INTERVENTIONAL RADIOLOGY PROCEDURES

Due to the increased amount of additional codes required by the insurance, Gateway will fax or contact you with specific codes on a case-by-case basis.

ANGIOGRAM / ARTERIOGRAM*
- CT Angio Abd/Pelvis Aorta w/ Runoff
- Aortogram w/ Runoff
- Renal Angiogram
  - ___Uni ___Bilat ___ w/Stent
- Mesenteric

PERIPHERAL VASCULAR PROCEDURES*
- ___L ___R ___ Bilat
  - Laser Atherectomy
  - Balloon Angioplasty
  - Laser Atherectomy
  - Stent Placement

VENOGRAM / VENOGRAPHY*
- Interior Vena Cavagram
- Superior Vena Cavagram
- Upper Extremity Venogram
  - ___L ___R ___ Bilat
- Lower Extremity Venogram
  - ___L ___R ___ Bilat
- Iliac Venography
  - ___L ___R ___ Bilat

IVC FILTER PROCEDURES*
- IVC Filter Placement
- IVC Filter Removal

PORT / PICC PROCEDURES*
- Port Placement
- Port Removal
- Port Replacement
- PICC Placement
- PICC Replacement
- Portogram
- Port / PICC Flush

DIALYSIS TREATMENT*
- Permanent Dialysis Catheter
  - ___ Placement ___Exchange
  - ___Removal
- Temporary Dialysis Catheter
  - ___ Placement ___Exchange
  - ___Removal

PAIN MANAGEMENT*
- ESI Lumbar / Sacral
- Hip Injection - Major Joint
- Sacroiliac Joint (SI) Injection

KYPHOPLASTY*
- Thoracic
- Lumbar

CT MYELOGRAM**
- Lumbar

MRI ARTHROGRAM**
- Shoulder
- Hip
- Knee

LASER VEIN TREATMENT
- Ultrasound Venous Insufficiency
  - ___Uni ___ L ___ R ___ Bilat
  - ___ w/ ABI
- Endovenous Laser Ablation,
  Phlebectomy & Sclerotherapy
  as indicated

MRI GUIDED BIOPSY**
- Breast

CT GUIDED BIOPSY**
- Abdominal Mass
- Adrenal Gland
- Bone Marrow
- Cervical Lymph Node
- Liver
- Lung
- Retroperitoneal
- Soft Tissue Neck Mass

ULTRASOUND GUIDED BIOPSY**
- Breast Biopsy / Aspiration
- Fine Needle Aspiration Abdominal Cyst
- Liver
- Retroperitoneal
- Soft Tissue Lower Extremity
- Thyroid

DRAINAGE PROCEDURES**
- Paracentesis
- Thoracentesis

Contact person for code add-ons:
Name: ____________________________
Ext. ____________________________
_______________________________
_______________________________

Physician Signature: ____________________________
Date: ____________________________
* TEST PREP: ANGIO PROCEDURES
• Patient Must be NPO 8 Hours Prior
• NO Blood Thinners / NO Aspirin / NO NSAIDS 5 days Prior to Procedure.
• Patient Must be Accompanied by a Driver.

** TEST PREP: BIOPSY PROCEDURES
• Patient Must be Accompanied by a Driver
• Patient Must be NPO 2 Hours Prior
• NO Blood Thinners / NO Aspirin / NO NSAIDS 5 days Prior to Procedure
• Pathology According to Insurance

Special Procedures Scheduling Process:
➢ Contact our IR Clinical Coordinator to schedule a patient consultation (522-5800).
➢ Fax Rx order with check-listed items below to expedite the scheduling request.
➢ Prior Imaging & Reports performed at an outside facility MUST be provided prior to consultation OR no later than the scheduled consultation date.
➢ Referring physician office obtains Authorization 48 hours prior to procedure.

Referring Physician Required To Supply:
☐ Prescription Order with Clinical Diagnosis Codes
☐ Demos, Patient Medical History including Medications / Allergies
☐ Prior Imaging & Reports for Radiologist Review
☐ Labs: CBC, CMP and PT/INR *Drawn within 7 days of Procedure
☐ Insurance Authorization
☐ *Lab Order for Bloodwork
☐ *Diagnostic Fluid Testing Order for Paracentesis & Thoracentesis

IR CLINICAL COORDINATOR:
• Ph: (727) 522-5800
• Fax: (727) 233-0299
• Fax: (727) 350-4373

GATEWAY ANGIO-LAB:
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