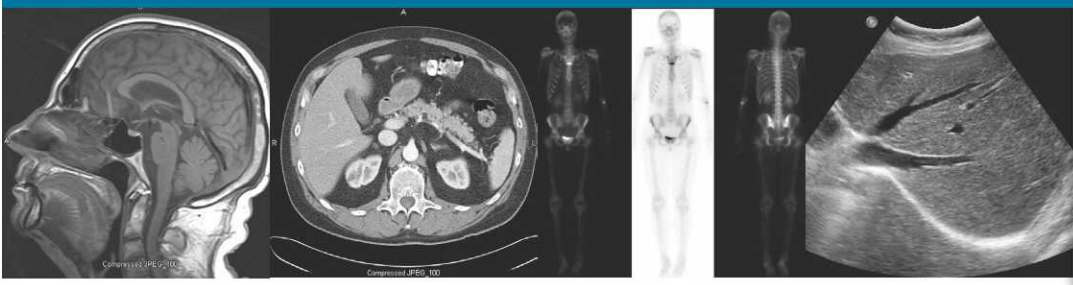


**Quick
Reference
Guide**
**FOR REFERRING
PROVIDERS**



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- Scheduling..... extension 1 or 2
- Imaging Records extension 4
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- Medical records extension 3
- Radiologist** 907.714.4585
- FAX** 907.714.4995
- Email general inquiries**kleslie@cpgh.org

Address: 250 Hospital Place, Soldotna Alaska 99669
Website: www.cpgh.org/imaging



51120

Exam	Common Reason(s) for Ordering	Contrast Options	CPT Code
HEAD and NECK			
Head	Trauma, headache, mental status change, stroke/TIA	w/o	70450
	Mass or oncologic evaluation, chronic headache, infection (MRI preferred)	w & w/o	70470
Sinus	Sinusitis	w/o	70486
Neck (soft tissue)	Mass, difficulty swallowing, pain, lymphoma, head/neck cancers, abscess	w	70491
Facial Bones	Fracture/trauma, evaluate bony anatomy	w/o	70486
	Infection, cellulitis, abscess	w	70487
Temporal Bones	Tinnitus, otosclerosis	w/o	70480
	Mass or infection	w	70481
SPINE			
Cervical Spine	Fracture/trauma, neck pain, upper extremity paresthesia	w/o	72125
	If MRI contraindicated and/or additional clinical questions remain, order with intrathecal contrast (myelogram).	w	72126
Thoracic Spine	Fracture/trauma, upper back pain	w/o	72128
	If MRI contraindicated and/or additional clinical questions remain, order with intrathecal contrast (myelogram).	w	72129
Lumbar Spine	Fracture/trauma, lower back pain, lower extremity paresthesia/sciatica	w/o	72131
	If MRI contraindicated and/or additional clinical questions remain, order with intrathecal contrast (myelogram).	w	72132
CHEST, ABDOMEN, PELVIS			
Chest	Nodule follow-up, interstitial lung disease (HRCT)	w/o	71250
	Mass or nodule evaluation, hemoptysis, empyema, oncologic evaluation, shortness of breath	w	71260
	Low Dose Lung Cancer Screening	w/o	G0297
Abdomen/ Pelvis	Routine: Abdominal pain, appendicitis, diverticulitis, bowel obstruction, abscess, oncologic evaluation	w & oral contrast (if emergent, no oral)	74177
	Kidney Stone: Flank pain	w/o	74176
	IVP: Hematuria, evaluate urinary tract	w & w/o	74178
	Enterography: Crohn's disease, angiodysplasia, iron deficiency anemia	w & Enterography oral contrast	74177
Abdomen Only (Diaphragm to Iliac Crest)	Routine: Upper abdominal pain	w & oral contrast	74160
	Adrenal: Evaluate adrenal nodule or mass	w & w/o	74170

continued

Exam	Common Reason(s) for Ordering	Contrast Options	CPT Code
CHEST, ABDOMEN, PELVIS continued			
Abdominal Only Diaphragm to Iliac Crest) <i>continued</i>	Hepatic: Evaluate liver lesions, hepatoma screening, cirrhosis	w & w/o	74170
	Pancreas: Evaluate pancreatic mass lesions, jaundice, biliary dilatation	w & w/o	74170
	Renal: Evaluate renal mass lesion or complex cyst	w & w/o	74170
Pelvis Only	Pelvic mass, evaluate nodes, abscess, rectal cancer	w & oral contrast	72193
	Fracture, trauma, evaluate bony anatomy	w/o	72192
VASCULAR			
CT Angiography	Head: Evaluate Circle of Willis vessels, stroke, aneurysm	w	70496
	Neck: Evaluate carotid and vertebral arteries, dissection	w	70498
	Pulmonary Embolism: Evaluate for pulmonary embolism, dyspnea	w	71275
	Thoracic & Abdominal Aorta: Aortic arch to bifurcation. Dissection evaluation	w	71275 Chest 74175 Abdomen
	Thoracic Aorta: Aortic arch to kidneys, evaluate thoracic aortic aneurysm, stent graft	w	71275
	Abdominal Aorta: Diaphragm to bifurcation, evaluate abdominal aortic aneurysm, stent graft, mesenteric ischemia, renal artery stenosis	w	74175
	Upper Extremity: Trauma, vascular injury, aneurysms, impingement syndromes.	w	73206
	Run-off, Diaphragm to Feet: Claudication, peripheral vascular disease, evaluate lower extremity arteries	w	75635
EXTREMITY			
Extremity – Upper	Fracture/trauma, evaluate bony anatomy	w/o	73200
Extremity – Lower	Fracture/trauma, evaluate bony anatomy	w/o	73700

MRI Exams

51120

Exam	Common Reason(s) for Ordering	Contrast Options	CPT Code
HEAD and NECK			
Brain	Migraines, CVA/TIA, mental status change, MS follow-up	w/o	70551
	History cancer/metastasis, mass or lesion, seizures, facial palsy, new diagnosis or new symptoms of MS. Follow-up studies may be done with contrast only.	w & w/o	70553
Brain & Orbits	Optic masses, optic neuritis (thin sections through orbits and full brain).	w & w/o	70553
Pituitary	Pituitary mass (fine sections thru pituitary and full brain imaging)	w & w/o	70553
IAC	Vertigo, suspected masses of IAC (fine sections IAC and full brain)	w & w/o	70553
Orbit face neck	Mass/lesion of face/neck	w & w/o	70543
MRA Head	Circle of Willis, Aneurysm/CVA/TIA, distal carotid or vertebral artery stenosis	w/o	70544
Stroke Protocol	Includes brain w & w/o, MRA head w/o and MRA neck w & w/o.	w & w/o	70553 70544 70549
MRA Neck	CVA/TIA, carotid stenosis, carotid dissection	w & w/o	70549
Neck –Soft Tissue	Soft tissue mass, lymphadenopathy, head & neck cancer (CT preferred)	w & w/o	70543
TMJ	TMJ pain, clicking or locking	w/o	70336
SPINE			
Cervical Spine	Pain, radiculopathy, HNP, DDD	w/o	72141
	Tumor, infection, transverse myelitis, suspected bony mets, surgery w/i last 6 years.	w & w/o	72156
Thoracic Spine	Pain, radiculopathy, HNP, DDD	w/o	72146
	Tumor, infection, transverse myelitis, suspected bony mets, surgery w/i last 6 years	w & w/o	72157
Lumbar Spine	Pain, radiculopathy, HNP, DDD	w/o	72148
	Tumor, infection, transverse myelitis, suspected bony mets, surgery w/i last 6 years.	w & w/o	72158
CHEST			
Brachial Plexus	Trauma, thoracic outlet syndrome	w/o	71550
	Possible metastatic lesion, mass	w & w/o	71552
Breast Bilateral	Screening high risk patients, evaluate abnormalities seen on mammogram, evaluate extent of disease in new diagnosis of CA, follow-up CA treatment (always done with contrast).	w & w/o	77049
	Suspected implant rupture	w/o	77047
Chest	Chest wall mass, extra-pulmonary lesion	w & w/o	71552
	Pectoralis muscle injury	w/o	71550
MRA Chest	Evaluate thoracic aorta, aortic coarctation, stenosis or occlusion	w & w/o	71555

Exam	Common Reason(s) for Ordering	Contrast Options	CPT Code
ABDOMEN			
Abdomen	Abdomen pain not further specified (CT preferred).	w/o	74181
Adrenal glands	Adrenal adenomas versus malignancy	w/o	74181
Liver	Liver lesion workup, cirrhosis, hepatoma evaluation	w & w/o	74182
MRCP w/wo	Pancreatic lesion workup, malignant biliary stricture	w & w/o	74183
MRCP	Assess for biliary stones, obstructions and strictures.	w/o	74181
Enterography	Bowel protocol, Crohn's Disease, IBD (abdomen & pelvis with oral & IV contrast)	w & w/o + oral contrast	74183
Abdomen & Pelvis	Renal protocol, renal mass and hydronephrosis workup	w & w/o	74182
MRA Abdomen	Evaluation of abdominal aorta, hypertension, arterial stenosis	w & w/o	74185
PELVIS			
Prostate	Known prostate cancer, assess for extra-capsular invasion	w & w/o	72197
Pelvis Gynecological	Female pelvis, evaluate uterus, ovaries, masses	w & w/o	72197
Pelvis	Trauma/fracture, soft tissue injury, sports hernia, or pregnant female appendicitis after inconclusive US	w/o	72195
	Non Gyn pelvic pain, bladder cancer, rectal cancer, urethral diverticula/masses, testicular masses or infection, anal fistula/abscess, sacroiliitis, arthritis	w & w/o	72197
MRA Runoff	Claudication, peripheral vascular disease (renal arteries through distal extremities)	w & w/o	73725 & 74185
MSK			
Foot	Pain, soft tissue injury, (Toes thru metatarsals)	w/o	73721
	Infection, osteomyelitis, mass/lesion, Morton's neuroma	w & w/o	73723
Ankle	Pain, soft tissue injury, Tarsal through Achilles (Mid foot thru heel)	w/o	73721
	Infection, osteomyelitis, mass/lesion	w & w/o	73723
Long Bones (tib/fib, femur, forearm, humerus)	Pain, injury, soft tissue tear (non-joint)	w/o	73718
	Infection, osteomyelitis, mass/lesion, abscess,	w & w/o	73720
Knee	Pain, injury, soft tissue tear	w/o	73721
	Infection, osteomyelitis, mass/lesion	w & w/o	73723
	Arthrogram: If prior meniscus repair & looking for recurrent tear.	w/intra articular	73722

continued

Exam	Common Reason(s) for Ordering	Contrast Options	CPT Code
Hip	Pain, injury, soft tissue tear, avascular necrosis (includes limited pelvis)	w/o	73721
	Infection, osteomyelitis, mass/lesion	w & w/o	73723
	Arthrogram: labral pathologies	w/intra articular	73722
Hand/fingers	Pain, injury, soft tissue tear, thumb injury	w/o	73721
	Infection, osteomyelitis, mass/lesion	w & w/o	73223
Wrist	Pain, injury, soft tissue tear, scaphoid fractures	w/o	73721
	Infection, osteomyelitis, mass/lesion	w & w/o	73223
	Arthrogram: effective for triangular fibrocartilage as well as extrinsic and intrinsic carpal ligaments	w/intra articular	73722
Elbow	Pain, injury, soft tissue tear	w/o	73721
	Infection, osteomyelitis, mass/lesion	w & w/o	73223
Shoulder	Pain, injury, soft tissue tear	w/o	73221
	Infection, osteomyelitis, mass/lesion	w & w/o	73223
	Arthrogram: prior surgery/labral tears	w/intra articular	73722

Ultrasound Exams

51520

Exam	Common Reason(s) for Ordering	Prep Required	CPT Code
ABDOMEN			
Abdomen Complete	Nausea, vomiting, abdominal pain, abnormal blood work, history of cancer, follow-up on abdominal X-ray, MRI, or CT scan. Includes aorta, pancreas, liver, gallbladder, bile ducts, kidneys, and spleen	NPO 12 hours	76700
Abdomen Limited (specify organ or quadrant of interest)	Elevated LFT's, nausea/vomiting, jaundice, abdomen pain, follow-up abnormal X-ray, MRI, or CT scan to evaluate: gallbladder, pancreas, appendix, hernia, ascites, or liver and ducts	NPO 12 hours	76705
Aorta	Back pain, family or personal history of AAA, pulsatile abdominal mass, smoking, vascular disease, Medicare screening.	NPO 12 hours	76775
Spleen	Enlarged spleen, possible accessory spleen, splenic injury	NPO 12 hours	76705

Exam	Common Reason(s) for Ordering	Prep Required	CPT Code
Kidneys	Abnormal renal function, hematuria, follow-up mass or cyst, back pain, recurrent UTI, renal disease or insufficiency. Both kidneys and bladder are included.	NPO for 12 hours Drink at least 32 ounces of water one hour prior and arrive with a full bladder. Do not urinate.	76770
Renal Limited	Evaluate bladder pre and post void	Drink at least 32 ounces of water one hour prior to exam and arrive with a full bladder. Do not urinate.	76775
GYN and OBSTETRICAL			
Pelvic	Evaluate uterus, ovaries and adnexae. Post-menopausal bleeding, pelvic pain, abnormal bleeding, menstrual concerns, fibroids, cysts, ovarian or uterine cancers. Usually trans-abdominal & trans-vaginal, unless otherwise specified by referring provider.	Drink at least 32 ounces of water one hour prior to exam and arrive with a full bladder. Do not urinate.	76856 Trans-abdominal 76830 Trans-Vaginal
Pelvic (Trans-Vaginal Follicular Study – Infertility)	Evaluate ovaries for follicles and uterus for endometrium size for patients with infertility.	No prep required	76830
Sonohysterogram	Unexplained vaginal bleeding with suspicion for endometrial polyp or mass.	This exam is best performed 5 -10 days post menstruation. Patient may take Tylenol prior to the procedure.	76831
OB <14 weeks	Dates and viability for a first trimester fetus. Routine normal pregnancy, bleeding or pain. Possible trans-vaginal if indicated.	Drink at least 32 ounces of water one hour prior to exam and arrive with a full bladder. Do not urinate.	76801
OB Trans-Vaginal	Check cervical length or if indicated in conjunction with trans-abdominal approach.	No prep required	76817
OB >14 weeks	Anatomy scan for second trimester fetus.	Drink at least 32 ounces of water one hour prior to exam and arrive with a full bladder. Do not urinate.	76805
OB Biophysical Profile w/o stress	Documentation of 30 seconds of breathing, 2 gross body movements, fetal tone and AFI	No prep required	76819
OB Limited	Ordered to examine placenta, cervical length, fetal heart rate, position and AFI or to re-image anatomy from a previous scan.	Drink at least 32 ounces of water one hour prior to exam and arrive with a full bladder. Do not urinate.	76815
OB Follow-Up	Re-check growth or a known previously seen abnormality or incomplete prior scan. Includes growth biometry and AFI.	Drink at least 32 ounces of water one hour prior to exam and arrive with a full bladder. Do not urinate.	76816
SMALL PARTS and OTHER EXAMS			
Thyroid	Enlarged thyroid, palpable mass, abnormal thyroid enzymes, abnormalities seen on other modalities, dysphagia.	No prep required	76536
Testicular/Scrotum	Pain, swelling, redness, palpable mass, injury. Exam includes Doppler interrogation.	No prep required	93975 & 76870
Soft Tissue Mass	Evaluate palpable mass	No prep required	76999

continued

Exam	Common Reason(s) for Ordering	Prep Required	CPT Code
Extremity, Non-Vascular	Palpable mass or pain in the area of concern, popliteal fossa non-vascular. Specify which extremity & location or area of concern.	No prep required	76882
Pylorus – Pediatric	Projectile vomiting, poor weight gain.	NPO for 4 hours	76705
Spinal Canal/ Contents – Pediatric	Sacral dimpling, neonatal sacral mass.	No prep required	76800
Soft Tissue Head/ Neck	Palpable lump/suspected mass in neck. Specify location.	No prep required	76536
Biopsy or Aspiration	Specify location of area to be sampled	No blood thinners 1 - 3 days prior to exam depending on procedure and medication	76942

Nuclear Medicine Exams

51520

Exam	Common Reason(s) for Ordering	Prep Required	CPT Code
Bone Scan	Whole Body: Cancer work-up and follow-up	No prep required	78306
	Limited/Regional: Abnormal x-ray, stress fracture, Shin splints		78300
	Three Phase: Osteomyelitis, prosthesis loosening or infection, Complex Regional Pain Syndrome		78315
	SPECT/CT: Need better resolution for anatomy including 3D localization		78830
Cisternography	Suspect normal pressure hydrocephalus	No prep for the nuc med portion. The LP has anti coagulation stoppage requirements and patient will need someone to drive them home after the procedure.	78630
Hepatobiliary (HIDA) Study with/ CCK	RUQ pain, suspect gallbladder disease, GB Ejection Fraction	NPO from midnight the day before but should not fast longer than 12 hours. Patient should eat a fatty meal within 7 hours prior to appointment, i.e, toast w/butter. No narcotics for 12 hours prior to procedure – other meds okay. Patient should not have had CT oral contrast w/i 48 hours prior to the scan.	78227
Hepatobiliary (HIDA) Study without/CCK	Suspect acute cholecystitis, bile duct leak after cholecystectomy	NPO from midnight the day before but should not fast longer than 12 hours. Patient should eat a fatty meal within 7 hours prior to appointment, i.e, toast w/butter. No narcotics for 12 hours prior to procedure – other meds okay. Patient should not have had CT oral contrast w/i 48 hours prior to the scan.	78226

continued

Exam	Common Reason(s) for Ordering	Prep Required	CPT Code
Gastric Emptying Study	Suspect gastroparesis	NPO from midnight. Patient is to stop meds for gastric motility – all other meds okay.	78264
GI Bleed (red blood cell)	Localization of GI bleed	Needs to be done at the time of active bleeding.	78278
Lung Quantitative Perfusion	Pre-operative lung function	No prep required.	78598
Lung VQ Scan	Suspect pulmonary embolism and CT is contraindicated	No patient prep, but may need a CXR done within the past 24 hours.	78582
Lymphoscintigraphy	Sentinel Node localization, lymph node mapping - usually without imaging (breast cancer, melanoma)	No prep required	78195
Meckel's Diverticulum	Clinical suspicion of Meckel's Diverticulum	Clear liquid diet for 12 hours prior to appointment. Take meds as normal.	78290
MUGA	Evaluate for wall motion & ejection fraction of the left ventricle	No prep required	78472
Myocardial Perfusion, Exercise or Pharmacological	Coronary artery disease, assess myocardial ischemia or infarct	No caffeine for 24 hours prior to test. Unless instructed otherwise, take normal meds. Nothing to eat or drink (except water) 4 hours prior to exam.	78452
Octreoscan	Localization of metastatic neuroendocrine tumors	Patient will prep with a bottle of Mag Citrate two nights in a row after light dinner each night.	78832
Parathyroid w/ SPECT CT	Localization of primary & secondary parathyroid cancer & identification of adenomas. Newly diagnosed hypercalcemia & elevated PSH levels.	No prep required	78072
Renal Scintigraphy Function	Evaluate renal split function	No prep required	78701
Renal w/Lasix	Evaluate renal obstruction	Patient to be well hydrated but does not need a full bladder	78708
Renal w/Captopril	Evaluate renal arterial hypertension	Patient to be well hydrated but does not need a full bladder	78708
Thyroid Uptake &/or Scan	Hyperthyroidism, thyroid nodules	Patient needs to be off all thyroid meds for 4 weeks and not have had any Iodine based radiologic contrast in the past 12 weeks and be on a low iodine diet.	78014
Thyroid I-131 Therapy	Hyperthyroidism	Patient needs to be off all thyroid meds for 4 weeks and not have had any Iodine based radiologic contrast in the past 12 weeks and be on a low iodine diet.	79005
Thyroid I-131 Whole Body	Post-thyroidectomy	Patient needs to be off all thyroid meds for 4 weeks and not have had any Iodine based radiologic contrast in the past 12 weeks and be on a low iodine diet.	78018

What To Order When

51120

BRAIN	
Headache	CT head without contrast for suspected acute hemorrhage. MRI w/o and with contrast for other causes.
Trauma	CT head without contrast (acute).
Acute Neurological Changes	CT head without contrast. Subsequent study: MRI with and without contrast.
Acute Stroke/TIA	CT head without contrast. CTA head and neck. Subsequent studies: MRI brain with and without contrast. MRA brain and MRA neck with and without contrast as indicated.
Hydrocephalus	CT head without contrast. Alternative: MRI with and without contrast for acute process.
Seizure	New onset, MRI brain with and without contrast. CT head if patient unstable/concern for ICH.
Dementia/Memory Loss	MRI brain with and without contrast.
Mass	MRI brain with and without contrast.
Aneurysm or AVM "Screening"	MRI and MRA head. CTA head with contrast for definition of small aneurysms or when MRA is contraindicated.
Infection	MRI brain with and without contrast.
FACE	
Trauma	CT maxillofacial without contrast.
Sinus Disease	CT sinus without contrast.
Infection	CT maxillofacial with contrast. If orbit or brain extension suspected, MRI brain and orbits protocol.
Hearing Loss, Vertigo	Developmental: CT temporal bones without contrast. Sensorineural: MRI IAC protocol with and without contrast.
NECK/SOFT TISSUE	
Carotid or Vertebral Artery Stenosis	Carotid Doppler ultrasound as initial screening. MRA neck with contrast. Alternative: CTA neck with contrast.
Carotid or Vertebral Artery Dissection	CTA neck with contrast. Alternative: MRA neck with and without contrast (dissection protocol).
Mass	CT neck with contrast. Neck ultrasound for thyroid nodule.
Infection	CT neck with contrast.
Salivary Duct Stone	CT neck with and without contrast.
CERVICAL, THORACIC, OR LUMBAR SPINE	
Trauma	CT spine without contrast. If acute neurologic deficit & CT negative: MRI without contrast.
Pain, Degenerative Changes, Radiculopathy	MRI spine without contrast. If prior surgery within 6 years: MRI with and without contrast. If MRI contraindicated: CT without contrast or CT myelogram.
Mass	MRI without and with contrast.
Infection	MRI without and with contrast.

continued

CHEST	
Chronic Dyspnea, Pulmonary Fibrosis	High resolution CT chest (HRCT).
Hemoptysis	CT chest with contrast
Lung Cancer – Non-Invasive Staging	CT chest with contrast
Screening for Pulmonary Metastases	Low dose, screening CT chest protocol with contrast for initial evaluation or surveillance. CT chest w/o contrast for nodule follow-up.
Lung nodule follow-up	CT chest without contrast.
Blunt Chest Trauma, Suspect Aortic Injury	CTA chest with contrast.
Acute Chest Pain Suspect Aortic Dissection	CTA chest and abdomen protocol for aortic dissection.
Suspected Pulmonary Embolism	CTA chest with contrast (PE protocol.) Alternative: when CT contrast contraindicated, consider a nuc med ventilation/perfusion scan.
GASTROINTESTINAL	
Acute Abdominal Pain, Fever, Evaluate for Abscess	CT abdomen and pelvis with IV and oral contrast. (No oral contrast if exam is urgent.)
Pregnant Patient With Acute Abdominal Pain	Ultrasound abdomen. If indeterminate, then MRI abdomen and pelvis without contrast.
Pancreatitis	CT abdomen with contrast. Consider MRCP as well to evaluate for gallstones.
Blunt Trauma, Stable Patient	CT chest/abdomen/pelvis with IV contrast.
Jaundice - Painless	CT abdomen with and without contrast (pancreas protocol).
Jaundice With Pain/Fever	Ultrasound abdomen. Alternative: MRCP with IV contrast.
LLQ Pain	CT abdomen/pelvis with IV and oral contrast. (No oral contrast if exam is urgent).
Evaluate Inflammatory Bowel Disease/Crohn's Disease	CT abdomen with IV and oral contrast (enterography protocol.) If emergent, then IV contrast only, no oral. Alternative: MRI abdomen with IV and oral contrast (enterography protocol).
RLQ Pain – Suspected Appendicitis	CT abdomen and pelvis with IV and oral contrast. (No oral contrast if exam is urgent).
RLQ Pain - Pregnant	Ultrasound abdomen. Obtain MRI if inconclusive.
RLQ Pain - Child	Ultrasound abdomen. Obtain MRI if inconclusive.
RUQ Pain	Ultrasound abdomen initially for evaluation of gallbladder and biliary system. If only gallstones present and no other sonographic findings, then Nuclear Medicine hepatobiliary scan, if indicated.
Evaluate Liver Lesions	MRI or CT abdomen without & with contrast (liver protocol.) MRI should be first line study when indeterminate liver lesions found on ultrasound or CT.

Suspected Small Bowel Obstruction	CT abdomen and pelvis with IV contrast and water-soluble oral contrast, if possible. (No oral contrast if exam is urgent).
UROLOGIC	
Flank pain – Suspected Stone Disease	CT abdomen and pelvis without contrast (CT KUB).
Acute Pyelonephritis	CT abdomen and pelvis with and without contrast.
Hematuria	CT abdomen and pelvis with and without contrast. Order as CT/IVP which includes excretory phase imaging of the renal collecting systems and ureters.
Incidental Renal Mass	CT abdomen with and without contrast (renal mass protocol).
Recurrent Urinary tract Infections in Women	CT abdomen and pelvis with and without contrast for bladder and kidneys evaluation. MRI pelvis to evaluate urethral diverticulum or pelvic prolapse.
Evaluation of Female Pelvis	Ultrasound pelvis. If further evaluation needed, MRI pelvis without and with contrast (gynecologic protocol).
Evaluation of Prostate Lesion	MRI pelvis with contrast (prostate protocol).
Evaluation of Adrenal Nodule	MRI abdomen without contrast (adrenal protocol) or CT abdomen without contrast.
EXTREMITIES	
Assess Fractures or Dislocation	Plain films first, then CT without contrast as needed.
Evaluate Stress Fracture	MRI without contrast, or Three Phase Nuclear Medicine Bone Scan.
Labral Tear	MRI arthrogram. CT arthrogram if MRI contraindicated.
Cartilage Evaluation	MRI arthrogram. CT arthrogram if MRI contraindicated.
Joint Bodies	MRI arthrogram. CT arthrogram if MRI contraindicated.