

When scheduling an MRI at Children's Hospital

Please fax the MRI order to (865) 541-8287 or use NextDoc*.

Please include the following information:

- Patient name and date of birth
- Parent name and best contact number
- Patient weight and height
- Exam ordered (contrast or non contrast)
- Diagnosis/Reason for test (need more than just ICD.10)
- Physician signature

The East Tennessee Children's Hospital Pediatric Radiology Department will not be able to schedule the MRI until the request is completed with the information above.

If you already have obtained authorization, please include the exam CPT code with approval, start/end dates and authorization number.

Once the completed order is received, the family will be contacted on the next business day. We will discuss potential need for sedation with parents and schedule accordingly. If we are unable to reach the family after 3 attempts, we will fax the order back to the physician's office.

Correct information, better care

With these steps, you can help us:

- Improve patient care and family satisfaction
- Assist referring physicians in ordering the right test at the right time
- Minimize time-consuming resubmission of orders and pre-certifications.



For more information or to discuss scheduling, please call Radiology Department at (865) 541-8398.

EAST TENNESSEE CHILDREN'S HOSPITAL

Body Part	Reason for test	Procedure to Pre-Cert	CPT Code	Notes
Brain	Headache	MRI Brain without contrast	70551	
	Seizure			If you have questions about which test to order please call our MRI technologist @ 865-541-8602
	Tremors			
	Chiari			
	Trauma			
Brain	Tumor	MRI Brain with and without contrast	70553	
	MS			
	NF			
	Pituitary			
	Hearing Loss/ IAC			*braces will affect quality of
	Meningitis/encephalitis/abscess			pituitary*
Brain	Aneurysm	MRA brain	70544	
	Cavernous angioma			
	CVA			
	AVM (usually with and without)	specify venous-same code		
Orbits/Face/Neck	Abscess	Orbits/face/neck with and without contrast	70543	
	Tumor			
	Soft Tissue Mass			
Spine - Cervical	Degenerative Disease	MRI C-spine without contrast	72141	
	Extremity Pain/Weakness			
	Neck Pain			
	Trauma			
Spine - Cervical	Disc Problems			
	Mass/Lesion	MRI C-spine with and without contrast	72156	
	Osteomyelitis			
	Discitis			
Spine - Thoracic	Transverse myelitis			
	Back Pain	MRI T-spine without contrast	72146	
	Compression Fracture			
	Disc Herniation			
	Syrinx			
Spine - Thoracic	Transverse Myelitis	MRI T-spine with and without contrast	72157	
	Mass/Lesion			
	Osteomyelitis			
	MS			
Spine - Lumbar	Sacral Dimple/Tethered cord	MRI L-spine without contrast	72148	
	Trauma			
	Disc herniation			
	Low Back Pain			

EAST TENNESSEE CHILDREN'S HOSPITAL

Body Part	Reason for test	Procedure to Pre-Cert	CPT Code	Notes
Spine - Lumbar	Mass/Lesion	MRI L-Spine with and without contrast	72158	
	Osteomyelitis			
	Discitis			
	Transverse myelitis			
Abdomen	MRCP (pancrease, gallbadder,stones)	MRI Abdomen without contrast	74181	
Abdomen	Intra-abdominal mass	MRI Abdomen with and without contrast	74183	
Abdomen	Renal Arteries	MRA Abd with or without contrast	74185	
	Mesenteric Ischemia			
	aortic aneurysm			
Abdomen	IBD	MRE Abdomen/Pelvis with and without contrast	74183	
			72197	
Pelvis	SI Joint Pain	MRI Pelvis without contrast	72195	
	Pelvis Fracture			
	Sacral Coccyx Disorder			
	AVN Legg-Perthes Disease			
Pelvis	Ovarian/Uterine/mass	MRI Pelvis with and without contrast	72197	
	Bladder			
	Mass			
	Osteomyelitis			
Chest	Mass	MRI Chest with and without contrast	71552	*CT is suggested for most evaluations of the chest*
	Infection			
	Coarctation			
	Vascular Ring			
Heart	CHD	Consult with Radiologist		
Extremities	Pain	MRI without contrast	73221	Joint - Upper
	Trauma		73721	Joint - Lower
	AVN		73218	Extremity - Upper
	Muscle/Ligament Tear		73718	Extremity - Lower
	Swelling/Arthritis			
	Tendonitis			
Extremities	Mass	MRI with and without contrast	73223	Joint - Upper
	Osteomyelitis		73723	Joint - Lower
	Abcess		73220	Extremity - Upper
			73720	Extremity - Lower