augmented Workflow, as defined by the Medicare Appropriate Use Criteria Program

**G1021** - Clinical Decision Support Mechanism E\*HealthLine, as defined by the Medicare Appropriate Use Criteria Program

**G1022** - Clinical Decision Support Mechanism Intermountain, as defined by the Medicare Appropriate Use Criteria Program

**G1023** - Clinical Decision Support Mechanism Persivia, as defined by the Medicare Appropriate Use Criteria Program

## What modifiers will be used to define the outcome of the Appropriate Use Criteria?

See below:

**MA** - Ordering professional is not required to consult a clinical decision support mechanism due to service being rendered to a patient with a suspected or confirmed emergency medical condition

**MB** - Ordering professional is not required to consult a clinical decision support mechanism due to the significant hardship exception of insufficient internet access

**MC** - Ordering professional is not required to consult a clinical decision support mechanism due to the significant hardship exception of electronic health record or clinical decision support mechanism vendor issues

**MD** - Ordering professional is not required to consult a clinical decision support mechanism due to the significant hardship exception of extreme and uncontrollable circumstances

**ME** - The order for this service adheres to the appropriate use criteria in the clinical decision support mechanism consulted by the ordering professional

**MF** - The order for this service does not adhere to the appropriate use criteria in the qualified clinical decision support mechanism consulted by the ordering professional

**MG** - The order for this service does not have appropriate use criteria in the clinical decision support mechanism consulted by the ordering professional

**MH** - Unknown if ordering professional consulted a clinical decision support mechanism for this service, related information was not provided to the furnishing professional or provider

## Is there a way for Rhode Island Medical Imaging to look up AUC consultation information if the referring provider forgot to provide it on the referral slip?

No, the imaging facility will not be able to use a reverse look up to obtain the AUC information.

# Clinical Decision Support

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## Is there a list of Qualified Decision Support Mechanisms that I can choose from?

Yes. See below:

- AgileMD's Clinical Decision Support Mechanism
- AIM Specialty Health Provider Portal
- Cranberry Peak ezCDS
- Curbside Clinical Augmented Workflow
- E\*HealthLine CDSM
- Evicore Healthcare's Clinical Decision Support Mechanism
- EvidenceCare's Imaging Advisor
- HealthHelp CDSM
- INFINX CDSM
- Intermountain CDSM
- Inveni-QA's Semantic Answers in Medicine
- LogicNets AUC Solution
- MedCurrent OrderWise TM
- Medicalis Clinical Decision Support Mechanism
- National Decision Support Company CareSelect
- National Imaging Associates RadMD
- Persivia Clinical Decision Support
- Reliant Medical Group CDSM
- Sage Health Management Solutions Inc. RadWise
- Speed of Care CDSM
- Stanson Health's Stanson CDS

## Are any of the Qualified Decision Support Mechanisms free of charge?

Yes. See below:

- AIM Specialty Health Provider Portal
- National Decision Support Company Care Select
- Test Appropriate CDSM

## Will Rhode Island Medical Imaging be providing a CDSM for referring providers to access?

Yes, there is a Clinical Decision Support Mechanism Link on the [www.rimirad.com](http://www.rimirad.com) website for our referring providers.

## Where can I find more information about Clinical Decision Support?

Please visit [www.acr.org/cds](http://www.acr.org/cds) for more information.

## Who can I contact at Rhode Island Medical Imaging if I have any questions?

Please contact your RIMI Physician Liaison with any questions or concerns that you may have or you can email [marketing@rimirad.com](mailto:marketing@rimirad.com) for further assistance.



# Common CPT Codes for MR/CT

<b>MRI</b>	
<b>CPT CODE</b>	<b>CODE DESCRIPTION</b>
70336	MRI TMJ WO CONTRAST
70540	MRI ORBIT, FACE AND/OR NECK WO CONTRAST
70543	MRI ORBIT, FACE AND/OR NECK W/WO CONTRAST
70551	MRI BRAIN WO CONTRAST
70552	MRI BRAIN WITH CONTRAST
70553	MRI BRAIN W/WO CONTRAST
71550	MRI CHEST WO CONTRAST
71552	MRI CHEST W/WO CONTRAST
72141	MRI C SPINE WO CONTRAST
72142	MRI C SPINE WITH CONTRAST
72156	MRI C SPINE W/WO CONTRAST
72146	MRI T SPINE WO CONTRAST
72147	MRI T SPINE WITH CONTRAST
72157	MRI T SPINE W/WO CONTRAST
72148	MRI L SPINE WO CONTRAST
72149	MRI L SPINE WITH CONTRAST
72158	MRI L SPINE W/WO CONTRAST
72195	MRI PELVIS WO CONTRAST
72196	MRI PELVIS WITH CONTRAST
72197	MRI PELVIS W/WO CONTRAST
73218	MRI UPPER EXTREMITY (OTHER THAN JOINT) WO CONTRAST (HAND, ARM, SCAPULA, CLAVICLE)
73219	MRI UPPER EXTREMITY (OTHER THAN JOINT) WITH CONTRAST (HAND, ARM, SCAPULA, CLAVICLE)
73220	MRI UPPER EXTREMITY (OTHER THAN JOINT) W/WO CONTRAST (HAND, ARM, SCAPULA, CLAVICLE)
73221	MRI UPPER EXTREMITY (ANY JOINT) WO CONTRAST (SHOULDER, WRIST, ELBOW, FINGER)
73222	MRI UPPER EXTREMITY (ANY JOINT) WITH CONTRAST (SHOULDER, WRIST, ELBOW, FINGER)
73223	MRI UPPER EXTREMITY (ANY JOINT) W/WO CONTRAST (SHOULDER, WRIST, ELBOW, FINGER)
73718	MRI LOWER EXTREMITY (OTHER THAN JOINT) WO CONTRAST (FOOT OR LEG)
73719	MRI LOWER EXTREMITY (OTHER THAN JOINT) WITH CONTRAST (FOOT OR LEG)
73720	MRI LOWER EXTREMITY (OTHER THAN JOINT) W/WO CONTRAST (FOOT OR LEG)
73721	MRI LOWER EXTREMITY (ANY JOINT) WO CONTRAST (HIP, KNEE, ANKLE, TOE)
73722	MRI LOWER EXTREMITY (ANY JOINT) WITH CONTRAST (HIP, KNEE, ANKLE, TOE)
73723	MRI LOWER EXTREMITY (ANY JOINT) W/WO CONTRAST (HIP, KNEE, ANKLE, TOE)
74181	MRI ABDOMEN WO CONTRAST
74182	MRI ABDOMEN WITH CONTRAST
74183	MRI ABDOMEN W/WO CONTRAST
77046	MRI BREAST WO CONTRAST (UNILATERAL)
77047	MRI BREAST WO CONTRAST (BILATERAL)
77048	MRI BREAST W/WO (UNILATERAL INCLUDING CAD WHEN PERFORMED)
77049	MRI BREAST W/WO (BILATERAL INCLUDING CAD WHEN PERFORMED)

## **MRA (ANGIOGRAPHY)**

<b>CPT CODE</b>	<b>CODE DESCRIPTION</b>
70544	MRA HEAD WO CONTRAST
70546	MRA HEAD W/WO CONTRAST
70547	MRA NECK WO CONTRAST
70548	MRA NECK WITH CONTRAST
70549	MRA NECK W/WO CONTRAST
71555	MRA CHEST W/WO CONTRAST
72198	MRA PELVIS W/WO CONTRAST
73725	MRA LOWER EXTREMITY W/WO CONTRAST
74185	MRA ABDOMEN W/WO CONTRAST



# Common CPT Codes for MR/CT

CT	
CPT CODE	CODE DESCRIPTION
70450	CT HEAD/BRAIN WO CONTRAST
70460	CT HEAD/BRAIN WITH CONTRAST
70470	CT HEAD/BRAIN W/WO CONTRAST
70480	CT ORBIT, SELLA OR POSTERIOR FOSSA, OUTER, MIDDLE OR INNER EAR WO CONTRAST
70481	CT ORBIT, SELLA OR POSTERIOR FOSSA, OUTER, MIDDLE OR INNER EAR WITH CONTRAST
70482	CT ORBIT, SELLA OR POSTERIOR FOSSA, OUTER, MIDDLE OR INNER EAR W/WO CONTRAST
70486	CT SINUS (MAXILLOFACIAL AREA) WO CONTRAST
70487	CT SINUS (MAXILLOFACIAL AREA) WITH CONTRAST
70488	CT SINUS (MAXILLOFACIAL AREA) W/WO CONTRAST
70490	CT NECK (SOFT TISSUE) WO CONTRAST
70491	CT NECK (SOFT TISSUE) WITH CONTRAST
70492	CT NECK (SOFT TISSUE) W/WO CONTRAST
71250	CT CHEST WO CONTRAST
71260	CT CHEST WITH CONTRAST
71270	CT CHEST W/WO CONTRAST
72125	CT CERVICAL SPINE WO CONTRAST
72126	CT CERVICAL SPINE WITH CONTRAST
72127	CT CERVICAL SPINE W/WO CONTRAST
72128	CT THORACIC SPINE WO CONTRAST
72129	CT THORACIC SPINE WITH CONTRAST
72130	CT THORACIC SPINE W/WO CONTRAST
72131	CT LUMBAR SPINE WO CONTRAST
72132	CT LUMBAR SPINE WITH CONTRAST
72133	CT LUMBAR SPINE W/WO CONTRAST
72192	CT PELVIS WO CONTRAST
72193	CT PELVIS WITH CONTRAST
72194	CT PELVIS W/WO CONTRAST
73200	CT UPPER EXTREMITY WO CONTRAST (ARM, ELBOW, WRIST, HAND, FINGER)
73201	CT UPPER EXTREMITY WITH CONTRAST (ARM, ELBOW, WRIST, HAND, FINGER)
73202	CT UPPER EXTREMITY W/WO CONTRAST (ARM, ELBOW, WRIST, HAND, FINGER)
73700	CT LOWER EXTREMITY WO CONTRAST (LEG, ANKLE, FOOT, TOES)
73701	CT LOWER EXTREMITY WITH CONTRAST (LEG, ANKLE, FOOT, TOES)
73702	CT LOWER EXTREMITY W/WO CONTRAST (LEG, ANKLE, FOOT, TOES)
74150	CT ABDOMEN WO CONTRAST
74160	CT ABDOMEN WITH CONTRAST
74170	CT ABDOMEN W/WO CONTRAST
74176	CT ABDOMEN & PELVIS WO CONTRAST
74177	CT ABDOMEN & PELVIS WITH CONTRAST
74178	CT ABDOMEN & PELVIS W/WO CONTRAST
74261	CT COLONOGRAPHY DIAGNOSTIC WITHOUT CONTRAST
74263	CT COLONOGRAPHY SCREENING WITHOUT CONTRAST
75571	CT CARDIAC CALCIUM SCORE

# Common CPT Codes for MR/CT

## CT (ANGIOGRAPHY)

CPT CODE	CODE DESCRIPTION
70496	CTA HEAD W/WO CONTRAST
70498	CTA NECK W/WO CONTRAST
71275	CTA CHEST W/WO CONTRAST
72191	CTA PELVIS W/WO CONTRAST
73206	CTA UPPER EXTREMITY W/WO CONTRAST
74174	CTA ABDOMEN & PELVIS W/WO CONTRAST
74175	CTA ABDOMEN W/WO CONTRAST
75635	CTA ABDOMEN AORTA & BILATERAL ILIOFEMORAL LOWER EXTREMITY RUNOFF W/WO CONTRAST
75574	CTA CORONARY (CARDIAC) WITH CONTRAST
75574 & 74174	CTA CHEST, ABDOMEN & PELVIS WITH TAVI WITH CONTRAST

## MISCELLANEOUS

CPT CODE	CODE DESCRIPTION
71275	CTA CHEST FOR PE (PULMONARY EMBOLISM) W/WO CONTRAST
74176	CT RENAL CALCULUS (KIDNEY STONE DIAGNOSIS) = CT ABDOMEN & PELVIS WO CONTRAST
74178	CT ENTEROGRAPHY = CT ABDOMEN & PELVIS W/WO CONTRAST
74178	CT UROGRAM (HEMATURIA DIAGNOSIS) = CT ABDOMEN & PELVIS W/WO CONTRAST
71271	CT LUNG SCREENING WO CONTRAST
74181	MRCP = MRI ABDOMEN WO CONTRAST
74183 & 72197	MRI ENTEROGRAPHY = MRI ABDOMEN & PELVIS W/WO CONTRAST
73222	MR ARTHROGRAM SHOULDER WITH CONTRAST
73722	MR ARTHROGRAM HIP WITH CONTRAST
73201	CT ARTHROGRAM SHOULDER WITH CONTRAST
73701	CT ARTHROGRAM HIP WITH CONTRAST

# Common Diagnosis Codes

DX CODE	CODE DESCRIPTION
R930	Abnormal findings on diagnostic imaging of skull and head, NEC (not elsewhere classified)
R634	Abnormal weight loss
M810	Age-related osteoporosis without current pathological fracture
Z780	Asymptomatic menopausal state
J9811	Atelectasis
M170	Bilateral primary osteoarthritis of knee
K8020	Calculus of gallbladder without cholecystitis without obstruction
N200	Calculus of kidney
I671	Cerebral aneurysm, nonruptured
M542	Cervicalgia
R079	Chest pain, unspecified
J320	Chronic maxillary sinusitis
J329	Chronic sinusitis, unspecified
M75121	Complete rotator cuff tear/rupture of (right) shoulder (non-traumatic)
M75122	Complete rotator cuff tear/rupture of (left) shoulder (non-traumatic)
K5900	Constipation, unspecified
R05	Cough
N281	Cyst of kidney, acquired
N6012	Diffuse cystic mastopathy of left breast
N6011	Diffuse cystic mastopathy of right breast
K5730	Diverticulosis of large intestine without perforation or abscess without bleeding
R42	Dizziness and giddiness
M549	Dorsalgia, unspecified
R9720	Elevated PSA
Z01818	Encounter for other preprocedural examination
Z1231	Encounter screening mammogram for malignant neoplasm of breast
Z122	Encounter screening for malignant neoplasm of respiratory organs
N400	Enlarged prostate without lower urinary tract symptoms
R1013	Epigastric pain
K760	Fatty (change of) liver, not elsewhere classified
R310	Gross hematuria
R51	Headache
R319	Hematuria, unspecified
R922	Inconclusive mammogram
D251	Intramural leiomyoma of uterus
R1032	Left lower quadrant pain
S46012A	Left tear to shoulder (due to injury)
R1012	Left upper quadrant pain
D259	Leiomyoma of uterus, unspecified
K769	Liver disease, unspecified
R600	Localized edema
R590	Localized enlarged lymph nodes
R220	Localized swelling, mass and lump, head
R221	Localized swelling, mass and lump, neck
M545	Low back pain
C679	Malignant neoplasm of bladder, unspecified

# Common Diagnosis Codes

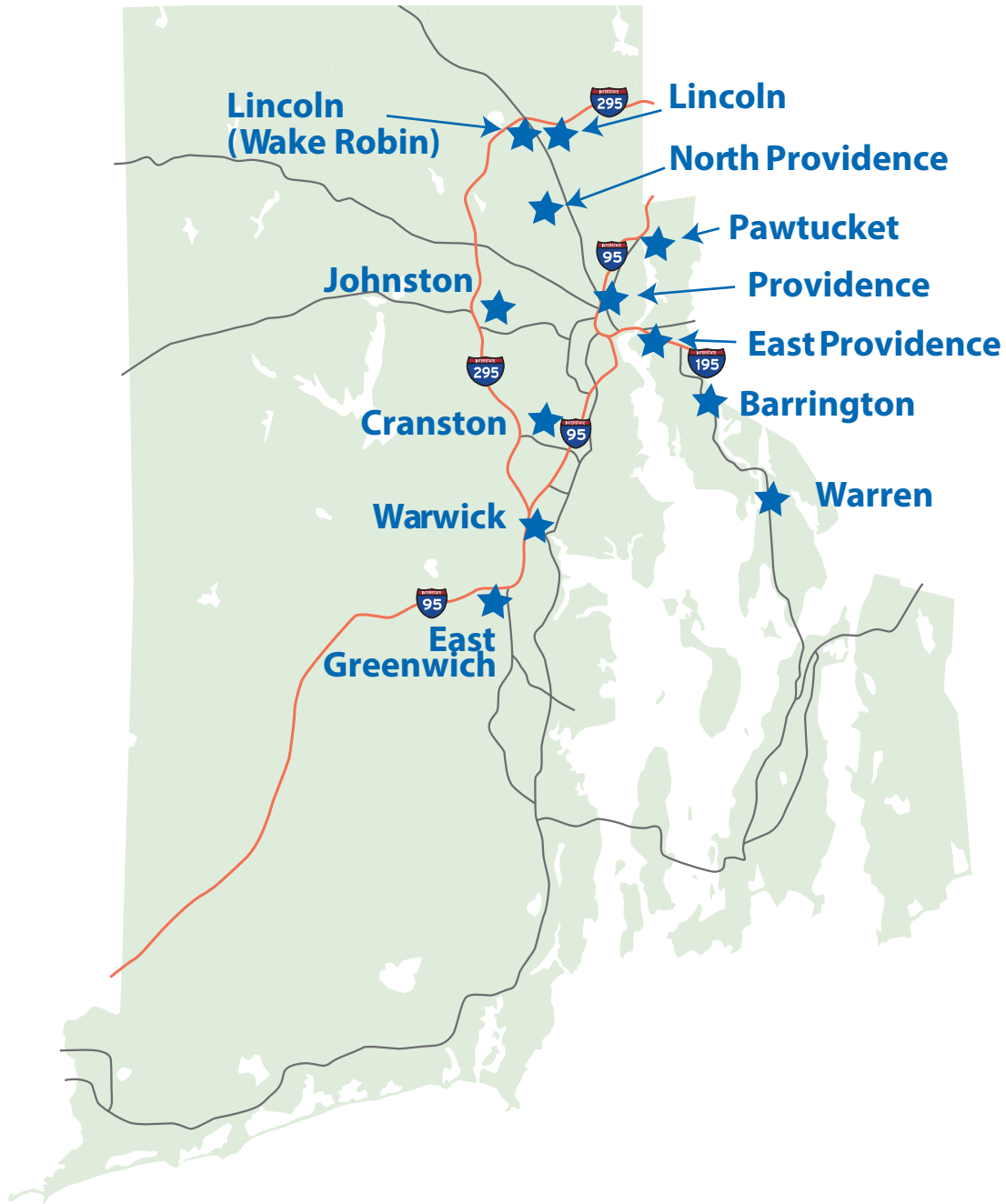
<b>DX CODE</b>	<b>CODE DESCRIPTION</b>
R1030	Lower abdominal pain, unspecified
C61	Malignant neoplasm of prostate
C3490	Malignant neoplasm of unspecified part of unspecified bronchus or lung
R921	Mammographic calcification found on diagnostic imaging of breast
N644	Mastodynia
G43909	Migraine, unspecified, not intractable, without status migrainosus
G35	Multiple sclerosis
F17210	Nicotine dependence, cigarettes, uncomplicated
E042	Nontoxic multinodular goiter
E041	Nontoxic single thyroid nodule
I6523	Occlusion and stenosis of bilateral carotid arteries
R928	Other abnormal and inconclusive findings on diagnostic imaging of breast
M85852	Other disorder of bone density and structure, left thigh
M8589	Other disorder of bone density and structure, multiple sites
M8588	Other disorder of bone density and structure, other site
J984	Other disorders of lung
M5136	Other intervertebral disc degeneration, lumbar region
M5137	Other intervertebral disc degeneration, lumbosacral region
M5126	Other intervertebral disc displacement, lumbar region
R3129	Other microscopic hematuria
R918	Other nonspecific abnormal finding of lung field
R7989	Other specified abnormal findings of blood chemistry
K7689	Other specified diseases of liver
K8689	Other specified diseases of pancreas
N6489	Other specified disorders of breast
N2889	Other specified disorders of kidney and ureter
M7989	Other specified soft tissue disorders
R0989	Other symptoms and signs involving the circulatory and respiratory systems
M25572	Pain in left ankle and joints of left foot
M79672	Pain in left foot
M25552	Pain in left hip
M25562	Pain in left knee
M79605	Pain in left leg
M25512	Pain in left shoulder
M25532	Pain in left wrist
M25571	Pain in right ankle and joints of right foot
M79671	Pain in right foot
M79641	Pain in right hand
M25551	Pain in right hip
M25561	Pain in right knee
M79604	Pain in right leg
M25511	Pain in right shoulder
M25531	Pain in right wrist
R202	Paresthesia of skin
R102	Pelvic and perineal pain
Z87891	Personal history of nicotine dependence

# Common Diagnosis Codes

<b>DX CODE</b>	<b>CODE DESCRIPTION</b>
R0781	Pleurodynia
J189	Pneumonia, unspecified organism
M19071	Primary osteoarthritis, right ankle and foot
M19011	Primary osteoarthritis, right shoulder
J8410	Pulmonary fibrosis, unspecified
R296	Repeated falls
R1031	Right lower quadrant pain
S46011A	Right tear to shoulder (due to injury)
R1011	Right upper quadrant pain
R0602	Shortness of breath
S46011A	Shoulder tear (right) due to injury
S46012A	Shoulder tear (left) due to injury
N6002	Solitary cyst of left breast
N6001	Solitary cyst of right breast
R911	Solitary pulmonary nodule
M4806	Spinal stenosis, lumbar region
M47812	Spondylosis without myelopathy or radiculopathy, cervical region
M47816	Spondylosis without myelopathy or radiculopathy, lumbar region
R55	Syncope and collapse
R109	Unspecified abdominal pain
K7460	Unspecified cirrhosis of liver
I83813	Varicose veins of bilateral lower extremities with pain
I83892	Varicose veins of left lower extremity with other complications
I83891	Varicose veins of right lower extremity with other complications
I83811	Varicose veins of right lower extremity with pain
I83812	Varicose veins of the left lower extremity with pain



# 12 Convenient Locations Across Rhode Island



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