

Recertification from Insurance Carrier may be required for MRI Procedures.

MUSCULOSKELETAL

Joint

<u>Indication</u>	Without Contrast		With Contrast	
	Upper	Lower	Upper	Lower
	CPT Code	CPT Code	CPT Code	CPT Code
	73221	73721	73223	73723
Avascular Necrosis	x	x		
Fracture	x	x		
Stress Fracture	x	x		
Internal Derangement	x			
Pain/Arthritis (specify joint)	x	x		
Mensical Tear		x		
Labral Tear	x	x		
Muscle Tear	x	x		
Ligament/Tendon Tear	x	x		
Cartilage Injury	x	x		
Osteochondral Injury	x	x		
Contusion/Marrow Edema	x	x		
Pain/Arthritis (specify joint)	x	x		
Cellulitis/Fascitis			x	x
Osteomyelitis			x	x
Inflammatory Arthritis			x	x
Septic Arthritis			x	x
Tumor/Mass			x	x
Cancer/Metastases			x	x
Infection			x	x
Abscess/Ulcer			x	x

Non Joint

	Without Contrast		With Contrast	
	Upper	Lower	Upper	Lower
	CPT Code	CPT Code	CPT Code	CPT Code
	73218	73721	73219	73220
Fracture	x	x		
Stress Fracture	x	x		
Muscle/Tendon Tear	x	x		
Infection			x	x
Osteomyelitis			x	x
Bone Tumor			x	x
Infection			x	x
Abscess/Ulcer			x	x
Cellulitis/Fascitis			x	x
Osteomyelitis			x	x
Bone Tumor			x	x
Mass/Cancer/Metastases			x	x
Morton's Neuroma			x	x
Soft tissue tumor/mass			x	x