



# MetroWest MRI

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## REPORTING INSTRUCTIONS

- CD with Patient \_\_\_\_\_  STAT Follow-up Date & Time \_\_\_\_\_  
(Must be included)
- Send additional copies of report to \_\_\_\_\_

Patient Last Name: \_\_\_\_\_ First: \_\_\_\_\_ M: \_\_\_\_\_  
 Phone: \_\_\_\_\_ DOB: \_\_\_\_\_ Pregnant:  Y  N  
 Ins. Co.: \_\_\_\_\_ I.D. #: \_\_\_\_\_ Precert.#: \_\_\_\_\_

CPT Code used to obtain precert \_\_\_\_\_

Ordering Provider: \_\_\_\_\_ Provider Signature: \_\_\_\_\_

Signs/Symptoms Must Be Listed: \_\_\_\_\_ ICD 9/10: \_\_\_\_\_

Appointment Day: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

### Please check correct choice:

- Patient already scheduled
- Please call patient to schedule
- Patient will call to schedule

## MRI Scan

- 1.5 High Field
- 3T Very High Field Wide Bore

## MRI Magnetic Resonance Imaging:

Bun/Creatinine results are required before IV contrast for diabetic patients or patients over 60 years of age. (see below)\*\*

### Contrast

- Contrast as clinically indicated by radiologist, or
- No Contrast

### Study

- Abdomen  Pelvis
- Brain
- C-Spine  T-Spine  L-Spine
- IAC \* With/Without Contrast
- MRCP Without Contrast (Patient must be NPO)
- Neck (Soft Tissue)
- Orbit/Face/Neck
- Sacrum Coccyx

### Musculoskeletal

- |                                   | Left                     | Right                    |
|-----------------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> Ankle    | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Elbow    | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Femur    | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Finger   | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Foot     | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Forearm  | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Hand     | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Hip      | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Humerus  | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Knee     | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Shoulder | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Tib/Fib  | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Toe      | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Wrist    | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Pelvis   |                          |                          |

### Neuro

- Brain
- Pelvis
- Brachial Plexus
- Pituitary
- Temporal Bones/IAC
- MRV Brain
- Orbits
- Neck / Face
- MRA Brain
- MRA Neck (carotid bifurcation) WITH Contrast
- MRA Neck (carotid bifurcation) NO Contrast

### Spine

- Lumbar
- Cervical
- Thoracic

### Body

- Chest/Thorax
- Abdomen
- MRCP (Biliary)
- Pelvis
- Sacrum/Coccyx

### Breast

- Diagnostic
- Implant Evaluation
- MRCAD

### Vascular

- Carotids\* No Contrast
- Intracranial/Circle of Willis No Contrast
- MRA Aorta With Contrast
- MRA Brain No Contrast
- Renal MRA\* With Contrast

### Other

- Specify \_\_\_\_\_  
\*Protocol requires contrast

### LAB VALUES

Lab Date: \_\_\_\_\_  
 Creatinine: \_\_\_\_\_  
 GFR: \_\_\_\_\_  
 BUN: \_\_\_\_\_

### PROSTATE

- Prostate C- / C+
- Reformat for 3D Quantification
- Other: \_\_\_\_\_

### PSA VALUES

\*\*Please provide 3 most recent PSA values\*\*

Date: \_\_\_\_\_ Value: \_\_\_\_\_  
 Date: \_\_\_\_\_ Value: \_\_\_\_\_  
 Date: \_\_\_\_\_ Value: \_\_\_\_\_

## COMMENTS

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\*\*Diabetic patients and patients age 60 or older will require a Creatinine test prior to the administration of IV contrast. Test results need to be within 30 days of exam date.

# MRI & MRA CPT Coding Guide

## Brain (Use for IAC's or Pituitary)

70551 – w/o contrast  
70552 – w/ contrast  
70553 – w/ and w/o contrast

## Orbit, Face & Neck

70540 – w/o contrast  
70542 – w/ contrast  
70543 – w/ and w/o contrast

70336 TMJ

## Cervical Spine

72141 – w/o contrast  
72142 – w/ contrast  
72156 – w/ and w/o contrast

## Shoulder, Elbow, Wrist, or Clavicle (Upper extremity, joint)

73221 – w/o contrast  
73222 – w/ contrast  
73223 – w/ and w/o contrast

## Humerus, Forearm, Hand (Upper extremity, other than joint)

73218 – w/o contrast  
73219 – w/ contrast  
73220 – w/ and w/o contrast

## Chest (Axilla)

71550 – w/o contrast  
71551 – w/ contrast  
71552 – w/ and w/o contrast

## Breast

77058 – Unilateral  
77059 – Bilateral

## Abdomen

74181 – w/o contrast  
74182 – w/ contrast  
74183 – w/ and w/o contrast

## Pelvis (Sacrum/SI Joints)

72195 – w/o contrast  
72196 – w/ contrast  
72197 – w/ and w/o contrast

## Thoracic Spine

72146 – w/o contrast  
72147 – w/ contrast  
72157 – w/ and w/o contrast

## Lumbar Spine

72148 – w/o contrast  
72149 – w/ contrast  
72158 – w/ and w/o contrast

## Other MR Studies

75557 – Cardiac morphology & function w/o contrast  
75559 – w/ stress imaging  
75561 – Cardiac morphology & function w/ & w/o contrast and further sequences  
75563 – w/ stress imaging w/ & w/o contrast  
76390 – Magnetic resonance spectroscopy – use appropriate MRI body site code  
76498 – Unlisted magnetic resonance procedure (e.g. diagnostic, interventional)  
77084 – Bone Marrow Blood Supply

## MRAs (Angiograms):

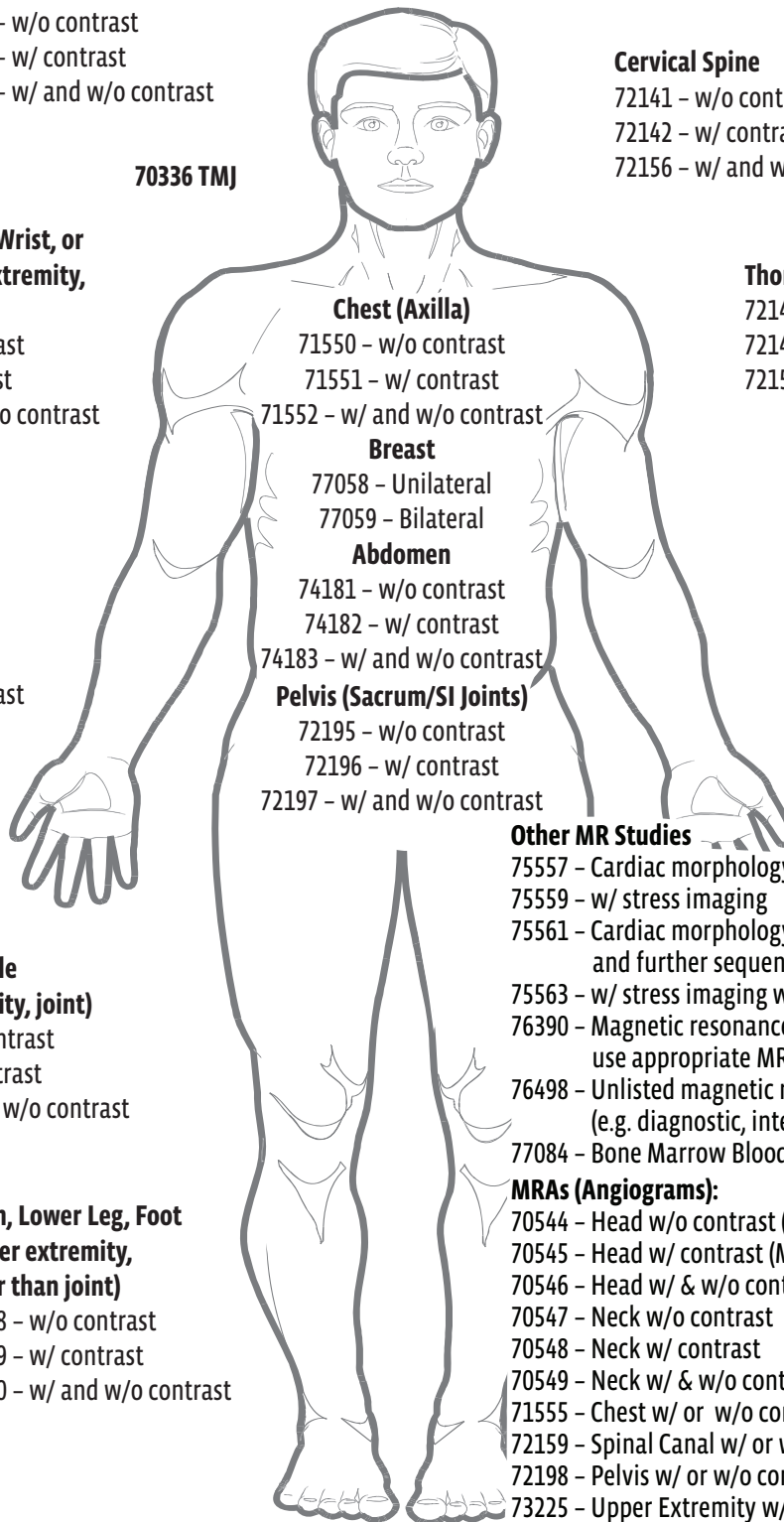
70544 – Head w/o contrast (MRV)  
70545 – Head w/ contrast (MRV)  
70546 – Head w/ & w/o contrast (MRV)  
70547 – Neck w/o contrast  
70548 – Neck w/ contrast  
70549 – Neck w/ & w/o contrast  
71555 – Chest w/ or w/o contrast  
72159 – Spinal Canal w/ or w/o contrast  
72198 – Pelvis w/ or w/o contrast  
73225 – Upper Extremity w/ or w/o contrast  
73725 – Lower Extremity w/ or w/o contrast  
74185 – Abdomen w/ or w/o contrast

## Hip, Knee, Ankle (Lower extremity, joint)

73721 – w/o contrast  
73722 – w/ contrast  
73723 – w/ and w/o contrast

## Thigh, Lower Leg, Foot (Lower extremity, other than joint)

73718 – w/o contrast  
73719 – w/ contrast  
73720 – w/ and w/o contrast



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