

Radiology Tip Sheet

CT Scans

Procedure	CPT	Description
HB-3D IMAGING WITH POSTPROCESS	76377	<i>Please include with any request for 3-D imaging, craniocytosis, or NAT pediatric scan</i>
HB-3D IMAGING WITHOUT POSTPROCESS	76376	
HB-ABDOMINAL PARACENTESIS, W/ IMAGE	49083	<i>Invasive, refer to VIR for scheduling</i>
HB-ABDOMINAL PARACENTESIS, W/O IMAGE	49082	<i>Invasive, refer to VIR for scheduling</i>
HB-ABLATE BONE TUMOR(S) PERQ, CRYO	20983	<i>Invasive, refer to VIR for scheduling</i>
HB-ABLATE BONE TUMOR(S) PERQ, RF	20982	<i>Invasive, refer to VIR for scheduling</i>
HB-ABLATE LIVER PERQ, CRYO	47383	<i>Invasive, refer to VIR for scheduling</i>
HB-ABLATE LIVER PERQ, RF	47382	<i>Invasive, refer to VIR for scheduling</i>
HB-ABLATION CRYO RENL PERC-BIL	50593	<i>Invasive, refer to VIR for scheduling</i>
HB-ABLATION CRYO RENL PERC-UNI	50593	<i>Invasive, refer to VIR for scheduling</i>
HB-ABLATION RF RENAL PERC-BIL	50592	<i>Invasive, refer to VIR for scheduling</i>
HB-ABLATION RF RENAL PERC-UNI	50592	<i>Invasive, refer to VIR for scheduling</i>
HB-ANKLE W/ CONTRAST-BIL	73701	
HB-ANKLE W/ CONTRAST-LT	73701	
HB-ANKLE W/ CONTRAST-RT	73701	
HB-ANKLE W/O AND W/ CONTRAST-BIL	73702	
HB-ANKLE W/O AND W/ CONTRAST-LT	73702	
HB-ANKLE W/O AND W/ CONTRAST-RT	73702	
HB-ANKLE W/O CONTRAST-BIL	73700	
HB-ANKLE W/O CONTRAST-LT	73700	
HB-ANKLE W/O CONTRAST-RT	73700	
HB-ASPIR/INJ RENAL CYST, PERC-BIL	50390	<i>Invasive, refer to VIR for scheduling</i>
HB-ASPIR/INJ RENAL CYST, PERC-LT	50390	<i>Invasive, refer to VIR for scheduling</i>
HB-ASPIR/INJ RENAL CYST, PERC-RT	50390	<i>Invasive, refer to VIR for scheduling</i>
HB-ASPIRATION BLADDER BY NEEDLE	51100	<i>Invasive, refer to VIR for scheduling</i>
HB-ASPIRATION BLADDER BY TROCAR	51101	<i>Invasive, refer to VIR for scheduling</i>
HB-BIOPSY OF SPINAL CORD	62269	<i>Invasive, refer to VIR for scheduling</i>
HB-BONE DENSITY STUDY	77078	<i>Normally performed on bone density machine. Confirm with provider if bone density ordered for CT.</i>
HB-BX ABD/RETROPERITONEAL PERC	49180	<i>Invasive, refer to VIR for scheduling</i>
HB-BX BONE DEEP	20225	<i>Invasive, refer to VIR for scheduling</i>
HB-BX BONE SUPERFICL	20220	<i>Invasive, refer to VIR for scheduling</i>
HB-BX LIVER NEEDLE PERC	47000	<i>Invasive, refer to VIR for scheduling</i>
HB-BX LIVER NEEDLE W/ OTHER PROC	47001	<i>Invasive, refer to VIR for scheduling</i>
HB-BX LUNG, PERC NDL CORE W/ OR W/O IMAGING-BIL	32408	<i>Invasive, refer to VIR for scheduling</i>
HB-BX LUNG, PERC NDL CORE W/ OR W/O IMAGING-LT	32408	<i>Invasive, refer to VIR for scheduling</i>
HB-BX LUNG, PERC NDL CORE W/ OR W/O IMAGING-RT	32408	<i>Invasive, refer to VIR for scheduling</i>
HB-BX MEDIASTINUM, PERC NDL CORE W/ OR W/O IMAGING	32408	<i>Invasive, refer to VIR for scheduling</i>
HB-BX MUSCLE DEEP	20205	<i>Invasive, refer to VIR for scheduling</i>
HB-BX MUSCLE PERC	20206	<i>Invasive, refer to VIR for scheduling</i>
HB-BX MUSCLE SUPERFICL	20200	<i>Invasive, refer to VIR for scheduling</i>
HB-BX NECK/THORAX SOFT TISSUE	21550	<i>Invasive, refer to VIR for scheduling</i>

CT Scans *continued*

Procedure	CPT	Description
HB-BX NODE/AXIL/CERV/INGUIN SUPER	38505	<i>Invasive, refer to VIR for scheduling</i>
HB-BX PANCREAS PERC	48102	<i>Invasive, refer to VIR for scheduling</i>
HB-BX PLEURAL-BIL	32400	<i>Invasive, refer to VIR for scheduling</i>
HB-BX PLEURAL-LT	32400	<i>Invasive, refer to VIR for scheduling</i>
HB-BX PLEURAL-RT	32400	<i>Invasive, refer to VIR for scheduling</i>
HB-BX RENAL PERC-BIL	50200	<i>Invasive, refer to VIR for scheduling</i>
HB-BX RENAL PERC-LT	50200	<i>Invasive, refer to VIR for scheduling</i>
HB-BX RENAL PERC-RT	50200	<i>Invasive, refer to VIR for scheduling</i>
HB-BX SALIVARY GLAND	42400	<i>Invasive, refer to VIR for scheduling</i>
HB-BX THYROID PERC	60100	<i>Invasive, refer to VIR for scheduling</i>
HB-CARDIAC CALCIUM SCORING	75571	<i>Calcium Scoring. Refer to CT for screening prior to scheduling</i>
HB-CARDIAC MORPHOLOGY ONLY	75572	<i>Watchman protocol, vein mapping. Refer to CT for screening prior to scheduling.</i>
HB-CONGENITL STUDYS, NONCOR PRE EP	75573	
HB-CORONARY AND CARDIAC MORPHOLOGY	75574	<i>Cardiac or coronary arteries. Refer to CT for screening prior to scheduling.</i>
HB-CORONARY ARTERIES ALONE	75574	<i>Cardiac or coronary arteries. Refer to CT for screening prior to scheduling.</i>
HB-CORONARY CTA AND CALCIUM SCORING	75574	<i>Cardiac or coronary arteries. Refer to CT for screening prior to scheduling.</i>
HB-CORONRY CTA/CARD MORPH/CAL SCR	75574	<i>Cardiac or coronary arteries. Refer to CT for screening prior to scheduling.</i>
HB-CRYOABLATION LIVER PERC	47399	<i>Invasive, refer to VIR for scheduling</i>
HB-CRYOABLATION LUNG/PLEURA	32999	<i>Invasive, refer to VIR for scheduling</i>
HB-CT ABDOMEN AND PELVIS W/ CONTRAST	74177	<i>Appy, appendix,</i>
HB-CT ABDOMEN AND PELVIS W/O AND W/ CONTRAST	74178	
HB-CT ABDOMEN AND PELVIS W/O CONTRAST	74176	<i>Renal stone protocol</i>
HB-CT ABDOMEN W/ CONTRAST	74160	
HB-CT ABDOMEN W/O AND W/ CONTRAST	74170	
HB-CT ABDOMEN W/O CONTRAST	74150	
HB-CT CHEST DX W/ CONTRAST	71260	
HB-CT CHEST DX W/O AND W/ CONTRAST	71270	
HB-CT CHEST DX W/O CONTRAST	71250	
HB-CT COLONOGRAPHY DX W/ CON	74262	<i>See Virtual Colon order below (74263)</i>
HB-CT COLONOGRAPHY DX W/O CON	74261	<i>See Virtual Colon order below (74263)</i>
HB-CT C-SPINE W/ CONTRAST	72126	
HB-CT C-SPINE W/O AND W/ CONTRAST	72127	
HB-CT C-SPINE W/O CONTRAST	72125	
HB-CT FEMUR W/ CONTRAST-BIL	73701	
HB-CT FEMUR W/ CONTRAST-LT	73701	
HB-CT FEMUR W/ CONTRAST-RT	73701	
HB-CT FEMUR W/O AND W/ CONTRAST-BIL	73702	
HB-CT FEMUR W/O AND W/ CONTRAST-LT	73702	
HB-CT FEMUR W/O AND W/ CONTRAST-RT	73702	
HB-CT FEMUR W/O CONTRAST-BIL	73700	
HB-CT FEMUR W/O CONTRAST-LT	73700	
HB-CT FEMUR W/O CONTRAST-RT	73700	
HB-CT FOREARM W/ CONTRAST-BIL	73201	
HB-CT FOREARM W/ CONTRAST-LT	73201	
HB-CT FOREARM W/ CONTRAST-RT	73201	

CT Scans *continued*

Procedure	CPT	Description
HB-CT FOREARM W/O AND W/ CONTRAST-BIL	73202	
HB-CT FOREARM W/O AND W/ CONTRAST-LT	73202	
HB-CT FOREARM W/O AND W/ CONTRAST-RT	73202	
HB-CT FOREARM W/O CONTRAST-BIL	73200	
HB-CT FOREARM W/O CONTRAST-LT	73200	
HB-CT FOREARM W/O CONTRAST-RT	73200	
HB-CT GUID FOR TISSUE ABLATION	77013	<i>Invasive, refer to VIR for scheduling</i>
HB-CT GUIDED NEEDLE PLACEMENT	77012	<i>Invasive, refer to VIR for scheduling. Placeholder for biopsies.</i>
HB-CT HUMERUS W/ CONTRAST-BIL	73201	
HB-CT HUMERUS W/ CONTRAST-LT	73201	
HB-CT HUMERUS W/ CONTRAST-RT	73201	
HB-CT HUMERUS W/O AND W/ CONTRAST-BIL	73202	
HB-CT HUMERUS W/O AND W/ CONTRAST-LT	73202	
HB-CT HUMERUS W/O AND W/ CONTRAST-RT	73202	
HB-CT HUMERUS W/O CONTRAST-BIL	73200	
HB-CT HUMERUS W/O CONTRAST-LT	73200	
HB-CT HUMERUS W/O CONTRAST-RT	73200	
HB-CT KNEE W/ CONTRAST-BIL	73701	
HB-CT KNEE W/ CONTRAST-LT	73701	
HB-CT KNEE W/ CONTRAST-RT	73701	
HB-CT KNEE W/O AND W/ CONTRAST-BIL	73702	
HB-CT KNEE W/O AND W/ CONTRAST-LT	73702	
HB-CT KNEE W/O AND W/ CONTRAST-RT	73702	
HB-CT KNEE W/O CONTRAST-BIL	73700	
HB-CT KNEE W/O CONTRAST-LT	73700	
HB-CT KNEE W/O CONTRAST-RT	73700	
HB-CT L-SPINE W/ CONTRAST	72132	
HB-CT L-SPINE W/O AND W/ CONTRAST	72133	
HB-CT L-SPINE W/O CONTRAST	72131	
HB-CT ORBITAL W/ CONTRAST	70481	
HB-CT ORBITAL W/O AND W/ CONTRAST	70482	
HB-CT ORBITAL W/O CONTRAST	70480	
HB-CT PELVIS W/ CONTRAST	72193	
HB-CT PELVIS W/O AND W/ CONTRAST	72194	
HB-CT PELVIS W/O CONTRAST	72192	<i>Cystogram</i>
HB-CT PERFUSION W/ CONTRAST CBF	0042T	<i>Brain perfusion, diamox study</i>
HB-CT POSTERIOR FOSSA W/ CONTRAST	70481	
HB-CT POSTERIOR FOSSA W/O AND W/ CONTRAST	70482	
HB-CT POSTERIOR FOSSA W/O CONTRAST	70480	
HB-CT SHOULDER W/ CONTRAST-BIL	73201	
HB-CT SHOULDER W/ CONTRAST-LT	73201	
HB-CT SHOULDER W/ CONTRAST-RT	73201	
HB-CT SHOULDER W/O AND W/ CONTRAST-BIL	73202	
HB-CT SHOULDER W/O AND W/ CONTRAST-LT	73202	
HB-CT SHOULDER W/O AND W/ CONTRAST-RT	73202	
HB-CT SHOULDER W/O CONTRAST-BIL	73200	
HB-CT SHOULDER W/O CONTRAST-LT	73200	
HB-CT SHOULDER W/O CONTRAST-RT	73200	

CT Scans *continued*

Procedure	CPT	Description
HB-CT TEMPORAL BONE W/ CONTRAST-BIL	70481	
HB-CT TEMPORAL BONE W/O ANDW/ CONT-BIL	70482	
HB-CT TEMPORAL BONE W/O CONTR-BIL	70480	
HB-CT TIBIA/FIBULA W/ CONTRAST-BIL	73701	
HB-CT TIBIA/FIBULA W/ CONTRAST-LT	73701	
HB-CT TIBIA/FIBULA W/ CONTRAST-RT	73701	
HB-CT TIBIA/FIBULA W/O AND W/ CONTRAST-BIL	73702	
HB-CT TIBIA/FIBULA W/O AND W/ CONTRAST-LT	73702	
HB-CT TIBIA/FIBULA W/O AND W/ CONTRAST-RT	73702	
HB-CT TIBIA/FIBULA W/O CONTRAST-BIL	73700	
HB-CT TIBIA/FIBULA W/O CONTRAST-LT	73700	
HB-CT TIBIA/FIBULA W/O CONTRAST-RT	73700	
HB-CT TOE W/ CONTRAST-BIL	73701	
HB-CT TOE W/ CONTRAST-LT	73701	
HB-CT TOE W/ CONTRAST-RT	73701	
HB-CT TOE W/O AND W/ CONTRAST-BIL	73702	
HB-CT TOE W/O AND W/ CONTRAST-LT	73702	
HB-CT TOE W/O AND W/ CONTRAST-RT	73702	
HB-CT TOE W/O CONTRAST-BIL	73700	
HB-CT TOE W/O CONTRAST-LT	73700	
HB-CT TOE W/O CONTRAST-RT	73700	
HB-CT TREATMENT PLANNING W/ CON	77014	<i>Confirm with CT, typically performed in Cancer Center</i>
HB-CT TREATMENT PLANNING W/ CON-CYBERKF	77014	<i>Confirm with CT, typically performed in Cancer Center</i>
HB-CT TREATMENT PLANNING W/O CON	77014	<i>Confirm with CT, typically performed in Cancer Center</i>
HB-CT TREATMENT PLANNING W/O CON-CYBERKF	77014	<i>Confirm with CT, typically performed in Cancer Center</i>
HB-CT T-SPINE W/ CONTRAST	72129	
HB-CT T-SPINE W/O AND W/ CONTRAST	72130	
HB-CT T-SPINE W/O CONTRAST	72128	
HB-CT VIRTUAL COLONOSCOPY-SCREEN	74263	<i>Virtual colon</i>
HB-CT WRIST W/ CONTRAST-BIL	73201	
HB-CT WRIST W/ CONTRAST-LT	73201	
HB-CT WRIST W/ CONTRAST-RT	73201	
HB-CT WRIST W/O AND W/ CONTRAST-BIL	73202	
HB-CT WRIST W/O AND W/ CONTRAST-LT	73202	
HB-CT WRIST W/O AND W/ CONTRAST-RT	73202	
HB-CT WRIST W/O CONTRAST-BIL	73200	
HB-CT WRIST W/O CONTRAST-LT	73200	
HB-CT WRIST W/O CONTRAST-RT	73200	
HB-CTA ABDOMEN AND PELVIS W/O AND W/ CONTRAST	74174	<i>AAA, Renal donor, mesenteric ischemia, dissection, EVAR, TAVR planning</i>
HB-CTA ABDOMEN W/O AND W/ CONTRAST	74175	<i>Used for dual-phase pancreas</i>
HB-CTA AOR BIL ILIOF RUNOF W/OANDW/ CON	75635	
HB-CTA CHEST W/O AND W/ CONTRAST	71275	<i>PE, Dissection, TAVR planning</i>
HB-CTA HEAD W/O AND W/ CONTRAST	70496	
HB-CTA LOWER EXT W/O AND W/ CONTRAST-BIL	73706	
HB-CTA LOWER EXT W/O AND W/ CONTRAST-LT	73706	
HB-CTA LOWER EXT W/O AND W/ CONTRAST-RT	73706	
HB-CTA NECK W/O AND W/ CONTRAST	70498	<i>4-D Neck</i>

CT Scans *continued*

Procedure	CPT	Description
HB-CTA PELVIS W/O AND W/ CONTRAST	72191	
HB-CTA UPPER EXT W/O AND W/ CONTRAST-BIL	73206	
HB-CTA UPPER EXT W/O AND W/ CONTRAST-LT	73206	
HB-CTA UPPER EXT W/O AND W/ CONTRAST-RT	73206	
HB-DRN PERI/RETROPERITONEAL PERC W/ IMAGE-LT	49406	<i>Invasive, refer to VIR for scheduling</i>
HB-DRN PERI/RETROPERITONEAL PERC W/ IMAGE-RT	49406	<i>Invasive, refer to VIR for scheduling</i>
HB-DRN SOFT TISS PERC W/ IMAGE-LT	10030	<i>Invasive, refer to VIR for scheduling</i>
HB-DRN SOFT TISS PERC W/ IMAGE-RT	10030	<i>Invasive, refer to VIR for scheduling</i>
HB-DRN SUBPHRENIC ABS, OPEN	49040	<i>Invasive, refer to VIR for scheduling</i>
HB-DRN VISCERAL PERC W/ IMAGE-LT	49405	<i>Invasive, refer to VIR for scheduling</i>
HB-DRN VISCERAL PERC W/ IMAGE-RT	49405	<i>Invasive, refer to VIR for scheduling</i>
HB-ELBOW W/ CONTRAST-BIL	73201	
HB-ELBOW W/ CONTRAST-LT	73201	
HB-ELBOW W/ CONTRAST-RT	73201	
HB-ELBOW W/O AND W/ CONTRAST-BIL	73202	
HB-ELBOW W/O AND W/ CONTRAST-LT	73202	
HB-ELBOW W/O AND W/ CONTRAST-RT	73202	
HB-ELBOW W/O CONTRAST-BIL	73200	
HB-ELBOW W/O CONTRAST-LT	73200	
HB-ELBOW W/O CONTRAST-RT	73200	
HB-FIDUCIAL PLCMT FOR RAD THER NON-PROST ABD/PELV/RETROPERIT	49411	<i>Invasive, refer to VIR for scheduling</i>
HB-FIDUCIAL PLCMT FOR RAD THER PROSTATE	55876	<i>Invasive, refer to VIR for scheduling</i>
HB-FIDUCIAL PLCMT FOR RAD THER THORACIC	32553	<i>Invasive, refer to VIR for scheduling</i>
HB-FINGER W/ CONTRAST-BIL	73201	
HB-FINGER W/ CONTRAST-LT	73201	
HB-FINGER W/ CONTRAST-RT	73201	
HB-FINGER W/O AND W/ CONTRAST-BIL	73202	
HB-FINGER W/O AND W/ CONTRAST-LT	73202	
HB-FINGER W/O AND W/ CONTRAST-RT	73202	
HB-FINGER W/O CONTRAST-BIL	73200	
HB-FINGER W/O CONTRAST-LT	73200	
HB-FINGER W/O CONTRAST-RT	73200	
HB-FIX G/COLON TUBE W/DEVICE	49460	
HB-FLUR/US GUIDE PERC DRN W/CATH	75989	<i>Invasive, refer to VIR for scheduling placeholder for case</i>
HB-FNA W/ IMAGING	10022	<i>Invasive, refer to VIR for scheduling</i>
HB-FOOT W/ CONTRAST-BIL	73701	
HB-FOOT W/ CONTRAST-LT	73701	
HB-FOOT W/ CONTRAST-RT	73701	
HB-FOOT W/O AND W/ CONTRAST-BIL	73702	
HB-FOOT W/O AND W/ CONTRAST-LT	73702	
HB-FOOT W/O AND W/ CONTRAST-RT	73702	
HB-FOOT W/O CONTRAST-BIL	73700	
HB-FOOT W/O CONTRAST-LT	73700	
HB-FOOT W/O CONTRAST-RT	73700	
HB-HAND W/ CONTRAST-BIL	73201	
HB-HAND W/ CONTRAST-LT	73201	
HB-HAND W/ CONTRAST-RT	73201	

CT Scans *continued*

Procedure	CPT	Description
HB-HAND W/O AND W/ CONTRAST-BIL	73202	
HB-HAND W/O AND W/ CONTRAST-LT	73202	
HB-HAND W/O AND W/ CONTRAST-RT	73202	
HB-HAND W/O CONTRAST-BIL	73200	
HB-HAND W/O CONTRAST-LT	73200	
HB-HAND W/O CONTRAST-RT	73200	
HB-HEAD W/ CONTRAST	70460	
HB-HEAD W/O AND W/ CONTRAST	70470	
HB-HEAD W/O CONTRAST	70450	<i>Can be craniocytosis or brainlab head</i>
HB-HIP W/ CONTRAST-BIL	73701	
HB-HIP W/ CONTRAST-LT	73701	
HB-HIP W/ CONTRAST-RT	73701	
HB-HIP W/O AND W/ CONTRAST-BIL	73702	
HB-HIP W/O AND W/ CONTRAST-LT	73702	
HB-HIP W/O AND W/ CONTRAST-RT	73702	
HB-HIP W/O CONTRAST-BIL	73700	
HB-HIP W/O CONTRAST-LT	73700	
HB-HIP W/O CONTRAST-RT	73700	
HB-I AND D NECK/THORAX ABS	21501	<i>Invasive, refer to VIR for scheduling</i>
HB-I AND D THIGH/KNEE ABS-BIL	27301	<i>Invasive, refer to VIR for scheduling</i>
HB-I AND D THIGH/KNEE ABS-LT	27301	<i>Invasive, refer to VIR for scheduling</i>
HB-I AND D THIGH/KNEE ABS-RT	27301	<i>Invasive, refer to VIR for scheduling</i>
HB-INJ CELIAC PLEXUS NERVE BLOCK-BIL	64530	<i>Invasive, refer to VIR for scheduling</i>
HB-INJ CELIAC PLEXUS NERVE BLOCK-LT	64530	<i>Invasive, refer to VIR for scheduling</i>
HB-INJ CELIAC PLEXUS NERVE BLOCK-RT	64530	<i>Invasive, refer to VIR for scheduling</i>
HB-INSERT CECOSTOMY TUBE PERC W/ FLR	49442	<i>Invasive, refer to VIR for scheduling</i>
HB-INSERT CHEST TUBE-BIL	32551	<i>Invasive, refer to VIR for scheduling</i>
HB-INSERT CHEST TUBE-LT	32551	<i>Invasive, refer to VIR for scheduling</i>
HB-INSERT CHEST TUBE-RT	32551	<i>Invasive, refer to VIR for scheduling</i>
HB-INSERT DUOD/JEJ TUBE PERC W/ FLR	49441	<i>Invasive, refer to VIR for scheduling</i>
HB-INSERT INTRAPERITONEAL CATH, COMPLETE	49418	<i>Invasive, refer to VIR for scheduling</i>
HB-INSERT SUPRAPUBIC CATHETER	51102	<i>Invasive, refer to VIR for scheduling</i>
HB-INTERDISCAL PERQ ASPIR, DX	62267	<i>Invasive, refer to VIR for scheduling</i>
HB-KYPHOPLASTY EA AD T/L	22515	<i>Invasive, refer to VIR for scheduling</i>
HB-KYPHOPLASTY LUMBAR	22514	<i>Invasive, refer to VIR for scheduling</i>
HB-KYPHOPLASTY THORACIC	22513	<i>Invasive, refer to VIR for scheduling</i>
HB-LIMITED OR FOLLOW UP STUDY	76380	
HB-LOW DOSE CT CHEST W/O CONTRAST	71271	<i>Low-dose lung cancer screening</i>
HB-LOW DOSE CT COUNSELING	G0296	
HB-MAXILLO FAC/SINUS W/ CONTRAST	70487	<i>If ordered by ENT, include brainlab protocol in comments</i>
HB-MAXILLO FAC/SINUS W/O AND W/ CONTRAST	70488	<i>If ordered by ENT, include brainlab protocol in comments</i>
HB-MAXILLO FAC/SINUS W/O CONTRAST	70486	<i>If ordered by ENT, include brainlab protocol in comments</i>
HB-PLEURAL DRAIN PERC W/ INDWELL CATH W/ IMAGING-BIL	32557	<i>Invasive, refer to VIR for scheduling</i>
HB-PLEURAL DRAIN PERC W/ INDWELL CATH W/ IMAGING-LT	32557	<i>Invasive, refer to VIR for scheduling</i>
HB-PLEURAL DRAIN PERC W/ INDWELL CATH W/ IMAGING-RT	32557	<i>Invasive, refer to VIR for scheduling</i>

CT Scans *continued*

Procedure	CPT	Description
HB-PROSTATE NEEDLE PUNCH BX	55700	<i>Invasive, refer to VIR for scheduling</i>
HB-PUNCT ASP - ABSC,HEMAT,CYST	10160	<i>Invasive, refer to VIR for scheduling</i>
HB-SACROPLASTY-BIL	0201T	<i>Invasive, refer to VIR for scheduling</i>
HB-SACROPLASTY-LT	0200T	<i>Invasive, refer to VIR for scheduling</i>
HB-SACROPLASTY-RT	0200T	<i>Invasive, refer to VIR for scheduling</i>
HB-SELLA W/ CONTRAST	70481	
HB-SELLA W/O AND W/ CONTRAST	70482	
HB-SELLA W/O CONTRAST	70480	
HB-SOFT TIS NECK W/ CONTRAST	70491	
HB-SOFT TIS NECK W/O AND W/ CONTRAST	70492	
HB-SOFT TIS NECK W/O CONTRAST	70490	
HB-THORACENTESIS NDL/CATH, ASP PLEURAL W/ IMAGING-BI	32555	<i>Invasive, refer to VIR for scheduling</i>
HB-THORACENTESIS NDL/CATH, ASP PLEURAL W/ IMAGING-LT	32555	<i>Invasive, refer to VIR for scheduling</i>
HB-THORACENTESIS NDL/CATH, ASP PLEURAL W/ IMAGING-RT	32555	<i>Invasive, refer to VIR for scheduling</i>
HB-UNLISTED CT PROCEDURE	76497	