**MRI Ordering Guide**

**BREAST / CHEST / CARDIAC**

### MRI Breast Bilateral W and W/O Contrast
- CPT Codes 77059C & 0159T
  - Newly diagnosed breast cancer
  - High risk screening for breast cancer

### MRI Breast W/O Contrast
- CPT Code 77059A & 0159T
  - Silicone implant evaluation
  - Non-contrast enhanced breast MRI to evaluate integrity of silicone implants. does not require approval prior to scheduling.

### MRI Chest W and W/O Contrast
- CPT Code 71552
  - Lung cancer
  - Mediastinal/thymic mass
  - Pancrætic tumor

### MRI Chest W/O Contrast
- CPT Code 71550
  - Soft tissue infection/abscess/cellulitis/fasciitis/myositis
  - Bone infection-osteomyelitis
  - Cancer/metastases/myeloma
  - Morton’s neuroma

### MRA/MRV Chest W and W/O Contrast
- CPT Code 71555C
  - Pulmonary embolism
  - Pulmonary arteriovenous malformation
  - Thoracic outlet syndrome
  - Subclavian disease

### MRI Cardiac W and W/O Contrast
- CPT Code 75561
  - Cardiomyopathy / right ventricular dysplasia
  - Congenital heart disease
  - Coronary MR angiogram
  - Any of the above with valve disease (Add CPT Code 75565 Cardiac MRI for velocity flow mapping)

### MRI Cardiac W/O Contrast
- CPT Code 75557
  - Right ventricular dysplasia
  - Coronary artery disease
  - Patient with renal insufficiency or hemodialysis

### MRI Cardiac W/O Contrast
- CPT Code 75563
  - Cardiac perfusion

To schedule any radiology exam, call 314-362-7111

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**For any MRI exam, notification of a pace maker is required at the point of scheduling.**

**MRI/MRV Chest W/O Contrast**
- CPT Code 71555A
  - See list of indications for MRI Chest W and W/O Contrast
  - Not typically performed without contrast; consult radiologist to discuss alternative imaging

**MRI Cardiac W/O Contrast**
- CPT Code 75561
  - Cardiomyopathy / right ventricular dysplasia
  - Congenital heart disease
  - Coronary MR angiogram
  - Any of the above with valve disease (Add CPT Code 75565 Cardiac MRI for velocity flow mapping)

**MRI Cardiac W/O Contrast**
- CPT Code 75557
  - Right ventricular dysplasia
  - Coronary artery disease
  - Patient with renal insufficiency or hemodialysis

**MRI Cardiac W/O Contrast**
- CPT Code 75563
  - Cardiac perfusion

Schedule 8 a.m.-3 p.m., Monday-Friday; requires MD monitoring

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**MRI Upper Extremity W/O Contrast**
- CPT Code 73221
  - Shoulder-labrum tear
  - Elbow-collateral ligament injury or osteochondral lesion
  - Knee-recurrent meniscal tear following meniscal surgery, osteochondral lesions

**MRI Upper Extremity Joint W/O Contrast**
- CPT Code 73223
  - Knee-recurrent meniscal tear following meniscal surgery, osteochondral lesions

**MRI Lower Extremity Non-Joint W/O Contrast**
- CPT Code 73718
  - Hip osteoarthritis
  - Hip fracture/avascular necrosis

**MRI Lower Extremity Joint W/O Contrast**
- CPT Code 73723
  - Hip osteoarthritis
  - Hip fracture/avascular necrosis

**MRI Pelvis (Bony) W/O Contrast**
- CPT Code 72197
  - Pelvic fracture
  - Pelvic mass

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Please call 314-362-7111 for the Contrast-Enhanced Breast MRI Request Form.

For questions regarding how to order any of the MRI scans or how to reach the appropriate sub-specialty radiologist, please call the MRI coordinator at 314-362-0011 or the MRI charge technologist at 314-362-5926.

To schedule any radiology exam, please call Radiology Scheduling 314-362-7111 or 877-992-7111 7 a.m.-5:30 p.m. Monday-Friday.
To schedule any radiology exam, call 314-362-7111
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For any MRI exam, notification of a pace maker is required at the point of scheduling.

MRI Pelvis (Bony) W/O Contrast .......................................................... CPT Code 72195
- Muscle tear
- Tendon tear
- Hip pain/fracture

MRI Chest W and W/O Contrast ......................................................... CPT Code 71552
- Wall mass

MRI Chest W/O Contrast .............................................................. CPT Code 71550
- Pectoralis tear (muscle injury)
- Rib fracture/costochondral cartilage injury

MR Arthrogram Upper Extremity Joint W/ Contrast .......................... CPT Code 73722
- Shoulder-labrum tear
- Elbow-collateral ligament injury or osteochondral lesion

MR Arthrogram Lower Extremity Joint W/ Contrast ............................ CPT Code 73722
- Hip-labrum tear
- Ankle-ostochondral lesion

Premarkedation for Contrast Allergy
- Patients who are allergic to iodinated contrast (CT dye) do not require premedication for Gadolinium chelate contrast (MRI dye)
- Only patients who have known allergy to Gadolinium chelate contrast (MRI dye) require premedication

Premarkedation Protocol
- Prednisone: 50 mg PO (four doses total) to be taken 19 hours, 13 hours, 7 hours and 1 hour prior to appointment
- Diphenhydramine (Benadryl) (optional): 50 mg PO to be taken

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