

MRI Indication Guide

Do you have questions about an MRI exam? Call us. We are happy to answer your questions.

Head & Brain

BRAIN — MRI w/out Contrast (CPT 70551)

- Dizziness/Vertigo
- TIA/Stroke evaluation
- Subacute or old trauma
- Alzheimer's/Memory loss
- Confusion/Dementia
- Suspected multiple sclerosis (MS)

BRAIN –MRI w/ Contrast (CPT 70522)

BRAIN — MRI w/ & w/out Contrast (CPT 70553)

- Tumor/Mass/Cancer
- Cranial nerve lesions
- Infection or HIV
- MS, Neurofibromatosis
- Hearing Loss, IAC Mass (order IAC as well)
- Vascular lesion
- Acoustic neuroma
- Visual change
- Elevated Prolactin/Pituitary (order pituitary views)
- Bell's Palsy

BRAIN — MRA w/out Contrast (CPT 70544)

- Aneurysm
- Aneurysm (family history)
- Stroke/CVA/TIA

BRAIN-MRA w/ Contrast (CPT 70545)

BRAIN –MRA w/ & w/out Contrast (CPT 70546)

BRAIN — MRV w/out Contrast (CPT 70544)

- Venous Thrombosis

BRAIN-MRV w/ Contrast (CPT 70545)

BRAIN –MRVw/& w/out Contrast (CPT 70546)

Neck & Face

ORBITS — MRI w/out Contrast (CPT 70540)

- Trauma

ORBITS-MRI w/ Contrast (CPT 70542)

ORBITS — MRI w/ & w/out Contrast (CPT 70543)

- Graves' Disease
- Exophthalmos/Proptosis
- Vascular Lesions
- Tumor/Mass/Cancer/METS

NECK-MRI w/out Contrast (CPT 70540)

NECK-MRI w/ Contrast (CPT 70542)

NECK — MRI w/ & w/out Contrast (CPT 70543)

includes orbits, face & neck.

- Infection or Pain
- Tumor/Mass/Cancer/Mets
- Vocal Cord Paralysis

NECK — MRA w/out Contrast (CPT 70547)

NECK — MRA w/ Contrast (CPT 70548)

NECK — MRA w/ & w/out Contrast (CPT 70549)

- Stroke/CVA/Bruit/TIA
- Abnormal Doppler or Dizziness

ARCH & GREAT VESSELS — MRA w/ & w/out Contrast (CPT 71555)

- Stroke/CVA/Bruit/TIA

Chest

CHEST/MEDIASTINUM — MRI w/out Contrast (CPT 71550)

CHEST/MEDIASTINUM — MRI w/ Contrast (CPT 71551)

CHEST/MEDIASTINUM — MRI w/ & w/out Contrast (CPT 71552)

- Tumor/Mass/Cancer/METS

BRACHIAL PLEXUS — MRI w/ & w/out Contrast (CPT - see below)

The CPT code chosen for this study entirely depends on the reason for the exam.

Reasons include:

- To identify head and neck cancers to the level of the thyroid choose MRI of the neck and include the brachial plexus (CPT 70540, 70542 or 70543)
- To identify apical lung cancers (e.g., Pancoast tumors) choose MRI of the chest and include the brachial plexus (CPT 71550, 71551 or 71552)
- To identify peripheral adenopathy, r/o brachial plexus lesion choose MRI of the upper extremity of the joint and include the brachial plexus (CPT 73221, 73222 or 73223)

Note: The only appropriate brachial plexus CPT codes are listed above. All other orders should be for a specific body part.

AORTA — MRA w/out, w/ or w/ & w/out Contrast (CPT 74185)

- Abdominal Aortic Dissection

CHEST — MRA w/out, w/ or w/ & w/out Contrast (CPT 71555)

- Excludes cardiac myocardium

Breast

BREAST UNILATERAL — MRI w/o Contrast (CPT 77046)

BREAST BILATERAL — MRI w/o Contrast (CPT 77047)

BREAST UNILATERAL — MRI w/o & w/Contrast, including CAD when performed (CPT 77048)

BREAST BILATERAL — MRI w/o & w/Contrast, including CAD when performed (CPT 77049)

- Newly diagnosed cancer
- Personal history of breast cancer
- BRCA 1 or 2 gene
- High-risk screening
- Implant integrity/rupture
- Evaluation of response to chemotherapy
- Dense breast
- Palpable lump w/ abnormal US or Mammogram findings

Abdomen & Pelvis

ABDOMEN ADRENAL — MRI w/out Contrast (CPT 74181)

- Adrenal mass or lesion
- Pheochromocytoma
- Hypertension

ABDOMEN ADRENAL — MRI w/ Contrast (CPT 74182)

ABDOMEN ADRENAL — MRI w/ & w/out Contrast (CPT 74183)

ABDOMEN — MRA w/ & w/out Contrast (CPT 74185)

- Renal Artery Stenosis
- Hypertension
- Abdominal Aortic Aneurysm
- Mesenteric Ischemia

MRCP — MRI w/out Contrast (CPT 74181+ 3D rendering 76376 or 76377)

- Biliary obstruction
- Stones
- Jaundice, Abnormal enzymes

MRCP — MRI w/ Contrast (CPT 74182) + 3D rendering 76376 or 76377

MRCP — MRI w/ & w/out Contrast (CPT 74183) + 3D rendering 76376 or 76377

Abdomen General & Liver

- Tumor/Mass/Cancer/METS
- Abdominal pain, post immobilization
- Hemangioma, Hepatoma
- Hepatitis, Increased LFTs

Renal

- Renal mass (cyst or solid)
- Transitional carcinoma of the kidney
- Abnormal finding

Pancreas

- Tumor/Mass/Cancer/METS
- Abdominal pain, post immobilization
- Hemangioma, Hepatoma

PELVIS SOFT TISSUE GENERAL, UTERUS, OVARIES — MRI w/out Contrast (CPT 72195)

- Bicornuate uterus, Septate uterus

PELVIS SOFT TISSUE GENERAL, UTERUS, OVARIES — MRI w/ Contrast (CPT 72196)

PELVIS SOFT TISSUE GENERAL, UTERUS, OVARIES — MRI w/ & w/out Contrast (CPT 72197)

- Tumor/Mass/Cancer/METS
- Pain, Abscess
- Decubitus Ulcer/Ovarian Mass
- Infertility

PELVIS — MRA w/out, w/ or w/ & w/out Contrast (CPT 72198)

- Femoral Arteries

Musculoskeletal

CERVICAL SPINE — MRI w/out Contrast (CPT 72141)

- Arm and shoulder pain
- Numbness
- Neck Pain
- Disc herniation
- Radiculopathy
- Degenerative disease

CERVICAL SPINE — MRI w Contrast (CPT 72142)

CERVICAL SPINE — MRI w/and w/out Contrast (CPT 72156)

- Discitis, sryinx, osteomyelitis
- Myelopathy
- Multiple Sclerosis
- Tumor/Mass/Cancer/METS

THORACIC SPINE — MRI w/out Contrast (CPT 72146)

- Back pain
- Degenerative disc disease
- Disc herniation
- Radiculopathy
- Trauma
- Compression fracture (no history of malignancy)

THORACIC SPINE — MRI w/ Contrast (CPT 72147)

THORACIC SPINE — MRI w/ & w/out Contrast (CPT 72157)

- Post-op fusion
- Discitis, sryinx, osteomyelitis
- Multiple Sclerosis
- Tumor/Mass/Cancer/METS
- Compression fracture (w/ history of malignancy)

LUMBAR SPINE — MRI w/out Contrast (CPT 72148)

- Back/leg pain
- Degenerative disc disease
- Disc herniation
- Trauma
- Sciatica, Spinal Stenosis
- Compression fracture (no history of malignancy)

LUMBAR SPINE — MRI w/ Contrast (CPT 72149)

LUMBAR SPINE — MRI w/ & w/out Contrast (CPT 72158)

- Discitis, osteomyelitis
- Post-op history of back surgery
- Tumor/Mass/Cancer/METS
- Compression fracture (w/ history of malignancy)

PELVIS - BONY — MRI w/out Contrast (CPT 72195)

- Fracture/Trauma
- Pain, muscle/tendon tear

PELVIS - BONY— MRI w/ Contrast (CPT 72196)

To order an MRI, call us at 603.537.1363; or fax an order to 603.434.3749

PELVIS - BONY — MRI w/ & w/out Contrast (CPT 72197)

- Osteomyelitis
- Tenderness
- Tumor/Mass/Cancer/METS

Extremities

EXTREMITY - NON-JOINT

- Includes forearm, humerus, lower leg, femur, thigh, hand, foot (hindfoot, midfoot and forefoot).

MRI Non-Joint w/out Contrast (Upper Extremity - CPT 73218) (Lower Extremity - CPT 73718)

- Fracture, Stress Fracture
- Muscle/Tendon tear

MRI Non-Joint w/ Contrast (Upper Extremity - CPT 73219) (Lower Extremity - CPT 73719)

MRI Non-Joint w/ & w/out Contrast (Upper Extremity - CPT 73220) (Lower Extremity - CPT 73720)

- Abscess, ulcer
- Tumor/Mass/METS
- Cellulitis, fasciitis

EXTREMITY - JOINT

- Includes: UPPER - wrist, elbow, shoulder; LOWER - ankle (distal tibia/fibula through base of metatarsis), knee, hip (whole pelvis)

MRI Joint w/ Contrast (Upper Extremity - CPT 73222) (Lower Extremity - CPT 73722)

MRI Joint w/out Contrast (Upper Extremity - CPT 73221) (Lower Extremity - CPT 73721)

- Arthritis, Avascular Necrosis (AVN)
- Stress Fracture
- Internal derangement
- Pain
- Labral, meniscal, muscle, ligament or cartilage tear
- Osteochondritis dissecans (OCD)

MRI Joint w/ & w/out Contrast (UPPER EXTREMITY - CPT 73223) (Lower Extremity - CPT 73723)

- Abscess, ulcer, cellulitis, fasciitis, myositis
- Inflammatory arthritis
- Osteomyelitis
- Septic arthritis
- Tumor/Mass/METS

MRA

UPPER EXTREMITY — MRA w/ & w/out Contrast (CPT 73225)

- Subclavical
- Redness/swelling/tenderness

LOWER EXTREMITY — MRA w/ & w/out Contrast (CPT 73725)

- Peripheral Artery Disease (MRA runoff would need to include an MRA of the Abdomen through the feet, CPT 74185).

MR Arthrography

Note: Gadolinium Is injected into the joint space. Labs are not required.

Wrist Arthrogram

MRI Joint w/ Contrast - Upper Extremity (CPT 73222)

Injection - Wrist (CPT 25246)

- TFCC (Triangular Fibrocartilage Complex) tear
- Intercarpal ligaments

MRI Joint w/& w/ out Contrast - Upper Extremity (CPT 73223)

- Scaphoid non-union
- Soft tissue ganglia

Elbow Arthrogram

MRI Joint w/ Contrast - Upper Extremity (CPT 73222)

Injection - Elbow (CPT 24220)

- Loose body
- Internal derangement

MRI Joint w/ & w/out Contrast - Upper Extremity (CPT 73223)

Shoulder Arthrogram

MRI Joint w/ Contrast - Upper Extremity (CPT 73222)

Injection - Shoulder (CPT 23350)

- Labral tear
- Synovitis
- Rotator Cuff Tear
- Adhesive capsulitis

MRI Joint w/ & w/out Contrast - Upper Extremity (CPT 73223)

Hip Arthrogram

MRI Joint w/ Contrast - Lower Extremity (CPT 73722 or 73723)

Injection - Hip (CPT 27093 or 27095)

- Labral tear

Knee Arthrogram

MRI Joint w/ Contrast - Lower Extremity (CPT 73722)

Injection - Knee (CPT 27370)

- Recurrent meniscal tear
- Post operation
- Loose bodies
- Chondromalacia ("runner's knee")

MRI Joint w/ & w/out Contrast - Lower Extremity (CPT 73723)

Ankle Arthrogram

MRI Joint w/ Contrast - Lower Extremity (CPT 73722)

Injection - Ankle (CPT 27648)

- Loose body
- Osteochondritis dissecans (OCD)

MRI Joint w/ & w/out Contrast - Lower Extremity (CPT 73723)

You are not required to order exams based on the information in this guide. You should order the most appropriate exam based on your patient's symptoms and diagnosis.

To schedule a patient:

Phone: 603.537.1363

Fax: 603.434.3749

Web: www.derryimaging.com

Should your patient have creatinine and GFR testing before a contrast-enhanced MRI?

Nephrogenic Systemic Fibrosis (NSF) has been discovered in some patients with severe or end stage renal disease following administration of Gadolinium-based products. In order to ensure proper kidney clearance of gadolinium from these patients, they should have Creatinine levels and Glomerular Filtration Rates (GFR) within FDA specified ranges.

The ACR currently recommends that GFR be obtained to evaluate the risk of NSF when patients have the following:

- History of renal disease, including:
 - » Dialysis
 - » Kidney transplant
 - » Single kidney
 - » Kidney surgery
 - » History of known cancer involving the kidney(s)
- History of hypertension requiring medical therapy
- History of diabetes mellitus

These general guidelines may vary by patient. Contact the radiologist if you have questions.

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