

Precertification from Insurance Carrier may be required for all MRI Procedures.

SPINE

<u>Region</u>	<u>Indication</u>	<u>Without Gad</u> CPT 72141	<u>With Gad</u> CPT 72156
Cervical	Arm/shoulder pain/weakness	x	
	Degenerative disease	x	
	Neck pain	x	
	radiculopathy	x	
	Chiari Malformation	x	
	Discitis		x
	Osteomyelitis		x
	Multiple Sclerosis		x
	Tumor/Mass		x
	Cancer/Metastases		x
	Vascular Lesion/AVM		x
			72146
Thoracic	Back pain	x	
	Compression fracture/trauma	x	
	Degenerative disc disease	x	
	Disc Herniation	x	
	Radiculopathy	x	
	Discitis		x
	Osteomyelitis		x
	Multiple Sclerosis		x
	Post Operative		x
	Syrinx		x
	Tumor/mass		x
	Cancer/Metastases		x
AVM/Vascular Malformation		x	
		72148	72158
Lumbar	Back Pain	x	
	Compression Fx/Trauma	x	
	Degenerative disease	x	
	Disc Herniation	x	
	Radiculopathy	x	
	Sciatic	x	
	Spondylolisthesis	x	
	Canal stenosis	x	
Lumbar	Discitis		x
	Osteomyelitis		x
	Post Operative		x
	Tumor/Mass		x

