

MRI EXAM CPT CODE REFERENCE

Use this reference to quickly determine the correct exam for your patients based on the indications described herein and the CPT for the order. Creatine levels should be obtained prior to contrast studies. Please call if you have any questions:

Southern Tier Imaging — Johnson City:
 (607) 729-1999

Southern Tier Imaging — Vestal:
 (607) 729-1999 ext. 300

UHS Imaging — Wilson Medical Center:
 (607) 763-6104

UHS Imaging — BGM General Hospital:
 (607) 762-2243

BODY PART	PROCEDURE FOR PRE-AUTHORIZATION	CPT CODE	INDICATIONS FOR EXAM OR STUDY
BRAIN	MRI Brain without contrast	70551	Alzheimer's Mental Status Change Confusion Dementia Memory loss Suspected MS Stroke / CVA TIA (transient ischemic attack) Trauma Dizziness / Vertigo Headaches
	MRI Brain with and without contrast	70553	Tumor / Mass / Cancer Cranial nerve lesions HIV / AIDS Infection MS (Multiple Sclerosis) Neurofibromatosis Hearing loss, IAC mass Bell's Palsy (facial weakness) Pituitary lesion Acoustic neuroma Syringomyelia (Syrinx) Visual Change Metastases Vascular lesions (AVM) Elevated prolactin
MRA BRAIN: Arterial Circulation Circle of Willis	MRA Brain without contrast	70544	Aneurysm family history TIA (transient ischemic attack) Stroke / CVA (cerebrovascular accident)
MRA BRAIN: Venous Circulation	MRA Brain without contrast	70544	Venous thrombosis
	MRA Brain with and without contrast	70546	AVM Sinus thrombosis Venous circulatory symptoms
MRA NECK:	MRA Neck with and without contrast	70549	Alzheimer's Mental status change Stroke / CVA TIA (transient ischemic attack)
MRI ORBITS: Includes brain plus cuts through the orbits	MRI Brain with and without contrast	70533	Trauma Graves Disease Exophthalmos / proptosis Pseudotumor Tumor / Mass / Cancer / Mets Vascular lesions (Hemangioma)
MRI NECK: Soft Tissue	MRI Orbits / Face / Neck with and without contrast	70543	Infection Pain Tumor / Mass / Cancer / Mets Vocal Cord Paralysis
MRI SPINE: Cervical	MRI Cervical Spine without contrast	72141	Neck pain Arm / Shoulder pain Disk herniation (HNP) Numbness Degenerative disk disease Radiculopathy
	MRI Cervical Spine with and without contrast	72156	Syringomyelia (Syrinx) Discitis (disk infection) Osteomyelitis Myelopathy MS (Multiple Sclerosis) Tumor / Mass / Cancer / Mets

MRI EXAM CPT CODE REFERENCE

Use this reference to quickly determine the correct exam for your patients based on the indications described herein and the CPT for the order. Creatine levels should be obtained prior to contrast studies. Please call if you have any questions:

Southern Tier Imaging — Johnson City:
 (607) 729-1999

Southern Tier Imaging — Vestal:
 (607) 729-1999 ext. 300

UHS Imaging — Wilson Medical Center:
 (607) 763-6104

UHS Imaging — BGM General Hospital:
 (607) 762-2243

BODY PART	PROCEDURE FOR PRE-AUTHORIZATION	CPT CODE	INDICATIONS FOR EXAM OR STUDY	
MRI SPINE: Thoracic	MRI Thoracic Spine without contrast	72146	Back pain Degenerative disk disease Disk herniation (HNP) Radiculopathy	Trauma Compression fracture (No history of malignancy)
	MRI Thoracic Spine with and without contrast	72157	Syringomyelia (Syrinx) Discitis (disk infection) Osteomyelitis	Myelopathy MS (Multiple Sclerosis) Tumor / Mass / Cancer / Mets
MRI SPINE: Lumbar	MRI Lumbar Spine without contrast	72148	Back / leg pain Degenerative disk disease Disk herniation (HNP) Radiculopathy Trauma Scoliosis	Sciatica / radiculopathy Spondylolisthesis Spinal stenosis Compression fracture (No history of malignancy)
	MRI Lumbar Spine with and without contrast	72158	Discitis (disk infection) Osteomyelitis	Post-op Hx of back surgery Tumor / Mass / Cancer / Mets
MRI LUMBOSACRAL PLEXUS	MRI Pelvis without contrast	72195	Leg Pain / Sciatica Radiculopathy	Lumbar plexopathy Sacral / coccyx pain
MRI BRACHIAL PLEXUS	MRI Upper Exremity Non-joint with and without contrast	73220	Shoulder injury Nerve avulsion	Brachial plexopathy
MRI CHEST: Mediastinum	MRI Chest / Mediastinum with and without contrast	71552	Tumor / Mass / Cancer / Mets	
MRA AORTA	MRA Abdomen with and without contrast	74185	Abdominal aortic dissection	
MRA AORTA: With peripheral runoff	MRA Abdomen with and without contrast MRA Lower Extremity with and without contrast	74185 73725	Peripheral vascular disease Claudication	
MRA CHEST	MRI Chest with and without contrast	71555	Excluding cardiac myocardium Thoracic aorta	
BREAST MRI	MRI Breast Bilateral with and without contrast	77059	Newly diagnosed breast cancer Family history of breast cancer BRCA 1 and BRCA 2 genes (Some criteria may apply) Implant Integrity / Rupture	

MRI EXAM CPT CODE REFERENCE

Use this reference to quickly determine the correct exam for your patients based on the indications described herein and the CPT for the order. Creatine levels should be obtained prior to contrast studies. Please call if you have any questions:

Southern Tier Imaging — Johnson City:
 (607) 729-1999

Southern Tier Imaging — Vestal:
 (607) 729-1999 ext. 300

UHS Imaging — Wilson Medical Center:
 (607) 763-6104

UHS Imaging — BGM General Hospital:
 (607) 762-2243

BODY PART	PROCEDURE FOR PRE-AUTHORIZATION	CPT CODE	INDICATIONS FOR EXAM OR STUDY	
MRI ABDOMEN: General	MRI Abdomen with and without contrast	74183	Tumor / Mass / Cancer / Mets Abdominal Pain	
MRI ABDOMEN: Liver			Post embolization Hemangioma Hepatoma	Hepatitis Cirrhosis Increased liver function tests
MRI ABDOMEN: Renal			Hematuria (blood in urine) Transitional cell carcinoma of kidney	Renal mass (cyst or solid) Abnormal findings
MRI ABDOMEN: Adrenal	MRI Abdomen with and without contrast	74183	Adrenal mass or lesion Pheochromocytoma	Hypertension
MRCP: Biliary	MRI Abdomen with and without contrast	74183	Abdominal Pain Biliary obstruction Stones	Jaundice Abnormal enzymes
MRCP: Pancreas	MRI Abdomen with and without contrast	74183	Pancreatitis Pancreas mass Cholangiocarcinoma PSC (Primary Sclerosing Cholangitis)	Increased liver function tests Painless jaundice Ampulla evaluation
MRA ABDOMEN: Adrenal	MRA Abdomen with or without contrast	74185	Renal artery stenosis Hypertension	Mesenteric arterial Ischemia
MRA PELVIS: Iliac vessels	MRA Pelvis with or without contrast	72198	Pelvic venous thrombosis	
MRI PELVIS: Soft Tissue: General	MRI Pelvis with and without contrast	72197	Pain Abscess	Tumor / Mass / Cancer / Mets Decubitus ulcer
MRI PELVIS: Soft Tissue: Uterus / Ovaries	MRI Pelvis with and without contrast	72197	Fibroid Adenomyosis Infertility	Endometrioma Ovarian Mass Pre/Post-Uterine Fibroid-Embolization (UFE)
MR ENTEROGRAPHY	Dual Study: MRI Abdomen with and without contrast; MRI Pelvis with and without contrast	74183 72197	Crohn's disease Celiac disease (Sprue)	Crohn's fistulous disease Small bowel tumor

MRI EXAM CPT CODE REFERENCE

Use this reference to quickly determine the correct exam for your patients based on the indications described herein and the CPT for the order. Creatine levels should be obtained prior to contrast studies. Please call if you have any questions:

Southern Tier Imaging — Johnson City:
 (607) 729-1999

Southern Tier Imaging — Vestal:
 (607) 729-1999 ext. 300

UHS Imaging — Wilson Medical Center:
 (607) 763-6104

UHS Imaging — BGM General Hospital:
 (607) 762-2243

BODY PART	PROCEDURE FOR PRE-AUTHORIZATION	CPT CODE	INDICATIONS FOR EXAM OR STUDY
MRI EXTREMITY, NON-JOINT: Forearm Humerus Lower Leg / Calf Femur / Thigh	MRI Non-Joint without contrast: Upper Extremity Lower Extremity	73218 73718	Fracture Stress fracture Muscle or tendon tear
	MRI Non-Joint with and without contrast: Upper Extremity Lower Extremity	73220 73720	Abscess Ulcer Tumor / Mass / Mets Plantar fasciitis Myositis Osteomyelitis Morton's neuroma Soft tissue tumor or mass
MRI EXTREMITY, JOINT: UPPER: Hand Wrist Elbow Shoulder SC Joint LOWER: Foot Ankle Knee Hip (whole perivis)	MRI Joint without contrast: Upper Extremity Lower Extremity	73221 73721	Arthritis Avascular necrosis (AVN) Stress fracture Internal derangement Joint Pain Meniscal tear Muscle tear Ligament tear Cartilage tear Osteochondritis dissecans (OCD)
	MRI Joint with and without contrast: Upper Extremity Lower Extremity	73223 73723	Abscess Ulcer Cellulitis Plantar fasciitis Myositis Osteomyelitis Inflammatory arthritis Septic arthritis Tumor / Mass / Mets Labral tear
MRI HIP / PELVIS	MRI Pelvis without contrast	72195	Fracture Hip / Pelvis Pain Trauma Muscle / Tendon tear
	MRI Pelvis with and without contrast	72197	Tumor / Mass / Cancer / Mets Osteomyelitis Septic arthritis
MRA UPPER EXTREMITY	MRA Upper Extremity with and without contrast	73225	Subclavian Redness or swelling Tenderness
MRA LOWER EXTREMITY	MRA Lower Extremity with and without contrast	73725	Peripheral vascular disease
MR ARTHROGRAM: Upper Extremity Shoulder Elbow Wrist	MRI Upper Extremity Joint with and without contrast	73222	Shoulder Instability Labral tear Loose body Ligament injury TFCC tear
	Shoulder Injection	23350	
	Elbow Injection	24220	
	Wrist Injection	25246	

MRI EXAM CPT CODE REFERENCE

Use this reference to quickly determine the correct exam for your patients based on the indications described herein and the CPT for the order. Creatine levels should be obtained prior to contrast studies. Please call if you have any questions:

*Southern Tier Imaging — Johnson City:
(607) 729-1999*

*Southern Tier Imaging — Vestal:
(607) 729-1999 ext. 300*

*UHS Imaging — Wilson Medical Center:
(607) 763-6104*

*UHS Imaging — BGM General Hospital:
(607) 762-2243*

BODY PART	PROCEDURE FOR PRE-AUTHORIZATION	CPT CODE	INDICATIONS FOR EXAM OR STUDY
MR ARTHROGRAM: Lower Extremity Hip Knee Ankle	MRI Lower Extremity Joint with and without contrast Hip Injection Knee Injection Ankle Injection	73722 27093 27370 27093	Laberal Tear Loose body OCD lesion (Osteochondritis Dissecans) Post surgical meniscus re-tear