

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

**BODY MRI**

<b><u>Region</u></b>	<b>Indication</b>	<b>Without Gad CPT</b>	<b>With Gad CPT</b>
Abdomen	Adrenal Adenoma	x	
	MRCP	x	
	Adrenal Mass (not Adenoma)		x
	Liver, Kidney, Pancreas Mass		x
	Abscess		x
	Lymphadenopathy		x
	Tumor/Mass Cancer/Metastases		x
Chest/Mediastinum	Tumor/Mass Cancer/Metastases		71552 x x
		72195	72197
Pelvis/Hip	Fracture	x	
	Arthritis	x	
	Pain/Hip pain	x	
	Muscle/Tendon Tear	x	
	AVN	x	
Pelvis	Osteomyelitis/Abscess		x
	Infection		x
	Tumor/Mass		x
	Cancer/Metastases		x
	Fibroid/Adenomyosis		x
	Ovarian Mass		x
	Lymphadenopathy		x