

Guidelines for Ordering Adult X-Rays

Adult X-Ray Exams (18 Years and Older)	Description of Views Included	Standard Views
HEAD		
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
UPPER EXTREMITY		
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
ABDOMEN, TORSO AND SPINE		
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
LOWER EXTREMITY		
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
HEAD		
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
UPPER EXTREMITY		
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
ABDOMEN, TORSO AND SPINE		
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
LOWER EXTREMITY		
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
MISCELLANEOUS		
Bone Age	PA of Left Hand and Wrist	1

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Pediatric X-Ray Exam Precautions

*No Scoliosis Screening Exams Performed

*No Leg-Length Measurement Exams Performed



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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.