

**Procedure Grid / PENRAD**

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|----|--------------------------------------|-----------------------|-----------------------|---------------|-------------------|------------------|------------------|---------------------|-----------------|------------------|------------------|-----------------|---------------|-----------------|--------------------|------------------|--------------------|
| FL | Arthrograms wrist                    |                       |                       | X             |                   | X                | X                | X                   |                 |                  |                  |                 |               |                 |                    |                  | X                  |
| FL | shoulder                             | X                     |                       | X             | X                 | X                | X                | X                   | X               | X                | X                | X               | X             |                 | X                  |                  | X                  |
| FL | hip                                  | X                     |                       | X             | X                 | X                | X                | X                   | X               | X                | X                | X               | X             | X               | X                  |                  | X                  |
| FL | knee                                 | X                     |                       |               |                   | X                | X                | X                   |                 | X                |                  |                 | X             |                 |                    |                  | X                  |
| FL | elbow                                | X                     |                       |               |                   | X                | X                | X                   |                 | X                |                  |                 |               |                 |                    |                  | X                  |
| FL | ankle                                |                       |                       |               |                   | X                | X                | X                   |                 |                  |                  |                 |               |                 |                    |                  | X                  |
| FL | FL-guided iliopsoas tendon injection |                       |                       |               |                   | X                | X                | X                   |                 |                  |                  |                 |               |                 |                    |                  | X                  |
| FL | Small joint injections (hands, feet) |                       |                       |               |                   | X                | X                | X                   |                 | p                |                  |                 |               |                 |                    |                  | X                  |
| FL | HSG                                  | X                     |                       |               | X                 | X                |                  |                     |                 | X                | X                | X               |               |                 |                    | X                | X                  |
| FL | VCUG                                 |                       |                       | X             | X                 | X                |                  | X                   |                 | X                |                  | X               | X             | X               | X                  | X                | X                  |
| FL | Retrograde Urethrogram               | X                     |                       | X             | X                 | X                |                  | X                   |                 | X                |                  | emer            | X             | X               | X                  | X                | X                  |
| FL | Cystograms                           | X                     |                       | X             | X                 | X                |                  | X                   |                 | X                |                  | X               | X             | X               | X                  | X                | X                  |
| MA | Upright stereotactic bx (DBI table)  |                       | X                     |               |                   | X                | X                |                     |                 | X                |                  |                 |               |                 |                    |                  |                    |
| MA | Galactogram                          |                       |                       |               |                   |                  |                  |                     |                 | X                |                  |                 | X             |                 |                    |                  |                    |
| MA | Mammo needle localization            |                       | X                     |               | X                 | X                | X                |                     |                 | X                |                  | X               | X             | X               | X                  | X                | X                  |
| MA | Breast core biopsy (stereotactic)    | X                     | X                     |               |                   | X                | X                |                     |                 | X                |                  | X               | X             | X               |                    |                  |                    |
| MR | MR Breast Bx                         |                       | X                     |               |                   |                  |                  |                     |                 | X                |                  | X               |               |                 |                    |                  |                    |
| US | Axillary FNA (US guided) *PENDING*   | X                     |                       | X             | X                 | X                | X                |                     | X               | X                |                  | X               | X             | X               | X                  | X                | X                  |
| US | Breast cyst aspiration               | X                     | X                     | X             | X                 | X                | X                |                     | X               | X                |                  | X               | X             | X               | X                  | X                | X                  |
| US | Breast core biopsy                   | X                     | X                     | X             | X                 | X                | X                |                     | X               | X                |                  | X               | X             | X               | X                  | X                | X                  |
| US | Breast core biopsy - SMALL LESION    | X                     | X                     | X             | X                 | X                | X                |                     | X               | X                |                  | X               | X             | X               |                    |                  | X                  |
| US | Breast MR Follow-Up                  |                       | X                     | X             |                   |                  | X                | X                   |                 | X                |                  | X               |               | X               |                    |                  | X                  |
| US | Arterial Doppler                     |                       |                       | X             | X                 | X                |                  | X                   |                 | X                | X                | X               |               | X               | X                  | X                | X                  |
| US | Arterial Venous Mapping              |                       |                       | X             | X                 | X                |                  | X                   |                 | X                | X                | X               |               | X               | X                  | X                | X                  |
| US | Hysterosonogram                      |                       |                       |               |                   |                  |                  |                     |                 | X                | X                |                 |               |                 |                    |                  | X                  |
| US | Pediatric Hips                       |                       |                       |               |                   |                  | X                | X                   |                 |                  | X                |                 |               |                 |                    |                  |                    |
| US | MSK                                  |                       |                       |               |                   |                  | X                | X                   |                 |                  | X                |                 |               |                 |                    |                  |                    |
| US | shoulder                             |                       |                       |               |                   |                  | X                | X                   | X               | p                |                  | X               |               |                 |                    |                  |                    |
| US | elbow                                |                       |                       |               |                   |                  | X                | X                   | X               |                  |                  | X               |               |                 |                    |                  |                    |
| US | knee                                 |                       |                       |               |                   |                  | X                | X                   | X               |                  |                  | X               |               |                 |                    |                  |                    |
| US | wrist                                |                       |                       |               |                   |                  | X                | X                   | X               |                  |                  | X               |               |                 |                    |                  |                    |
| US | trigger finger                       |                       |                       |               |                   |                  | X                | X                   | X               |                  |                  | X               |               |                 |                    |                  |                    |
| US | US Guided MSK Aspiratns/Injectns.    |                       |                       | X             |                   |                  | X                | X                   | X               | p                |                  |                 |               | X               |                    |                  |                    |
| US | knee (cyst aspiration)               | X                     |                       | X             |                   |                  | X                | X                   | X               | p                |                  |                 |               | X               |                    |                  | X                  |
| US | hip (bursitis) injection             |                       |                       |               |                   |                  | X                | X                   | X               | p                |                  |                 |               | X               |                    |                  |                    |
| US | US-guided iliopsoas tendon injection |                       |                       |               |                   |                  | X                | X                   | X               |                  |                  |                 |               |                 |                    |                  |                    |