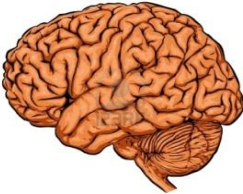
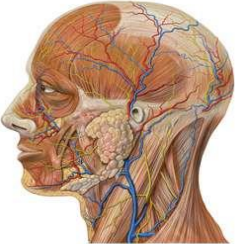
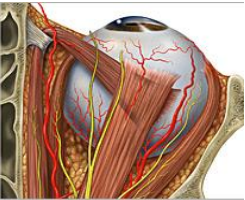




MRI ANATOMICAL GUIDE

Please include BUN Creatinine levels of all patients 60 and older or with H/O Renal Failure. Lab work is current within 3 months.

Area of Concern	Body Part	Reason for Exam	IV Contrast	Description by CPT Code*	CPT Code		
Head & Neck   	Brain	Alzheimer's Dz	Stroke/CVA	No	MRI Brain w/o Contrast	70551	
		Mental Status Change	TIA				
		Confusion	Trauma				
		Dementia	Dizziness				
		Memory Loss	Headaches				
		Suspected MS	Cerebral Palsy				
	IAC protocol	Pituitary Protocol	Tumor/mass/Cancer	Multiple Sclerosis	Yes	MRI Brain w/ & w/o Contrast	70553
			Seizures	Epilepsy			
			Cranial Nerve Lesions	Syrinx			
			HIV	Vasculitis			
Infection/ Abscess			Vascular Lesions (AVM)				
Neurofibromatosis	Visual Change						
Vestibular Schwannoma	Vertigo						
Hearing Loss, IAC Mass	Bell's palsy						
Pituitary Lesion	Elevated Prolactin						
MRA Brain	Aneurysm, family hx	TIA	No	MRA Brain w/o Contrast	70544		
	Anuerysm	Stroke/CVA					
MRA Neck	Bruit	Abnormal doppler or	Yes	MRA Neck w/ & w/o Contrast	70549		
	Stroke / CVA	Dissection					
	TIA	Syncope					
MRA Arch and Great Vessels	Stroke / CVA	TIA	Yes	MRA Neck w/ & w/o Contrast	70549		
	Bruit/ Stenosis	Dissection					
MRV Brain	Venous Thrombosis		No	MRV w/o Contrast	70544		
Orbits (includes whole brain - plus thin cuts thru the orbits)		Trauma		No	MRI Orbits/Face/Neck/ w/o	70540	
		Vision Loss	Diplopia	Yes	MRI Orbits/ Face/ Neck w/ & w/o Contrast	70543	
		Graves Disease	Tumor/Mass/Cancer/Mets				
		Exophthalmos / Proptosis	Pseudotumor				
Vascular Lesions	Optic Neuritis						
Neck		Infection	Tumor/Mass/Cancer/Mets	Yes	MRI Orbits / Face/Neck w/ & w/o Contrast	70543	
		Pain	Vocal Cord Paralysis				

*May require insurance authorization prior to scheduling

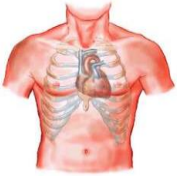

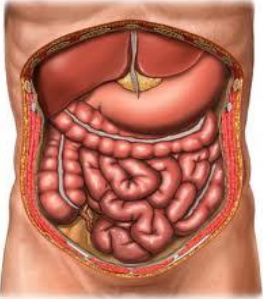
For reference only. Subject to change.

DESERT • MEDICAL • IMAGING



MRI ANATOMICAL GUIDE

Please include BUN Creatinine levels of all patients 60 and older or with H/O Renal Failure. Lab work is current within 3 months.

Area of Concern	Body Part	Reason for Exam	IV Contrast	Description by CPT Code*	CPT Code
Chest 	Mediastinum	Tumor / Mass / Cancer / Mets	Yes	MRI Chest / Mediastinum w/& w/o Contrast	71552
	Brachial Plexus	Brachial Plexus Injury Nerve Avulsion	Yes	MRI Chest / Mediastinum w/& w/o Contrast	71552
	MRA Aorta	Abdominal Aortic Dissection	Yes	MRA Aorta w/ & w/o contrast	74185
	MRA Chest	Excluding cardiac myocardium	Yes	MRA Chest w/ & w/o contrast	71555
Breast 	Breast	Newly diagnosed cancer Evaluate response to chemo Personal History of BC Dense breasts BRCA 1 or 2 Gene Palpable lump w/abnormal High risk screening US or mammographic Implant Integrity/Rupture findings	Yes	MRI Breast Bilateral w/wo contrast	77059
Abdomen and Pelvis 	Abdomen: General	Tumor / Mass / Cancer / Mets Abdominal Pain	Yes	MRI Abdomen w/ & w/o Contrast	74183
	Abdomen: Liver	Post embolization Hepatitis Hemangioma Cirrhosis Hepatoma Increased LFT's			
	MRCP: Biliary	Biliary Obstruction Jaundice Stones Abdomenal enzymes	No	MRI Abdomen w/o Contrast (MRCP)	74181
	Pancreas	Pancreatitis Increased LFT's Pancreas Mass Painless jaundice Cholangiocarcinoma Ampulla evaluation PSC (primary sclerosing) cholangitis)	Yes	MRI Abdomen w/ & w/o Contrast	74183
	MRA Abdomen	Renal artery stenosis Mesenteric Arterial Hypertension Ischemia	Yes	MRA Abdomen w/ & w/o contrast	74185

*May require insurance authorization prior to scheduling

For reference only. Subject to change.

Scheduling Dept. Ph (760) 694-9559 • Fax (760) 356-8208



MRI ANATOMICAL GUIDE

Please include BUN Creatinine levels of all patients 60 and older or with H/O Renal Failure. Lab work is current within 3 months.

Area of Concern	Body Part	Reason for Exam	IV Contrast	Description by CPT Code*	CPT Code
Abdomen and Pelvis Continued	MRA Pelvis	Femoral Arteries (proximal)	Yes	MRA Pelvis w/ & w/o contrast	72198
	Pelvis: General	Tumor/Mass/Cancer/Mets	Yes	MRI Pelvis w/ & w/o Contrast	72197
		Abscess Decubitus Ulcer			
	Pelvis: Uterus	Fibroid Adenomyosis	Pre/Post Fibroid Embolization Infertility		
Pelvis: Ovaries	Ovarian Mass	Endometrioma			
	Bony Pelvis/ Pelvis/Hip	Fracture Pain	No	MRI - Pelvis w/o contrast	72195
		Tumor/Mass/Cancer/Mets Osteomyelitis	Septic Arthritis	Yes	MRI - Pelvis w/ & w/o contrast
Musculoskeletal	Extremity: Non Joint Forearm Humerus	Fracture	No	MRI - Non Joint w/o Contrast	73218
		Stress Fracture			
	Lower Leg/Calf Femur/Thigh	Abscess	Yes	MRI - Non Joint w/ & w/o Contrast	73220
		Ulcer			
	Hand Foot (ankle/hind foot, midfoot, forefoot)	Tumor/Mass/Mets	Yes	MRI - Non Joint w/ & w/o Contrast	73720
		Cellulitis Facilitis			
	Extremity: Joint Upper Shoulder	Arthritis	No	MRI - Non Joint w/o Contrast	73221
		Avascular Necrosis (AVN)			
	Wrist Elbow	Stress Fracture	No	MRI - Non Joint w/o Contrast	73721
		Internal Derangement			
Lower Hip - includes pelvis	Pain Labral Tear	Yes	MRI - Joint w/ & w/o contrast	73223	
	Abscess Ulcer				Osteochondritis Dissecans (OCD) Inflammatory Arthritis Osteomyelitis



*May require insurance authorization prior to scheduling

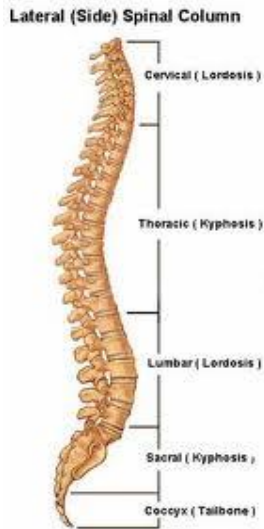
For reference only. Subject to change.



MRI ANATOMICAL GUIDE

Please include BUN Creatinine levels of all patients 60 and older or with H/O Renal Failure. Lab work is current within 3 months.

Area of Concern	Body Part	Reason for Exam	IV Contrast	Description by CPT Code*	CPT Code
Musculoskeletal continued	Knee	Cellulitis Septic Arthritis		Lower Extremity	73723
	Ankle (includes distal, tibia & tibia & fibula thru base of metatarsals)	Fasciitis Tumor/Mass/Meets Myositis			
	MRA Upper Extremity	Subclavian Tenderness Redness, swelling	Yes	MRA Upper Extremity w/ & w/o	73225
	MRA Lower Extremity (Run off)	Peripheral vascular disease	Yes	MRA Lower Exremity w/ & w/o	73725
Spinal Column	Spine: Cervical	Arm/Shoulder Pain Disc Herniation Numbness Radiculopathy Neck Pain Degenerative Disease	No	MRI Cervical Spine w/o Contrast	72141
		Syrinx Myelopathy Discitis Multiple Sclerosis Osteomyelitis Tumor/Mass/Cancer/Mets	Yes	MRI Cervical Spine w/ & w/o Contrast	72156
		Back pain Trauma Degenerative disc disease Compression Fracture - (no hx of malignancy) Disc Herniation Radiculopathy	No	MRI Thoracic Spine w/o Contrast	72146
	Spine: Thoracic	Discitis Myelopathy Post-op Fusion Tumor/Mass/Cancer/Mets Syrinx Compression Fracture - (w/hx of malignancy) Osteomyelitis Demyelinating Disease Multiple Sclerosis	Yes	MRI Thoracic Spine w/ & w/o Contrast	72157
	Spine: Lumbar	Back, Leg pain Sciatica Degenerative Disease Spondylolisthesis Disc Herniation Spinal Stenosis Radiculopathy Compression Fracture - (no hx of malignancy) Trauma	No	MRI Lumbar Spine w/o Contrast	72148
		Discitis Post-Op-Hx of Back Surgery Osteomyelitis Tumor/Mass/Cancer/Mets	Yes	MRI Lumbar Spine w/ & w/o Contrast	72158



*May require insurance authorization prior to scheduling

For reference only. Subject to change.

DESERT • MEDICAL • IMAGING



MRI ANATOMICAL GUIDE

Please include BUN Creatinine levels of all patients 60 and older or with H/O Renal Failure. Lab work is current within 3 months.

Area of Concern	Body Part	Reason for Exam	IV Contrast	Description by CPT Code*	CPT Code
	Sacrum	Sacral Insufficiency Fracture	No	MRI Sacrum wo	72196
		Sacralllitis Tumor/Mass/Cancer/Mets	Yes	MRI Sacrum w/ & w/o	72197
Musculoskeletal MR Arthrography	Wrist Arthrogram	TFCC tear Scaphoid nonunion	Yes **	MR Upper Ext joint w/ Contrast	73222
		Intercarpal Ligaments Soft tissue ganglia	Yes **	Injection - Wrist Rad exam - wrist	25246 73115
	Elbow Arthrogram	Loose body Internal derangement	Yes **	MR Upper Ext joint w/ Contrast	73222
			Yes **	Injection - Elbow Rad exam - Elbow	24220 73085
	Shoulder Arthrogram	Labral tear RCT Synovitis Adhesive capsulitis	Yes **	MR Upper Ext joint w/Contrast	73222
			Yes **	Injection - Shoulder Rad exam - Shoulder	23350 73040
	Hip Arthrogram	Labral tear	Yes **	MR Lower Ext joint w/Contrast	73722
			Yes **	Injection - Hip Rad exam - Hip	27093 73525
	Knee Arthrogram	Recurrent meniscal tearq Loose bodies post op Chondromalacia	Yes **	MR Lower Ext joint w/Contrast	73722
			Yes **	Injection - Knee Rad exam - Knee	27370 73580
	Ankle Arthrogram	Loose body OCD	Yes **	MR Lower Ext joint w/Contrast	73722
			Yes **	Injection - Ankle Rad exam - Ankle	27648 73615

This is for reference only. These are the protocol standards for Desert Medical Imaging. Information subject to change.

** Radiologist Injects Contrast Directly into Joint. Screening BUN and Creatinine labs are not required.

*May require insurance authorization prior to scheduling

Scheduling Dept. Ph (760) 694-9559 • Fax (760) 356-8208